

It Takes Two: Sharing Language Skills and Cultural Insights with EAL Students Preparing for Work Placements.

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ABSTRACT

This paper reports on collaboration between a Learning Development lecturer and a Nursing lecturer working with English as an additional language (EAL) nursing students. We set up voluntary sessions, with the aim of helping the students to develop communication skills for clinical practice. These sessions were jointly facilitated with input based on our different perspectives - sociolinguistic information via authentic nursing dialogues from Caroline and hands-on nursing topics from Hongyan. Our on-going needs analysis and evaluation process established that despite the brevity of the sessions, students felt they had developed greater awareness of the demands of clinical practice, greater facility in using the language of nursing and, most importantly, confidence to express themselves effectively. This experience of collaboration informed us about each other's disciplines and gave us opportunities to closely observe student interactions. We are currently working on a related research project.

The context

Along with many programmes in tertiary institutions, undergraduate nursing education has experienced enrolment of ethnically and linguistically diverse students from different countries over the past few years (Cassie, 2006). Take the Bachelor of Nursing (BN) programme in the School of Health Science, Unitec, for example. Approximately 46% of students who enrolled in the first year programme in 2006 were from Asian ethnic backgrounds compared to 17% in 1999. The proportion of Chinese nursing students doubled from 9% to 18% over the same period and numbers from India and the Philippines also increased. Evaluation data identify that the majority of these students identified that they had learned English as a second or additional language (ESL; EAL) (School of Health Science, 2006).

In the first year, BN courses primarily centre on basic nursing theory and practice, human development and New Zealand culture and society. Perhaps because reflective rather than spontaneous responses are required, assessment results suggest EAL students can handle written assessments and exams within the designated timeframes. However, once students enter the second and the third year of the BN programme, they are required to complete longer clinical practicum in health care settings and to pass clinical course requirements. Only then may issues in terms of spoken English language communication surface. As experienced

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in other nursing programmes internationally, these issues usually emerge as a result of feedback from clinical placements and clinical tutors (Bosher & Smalkoski, 2002; Rogan, San Miguel, Brown, & Kilstoff, 2006).

Consensus exists in the literature that English language proficiency can be seen as a “predictor” that influences the learning outcomes of EAL students (Burns, 1991; Cummins, 1991; Gardner, 2005; Guhde, 2003; Malu & Figlear, 1998; Phillips & Hartley, 1990). Due to such factors as lack of familiarity with the educational system, different perspectives on academic achievement, a fear of failure and experience of cultural shock, EAL nursing students have been observed to experience increased levels of anxiety, which further impact on their communication problems (Ballard & Clanchy; Beaver & Tuck, 1998; Burns, 1991; Choi, 2005; Guhde, 2003; Malu & Figlear). However it is noticeable that the literature on EAL students in relation to communication on clinical placements largely focuses on language proficiency training or improvement. Few authors draw together all the strands in the complex interaction between socio-cultural knowledge, nursing demands, attitudinal factors and colloquial and medical language that are part of successful on-the-job communication.

Communication is included by the Nursing Council of New Zealand as one of the Competencies for Registered Nurse Scope of Practice [Competency 3.3] regulated under the Health Practitioners Competence Assurance Act 2003 (Nursing Council of New Zealand, 2005). This requires that nurses are competent in both accurate and prompt written and verbal communication to ensure the quality and safety of public health. Clinical communication involves interactions between nurse and patient and within multidisciplinary health teams. Cultural patterns and sociolinguistic aspects in interaction, together with roles and expectations in nursing practice, add to the communication challenges. EAL nursing students have to meet a complex range of patient, family and staff expectations to competently participate in on-the-job communication during clinical practice. Concern about these learning needs for EAL nursing students was the impetus that led to our collaboration. Caroline is a language lecturer/learning development advisor from the Learning Centre; Hongyan is a nursing lecturer with the added responsibility of providing cultural support for Asian students within the BN programme at Unitec.

Interventions

In order to identify the group of EAL students who needed urgent interventions to improve communication skills, we consulted with the BN teaching team. We discussed the curriculum implemented in each year of the BN programme, and reached an agreement that a thorough needs analysis would not be possible in the time available. Besides, prior discussion with lecturers and students had identified key communication problems which many EAL students faced in clinical placements. We had some experience of addressing communication issues among EAL students in our separate roles so we decided to trial joint teaching sessions with EAL students studying in second year, tapping in to the period when issues of appropriate communication commonly surfaced.

We advertised the 8 weeks of 1.5 hour sessions on Blackboard which is the online teaching interface at Unitec. The sessions were supplementary to the existing timetable. While our first group consisted of 18 students who were all Chinese, in later series students from Vietnam, Korea, Ethiopia, India, and Sri Lanka attended, though the largest group in each case was from China. This broadly reflected the ethnicities represented in the BN cohort.

The sessions were designed to be informal and, given their voluntary extra-curricular nature, we were aware that we had to quickly demonstrate our credibility. Sessions were run as meetings, with agendas and gradual negotiation of content used to engage student responsibility. We invited students to comment on experiences in clinical placements, raise questions for discussion, and communicate suggestions via email after class. In this way, a

needs analysis was in fact integral to sessions and ongoing, though it took a couple of weeks before students recognised that we were genuinely interested in their input and would adapt content to suit issues they raised. It was clear that students initially expected more of a direct language focus on topics such as pronunciation, vocabulary and grammar, along with correction of mistakes, whereas we felt that our role was to develop awareness of language use within the New Zealand nursing context so that students would be better placed to observe and learn from interaction while on clinical placements. The main topics included:

- Responsibilities in communication: the role of the nurse in establishing and fostering effective relationships; awareness of client needs and concerns in the clinical setting;
- Common care tasks: ways that nurses carry out these tasks; explaining procedures to clients; interpretation of language choices; the impact of colloquial versus medical language; social conversation during everyday nursing (2 sessions);
- Vocabulary for everyday items encountered in clinical practice; abbreviations used in nursing documentation; interpretation of nursing documentation in relation to client needs;
- Gaining information from clients for health assessment purposes; open and closed questions; summarizing and clarifying answers; dealing with unpredictable responses; facilitating client-centred discussion of problems;
- Recognising and responding positively to complaints and whinges; reassuring and encouraging clients;
- Communicating with staff; participating in shift handovers; time management planning; indicating time constraints to clients; following up on client concerns; asking for assistance;
- Dealing with their role as a student nurse within a multi-disciplinary team; staff communication expectations; asking for feedback on communication; ways of developing communication in an on-going way.

In order to illustrate both content and context of clinical communication in a realistic way, we showed transcripts of authentic nursing dialogues obtained through the Wellington-based Language in the Workplace (LWP) research project (Language in the workplace project, 2007; Holmes & Major, 2003; Malthus, Holmes, & Major, 2005). Insights arising from the analysis of LWP Nursing data have been discussed in a number of articles published in nursing literature (Holmes & Major, 2003; Major & Holmes, 2008). We worked with our group of students to elicit their views about the transcripts, highlighting the sociolinguistic aspects in terms of language and interaction patterns. We then moved into small groups for role play on situations based loosely on the 'script' we had just been reading. Both of us circulated to listen and observe the groups in action. Students were asked to perform their role plays to the whole group for feedback, which often gave rise to playback and interactions across the group. We encouraged students to move about and use classroom items as props in order to draw out non-verbal language and spatial considerations. We also included examples and information relevant to the role plays to enhance understanding of real work practice. For instance, it may be expected that a student picks up the various names, titles, and designated roles within the multi-disciplinary teams via different clinical rotations. However, for EAL students who have limited or no knowledge about New Zealand health systems, the team orientation to client care may not be apparent, and significant client concerns may not therefore be relayed to other health professionals. Issues of power and levels of responsibility within teams were therefore discussed, and students were encouraged to identify attitudinal factors underlying the choices of spoken language in the transcripts.

Evaluation

We carried out two in-class evaluations of the course, one in week 4 as the midway point and the other in week 8. The mid-course evaluation aimed at obtaining an overview of how students felt about the sessions and whether the sessions were of relevance to their learning needs. The questions asked were general but the feedback received confirmed both the necessity of the sessions and the relevance of the content. The questions in the final evaluation focused more specifically on the individual topics that we had covered in the programme. We asked the students to identify topics and sessions which had proved useful for communication in clinical practice. While the students reckoned all topics to be useful, they also indicated a stronger interest in the more clinically oriented communication topics, such as handover, clinical abbreviations, time management and written documentation styles.

In response to a question in the evaluation on the current level of confidence, all students stated that the programme helped their confidence. For example, one student said:

I feel more confident when I talk to the clients, because I think I will be welcomed by the patient if I do things according to the way that I learned in this session.

Another one wrote that she was "...more sure of what and how to communicate".

The students were also in favour of our joint teaching approach. The following comments were made about this:

very good; especially giving the students chances to practice.

[the sessions] ...provided us with heaps of applicable skills.

We think the benefits of collaboration were demonstrated in the following three ways. In the first place, by working together we not only contributed to the session from our own experience of working with EAL nursing students, but also developed a deeper insight into each other's expertise. A recent study on interdisciplinary collaboration between Language and Academic Skills advisers and lecturers from the Bachelor of Pharmacy in an Australian university has also shown that collaboration can enhance the mutual understanding between staff from two different disciplines in terms of relevant communication patterns and practice (Kokkinn & Hotham, 2005). Collaboration between us made it possible to contribute to the development of communication skills from social, linguistic, cultural and professional perspectives.

Our work together helped to cement for BN staff and students the notion that English language and on-the-job communication skills are not readily separable. Prior to this, students had been directed to the Learning Centre for English language top-ups with requests for general pronunciation practice, vocabulary enhancement and grammatical correction. Below is a comment from a student that indicates recognition of the importance of both strands:

I am aware of my English skill and communication skill need to improve. I am interested in learning some slang useful in the clinical setting. And I also interested to learn the way of communication in the clinical place. In fact, I am interested in all the teaching content in this session.

Collaboration also made it easier to keep in touch with all parties. As mentioned, all the students were from the second year when learning in clinical nursing theory and medicine was intense. Thanks to the support from the school teaching teams, the clinical tutors at the clinical sites, as well as the Learning Centre, the students were kept informed of our sessions, and a stable attendance pattern was maintained. The clinical tutors not only encouraged those EAL nursing students under their care but also referred any struggling with clinical communication to attend.

Through observation during the session, we became convinced that role-play or role-based learning is an effective way of assisting EAL nursing students to develop clinical communication skills, and thereby confidence in 'becoming a nurse' in an ontological sense (Rogan, et al., 2006). As a result of repetitive practice by students in a supportive group atmosphere, certain models or practice skills can be acquired and reinforced with encouraging feedback (Mak, Westwood, Ishiyama, & Barker, 1999). In their qualitative research study, Boshier and Smalkoski (2002) suggest that role play proved to be effective in helping EAL nursing students with communication. The combination of authentic transcripts and role play seemed particularly effective in 'pushing' language development. We started noticing the change in the students' performance from the halfway point, through unprompted engagement in conversation on selected clinical scenarios or tasks. In addition, students enriched the context of role plays by referring to aspects of their clinical experience.

Implications

While this endeavour turned out to be a valuable experience for both of us, we would like to make some comments relevant to future study and/or collaborative efforts. First of all, we do not know if inclusion of native English speakers in the sessions would have helped the EAL students, given that there are controversial views about this in the literature (Beaver & Tuck; Choi, 2005; Keane, 1993). Secondly, we selected the target year and students on the basis of the nursing curriculum and incidence of communication problems as reported by lecturers and students. We imagine that more formal pre-session needs analysis would have given us a better indication of what staff and students thought should be covered in the training sessions, although this concern was allayed somewhat by the outcomes of the mid-course evaluation. Thirdly, feedback from students indicated that they would have preferred to have the sessions prior to their first clinical practicum so that they could have gained more knowledge and confidence in clinical communication skills. We have since delivered sessions to first year students but noticed that attendance wanes as written assessment deadlines approach, suggesting that in the face of more immediate challenges, students do not prioritise spoken communication in first year. Finally, the limitations to our sessions, as pointed out by the students, included the shortness of each session, requests for more handouts on content, and more opportunities for students to practice. As teachers we also felt constrained by these time-related factors.

Conclusion

Jointly delivered by two lecturers from two different disciplines, the clinical communication skills sessions for EAL nursing students were helpful to both lecturers and students. The sessions provided opportunities for the students to gain in confidence through familiarity and practice of on-the-job communication skills with their associated sociolinguistic and medical discourses. Both lecturers agree that collaboration between colleagues from language and content-related disciplines is beneficial in that each is addressing the topic of communication from a different perspective. Students had the opportunity to reflect on the different perceptions we had of a communication encounter. During our sessions, the students not only became more reflective about their problems in English language and clinical practice but also developed awareness of the usefulness of authentic approaches to improvement. The role modelling from both of us was instant, which helped clarify any uncertainties and reinforce good communication practice. Most importantly, students could validate and reinforce the skills via their own role plays during the sessions, and later make the most of opportunities presented on their regular clinical experience.

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