A CASE STUDY OF ESL STUDENTS IN A TRAINING PROGRAM FOR RESIDENT CARE AIDES: TOWARDS A LANGUAGE-ENHANCED CURRICULUM

by

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ABSTRACT

In this study the researcher sought to understand the language skills required by English as a Second Language students in a Resident Care Attendant (RCA) Program in order to discover a language basis on which the RCA curriculum might be further developed.

In order to discover the language being used to learn the RCA course content, a combination of research methods applicable to studying second language classrooms was adopted: classroom observation and interviewing both faculty and students. This naturalistic, qualitative case study also used methods from the field of ethnography in order to analyze the data.

Using methodology of grounded theory resulted in the emergence of categories that very closely resembled language functions used across curricula. Further analysis also indicated a number of learner strategies and social contexts that impacted upon the language learner.

Finally, recommendations for future research and curriculum building and teaching were made.

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Chapter One

Introduction

1.0 Overview

Most of us embark on a career in education to teach a specific subject. Instructors of nursing rarely plan to teach English. Language teachers usually are not anxious to teach the mysteries of auto mechanics. (Dooley & Nierobisch, 1997)

In this chapter, I will explain the background events that led to this research study and frame the research questions that focussed my pursuit of an understanding of how content instructors can best support and teach second language learners, who are training to be Resident Care Attendants

1.1 Background

My journey to the discipline of language learning from the field of nursing, started about a decade ago when I was involved in a program evaluation of what was then called the Long Term Care Aide (LTCA) program at a provincially funded University College. The major stakeholders in the community, including the students and the health care employers, carried out that evaluation through the use of extensive surveys and evaluations. The review team, while concluding that the program was functioning well, made recommendations for the future that included developing programs geared to the needs of the growing number of ESL students at the University College. At the time of the report, approximately half of all applicants to the program

were refused admission due to their English assessment scores (MacNeil, E., personal

communication, 1990).

Shortly thereafter, changes to the provincial LTCA program resulted in increasing the

length of the program from 15 to nineteen weeks and changing the program name from LTCA to

Resident Care Attendant (RCA) (Ferguson, 1991). RCA programs prepare students to work in

diverse health care settings or client's homes, providing care services to seniors, the disabled and

handicapped clients. Implementing the changes to the curriculum based upon this province-wide

initiative occupied much of the time allocated to the faculty for curriculum development for the

next year.

1.2 Immigrant Services - A Vehicle for Change

It was in this context, that an approach to the University College by an Immigrant

Services Association (ISA) in 1993, one of a number of such agencies in the Province, was

viewed with great interest. They were interested in the possibility of building a combined RCA-

ESL program with their agency. The ISA, who had been offering an a RCA-ESL program in

combination with a private school, were experiencing difficulties with their students' being

hired, as employers were only hiring graduates who had completed a provincially certified

program of study. Their current partnerships did not enable them to provide their students with

this type of certification. Forming a strategic partnership with ISA was seen as an ideal way for

the college to implement the recommendations of the program evaluation. It also supported the

mission, values and goals of the University College; the resources of the Immigrant Services

Association with respect to cultural ESL support could be combined with the expertise and strengths of the college program with respect to training programs for RCA's.

1.3 Challenges and Opportunities

Since its beginning, the program has faced many challenges; paramount was ensuring the safety of the residents under the students' care. One of the greatest challenges in preparing RCA students for practice is balancing the requirements of the program with the short training time allocated to these provincially funded programs. In addition, external agencies that employ the students after graduation often have concerns about the ESL students' language abilities. Some of these concerns relate to the students' inability to communicate clearly with residents, staff and nursing instructors in clinical settings; difficulties such as Bosher and Smalkoski found (2002) in their study of ESL nursing students. Another concern is the L2 students' reluctance to ask for necessary clarification when being given directions. Four maxims of nursing behavior are: to be safe, be timely, be able to say what you know and don't know, and be able to justify what you know and what you do (Cameron, 1998). These four maxims are just as true for RCA's behavior as for nurses.

1.4 Rationale for the Study

The dramatic increase in the number of ESL students in British Columbia has been well-documented (Gunderson, 1985; Jalili-Grenier & Chase, 1997). A corequisite challenge is for educational programs to develop new strategies to more effectively meet the learning needs of ESL students. Many, if not most, content instructors see their role as teaching a specific subject, not English. In Gunderson's (1985) research on reading programs for ESL students, 500

teachers were randomly selected from two organizations: BC Teachers Federation (BCTF) and

BC Teachers of English as an Additional Language (BCTEAL). Three hundred and twelve

surveys were returned representing teachers from all levels and grades. Results from the

secondary L2 content teachers showed only 12 per cent modified their instruction for ESL

learners (Gunderson, 1985).

In a study of French immersion programs, Swain (1988) points out that content teaching

needs to respond to the students' as language learners, needs to incorporate the features of good

language lessons, and needs to guide and support their understanding of a functional use of

language (Swain, 1988). Adapting courses to the needs of the second language learner by

simplifying language, choosing appropriate textbooks, and slowing their rate of speech, are

examples of how a content-based instructor may feel she is adapting to an ESL classroom

without truly understanding the processes involved.

While language teachers are faced with the challenge of integrating content into language

teaching (Brinton, Snow & Wesche 1989; Early, 2001; Mohan, 1986, 1990; 2001; Tang, 1993), it

is also time for nursing content instructors to have a deeper understanding of the obstacles and

barriers faced by ESL nursing students, by using culturally appropriate teaching strategies

according to Kataoka-Yahiro and Abriam-Yago (1997). Searches of the nursing literature on ESL

students soon showed that this research tends to focus primarily on one of three issues: student

retention (Memmer & Worth, 1991; Jalili-Grenier & Chase, 1997), culturally appropriate

practices, (Davidhizar, Dowd & Newman, 1998; Kataoka-Yahiro & Abriam-Yago, 1997; Klisch,

1994; Ryan, 1992), and teaching strategies (Abriam-Yago & Kataoka-Yahiro, 1999; Malu &

Figlear, 1998; Phillips & Hartley, 1990). Each study explores the challenges facing nurse educators as population trends change to a more culturally diverse community of students, but only a few define the problems that ESL students have in terms of learning language and content.

One must, therefore, go beyond the nursing literature to understand the challenges facing ESL students in learning language and content. One such approach is the notion of "Community of Practice" (CoP) in which shared practice is the essence of a community (Mavor & Trayner, 2001). Communities of Practice serve as a living curriculum for apprentices to that community (Mavor & Trayner, 2001). They link CoP to applied linguistics with a focus on the texts and language, genres and lexis that enable members to maintain their goals, regulate their membership and communicate efficiently with one another. The authors emphasize the importance of the concept of CoP to teachers of English for Specific Purposes with the need to familiarize students with the discourse of the CoP so that they are able to enter into these communities with an understanding of the professional discourse (Mavor & Trayner, 2001).

1.5 Research Questions

A better understanding of how ESL students can achieve mastery of the language for successful entry level employment in the health care community is the overall purpose of this study. To achieve this purpose, it is necessary to study how the RCA-ESL students learn language and content in RCA-ESL classes. This study will answer the following questions relating to this purpose.

1. What language skills, registers and functions are RCA-ESL students expected to use in their content classes, as realized by their participation in a practice laboratory and classroom setting?

2. What are the learner strategies and social contexts that appear to support learning of

   the critical language functions required by RCA-ESL students?

1.6 Organization of Thesis

This thesis consists of five chapters. In this chapter, I have discussed the factors which

led to the proposal for the present study, that is, my personal journey from nursing to language

and literacy education, and the institutional and societal forces which impacted on that journey. I

have also presented the rationale and the research questions for this study. In Chapter Two, I

present a review of the literature that is related to this study and which helps to frame the study.

This review focuses on four broad areas of English language learning that I felt were critical for

understanding the language learning needs of RCA-ESL students: English for Specific Purposes

(ESP), language needs analysis or assessment (NA), theories of second language learning and

learning strategies.

Chapter Three describes the methods of inquiry, the institutional context and participants,

data collection and analysis procedures. It comments on the trustworthiness of the study, as well

as its limitations. Chapter Four presents the major findings of the study. The findings are

organized around the two main research questions posed. It provides details of the main

functional use of language that emerges in the discourse of RCA-ESL students and their

instructors in the practice laboratory and classroom setting. It highlights the learner strategies

and social contexts that significantly contribute to language learning in the classroom and

laboratory setting. Finally, Chapter Five summarizes and discusses the main findings and

provides implications for pedagogy and research.

Chapter Two

Review of the Literature

2.0 Overview

The tree of English Language Teaching (ELT) illustrated by Hutchinson and Waters

(1987) (Figure 1) is a helpful guide for this literature review. The tree represents growth, from

its "roots' that are grounded in theories of learning and communication, to its furthest branches.

In between the tree's trunk represents language teaching and more specifically English language

teaching (ELT).
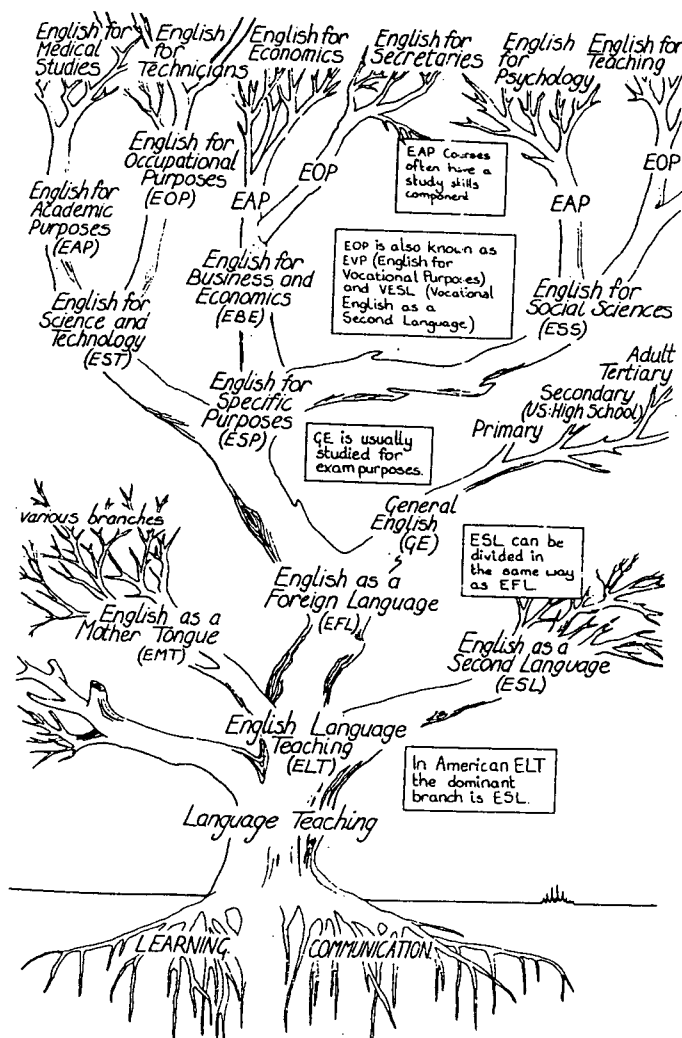
Figure 2.1 The Tree of ELT (Hutchinson & Waters, 1987).

One branch in particular, the ever-growing field of English for Specific Purposes (ESP), provides valuable insights about learning language for the educator in health care training programs such as the RCA-ESL program. This review will approach the literature on English for Specific Purposes programs from two main perspectives: language Need Analysis (NA), and various models and theories of English for Specific Purposes learning and teaching. This section begins with a brief discussion of the general beliefs concerning English for Specific Purposes programming.

2.1 English for Specific Purposes

The challenge of preparing English language learners for work has a long history in the literature according to West (1994). In his state-of-the art article on need analysis in language teaching, he informs us that the term 'English for Special Purposes' (ESP) first appeared in 1960. This has been transformed into English for Specific Purposes which according Robinson (1989), emphasizes purposefulness.

Robinson (1989) identifies goals as a critical feature of ESP. "Students study ESP not because they are interested in the English language as such but because they have to perform a task in English." (Robinson, 1989, p. 396)   The duration of ESP courses varies greatly. A course can be as short as three weeks or as long as a year.   A second characteristic of ESP courses, according to Robinson (1989), is that the students are typically adults and not beginners in language learning. Robinson's third attribute of ESP courses is that all students are preparing for the same job. Her final characteristic of ESP courses is that ESP teachers are often

responsible for devising their own curricula. To locate ESP among the various branches of

English language teaching (ELT) see Figure 2.2.

General Teaching

↓

Language Teaching

↓

ELT (English Language Teaching)

EFL
(English as a Foreign Language)

ESL
(English as a Second Language)

ESP
(English for Specific Purposes)
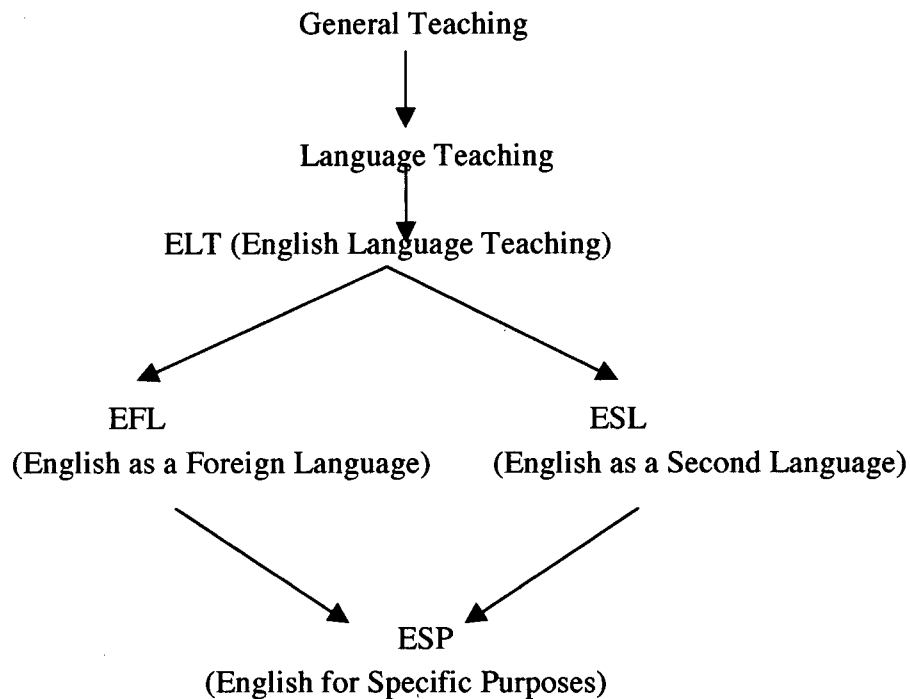
Figure 2. 2 The Relationship Between ESP and ESL (Robinson, 1989).

Jordan's (1997) model delineates two further branches of ESP whose goals may be

employment, English for Occupational Purposes (EOP) or studying, English for Academic

Purposes (EAP). In this model, EAP can be further divided into English for General Academic

Purposes (EGAP) and English for Specific Academic Purposes (ESAP) (Jordan, 1997). The

latter can also be presented in certain literature as English for Medical Purposes (EMP), for

instance, or English for Science and Technology (EST). EST, one of the earliest branches of

ESP, is now largely concerned with research and pedagogical activities related to English

language learning and usage in scientific and technical fields (Orr, 1995). However, for the

purposes of the current review, the division of English for Specific Purposes into two areas, EOP

and EAP, is sufficient.

2. 2 Need Analysis

This section will review the literature concerned with language Need Analysis (NA) from

three perspectives: general need analysis , NA relating to the education of health professionals,

and critical NA. Need analysis is the first stage of ESP course design according to Robinson

(1989) and others (Mason, 1994; Holliday, 1995). Beginning with Munby (1978) and Richterick

(1983), various models of NA have been developed. NA is defined as a theoretical model of

curriculum development which has been traditionally focussed on adapting teaching to the

learner (West, 1994). Many models for assessing the learners' need for English have been

suggested since Munby's comprehensive communicative syllabus design (1978). However, very

few models do an adequate job of describing the actual language used according to Robinson

(1989). She attributes this lack of data analysis to a likely lack of time, lack of data, and lack of a

generally accepted method of analysis (Robinson, 1989). Several studies that do use a need

analysis approach to look at specific or target language use (TLU) in health care occupations are

those by Bosher and Smalkowski, 2002; Cameron, 1998; and Shi, Corcos and Storey, 2001.

These studies are discussed in the next section.

2.2.1 Need Analyses in Health Care

Using a discrepancy model of need assessment, Bosher and Smalkoski (2002) identified

several areas of language need for ESL students enrolled in an associate degree program in

nursing in a private mid-western college (Bosher & Smalkoski, 2002). Interviews with students

and teachers, combined with observations of students in laboratory and clinical settings, revealed specific communication problems in assertiveness skills, communicating clearly and effectively especially with elderly clients, understanding directions, and information-gathering techniques and reporting, among others. From this NA, a communications course was designed to "help ESL students learn how to communicate effectively in English with clients and colleagues in health-care settings." (Bosher & Smalkoski, 2002, p. 68) The four units of the course focussed on the critical need of assertiveness skills, therapeutic communication skills, information-gathering techniques and the role of culture in health care communication.

Cameron's (1998) analysis of the real world language tasks required by incoming graduate students with nursing degrees from non-English speaking countries uses multiple perspectives on language NA for nurses. First, he interviewed the faculty and students to gather background information about them, their program, and the academic requirements. In the second part of his research, using a combination of ethnographic approaches, he observed and recorded the actual language used by the students in clinical and academic settings and compared this with desired performance (Cameron, 1998). Desired performance is defined as a combination of comprehensible use of speech or writing, interactive use of language guided by knowledge of culturally relative rules of speaking, and strategic use of language informed by professional expertise and institutional task agendas (Cameron, 1998). His final, comprehensive statement of need is organized into five key areas: speech production accuracy, academic performance, clinical performance, cultural knowledge of dialects and inferencing skills.

In a context of English as a medium of academic discourse in a medical school in Hong Kong, Shi, Corcos and Storey (2001) studied second year medical students' communication problems. In a preliminary assessment of difficulties, Shi et al (2001) found three areas of concern: inaccurate use of temporal references such as tense markers, lack of appropriate expressions to correctly identify clinical signs, and difficulties in describing location and procedure when reporting the findings of a physical exam. Due to a paucity of curriculum materials in EMP (English for Medical Purposes), particularly in the context of the Hong Kong experience, the researchers decided to develop their own based upon data from their students' own performance. Using Cameron's (1998) definition of need, they focussed on elements of academic or professional performance that caused communication problems with a view to "developing explicit form-focused instruction or tasks that would improve students' performance in clinical training." (Shi et al, 2001, p. 270).

2.2.2 Critical Need Analysis

Using a competency–based view of need, Uvin (1996) designed a workplace ESOL course for Chinese health care workers at a Boston area nursing home. A competency-based view of skills that the health care workers needed to complete a given set of tasks proved unsatisfactory to him and his students (Uvin, 1996). Redesigning the course to take into account the students' background knowledge, learning styles, and cultural factors, created an approach to NA that Uvin (1996) labels a "process" approach. It involves the learners at each stage of the course, pre-planning, teaching and assessment. Stating that active participation enhanced the students' sense of ownership, motivation and self-esteem, Uvin concludes that the care aides in

this program became better language users and learners. No real evidence is given to support these claims by Uvin (1998), although others (Wilson, 1998; Wong 1998) have documented positive outcomes on learners' self esteem resulting from similar programs.

Analyzing learning need according to Hutchinson and Waters (1987) or Sysoyev (2000) might have helped Uvin (1996) to identify some of the critical factors he found lacking in his first course for Chinese health care workers. Hutchinson and Waters' (1987) learning-centered approach to NA asks the following: who the learners are; why they are taking the course; how they learn best; and where and when the course will take place. The answers to these questions give direction to designing and implementing a curriculum based on a need analysis approach (Hutchinson & Waters, 1987).

Sysoyev (2001) also suggests a framework for an ESP course that will help teachers deal with some of the problems posed by unmotivated students. One of the important starting points for him is the analysis of the target group of students. He uses the term student analysis to describe the process rather than the more traditional need analysis. He claims that this is a better term for the kind of information students can provide about themselves. This student analysis would collect information about the current level of L2, their field knowledge in L1 and L2, and methods of learning they have experienced. The second area of student analysis is what is traditionally represented in NA by stating students' objectives.

A framework for conducting NA, in which multiple sources and methods are used for identifying language learners' need, is presented by Jasso-Aguilar (1999). Acting as a participant observer, she worked alongside hotel maids in a large hotel in Hawaii that employs

mainly ESL workers. Her goal in doing this was to identify the *actual* language needed by the housekeeping staff, not to merely provide a prescription for their need. Her qualitative, naturalistic research methods also included unstructured interviews and questionnaires given to housekeepers and their co-workers (e.g. desk staff, supervisors). Jasso-Aguilar (1999) criticizes need analyses that are done which put little attention on the learners as a source of information or that identify the learners' need only from the point of view of the employing institution. She found there was very little need to speak English to the hotel guests except for brief greetings but English language abilities were seen as desirable by the housekeeping staff for the reading and writing need of the job, such as daily assignments. Institutional representatives, on the other hand, perceived a need for the maids to develop better oral language skills that allowed them to engage in social chit-chat with the guests to show the "aloha" spirit, a strategy geared towards increasing the company's corporate image and profits. These different socially constructed views of what is important on the job leads Jasso-Aquilar (1999) to caution against making decisions about need that are so obviously based on issues of power.

In a study that looked at the education of RCA-ESL students, a gap between the classroom emphasis on medical and general English language proficiency, as well as nursing skills, and the actual communication needed in clinical practice was found (Duff et al, 2000). Using a socio-cultural research paradigm that incorporates feminist interpretive approaches, the complexities of intercultural communication, and language socialization into the discourse and profession of care- giving at work were investigated (Duff et al, 2000). The authors analyze the language used in course work, in two differing practicum placements, and finally at work after

graduation. They found that formal elements of language learning, such as the English proficiency required in the classroom setting often played a very minor role in their care-giving situations. In placements where more dependent elderly people resided, reliance on a variety of non-verbal skills such as warmth and touch were more often required. At practicum sites with more independent elders, excellent opportunities existed for both care giving and language socialization.

Cameron and Williams' (1997) case study of communicative success in non-native/native speakers' interactions in a medical setting provides an interesting explanation of the events described by Duff et al. (2000). In this article, Cameron and William's (1997) provide an exploration of the roles of the native speakers (NS) versus non-native speakers (NNS) in resolving communication difficulties. Cameron and Williams describe interactions where the NNS nursing student's spoken output is unintentionally weak and the NS patient must take responsibility for establishing the relevance of the vague questions asked by the nurse. They predict that it is this dominant role of the NS listeners which, in part, explains the success of the interaction (Cameron & Williams, 1997). Using an ethnographic approach, they record extensive interviews with the NNS graduate nurse-student, two NS patients, and one preceptor within the complex communication environment found in a psychiatric unit. The student's nursing background includes working for approximately six years as a nurse in her home country (Thailand) and being in the final semester of a two-year graduate program in nursing in the United States. Cameron describes this nurse's English as "typical" of first language Thai speakers in that it is often unintelligible (Cameron & Williams, 1997). Her first patient is in the

early stages of Alzheimer's Disease. The interaction with the nurse is to test the patient's short-term and recent memory. The second patient, a Vietnam veteran, has a history of manic depression and substance abuse, probably due to posttraumatic stress disorder (PTSD). The NS preceptor, a nurse with extensive psychiatric experience, was there to discuss the patient's condition and treatment plans with the student and to provide her with guidance.

Taking us through an extensive series of interchanges between the nurse, her patients and preceptor, Cameron and Williams (1997) show how the native speakers assist in alleviating some of the communication difficulties that might otherwise have been experienced. Using concepts such as relevance, order of events, and a sense of task, they emphasize how language use is critical to a practice setting. Comprehensible use of speech, use of language to avoid alienating others, and strategic use of language based upon professional expertise and knowledge of tasks are some of the critical need identified. They also do an excellent job of identifying the challenges for nurse educators, not to mention patients. However, it is difficult to know how much to rely on patients in order to scaffold students into the target language use. In the Cameron study, psychiatric patients are like the more independent elders in the Duff et al.'s (2000) study who have the time, inclination and energy to talk with the students. Increasingly in clinical settings, many of the elderly residents are too old, too sick, or too tired to be bothered.

Duff et al. (2000) also looked at ways patients helped socialize student Resident Care Attendants (RCA's) into the target language use. One of their conclusions is that a monolingual, monocultural workplace cannot be assumed to exist anymore. As Cameron and Williams put it

" interactions between patients and medical professionals is best understood as a case of complicated, fitful and asymmetrical cross-cultural communication." (Cameron & Williams, 1997, p. 417) They go on to say that medical professionals communicate across "a cultural divide." This results from different perspectives on the origins and meaning of illness, different conceptions of how to respond to illness, different roles taken in the process of responding to illness, and, therefore, different ways of speaking about and to illness (Cameron & Williams, 1997). The great need for inter-cultural understanding is paramount in these and other studies. However, because of the vast nature of the literature on intercultural communication for health care providers, this review will not attempt to address that aspect as part of a language need analysis.

2.3 Theories of Second Language Learning and ESP

In a recent presentation Imai and Orr (2002) conclude "if ESP is to mature as a profession, its practitioners must begin to engage in more rigorous philosophical inquiry to establish explanatory theories/models upon which to base professional activities." In this section of the literature review, theoretical models of second language learning and acquisition that framed this study will be reviewed in light of their relevance to the field of ESP. Included here are two views of language learning, language socialization research and activity theory. Also in this section is a discussion of various approaches to English language teaching such as Cummin's (1981) model of language proficiency, and content-based curricula (Brinton & Snow, 1997; Brinton, Snow & Wesche, 1989; Chamot & O'Malley, 1992; Early, 1990, 1991, 1992; Mohan, 1986, 1989, 1990; Mohan, Leung, & Davison, 2001). Finally, some components of

learning strategy research will be reviewed (Cohen, 1996b; Griffiths & Parr, 2001, Oxford, 1990

& 1996).

2.3.1. Language Socialization Perspective

Using a language socialization perspective, researchers and teachers view language as

critical to the learning process (Duff, 1995, 1996; Heath, 1992; Ochs, 1988). This perspective

tells us that our world is constructed through language and it is through language that we interact

with others in our world (Derewianka, 1990). Halliday (1993) claims that "the distinctive

characteristic of human learning is that it is a process of making meaning -- a semiotic process."

(Halliday, 1993, p. 93) According to Halliday, language is the prototypical form of human

semiotic (1993). Theories of learning tend to ignore language development or treat it as just one

domain of learning, and he argues that "language is the essential condition of knowing, the

process by which experience becomes knowledge." (Halliday, 1993, p.94) From his studies of

children's language development, he proposes that explorations about learning theory be based

upon a consideration of language, or, in other words, of viewing learning as a semiotic process.

This approach, he goes on to say, would need to be based on natural rather than experimental

data, on language that is unconscious, not self-monitored, in context and observed (Halliday

1993). Halliday's "metafunctional principle" that meaning is at once both doing and

understanding (Halliday, 1993) is critical to understanding a process of learning language and

content (Mohan, 2001).

The term language socialization is most often used for the primary socialization that

takes place during childhood within the family, but should, according to Cazden (1999), also be

used to describe secondary socialization throughout life as well. Secondary socialization refers to the specialized uses of language in school, community and work settings and is a more inclusive term than acquisition as it emphasizes pragmatic as well as syntactic and semantic competence (Cazden, 1999). However, according to Cazden, educational controversies continue over the most effective combination of immersion and explicit language instruction (Cazden, 1999).

2.3.2. Activity Theory

"Activity theory is a framework for studying different forms of human praxis as developmental processes, both individual and social levels interlinked at the same time." (Johanssen, Tessmer & Hannum, 1999, p. 159) Activity theory provides a way to look at tasks within the context in which they occur. Qualitative data about activities include perceptions of rules and roles, and the degree of cultural influences that can affect performance (Johanssen, et al., 1999). From a socio-cultural perspective it is helpful to look at the role of activities in the development of language. This social semiotic view of speech is illustrated best by Vygotsky's concept of the zone of proximal development (ZPD).

> We propose that an essential feature of learning is that it creates the zone
> of proximal development; that is, learning awakens a variety of internal
> developmental processes that are able to operate only when the child is
> interacting with people in his environment and in cooperation with his
> peers. (Vygotsky, 1978, p.90)

Vygotsky also introduced the notion of a mediator, a person who helps students achieve what they cannot do by themselves. A third concept, scaffolding, is defined as the process in which the attention of the learner is focussed on key features of the environment in an

incremental way. The ZPD is where scaffolding help is most effective as it achieves the desired

outcome for the learner (Mitchell & Myles, 1998).

2.3.3 Cummins Language Proficiency Model

Cummins (1981, 1992, 1999) conceptualizes language proficiency in relationship to

academic development. His model of second language acquisition is based upon two types of

language proficiency: basic interpersonal communication skills (BICS) and cognitive academic

language proficiency (CALP). In one-dimensional descriptions of language learning, Cummins

argues, the degree of cognitive demands of particular tasks or activities is not represented

(Cummins, 1999). In reaction to this over-simplification of language learning, he proposes that

language proficiency be conceptualized along two continua of learning: cognitively demanding

to undemanding, and context-embedded to context-reduced (Cummins, 1981). This distinction is

illustrated by two intersecting continua highlighting the range of cognitive demands and

contextual support involved in particular language tasks or activities (context-embedded/context-

reduced, cognitively undemanding/cognitively demanding (see Figure 2.1).

Cognitively demanding activities refer to situations where the amount of information that

must be processed simultaneously or in close succession is high, such as is found in academic

classrooms (Cummins, 1999). Cognitively undemanding communication is more typical of the

everyday world outside the classroom where participants can actively negotiate meaning

(Cummins, 1999). The continuum of context from context-embedded to context-reduced

communication relates to the contextualized support available for expressing or receiving

meaning (Cummins, 1999).

According to Cummins (1999), the instructional implications of the framework can be

expressed in terms of the three components of the construct of CALP:

Cognitive - instruction should be cognitively challenging and require students to use
   higher-order thinking abilities rather than the low-level memorization and
   application skills.

Academic - academic content should be integrated with language instruction so that
   students acquire the specific language of these academic registers.

Language - the development of critical language awareness by encouraging students
   to compare and contrast their languages and by providing students with
   extensive opportunities to carry out projects investigating their own and their
   community's language use, practices, and assumptions. (Cummins, 1999) .

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Cognitively Undemanding

Context-   Context-
Embedded   Reduced

Cognitively Demanding

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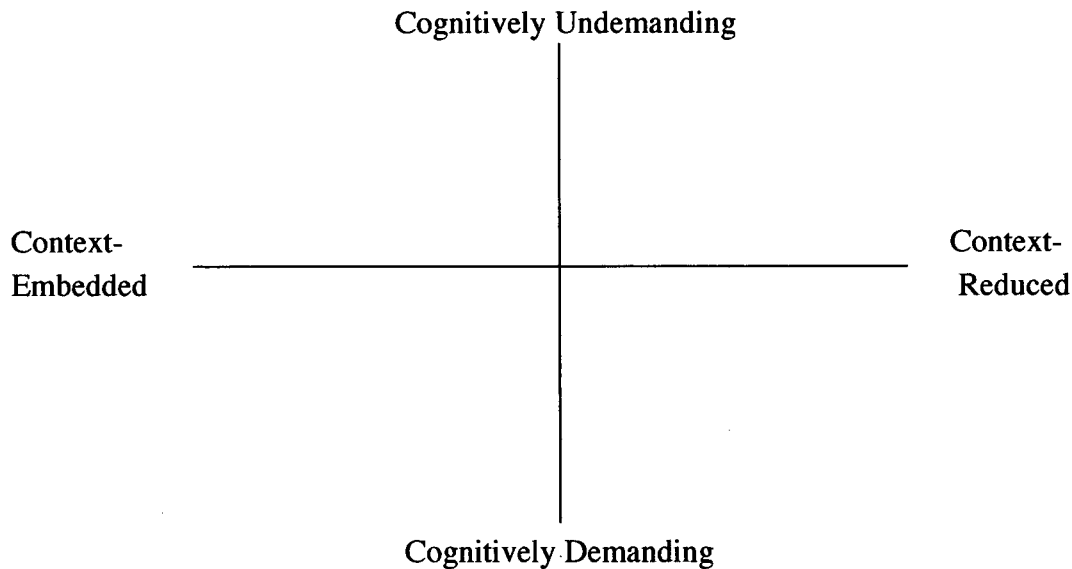
Figure 2.3 Diagram of Cummin's (1999) Model of Contextual Support and Degree of Cognitive
Involvement in Communicative Activities

2.4 The Content-Based Curriculum

One model of language learning that has been the subject of a number of recent books

and articles is the integration of language and content (Briton, Snow & Wesche, 1989; Early,

1990, 1991; Mohan, 1986; 1989, 1990, Mohan, Leung, & Davison, 2001; Snow & Brinton,

1997). The overall purpose of integration of language and content (ILC) is to eliminate the

"artificial separation between language instruction and subject matter classes which exists in

most educational settings." (Brinton, Snow & Wesche, 1989) According to Met (1994),

"teachers need to view every content lesson as a language lesson." (Met, 1994, p. 161)

The idea of integrating academic content into language instruction is not new according

to Crandall (1993). She credits ESP with the first approaches to integrated instruction. In ESP,

the goal of language instruction is to provide access to the discipline under study (Crandall,

1993). Originally, the focus of ESP programs was on what people learned, rather than how they

learned (Crandall, 1993). However more recently, the focus of this research has expanded to

include instructional discourse, the learning process and the social construction of knowledge in

content classes (Crandall, 1993).

In one application of content-based curriculum, Chamot and O'Malley (1987) developed

the Cognitive Academic Language Learning Approach or CALLA. The purpose of CALLA is to

provide a framework for using language to learn through the integration of language and content

(Chamot, 1996; Chamot & O'Malley, 1987, O'Malley & Chamot, 1990). They applied

Cummins' model of two intersecting continua to language and content activities as illustrated in

Figure 2.4 below. The CALLA model was designed to foster language and cognitive

development through integration of language and content, and instruction in learning strategies.

The model is based on cognitive learning theory in which learners are viewed as mentally active

participants.

Nonacademic or Cognitively Undemanding Activities	Academic and Cognitively Demanding Activities

Context-embedded

▲Developing survival vocabulary	Developing academicvocabulary
Following demonstrated directions	Understanding academic presentations
Participating in art, music, physical education and some vocational education classes	Solving math computation problems
Engaging in face-to-face interactions	Participating in academic discussions
Practicing oral language exercises and communicative language functions	Making brief oral presentations
	Using higher level comprehension skills in listening to oral texts.
	Understanding written texts through discussion, illustrations and visuals.
	Writing reports with format provided.
Answering lower level questions	Answering higher level questions
III	IV
Engaging in predictable telephone conversations	Understanding academic presentations without visuals or demonstrations
	Making formal oral presentations
Developing initial reading skills:	Using higher-level reading comprehension skills,
Decoding and literal comprehension	inferential and critical reading
Reading and writing for personal purposes: notes, lists, recipes, etc.	Reading for information in content subjects
	Writing compositions, essays, and research reports in content subjects
Writing answers to lower level questions	Writing test answers to higher level questions
	Taking standardized achievement test

Context-reduced

Table 2.1 Classification of Language and Content Activities Within
Cummin's Framework (Chamot & O'Malley, 1992).

2.4.1 Learning Strategies

Learning strategies allow the learner to interact with others to assist in language

learning, such as cooperating with another person on a task or asking questions. It could also

involve other activities that require affective control, such as participating in organizing potluck

lunches, a frequent social event in the RCA/ESL program. These strategies fit well with the

language socialization model of second language learning. Oxford (1990) the developer of the

Stratedy Inventory for Language Learning (SILL), states that language learning is not just

cognitive and metacognitive, but involves much more from the learner. Oxford (1990) organizes

learning strategies into six groups as illustrated in Table 2.2. These categories are designed to

reflect on the activities of the whole learner, not only their cognitive or metacognitive traits.

STRATEGY	EXAMPLES
Memory Strategies	Grouping words, terminology or concepts, using visual images, rhymes and structured reviewing.
Cognitive Strategies	Strategies using reasoning, such as applying rules to understand or produce the second language, analyzing, summarizing, note taking, elaborating, transferring, or inferencing.
Compensation Strategies	Used to compensate for limited knowledge, such as guessing meanings from the context in reading and listening and using gestures to convey meaning when the precise expression is not known.
Metacognitive Strategies	Strategies such as paying attention, consciously searching for practice opportunities, planning for language tasks, self-evaluation and self-monitoring.
Affective Strategies	These include such strategies as anxiety reduction, self-encouragement and self-reward.
Social Strategies	Strategies such as asking questions, cooperating with native speakers of the language and becoming culturally aware.

Table 2.2 Language Learning Strategies and Examples (adapted from
Chamot and O'Malley, 1987).

There are two theoretical assumptions behind learning strategy theory. The first is that part of the difference in success in language learning depends on the varying strategies which students bring to the learning task. The second is that strategies employed by the more successful students can be learnt by those who are less successful. (Griffiths & Parr, 2001) In addition, learning strategy theory predicts that since strategies can be taught, there is a potential for enhancing an individual's language learning through teaching learning strategies.

2.4.2 Learning Strategy Research

Oxford (1990) developed a questionnaire to assess the frequency of language learning strategy based upon a choice of five Likert-scale responses for each strategy described: never or almost never true of me, generally not true of me, somewhat true of me, generally true of me, and always or almost always true of me. (Oxford, 1990) Her inventory has been used in over a hundred studies, which by 1995 involved over 10,000 language learners (Oxford, 1996).

Oxford (1996) cautions the teacher to not rely on one assessment technique alone for strategy assessment in their students. While strategy questionnaires are reliable and valid, they tap into only the typical or general strategy that an individual student or group may use (Oxford, 1996). Other types of assessment such as observations and interviews can identify strategies that are readily observable or used on specific tasks.

Oxford (1996) advises teachers to be careful in their selection of strategies to use in instruction, and to keep in mind other factors that may affect learning strategy use such as

gender. She also recommends that researchers investigate and disseminate knowledge about cultural aspects of learning strategies use in the classroom.

2.5 A Gap in the literature

According to Davison and Williams (2001), defining what is language and content integration in the ESL literature is difficult. They attribute this difficulty to the increasing diversity of theories and orientations found in the field (Davison & Williams, 2001). In addition, although much has been written on integrating language and content from a language point of view, the voice of the content specialist is rarely heard in this context.

Although need analysis is considered the essential first step in planning a language curriculum, it does not necessarily inform the process in any kind of systematic way (West, 1994). In the course design framework presented by Mavor and Trayner (2001), the first step in course design is to "get an understanding of the conceptual structure of the students' target discourse community as pre-requisite for recognizing and selecting possible practices and attendant genres which represent that community." (Mavor & Trayner, 2001, p.352).

Duff (2001) also challenges English-language teachers to do qualitative and quantitative studies on " the impact of participation in language programs on students' demonstrable L2 abilities, content knowledge, career outcomes, and ability to participate in local discourse communities as well as the global society" (Duff, 2001, p. 607). These studies should be based upon a better understanding of linguistic practices, discourse requirements, literacies and assessment practices within particular fields, and will "enable practitioners to design more

effective L2 programs, including those integrating language and content instruction" (Duff,

2001, p. 607).

By studying the language used by RCA students in their content classes, this exploratory

study will seek to understand the ways that RCA-ESL students learn language and content. The

findings will be used to plan activities for RCA-ESL students in ways that promote integrated

language learning in the content classroom.

Chapter Three

Methods

3.1 Overview

A better understanding of how RCA-ESL students can best be supported to achieve mastery of the English language for successful entry-level employment in the health care community is the overall purpose of this study. To do this, a group of 27 ESL students who were studying to become Resident Care Attendants in a college-based program were chosen for observation. The class, which began in May 2002, was observed over a period of nine weeks. Six lab classes and three communications classes were observed. Approximately half of each of the class sessions were recorded on video camera. In addition, three focus group interviews with students (18 out of 27), and individual interviews with four faculty members were conducted and recorded.

In keeping with the 'spirit' of a qualitative study, the research questions were refined as the data was analyzed. The final research questions that this study sought to address were:

1. What language skills, registers and functions are RCA–ESL students expected to use in their content classes, as realized by their participation in a practice laboratory and classroom setting?

2. What are the learner strategies and social contexts that appear to support learning of the critical language functions required by RCA-ESL students?

To answer these questions, an exploratory plan was devised in order to collect data on the relationship between language and content learning. A language socialization perspective was adopted for investigating the relationship between language and content in the RCA-ESL classrooms. The goal of developing models or theories of the interaction of language and social life according to Hymes (1972) is finding the meaning of language in human life, "not in the abstract, not in the superficial phrases one may encounter in essays and textbooks, but in the concrete, in actual human lives" (Hymes, 1972, p. 41). In order to do this in this study, a combination of research methods applicable to studying second language classrooms was adopted: classroom observation and interviewing.

3.2 Research Design

The purpose of this exploratory case study was to understand the language needs, and in particular the discourse demands of RCA-ESL students, and to determine which practices appeared to best support these students in the development of language appropriate to their work. In undertaking this task, the study examines from a qualitative/naturalistic perspective, the 27 students as they undertake their work in a practice setting. The contextualized nature of the case study, along with the types of data collection methods which are used make it similar to ethnography (Nunan, 1992b). However, ethnography attempts a complete account of a particular culture, while this case study will only be able to examine a small aspect of the group as it functions in the laboratory and classroom setting.

3.3 Research Methods

In order to discover a basis on which to construct an integrated curriculum of language and content, a methodological mix of classroom observation/recording and interviewing strategies were selected. The multiple perspectives of faculty and students in the RCA-ESL program enabled the researcher to triangulate the interview data with the researcher's own observations. This qualitative case study, also, used methods from the field of ethnography for analyzing the data. Video-recordings of classroom and lab were used for both data collection and analysis.

3.3.1 The Institutional Context

The University College where this study took place, is the largest University College in Canada. It serves both the largest total population and the largest college age population within the BC Lower Mainland (Office of Institutional Research, 2001). It became a University College in 1995, which gave it degree-granting status. It now has eight degree programs. Provincially funded, it had 7,888 full-time equivalent seats for the 2000-2001 school year. Forty-two percent of these seats are allocated to academic programs (university transfer) in which students can take their first two years of general university studies there and obtain full credit for these courses at other universities. Twenty-four percent of the funded seats are dedicated to career/technical programs, offering a full range of two-year associate degrees, applied diplomas and certificates in the areas of business, science, technology, applied design, social sciences, health, humanities, horticulture and trades. The other seats are allocated to vocational programs (18 percent) Adult Basic Education programs (12 percent) and degree programs (four percent) (Office of

Institutional Research, 2001). The ratio of number of students to faculty is approximately 18:1,

who are also supported by 71 administrators and 457 staff members (Office of Institutional

Research, 2001).

Serving the areas south of the Fraser River, its enrollment represents students from school

districts that have the highest proportion of ESL students in the province, 15.2 % compared with

a provincial average of 9.6 % (Ministry of Education, 2001). In the Fall of 2001, there were

8,052 new students and 5,429 returning students for a total enrollment of 13,481 of which 2,049

were from ESL backgrounds. The researcher's personal involvement in the organization began

in 1985 when she started teaching in the Long-Term Care Aide program, which was the

precursor to the current RCA program. The researcher became coordinator of these programs in

1987 and continued on as coordinator until the Spring of 2001. At this time, the researcher's

interest in pursuing language learning led to her resignation from the coordinator position and to

negotiating a leave of absence in order to pursue the current research.

3.3.2 The Participants

The twenty-seven students currently enrolled in the RCA-ESL program with UC and ISA

consists of 25 females and two males. Two thirds of the group (66 percent) are between the ages

of 30 and 50. Twenty-six percent are under thirty (seven students), and seven percent (two

students) are over fifty. Three of the students are repeating lab and clinical due to failure in one

or more of their courses. A summary of the participants is given in Table 3.1. There are ten first

languages in the group with Punjabi being the most frequent first language (11 students),

followed by Mandarin and Tagalog (three students each), Hindi and Polish (two students apiece)

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Table 3.1 Summary of Participants by Age, First Language, Length of Residence in Canada, Previous Degrees and Work History

Participants by Age	First Language	Length of Residence in Canada	Work History	Previous Degrees and/or Education
21	Punjabi	7 years	Graduated high school in Canada in 1999.	Graduated high school in Canada.
22	Punjabi	3 years	Home support worker in Canada.	High school, college and one year of commerce in India. Also took private RCA program in Vancouver.
26	Punjabi	3 years	Medical Student in India.	High School, college & medical studies in India
28	Hindi	10 years	Cashier in Canada since 1994.	High school and one year nursing in India. Building service worker program in Canada.
29	Punjabi	9 years	Worked in dry cleaners for three years in Canada and for six years as seamstress.	Grade 12 in India
30	Tagalog	5 years	RN in home country.	BS in Nursing in the Philippines.
30	Punjabi	4 years	Worked as Pharmacist in India, and as meat packer in Canada.	BA, MA, in India.
31	Punjabi	10 years	Worked as salesperson in Canada.	Finished 10th grade in India.
32	Spanish	2 years	Worked as a Secretary in Venezuela and in housekeeping in Canada.	High school, one year college in personnel management & system analysis.
33	Punjabi English	2-3 years	Worked as a RN in India for five years.	Three-year diploma in nursing, and midwifery in India.
39	Punjabi	21 years	Worked as kitchen helper in Canada.	Graduated high school in India

(Continued on next page)

Table 3.1 (Con't.)

Participants by Age	First Language	Length of Residence in Canada	Work History	Previous degrees and/or education
39	Punjabi	12 years	Worked as a packer in a health food store	Grade 12 and sewing diploma from women's college, India.
39	Polish	2 years	Teacher in Poland	Data unavailable
40	Mandarin	10 years	Worked in nursing home in China for seven years and three years as a teacher. Worked in daycare and nursing home in Canada	ECE diploma from China.
41	Punjabi	19 years	Data not available	BS in India.
42	Hindi	19 years	Worked as an RCA and in housekeeping.	Completed grade nine in Fiji.
42	Somali	11 years	Worked as teacher in Somalia and volunteer in community hospital.	Diploma and master's degree in teaching (Somalia).
42	Punjabi	4 years	Worked as kitchen helper in Canada.	Graduated high school, India.
43	Mandarin	12 years	Elementary school teacher in China.	Political Science degree from China.
45	Ilocano/Tagalog	7 years	Worked in Home Support and as a nanny in Canada.	B.Sc. in Agriculture.
45	English	4 years	Worked as an RCA for seven years and as cleaning supervisor.	Graduated high school, Jamaica.
48	Cantonese	13 years	Worked in restaurant since 1990.	Completed grade 11 in China
50	Japanese	23 years	Worked in import export business.	BS Ocean Biology, Japan.
54	Korean	Not available	Not available	B.Sc. (1975) Korea.

and Cantonese, Korean, Japanese, Somali, and Spanish (one student each). Interestingly, one student in the group identified English as her first language, a student from Jamaica. In terms of level of education in their home country prior to starting the RCA-ESL program, eight had four years of high school or less, six had some college or advanced skill training, eleven had baccalaureate degrees, and two held masters degrees. Three of the students were trained nurses or midwifes. One was a pharmacist and one had taken medical studies in India.

3.3.2 The Faculty

Four faculty from the RCA-ESL program were interviewed. They included three content instructors and one ESL instructor. The ESL instructor had been teaching with ISS for many years, and had worked with all the combined classes with the University College. The three content instructors had 1-13 years experience in teaching, although all three were relatively new to teaching RCA-ESL students. They taught the course covering laboratory skills and theory. One had taught many ESL students in a nursing program at a community college, while two were both new to teaching ESL students.

3.4 Collecting the Data

The purpose of this field study was to understand how RCA-ESL students learn best in content classes. Two of the RCA content courses, a nursing skill lab and a Communications in Health Care Settings course, were initially selected for study. These two classes were chosen as they represent situations in which there is a relationship to comparable real-world activities of RCA's. Two instructors, agreed to have this researcher sit in on their respective classes. Times and dates were arranged with them and permission forms signed. Permission was also obtained

from all 27 students to record the class and laboratory sessions on video. Three lab supervisors also signed permissions, as they circulate among the students during lab practice times and might often be caught on camera in interaction with the students. (See Appendix 1 for examples of these forms.)

The researcher observed a few of the classes with the RCA students without attempting to record them on camera. This served the purpose of integrating the researcher to the classroom prior to introduction of the camera. Although the students and instructors had all given permission to be videotaped, this initial introduction was important to building a relationship with the participants that supported their sense of trust with the researcher. Extensive notes were taken of the two labs and one communication class in which this method of observation was used. This provided the researcher with an overview of how the classes were presented.

To gain an understanding of the language used by the students, however, video recording was selected for the majority of data collecting. This gives the researcher time to make considered judgements on what he or she is seeing and to reflect on and revisit the learning scene at will (Martin, 1999). It is especially useful when it is important to have accurate information on the speech of participants (Erickson, 1992). Not only did this allow for greater accuracy, it allowed the researcher to see events that had been missed. For instance, lab practice sessions were recorded that involved travelling between groups of students practicing skills. The setting was in a nursing laboratory that was set up to look like a patient unit. The students, working in groups of two to six participants, had a specific skill to practice. Feeding, bed making, and bed bathing were some of the skills seen being practiced by the students on the tapes. These episodes

contained the richest examples of the students' discourse as they simultaneously practiced content, spoke about what they were doing, spoke with the other student(s) in a variety of roles (as peer or as patient), and interacted with the instructor.

Video recordings of the instructor-led introduction to the lab classes and communication classes were helpful for capturing some of the ways in which the content instructors use language. As they are the content experts, their discourse is critical to the student's becoming socialized into the academic and practice genre. Least valuable was the classroom recording of the students working in groups in the communication classes. This was due to a large number of students crowded into a small room at ISA, which made elimination of background noises impossible.

Erickson reminds us that "if the people being taped know about and agree with the purposes of the taping and trust the researcher, the video equipment will be no more obtrusive than a note pad or audio recorder." (Erickson, 1992, p. 214). Certainly, the instructors and students seemed to be very comfortable with it, as evidenced by their allowing the researcher to record various activities without showing a lot of camera consciousness. Mugging for the camera seemed not to be in evidence except initially with one or two shy smiles. Overall, according to Martin (1999), a great deal of photographic sophistication is evident as a result of video being such a common part of everyday life in North American culture.

Despite the level of trust exhibited by the students and instructors towards the camera, capturing students' language output as they worked in the laboratory setting was still a challenge. After a number of false starts, the researcher finally settled on using an older model VCR camera

for filming. This was due in part to the fact that extension microphones are no longer built into newer models. While digital cameras do have this capability, their general unavailability made them impractical for taping labs. Prior to each session the researcher made sure that all video equipment was ready for operation. However, it took a little practice to figure out how to best capture the voices of the students for analysis. Background noise could not be eliminated entirely from either the classroom or laboratory setting. Moving the external microphone on a portable IV around to different student practice groups led to clearest sound in the laboratory setting. No such adjustments could be made in the communications classroom due to its small size.

Another prerequisite for using video as a primary research document according to Erickson (1992) is a clear picture and visual framing that is consistent across time. This can be accomplished by setting the camera's manual focus to stop it from automatically zooming in and out whenever someone passes in front of the visual field.

3.4.1 The Filming Schedule

The video recording of RCA-ESL students in the nursing lab began with a student practice lab on bed making. In these practice times, students are generally given a set of nursing skills to practice. Their practice times usually lasts about an hour. The five labs represented more than ten hours of observations. However, due to the fact that some of the students' time in labs was spent watching videos or on breaks, recorded data was somewhat less. In addition to the lab, the communication classroom was visited three times for the purpose of recording observations

on film. The topics and sub-topics for each laboratory practice and communication class session

are given in Table 3.2 and Table 3.3 respectively.

While the classroom visits provided the researcher with some useful recorded data it was

difficult to record individual student conversations because of the large amount of background

noise. This was due in part to the large size of the class (25 students) and the small size of the

room.

Table 3.2 Laboratory Observation and Filming Schedule.

Topic	Subtopics	Filming Schedule
1. Body Mechanics	Ways to lift and move residents safely to avoid musculo-skeletal injuries.	14.05.02 Observation only
2. Bed-making and Bed-making Practice	Medical asepsis. Universal precautions. Body mechanics. Types of beds. Problem solving situations on bed making with residents in bed.	27.05. 02 & 28.05.02 0800-1000 Video: 66 minutes
3. Feeding and Sensory Deficits Lab	Two separate labs in which half the group practices feeding each other and the other half goes through a series of stations that are designed to show them the experience of various sensory deficits.	04.06.02 0800-1000 Video: 41 minutes
4. Personal Care Skills	Students are given information about the grooming, dressing and toiletting needs of residents.	06.17.02 0800-1000 Video: 52 minutes
5. Transfers and Lifts	Students are introduced to safe methods of transferring residents out of bed to chairs and the use of mechanical lifts.	07.08.06 0800-1000 Video: 37 minutes

Also contributing to the effects of background noise were open doors and windows.

Because the laboratory setting was providing the researcher with a wide range of data, the

classroom observations were later stopped. However, some of the data collected during this time

will be presented in Chapter Four. Interviews with groups of students and with individual faculty

were also recorded and used for triangulation of data sources (see section 3.6 below).

Table 3.3 Communication Class Observation and Filming Schedule.

Topic	Subtopics	Filming Schedule
The Communication Process	Models and components of communication, barriers to and principles for communicating.	05.27.02 Two hours Observation only
Perception	Interpersonal perception, barriers to accurate perception, perception checking.	06.06.02 Two hours Video: 36 minutes
Active Listening	The listening process Improving listening skills. "I" and "you" messages.	06.13.02 Two hours Video: 45 minutes

3.5. Analysis of the Data

A study concerned with videotaping as a means of data collection usually begins by

considering whole events, continues by analytically decomposing them into smaller fragments,

and then recomposes them into wholes. Erickson (1992) refers this to as microanalysis.

Microanalysis is especially appropriate when it is important to have accurate information on the

verbal speech and non-verbal participants in the scene (Erickson, 1992). Erickson's (1992) five-

stage process for microanalysis will be followed for the process of data analysis used in this

study.

3.5.1 Reviewing the Whole Event

The data in this study was viewed in its entirety a number of times: from when first capturing the original activity on video camera, while it was processed digitally and finally when it was ready for viewing on the computer. This step of Erickson's (1992) stages of microanalysis was implemented by the use of the Vprism (1996) digital video software. VPrism (1996) allows for watching the video on the computer while simultaneously transcribing and/or coding the data. The first step is to transfer the original VHS taped data to an MPEG file, which compresses the data. The program used to compress the data and equipment was available in the multi-media research studio at the University of British Columbia. This is necessary so that one hour of recorded data can fit on a single Compact Disc (CD). Compressing data requires a two-step process. First, the data is compressed into a MPEG format, and then, the data is burned onto a CD, which can then be viewed with any standard movie player on a computer, or with Vprism. This produces a good quality tape for viewing repeatedly on the computer in order to implement the stages of microanalysis described by Erickson (1992).

3. 5. 2 Entering Time Codes

Vprism (1996) has a standard video compression format, which has a resolution of 30 frames per second. The video time code counter displays hours, minutes and seconds and frames in the format hh/mm/ss/ff. Entering time codes to mark the interval helps creates a time-based reference to the text that can be used for quickly revisiting a section of the video for review. Using this feature of the software, the researcher reviewed each tape once straight through and then again stopping every few minutes to write a summary of the previous section reviewed. In

Vprism (1996), textual material can be linked through time codes to the video file. In this stage, time codes and notes were made that summarized the major action on the tape at five minute intervals. An example of this type of data from the lab on feeding is illustrated below.

00:00:00 Tape begins

00:05:17 The instructor introduces the feeding process by talking about assessment (a nursing concept), assembly line (a negative attribute) and being disrespectful (a negative attitude).

00:10:26 The instructor discusses a few more concepts that she has been asked about and students are directed to participate in their small groups.

3.5.3 Identifying Main Sections of Interest: Writing the Activity Trace

After each tape was time coded, segments of the tape that were of interest to the researcher could also be time coded and an account of the activity taking place entered into one of the two transcript columns. Activities that seemed of interest to the researcher included interactions between the teacher and the students, and student to 'patient' or student to student dialogues. For example, on the same lab tape, there were a number of examples where students alternatively play the patient and care giver role while feeding each other yogurt and other foods.

00:06:45 THE INSTRUCTOR GIVES DIRECTIONS TO THE STUDENTS FOR PRACTICING FEEDING. SHE THEN NOTICES THAT ONE STUDENT IS SITTING OUTSIDE THE CIRCLE AND INVITES HER TO MOVE TO THE TABLE. THE STUDENT MAKES A JOKE ABOUT BEING READY TO EAT. (She is sitting at an over bed table similar to that which patients use).

00:08:23 THE INSTRUCTOR ASKS THE STUDENTS TO PAY ATTENTION WHILE SHE EXPLAINS SOMETHING. SHE THEN ASKS J. A DIRECT QUESTION ABOUT WHAT HE WOULD CALL A "BIB." HE REPLIES, "A NAPKIN." D. THEN GOES ON TO CALL IT A "COVER."

It should be noted that capital letter were used in the activity trace to distinguish the entries from the initial time coding of data. As Erickson (1992) points out, stage three of the microanalysis is where various sequential strips of activity will be identified. These may be topically connected speech or a connected sequence of action in which the social participation structure is noted. However, the emphasis here is on the relationships among the participants in the event, not on the actions of individual persons considered in isolation from the others (Erickson, 1992).

3.5.4 Focus on the Actions of Individuals

In the fourth stage of microanalysis according to Erickson (1992), detailed transcription that is theoretically guided is recorded. At this stage, the researcher was using very broad theoretical categories. Each tape was viewed carefully and time coded with events that appeared to the researcher to fall into one of these five categories.

Events in VPrism are coded with In and Out points, and can be played and replayed in order to transcribe the language of students whose activity was of interest. For example in the feeding lab, C. and I, both nurses from the Philippines are role playing feeding a resident.

"What do you have?" C. asks, role playing a resident. "Can I have some juice?"
"Did you watch hockey or basketball?" Ir. asks, making conversation with her "resident."
"No." responded C. "I watched basketball last night."
"You like the game, huh?" Ir. replies.
"Yeah." says C. "I think that's enough."

Or take, for example, this question from a student during the instructor led session on feeding practices.

"If they choke a lot (a student asks the teacher referring to patients) is it possible like, you know the medication cup, you can pour a little bit in it and give it to them?"

It soon became apparent, therefore, that using only five categories was too broad a definition for coding the communicative events on the tapes.   Encouraged by the researcher's committee chairperson to "be creative with coding", the researcher began to label interactions with a broader brush. This list soon grew to twenty different codes in additional to the original five.

3.5.5 Comparative Analyses

According to Glaser and Strauss (1967) at this point in the research process, reduction must occur. By this they mean that the analyst discovers underlying uniformity in the original set of categories or their properties. In this stage of microanalysis, according to Erickson (1992), after each instance of interest has been identified, comparison with other such instances takes place. This is referred to as the constant comparative method (Glaser & Strauss, 1967). At this stage in data analysis there is a change from comparison of each event with another event to comparison of each event with the properties of each category.

As this process continued, the researcher became aware of an increasingly interesting comparison of the categories she was coding and various classification systems for language functions (Collerson, 1994; Derewianka, 1990; Gerot, 1995, Halliday, 1994, Mohan, 1986). Although as Glaser and Strauss (1967) point out, "emergent categories usually prove to be the most relevant and the best fitted to the data" (p. 37), the similarity between some of the emergent categories and these language functions, was tremendously exciting. As a result the original

categories were combined into categories that reflected the language functions as shown in Table

3.4.

Table 3.4 Codes for Language Functions.

LANGUAGE FUNCTIONS AND CODES	DEFINITION
1.CHOICE/EVALUATION Problem-Solving (PS)	Understanding, analyzing and deciding on goals, values, policies and evaluation criteria.
2. CLASSIFICATION	Understanding, applying or developing concepts, definitions and classifications, such as classifying common human needs into eight categories.
3.DIRECTIVE Commentary (COMM) Demonstrating (DEMO) Self-directing (SDIR) Other-directing (ODIR)	The directive function is the giving of directions or instructions to oneself or others. It may involve self-directing strategies such as commenting on or monitoring one's own actions. Other directing strategies refer to attempts to influence the actions of others through demonstration, giving advice and/or suggestions, making requests or offers, such as, "Here let me help you with that," or "Can you give me a hand here please with this resident?" Persuading, correcting, giving approval or disapproval are also examples of the directive function.
4.EXPRESSIVE Making a request (MAR) Requesting information (REQ) Self-maintaining (SELF)	Expressing, clarifying or arranging ideas, thoughts or feelings such as one's abilities, worries, likes and dislikes. Also, expressing needs, wants and obligations.
5. IMAGINATIVE Role-playing (ROLE) Imagining (IMAG)	Commenting on imagined context, building scene through language, using the language of the care- giver role.
6. INTERACTIONAL Giving verbal or non-verbal feedback (VFB) Empathy (EMP)	Establishing and maintaining desirable social and working relationships, by using language such as greetings, invitations, thanks, initiating, leave-taking, apologies, permission, promises and excuses.

Table 3.4 (Con't.)

7. PRINICPLES Prinicples (PRIN) Reasoning (REAS)	Explaining, predicting, interpreting data, inferring and drawing conclusions.
8. RECOUNTS Reporting on present and past experiences (REP)	The unfolding of a sequence of events over time, in which the reporter/recorder reconstructs his or her past experience. The recount generally begins with an orientation, giving the reader/listener the background information needed to understand the situation.
9. SEQUENCE Procedure (PROC)	An unfolding of a series of events ordered in a logical sequence. Relaying steps in a process.

3.6 Focus Groups

In order to study how RCA-ESL students learn best in content classes, seven interviews with students and faculty were conducted. The purpose of the interviews was to avoid where possible, the intrinsic bias that can result from one observer investigations. The student and faculty interviews helped the researcher to gain different perspectives on the data and thereby add to its richness.

The student interviews were done mainly in focus groups of eight students while faculty were interviewed individually. Faculty interviews were conducted singularly at times mutually arranged. All interviews lasted between 30 minutes and one hour. Following the advice of the researcher's committee chairperson, an informal conversational interview style was followed. This interview design relies on the spontaneous formation of questions in the natural flow of the interview; a style often used as part of an ongoing participant observation fieldwork according to

Patton (1990). This is the most open-ended approach to interviewing and allows the interviewer

to be responsive to individual differences as they emerge in the course of the interview.

Focus group sessions were conducted in the lab, at times convenient for the students.

Participants signed up for one of two times. Focus groups are typically six to eight people

(Patton, 1990), and in this case two groups contained eight students. Participants were asked to

reflect on the questions asked by the researcher. The researcher's leading question related to

what advice the students would give someone teaching the class. This lead question was

developed as a result of reviewing the students' backgrounds and educational history. According

to Patton, the strength of the focus group is that participants get to hear each other's responses

and to make additional comments as they hear what other people have to say (Patton, 1990).

This was indeed the process observed by the researcher as students responded to each other's

comments by further elaboration or clarification.

The data from both faculty and student interviews were processed in the same manner as

the classroom data. Video was compressed and burned onto CD's from which they could be

watched and listened to repeatedly, coded and compared with classroom data.

3.7 Trustworthiness of Data

Internal validity of the case study was improved by the use of video recording, which

increases its density and permanence according to Bottorff (1994). By providing rich and

meaningful descriptions from the data, the readers can assess for themselves whether the

accounts are plausible and credible. In comparison with observational data alone, the use of

video recording produces a distinct advantage. Also, by applying principles of inductive

reasoning, the findings of patterns in the research are based on the data itself and not by deduction. By fully describing the process by which the data was coded and re-coded the reader is provided with an 'audit' trail of how the research codes emerged from the data.

The researcher also sought to increase the credibility of the data by triangulating the data by utilizing multiple sources, and methods. Triangulation is the application and combination of several research methodologies used in either qualitative or quantitative studies in the study of the same phenomenon (Denzin, 1997). Finally, the researcher sought inter-coder reliability by consulting with the English language instructor for the Graduate Nurses with English as an Additional Language (GNEAL) program at the University College. The purpose of this consultation was to ask her to review the coding that had been done. The codes were explained to her and she readily understood the categories based on language functions, as it closely resembled the approaches used for preparing foreign nurses for their licensing exams. She rapidly compared the functional categories and could grasp their meaning very easily. She reviewed approximately 10 percent of the data and the few instances of disagreement that occurred were reviewed and in one or two instances re-coded. The high rate of agreement assured the researcher of the reliability of the coding.

3.7.1 Limitations of the Methods and Findings

Perception is based upon selected attention to some things to the exclusion of others as nobody can attend to all things. Attending to RCA students' "talk" in the lab setting was seen as an opportunity to observe students practicing their language and content skills. These opportunities gave the researcher the opportunity to observe student interaction. It is, however,

a limitation of the application of the findings in that the results obtained might not be valid in

other contexts of the RCA's content classes. It was also impossible to capture all the student

interactions with only one camera. Martin (1999) cautions us not to assume that video taping

can necessarily capture in full everything that takes place in the learning situation. He reminds

the researcher that both explicit and implicit editing takes place. Who to focus on, what catches

the attention of the researcher and other sampling decisions can affect the validity of the

findings (Martin, 1999). In the lab, this selective attention to certain activities was another

limitation of the findings.

Chapter 4

Findings

4.0 Overview

To better understand how RCA-ESL students can achieve mastery of the English language for successful entry-level employment in the health care community is the overall purpose of this study. This chapter will report on the findings of this study for each of the following questions:

(1) What language skills, registers and functions are RCA students expected to use in their content classes as realized by their participation in a practice laboratory and classroom setting?

(2) What are the learner strategies and social contexts that appear to support learning of the critical language functions required by RCA students?

Each question will be addressed by looking at some of the major categories and sub categories that were used for coding the data. Included in the discussion will be findings from the classroom data, and from the student and faculty interviews. Implications for the findings in terms of program development and curriculum planning will be discussed in Chapter 5.

4.1 What Language Skills, Registers and Functions are RCA Students Expected to Use in Their Content Classes?

Nine main functional uses of language emerged in the discourse of ESL-RCA students and their instructors in the practice laboratory and classroom settings. They were the directive,

choice/evaluation, classification, expressive, interactional, principles, recounts and sequence language functions. In the next section illustrations are presented of the students' and instructors' discourse from the classroom, laboratory setting and interviews, and the various functions that emerged from analysis of the data.

4.1.1 The Directive Function

The RCA role involves the giving of directions to others in many ways. In fact, giving directions was the dominant language function used in the lab setting by instructors and students. The directives heard in the lab were of three main types: student to student, instructor to student and student to "resident."

<u>Student-Student Directives</u>

Student to student directives are especially common as illustrated in the excerpt #1, where two students are practicing some of the personal care skills such as getting a resident dressed.

<u>Excerpt #1</u>

Student #1:	I'm going to check you. I forget my Spanish and my English. I cannot speak and work. Do you need to put this side? (The student makes a motion with hands as if to put siderails down.)
Student #2	No, she said you had to. She said when you are changing you had to because they are going to turn it.
Student #1:	She begins to apply the incontinence device. This one is quantra. What is it. I don't know what it is. This one is . . .This is a different one. When the client can move.
Student #2:	Do you need to clean it? (Referring to peri-care.)
Student #1:	I pretend I did. This is very small for you.
Student #2:	And we can practice dressing. Now try and do like this, remember?
Student #1:	Sighs. "But I have to put the bed down right?"
Student #2:	Yeah, because of my feet.
Student #1:	I'm going to move the bed, OK. She begins to practice the skill of sitting a resident up in bed. And now, do you want to. I'm going to take up.

Student #2:   Here, pointing to legs. Under here.
Student #1:   On the count of three.
Student #2:   Under legs.
Student #1:   1-2-3.

Another common occurrence of directives was that students who had more experience

either from repeating the course or from working in health care in their own country,

frequently took on the role of giving directions and instructing students who were less

knowledgeable. For example, in the following exchange a student who is repeating the lab

course gets very involved in instructing a new student in moving a resident up in bed.

Excerpt #2
Student #1:   First you have to wash your hands.
Student #2:   Yeah.
Student #1:   Then rock the bed here.
Student #2   Lock it.

At this point the lab supervisor came over to the group.
Supervisor: OK what are we doing here?
Student #2:   (Reading the situation from the board)
                 Want to do the sit up in bed by supporting her arm with bed.
Student #1:   Before we do that we wash hands and rock the brakes.
Supervisor: Oh, OK, all right.
Student #1:   Explain what you are doing, motioning to the "resident" in the bed.
Student #2:   I want to feed you breakfast and make you sit you up in the bed.

At this point, the lab instructor left the students and the first student continued to instruct

the second student on how to sit a resident up in bed.

Directives could be a source of difficulty at times, though, if the student speaking seems

to sound too "bossy." There may be a cultural or pragmatic transfer component to this as well,

as this pattern shows up more frequently in the students from India. In the next example, two

Punjabi students are practicing making an occupied bed.

Student #1:   First you do over there, she says pointing to the side of the bed.

Student #2   Yeah. Shaking her head yes. Now I can . . . ?

Student #1   I need the bottom sheet and draw sheet pointing at the table where the linen
        was stacked.

Demonstrating a frequently heard communication error that instructors tend to complain

about one student says to another:

"I think I need to up the bed." "OK, can you up the side rails . . . .the side rails?"

Students often use "up" as a verb which can be interpreted as rudeness, especially when they use

it in the context of bathing, as in "up your leg." For example instead of directing the resident by

saying, "lift up your leg, please," they may just say "up your leg."

Instructor-Student Directives

Directives were frequently given from instructors and supervisors to students. In this same

lab, another group of students was trying to understand what they were required to do. The lab

supervisor, who had been asked for help, adds contextual clues to the situation by visually

producing the problem for them. In the process, she directs both the student acting as the

resident, and the two students who are practicing the skill, as the following segment illustrates.

Excerpt #3

1. Lab supervisor: To student in bed: OK, can you lift your bum up? She then pulls
        the pad out from under the student and adjusts it so it is crooked.
        Bum down, she says instructing the student in the bed.
        Then addressing the two students who are practicing:
        OK, so what if you came along and it was like this?

2. Student: We have to do the side-rails and then . . . (makes a turning motion
        with her hand.)

3. Supervisor: Yeah, so practice that.

Other directives were often given to small or large groups as a whole:

Excerpt #4

1.Supervisor:	OK, gang. Beds too high for you?
2. Student:	Yeah.
3. Supervisor:	Beds gotta come down. So put your bed down.
4. Supervisor:	You know what, you guys have to rotate.
	Now let her out. No wait, wait, wait. Were you guys here?
	Then you need to go here.

Student-Resident Directives

In the following example, student #1 is explaining to student #2 how to tell the resident what

you are doing.

Excerpt #5

Student #1	I'm gonna sit you up, on 1-2-3- OK. 1-2-3-and up.
Resident:	Thank-you.
Student: #2	Oh. I want to _____bed OK? I count 1-2-3-OK? 1-2-3-.
Student #1:	No, no, no don't forget hold.
Student #2:	Oh, OK, I try again.
Student #2:	Lifting your head.
Resident:	Oh thank you. What's next?
Student #2:	Everyone try it.

Written Directives

The written material the students are given often reflects the directive function as well. For

example, the hospital policies on lifting and moving residents (South Fraser Health Region,

2001) is written in very directive terms using the word "shall" a lot to emphasize the directive

function and is written all in capital letters as follows.

NO MANUAL LIFTING OF PATIENTS/RESIDENTS **SHALL** BE PERFORMED BY
SOUTH FRASER HEALTH REGION STAFF, EXCEPT IN LIFE THREATENING
SITUATIONS.

ALL PATIENTS/RESIDENTS **SHALL** BE ASSESSED FOR THEIR ABILITY TO WEIGHT
BEAR PRIOR TO ANY ATTEMPT BY STAFF TO TRANSFER AND/OR AMBULATE,
EXCEPT IN LIFE THREATENING CONDITIONS.

A MECHANICAL LIFT **SHALL** BE USED WHEN ANY PATIENT/RESIDENT IS UNABLE
TO WEIGHT BEAR.

In one interview a student complaining about the use of so many directives in the lab says:

> But in class, right, this morning, we are, we are a little confused about
> gloves. So I like each other, speak slowly, and spend the time to explain
> what can I do, not only say do that, do that, do that.

Another student refers to the language of the directives as orders as in the following interview:

> They put many notes on the walls, and then see the word, and then do the
> order. That time I feel hard, because many word we didn't learn before.
> Before, they didn't explain what I going do. They just say "you're going
> to do and you can see that, the order in the wall, just follow the wall."
> But the problem is they had many word, about six, or five order, but we
> only know half, so we have to guess to do it. Also, there only one
> assistant over there, so, and she had to take care of whole class.
> . . .. We just see many order, but nobody can ask.

4.1.2 Choice/Evaluation

The language functions of choice and evaluation are used extensively throughout the

RCA curriculum referred to by the term "problem solving." Problem solving involves six steps:

gathering information, identifying the problem, identifying the goal, forming an action plan,

implementing the plan and evaluating the goal. The RCA curriculum identifies two ways in

which the RCA will use the problem-solving process: to assist the RN to develop a care plan for

residents and as an approach to the day-to-day challenges encountered in care giving. Two

examples of students' problem solving around resident care issues came after they had practiced

feeding each other in bed. They were trying to problem solve around the issue of maintaining

the principles of body mechanics and medical asepsis while giving care.

Student#1:	Excuse me, if patient very tall and I am very short. I can stand up?
Student #2:	One thing, when we feed uh, people, uh residents, we can, can we sit on the bed, siderail?

In the discourse of student #1, there was a grammatical mistake in her phrasing of her

question, which the instructor did not respond to. Student #2 corrected this same mistake in her

discourse, but was obviously unclear as to the meaning or use of the siderail. In both cases, the

instructor responded to the questions by addressing the choices the students must make in the

situation.

In another example of making choices, the communications class instructor set up a situation

for the students to problem solve around the issue of communication.

Excerpt # 5

Instructor:	Let's say you go into a facility and you are a student and the health care workers or the other care aides, let's say they're very cold to you. And let's say there is one particular care aide or nurse that's very cold to you and doesn't give you information. You ask her something and she says: "Oh, go look for it yourself." What are you going to do as a student?
Student #1:	Ask her if I do something wrong.
Student #2:	Go find some information from the Kard [meaning Kardex].
Instructor:	OK, no, no. This is about another co-worker.
SSS:	Ask her. I'm gonna ask her.
Instructor:	As a student would you just go and ask her? What are we thinking here? Do you think it's towards you?
Student #1:	I'm just gonna ask her if I did something wrong. Why you are treating me like that right? Because that's direct we are talking about.
Instructor:	OK.
Student #2:	We have to look at the instructor though because we are students.
Instructor:	As a student you would talk to your instructor and your instructor might say: 'OK this is our first day today, maybe they're short-staffed, right and

it happens that maybe if they're short-staffed and their overworked, they're stressed and students are an extra thing on their plate.' So we could either do indirect perception checking and wait and see what their response is tomorrow.

4.1.3 Classification

Examples of the use of the language function of classification were heard frequently in the communication class. For example, in the class on communication theory the students learned about sending and receiving messages. In their learning packet, there is a graphic organizer that is used for classifying messages into two categories: verbal and non-verbal and intentional and non-intentional messages. The students were asked to think of one example of each that they had used in the last few days. From where I sat, it looked like most of the students hadn't filled in the organizer. It was unclear whether this was due to a lack of understanding of the instructions or a lack of examples. In the next section of this class, the students were asked to classify various types of communication environments into physical, social and psychological.

In the following excerpt, there is one student in particular who seems to be following along in the workbook as she answers the questions at times reading from the text.

Excerpt #7:

Instructor:	Now we're got three environments right? What are they?
Student #1:	Physical, social, phisilogical.
Instructor:	Physical, social and psychological.
Student #1:	Psychological.
Instructor:	What's a physical environment?
SSS:	Body. In your body.
Student #1:	Where the communication occurs.
Instructor:	Where the communication occurs. Like either in a classroom, in a hospital setting, on the ward.
Student #1:	In the classroom.

Instructor:	What is a social environment?
Student #1:	What is the relationship between the two people who are?
Instructor:	OK, the relationship between?
SSS	Communication.
Instructor:	The person who you're....
Student #1:	The relationship between two people.
Instructor:	Right. Psychological environment?
Student #1:	Includes friendliness or unfriendliness like, uh, example informal environment.
Instructor:	OK. Give me an example of an informal environment and a formal environment.
Student #1:	An informal one is in the mall. Informal is like in the mall and formal is in the classroom.

In the next class on communication, the instructor asks the students to explain the difference between listening and hearing.

<u>Excerpt #8</u>

Instructor:	What is the difference between listening and hearing? Can anyone tell me? What the difference is?
SSS:	Hearing. Just you hear something and. Listening like you instead of your mind. Memorize.
Instructor:	Memorize? OK, what's that listening or hearing?
SSS:	Listening. Hearing. No. If someone is talking to you.
Student #1:	Listening is when you hear and you must interpret.
Instructor:	So it's called decoding, right?
Student #2:	But hearing you just hear but it don't mean.
Student #3:	We can say if we are hearing but not listening because we are not mentally here, right. If we are listening we are mentally here.
Instructor:	Did everybody hear that?
SSS:	Yeah.

The laboratory practice course uses a curriculum theory of eight basic needs based upon a hierarchy of needs. Some needs are required for life and survival, such as oxygen, water and food. These must be met by the RCA before all other needs. The RCA students are required to use language function of choice, including making decisions, inquiring about the intentions of others

and at times expressing their own personal opinions for this prioritizing and planning to take place. The process of making choices based on the resident's priority of needs is illustrated in the following illustration from the lab on bed making.

In this lab, the instructor introduces the topic of bed making by eliciting some background knowledge from the students. Using the name "Mrs. Smith" to refer to a hypothetical resident whose sheets need changing, she begins to elicit rules from the students about bed making, such as never shake linen and be organized. When students are stumped, the instructor gives a hint by saying: "Think of patients' needs, what client needs are we meeting?" One student responds by saying "self-esteem," one of the eight basic needs that form the framework for the RCA curriculum.

Classification also was evident in the lab on body mechanics when the instructor classified actions the students identified from a video into behaviors that are safe or unsafe. For example, a safe behavior was identified as bending your knees, while an unsafe behavior would be reaching too high.

4.1.4 The Expressive Function

Explaining the meaning of some of the idioms used in the lab was also a challenge for some students, especially the term 'chicken-lift', which is used to describe a technique for lifting residents that is not correct.

Excerpt #9
Student #1:   And with idiom, I can't understand too
Interviewer: Idiom. Can you think of an example?
Student #1:   Like today we had chicken, uh, chicken lift, but we learned in ESL before so we understand and even we didn't learn in our work we could understand.

Student #2:	Like we say chicken, is, just, somebody not brave enough.
	But sometime, we didn't say that in our country.
SSS:	Yeah, Yeah.
Student #3:	It's different way. So, many, many, in the communication, it's very hard part for us.
Student #2:	In the Philippines, chicken is easy. Just like easy.
Student #4:	Like chicken feed. Like I can do it.
Student #5:	Like piece of cake.
Student #4:	Piece of cake.

Another example of where cultural values might interfere with the students'

abilities to express themselves was illustrated in the lab on body mechanics. In this lab,

the students were given a quiz that asked them among other questions: "What would you

do if you saw an unsafe working environment?" The correct answer was "to modify the

work environment." When the instructor asked the students, "Is that our responsibility?"

nobody replied. Of course, the correct answer was yes, but one had to wonder, given the

students' lack of response, whether or not they felt that they would be able to express this

obligation verbally either as students or as second language learners.

Another question from this same quiz asked: "What should you do if you find equipment

difficult to operate or are unsure of its use or safety? " The correct answer was "to ask for help."

Again, this would be a very good time to role model the language that might be used to express

the students' need for help. Asking for help and replying appropriately to requests for help are

two constant requirements for dealing with the heavy workload required of RCA's and are

reflected in their performance standards.

One example where an instructor did role model the language for expressing a need was in the context of asking for help for lifting or moving heavy residents. She said: "Have the courage to speak up using, I'm really sorry but I really can't do it myself."

Both the instructors and students spoke to the issue of difficulties in expressing themselves, especially with the pressure of time that existed in the practice labs.

> I think the most difficulty is in communication, because the communication, the constancy, inside the culture of thinking is different way, maybe. So when you speak this way, I think that way. So we can not communicate real well.
> (Interview, July 8, 2002)

One of the instructors interviewed following performance testing in the lab, responded with the following comments on how students had performed in the communication component.

> All of them, that was the one comment I made, it's like they are afraid to talk. And so I had to give them a lot of encouragement, that, you have to tell the resident completely what you are going to do, not just a few words and then sort of trail off. And also, for them, not to be afraid to talk to the resident, tell them exactly what you are going to do and all of it. Like good morning, my name is so and so and I'm going to get you up.

One of the concerns that students raised in both focus groups was the issue of needing more time for processing some of their language. One student talks about her need for more time in this respect by saying:

> In the lab, like me, I cannot understand, I'm very difficult use, use English to asking. There's lots of new word in the medical. So that's very difficult. So I like it when the instructors speak to us it's very clear. And um its very clear that, not just "oh we do that. Put on. We change that. We just come to mind. I'm not thinking another thing she is teaching. I need a little time.

4.1.5 Imaginative Function

The imaginative function is one in which the students take on the language of role, build a

scene through language, or comment on imagined content as in the following description of an

imaginary resident by the lab instructor.

<u>Excerpt #10</u>

1. Instructor:	Dysphagia. OK. And you remember that list of symptoms or signs that we would look at? The instructor lists them out referring to a fictitious resident Mister Smith.
2. Instructor:	So if all of a sudden Mr. Smith started to pocket his food, and he was having trouble swallowing, and his voice became a little husky, you know, the voice changed. Harump, Harump. (Here the instructor coughs to illustrate) and he was coughing to try and clear what was in his throat. It can be a sign that he's having difficulty swallowing. So what do you do with that information?
3. SSS:	Stop feeding, tell the nurse, keep feeding.
4. Instructor:	Now do we stop feeding?
5. SSS.	There are a few yes's and some no's; everyone laughs.
6. Instructor:	So what do we do?
7. Student:	We should stop and give them time to swallow it and then we can do it.
8. Instructor:	You know what, even with dysphagia, we continue to feed but we approach it in a different way. So then, if someone is displaying some of those symptoms, what you need to do is go slowly, remember patience is really important. So go slowly, watch for the swallowing, check for pocketing, also do all those checks when you are feeding. He still needs his nutrition. But, yes I do want the nurse to know right away so we can see if there needs to be an assessment done. OK. So some good problem solving going on.

The students also practiced some of the language they are learning about special care clients

as in the following excerpt where three students argue about what type of resident should be

portrayed by one of the students:

Student #1:   What do you want me to be, a nice patient or....?

Student #2:   A grumpy patient.

Student #3:   A very aggressive patient.

4.1.6 Interactional Function

Using students' background knowledge to help role model the correct register for resident interaction is one way in which the students with previous experience in health care could be encouraged. On numerous occasions it was evident that prior experience in health care helped students in the use of the appropriate language and register with residents.

Student #1:   I want to feed you breakfast and make you sit up in bed.

Student #2:   Ok, I'm gonna move your soaker pads. Can you lift up your bum for me please?
Now up. Oh just a second, can you do it again please. Your body. OK.
There you go.

The above two examples show some significant differences in the register used for giving directions to the residents. In the first example, the student uses an incorrect form, by saying, "make". In this use of the verb 'make' connotes a forcing of the resident to do something that she probably didn't intend. Contrast this with the register the second student uses with her resident. Her language contains a lot of politeness markers such as "please", and a feedback comment to the resident such as, "There you go." The second student's experience as a nurse midwife in her country and her knowledge of English all contribute to this exchange as being a more appropriate one for the resident.

However, background knowledge is not always a positive force on the student's interactions. In the following excerpt, M. a mother of four, uses her child-rearing language in her interaction with her "resident."

1. Student #1:	Drier, pee -pee, OK. Pee-pee then I give you new pa-pa. Can you hold this for me please? How are you?
2. Student #2:	Fine.
3. Student #1	Do you want more drink? Be sure, be sure this is in here, she says, pointing to the yellow pad inside the mesh pants. Then switching back into the role of caregiver she says, OK, I take your pa-pa.

Whether from performance anxiety or from the fact that this student is using her background knowledge of child rearing to guide her communication with residents, she substitutes the word pa-pa for pad and pee-pee for urinate or go to the bathroom. She falls into a common communication pitfall of caring for the elderly, which is using baby talk to describe bodily functions we normally associate with the care of young children.

The other student then becomes the caregiver and, although she is learning a lot about the care-giving skill from her partner, she does not copy her use of baby talk to her resident. For example:

Student #2   Hello, M. How are you today? I'm going to take the pad.

In another example of an inappropriate interaction, two students were practicing feeding. The first student is in the role of patient and the second student is feeding her.

Excerpt #12

1. Student #1:	What's that?
2. Student #2:	It's yogurt.
3. Student #1:	What kind of yogurt?
4. Student #2:	Raspberry.
5. Student #1:	No. No, No.
6. Student #2:	How about a little bit?
7. Student #1:	I want blueberry.
8. Student #2:	You sure you want blueberry? OK, fine.
9. Student #1:	What is that? What's that blueberry?

10. Student #2:	Yes, this is blueberry.
11. Student #1:	You sure?
12. Student #2:	Yeah.
13. Student #1:	No, I don't want any more.
14. Student #2:	You don't want any more?
15. Student #1:	No.
16. Student #2:	Last one.
17. Student #1:	No.
18. Student #2:	Last one, you need a energy, you need a drink. Go walk?
19. Student #1:	Go walk?
20. Student #2:	Yes, and then we can do the walk, We go see the flowers. They have very nice flowers outside.
21. Student #1:	No, I don't want any more.
22. Student #2:	Oh, just two more spoonfuls. We can do the walk.
23. Student #1:	No.
24. Student #2:	C'mon. Do you want go outside? Do you want to watch TV?

At this point the instructor intervenes in this interaction, explaining to the student that her communication with the resident is beginning to sound like an attempt to threaten to deprive the resident of an activity to get her to eat. In another example, two nurse midwives are working together in the feeding lab, and illustrate how caregivers are instructed to interact with their residents while giving them their meals.

Excerpt #13

1. Student #1:	What do you have? Can I have some juice?
2. Student #2:	Did you watch hockey or basketball?
3. Student #1:	No. I watched baseball last night.
4. Student #2:	You like the game, huh?
5. Student #1:	Yeah. I think that's enough.

Sometimes, difficulties that residents may have in understanding the caregiver could be predicted from the discourse students used in the simulated learning situations. For instance, in the following examples students are practicing mouth care skills. "Maybe I can say like it's

morning time and I came to brush and denture wash for you." Or when finishing feeding her

"resident" the student says: "O.K. finished with your _____. Would you like to rinse

something?" It's no wonder that the residents may sometimes feel confused and angry with the

RCA-ESL students when they fail to understand their meaning. In the first example above, the

resident would probably get the gist of the meaning. However, in the second example, the fact

that the student did not know the word for yogurt, and then asked a meaningless question, would

most likely be frustrating for the resident.

In my interview with one instructor after performance testing, I asked her about how she

helps the students to communicate with their residents. She replied:

> They do a lot of reading but for someone that doesn't speak English as their first
> language, of course, you know, what it is, the words that you say. I mean some of
> the medical terminology is really complex you know. So they seem to struggle
> with getting a sense of what those complex words mean and then being able to
> pronounce them. But also being able to communicate in a language that isn't their
> first language is really difficult.

Another instructor talked about the other aspects of communication needed for working with

the elderly residents:

> While I think language is an important part of communication, I think you can
> have significant lack of vocabulary and still communicate very well. On the
> other hand you can have extremely good vocabulary and not communicate at
> all. And so, in terms of what is it in the clinical area, with the elderly people in
> particular, I think it has a lot to do with use of touch. It has a lot to do with
> maybe eye contact, body language, empathy, um, I'm sure there's lots more.
> . . . . . Students have to be able to communicate with the residents who have lost
> language ability through whatever reason, Alzheimer's Disease or CVA or
> whatever difficulty they're having, they've lost language skills.

4.1.7 Principles

Students in health care are expected to know the reason behind an action. These are called principles. Medical asepsis and body mechanics are some of the earliest principles of care-giving that students are taught. Because these priniciples were ingrained into the students during their first lab sessions, references to these two prinicples in particular were frequently found in the student's discourse as the following examples show.

"Then wash my hands again because I touched here, the bed, everything so I have wash again."

A student rehearses the principle of medical asepsis to herself as she prepares to feed her resident.

Excerpt #14

Student #1:	Wash our hands and then we go, making a motion with her hands.
Student #2:	How much time, two minutes?
Student #3:	Forty seconds.
Student #1:	Every time forty seconds?
Student #2:	Two minutes before starting the shift, and from the resident it should be twenty seconds.
Student #1 & 3:	Twenty seconds.

Other students would begin their practice by saying, "I'm pretending to wash my hands. We're just pretending we're wear gloves, right?"

The students would often reflect on what they were learning by asking questions that related to principles as in the following exchange between students and the lab instructor.

Excerpt #15

1. Student #1:	When we wash our uniform should we wash separately? A student asks the instructor.
2. Instructor:	I do.
3. Student #2:	What about hair?
4. Instructor:	Better and safer to wash everyday.
5. Student #3	What about shoes?

A discussion then ensued about how various members of the group deal with the issue of medical asepsis surrounding shoes. The instructor explained how some agencies would tell you to change your shoes at work. But she leaves her shoes in her garage. One student then mentions lockers. Another says she puts hers into a plastic bag.

One of the instructors who performance tested students in the lab, discussed the role of principles in teaching the students:

> Body mechanics, the safety, proper positioning, alignment, and so those types of things. And so I always try to question them on those things as well as the step by step skills, so they have that full understanding of why I'm doing it like this.

4.1.8. Recounts

The second most frequently heard language function in the lab was recounts. For the RCA, describing residents' care and their observations objectively and correctly is critical to their success as caregivers and to their residents' overall safety and well being. Recounts can be personal, factual or imaginative. Their purpose is to tell what has happened, usually using the simple past tense. In recounts, there is usually a focus on a sequence of events, all of which relate to a particular occasion. Examples of students' recalling an activity that the speaker has been involved in are illustrated in the following excerpts.

The instructor is leading a discussion about the practice feeding session the students just conducted on each other:

Excerpt #16
1. Student #1:   I wasn't worried, only when I worried about people gonna choke.
2. Instructor: So you were worried about choking? We'll just say choking over here.
                   (Writing it on the board)

3. Student #2:	Because sometime they keep the food in their mouth but they pretend they are swallowing. But when you go to feed them again they hold the food in their mouth.
3. Instructor:	Do you think they are pretending to swallow?
4. Student #2:	No, they can't do it.

In the example above, student #2 was referring to a situation in which she had been caring for someone in the past. Usually recounts begin with an orientation that gives the other listeners some background information needed to understand who was involved, where it happened and when. The language features usually describe the specific participants as in the following excerpt from the same lab but from a different student.

Student #3:   There is one man at the care home, he has stroke one side, and at activity time I drink with a straw?

These two examples are interesting to contrast in terms of the language features of recounts. While the third student gives the listener an orientation to the resident she is talking about, the second student merely refers to the resident as "they" or "them." Both students recount their experience in the present tense, while usually the simple past tense is used. Although student #3 appears to have a poorer understanding of vocabulary and the mechanics of a sentence, she has obviously a lot of caring attitude to the elderly, in that she describes the man in a way that is very appropriate for recounting resident information. Using the pronoun 'they' on the other hand, as student #2 does, might indicate a more distanced caregiver.

4.1.9 Sequencing

In the lab skills course the students are largely taught using the functions of sequencing as they learn the step-by-step sequences of over one hundred care-giving skills. These skills

include many that revolve around providing care for dependent residents in personal hygiene and

grooming such as bathing. Sequencing is illustrated in the following excerpt illustrating three

students reconstructing the sequence for giving a bed bath.

Excerpt #17

1. Student #1:	Bring stuff, curtain, privacy. Then you are bring an stuff, then you can bring water, everything here.
2. Student #2:	Are we gonna wear gloves?
3. Student #3:	No, Because we are just going to do peri care up her first. No need to wear gloves to wash the face.
4. Student #2:	You have to bring the water then, you have to raise the bed, put the side rails on.
5. Student #1:	O.K. explain again.
6. Student #3:	You start at the eyes, eyes first, she says. So you turn the patient head to you, like that. Go ahead now, eyes first.
7. Student #1:	When we clean the eyes we don't need the soap, anything?
8. Student #3:	No.
9. Student #1:	I don't have to like this?
10. Student #3:	No you don't have to.
11. Student #2:	She said just the finger, from inside to outside.
12. Student #1:	From clean to dirty. If the eyes are very dirty, you can do. You can change it.
13. Student #3:	Yeah, over this side now.
14. Student #1:	Make sure don't use this, you can use this side, right?
15. SSS:	Yeah, Yeah.
16. Student #3:	Now wash, wash.
17. Student #1	Like we do the eyes, and then we are going to face. Then after that we need….
18. Student #2:	Forehead.
19. Student #1:	Make the full face.
20. Student #3:	No, she didn't do like that. What she did, I saw what she did, like this, what she make. She came right across with it, right?
21. SSS:	Yeah, Yeah, yeah.
22. Student #3:	No, she didn't go back, you shouldn't go back up, you always come down.
23. Student #2:	Then you can clean it like this, just come down, down here, and then you can change the side and then you can clean this side of the resident.
24. Student #1:	When we ah clean the face, then we put, we can put, the some, em, soap?
25. Student #2:	Yeah after face, some soap.
26. Student #1:	We can't do the face?

27. Student #3:	Ask.
28. Student #2:	After cleaning the eyes you can use soap.
29, Student #3:	If they want soap.

This went on for at least another twenty minutes as the students debated each step in the bed bath process. Cooperating in this manner with their peers seemed to be a significant social strategy that students used to learn in the lab, often including feedback from the student who was acting as the resident to check on how they were doing.

The findings of this case study so far, describe the language functions that appear to be used in the RCA laboratory and classroom setting. This language functions seemed to predominant in the four and a half hours of recorded data, and in the classroom and laboratory observations. These findings will be related to the RCA performance standards in Chapter 5 of this study.

4.2. What are the Learner Strategies and Social Contexts That Appear to Support the Learning of the Critical Language Functions Required by RCA-ESL Students?

The findings related to the second question this study sought to answer will be addressed in two parts: (a) learning strategies and (b) the social context. Excerpts from the lab and from faculty and student interviews will be used in the following sections to answer the second question of this research study.

4.2.1 Learner Strategies

Successful language learners apply a variety of strategies in both the classroom and laboratory setting by planning, monitoring and evaluating their learning experience or by participating in activities that help them with language learning. These techniques or actions are called learning strategies and directly influence the way the students learn (O'Malley & Chamot, 1990). Learning strategies can be classified as metacognitive, cognitive or affective. Metacognitive learning strategies involve thinking about the learning process, planning for learning, monitoring production, and evaluating oneself after a learning activity. Although, there were few examples of metacognitive learning strategies observed or reported on, a classic example came from two students in the laboratory setting.

Student #1:   Practice more hand washing, body mechanics.
Student #2:   And we have to speak. Am I speaking well?

Cognitive Strategies

Cognitive learning strategies are processes used by students which contribute directly to learning, such as making mental images of material (imagery) or elaborating on previously acquired concepts or skills (elaborating). These two strategies were observed by the researcher or reported by students as two cognitive strategies that were used in the laboratory setting.

Using Imagery

Using imagery to understand is a cognitive strategy that students and instructors both saw as a helpful way to remember new material. In the following excerpt, one of the students explains how visual imagery helps her learn:

Excerpt #18
Student: It help me when she talk and she show how to, some special parts or use.
                Yeah? I don't know.
Interviewer: Seeing it. The demonstration?
Student: Demonstration. Yeah. When she talk and demonstration together is very helpful,
                for me, because sometime I don't understand what she said, and when I am saw
                what she show, it's clear for me.

Visual learning could also be an inadvertent trap for the students, however, as in

the following excerpt, where three students are working on a fourth student who is in the

bed as the resident. They are unsure how to adjust the soaker pad under her. After

debating it among themselves for a few moments, one student calls to the attention of

the lab supervisor.

Excerpt #19
Student #1:   Ah, Teacher. (saying her name)
Supervisor: Hi.
Student #1:   Do we need to adjust like the soaker pad while she is sitting
                   down?
Supervisor: Well, it's pretty hard to do when she's sitting on it. Yeah.
                   So lie her down.
Student #1:   Cause it's so hard to do when she's sitting.
Supervisor: OK, lie her down. The supervisor then adjusts the pad on the bed,
                   by asking the student who is playing the resident in bed to lift her
                   hips and shoulders while she pulls the pad out.
Supervisor: OK, so let's say you came in and you had this messy soaker pad
                   all over the place. She again addresses the other students who
                   were practicing. So I want you to, what you have to do in order
                   to re-align her. OK.
Student #1:   OK, I'm going to move your soaker pad. Can you up your bum
                   for me please? Now up. Oh just a second, can you do it again
                   please? Your body, OK, there you go.

In this case the student's strategy of visual learning led her to correct the position

of the soaker pad the way the instructor had done it. However, the instructor had done

it an easy way because she was simply trying to create a problem situation that the students would have to fix. She asks the student in the bed "to lift up her bum for her", while she readjusts the pad underneath her. However, the skill the students were supposed to be practising required them to move the resident themselves. However, one of the other students in the group realized that this was not the correct way and demonstrated the correct procedure to her peers.

One instructor explains how she uses visual imagery in defining new terms for the students.

> You might think that in the classroom you're not doing demonstration and
> body language as much as you are in clinical, but for me, I don't think that's
> true. So I do a lot of body language to teach even vocabulary. For example,
> if someone says what vomiting is, I don't give them a verbal definition
> initially.... I do non-verbal simulated vomiting which every person in the
> room understands that, nobody doesn't understand that, it's universal.

Another instructor also talked about how she tries to help the students learn by using key visuals in her lectures.

> And the other thing I learned is that a lot of visual type presentations, for
> example when we did, we were talking about the continuing care/acute care
> health system we did a mind map. Which I think worked really well for them
> to visualize how it actually all fits together, because there lots of different
> components to our health care system and when you read in that sort of vertical
> type in a textbook it doesn't all fit together.

Elaborating

Elaborating is a cognitive learning strategy that relates new information to prior knowledge and was frequently mentioned as a cognitive learning strategy used by students

and instructors.   In the following excerpt, a student explains how having worked before in

health care helps her in the lab.

Excerpt #20

Student:	For example, we have Health and Healing and body parts and di-a-gest, di-a gest, di-a-gestion system, I know this is very difficult for most of the student, so we repeated this. But in the lab I think so for me it's easy because I have lot of practice in this area. But anyway I learn new skills because you always learn something so it's very interesting.
Interviewer:	So you worked before in health care?
Student:	Uh huh. Yep. But I learn new terminology and skills too, so this is great for me.
Interview:	How has that helped you? That you worked before?
Student:	I know so many skills for example, how change bed or how bath the clients, give bath bed, or personal . . . . peri-care, or wash their hands or move here. So I work before so I know how to do this but I work foreign and here is different, different medals [methods?] sometimes so, so I learn more.
Interviewer:	So it's the terminology. Is there anything else?
Student:	No I have to learn English terminology that is the difference. I know from my own country but here is English so I have to learn English so it's OK.
Interviewer:	So some of the things you see that would be helpful is for some of the content to be taught again in the English courses. Which part?
Student:	I think so, about medical terminology we need more to learn. Yeah because we talk in the class, everybody tells we need medical terminology to repeat, for example body parts, and about name of the sickness, and symptom I think so.

One of the instructors, also mentions elaboration as a strategy that she

uses to help the second language learners.

> One thing that seems for me to work is that, um, not teaching them
> concepts in isolation that we need to, sort of, have them, be able to make
> links to other types of concepts so that they're not learning about, um, you
> know something in isolation that they're able to apply it or relate it to
> something else that they've learned in another part of theory.

An older student in the group, felt that his prior education was a help to him in his progress in the RCA program.   He states: "To me it is a big help, yes. Basically, health care is fundamental knowledge if we educated in our own country I believe. Up to at least grade 10 or 11 knowledge."

One of the students who had been a midwife also saw her prior knowledge as a big help even though she had been away from her profession for more than eight years.

> That's a big help cause, uh, I'm not on the field at least for more than
> eight years already. Sometimes you didn't know it or something, and
> then if your teacher mention about it. . . .oh now I remember. Because
> I learn to speak more. Now I remember about this. Just in your mind.
> And then medical terms sometime you still remember. But at first, I
> know this but, uh I forgot. But when she take it oh I know now. It's a
> big help.

Social-Affective Strategies

Social-affective strategies are learning strategies in which the learner either interacts with another person to assist their learning, as in cooperation on a task or asking questions for clarification.

Questioning for Clarification

There were many examples where students elicited from a teacher or peer, additional explanation, rephrasing, or examples. In fact requesting additional explanation seemed to be a theme that was emphasized as a learning strategy by this group of students.

Student-Student Clarification

Student #1:   This is the front OK? The student holds up a pad to show her partner. This is the front and this is the back.

Student #2   Why don't you say this the front? Looking at the pad.

Student #1:   No, no, no, no, no. The pad is always bigger there, she says, patting her buttocks.

The students often drew on their previous knowledge or work experiences to check their comprehension with their instructor. For instance in the feeding lab, the following question was raised by a student to the instructor, illustrating how they drew on prior knowledge of care-giving situations. For example: "Or they choke a lot," a student asks the instructor, "is it possible like, you know the medication cup, you can pour a little bit in it and it to them?"

Students frequently asked questions in the practice parts of the lab as well. These were related to the instructions they were being given to follow, or about the skills themselves. Finding someone to ask however, was a common complaint among the students:

Excerpt #21

Student #1:	I think it's a [the instructor] has too much students, because there's 27, like we are over crowd.
Student #2:	I think if we had like notes, one by one, step by step notes, and then we can check. The one and then two, step by step. We should have notes. And we can practice at home too, memorize all these notes. Because some time we just skip one things and do the other things.
Student #3:	Because we try to go the same way as they told us. Because we want to follow them to make sure we don't do any mistakes.

Cooperating

Working together with their peers to discuss, analyze and provide corrective feedback to each other was a frequently used learning strategy in the lab. Examples of this strategy can be seen in earlier excerpts illustrating the directive function, as well as in the following scene where three students are practicing giving a bed bath:

Excerpt #22

Student #1: I think, I think, it is a good idea if when you start here, you can, all together, here and here and here" referring to washing the face.

Student #2: Yeah. One side in two parts.

Student #1: After this we can . . . .?

Student #2: Dry.

Student #1: Dry.

Student #1: First, first you put the . . . . Uh.

Student #2: Towel.

Student #1: Towel.

Cooperating in learning was not always about learning language as the following excerpt

shows:

Excerpt #23

Student #1: OK, first to start . . ..

Student #2: Hand.

Student #1: Hand.

Student #2: Just pretend

Student #3: No he doesn't have any arm so you can't pretend. You have to up here.

Student #1: Start here

Student #3: You can leave here. The student takes the other student's hand away from resident's forearm. Because he doesn't have any arm so you start from here."

In one interview group, two students summarized the advantages of cooperating succinctly

and together.

Student #1:   Because one person know one thing . . . .

Student #2:   And the other know another.

4.2.2 The Social Context

According to Breen (2001), the social context of the classroom can account for much of

what takes place in learning. "The problem emerging from the data we derive from learners

concerning their strategies leads to the second crucial intervening variable which seems to be

neglected in SLA research." (Breen, 2001, p.124). Breen defines this crucial intervening

variable as the social situation: who they are with and their perceptions of the situation (Breen,

2001). The students in this study talked about the social context of their learning in terms of

their peers or other students and their instructors. A number of issues seemed to surface for the

students, including first language use, the self-segregation of the students into groups depending

on their cultural background, and student-instructor contact. The issues relating to the social

context of the group will be discussed in the next section.

Cultural Background

The 27 students in this class are similar to previous groups of RCA-ESL students in the

ISA program, in that almost half are from one cultural group (12 students), while the remainder

is made up of students from various other cultural groups. Thus, it was interesting to note when

the researcher posted a sign-up sheet for the focus group interviews, that all the students from the

two largest cultural groups signed up for separate days. Thus, in one focus group, except for one,

were all of the students from India, and in the other focus group all of the students were from

China, Korea, or the Philippines. The final group, although small, was composed of two Polish

students. These interviews took place during the first week of July, but by the middle of May

groupings by cultural group were evident. During the researchers first visit to the laboratory, one

of the Chinese students initiated a social conversation during the break. During this conversation the student made some comments about how Chinese families are different from Indian families, in that Indian families are more traditional. A few weeks later, the same cultural separation appears on tape as the students split themselves into two groups for the sensory deficit and feeding lab. In this practice session, half the group practices feeding each other while the other half go through a series of stations that are designed to show them how it feels to experience various sensory deficits. Again the students from India were in one side of the lab, while the other students practiced in the other. During the focus group discussions, it became apparent that choosing someone to learn with from the same cultural background seemed to be a need for some of the students as the following excerpt illustrates.

Excerpt #23
Student #1:   I want to choose the same language, when I don't understand, I can ask use my language.
Student #2:   It's very helpful. If I can understand English, you translate English, you explain English, I still not understand. One word my language, just one word, I can understand.

I had also observed these same two students discussing communication class content in this way as well. In another interview, the students touched on this concern as follows:

Excerpt #24
Student#1:   But in our class its like they're not really applying it right, because our teacher wants us if we have questions to raise our hands right? But sometimes all of us just talk at the same time.
SSS: Laughter.
Student #2:   Our class different.
Student #1:   But you know like I mean, every culture, we came from different culture right, so...
Student #3:   Like a market.

Student #1: Yeah. And the teacher say just raise your hand if you have question but
yeah

you're raising your hand but the other people are still. . .
Student #4; Ta,ta,ta,ta,ta,ta,ta, mimicing the sound of Punjabi students talking fast.
Student #1: Talking.
Student #5: And they say talk English and they are still talking in their own language.
Student #4: Ta,ta,ta,ta,ta,ta,ta,ta.
Student #2: Like today. The student goes on to explain that although the instructors
told the students <u>not</u> to speak in their own language the Punjabi students
continued to do so.
Student #4: You know why? Because you supposed to speak their language. Like me
and my husband we speak Mandarin, but one day I want to speak my
mother language Taiwanese. My mouth is very difficult to speak my
husband. Like I speak to my sister, we are speaking Taiwanese, my
mother language. I cannot speak Mandarin to my sister too. I couldn't, I
little different, because we are useful our language, so they need a little
time to change their language to English in class.

In the Punjabi group, speaking in their own language was seen as a necessity, although a few

students saw it as a drawback when it comes to practicing communication with the patients.

<u>Excerpt #25</u>
Student #1: It's a little hard, because we speak Punjabi.
Student #2: We should, but we don't have a chance.
SSS: Not enough time. Not enough time.
Student #3: Because we all . . . . .
Student #4: We concentrate on the theory.
Student #3: Because we just practice and we forgot the communication. We just want to do
with the hands. Because we don't have enough time.
Student #5: Because it's a rush like, and when we speak English it takes time, explain the
person. And in our language it just take like a second.
SSS: Laughter.
Student #5: Because we're short of words sometimes, we try to find and then we speak in
Punjabi.
Student #6: Because otherwise we'll have two things to focus on right? One at a time we can
just focus on one thing.

These students did identify a need for practicing more in English in the lab.

" Like otherwise, like we know in the morning, we say good morning, how are

you like this simply. If we knew other topics we could talk on we would do better,"

according to one student.

Student–Instructor Contact

All the students I interviewed liked having more than one instructor present when

they were learning the skills relating to transferring and lifting residents. In this lab, all

three clinical instructors participate in order to make sure that their clinical groups have

lots of practice. However, having different instructors could be confusing, and caused

some of the students concerns as in the following excerpt.

Excerpt #26

Interviewer:	OK, so more time and more time with the instructor and the same instructor.
Student #1:	We think different instructor is getting more confusing, so the uh, the demonstration is very important too.
SSS:	Yes, that's right.
Student #2:	Especially during clinical. Because we're doing our practice there and then we uh gonna go to the other instructor, right? And then, uh, what are you doing? Because I learn about this, but that's not right, that's not the way I do it. So you're wrong, or the student is wrong. But you know you're right cause the other teacher teach you how to.
Interviewer:	So what do you say when that happens. Do you know what to say? Or do they tell you what to say if one instructor tells you to do it differently?
Student #3:	Well, I like to respect each instructor way. In this health care field, we may have the only one basic answer. Some instructors showing the other ways are case by case. We have to respect each instructor.
Student #1:	Because they have different experience. So they have different way to teach us.

The instructors, recognizing they play a large role in setting the social context of

the class, talked about how they try to help the students feel comfortable in their classes. For

example, as one instructor put it:

> So I see communication as an issue, it's not language but I would say
> communication which I see as being part of but not identical to one another.
> And also in communicating with the team. It's a social thing. It's functioning
> together as a group and how they see their place within that group. And I think
> that relates to the other thing, which I see as the key issue, which is
> psychosocial things.

> This instructor went on to explain how she helps modify the social context of the

classroom for the students.

> So often helping them with the language means, um, helping them with their
> sense of security. So once, if you can if you can provide them with security
> and you can shore up their self-esteem and give them the reassurance that they
> need, and again make it safe for them. Then their language skills come up. I
> mean you're not teaching them vocabulary necessarily, but I feel that I am
> helping them with language.

The lab instructor also talked about how she tries to lighten the anxiety of the

students:

> Well, no matter what the instructional situation you're in there is always
> this perceived power in the instructor. And the instructor has the legitimate
> power, has some control over what is happening, but you know I really
> don't want to use that power. I'm trying to lighten that power because,
> especially with this group, with their anxiety level being so high. I don't
> want them to see me as this individual who has absolute control over
> whether they succeed or not.

However, overall the instructos acknowledged that the students' ability to manage the

social context of the clinical setting will determine their eventual success. One instructor talks

about this challenge in the context of the Canadian clinical culture.

> You know as well as I do there is a culture in the clinical area and I think part
> of being able to work within that culture and feel comfortable within that

culture you need to be able to communicate. And you need to be able to communicate in a language that everyone understands.

Classroom Culture

According to Breen (2001), the culture of the classroom is inherently conservative.

This need is somewhat illustrated by the following excerpt where one student is sharing how she prefers the instructors to be "a little bit strict."

Excerpt #26

Student #1:	When we have Tuesday, practice, I like extra day. Little strict. Like S. she teach us today. She very clever. Which ways is wrong and what way is right. She like we make mistake in the practice then we can remember. Like today I almost fall her down (pointing to another student). So she teach us more that I can remember forever.
Interviewer:	So for tomorrow, you were saying, in the practice you like to have the teacher there because they can correct you if you are doing something wrong?
SSS:	Yes.
Student #1:	I like practise there when the instructor there is very little strick. Strick?
Interviewer:	Strict, correcting her pronunciation.
Student #1:	Little strict, because then we can understand. If you are, it's OK, it's OK, then we not care.
Interviewer:	So you are saying that you like it when the instructors correct you so you learn.

4.3 Summary

This chapter has reported on the main findings from this qualitative study. The findings are grouped into three broad areas: language functions, learning strategies and social context of the content classroom and laboratory setting. The next chapter will deal with implication of these findings for language-enhanced teaching and curriculum development and recommendations for further research on language and content issues.

Chapter 5

Discussions and Recommendations

5.0 Overview

In this study, I sought to understand the language skills needed by English as a Second Language students in a Resident Care Attendant Program. In order to discover what language was being used in the content classes, a combination of research methods applicable to studying second language classrooms was adopted for classroom observation and interviewing. This naturalistic, qualitative study also used methods from the field of ethnography for analyzing the data.

The emergence of categories that very closely resembled the language functions of choice/evaluation, classification, directives, expressive, imaginative, interactional, principles, recounts and sequencing was very exciting. These language functions were mirrored quite closely by the RCA performance standards (see Table 5.1). Further analysis also indicated a number of learner strategies and social contexts that impacted upon the language learners. In the discussion of this study, I will summarize the findings of the study concerning language functions, learning strategies and the social context of learning, making recommendations for language-enhanced teaching, curriculum planning and research.

5.1. Language Functions and the RCA Curriculum

Perhaps the most significant findings from the research are the emergence of language functions from the coded data. The fact that these categories emerged independently from the performance standards for RCA's, suggests a way for language to give a focus to the content

curriculum. Table 5.1 illustrates these language functions compared with the RCA performance standards.

It should be noted here that these clinical performance standards were established by the content instructors for evaluating the content learning of all RCA students in practice or clinical settings. The relationship between the language functions that emerged from the analysis of my data and the performance standards was only evident after the data had been analyzed. Only then did the connection between the language instructors and students were using in the laboratory, and the performance standards emerge. While on the surface this connection may not seem like it should be a great surprise, it is an important one, for it gives a language focus to the performance standards. From this point, implications for language-enhanced teaching by content instructors can be implemented. In addition to this, curriculum models may be developed based upon Mavor & Trayner's (2001) course design process. In the next section I will discuss the application of my findings regarding language functions to content teaching in the RCA-ESL program.

Language Functions	RCA Competencies
1. CHOICE/EVALUATION	RCA's must participate in evaluation of their own performance as a health care worker by recognizing own beliefs, values, standards and choices as they impact on job responsibilities and personal well being. They must evaluate care in meeting resident needs.
2. CLASSIFICATION	RCA's must use a need framework to promote health and healing. They must recognize changes in the resident's condition and re-organize care to meet the residents changing needs.
3. DIRECTIVE	RCA's must contribute to a safe work environment. They must be able to give and receive clear feedback.
4. EXPRESSIVE	RCA's must communicate using appropriate assertiveness skills. They must participate in teamwork by offering help to others, and cooperating with team members.
5. IMAGINATIVE	Not really reflected in the performance standards because it is assumed they will use the language of their role on the job.
6. INTERACTIONAL	RCA's must demonstrate effective and caring interactions and interpersonal communication skills with residents, family and members of the health care team. They must demonstrate respectful working relationships with peers, instructors, workers and other members of the health care team.
7. PRINCIPLES	RCA's must demonstrate an understanding of the principles and rationale underlying their care giving practice.
8.RECOUNTS	RCA's must be able to report accurately using objective observations and correct terminology.
9.SEQUENCE	The RCA performs skills in a timely and organized manner within the facilities shift guidelines and standards.

Table 5.1 Language Functions and RCA Competencies

5.1.1 Language-Enhanced Content Curriculum

Using Mavor and Trayner's (2001) course design process f model for Genre Aligned

Practice (GAP), this study inquired into the nature of the language used in the RCA-ESL class

and laboratory practice settings (See Figure 5.1). In observing and recording the language used

in these settings by instructors and students, selected language functions emerged as the focus of

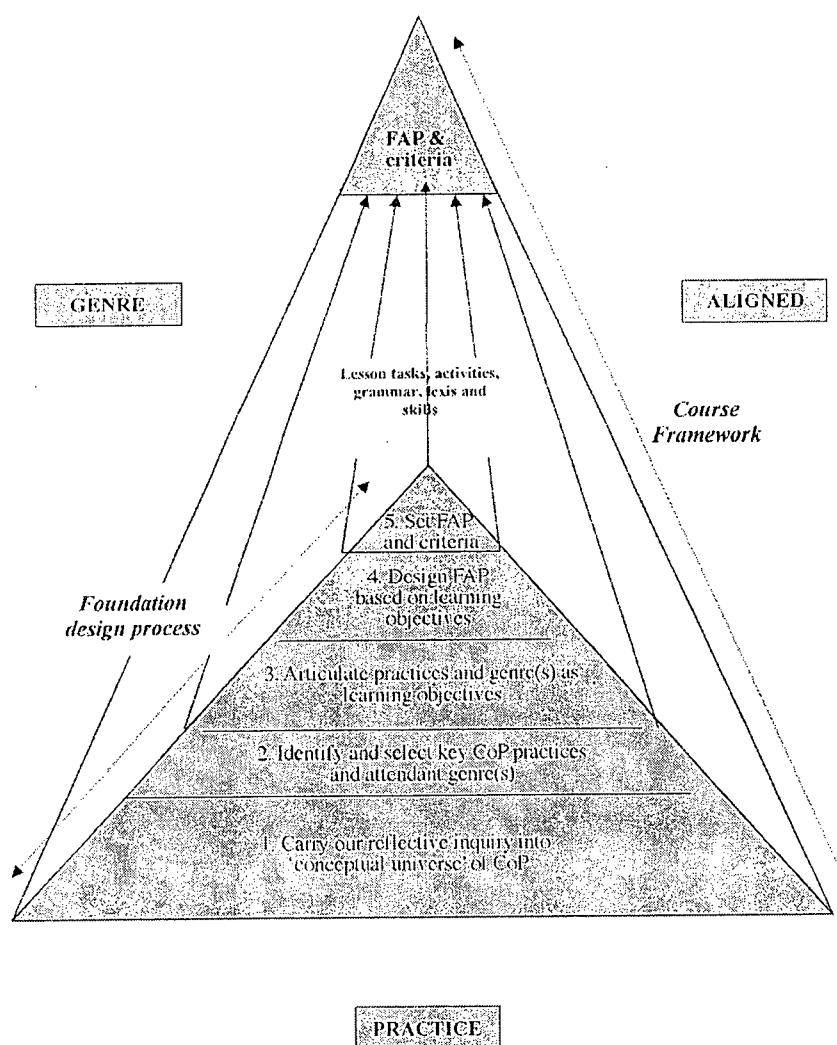curriculum-building activities around the content courses.

Figure 5.1 The Course Design Process (Mavor & Trayner, 2001).

Step two of the foundation process for course design, according to Mavor and Trayner

(2001), is to identify and select key practices of the discipline and the attendant genres.

Widdowson (1998) defines genre as sets of typical features of language use in certain domains,

abstracted from real occurrences. He suggests that it is the role of educators to "guide students to

an authentication of actually occurring language by a process of gradual initiation into the

conventions of communication accepted in the discourse community for which they are bidding

for membership" (Widdowson, 1998, p. 10). While there are many approaches to content-based

and immersion models of language learning in the literature reviewed for this study, for the most

part, they approach it from the point of view of the language teacher. It is my argument that the

content teacher has much of the knowledge of the authentic language used in practice, and that

this research shows a way to appropriate some of that knowledge into content teaching.

5.1.2. Language-Enhanced Content Teaching

> "Mastery, in (a) profession requires mastery of the relevant language, as it
> requires mastery in other kinds of expertise, and it obviously must be a crucial
> objective: a pedagogic objective, to which all class room teaching must
> ultimately be accountable"(Widdowson, 1998).

Having taken the first step in curriculum design for a language-enhanced content

curriculum, the next step would be to look at course objectives for the RCA-ESL program.

Currently there are eight courses, most of which are organized around a common human needs

framework. What this research revealed is that a language framework that could also be used as

organizing tool. For example, the HSCI 1140 class which is now organized according to a

variety of communication concepts, could be also be organized to support the students in

learning the language functions of interaction, expression, classification and choice. Similarity the laboratory skills course could still be organized around the resident's needs, but could be taught focussing on the language functions of giving directions, recounting, sequencing, making choices and evaluating, among others. Creating such bridges between language and content objectives would help content area teachers make meaningful decisions about how language learning can be integrated into there content classes. Table 5.2 is designed to illustrate how such information could be included in the content courses.

5.1.3 Task Analysis

Having developed an overall plan for integrating language with the content curriculum, the next step would be to align languagetasks with performance skills and activities. According to Mavor and Trayner (2001), at this stage, choices of language structures, vocabulary communication skills and strategies to be learned and texts to be studied are all aligned.

Another interesting aspect to the analysis of the content classes that might be looked at in future is the complexity of the tasks that required language. For instance, in one lab, one student heard another student ask her resident how something was and followed up by asking her resident:

Student #1:   How you feel? Did you take you medicine?
Student #2:   Medicine? No.

Although this wasn't a very complex interaction, still the student make an effort to interact with her patient. A way to encourage the use of the inter-personal language function of interaction in the nursing lab might be to develop role-play scripts that students might follow.

RCA Course	Subtopics	Task(s)	Evaluation	RCA Competencies	Language Function/Focus
One: Work role	Role, qualities, responsibilities	Write job description, fill out application, write cover letters	Completes written assign-ments	1. Reporting on agency forms appropriately	Language of Description Recounts
Two: Personal Care Skills for Resident Care	Schedules, eating, bathing, dressing describing a sequence	Perform care-giving skills safely and in an organized manner.	Perfor-mance Testing	1. Evaluates care in meeting residents needs 2. Promotes resident independence by allowing decision making and participation in care	Language Functions of Sequence, Choice, and Evaluation. Directives, Recounts (reporting/describing).
Three: Communications	Interpersonal skills, assertive-ness, managing conflict.	Communicate with residents/clients, and others.	2 papers, 2 exams	1. Reporting objective observations to appropriate members of the health care team 2. Demonstrates effective listening skills	Interactional, eg. greetings, invitations, thanks, initiating, Expressive function.
Four: Health and Healing	Basic needs, effects of aging, anatomy, common illnesses/injuries	Identify for each need the RCA approaches for care.	4-5 tests, 1 paper	1. Understands and interprets written information from textbooks, and packets 2. Produces assignments using web sites and word processing skills.	Classification: under-standing, applying or developing concepts, and definitions Principles of care-giving
Five: Lifestyle and Choices	Health Lifestyles	Assess self according to a number of health surveys	1 exam	1. Organizes personal life to meet responsibilities of the program	Choice: making decisions, negotiating, expressing intentions and personal opinions.
Six: Special Care	Residents with Alzheimer's and other diseases.	Apply learning in previous courses to working with clients with special needs.	1 exam clinical per-formance	1. Participates as member of the team. 2. Demonstrates understanding friendliness, & empathy.	Describing emotional states. Directives: giving advice/suggestions to others giving directions to residents, families.

Table 5.2 Language-Enhanced Content Course Framework

Similarly, performance objectives could be developed that reflect the actual language

expected of the students. Of course, as Widdowson (1998) correctly points out, authentic

language does mean that there is not scope for individual self-expression within the objective.

> One may be able to identify genre as a rhetorical type, but there will always be
> stylistic variation in the way it is realized by individuals, and the very process
> of learning, ... requires room for individual scope as much as does the
> process of language use itself (Widdowson, 1998, p.11).

5.2 Learner Strategies in the Content Classes

Language learner strategy research tells us that success in language learning depends on the

strategies students bring to the learning task. In the present study my observations of the

students and interviews with faculty and students identified four typical learning strategies used:

using imagery, elaborating, asking questions and cooperating.

<u>Using Imagery</u>

Visual learning has long been talked about as a method of learning used by RCA students in

the past. In this group, visual learning had its positive and negative side. On the positive side,

the second language learners could often learn the lab skill sequence and procedures by

following the instructor's demonstrations, as demonstrations are a frequent accompaniment to

the laboratory discussions. In many of the practice situations students were often heard to say

things that showed they were remembering new information visually as illustrated in the

following excerpt from students practicing a bed bath:

Excerpt # 27

1. Student #3:	No, she didn't do like that. What she did, I saw what she did, like this, what she make. She came right across with it, right?
2. SSS:	Yeah, yeah, yeah.
3. Student #3:	No, she didn't go back, you shouldn't go back up, you always come down.
4. Student #2:	Then you can clean it like this, just come down, down here, and then you can change the side and then you can clean this side of the resident.
5. Student #3:	No, she didn't do like that. What she did, I saw what she did, like this, what she make. She came right across with it, right?
6. SSS:	Yeah, yeah, yeah.
7. Student #3:	No, she didn't go back, you shouldn't go back up, you always come down.
8. Student #2:	Then you can clean it like this, just come down, down here, and then you can change the side and then you can clean this side of the resident.

The fact that students are learning new information visually can place a demand on the instructor to be extra vigilant when setting situations up for the students to practise. It was evident that some students would do as the instructor did, and not what she said to do. For instance, in one lab on hand washing the instructor inadvertently put "Glo-Germ" on her hands after washing to illustrate spots she had missed. Despite correcting this mistake verbally, many of the ESL students still put the Glo -Germ on after washing as had been illustrated, rather than before as was the correct way.

Being aware of the fact that students may not follow the spoken directions they are being given if visual input is available might enable instructors to recognize which channel of communication is being relied upon. While the Cummins (1999) model recommends that academic activities be made more context embedded in nursing education, one needs to be cautious in recognizing that given visual input, many students may rely on it to the exclusion of oral language input.

<u>Elaborating</u>

Background knowledge is a key element of another cognitive strategy used by the students. Elaborating is a cognitive strategy that relates new information to prior knowledge. The students used their prior knowledge of English, medical studies and general biology to help them with the course content. In addition, students who had previously worked in a care-giving capacity found that it helped to relate their new learning with their previous experience.

In my interview with one instructor the issue of integrating the students' background knowledge into the faculty's teaching was raised. "They may be a doctor or a nurse or a psychologist in their own country and what implications does that have for our teaching?" she asked. Eliciting background knowledge is very important in education, where teachers elicit a student's knowledge about an activity or a topic. It is especially important according to this instructor because as she put it:

> I think probably one of the things that stands out the most in my mind
> from the reading that I did was that just because, you know, they don't
> understand the English language doesn't mean they're lower in
> intelligence. And a lot of times, I thing that's the way that group is
> approached and I think that's a concept that faculty really need to
> understand.

Eliciting background knowledge is one way in which faculty can help the students relate the new information to prior knowledge, relate different parts of new information to each other, or make meaningful personal associations to the new information. There are other cognitive strategies that could be used to enhance the student's learning both language and content. Some of these strategies are being used periodically by faculty and students; however, the approach to

teaching students these learning strategies remains unplanned. For instance, teaching students strategies of inferencing, deduction and elaboration might enhance the students' reading comprehension, while and note-taking, summarizing and resourcing strategies might improve their writing skills. According to the RCA faculty, the students need further development of both of these skills as well as speaking.

<u>Cooperating</u>

To look at how the social-affective strategy of cooperation with one's peers helps the students in learning the important language functions of the RCA role, it helps to review the role of social activities in the development of language. Language socialization is the term used to describe socialization through language and socialization to use language. Halliday (1993) refers to this as the metafunctional principle, that is, meaning is at once both doing and understanding. This social semiotic view of speech is illustrated best by Vygotsky's concept of the zone of proximal development.

> We propose that an essential feature of learning is that it creates the zone of proximal development; that is, learning awakens a variety of internal developmental processes that are able to operate only when the child is interacting with people in his environment and in cooperation with his peers." (Vygotsky, 1978, p. 90.)

There were many examples of cooperation in the lab. Essentially all of the practise time is spent working with groups of the students own choosing. One way in which students chose a group to work with was picking a student who had a similar first language. This helped when a concept needed explanation. However, there were many other instances where learners performed activities with other learners to establish the meaning of unfamiliar aspects of the

language and the procedure necessary to achieve the learning task. These tasks generated

breakdowns in communication where feedback to the learner by his peers came at a teachable

moment. For example in practicing their bed bath three students help each other to learn

language and content as follows:

Excerpt #28
Student #1:   I think, I think, it is a good idea if when you start here, you can, all together, here and here and here.
Student #2:   Yeah, one side in two parts.
Student #1:   After this we can.
Student #3:   Dry.
Student #1:   Dry, and . . .
Student #2:   No, you can't dry like that, you cover the nose. You can't cover the nose.
Student #1:   Not cover the nose. Like this?
Student #2:   Yeah, with the both of them.
Student #1:   And after this. . . .?
Student #3:   You have to wash.
Student #2:   We can just . . .I think you have to take off this, [pointing to the nightshirt].
Student #1:   First, first you put the . .. uh.
Student #2:   Towel.
Student #1:   Towel.
Student #3:   Yeah.

This interchange was particularly interesting as the three students in the group all had

background knowledge of health care. One had been a nurse, one had been a care aide and the

third was a pharmacist in her country. Two of the students were from India and the third was

from Jamaica. It was the pharmacist who repaired the first student's languageby supplying the

words she didn't know. The third student, who had identified her first language as English, and

had worked as a RCA, but who was from a different cultural background, supplied much of the

practical procedural knowledge.

Asking Questions

There was a tendency among the content faculty to interpret the students questions rather that to request clarification from students' concerning their utterances by using more open ended requests which could help the students practice and produce moremodified output. Confirmation requests that include target language models of possible answers result in an increased frequency of yes/no confirmations or echoing by the students (Pica, T., Holliday, L., Lewis, N., & Morgenthaler, L., 1989). One implication of this for RCA-ESL students would be to further instruct faculty and preceptors (nurse supervisors) to request clarification from students' concerning their utterances by using more open ended requests which helps the student practice and produce modified output more.

According to Swain: "the importance of output to learning could be that output pushes learners to process language more deeply-with more mental effort-than does input. With output, the learner is in control. In speaking or writing, learners can 'stretch' their interlanguage to meet communicative goals" (Swain, 2000, p. 104). Although she goes on to substitute the term collaborative dialogue for output, it is "linguistic problem-solving through social interaction" (ibid.) that could be further enhanced by faculty who were more aware of the importance of language output on student learning.

At is clear that content faculty do feel comfortable in providing feedback to the ESL-RCA students on care giving language (see for example excerpts # 8 and 18), there were many instances where no corrections were made. These appeared to often be related to structural mistakes such as tenses, or incorrect forms. While this may be understandable, it is clearly

important for content faculty to become more comfortable with giving student more language

feedback. While it is difficult to say with certainty how much language training faculty should

have, it is this researchers opinion, with the growing numbers of ESL students in the academic

and career programs, that faculty professional development surrounding these issues is long

overdue.

5.3 Social Contexts

According to Breen (2001) learning strategy research alone cannot explain the

relationship between classroom input and outcomes or explain the relationship between strategic

behavior and language learning. He argues that language researchers must locate these

relationships socially. "How and why learners do what they do will be strongly influenced by

their situation, who they are with, and by their perceptions of both "(Breen, 2001, p.125). One

aspect of the social context of the RCA-ESL classroom that students' touched upon was the

grouping of students by cultural background. When asked about this, one student said that she

felt it was easier to work with someone who could explain things to her in her own language.

However, there was another, more significant aspect to their groupings. That was the

self- segregation of learners into distinct cultural groups. This was evident on many of the tapes

in which students from one cultural group would practice together while students from other

cultural groups would be in a separate lab practicing. While this researcher did not have enough

data upon which to formulate a theory for their behavior. It may simply be due to the particular

point in the development of the group dynamic when the observations took place.

From discussions I have had with both the faculty and staff of both the U.C. and I.S.A. it is apparent that a certain among of segregation is not unique to this particular group but occurs regularly in the program, usually requiring some type of intervention. Further research might investigate this behavior to see what activities help to change the group into one that can function as a team on the clinical unit despite apparent initial personal and cultural differences.

5.4 Further Research

Because of the exploratory nature of this study, it raises questions in a number of different areas. One major area for further research is the exploration of language-enhanced content curriculum and its effects on learning. Related to this topic is the issue of faculty incorporating language learning more consciously into their content classroom. One of the participants in the study said during one point of her interview that "it's not a language issue, it's a literacy issue." We know from Bell (2000), that literacy is a student's first language is critical to later success in college programs. Bell's (2000) study of learners in refrigeration course at a community college showed that literacy in L1 increased the chance of success in the program. In fact, the study group that had L1 literacy showed the greatest achievement in the course. A comparison of the student achievement in the RCA-ESL program, with their literacy in their first language might provide valuable insights into the nature of academic and vocational achievement at the University College. The importance of language learning for the native English-speaking students at the college can also not be overlooked. Many of the instructional insights gained from a "GAP" approach to the disciplines, could be applied for the native speaking students as well as the ESL students.

Upton and Lee-Thompson (2001) also explore the issue of the role of the L1 on learning. They found that the use of the L1 by intermediate students supported comprehension 76 per cent of the time, while for the advanced ESL students, use of the L1 supported comprehension 84 per cent of the time. This is obviously a very important consideration for the content teacher who may be banning the L1 from the classroom and thus treating the L2 in isolation from the L1. This practice should not be followed according to the authors because the L1 is present in the L2 learners' minds, whether the teacher wants it to be there or not (Upton & Lee-Thompson, 2001). Further understanding of the role of the L1 in the context of the content classroom might lead to better use of the students' background knowledge as well.

Another promising area of interest for further research in the RCA-ESL program is investigations into the use of learner strategies for success in the RCA-ESL program. Affective strategies are used in the RCA program to make the students feel competent and confident to do the learning task. However, to my knowledge no one has studied the effect of these strategies on the ESL-RCA students' learning. Cognitive and metacognitive strategies also need to be investigated further to gain an understanding of how students plan for learning, monitor their comprehension, and evaluate how well they have achieved a learning objective.

Finally, the social context of the language and content classes in the RCA-ESL program has only been touched on in this research study. A further investigation of students' perceptions would provide valuable insights into this aspect of classroom culture, and provided a valuable contribution to the literature.

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Appendix A

INFORMED CONSENT FORM FOR STUDENTS

Study: Curriculum Change in English for Specific Purposes Programmes

Faculty Advisor:
Dr. Margaret Early, Associate Professor, Dept. of Language and Literacy Education, UBC
Faculty of Education
Telephone: 604-822-5231
UBC-MA Student:
Sarah Modrow, R.N., MS

Purpose:
 The purpose of this project is to observe language and content classes for Resident Care
Attendant-English as a Second Language (RCA-ESL) students in order to assess the language
used for academic and occupational purposes.

Study Procedures:
    This project will involve you being filmed during your classes at Immigrant Services
Association and/or University College. I would also like to interview students in the program
about your language and content learning during the program. This will take about 1-2 hours
total. These interviews will be scheduled at a mutually convenient time. In class you will not be
asked to do anything different or unusual in the way that you work. The video taping is being
done to understand how RCA-ESL learners use language for academic purposes and not to
evaluate you. Some portions of the videotapes may be used to discuss classroom activities with
you; otherwise no one else at Immigrant Services Association or University College will see the
tapes.
    If you do agree to be videotaped, you can change your mind at any time and it will not affect
your grades or relationship with University College or ISA in any way. If you consent to take
part in the project, the videoing will not affect the teaching of your class in any way.

Refusals
         You have the right to refuse to participate in this study. Once it is known which students
do not want to be videotaped, cameras will be focussed in such a way as to avoid capturing those
students on tape. Any inadvertent videotape of students who have refused to participate in the
study will be removed from the study data and destroyed.

Confidentiality:
Any information resulting from this research will be kept strictly confidential. All videotapes
will be kept in a locked cabinet and in secure computer files. When the thesis study is complete
these files will be destroyed. Sarah Modrow, MA student and her thesis committee members
will be the only persons who will see the data. Real names will not be used when reporting on or
reviewing the data.

Contact:
If you have any further questions or desire further information with respect to this study you may
contact Dr. Margaret Early at 604-822-5231. If you have any concerns about your treatment or
rights as a human subject you may contact the Director of Research Services at the University of
British Columbia at (604) 822 8589.

Consent:
I understand that my joining in this study is entirely voluntary and that I may stop participating
or withdraw from the study at any time without risk to my grades or relationship with the faculty,
University college or ISA.

DETACH CONSENT SLIP AND RETURN TO SARAH MODROW

Please check the boxes indicating your decisions:

☐ **I CONSENT to participate in the study as described in this form**

☐ **I have received a copy of this consent form for my own records.**

Name of Student (Please Print)_____Date_____

Signature of Student_____

Appendix B

INFORMED CONSENT FORM FOR FACULTY

Study: Curriculum Revision in English for Specific Purposes Programmes: A study of the language skills required by English as a Second Language Students training for employment in the health care field

Faculty Advisor:
Dr. Margaret Early, Associate Professor, Dept. of Language and Literacy Education, UBC Faculty of Education
Telephone: 604-822-5231
UBC-MA Student8
Sarah Modrow, R.N., MS

Purpose:
The purpose of this project is to observe language and content classes for Resident Care Attendant-English as a Second Language (RCA-ESL) students in order to investigate the language used for academic and occupational purposes.

Study Procedures:
This project will involve you being filmed during your classes at Immigrant Services Association (ISA) and/or University College. I would also like to interview faculty in the program about your students' language and content learning during the program. These will take about 1-1.5 hours total. These interviews will be scheduled at a mutually convenient time. In class you will not be asked to do anything different or unusual in the way that you work. The video taping is being done to improve the way the RCA-ESL program is taught in the future and <u>not</u> to evaluate you. Some portions of the videotapes may be used to discuss classroom activities with you; otherwise no one else at ISA or University College will see the tapes. If you do agree to be videotaped, you can change your mind at any time. If you consent to take part in the project, the videoing will not affect the teaching of your class, and if you do not choose to be a part of the study you will simply not be videoed.

Confidentiality:
Any information resulting from this research will be kept strictly confidential. All videotapes will be kept in a locked cabinet. And in secure computer files. When the thesis study is completed these files will be destroyed. Sarah Modrow, MA student and her thesis committee members will be the only persons who will see the data. Real names will not be used when reporting on or reviewing the data.

Contact:

If you have any further questions or desire further information with respect to this study you may contact Dr. Margaret Early at 604-822-5231. If you have any concerns about your treatment or rights as a human subject you may contact the Director of Research Services at the University of British Columbia at (604) 822 8589.

Consent:

I understand that my joining in this study is entirely voluntary and that I may stop participating or withdraw from the study at any time.

DETACH CONSENT SLIP AND RETURN TO SARAH MODROW

Please check the boxes indicating your decisions:

☐ **I CONSENT to participate in the study as described in this form**

☐ **I have received a copy of this consent form for my own records.**

Name of Faculty (Please Print)_____Date_____

Signature of Faculty_____