Options in generating dialogues for ESP course material

GRAEME RITCHIE – Payap University, Chiang Mai, Thailand

ABSTRACT
The text-based approach to materials and syllabus design, in which an integrated syllabus emerges from texts, is an attractive option for teachers developing materials. In this approach, one question that arises concerns how texts for the materials are obtained. This is discussed here with reference to an English for nursing purposes course in Thailand. Four alternatives for obtaining dialogues of nurse–patient communication are explored, namely composing scripts, using recordings of nurses at work, using texts derived from unscripted role-plays involving medical professionals, and using transcripts of recorded classroom interaction between student and teacher. Following consideration of these alternatives, units were designed around transcripts of unscripted role-plays featuring medical professionals. These provide rich language input and contain features of spontaneous language and language unanticipated by the writer. In the course material there is also exposure to authentic texts, and a role for the creation of texts in the classroom through teacher–learner interaction. This final option involves learners transcribing and discussing recordings and focuses attention on language emerging from interaction in which learners have personal investment. The creation of an integrated syllabus from these texts contributes to professional development by involving teachers in the process of analysing discourse.

Introduction
More than 15 years ago Hutchinson and Waters (1987: 106), cautioning English for Special Purposes (ESP) practitioners against writing materials, compared teachers who write their own materials with actors expected to write their own plays. Despite this warning, ESP practitioners frequently find themselves involved in preparing course materials, making it relevant to investigate the options open to teachers engaged in this task. This article will consider the issue of collecting or creating texts for inclusion in materials. Although concerned with an English for nursing course in Thailand, it is hoped that the points raised here are relevant to other areas of ESP and, indeed, language teaching materials development in general.
The project described here began with a course for nursing students at a Thai university. This course, the final of four compulsory English courses in the Bachelor of Nursing Science curriculum, takes 45 hours, with classes typically held once a week over the 15-week semester. Students study in groups of 30 or more, all taking the same achievement test on completion of the course. The students have little opportunity to use English outside the classroom, and are at a level no higher than pre-intermediate.

In accordance with government recommendations, the university provides the guideline that this course is directed at meeting students' needs for using English in their professional lives (in this case when dealing with non-Thai-speaking patients). An initial needs analysis generated a list of functional tasks that nurses have to perform in their daily work (taking health histories, administering medication, checking vital signs etc). To create the course outline from these tasks, units were created around tasks sequenced in an order based on the approximate chronology of nurses' interactions with patients. Thus early units deal with initial contact with patients and health assessment, followed by physical examinations and aspects of treatment. An integrated syllabus was envisaged as emerging from texts of these tasks being performed, the approach of text-based syllabus design (Feez 2001; Tomlinson 2003).

The role of materials

Activities in text-based methodology include learners analysing and deconstructing texts, and constructing their own texts. The materials designed for this context thus aimed to fulfil all four functions of materials described by Tomlinson (2003: 2), namely being experiential (providing experience of language in use), stimulatory (stimulating language use), exploratory (helping learners make discoveries about language), and instructional (offering information about language).

A structured course book, in which units are designed to be taught sequentially, was considered as an option. Course books, with their set content, have been criticised for being inadequate to cope with the learning needs of individuals and specific groups, and for being inconsistent with moves towards negotiated syllabuses. However, while acknowledging that content should not, and indeed cannot, be the same for different groups, an approach to design where each individual course is created de novo (for example, Savage and Storer 2001) seemed unwarranted for this context. Any English for nurses course for students at this level of proficiency will contain common content. In terms of tasks, it is difficult to envisage a course that would not include health assessment, taking vital signs and performing a
physical examination, while at the level of language it is inconceivable that a course would not include interrogatives, phrasal verbs, requests and the vocabulary of body parts and symptoms. While not denying the importance of learner input and emerging needs, areas of course content can be predicted in advance, with a course book being a convenient way to package this material.

Course material presented in this form offers benefits to learners, teachers and other stakeholders. For learners, such material allows them to look forward to prepare for lessons, or look back in the event of missing lessons (O’Neill 1982). A course book can also play a role in teacher education (Hutchinson and Torres 1994). In this situation, an English for nurses course book is particularly valuable in educating teachers about the language needs of nurses. Furthermore, a course book, in providing documentary evidence, contributes to accountability, giving institutional stakeholders an indication of course content (Hutchinson and Torres 1994). This may actually provide the basis for renegotiation of the content, and for course development that can withstand changes in personnel.

Thus, for the purposes of this project, course materials were envisaged as being largely in printed form, providing a structured framework for the course, and allowing learners to encounter texts for analysis. One question that arises for the materials writer is how to obtain such texts. My aim for the remainder of this article is to explore some options that were considered.

Options in obtaining texts

Four options for generating texts will be discussed: composing scripts, using texts derived from recordings of nurses at work, using transcripts of role-plays involving medical professionals, and using texts based on interaction between students and teachers in the classroom.

COMPOSING SCRIPTS

One way of obtaining texts for teaching materials is to script them using intuition. Given the tasks of taking blood pressure, temperature and pulse, for example, the writer creates a dialogue using language considered likely to be used in these situations. While undoubtedly economical in terms of time, research has questioned the extent to which such scripted texts are accurate reflections of language used in the corresponding situations outside the classroom. Gilmore (2004), for example, compared authentic service encounters with those presented in course books, focusing on selected discourse features including length of texts, lexical density, hesitation devices and back-channels. He reports considerable differences between the
OPTIONS IN GENERATING DIALOGUES FOR ESP COURSE MATERIAL

authentic interaction and course book equivalents. The authentic texts were longer and more complicated. Gilmore observes that the frequency of discourse features such as hesitation devices, back-channels and false starts is much higher in his recordings, although he does suggest that more recent publications provide input that comes closer to authentic interaction.

Such research may caution the teacher writing materials against relying on scripted texts alone. The risk is that there will be a significant mismatch between the language in our materials and the language used outside the ESP classroom. Suggestions as to what this mismatch might look like in English for nursing material can be made from a comparison of the excerpts shown in Figure 1. Excerpt A, taken from published material (Perry 1991: 14, 15), is part of an admission interview. In Excerpt B (recorded in a consulting room) a nurse is taking a health history in order to decide whether or not to take a blood sample to measure cholesterol.

Before considering the differences between the excerpts, it should be noted that although the kind of information the nurses are gathering is similar, the reasons for gathering it are not the same. The nurse in Excerpt A is completing a form, while the nurse in Excerpt B is aiming to come to a decision. This may contribute to the differences in the structure of the discourse. Nonetheless, the differences are sufficiently striking to provide grounds for reflection on the part of teachers when writing materials.

It will be seen at once that the conversation in Excerpt A tends to be structured in such a way that a question is followed by an answer, which is then followed by another question. There is a pattern in the discourse of basic units (often referred to as exchanges [McCarthy 1991] or adjacency pairs [Sacks, Schegloff and Jefferson 1974]) being composed of two parts, an initiating move and a response. In Excerpt B the exchanges also have an identifiable structure but tend to be made up of three parts, an initiating move, a response and then some kind of follow-up (for example, ‘right’ or repetition of part of the patient’s answer). Given the predominance of three-part exchanges, the follow-up is clearly performing some function in the discourse. It may be helpful to see it as indicating that the information given has been received and understood.

Another striking difference is that in Excerpt B there is a much higher degree of ellipsis (the omission of elements of sentences normally required by the grammar of the language). ‘Healthy?’ (turn 51), to take one example, is understood as ‘Are your parents healthy?’ Ellipsis is common in spoken language, indicating informality and shared understanding between the interlocutors.

These points relate to language as discourse, the language of texts rather than isolated sentences. Given the focus on sentence level grammar in
<table>
<thead>
<tr>
<th>Excerpt A: Published material</th>
<th>Excerpt B: Authentic text</th>
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<tbody>
<tr>
<td>15 N: I want to ask about your family history. Are your parents still alive?</td>
<td>45 N: Do you have any reason, hopefully you don’t, to check your cholesterol?</td>
</tr>
<tr>
<td>16 P: No, they aren’t.</td>
<td>46 P: Well, erm, last time you said possibly.</td>
</tr>
<tr>
<td>17 N: Do you know what caused their death?</td>
<td>47 N: Probably. Right, we’ll just do it.</td>
</tr>
<tr>
<td>18 P: My father died of a heart attack and my mother died in an accident.</td>
<td>48 P: Right.</td>
</tr>
<tr>
<td>19 N: Do you have any brothers and sisters?</td>
<td>49 N: Parents? Both parents alive?</td>
</tr>
<tr>
<td>20 P: Yes, two brothers.</td>
<td>50 P: Yeah.</td>
</tr>
<tr>
<td>21 N: Are they alive?</td>
<td>51 N: Right. Healthy?</td>
</tr>
<tr>
<td>22 P: Yes.</td>
<td>52 P: Yeah.</td>
</tr>
<tr>
<td>23 N: Do any members of your family have high blood pressure, diabetes, epilepsy, asthma, kidney disease, heart disease or anything like that?</td>
<td>53 N: Right. No problems with the heart?</td>
</tr>
<tr>
<td>24 P: No.</td>
<td>54 P: No, never, never had any treatment.</td>
</tr>
<tr>
<td>25 N: Are you on a special diet? Are you allergic to, or can’t eat any food for any reason?</td>
<td>55 N: Right. Siblings? Brothers, sisters?</td>
</tr>
<tr>
<td>26 P: No, I eat most anything. What kind of food is available here?</td>
<td>56 P: No.</td>
</tr>
<tr>
<td>27 N: Meal times are at 7:30 a.m., 11:30 a.m., and 5:30. Western food is not available. You will be unable to eat for a while as you will be having tests. You will be NPO, which means nothing by mouth. I’ll start an intravenous drip to give you fluid soon. So you have no food restrictions usually?</td>
<td>57 N: No. Well, it’s really just for yourself. If you want me to do it, I’ll do it whichever way. You’re not a smoker?</td>
</tr>
<tr>
<td>28 P: That’s right.</td>
<td>58 P: No.</td>
</tr>
<tr>
<td>29 N: Do you smoke?</td>
<td>59 N: Have a fairly healthy diet, do you?</td>
</tr>
<tr>
<td>30 P: Yes.</td>
<td>60 P: Well, I’m trying to get healthier. The trouble with these things is you can compare yourself with people who have a really unhealthy diet [N: Uhu, uhu] which, coming from this part of the world [N: Yeah], is y’know lots of people …</td>
</tr>
<tr>
<td>31 N: For how long and how many packs per day?</td>
<td></td>
</tr>
<tr>
<td>32 P: About 20 years, but not more than half a pack a day.</td>
<td></td>
</tr>
<tr>
<td>33 N: No smoking is allowed in the hospital. Do you drink alcohol regularly?</td>
<td></td>
</tr>
<tr>
<td>34 P: Oh, maybe an occasional glass of wine …</td>
<td></td>
</tr>
</tbody>
</table>
language teaching, it is not surprising to find that features of discourse are distorted in materials. A further example of this from the excerpts shown is discourse markers. Comparison of excerpts A and B shows that discourse markers such as ‘right’, ‘y’know’ and ‘well’ are much more frequent in Excerpt B. These discourse markers are important in structuring the discourse, acting as verbal signposts to mark the opening, closing and change of topics (in turn 47, for example, the use of ‘right’ indicates that a decision has been taken), and indicating the attitude of the speaker. In turn 60 the opening ‘well’ does more than just gain thinking time for the patient. In beginning his utterance in this way the patient seems to be appealing to the understanding of the nurse.

Further features that occur at higher frequency in Excerpt B are adverbs (for example, ‘possibly’, ‘probably’, ‘fairly’ and ‘really’), a greater range of grammatical structures used to elicit information (with more declarative questions and question tags), the occurrence of back-channels to indicate understanding, and hesitations filled by ‘erm’ and ‘y’know’.

The point to be made from this brief comparison is this: if teachers writing course materials script dialogues, then these may differ significantly from spontaneous language. We may produce texts that do not show, for example, the language of interaction and negotiation so evident in Excerpt B, but lacking in Excerpt A. Does it matter? I think that it does. As Willis and Willis note:

If learners wish to gain fluency in spoken English … it is essential for them to have exposure to features that are typical of spoken language and that they have time to reflect on these features. (Willis and Willis 1996: 75)

If our teacher-produced materials omit features typical of spoken discourse – the markers of topic changes, the acknowledgment of responses, linguistic devices to hesitate and gain thinking time and so on – then the impoverished input they provide will tend to limit the opportunity for learning the language needed for communicative competence.

Using authentic texts

Given the potential problems of teacher scripts, an alternative would be to use authentic data in our materials. Would transcripts of language from wards or consulting rooms (such as Excerpt B) be an attractive option for teaching material texts? At first glance the pedagogic value of such texts may appear unpromising. Problems include ambiguity in authentic interaction, potential irrelevance of much of the interaction, examples of poor clinical practice and difficulties collecting language data.
While clarity of comprehension is likely to be listed amongst the desirable characteristics of dialogues in teaching materials, features found in transcripts of authentic consultations may well hinder comprehension. What appears acceptably clear to participants in a conversation can become ambiguous when the conversation is transcribed and read by others. In Excerpt B, for example, when the nurse asks ‘Siblings? Brothers, sisters?’ (turn 55), is she asking ‘Do you have any brothers or sisters?’ or ‘Have any of your brothers or sisters had heart problems?’ The question was understood as the latter, but there is certainly some ambiguity. There is a problem of authentic texts requiring local knowledge – knowledge of the specific context, including shared understandings between speakers – in order to be interpreted. As this knowledge is not available to readers of transcripts, parts of the interaction will remain opaque. In fact, as Widdowson (1998) points out, the role of context in contributing to meaning can be so significant that authentic texts may be poor at exemplifying language.

Although this argues against the value of excerpts of authentic interaction in teaching materials, counter-arguments can be made for their inclusion. Learners at some stage have to be given the chance to experience how context contributes to meaning. They have to be allowed to see how language operates as discourse. For example, the ambiguous question about siblings is interpreted in this discourse context as continuing the topic of heart problems from previous utterances. Such excerpts provide material for raising awareness of the role that context, including shared understandings, plays in linguistic choices. In the English for nurses material described here, one classroom activity that uses Excerpt B involves learners first listening and noting information that the nurse gathers, then, working with the transcript, producing complete sentences from the elliptical utterances. Learners are then asked to consider why the speakers choose to produce such utterances.

Another objection to the use of excerpts of consultations in course materials is that much of the language may not be related to the target task. In the consultation of which Excerpt B is a part, most of the language was social in nature, with the topics of conversation moving from work to studies to holidays. The observation that interactional discourse can be a major part of a transactional encounter is interesting to the discourse analyst, but it may provide little for pre-intermediate learners whose primary aim is to successfully accomplish the task. The counter to this, however, is that learners do at some time have to engage with the relative unpredictability of much conversational interaction. They may benefit by observing how such interactional discourse is interwoven with transactional language, seeing how topics are introduced, developed and closed. The embedding of interactional
exchanges in predominant transactional discourse is an area reported to be of particular difficulty to non-native speakers (McCarthy and Carter 1994), and typically under-represented in ESP courses organised functionally (Belton, cited by McCarthy 1991: 137).

A further point is that authentic texts may not represent the best examples of clinical practice. The nurse’s apparently leading question in Excerpt B (turn 59) may be less than satisfactory, while a study of British family doctors at work contains examples of consultations that can be described as shocking (Byrne and Long 1989). However, there may be a role for such consultations in teaching materials as the basis of discussion, putting learners in a perhaps unfamiliar and empowering role of evaluating rather than accepting course material.

The final practical difficulty of obtaining texts, although particularly acute for teachers in English as a Foreign Language settings, is not insurmountable. Teachers may be able to make recordings when getting medical treatment; however, local ethics regulations need to be followed and may make this approach unviable. The text from which Excerpt B is taken is one of several recorded by the author during personal consultations with health professionals. Additional accessible sources of authentic and authentic-like data for analysis in classroom activities are television medical documentaries and soap operas centred around the experiences of health service providers.

Thus, for this set of course materials there is a valuable, albeit limited, role for language data of nurses at work, principally for exploitation in awareness-raising activities. However, in order to generate a sufficient volume of texts relevant to the tasks identified in the needs analysis, and to generate texts that provide better exemplification of language, it is necessary to consider further options.

**Using role-plays**

A third option is to record and transcribe unscripted role-plays between fluent English speakers, in which one takes the role of a client and is given information about a condition or problem, and the other, a medical professional by training, takes on the role of nurse. There are some immediate advantages of such an approach: multiple recordings can be made if necessary, while clear recordings can be obtained for transcription and whole units of language use are obtained. The involvement of a medical professional in making the recordings may compensate for a lack of specialist knowledge on the part of the ESP teacher. It is also possible to create scenarios relevant to the contexts of the learners.
With role-plays, although the situations are controlled, the expectation is that features of spontaneous spoken interaction will be present, since the conversation is unscripted. As an illustration of this, consider the transcript of a role-play in which a patient has come to hospital in Thailand complaining of diarrhea and vomiting (Figure 2).

1 N: Ah, good morning Mr Benson.
2 P: Hi.
3 N: I see here you've had some problems being sick. Is that right?
4 P: Yeah, I've had diarrhea and been sick as well.
5 N: Uhu. When did this start?
6 P: It started during the night, last night about ten o'clock.
7 N: Had you eaten just before this? What time was your last meal?
8 P: Mmm ... about seven.
9 N: Okay. Was it anything different from normal?
10 P: Well, erm, it was Thai food, it was Thai food.
11 N: Okay. Were you eating in a restaurant or in somebody's home?
12 P: Just in the street.
13 N: In the street. Okay. Had you been drinking anything at the time?
14 P: Just a soft drink, a fizzy drink.
15 N: A fizzy drink. Okay. So, you had some food on the street and you had a fizzy drink. And you haven't had any problems like this before?
16 P: Not yet, but I've only been here ... mmm ... four days.
17 N: So, you've only just arrived. And where is it you live normally?
18 P: In Scotland.
19 N: In Scotland. So, this is going to be a change for you.
20 P: Yeah.
21 N: Okay. Erm, what time did you actually start being sick ... ? How many times have you been to the toilet? Can you tell me?
22 P: Well ... it started, like I said, it started about ten o'clock. I started feeling queasy, feeling like I had an upset stomach and then I was sick first and then I had diarrhea.
23 N: Right. And have you had pain in your stomach?
24 P: Yeah, I've had stomach cramps.
25 N: Stomach cramps. Yeah. Do you still have some stomach pain?
26 P: Yeah.
27 N: And are you still going to the toilet?
28 P: Erm ... maybe a bit less now but, erm, yes.
29 N: Uhu, and what about being sick. Has that stopped?
30 P: Erm ... I was sick three times. The last time was earlier on this morning. Then after I've been sick I feel better.
31 N: Okay. And are you bringing up food still or is it just fluid?
32 P: No, no.
33 N: So, there's no food!

Figure 2 continued
Some features of spontaneous spoken discourse are evident in this text. It can be seen that the exchanges in the text tend to follow the initiation–response–follow-up pattern observed in Excerpt B (Figure 1) and are characteristic of medical and other consultations (Coulthard and Montgomery 1981: 18–24). Discourse markers include turn 22, where opening the turn with ‘well’ gains thinking time as the speaker formulates a reply, and the expression ‘like I said’ refers back to information given previously. In turn 43 the nurse’s ‘right’ signals progression to another phase of the consultation.

In the comparison of the excerpts from the authentic text and the text from published teaching materials (Figure 1), a greater variety of grammatical structures were identified as being used to elicit information in the former. The variety of structures used in the role-play can be exemplified by considering the way the nurse asks about the present symptoms. Having established that the patient has had diarrhea, vomiting and stomach pain, she asks about the continuance of these problems (turns 25, 27 and 29) in the following ways:

- Do you still have some stomach pain?
- ... are you still going to the toilet?
- ... and what about being sick? Has that stopped?

By providing such a range of formulations in realising the same function, the role-play gives students the opportunity to observe grammatical choices and become aware of the options available.
Furthermore, in the transcript of the role-play we find a genuine request for clarification following the nurse’s question about the colour of the diarrhea (turn 37). It is undoubtedly of value to learners to observe appropriate ways of obtaining clarification, but dialogues in language teaching materials often do not allow for this, communication typically proceeding without misunderstanding, reflecting what Carter (1998) describes as the ‘can do’ world of course book interaction.

Ellipsis also features in this text (for example, turns 12 and 14), although not to the high degree observed in Excerpt B (Figure 1), as the nurse tends to elicit information using full sentences. This is perhaps a result of the reduced context of the role-plays. The role-players are not really in a hospital, and the patient is not really unwell. Paradoxically, this artificiality may contribute to the value of such texts in exemplifying language, in contrast to the context-rich authentic texts.

An additional benefit to using transcripts of role-plays is the inclusion of language unanticipated by the materials writer, something clearly not possible with scripted dialogues. An example is the question about the colour of the diarrhea, the relevance of which the language teacher may not be aware. The teacher may also be unaware of the need to sum up and confirm information (‘so’ used in this way appears five times in the dialogue). Texts derived from role-plays, with input from health professionals, therefore provide information about the language and are useful for the target situation.

The role-play interaction also includes expressions of cultural values that can lead to useful classroom discussion. From the transcript shown, Thai learners are often intrigued by the rather indirect ‘been to the toilet’ (turn 21) and ‘going to the toilet’ (turn 27). These are understood as referring to the frequency of bouts of diarrhea, but the questions are formulated in a much less direct way than would be the case in Thai.

Role-play interaction therefore seems to have significant benefits in generating texts for teaching materials. Nonetheless, some drawbacks remain. In common with the first two means of obtaining texts, in attempting to anticipate needs, materials containing only such texts present learners with fixed content, and may be inflexible to needs that emerge during the process of the course. Not only that, in offering only texts in which learners have no personal investment, the learners are reduced to consumers of materials. This suggests the need for additional means of creating texts in which learners play more active roles.

**Using teacher–learner interaction**

It was noted above that one of the benefits of using role-plays is that they can involve fluent English speakers who are also subject specialists.
However, it is not only outsiders who are subject specialists. Learners in the ESP classroom also bring knowledge of their specialism, which can be exploited in the creation of teaching materials. Classroom interaction that makes use of learners’ knowledge has been used in creation of teaching texts by Burton and Daroon (2003). Also working in the Thai context, they recorded interaction in which the learners (food technology students) explained aspects of their work to a non-specialist native English speaker. The interaction was transcribed and used for classroom activities of analysis, discussion and practice, with the students learning from their own language use and from the scaffolding provided by the native speaker. The means of creating texts used by Burton and Daroon can be adapted to the context of this English for nurses course through role-plays, with the learner taking on the role of a nurse communicating with a patient (played by the teacher). The interaction is audio-recorded and transcribed and used as the basis for analysis, discussion and editing.

The language generated by this means can be illustrated in the following excerpts in which a patient who is suffering from osteoarthritis is being advised about his treatment plan on discharge from hospital (Figure 3). Students selected this topic themselves, and made notes prior to the recording being made. Transcripts were then made of the interaction, and these were used for classroom analysis, discussion and editing. Excerpt A is from the first role-play. Excerpt B is the corresponding excerpt from the second recording with the same learner (made without prior warning) following analysis, discussion and editing of the initial transcript.

<table>
<thead>
<tr>
<th>Excerpt A: First recording</th>
<th>Excerpt B: Second recording</th>
</tr>
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<tbody>
<tr>
<td>17</td>
<td>N: Apply the hot compress ...</td>
</tr>
<tr>
<td>18</td>
<td>P: Apply the ...</td>
</tr>
<tr>
<td>19</td>
<td>N: Hot compress.</td>
</tr>
<tr>
<td>20</td>
<td>P: Hot compress.</td>
</tr>
<tr>
<td>21</td>
<td>N: Ah, to your knee once a time, hot compress to your knee once a time.</td>
</tr>
<tr>
<td>22</td>
<td>P: Once a time, what do you mean?</td>
</tr>
<tr>
<td>23</td>
<td>N: Once a day, once a day.</td>
</tr>
<tr>
<td>24</td>
<td>P: Once a day.</td>
</tr>
<tr>
<td>25</td>
<td>N: About 15 or 20 minutes.</td>
</tr>
<tr>
<td>26</td>
<td>P: 15 or 20 minutes.</td>
</tr>
<tr>
<td>27</td>
<td>N: Yeah, And avoid pushing your weight, pushing your weight on this leg.</td>
</tr>
<tr>
<td>28</td>
<td>P: Okay, both my legs.</td>
</tr>
<tr>
<td>29</td>
<td>N: Yeah.</td>
</tr>
<tr>
<td>30</td>
<td>P: So, avoid putting my weight on my legs.</td>
</tr>
<tr>
<td>7</td>
<td>N: Apply the hot compress to your knee once a day.</td>
</tr>
<tr>
<td>8</td>
<td>P: Okay.</td>
</tr>
<tr>
<td>9</td>
<td>N: About 15 to 20 minutes.</td>
</tr>
<tr>
<td>10</td>
<td>P: For about 15 to 20 minutes.</td>
</tr>
<tr>
<td>11</td>
<td>N: Yes.</td>
</tr>
<tr>
<td>12</td>
<td>P: Okay.</td>
</tr>
<tr>
<td>13</td>
<td>N: And avoid put your weight.</td>
</tr>
<tr>
<td>14</td>
<td>P: Okay, so only if it’s painful, I avoid putting my weight on it.</td>
</tr>
<tr>
<td>15</td>
<td>N: Both.</td>
</tr>
<tr>
<td>16</td>
<td>P: Both.</td>
</tr>
<tr>
<td>17</td>
<td>N: Both legs, And don’t do heavy work.</td>
</tr>
<tr>
<td>18</td>
<td>P: Don’t do heavy work.</td>
</tr>
<tr>
<td>19</td>
<td>N: And exercise every day.</td>
</tr>
<tr>
<td>20</td>
<td>P: Exercise every day, What kind of exercise?</td>
</tr>
</tbody>
</table>
Excerpt A: First recording
31 N: And don’t heavy work.  
32 P: Don’t do heavy work.  
33 N: Yeah.  
34 P: Okay.  
35 N: And exercise every day.  
36 P: Oh, exercise.  
37 N: Yes. For example if you sit down, sit down on the chair and up 1-2-3 and down. (demonstrates)  
38 P: So, sit in the chair and lift my legs.  
39 N: Yes. ((Thai: Each leg, what do I say?))  
40 N: Each.  
41 P: Each, each leg. How many times?  
42 N: Erm, 10.  
43 P: 10 times.  
44 N: 10. 1-2-3 and down 1-2-3 and down. Each leg 10 times.  
45 P: Per day.  
46 N: Per day.  
47 P: Okay.  
48 N: And you have to always take your medicine.  
49 P: I have to take medicine. Okay.  
50 N: And taken it after meals suddenly.  
51 P: Erm, take it straight after meals.  
52 N: After meals suddenly.  
53 P: Right after meals.  
54 N: Yes.  
55 P: Okay.

Excerpt B: Second recording
21 N: Ah, for example, you should sit down on the chair.  
22 P: Okay.  
23 N: And lift your leg, each one, up 1-2-3 and down 1-2-3. (demonstrates)  
24 P: Okay.  
25 N: This leg too, up 1-2-3 and down 1-2-3. (demonstrates)  
26 P: Okay.  
27 N: For 10 times. 10 times a day.  
28 P: 10 times a day.  
29 N: Per day.  
30 P: Mmm. How about cycling?  
31 N: Cycling.  
32 P: I like cycling very much  
33 N: I wouldn’t suggest you. Because it’s heavy.  
34 P: It’s quite heavy.  
35 N: Yeah.  
36 P: I like cycling very much  
37 N: Oh (laughs). I see. And you have to take, you have to always take your medicine.  
38 P: Okay.  
39 N: And you should take it after meals. Right after meals.  
40 P: Okay, so I should take it right after meals.

Figure 3: Excerpts from texts derived from learner–teacher role-play interaction (N = nurse; P = patient; ( ) encloses nonverbal information; (( )) contains translation of a Thai phrase; turns are numbered on the left)

From the transcripts, it can be seen that the communication is highly interactive. Meanings are built up over several turns (for example, Excerpt A, turns 17–26), with frequent repetition of responses to confirm information. Requests for clarification lead to output that is more precise (Excerpt A, turn 23). Follow-up comments throughout signal understanding and receipt of information. In demonstrating the exercise, the learner exploits
the situational context in a legitimate communication strategy. There is also evidence of the learner taking up language offered by others. ‘Each leg 10 times’ (Excerpt A, turn 44) seems to be assembled from the teacher’s utterances and prompts from peers that were not picked up in the recording. Interestingly, the learner seems to make little use of recasts in the flow of the conversation. For example, the learner’s use of ‘suddenly’, where ‘immediately’ is more appropriate (Excerpt A, turns 50 and 52), is followed by attempts at correction that are not taken up. However, on being asked to transcribe the conversation this learner actually edited her output, incorporating the correction. Thus the process of transcribing seemed to make the recasts salient.

This means of generating texts is a form of scaffolded learning (Feez 2001) in which teacher and learner collaborate in the joint construction of a text. The teacher is doing more than just taking on the role of a patient attempting to understand instructions, and is aiming to provide the support to guide learners towards improved performance. The aim is not to reproduce the language of the medical ward, but to create texts from which learners can learn. The learner incorporated into the second recording (Excerpt B) not only recasts (turns 18, 23 and 39), but also her own pushed output (turn 7), scaffolded turns (turn 27) and features raised in discussion (the inclusion of ‘should’ in turn 21), which points to the learning potential of this means of generating texts. Using learner–teacher interaction in this way values both learner language output and learner content knowledge. Unanticipated content can be accommodated into the developing course and learners are required to take an active part in creation of course material. While it is beyond the scope of this article to detail how such texts are used in class, the process of transcribing, editing and discussing texts focuses the attention of learners on language features that are closely tailored to their needs.

Conclusions

This article has explored one problem confronting teachers who write their own materials, namely how to obtain texts of spoken discourse for inclusion in these materials. Four possible solutions were considered: composing texts, using authentic texts, using transcripts of role-plays involving medical professionals and using transcripts of learner–teacher interaction. With regard to the first option, a cautionary note was sounded. While economical to produce, the texts may omit important features of spontaneous language – in particular aspects of interaction and negotiation – and thus limit learning opportunities. Authentic texts, while rich in language data for
analysis and discussion, are not likely to be a complete solution to the problem. The third option was evaluated more positively. As these role-plays are unscripted they may be expected to retain some features of spontaneous discourse while featuring fewer impenetrable context-dependent references as compared to authentic texts. As they involve medical professionals, the transcripts provide valuable information on the language demands of the target task. The final method of generating texts for teaching materials involved transcriptions of recordings of classroom interaction between learners communicating with the teacher. Through this, learners are actively involved in the creation of teaching materials and have a personal investment in the texts created. Participating in communication in which scaffolding is provided, and then transcribing, editing and discussing transcripts, raises awareness of the processes of communication, and creates opportunities for learning that are exquisitely tuned to learners’ needs.

The course materials that emerged from the ongoing work described in this paper contain language generated by each of these means. Scripted sentences are used sparingly to exemplify language, while learners are also exposed to excerpts from authentic texts. The central texts of the units are, however, derived from role-play interaction such as that shown in Figure 2, and these provide whole units of language for analysis. There is also room for teacher–learner interaction in generating additional texts both for tasks already included in the materials and to accommodate needs that are negotiated in the process of the course. The texts were used to create an integrated language syllabus including structures, functions, lexis and discourse features, where this syllabus is not determined prior to the generation of the texts, but rather emerges from them. Creation of the language syllabus in this way involves the teacher in the process of collecting and analysing language data, and thus contributes to professional development through an increased appreciation of discourse.

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