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THE USE OF AUTHENTIC CONSULTATION RECORDINGS IN THE ENGLISH FOR MEDICAL PURPOSES CLASSROOM

Abstract

English for Medical Purposes (EMP) is a branch of English for Specific Purposes (ESP) which is widely requested and taught but still relatively under-researched. However, with the growth of digital humanities and international communication, English has become the *de facto* language of choice. Furthermore, it is also the main language used within scientific communities for disseminating knowledge i.e. the lingua franca. Thus, this research aims to contribute to the field of EMP by making use of authentic materials in the EMP classroom. Specifically, the study focusses on a corpus of cosmetic surgery consultations which have been adapted for classroom use and aims to investigate: i. the feasibility of using such materials for B2 level students; ii. the extent to which authentic materials increase student motivation as well as assimilation of new scientific terminology. Eighty-seven mixed level students, aged nineteen to thirty-two years old and enrolled in medicine or dentistry courses at the University of Salerno, took part in a series of lessons which make use of the authentic materials leading to a final production which is a comparable simulation to a real-life consultation. Questionnaires were used both pre and post lessons and the results would appear to indicate a clear increase in participation when engaging with authentic materials as this seems to increase motivation and help students to contextualise scientific vocabulary.

Keywords: Authentic Materials; English for Medical Purposes; English for Specific Purposes; Productive Skills; Receptive Skills; Asynchronous teaching; Synchronous teaching.

1 Introduction

English language learning and teaching is undisputedly a well-founded field of investigation which ranges from English as a Foreign Language (ELF), English as a Second Language (ESL) to English for Specific Purposes (ESP) to name but a few. Indeed, in relation to the latter, studying, teaching and learning English is often due to a practical need to communicate within a professional context, and with the growth of digital humanities and international communication, English has become the *de facto* language of choice (Fiorito, 2005). Furthermore, English language learning within a professional context has led to the expansion of ESP pedagogy within the fields of tourism, law, business as well as healthcare. Medical English pedagogy, which falls under the umbrella of English for Medical Purposes (EMP), is also widely requested and taught, particularly due to the English language being considered as the language of choice in order to disseminate scientific information i.e., the lingua franca of choice (Miller, 2001). Despite the importance of English as a lingua franca and its dispersion in terms of teaching across the globe, EMP is still an area with much research potential. Therefore, the focus of this paper is to contribute to the field of EMP, particularly with regards to the use of authentic materials in the classroom.

1.1 Use of Authentic Materials in the Foreign Language Classroom and Motivation

It is widely acknowledged that the use of authentic materials in the foreign language classroom provides a variety of benefits (Nunan, 1988). First and foremost, it brings “real-life” language and communication to the classroom, which in turn, can improve levels of student motivation (Lee, 1995). However, while there is much consensus on the use of authentic materials in the classroom, what remains unclear is the language level at which authentic materials are accessible to foreign language learners. Kilickaya (2004) and Kim (2000) posit that the use of authentic materials is more appropriate for B2 level and above students (according to the Common European Framework of Reference or CEFR), others state that authentic materials are accessible to all levels (McNeill, 1994; Miller, 2005). In the latter case, it is argued that the same authentic materials (e.g. a newspaper article) can be used by different levels and it is the instructor’s prerogative to adapt the activities appropriately (McNeill, 1994; Miller, 2005).

Moreover, it is essential to outline that, due to the extensive use of authentic texts across a range of disciplines (e.g. pragmatics, conversation analysis, discourse analysis, ethnography, second language acquisition to name but a few), actually defining what constitutes authenticity is no easy task (Gilmore, 2007). Gilmore in fact (2007: 98) draws on a number of possible definitions of authenticity for language learning stating that there are at least eight possible interpretations:

- i. Language produced by natives for natives in a particular language community (Porter & Roberts, 1981);
- ii. Language produced by a real speaker/writer for a real audience with a real message (Morrow, 1977; Porter & Roberts, 1981; Nunan, 1988; 1989);

- iii. The qualities that the received attributes to the text but which is not inherent to the text itself (Widdowson, 1978; 1979);
- iv. The interaction between students and teachers seen as a “personal process of engagement” (van Lier, 1996: 128);
- v. The tasks chosen (Breen, 1985; Bachman, 1991, van Lier, 1996);
- vi. The social situation of the classroom (Breen, 1985; Rost, 2002);
- vii. Assessment (Bachman, 1991; Lewkowicz, 2000);
- viii. Culture and the ability to behave like the target language group (Kramsch, 1998).

For the purposes of this study, I will understand authenticity to fall in line with Morrow’s (1977: 13) definition of an authentic text as “a stretch of real language, produced by a real speaker or writer for a real audience and designed to convey a real message of some sort.” Thus, an authentic text from this perspective is defined by referring to the source of the discourse as well as the context of its production (Gilmore, 2007). Therefore, based on such a definition, the “real-life” materials selected can include any type of text (written or oral) and what defines them as authentic is that these texts were not originally intended for a foreign language learner but for a native audience in a specific context (Bacon & Finemann, 1990).

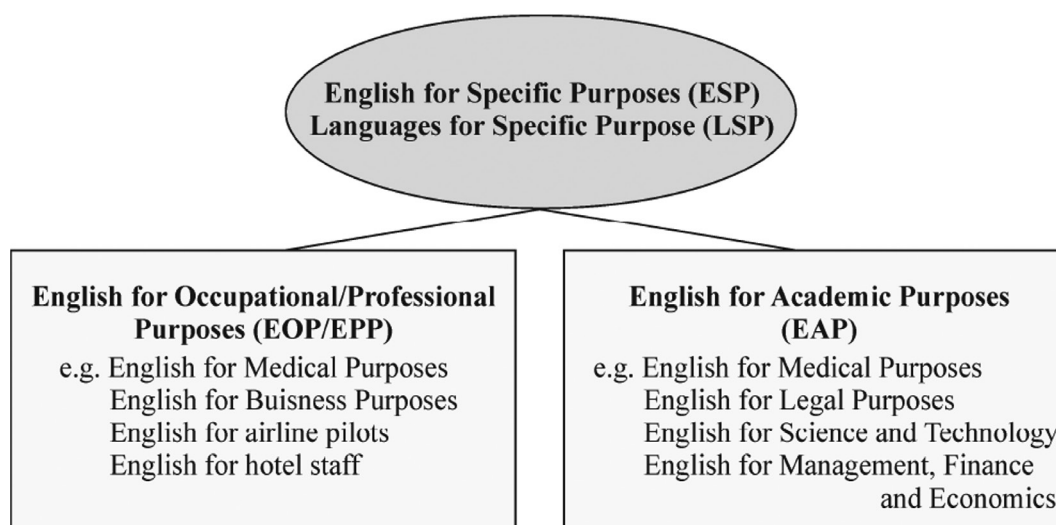
1.2 The EMP Classroom

English for Medical Purposes is a sub-specialty of the overarching umbrella of English for Specific Purposes (ESP), which in itself is a subgroup of English as a Foreign or Second Language (EFL and ESL respectively). ESP and EMP can vary somewhat from EFL and ESL in teaching methodology and application and in fact Dudley-Rvans and St John (1998) state that ESP can be defined in terms of “absolute” and “variable” features. The former characteristics can be defined as meeting the needs of the learners by making use of similar teaching methodologies to that of EFL/ESL and focusses on language which is appropriate to these methodologies as regards grammar, lexis, register, study skills, discourse and genre (Donesch-Jezo, 2014). Variable characteristics instead, refer to those which are related to specific disciplines (e.g. business) and a different methodology is adopted compared to that of General English curricula as the course is often aimed solely at adult learners, either in a university context or a professional one. Furthermore, the latter tends to be a course which is designed for students with an intermediate level and above.

EMP could be considered as falling within the latter context (i.e. pertaining to the variable category) as it is an English course designed for a specific set of English users, i.e. medics, and adopts more of a lexical focussed teaching model. As a whole, ESP can be considered as being divided into two types of courses (Fig. 1) i.e. English courses which are designed for professional/occupational purposes (EPP/EOP) and those intended for academic purposes (EAP).

Figure 1

Diagram showing the classification of ESP courses (Donesch-Jezo, 2014: 72).



As can be seen in the diagram, EMP is the only subdiscipline which branches into both EOP/EPP and EAP. Therefore, course design for EMP needs to provide a wide variety of both language specific to the professional context (e.g. specialised scientific lexis) and language which is appropriate in academic contexts (e.g. abstracts, scientific articles and conference presentations).

The EMP course designed and used within this study is based within the Italian university system and is aimed at medical and dentistry students forming part of the compulsory syllabus. The learning objectives and skills expected to be developed in this course include:

- i. Comprehending scientific medical texts;
- ii. Developing spoken communication skills to be used within a clinical setting (doctor-patient interaction);
- iii. Developing written communication skills to be used within a clinical and academic setting (case notes, referral letters, form filling in, conference abstracts);
- iv. Academic presentation and writing skills (conference papers and presentations).

1.3 The Use of Authentic Materials in the EMP Classroom

The ways in which authentic materials are used in the ESP (and EMP) classroom vary and are often dependent on language level. In terms of EMP, and as with many ESP courses, a great deal of attention is dedicated to the recognition and acquisition of specialist terminology related to the field of medicine through the use of both textbooks and authentic materials. Indeed, Saville-Troike (1984) clearly outlined the importance of vocabulary development as a measure of language improvement, claiming that lexical acquisition is “the single most important area of second language competence.” Furthermore, there is much argument in favour of using authentic materials in this context due to the language complexity in authentic texts (Gilmore, 2007). Unlike adapted textbook materials, authentic materials present the learners with real-life language that has “a great diversity of grammatical and lexical elements

[meaning] they are much more abundant in language forms than the texts constructed for language teaching purposes" (Blagojević, 2013: 118).

However, when using authentic materials, it has been claimed that teaching practitioners should not totally neglect ESL teaching methodologies and principles (Widdowson, 1979). Since authentic materials may not contain overtly noticeable language features to be identified for study (as they may not be highly frequent as they are in textbooks), the quantity of examples for students may not be sufficient (Blagojević, 2013). Therefore, teachers should bear this in mind when selecting appropriate authentic texts so as to provide enough exposure to the language patterns. Indeed, selecting appropriate authentic materials may present a challenge for EMP teachers (particularly if they are not physicians i.e. experts themselves), not to mention an extremely time consuming activity. Clarke (1989) proposes a solution for such a challenge which is that of involving the learners in the selection of the authentic materials. This kind of approach could encourage further motivation for both the students and the teacher alike, as it leads to a mutual collaboration and establishment of learning objectives. This study took heed of such advice, and the selection of authentic material preferences was outlined at the beginning of the course in the needs analysis whereby a particular need to focus on vocabulary was identified (as detailed in section 3).

1.4 Specialised Lexical Acquisition – The Lexical Approach

As outlined in the previous section, EMP courses place a great deal of emphasis on exposing learners to specific terminology, which in this case is medical jargon. Within this vein, it is pertinent to consider the different approaches to presenting students with different terminology in the classroom and delineate, in particular, the benefits of the lexical approach (Lewis, 1993; 1997). The lexical approach foregrounds language learning through lexical item learning rather than grammatical rule learning. In the case of ESP language learning, this approach is widely applied due to the nature of the specialist lexis to be studied. Indeed, Lewis (1993; 1997) emphasises the importance of learning lexis in chunks (lexical phrases, collocations, idioms and fixed/semi-fixed expressions) rather than as isolated items. The underpinning theory behind the lexical approach is that all lexis should be explicitly identified and deliberately taught rather than simply noticed within its context (Long, 1988; Ellis, 1994). Harmer (1991) also echoes this sentiment stating that vocabulary provides "the vital organs and the flesh" while language structures represent the skeleton of the language.

Therefore, the implications of applying the lexical approach within an ESP context are that the course design should involve the explicit teaching of vocabulary in order to encourage students to augment their lexical knowledge in the field. However, it should also be recognised that implicit vocabulary learning and "noticing" may also be an appropriate approach in ESP classrooms. Indeed, Jordan (1997) states that while presenting students explicitly with lexis has its place, it is also worthwhile encouraging students to infer meaning from context, which may also be supported by the use of a specialist dictionary. Indeed, using authentic materials in the classroom makes it possible to address lexis both explicitly (Lewis 1993; 1997) and implicitly (Jordan 1997; Nation, 2001). Thus, this study adopts a twofold approach to presenting students with specialised lexis whereby the authentic texts are utilised for both implicit and explicit lexical learning.

2 Research Questions

In light of the above literature, this paper aims to investigate the following research questions:

- i. Is the use of authentic medical consultations recordings feasible within an EMP teaching context for students who aim to obtain English level B2 according to the Common European Framework Reference?
- ii. Does the use of such authentic material increase student motivation and thus assimilation of scientific lexis?

3 Methodology

3.1 Participant Cohort

The student cohort was identified from two groups of undergraduate students who are studying medicine or dentistry at the Department of Medicine, University of Salerno in Italy, with a total of eighty-seven students. Both groups of students must attend Scientific English lessons for the value of 6 university credits obtained at the end of an annual 66-hour course. The final assessment is both a written and oral examination which assesses knowledge of scientific lexis, grammatical features in line with a B2 level and oral ability to simulate a medical consultation.

3.2 Needs Analysis and Defining Course Characteristics

At the beginning of the course all students underwent a needs analysis test in order to establish their starting level of English. The test consisted in fifty multiple choice questions that assessed their grammatical and lexical knowledge as well as a reading comprehension, a listening test and a written composition. Following an examination of the needs analysis results, the students were then organised into mixed ability groups based on their levels so as to provide peer support to the lower-level students from the higher-level ones.

The needs analysis was also designed in order to establish which receptive and productive skills the students believed they needed to work on and how that corresponded to their test results. The selection of authentic materials to be used in lesson was made based on both the students' responses, preferences expressed and their needs analysis.

3.3 Course Design: Materials and Procedures

The authentic material was selected from a 22.5 hour spoken corpus of cosmetic surgery consultations that forms part of the author's doctoral research project. The corpus was adapted in order to provide an integrated skills approach and a series of lessons were designed using the material. The adaptation of the corpus did not imply altering the original consultations or sequencing but rather involved extracting excerpts directly from the consultations. All participants in the consultations had previously consented for the recordings to be used for research and/or teaching purposes as a part of the author's doctoral research project. The lessons were also delivered making use of both asynchronous and synchronous methodologies.

The university e-learning platform was used for the asynchronous tasks and the synchronous lessons took place in the classroom.

The principal learning objectives of the series of lessons were to:

- i. Increase scientific lexis through the use of authentic texts;
- ii. Identify grammatical language patterns typical of medical consultations according to the different stages of the consultation;
- iii. Practise using the two (points i and ii) in a written/spoken simulated consultation.

The sub-aim of this series of lessons was to:

- i. Develop listening skills (prediction, listening for gist and for specific information).

A selection of consultations was identified which provided a range of different cosmetic surgery procedures (e.g. breast reduction, rhinoplasty and abdominoplasty) and the listening tasks were carried out in asynchronous mode on the university e-learning platform. The answers were corrected automatically, and students were able to review their answers and listen to the consultations an unlimited number of times. The synchronous part of the lesson involved reviewing all answers, reviewing the listening transcripts and, from those, identifying scientific lexis, grammatical language features (e.g. direct/indirect questions) as well as the use of the imperative. Students then carried out controlled practice of the grammar exercises in groups and reviewed the transcripts for any further doubts. The final production stage of the lesson involved writing a short dialogue in groups which included scientific lexis, and the language features identified. The dialogues were then peer-reviewed and written feedback was provided by completing a form.

3.4 Online Questionnaire Implementation: Student Engagement and Feedback

Two questionnaires were designed for this lesson series. The first questionnaire, with a total of ten questions, was used as a listening prediction exercise to gauge students' knowledge regarding consultations (phases, types of language to expect) and also served to activate the schemata, while the second questionnaire, with a total of fifteen questions, gained students' feedback after the lesson series were complete. Both questionnaires used a combination of multiple choice, open and Likert scale questions and also collected consent from the students for their answers to be used for research purposes.

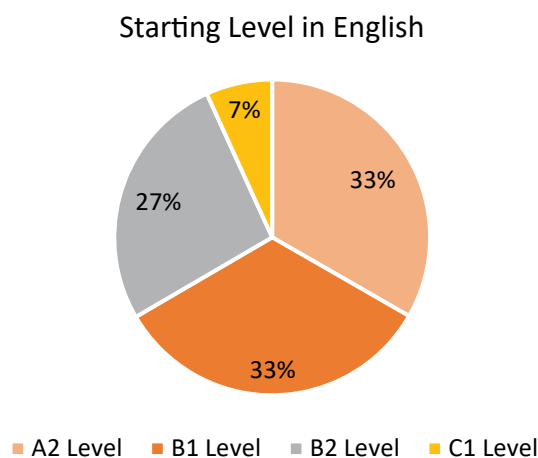
4 Results and Analysis

4.1 Needs Analysis Results and Course Design

A total of eighty-seven students participated in the study aged between nineteen and thirty-two. All students underwent a needs analysis test at the beginning of the course in order to establish both the starting level of English and learning objectives/preferences for the course overall. The results showed that the group was a mixed level group with an English integrated skills level ranging from an A2 starter level to a C1 advanced level (Fig. 2).

Figure 2

Pie chart illustrating the starting levels of the students following the needs analysis test.



As can be seen in Fig. 2, at the beginning of the course 66% of the students had a level of either A2 or B1 according to the CEFR while 27% of the students demonstrated a level of B2 and a very small amount (7%) had an advanced knowledge of the English language. The high percentage of lower-level students is significant as it makes it possible to evaluate the real feasibility of using authentic materials as defined in the first research question of this paper. Indeed, observations related to the lower-level students' comments and performance will be made in section 4.3.

The needs analysis also served to establish which language skills the students wished to develop and preferences regarding the types of tasks that they wished to undertake (Tab. 1).

Table 1

Table showing student preferences for skills and task type.

Student Course Preferences			
<i>Skills and Language</i>	<i>Percentage</i>	<i>Task Type</i>	<i>Percentage</i>
Speaking	26%	Individual	8%
Writing	20%	Pair work	33%
Listening	11%	Group work	15%
Reading	5%	Textbook based tasks	19%
Scientific Vocabulary	30%	Authentic Material based tasks	25%
Grammar	8%		

As illustrated in Tab.1, students identified three main skills which they wanted to focus on during the course. Two of these were productive skills i.e. speaking and writing at 26% and 20% respectively and the most popular preference was that of increasing scientific vocabulary knowledge (30%). Receptive skills (16%) and grammar (8%) were indicated as being less of a priority for the students. The types of preferred tasks instead were pair work (33%) and using authentic based materials (25%) followed by textbook based tasks (19%) and group work (15%). Individual work was not indicated as a preferred task (8%).

The preferences expressed by the students were taken into consideration when designing the course and, in particular, led to the decision to pursue the use of authentic materials in the classroom. The choice to select listening materials as authentic material was also based on the students' receptive skills preference for listening tasks rather than reading. Therefore, considering the nature of the course and the communication skills necessary to be developed, medical consultations were chosen for linguistic analysis.

The mixed level nature of the group presented an opportunity to fully evaluate the extent to which authentic materials are also appropriate for students who have an English level which is below B2 (McNeill, 1994; Miller, 2005). While literature presents a mixed stance on such an argument, and there is argument against the use of authentic materials for lower levels, i.e. students ranging from an A2 to a B1 level (Kilickaya, 2004; Kim, 2000), the organisation of students into mixed level groups aimed to mitigate lack of comprehension through the use of peer support. Indeed, the feedback provided by students (outlined in section 4.3) confirms the feasibility of using the authentic materials.

Student autonomy was promoted throughout the course and student involvement in expressing their preference for the tasks was foregrounded and aimed to promote student motivation. Indeed, literature suggests that students are more motivated when they are involved in their own learning and their preferences are considered (Lee, 1995).

4.2 Pre-Task Questionnaire

The listening tasks were made available on the university e-learning platform which makes use of Moodle. Students had a set period of time to complete the tasks and were able to listen to the consultations as many times as they wished. As is standard practice in listening exercises, students completed a prediction task prior to listening. In this case, due to these tasks being administered as asynchronous activities, the students completed a questionnaire regarding the communicative features of a medical consultation.

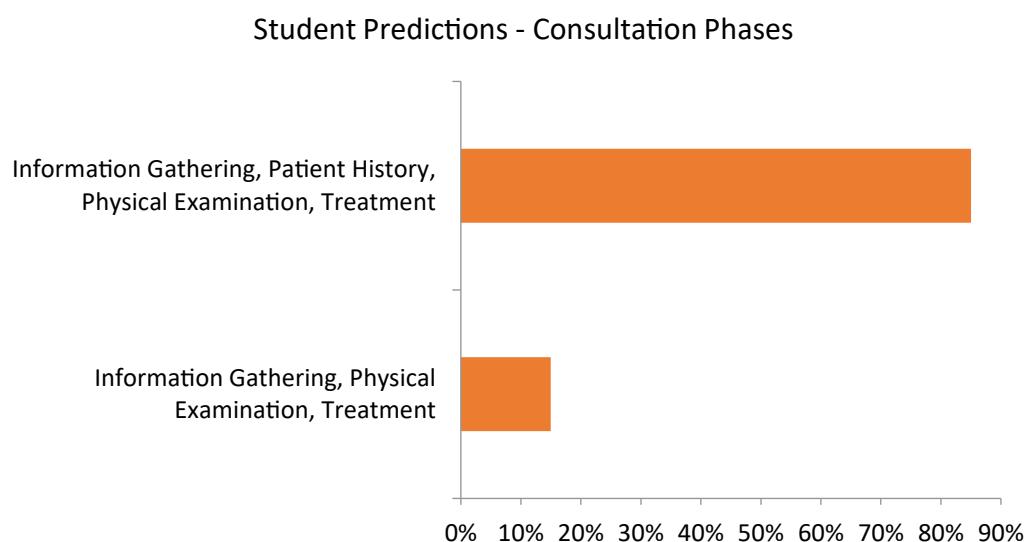
In terms of identifying the key features of a medical consultation (an essential learning objective for the course), students predicted that there would be either three or four phases of a consultation and the different phases that they predicted are illustrated in Fig. 3.

85% of students identified four different phases of a medical consultation while 15% believed that there were three phases. In terms of the linguistic analysis carried out specifically on the corpus in question, three phases were identified (information gathering, physical examination and treatment). In this case, patient history taking was assumed to be a part of the information gathering stage. The students' choice, however, can be considered as in line with the usual phases of a medical consultation and shows a clear awareness of such before actually carrying out the listening tasks.

Students predicted that communication would not be the same throughout the whole consultation, with 78.9% stating that it would not be and 10.5% respectively stating *maybe* or *yes*. Again, this also shows clear reflection on the phases of the consultation prior to actually listening and identifying the stages.

Figure 3

Chart showing the students' predictions regarding the consultation phases.



Students were asked an open question regarding the types of language they believed would be used in the consultations and a selection of their comments are provided below:

- i. *A language that fits the person in front of me and that is understandable to him*
- ii. *Try to gather information from the patient without making him feel embarrassed especially when it is a delicate issue*
- iii. *Informal language*
- iv. *Formal language*

Both excerpts *i* and *ii* demonstrate an awareness of the importance of both comprehensibility for the patient as well as register when addressing the patient. Indeed, the second excerpt shows nuances such as aiming to avoid embarrassment. Instead, excerpts *iii* and *iv* demonstrate a mixed response in terms of the expectations regarding whether the language will be formal or informal. In this case, it may be that students expect a level of formality due to the nature of the consultation but may also expect informality in order to render the consultant more approachable (these expectations were addressed in the post-listening tasks as outlined in section 4.4).

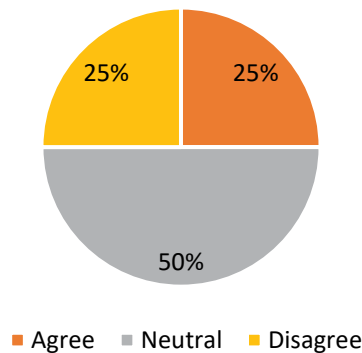
The other areas which were addressed prior to listening were the use of scientific terminology by the consultant, clarification of such, functional language expected and interruptions. Students were asked whether they believed scientific language should be used during consultations and their responses are illustrated in Fig. 4.

A key communicative feature in medical consultations is whether scientific terminology should be used or not (Fields et al., 2008). As can be seen in the pie chart, the students' opinion was divided prior to listening to the example consultation with 50% stating that they had a *neutral* opinion regarding the use of scientific terminology while the remaining 50% was divided at 25% each either *agreeing* or *disagreeing*. The purpose of this question was both to encourage the students to reflect on whether they believed such terminology should be used and also to prepare them to notice the terminology when and if it was used in the listening.

Figure 4

Pie chart illustrating students' opinions regarding the use of scientific terminology.

Should scientific language be used during a consultation?



Some of the reasons stated are illustrated below:

- v. *Scientific English cannot be abandoned completely, accompanied by common/formal language it is useful to make the patient understand his diagnosis*
- vi. *Not all the patients have the same level of education and almost all of them didn't attend medical school, so it'd be better to speak in an informal language so everybody can understand*
- vii. *Scientific language should not be used because it may not be very clear to the patient, especially specific terms such as anatomical and therapeutic ones*

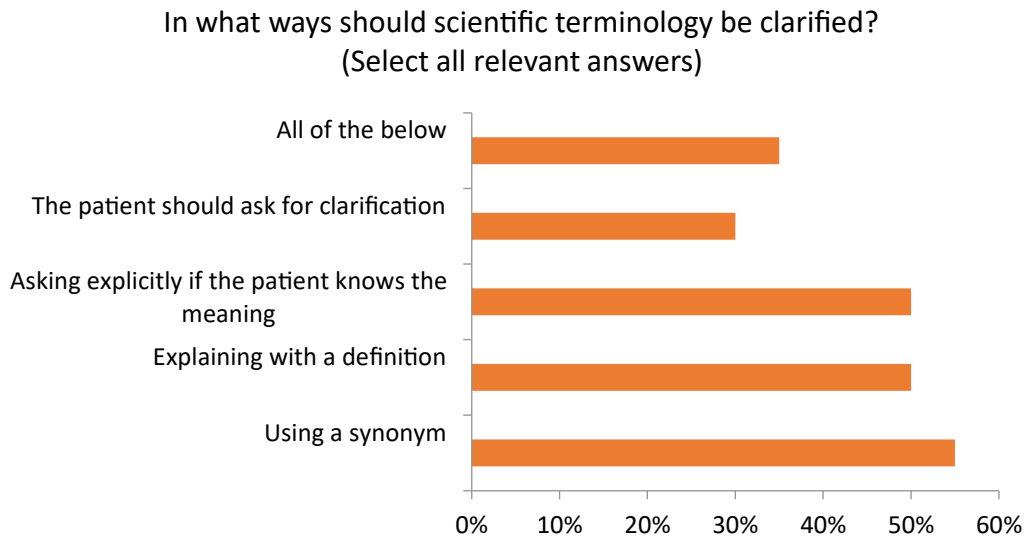
These initial expressions demonstrate the students' awareness of the importance of managing scientific terminology in consultations but show varied opinions. Excerpt v acknowledges that scientific terminology cannot be entirely excluded from consultations while excerpts vi and vii indicate that these students believe that it should be avoided either because the patients do not have the same medical training or because it could be unclear (they may not understand). This reflection during the prediction phase of the listening was also important in order to generate discussion of these features during the synchronous part of the course and highlighted one of the important features of doctor-patient communication. Indeed, 84.2% of the students stated that if the terminology is used, it should be clarified by the doctor versus 10.5% who stated maybe it should be clarified and 5.3% who said it should not be.

The ways in which the terminology should be clarified, according to the students, is outlined in Fig. 5.

Students gave an almost equal weight to *using a synonym*, *explaining with a definition* and *asking explicitly if the patient is aware of the meaning* of the term when stating how terminology should be clarified (50 – 55% respectively). Instead, 30% of the student cohort stated that it should be the *patient themselves who requests clarification* from the doctor and 35% stated it should be *a combination of any of those factors*. Reflection on these communicative features as a pre-task activity prepared the students to engage with their top-down listening skills and likely aided with comprehension when listening (Utomo & Sulistyowati, 2022).

Figure 5

Bar chart showing the ways students believe scientific terminology should be clarified.

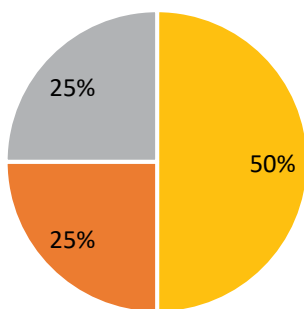


Students were also asked who they believed would talk more during the consultation (the doctor or the patient) and who they believed interrupted the other party more. Results show that students expected that the doctor would speak more (50%) or that talk time would be evenly distributed (25%), the remaining 25% instead believed that the patient would talk more than the doctor (Fig. 6). While students believed that it would be the doctor who talked more than the patient, they stated that the patient would be the participant who would interrupt the most during the interaction (60%) versus 15% for the doctor interrupting and the remaining 25% believed the interruptions would be equal (Fig. 6).

Figure 6

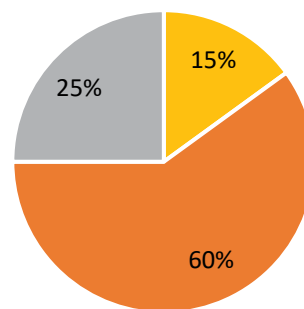
The pie chart on the left describes the students' expectations regarding talk time while the pie chart on the right illustrates students' expectations in terms of interruptions.

Who would you expect to talk more during the consultation?



- The doctor
- The patient
- They both speak for the same amount of time

Which party interrupts the other party the most in your opinion?



- The doctor
- The patient
- They both interrupt each other equally

While first year medical and dentistry students may be unaware of the typical dominant features of communication during a consultation (Fields et al., 2008; Dahm, 2012; Silverman et al., 2013), these quantitative language features (which were investigated in the author's doctoral thesis) raise awareness of these communicative features at an early stage with the students. These questions also promote top-down listening skills but perhaps, more importantly, lead the students to reflect on their own style of communication within a consultation.

Finally, in terms of bottom-up listening skills, students predicted that the functional language which would be introduced in medical consultations would include asking questions (direct and indirect), making suggestions, expressing expectations and the use of the imperative. These early predictions promoted top-down listening skills but also laid the foundation for studying these individual linguistic structures following the listening task.

The implementation of prediction as a tool prior to any kind of listening in a foreign language for the promotion of top-down listening skills is widely addressed in literature (Vandergrift, 2003; Bekaryan, 2016). The benefits of predicting content and/or lexis are that the L2 learner is better primed when participating in the listening activity and tends to be more successful in identifying those characteristics which were previously introduced. The same theory was also applied to this study, but rather than being introduced by the teacher in a more traditional way, the terminology and content were put forward via the online questionnaire as described above. The questionnaire served to integrate this theoretical method into a more hybrid form of teaching, which has become a much more normal practice since the SARS-CoV-2 pandemic in 2020 (Padley, 2020). Furthermore, the questionnaires were distributed asynchronously and online, which further aided in promoting learner autonomy and likely increased student participation and activation of the schemata (Utomo & Sulistyowati, 2022).

4.3 Synchronous and Asynchronous Tasks – General Observations

The communication course was divided into synchronous and asynchronous tasks in order to promote learner autonomy (Thornbury, 2011) and to make the best use of class time when analysing the listening transcripts for language points. Following the prediction task outlined in section 4.2, students received feedback from myself via the e-learning platform before undertaking the listening tasks. Students were also able to make comments on the feedback received and request any clarification. Only three students requested clarification, which was offered via the same platform.

Aside from the pre-task prediction questionnaire, students also responded to questions regarding their expectations of a cosmetic surgery consultation and posted them on a shared forum where all students could respond or share ideas. These responses were only monitored, and no feedback was provided. The questions that the students were asked to reflect on were:

1. *Do you think a cosmetic surgery consultation is different to other medical consultations?*
2. *What do you think are the reasons for a breast reduction/rhinoplasty/abdominoplasty?*
3. *Is cosmetic surgery only for aesthetic purposes?*

4. *What are the potential problems for a patient who has very large breasts/who requests rhinoplasty/who requests abdominoplasty?*
5. *How much scientific terminology do you think is necessary in this kind of consultation?*

The purpose of these questions was to provide the relevant context of the recording consultation (i.e. a patient requesting a breast reduction etc.) and also remind students of the scientific lexis under investigation and its usage.

The listening tasks were divided according to the different phases of the consultation (information gathering stage, physical examination, diagnosis/treatment stage). The audio files were extracted from the consultation, uploaded onto the e-learning platform and after each listening, there was an online quiz which automatically corrected the students' responses. The quiz consisted in multiple choice questions in order to gauge comprehension. Students were able to listen to the audio files as many times as was necessary. The success rate on the multiple-choice questions was 75% on average, which demonstrates a strong level of comprehension and engagement with the listening files. Considering that this was authentic material of a native speaker level and considering the mixed ability of the group, this result can be considered to be satisfactory. The result is also more than in line with the B2 level expectation for the course.

The synchronous lessons took place following the listening activities and aimed first and foremost to gather reflection and feedback on the listening tasks. The main focus of the tasks was concept checked and reviewed using a PowerPoint as support and students answered the questions in pairs or small groups. The concepts which were checked included the answers to the listening and the phases of the consultation. Students debated what the main differences were between the different phases of the consultation and the comments were shared as a class and recorded on the board for future note.

In order to notice the relevant language points (Thornbury, 1997), the transcript of the excerpts was provided to the students with the language points of interest highlighted in a different colour. The linguistic features which were then studied in detail included the use of direct/indirect questions, the imperative and the use of scientific lexis. The former two were studied using the PowerPoint as support for the meaning, form and pronunciation of the structures and controlled practice was then carried out. Students worked in pairs or small groups and then practised applying the structures in a freer practice exercise (e.g. simulating a consultation using the questions and the imperative). The scientific lexis instead was investigated and discussed in terms of its meaning, pronunciation, appropriateness to the consultation and whether or not clarification was provided or even necessary.

The activity investigating the scientific lexis provided students with the opportunity to notice the lexis in context and to comprehend the meaning also through the way in which the patient responded to its use. The lexis was analysed in chunks according to the lexical approach (Lewis 1993; 1997), which provided the relevant context for the students in order to be able to infer meaning and use.

Finally, students took heed of all of the structures examined and created their own consultations within the speciality area of interest to them. They ensured that all three stages of the consultation were included and that the language points were exploited. Furthermore,

careful attention was needed in order to select the appropriate scientific lexis and the relevant clarification as they saw fit. The simulated consultations were prepared in written form and peer feedback was provided, and then they were recorded and uploaded onto the e-learning platform. The activities seemed to be feasible and accessible for the students' language level and they showed a great deal of enthusiasm and motivation when completing the tasks. Their feedback is offered and analysed in the following section.

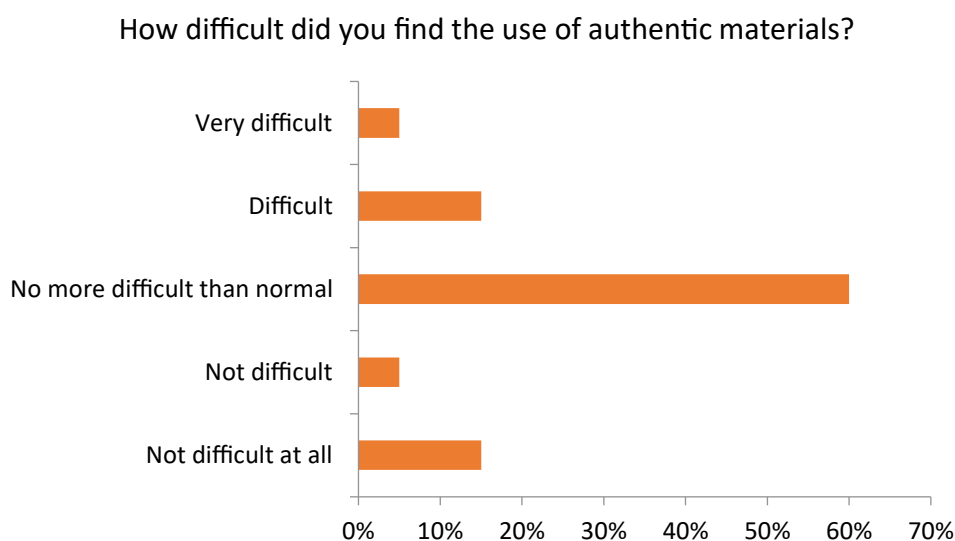
The combination of both asynchronous and synchronous activities was designed in order to promote learner autonomy in the former case, but also to maximise the use of resources and provide ample opportunity for students to approach the authentic materials on their own timeline. Indeed, the synchronous lessons were planned in order to bridge any knowledge gaps or difficulties as well as provide a platform for noticing the language in context (Thornbury, 1997). The asynchronous activities can be considered as being effective for the expected language level (75% success rate) and the close analysis which took place during the lessons in person was also fruitful in nature. The authentic materials made it possible to study both grammatical structures as well as lexis (in line with Lewis's Lexical approach, 1993;1997) and to comprehend their natural use within real medical consultations. The natural contextualisation of the material also served as a motivating factor for the students who will carry out consultations in the future (in their mother tongue or otherwise). Therefore, the authenticity of the materials was a primary factor for both learning and motivation.

4.3 Post-Task Questionnaire

Students were asked if they believed that the authentic materials used during the course were accessible or too difficult in comparison with other materials used (Fig. 7).

Figure 7

Clustered bar chart showing the difficulty rating of the authentic communication course according to students' feedback.



Only 5% of students stated that the use of authentic materials was *very difficult* with the majority of students stating that it was *no more difficult than the normal* materials (60%). A total of 20% of students in fact claimed that using authentic materials was *not difficult* or *not difficult at all*. Therefore, in terms of the first research question under investigation, it would appear that the use of the materials chosen was feasible for a mixed ability group who were aiming to obtain a B2 level of English according to the CEFR framework.

Students also expressed interest and clear motivation when engaging with the materials with 88.9% of the students claiming that they enjoyed using authentic listening materials. Some of their open comments are illustrated below:

- viii. *You can understand what a real consultation is like and learn from real situations*
- ix. *They weren't talking in British/Cambridge English so it seems a bit more real because not many people talk that way*
- x. *It is helpful, you can learn new scientific terms from it*
- xi. *Because I can better follow a conversation made by a real doctor*
- xii. *It was fun and very interesting*

These comments provide an insight into the ways in which the students engaged with the materials in a positive manner. Excerpt *viii* recognises how real consultations can be a source of learning as does excerpt *x*, who states that it is possible to learn scientific lexis from them. Excerpt *ix* demonstrates an understanding of the regional accents used in the consultations and comments that the English studied would not be classified as received pronunciation of English. Finally, excerpt *xii* illustrates that the activity was enjoyable as well as engaging, which could also be interpreted as motivating.

In terms of studying and noticing (Thornbury, 1997) language structures by using the transcripts following the listening activities, 100% of the students stated that accessing the transcripts was useful. Some of their comments are illustrated below:

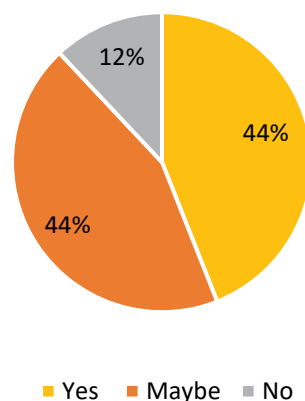
- xiii. *Normally, transcripts are useful because they allow you to revise those parts that have not been understood*
- xiv. *It helps to understand the spelling of difficult words*
- xv. *Because in conversations you talk fast*
- xvi. *The transcript is useful for understand better the consultation*

These comments illustrate that the students understood the ways in which transcripts can be exploited for language learning and comprehension. Indeed, all of the comments refer to the concept of understanding or checking meaning. Furthermore, the majority of students believed that noticing grammar structures through reading transcripts and using authentic materials was more relevant than using textbooks (88% vs 12% who believed it was *not more relevant*) as shown in Fig. 8.

Figure 8

Pie chart illustrating student interpretation of grammar relevance and authentic materials.

Is grammar more relevant when using authentic materials?

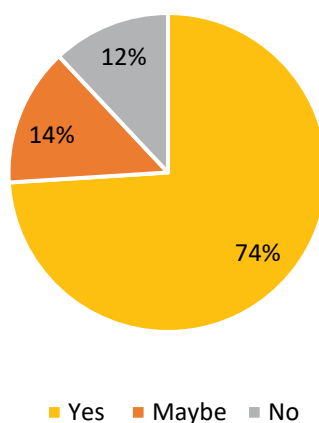


Students also recognised that using authentic materials was useful for acquiring new scientific terminology (Fig. 9).

Figure 9

Pie chart illustrating student impression of scientific terminology acquisition through the use of authentic materials.

After completing these tasks, do you feel that using authentic materials is a good way to learn scientific terminology?



Therefore, introducing authentic materials into the EMP classroom would appear to be well received by the students both in terms of studying grammatical language patterns and also engaging with new scientific lexis within context (Donesch-Jezo, 2014). Indeed, 89% of students stated that they would like more authentic materials to be introduced into their lessons

for the purposes of language learning. This would suggest that there is a clear understanding on behalf of the students of the relevance of learning through authenticity to their future professions. This relevance is also most likely what leads the students to be motivated despite the potential difficulty with the language level for some.

5 Conclusions

5.1 Limitations and Strengths of the Study

As outlined in the methodology (section 3.3), the recordings were extracted from cosmetic surgery consultations to which all participants had consented. Each consultation was approximately 1 hour in length, which was deemed inappropriate for listening activities and therefore sections of the consultations were extracted to create the various activities. Therefore, two potential limitations could be posited:

1. All participants were aware that they were being recorded and this affected the natural production of their speech, also known as the observer's paradox (Labov, 1984).
2. The consultations were not representative as they were only extracts.

While both of these could be deemed as significant limitations, neither are thought to have impacted on the validity of the results. In the former case, the researcher was not actually present during the recordings (which would be the main motivating factor for creating the observer's paradox) and only placed recorders in the room at the beginning of the consultations, which very likely maintained the natural speech production. In the second case, the extracts were organised by section of the consultation and listening to the entire section was not necessary in order to introduce key lexis and linguistic features for study.

The true strength of this study is that of exposing students to the "black box" of medical consultations (Brookes & Hunt, 2021), to which they would have very little possibility to study in a usual context, and which are a rare resource in general in EMP, particularly due to privacy and ethical reasons. Therefore, the strengths can be considered as outweighing any potential limitations.

5.2 Concluding Remarks

The aim of this study was to contribute to the field of EMP through designing a course which made use of authentic materials and to assess the feasibility of such with a B2 level language group while also considering student motivation levels. Furthermore, authentic materials were analysed as a source of scientific lexis and student assimilation of such terminology was assessed through their final production and application of terminology. The materials chosen for the lesson series proved to be accessible in terms of language level for the students with very few stating that the authenticity of the text created comprehension issues. Moreover, the utility of introducing authentic texts was appreciated by the students, who demonstrated that they positively engaged with the texts and in particular the "realness" of the consultations. Therefore, it can be concluded that authentic listening (in this case medical consultations) is appropriate for use within the EMP classroom with a mixed ability group, as was the case in this study.

As regards student motivation and terminology assimilation, the feedback gathered from the students clearly indicated a positive impression of authentic materials, which would appear to have motivated students despite the mixed asynchronous-synchronous nature of the lesson series. Indeed, the mixed nature of the course itself was also well received by students who appreciated the extra learner autonomy afforded to them. Engaging with the transcripts appears to have provided the relevant opportunity to notice language patterns as well as scientific terminology and provided an appropriate model in order to be able simulate a similar dialogue within their own medical specialty of interest. The staging of the lessons seems to have helped in guiding students towards the final product and provided a building block to be able to develop a variety of skills ranging from receptive to productive. Therefore, it can be concluded that authentic materials, in the form of medical consultations, provide an extremely relevant source of linguistic patterns and lexis which can be exploited in a number of different ways within an EMP context.

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