The Development of Medical English Workshops to Improve the English Communicative Abilities of Thai Medical Professionals

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ABSTRACT:

This study follows the research and development process for the creation of a series of communicative medical English workshops' designed specifically for Thai Medical Professionals (TMPs) working within the Thai international hospital industry.

The first objective of the study was to identify the English communicative needs of the Thai Medical Imaging Professionals (TMIPs) through the use of data collection instruments including needs analysis surveys, TMIPs' and Foreign English Speaking Patients' (FESPs) interviews as well as observations conducted by the researcher/instructor.

The second objective of this study was to design and develop a series of medical English workshops that addressed those discovered language needs and communicative 'challenges' discovered in phase I.

The study was divided into three phases, Phase I was associated with the first objective. Phase II and Phase III were associated with the second objective. Phase I consisted of a needs analysis and situational analysis exploring the communicative challenges experienced by the TMIPs when interacting with FESPs. Phase II consisted of designing a medical English workshops' curriculum and having it evaluated by a TESOL expert before implementing in Phase III. Phase III of this study involved the implementation and evaluations of the workshops at their ability to improve the English communicative abilities of the TMPs.

Data analysis found that Phase I discovered six 'challenges' that were experienced by the majority of the TMIPs while interacting with their FESPs in the Thai international hospital environment.
These discovered challenges are as follows:

1. *Challenge 1*- Confidence
2. *Challenge 2*- Failure by the TMIPs to Provide Adequate Information/ Explanations
3. *Challenge 3*- Perceived Impoliteness by the FESPs
4. *Challenge 4*- Pronunciation
5. *Challenge 5*- Understanding Diverse Accents
6. *Challenge 6*- Underdeveloped Vocabularies

Participants in Phase I of this study consisted of 15 TMIPs from both of the participating hospitals while Phase III of the study consisted of 20 Thai Medical Professionals (TMPs) from Hospital #1 and 4 TMIPs from Hospital #2 who participated in the developed workshops. The collected data was analyzed using descriptive statistics and descriptive analysis.

Data analysis found that the implemented medical English workshops evaluation scores from the TMP learners were interpreted to be "Very Effective" in the overall mean score from Hospital #1 while Hospital #2 had an overall mean score indicating that the workshops were 'Effective' in improving the English communicative abilities of the TMPs. Evaluations of the workshops effectiveness were also recorded by the instructor's evaluations of the learners' progress using observations utilizing an English language fluency rubrics (ACTFL/ETS rubrics). This showed improvements in learners' English fluency from Hospital #1 with workshops' #1-2 rated as Novice-High at the beginning of the workshops and ending with a level of Intermediate-Low. The third workshops' score was higher, starting with Novice-High and ending with an increased level of Intermediate-Low. Learners from Hospital #2 were rated for workshops #1-2 as beginning with Novice-Mid level and ending with Novice-High. The third workshop had higher ratings with the learners beginning at Novice-Mid and ending at a higher Intermediate-Low level. The last piece of evaluative evidence came from the written evaluations by the Thai Medical Imaging Professional Supervisors. For Hospital #1 the supervisor wrote, "This workshop is beneficial and allows us to learn the pattern of the sentences which can be used in daily situation." The supervisor from Hospital #2 wrote "we think that the workshops for technologist have been developed in English, which is useful with a number of foreign patients."

1.Background and Rationale

In recent years medical outsourcing has become commonplace within the global medical context with "more than 780 million patients seeking healthcare abroad" in the year 2012 alone. (Stolley and Watson, 2012, p.16) Many analysts believe that this market will continue to grow and according to some experts, "the big private Thai hospitals will inevitably expand to become greater regional providers of services" and that eventually "western governments and insurance companies will increasingly look to outsource

patients in the future in order to reduce costs and waiting lists." (Cohen, 2008, p.24) It has been estimated that "the medical tourism market was around US$ 2 Billion in 2011 and it is expected to be more than double that by 2015" according to marketpublishers (2011).

Presently, the medical tourism industry continues to progress and this has placed ever-greater demands for proper English communications training to be offered to the healthcare professionals working within the international hospital industry. According to the 2008 Treatment Abroad Survey of 650 English speaking medical tourists, poor language communication was the most commonly named shortcoming of overseas providers. As one source reported, "Poor communication can make the difference between a great patient experience and a disappointing one" (Treatments Abroad Survey, 2008, para.3). Larson (2009, p.10) believes that, "hospitals need to focus on 2 principles to improve patient care, the first is to advance patient-centered care, focusing on respecting the needs and perceptions of each individual; and to provide culturally competent care, which takes into account race, language, religion, and other cultural differences". Larson (2009, p.10) criticized that, "If hospitals are interested in safety and quality, language and culture need to be addressed in every department; it has to be part of the hospitals' goals and strategy." Larson (2009, p.10) goes on to explain that "It can't be an ancillary service; it must be a funded core service." McFarland (2009, p.173) stated that, "Good communication skills are integral to medical and other healthcare practices. Communication is important not only to professional-patient interaction, but also within the healthcare team".

In this global market of international medical tourism, countries like Thailand have been especially active in providing high quality medical treatments/procedures for fractions of the current medical prices paid in the 'west'. (Stolley and Watson, 2012) Thailand's dominance in this industry is a result of a multitude of factors which, include offering the highest quality and readily available medical services at the most competitive international prices while enabling patients to choose their own level of care depending upon their budget range.

The country of Thailand was recently reported to be the number one medical tourism destination in all of Asia, in competition with India as the world's leader in international privatized healthcare. As Newsweek magazine reported in 2009, "travelers are going abroad for routine required surgeries and procedures more frequently." (Butler, 2009, para.1) Analysts estimated that by the year 2012 "medical tourism would turn into a $100 billion dollar international industry."

One important reason for people choosing to have medical treatments and procedures performed in Thailand involves the cheaper costs and added benefits of private rooms, on-the-call medical staff, and individualized dietary services offered within an international hospital settings. The reasons for these lower costs in Thailand's hospitals as well as other developing nations' medical hubs, can be better understood through Herrick's (2007, p.1) broader description that exclaims, "Prices for treatments are lower in foreign hospitals for a number of reasons. Labor costs are lower, third parties

(insurance and government) are less involved or not at all involved, package pricing with price transparency is normal, there are fewer attempts to shift the cost of charity care to paying patients, and there are fewer regulations limiting collaborative arrangements between health care facilities and physicians, and malpractice litigation costs are lower."

Thailand's medical industry generally interacts with three different groups of foreign English speaking patients (FESPs) who commonly seek healthcare in Thai international hospitals.

1. The first group of people requiring healthcare services in Thailand consists of foreign medical tourists going to Thailand exclusively for specific types of routine surgeries and medical examinations (medical tourists). These people are by far the largest spenders on healthcare and are the ones who often return for further treatments and examinations. These 'true medical tourists' also tend to advertise through word-of-mouth to their friends back home about the great services and cheap prices of the medical care that they'd received. As a result, it has become increasingly popular in recent years for groups of people to travel together on 'medical holidays' combining both surgeries with holiday tour packages and 'beach-time' in tropical settings.

2. The second group of people often requiring Thai medical services are the non-medical tourists or 'holiday' tourists. Although these people do not directly come to Thailand for medical treatments it is possible that they will encounter some type of medical problem or accident while visiting the country. Oftentimes these accidents require hospitalization with a combination of surgeries and diagnostic procedures. Accidents for the most part, tend to involve 'holiday' tourists renting 'motorbikes' for transportation and are unaware of the substantial health risks involved. Most of these tourists are unfamiliar with the different road traffic patterns that exist in Thailand and as a result, accidents of this nature can be quite common. According to some, accidents by foreigners driving motorized two-wheeled vehicles are commonplace in Thailand. According to Michaels (2012, para.1), "the most dangerous thing that you can possibly do in the Land of Smiles is to drive a motorcycle." According to Statistics from the World Health Organization regarding international road safety, "Thailand has a 'traffic related death rate' nearly 3 times that of the United Kingdom (per 100,000 people)" according to Traffic and Traffic Rules (2013). Tourists who are unfortunate enough to experience these types accidents are most often extremely confused and scared about their present situations. This stress and fear deeply affects these individuals' emotional state and as a result, they are often in dire need of empathetic and reassuring moral support from the attending Thai medical staff.

The third group of foreign English speaking patients (FESPs) that require Thai medical care are the foreign ex-patriots living within the Kingdom of Thailand. This group consists mostly of middle to late aged adults who have retired in the country and require medical care for both routine and the emergency procedures. These patients also often require special English speech focusing on the use of caring empathetic tone and patience when dealing with geriatric patients.

Presently, Thailand is trying to successfully compete with the other neighboring nations serving in this global medical tourism industry, namely places like Singapore and India where the populations' English skills are more proficient than that of Thailand's (Larson, 2009). Recently, multiple reports surfaced indicating that the country of Thailand is falling behind in its English speaking abilities compared to that of other neighboring Southeast Asian nations. As City Life Chiang Mai magazine (2013, para.3) recently reported "Poor English skills are a worrying trait for a country that plans to compete in a globalized workforce". The small amount of competent adult English-speakers makes Thailand's international future seem gloomy in comparison to nearby countries, especially in the face of the ASEAN Economic Community launch". Some believe that these communicative challenges derive from Thailand's decreased effort to keep in pace with the growing demands for better English language education. This quote refers to the challenges that Thailand will face in the year 2015 when 10 Southeast Asian countries will combine to form the single ASEAN (Association of South Eastern Asian Nations) Economic Community or AEC (Asian Economic Community).

The AEC (Asian Economic Community) or ASEAN (Association of South Eastern Asian Nations) Community is a combination of 10 Southeast Asian and East Asian countries that are combined into one union. Much like the European Union (EU) implemented in 1998, the AEC would provide certain trade agreements as well as the ability of skilled laborers to work among the participating member nations with little restrictions.

When the AEC plan is implemented in 2015, the English language will serve as the only medium of communication and information exchange between the ten different Southeast Asian nations involved and this will in turn directly affect Thailand's future. According to Runckel (2012), "Thailand has not given enough attention to improving its English skills throughout its educational system and now is in a somewhat weaker position to countries such as Vietnam who have given increased attention to this and also benefit from having a western alphabet that makes the learning of English in both reading and writing easier than in Thailand" (Runckel, 2012, para.5). As the Bangkok Post recently reported, "Thailand may find itself at a disadvantage because of inferior English skills when Southeast Asia becomes a single community, academics and industrialists have warned" (Marukatat, 2012, para.1). As the Bangkok Post newspaper recently reported, "better English speaking countries in ASEAN, such as Singapore, Malaysia and the Philippines will have an advantage over countries like Thailand due to their higher levels of English communicative abilities." (Murukatat, 2012, para.5)

The Thai Medical Professionals or TMP's, employed in Thai international hospitals are often required to communicate in the international lingua franca (English) on a daily basis in order to meet the challenges of today's high paced modern healthcare environment by providing caring and competent service at competitive prices. As Koh-Shun (2004, p.26) reported, "healthcare personnel must overcome language and cultural gaps, learning to communicate better in foreign languages and to be able to understand and care for those who come from a different culture." This points out the need for medical staff to learn the different cultural and 'sociolinguistic aspects' of actually using

the English language in a polite and empathic way.

1.1 Risks from Miscommunication in Medical Imaging

Many medical imaging tests involve some type of a risk to the patients' safety, as is the case in X-Ray, Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) where exposure to ionizing radiation or to an intense magnetic field can pose different concerns for the patients' health and safety. This concern for patient safety is apparent in all aspects of medical imaging department and requires that the Thai Medical Imaging Professionals (TMIPs) give clear and coherent instructions to their patients at all times. It is paramount that TMIPs possess the ability to properly record patients' prior medical histories for all of the procedures, but this is most crucial in the case of MRI examinations.

In MRI examinations, failure of the TMIPs to identify patients who have received prior metal implants in their bodies from previous surgeries can result in injury and even death. Indeed, in the past, many deaths have occurred due to improper patient interviewing techniques that failed to identify patients who had received prior incompatible MRI aneurysm clips implanted in their brains (MRI Scanner Accidents on the Rise, 2005). Another threat to patient safety involves patients who have previously had pieces of metal shrapnel left in their body from prior military conflicts and industrial accidents. These pieces of metal can often heat up causing severe burns inside the patients' body while they are inside the machine. Some metal fragments may even remain in the eyes for many years and go unnoticed until subjected to the intense magnetic field of an MRI machine. Once inside the magnetic field of the machine, the metal can twist and move inside of the eye causing partial and even permanent blindness to occur.

Many examinations in the modalities of MRI and CT also may require additional injections of contrast media or "dye" that can cause allergic reactions and even anaphylactic shock to occur within patients who have allergies to these types of chemicals. Needless to say, the inherent need for proper screenings and communication to occur in these types of examinations is paramount.

When reviewing these risks, it becomes clear of the importance behind proper English communication to occur in these medical situations. Failure to identify prior surgeries involving metal implants can literally mean the difference between life and death for some patients.

This study aimed to identify the communicative challenges that the TMIPs (sub group of TMPs) experienced while caring for Foreign English Speaking Patients (FESPs) in the Thai international hospital environment. This study's purpose was to develop communicative English workshops for TMPs (Thai Medical Professionals) in order to improve their communicative abilities and to provide a safer and a more friendly healthcare environment where every FESP can feel comfortable and safe while receiving medical treatments and care.

1.2 Objectives of Study

1. **First Objective:**
   To identify the English communicative 'challenges' of Thai Medical Imaging Professionals (TMIPs).

2. **Second Objective:**
   To develop a medical English workshops' curriculum to improve the English communicative abilities of the Thai Medical Professionals (TMPs).

1.2 Significance of the Study

As the world continues to move closer to the formation of the ASEAN community in 2015, the country of Thailand continues to experience growth in its medical tourism industry. In this expansion process it makes sense for the paying customer, in this case the FESPs, to be kept informed of exactly what events will take place in their medical procedures and examinations. It also becomes important for the patients to feel that they, too, are a part of the decision making process. This is in contrast to 'healthcare' in the western countries of the world where the system is designed so that the important decisions are decided by the other parties involved, such as the healthcare insurance companies, the hospitals and the individual physicians. One of the problems with this type of care however, is that these important healthcare decisions are weighed according to the costs and not the necessarily according to what is in the best interests of the patients' well-being. Due to inherent deficiencies in the western model, many people have looked elsewhere for their medical care.

Thailand is a country that prides itself on allowing private patients the ability to manage their own quality of healthcare depending upon the amount of money people are willing to spend. Many of these medical tourists have never been to the country of Thailand before however, and for them, it can be a bit of a "culture shock" or difficulty in adjusting to the different foods, language and culture of a different environment. Many times, miscommunications and feelings of disrespect arise that are not intended, rather just culturally related differences seen between the Thai and international English-speaking communities. These differences in culture and religion and the way a language is used are quite different in the Thai language from that of English. One important difference concerning the Thai language is that tone and volume are used for the meaning of words and not for the expression of feelings or emotions of the speaker (socio-pragmatics) involved.

1.3 Scope of the Study

The focus of this study was to investigate the English communicative 'challenges' experienced by TMIPs while they are interacting with FESPs through the use of mixed method research instruments employed at two different Chiang Mai international

hospitals' medical imaging departments. From the analyzed results, a series of communicative medical English workshops were developed and implemented at these two participating hospitals in order to improve the English communicative abilities of the larger group of TMPs. Each of the three workshops implemented were approximately two hours in duration and consisted of a multitude of medical English communicative activities focusing on a task-based learning approach. These developed workshops were used as pilot studies in order to evaluate the curriculums' effectiveness at improving the English communicative skills and cultural awareness of the TMPs.

Participants that were studied in phase I consisted of a homogenous group of 15 learners who were all certified TMIPs from two international hospitals located in the city of Chiang Mai, Thailand.

Participants in phase III of this study were a mixed heterogeneous group of Thai Medical Professionals (TMPs) from one of the hospitals and a homogeneous group of TMIPs from the other participating hospital. Each workshop contained a different number of participants that included the Thai Medical Imaging Professional Supervisors' (TMIPSs).

The content for the workshops was developed from the results discovered during the needs analysis and situational analysis portions of this study conducted during Phase I. Content focused on English communicative activities that encouraged learner centeredness and self-discovery following the use of a Communicative Language Teaching (CLT) approach integrating task-based learning (TBL) and group activities to promote learning and discovery of the language. It used formative evaluation, the constant revision of content and materials according the observations made by the researcher/instructor during the ongoing workshops. The researcher/instructor noticed that there were problems with the content of the workshops, which were revised continually through out the implementation part of phase III.

The variables in this study included both the dependent and independent variables. The independent variables consisted of the developed workshops' curriculum and the dependent variables included the English communicative abilities of the individual learners (TMPs) participating in those created workshops.

1.4 Researcher's Background

The researcher is currently licensed in the MRI (Magnetic Resonance Imaging) and X-Ray (Radiologic Technology) and has worked professionally in both medical imaging modalities for over 6 years while residing in the United States of America. This prior experience has helped the researcher to understand the intricate details involved in successful patient communicative interactions when dealing with examinations, interviews and safety screening evaluations. Due to the similar standards of operating procedures found in most hospitals throughout the world the researcher believes this prior experience helped to guide this study when investigating the communicative challenges present in Thai international hospitals. The researcher developed and evaluated a method

of instruction that focused on the 'real-world' English needs of the Thai medical professionals (TMPs). Employing the use of both "generalized interviewing and patient screening scenarios" involving a combination of role-play and group activities which were aimed at developing improved speaking and listening skills while enhancing the learners' confidence in practice of the actual language use.

Chapter 2
Literature Review

2.1 Communicative Language Teaching (CLT)

The Communicative Language Teaching (CLT) approach evolved as an improved language teaching methodology and gradually replaced the previous Grammar-Translation method and Audio-Lingual methods as the most favored teaching method. CLT originated from the changes in the British Situational Language Teaching approach dating from the late 1960s when Audio-Lingual was the most accepted method (Richards and Rodgers, 2001). CLT makes use of task-based activities along with pair and group work to achieve interactive classroom environments where communication and practice in fluency are the aim. Nunan (1989, p. 10) believed that tasks included "any classroom work which involves learners in comprehending, manipulating, producing or interacting in the target language while their intention is principally focused on meaning rather than form".

2.2 English for Specific Purposes (ESP)

English for Specific Purposes (ESP) is the broad term used to classify language course material that focuses on specific types of information unique to certain groups of learners

This study could be classified as an EOP and an EAP combined into an "ESP as a multi-disciplinary activity" in the curriculum development (Dudley-Evans and St John, 1998, p. 17). Dudley. According to Munby (1978, p. 2), "ESP courses are determined in all essentials by the prior analysis of the communication needs of the learners".

2.3 Authentic Assessment:

Authentic assessment uses collection methods that measure real-world speech created in role-play, interview and interactive classroom situations. Using authentic assessment is an effective way to teach and assess as it sets learners up for success. It gives meaning to assessment tasks and students learn skills in real life contexts that can then be later used in real-world occupational situations. According to Brady (2012, p. 45), "Authentic assessment has many benefits, the main benefit being that it ensures student success."

2.3.1 Learners' Self Assessments in Phase III.

For Phase III of this study, self-assessment was chosen in combination with other data collection instruments in a triangulation approach aimed at evaluating the effectiveness of the created workshops in their ability to improve the English communication skills of Thai medical professionals TMPs. Learners' were given survey questionnaires at the end of each of the 3 developed workshops. These questionnaires were used to elicit the learners' perceptions about the effectiveness of each of the workshops and how it was reflected in their learning process.

"Self-assessment helps teachers individualize their lessons based on the goals the students have identified. Self-assessment gives teachers the necessary information to choose activities that match the different learning styles of their students" (Retrieved from http://www.learnnc.org/lp/editions/linguafolio/6324).

2.4 Cultural Considerations

Due to the differences in cultures, ESL students learning English often need to be trained in both the language grammar as well as the cultural aspects of the language's use so it can be spoken appropriately and in the appropriate context. Certain key aspects of the English language that are viewed by society as acceptable in certain situations must be learned first and then used in order to show that a professional staff member has cultural sensitivity and empathy towards the other person. Learning these finer points of language's underlying meanings and cultural significance is very important as it can directly effect the outcomes of a medical interactions between patients and medical staff.

This study focused on the linguistic performance levels of the TMP's but also included training of what is considered to be "culturally accepted" usage of the English language and considered to be 'polite' by most people in the global context. Certain key aspects were examined, such as when the use of phonology along with certain empathetic and affective phrases can be to make patients feel more at ease and comfortable. One of the most frequently heard complaints that the researcher had personally witnessed in Thai hospitals was that the Thai Medical Professionals were oftentimes perceived as being impolite as perceived by some of the FESPs. The word 'polite' in this context means to show 'empathic and cultural sensitivities towards the other person'. Certain polite English phrases that might sound something like 'please have a seat' and 'may I please have your name" versus impolite phrases such as 'sit down' or 'give me your name'. The subtle differences can mean all the difference in the world to an FESP who has fallen ill or has been subjected to injury while traveling or living abroad. In the end, how a patient is treated emotionally through the use of polite and caring English language will ultimately determine how the patient perceives the medical experience as a whole and will decide whether or not they will return for services in the future.

This study found that cultural differences seen between the Thai people and people from other international communities caused a lot of miscommunications and even 'hard feelings' felt by the FESPs. These factors have been focused on concerning the study's developed curriculum by creating activities that focus on understanding the different ways that cultures show respect for one another and make bonds through

language (socio-linguistic and pragmatic aspects).

For the medical professionals' around the world one of the most important aspects of their job is to develop a trusting and positive rapport with their patients. This trust and cooperation usually involves language and the polite aspects involved in its proper usage. This would include the sociolinguistic aspects of internationally accepted polite behaviors and speech used while in the medical context. This international accepted standard of 'politeness' is expressed in many languages and for some cultures of the world like Thailand and Japan, the use of a language feature known as 'honorifics' is used. Honorifics is used by adding prefixes and suffixes to the language to denote polite titles of respect as well as status levels in the relationship between the two people involved in communication. (Ryall, J. 2013) The idea that politeness is involved in social indexing may be interpreted as the idea that politeness is socially appropriate behavior and what is socially appropriate depends on the speaker's social position in relation to the hearer. This idea, too, appears in some form, in most studies that have been focused on politeness.

Some theorists believe that 'politeness' is associated with 'face' or the respect of the other person involved in the conversation. Brown & Levinson's (1987) theory represents the face-saving view, and builds on Goffman's (1967) notion of face and on the English folk term, which ties up the term 'face' with notions of being embarrassed or humiliated, or 'losing face'. "The uses of each (politeness strategy) are tied to social determinants, specifically the relationship between speaker and addressee and the potential offensiveness of the message content" (Brown and Levinson 1987, p. 2). According to Brown and Levinson (1987, p. 15) "In broad terms, research seems to support our claim that three sociological factors are crucial in determining the level of politeness which a speaker (S) will use to an addressee (H): these are relative power (P) of H over S, the social distance (D) between S and H, and the ranking of the imposition (R) involved in doing the face-threatening act (FTA)." For Watts (2003: 96), "the weightiness/seriousness of a face-threatening act is a combination of the social distance between speaker and hearer, the power differential between the hearer and speaker, and the ranking of impositions. According to Watts (2003, p.17) "the language a person uses to avoid being too direct, language which displays respect towards or consideration for others', or language that displays certain "polite" formulaic utterances like please, thank you, excuse me or sorry." Ting-Toomey (2005) also makes an important distinction between individualistic and collectivistic value tendencies among eastern and western cultures. He believes different cultures cannot be simply defined as either individualistic or collectivistic, but if individualism versus collectivism is interpreted as a value dimension, it can serve as a frame in explaining why individuals differ in their face expectations and face concerns in different cultures especially when comparing East versus West.

According to Ryall (2013) "We must study the whole gamut of signs available to speakers to express their evaluation of status or rank, affective stances such as respect, social distance, disdain or aggressiveness, or even to project specific social personae", she said. "The manipulation of honorific systems plays only a partial role in this semiotic

behaviour." The English language system seems to lack this added polite aspect of respect and show of status used in everyday spoken English (honorifics) and instead relies on phonology and context combined with polite English structures to show respect and politeness. Ryall (2013) states, "Although some languages, such as Japanese, may have dedicated linguistic devices specifically devoted to the expression of politeness-related meanings, polite attitudes and polite behavior can and are expressed in any language—even in the honorific-poor English."

According to Eelen (2001, p. 20-29), not only is the notion of politeness used as a strategic conflict-avoidance strategy, but also the notion of politeness is used as social indexing to some extent in various frameworks of politeness. Many different definitions have been associated with the term 'politeness' and within each culture is a specific culturally accepted 'norm' involving the polite usage of the language. The idea that politeness is involved in social indexing may be interpreted as the idea that politeness is socially appropriate behavior and what is socially appropriate depends on the speaker's social position in relation to the hearer.

Another area of cultural linguistics that interferes with second language (L2) acquisition and understanding is the linguistic transfer between the L-1 and L2 languages. These 'transfer errors' as they are known, often involve different grammatical subsystems of language including morphology, syntax, phonology and semantics (O'Grady and Dobrovolsky, 1989). This study found that many types of transfer errors or inter-lingual errors were made by the TMIPs involved the incorrect use of phonetics (involving tone and intonation) and syntax (involving the mis-ordering of words) when transferring from the Thai to English language. These inter-lingual errors according to O'Grady and Dobrovolsky (1989, p. 310) "are the result of L1 interference, implying that some structure of the native language has been transferred to the second language."

Cultural differences are one of the main causes that give rise to pragmatic failures and as many teachers and linguists have realized the importance of cultural teaching and that there is no way to avoid teaching culture when teaching language (Hinkel, 1990).

Chapter 3
Methodology

The **1st phase** focused on the collection of data in the needs analysis and situational analysis of the TMIPs in their occupational settings. The instruments included, surveys, interviews and observations of the TMIPs. Interviews and observations were also used for data collection from FESPs currently receiving or who had previously received medical services at either of the participating hospitals. Semi-structured interviews were conducted with both of the participating hospitals' medical directors in order to examine the 'hospital's' views about English training at their facilities.

The **2nd phase** of this study involved the design of the workshops' proto-syllabus and the TESOL expert's evaluation of the proto-syllabus design. The TESOL expert evaluated the curriculum design of the proto-syllabus and documented this in a survey

styled evaluation form. The TESOL expert also met with the researcher and discussed the issues involving methodology and revising the curriculum to include a PPP (Presentation, Practice and Production) styled approach combined with learners' self-evaluations as a focus for assessing the workshops' effectiveness as well as reflecting on their own learning behaviors instead of being assessed through the more traditional styles that included stressful tests.

The **3rd phase** of this study involved the workshops' implementation and the evaluation of the workshops' effectiveness at improving the English communicative abilities of the TMPs. For evaluation purposes, this phase involved instruments that included the researcher/instructor's observations of the learners' workshop performances as well as the learners' workshop self evaluations combined with the TMIP supervisors' post-workshop written evaluations.

3.1 Context of Study

The context of this study consisted of two Thai international hospitals located in the city of Chiang Mai, Thailand. The first hospital chosen for this study was a privately run hospital that treats a large number of FESPs on a daily basis for both emergency and elected treatments. This 350-bed facility was the most important in the study due to its heavy involvement with the Thai medical tourism industry and therefore estimated to have an increased need for on-the-job communicative English training for its staff.

The other hospital used in this study was a privately run Christian hospital that dealt with a smaller number of FESPs on a daily basis than the first hospital. It contained 400 beds and served approximately 1000 patients per day of which estimates of 20-30% consisting of FESPs. Most of these patients were foreign English speaking 'ex-patriots' who had been living in the kingdom for many years.

3.2 Participants of Study

The participants in Phase I of this study were Thai medical imaging professionals (TMIPs) chosen from the radiology departments of the two participating Thai international hospitals. For the 1st phase of the study involving surveys, observations and interviews in the needs analysis and situational analysis portions, participants were chosen at random by their supervisors. There were 8 Thai women and 7 Thai men combined from both hospitals with ages ranging from 23 to 52 years old. The average age of the participants was thirty-two years old and they were all multi-trained in other imaging modalities (X-ray, CT and MRI). These particular staff members were used as a sample for the larger population consisting of 'Thai medical professionals' TMPs who are Thai people employed in all of the departments who have direct contact with FESPs in Thai international hospitals.

The second group of participants in Phase I of this study included six FESPs who had received prior healthcare services in at least one of the two participating hospitals.

These participants were all males in gender due to random sampling and availability at the time of the interviews. They had all received different Imaging services from X-ray and MRI to CT while in the hospitals.

Phase II of this study involved the assistance of a TESOL (Teacher of English to Speakers of Other Languages) expert who was instrumentally involved in the revision process of the proto-syllabus curriculum and offered valuable advice on the methodology and actual application of a non-threatening type of assessment and evaluation.

Phase III of this study, consisted of the implementation and evaluation of the workshops' curriculum. Participants at Hospital #1 were TMPs chosen by purposive sampling from many different hospital departments while participants from the other hospital were only TMIPs chosen only from the radiology department. Each workshop contained different numbers of learners and this is reflected in Table 1. These participants were all considered to be medical professionals despite being from different departments and were therefore deemed to be acceptable participants for participation in this study. The researcher used purposive sampling techniques that studied samples in order to represent a whole population, in this case being the Thai Medical Professionals employed in Thai international hospitals. These participants from different departments were different for each of the 3-implemented workshops at HOS #1 and this is due to the hospital's last minute requests to incorporate staff from different departments into the workshops. The researcher/instructor thought it would be best to accept this challenge of such a diversified group and made some minor adaptations to the curriculum to accommodate for this change.

3.3 Data Analysis

This study used both statistical and descriptive data analysis in order to obtain qualitative and quantitative data.

The data collected from phase 1 of this study included the interviews of the TMIP's, FESPs and the hospital director/administrators and was analyzed by the use of qualitative analysis. This ensured that the information concerning specific aspects of English communications were recorded and analyzed appropriately. Data collected from the researcher's observations in both Phase 1 and Phase 2 were analyzed using a descriptive analysis method. The questionnaire/survey portions of this study were analyzed using statistical data analysis comparing and contrasting the central tendencies that included mean averages, frequencies and the mode of the numerical data. The standard of evaluation chart featured below in fig 12 was used to interpret the effectiveness of the workshops according to the statistical scores *(Adapted from Wongsothorn, A.: 2001).*

3.4 Curriculum Design

Data collected during the situational and needs analysis portions of this study was used in combination in order to develop specific communicative medical English workshops designed for specifically for the learners. The topics for these workshops were determined from information in both the 'situational analysis' and 'needs analysis' portions conducted during Phase I of this study. From the results of the surveys, interviews and observations in Phase I, the curriculum proto syllabus was designed following a communicative language teaching (CLT) approach combined with traits of a Presentation, Practice and Production (PPP) styled approach.

The curriculum materials were focused on two main parts of the English language that was identified as causing the most miscommunication challenges experienced by the TMIPs.

The workshops' curriculum design consisted of a series of activities that put the learners first in a communicative atmosphere facilitating an interactive environment with specific target language usage. As described by Pandey (2013, p. 42) that according to Chapman (2009), he "aimed to improve communication in healthcare settings by establishing a patient-centered healing environment in which open and transparent communication was the norm".

The workshops involved role-plays, interview scenarios as well as 'polite' vocabulary used in everyday medical English speech. This followed the Communicative Language Teaching (CLT) approach on top of a functional syllabus focusing on the structures and phrases that TMPs' use on-the-job. As Richards (2006, p. 11) described, a functional syllabus is structured "according to the functions the learner should be able to carry out in English, such as expressing likes and dislikes, offering and accepting apologies, introducing someone, and giving explanations". Topics in the workshops were based on this and included titles like polite greetings and introductions, polite requests and permissions as well as polite responses to common patient complaints.

Table 1 Medical English Workshop Series Syllabus

Workshop	Objectives	Content	Duration	Activities	Assessment
Workshop #1 **Polite Greetings and Introductions**	**1. Learners will be able to politely greet patients** **2. Learners will be able to politely introduce themselves**	**I. Polite Greetings** **II. Polite Intro** **III. Phrasal Verbs**	**95 min**	**1. Warm-up** **2. Word Scramble** **3. Group Discussion** **4.Warm-Up** **5.Class Mingle** **6. Self-Assessment**	**1. Learners' Self-Evaluations** **2. Instructor's Evaluations** **3. Supervisors' Evaluations**

Workshop #2 **<u>Polite Permissions and Requests</u>**	**1. Learners will understand the use of polite permissions and requests** **2. Learners will know how to politely ask for permissions** **3. Learners will know how to politely make requests**	**I. Polite Modal Verb Phrases** **II. Use of Request Questions**	**120 min**	**1. Warm-Up** **2. Discussion** **3. Fixed-Dialog** **4. Free-Dialog** **5. Self-Assessment**	**1. Learners' Self-Evaluations** **2. Instructor's Evaluations** **3. Supervisors' Evaluations**
Workshop #3 **<u>Polite Responses to Patient Complaints</u>**	**1. Learners will understand the common reasons for patient complaints** **2. Learners will know how to politely respond to patient complaints**	**I. Common Patient Complaints** **II. Polite Responses** **III. 3 Step System**	**120 min**	**1. Warm-Up** **2. Word Scramble** **3. Fixed-Dialog** **4. Free-Dialog** **5. Self-Assessment**	**1. Learners Self-Evaluations** **2. Instructor's Evaluations** **3. Supervisors' Evaluations**

Chapter 4
Results

The following table 2 shows the results of the needs analysis questionnaire pertaining to the TMIP's personal information located in Part 1. Part 2 contained questions about the "wants" and what they felt were the most important skills to focus on for their particular profession.

Table 2 Important TMIPs' Results: Part 1

Group	Subgroup	Frequency #	Percentage %
Gender **<u>Hospital #1+2</u>**	**Male** **Female**	**7** **8**	**46.6%** **<u>53.3%</u>**
Age **<u>Hospital #1+2</u>**	**20-30 %** **30-40 %** **40-50%**	**7** **5** **3**	**<u>46.6%</u>** **33.3%** **20%**
Estimated Number of English-Speaking Patients **<u>Hospital #1</u>**	**20-30%** **50-60%** **60-70%** **70-80%**	**1** **2** **4** **1**	**14%** **29%** **<u>57%</u>** **13%**

Estimated Number of English-Speaking Patients **Hospital #2**	**0-10%** **10-20%** **20-30%** **30-40%**	**0** **7** **0** **1**	**0%** **87%** **0%** **13%**
Time spent practicing English outside of work **Hospital #1**	**0-10%** **10-20%** **20-30%**	**3** **3** **1**	**43%** **43%** **13%**
Time spent practicing English outside of work **Hospital #2**	**0-10%** **10-20%** **20-30%**	**4** **3** **1**	**50%** **37%** **13%**
Received English training while working for this hospital **Hospital #1**	**Yes** **No**	**4** **3**	**57%** **43%**
Received English training while working for this hospital **Hospital #2**	**Yes** **No**	**0** **8**	**0%** **100%**

Part 1: TMIPs' Personal Information: Results

Data was collected from two separate groups of learners, the first group consisted of TMIPs who worked at Hospital #1 (HOS #1) and the second group contained TMIPs from Hospital #2 (HOS #2). The first group from HOS #1 were mixed between 3 males and 4 females for a total of 7 TMIPs. 8 TMIPs from HOS #2 were surveyed and contained 4 females and 4 males. All TMIPs mainly conducted X-rays but often rotated around to the other modalities like Magnetic Resonance Imaging (MRI) and Computed Tomography (CT). Observations conducted by the researcher confirmed that both of the hospitals chose professionals who possessed the best English-communicative abilities to operate the CT and MRI machines most of the time. These professionals were trained "in-house" and operated under the Radiologist's MRI and CT licensures issued by the Thai Society of Radiologic Technology (TSRT).

TMIP's ages from both hospitals were combined in order to find out the frequencies for each of the age groups. The largest group measured 46.6% and contained TMIPs ranging in age from 20-30 years old. The next group consisted of 30-40 year olds who made up 33.3% of the group. The last group was between the ages of 40-50 year olds made up 20% of this research group.

Table 3 TMIPs' Questionnaire Results: Part 2

Question #	Hospital #1		Hospital #2	
10. Want speaking skills in the workshops.	The Most A Lot A Little Bit	14% 71% 13%	The Most A Lot Some	37% 37% 25%
Want listening skills in the workshops.	The Most A Lot Some A Little Bit	29% 29% 29% 13%	The Most A Lot Some	37% 37% 25%
11. The English skills causing the most difficulty	Speaking Listening	57% 43%	Speaking Listening	37% 63%
* 12. Favorite class-room activities	Role-Play Group-Work Pair-Work Problem Solving Discussions	57% 43% 29% 13% 29%	Role-Play Group-Work Pair-Work Presentations Discussions	50% 25% 13% 25% 87%
13. What part of English do the TMIPs think they need the most help with	Accents Vocabulary Sentence Structure	13% 57% 29%	Accents Vocabulary Sentence Structure	75% 50% 13%
14. Estimated Frequency of Patient Complaints	A Lot Sometimes Not A Lot	71% 29% 0%	A lot Sometimes Not A Lot	13% 0% 87%
15. Type of Instructions that TMIPs give their patients	Pre-Exam During Exam Post Exam	100% 0% 0%	Pre-Exam During Exam Post Exam	100% 0% 0%
16. Gives Post-Exam Instructions	Yes Sometimes Never	71% 29% 0%	Yes Sometimes Never	87% 13% 0%
17. Willing to participate in the workshops	Yes No	100% 0%	Yes No	100% 0%
* 18. Material TMIPs wants to be included in the workshops	Video Interactive Activities Interviews	86% 29% 13%	Video Interactive Activities Interviews	37% 50% 13%

The developed needs analysis survey/questionnaires that were filled out by the TMIPs created a wealth of information regarding the language 'needs' for dealing directly with FESPs. It showed that there was a great need for more practice of the English speaking and listening skills as well as needed instruction in understanding the

polite cultural aspects of English language use (sociolinguistic aspects). These aspects included phonetic features such as accents, tones, rhythms and rates of speech. The survey/questionnaire discovered that most of the participants did not study very much English in their own time and the need for English in their profession was high.

Identified Challenges:

Challenge 1: Confidence

Identified that TMIP's experienced challenges with their levels of confidence and were very shy to speak the English language. Many of the observed TMIPs spoke too softly in their volume and with hesitation in their voices combined with incorrect tone, which made them difficult to understand from the foreigner's perspective (Interviewee #1). The TMIPs would often smile and shy away from repeating un-recognized words. This cultural shyness in speaking English aloud is something that seemed to be a large cultural challenge for Thai people in general and most certainly warrants further investigation. *(According to TMIP Observations, Interviews and Surveys)*

Challenge 2: Failure by TMIPs to Provide Adequate Information/Explanations

Identified that the TMIPs did not explain to their patients the sequence of events of the examinations/procedures. They also did not inform the patients of what would be expected of them, for example when to remain still or when to move during the examinations or even how to breathe. There was little explanation concerning the length of the examinations and this seemed to really stress the FESPs. The FESPs clearly had a different set of expectations and wanted to know the duration and the process or steps of the examination/procedures that were being performed. This ability to explain exams/procedures should be a 'must' for all healthcare providers due to the fact that for most people this becomes the largest stressor of the medical examination process, the "not knowing what's going to happen next" factor. This clearly seemed to be a cultural difference between Thai patients and the FESPs as observed by the researcher during phase I. Thai people that were observed did not seem concerned about the process nor the duration of the procedure/examinations for they seemed to have complete trust in the medical imaging professionals and their ability to correctly do their job in the medical context. For the FESPs on the other hand, it seemed that they did not trust many of the TMIPs to correctly perform the examinations/prodedures and therefore constantly asked what they were doing and what was going to happen next as well as how long it would take with short replies from the TMIPs that never seemed to adequately answer their questions. *(According to FESP Interviews, TMIP Surveys and Observations)*

Challenge 3: Perceived Impoliteness by the FESPs

Identified from the researcher's interviews of the FESPs concerning the TMIPs' perceived ability to speak politely with sensitivity and respect to their patients. In many cases this too, was a product of the cultural differences seen between Eastern and Western societies. When interviewed, the TMIPs did not really understand "how" to speak sensitively to the scared or sick FESPs. From the observations conducted in this study it seemed that the staff at both hospitals were only proficient in English phrases that

were commonly used in their everyday occupations such as simple questions and commands memorized through rote memorization. These instructions, seemed to lack the necessary "Pleases and May I's" (Polite Requests and Permissions "modal verbs") that foreigners are used to hearing and expect in a professional medical situation (expectations involving the sociolinguistic aspects of western culture). In almost all of the cases these language features were not learned from native English speakers and therefore lacked the proper intonation, tone and stress that would be necessary to show proper sensitivity and empathy for the patients. Another difference between the Thai and English languages is their different uses of 'tone' and intonation. With the Thai language the use of tone is used to show separate definitions of words and their meanings, in the English language the opposite is true. In the English language tone, volume, stress and intonation are all used in different ways to convey the emotional 'feelings' underlying actual words being spoken. Some of the TMIPs observed, seemed confused about these cultural aspects of the English language and when asked about previous training in this area, they responded that they had never received any training in this cultural aspect before and that it was new information. *(According to FESP Interviews and TMIP Surveys)*

Challenge 4: Pronunciation

Identified from the observations that the TMIP's often experienced challenges involving the pronunciation of certain words and phrases. Although the TMIPs knew the words and their definitions, their pronunciation of the words were often very difficult for the researcher and patients to understand, as was observed during the situational analysis in Phase I. This can cause some difficulties in the coherency of what the TMIPs are saying and can cause miscommunication problems when giving instructions to patients involving patient safety issues. *(According to FESP Interviews, TMIP Surveys and Observations)*

Challenge 5: Understanding Diverse Accents

Identified the difficulties for TMIPs to understand spoken English by the FESPs with thick accents and different pronunciation, especially people from countries such as Australia, England and Germany where the peoples' pronunciation and thick accents in English often made it very difficult to understand even for native English speakers. This corresponds with Gass's (2012) study involving Thai nurses in participating Hospital #2 of this study during the year 2012. Gass observed that learners experienced difficulties with their ability to understand different accents and pronunciation involved in spoken English. *(According to TMIP Surveys, Interviews and Observations)*

Challenge 6: Underdeveloped Vocabularies

Identified challenges involving the 'need' for more vocabulary for anything other than the rote-memorized questions consisting of yes/no answers that the medical staff routinely asked on a daily basis. This focus on needed vocabulary was also confirmed by the needs analysis (TMIP survey) conducted during Phase I where 57% of the respondents from Hospital #1 and 50% from Hospital #2 reported that an improved vocabulary was needed for better future job performance. *(According to TMIP Surveys, Interviews and Observations, FESP Interview)*

Many of these communicative 'challenges' were similar to those identified during previous related studies involving Thai nurses. As Pandey (2013, p. 41) pointed out, that as Gass (2012) had revealed in her study involving Thai nurses, there was "a lack of vocabulary, pronunciation problems, accents, and rates of speech were all perceived as challenges for Thai nurses".

Table 4 Results: Proto-Syllabus Creation

Topic	Needs Results	Explanation
-Language Skills **-Speaking** **-Listening**	**-Questionnaire results indicated that speaking was the most difficult followed by listening** **-Observations confirmed that speaking was the most difficult skill followed by listening.** **-From Interviews conducted with English-speaking patients, they believed that listening and understanding was the most important challenge for Thai medical professionals.**	**Instruments triangulated speaking as the most needed skill while the listening skill came in a close second.** **Krashen and Terrel (1983) proposed that the communicative classroom processes that engage learners in meaningful interactions and communication at an appropriate level of difficulty were the keys to success in a designed language course.**
-Materials **Content:**	**-From the questionnaire at one hospital the learners' indicated video as the most wanted classroom activity while the other hospital indicated that interactive activities were the most favored.** **-Through observations it was clear that the needs were in speaking and the polite cultural aspects of English usage.**	**Materials developed for this series of medical English workshop curriculum included mostly interactive group and pair activities with only a short video as requested by learners.** **Note: Video was not favored for this type of communicative curriculum where the main point was to provide learners with large amounts of speaking practice**

4.3 Results: Evaluation of Proto-Syllabus by the TESOL Expert

The designed workshops' curriculum was evaluated by an expert in the TESOL field and current professor at Payap University, Chiang Mai, Thailand. The expert provided a written evaluation as well as oral advice concerning modifications of the created curriculum proto-syllabus. These modifications were used in the creation of the revised version that was later implemented in phase III.

The following section describes the results from a quantitative analysis of the workshop's curriculum by the TESOL Expert

Table 5 Quantitative Data from the TESOL Expert's Proto-Syllabus Evaluations

Questions	Score	Interpretation

Question 1 Clear what the learner will achieve after finishing the Workshop	**4**	**Good**
Question 2 Relevant to the learner's occupation	**4**	**Good**
Question 3 Aimed at improving learner's English communicative skills	**4**	**Good**
Question 4 Useful and relevant to the content	**3**	**Average**
Question 5 Helpful to improve student's learning strategies and skills	**3**	**Average**
Question 6 Relevant to objectives	**3**	**Average**
Question 7 Relevant to the activities that will develop the student's learning strategies and skills	**1**	**Very Poor**
Question 8 Appropriate activity to get student's attention to the Workshop	**1**	**Very Poor**
Question 9 Clear and relevant to the content	**1**	**Very Poor**
Question 10 Elicit students to communicate	**1**	**Very Poor**
Question 11 Help the students to improve their learning strategies and skills	**1**	**Very Poor**
Question 12 Relevant to the Workshop's objectives	**4**	**Good**
Question 13 Relevant to the content and activities of the Workshop	**4**	**Good**
Question 14 Can be measured	**3**	**Average**
Total Mean/Interpretation	**2.64**	**Poor to Average**

(1 = Very Poor 2 = Poor 3 = Average 4 = Good 5 = Excellent)

The results that can be seen from Table 5 indicated that the workshops' curriculum received five 'good', four 'average' and five 'very poor' ratings out of the 14 evaluation questions answered by the expert. The expert felt that the overall objectives of the developed workshops were good, but that there were problems with the teaching methodology as well as with the content and materials. Upon meeting with this expert

and discussing the problems, adjustments were made in the actual workshops' content as well as materials.

4.3.1 Curriculum Adjustments

Modifications included changes to some of the activities and workshops' content in order to allow more practicing during the class time as opposed to the initial curriculum proto-syllabus that included more evaluation time and testing of the learners' improvements and less of a focus on the actual practice and use of the language. With the focus on content and less on evaluation, the class atmosphere was able to be more relaxed and interactive, ultimately promoting fluency of the language. The other modifications involved adjusting the methodology to include warm-up activities aimed at activating the learners' prior schemata and promoting prediction skills of the workshops' content.

4.3.2 Curriculum Implementation

The curriculum was organized as a series of communicative medical English workshops that were originally designed specifically for TMIPs. These workshops were implemented at 2 different hospitals in Chiang Mai, Thailand. Through the development process, the workshops were revised to include all TMPs working in the Thai hospital setting. These revisions were due to the request of one of the participating hospitals to include many different medical professions into the workshops not just the intended TMIPs. This wider range of professional staff consisted of many different occupations ranging from receptionists to nurses. The common thread between these different occupations was that they all frequently dealt with FESPs. Patient care skills became the actual umbrella of which the revised workshops were catered to. The topics of the workshops included exam instructions and explanations, safety screenings and polite dealings with patient complaints, which all dealt first and foremost with patient care. A Present, Practice, Presentation or PPP styled approach was adapted and used for the format of the workshops. This approach worked well especially in the 'presentation' stage where the learners' prior schema was activated in warm-up brainstorming activities. The use of prediction was also very useful enabling the learners to anticipate the information that was to come in the workshop which seemed to greatly enhance the learning process as it increased their motivation to 'see what came next'

4.3.3 Results: Researcher/Instructor's Evaluations of the Workshops

The researcher/instructor in this study took field notes during the workshops' implementation process that were revised into the Researcher's Workshops' Evaluation Reports. These reports illustrated each of the workshops' positive attributes as well as their effects on the learners' ability to communicate "competently" in the English language showing both respect and empathy for their patients. Through the use of observations recorded in short-hand form, the researcher/instructor was able to add a third piece of triangulating evidence in order to show that the developed workshops were

indeed 'effective' at improving the English communicative abilities of the Thai learners and explaining the cultural aspects and polite ways of the spoken English language.

Learners were observed by the researcher/instructor while engaging in a number of English communicative activities. The results were that the learners' confidence in speaking increased as they engaged in more practice activities 'using' the language in real-time scenarios with other learners. The instructor kept the classroom environment 'easy going' and non-judgmental so that the learners would feel more confident and relaxed enough to begin actually using the language for communication. Learners were taught not to seek perfection in speaking but instead to seek 'fluency'. This was quite a new concept for some of the Thai learners who were taught in the more traditional Asian fashion where lectures and note taking are common and the learners never actually get the chance to practice 'using' the language and engaging in real-time communication.

The researcher/instructor found that the learners were quite shy at first and always took some time in order to feel relaxed enough to speak during the activities. The researcher/instructor's smiling and joking attitude and mimicked 'foreign accents' used while explaining directions helped to minimize this shyness. The researcher/instructor observed that the learners' were willing to speak only once they felt comfortable in the workshop environment amongst their peers. The researcher/instructor also observed that once they spoke, the Thai learners needed additional training in their pronunciation, tone and volume of speech as it was often difficult to understand the meaning of what they were trying to communicate.

The researcher/instructor used an oral language rubric to evaluate the learners' English communicative abilities throughout the duration of each of the workshops in phase III assigning proficiency levels to the learners both at the beginning and towards the end of each of the implemented workshops. These observed evaluations of the learners' English communicative abilities increased during the duration of each of the workshops and can be seen in Table 6 featured below:

Table 6 Oral Proficiency Rubrics of Learners' English Communicative Abilities (According to the Academic (ACTFL/ETS) Scale)

	HOSPITAL #1		HOSPITAL #2	
	Beginning of Workshop Score	**End of Workshop Score**	**Beginning of Workshop Score**	**End of Workshop Score**
Workshop #1	**Novice-High**	**Intermediate-Low**	**Novice-Mid**	**Novice-High**
Workshop #2	**Novice-High**	**Intermediate-Low**	**Novice-Mid**	**Novice-High**
Workshop # 3	**Novice-High**	**Intermediate-**	**Novice-Mid**	**Intermediate-Low**

		Mid		

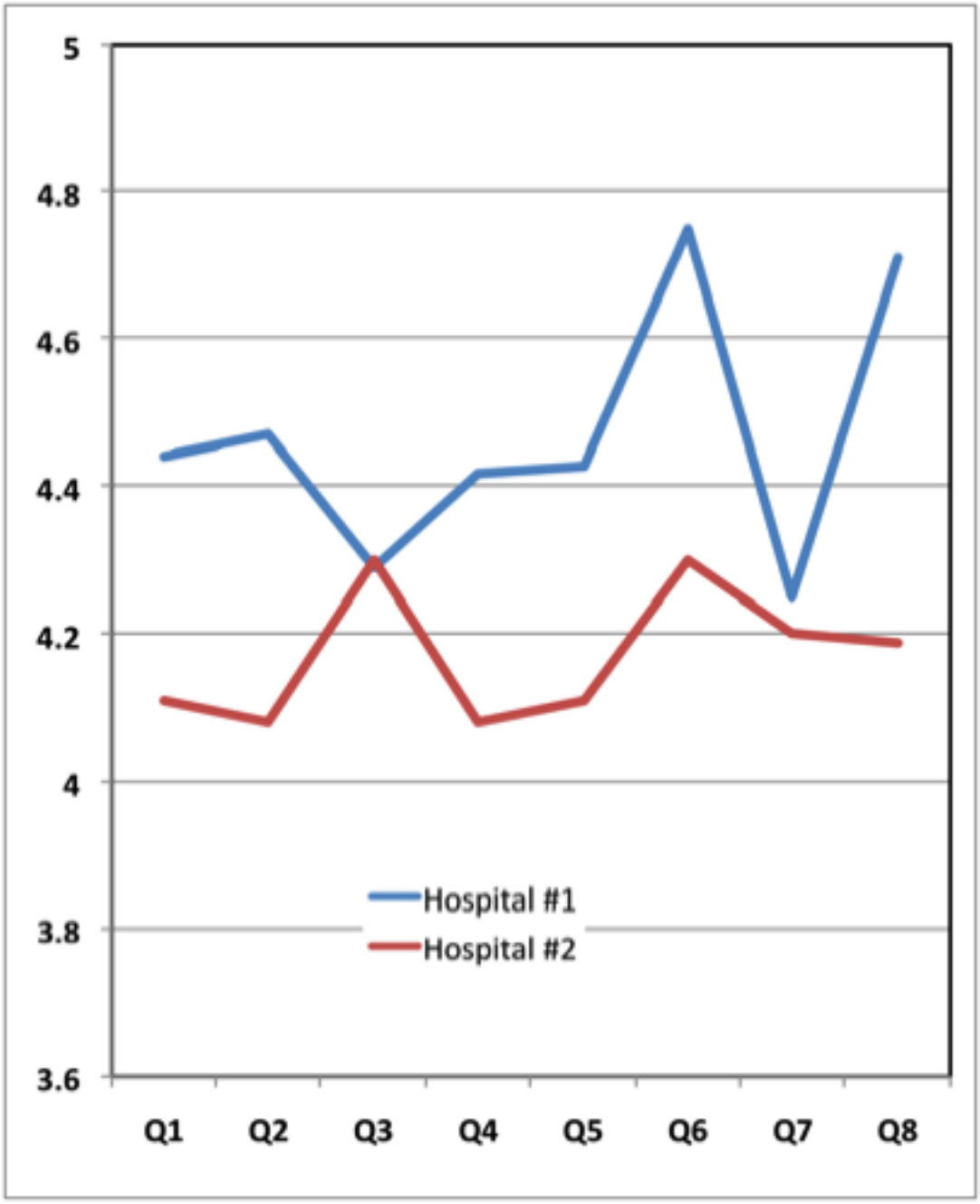
Table 7 Results: Learners' Evaluations of Combined Workshops

Learners' Workshop Evaluations	WKSP #1 H1 (Mean)	WKSP #2 H1 (Mean)	WKSP #3 H1 (Mean)	Overall Mean H1	WKSP #1 H2 (Mean)	WKSP #2 H2 (Mean)	WKSP #3 H3 (Mean)	Overall Mean H2
Question 1 How well did this workshop improve your ability to communicate in English?	4.43	4.38	4.5	**4.44**	4.0	4.0	4.33	**4.11**
Question 2 How well did the activities improve your English speaking skills?	4.57	4.5	4.33	**4.47**	3.67	4.25	4.33	**4.08**
Question 3 How well did the activities improve your English listening skills?	4.71	3.67	4.5	**4.29**	4.25	4.33	4.33	**4.30**
Question 4 How well did the class materials (handouts and dialog) improve your understanding and ability to use polite speech?	4.43	4.5	4.33	**4.42**	4.0	4.25	4.0	**4.08**

Question 5 **How well did the workshop introduce new concepts and grammar (verbal phrases)?**	4.57	4.38	4.33	**4.43**	3.67	4.0	4.67	**4.11**
Question 6 **How enjoyable was the workshop?**	4.43	5.0	4.83	**4.75**	4.33	4.25	4.33	**4.30**
Question 7 **How well did the workshop explain international culture?**	4.57	3.67	4.5	**4.25**	4.25	4.67	3.67	**4.20**
Question 8 **How well did the workshop explain the use of English tone and volume to ease patients' discomfort?**	4.71	4.75	4.67	**4.71**	4.0	4.25	4.33	**4.19**
Total Mean Average and Quality Rating	**4.5 Very Effective**	**4.36 Very Effective**	**4.5 Very Effective**	**4.47 Overall Very Effective**	**4.0 Effective**	**4.25 Very Effective**	**4.25 Very Effective**	**4.17 Overall Effective**

WKSP=Workshop **H1=Hospital #1** **H2=Hospital #2**

Quality Points



Survey Question

Figure 1 Combined Workshops: Learners' Mean Evaluations

From the chart above, the overall effectiveness of the combined workshops can be seen for both participating hospitals. Hospital #1 rated the higher scores than Hospital #2.For question # 7 asking learners how well the workshops explained the cultural

aspects of the English language there was a sharp decline to 4.25 indicating that this will need to be focused on in the future workshops.

For Hospital #2, a large decline in the line graph showed that question #4 was rated lower than the rest, at 4.08 quality points. This question asked TMPs how well the workshop materials (handouts and dialog) improved their understanding and ability to use polite English speech. This will need to be addressed in future workshops' construction focusing on better ways to explain the different cultural aspects of the English language with the workshop materials.

The overall mean average of Hospital #1 resulted in a 4.67 quality points, which is interpreted that the workshops' overall abilities to improve the TMPs' English communicative abilities was interpreted to be "Very Effective".

Hospital #2 had an overall mean average score of 4.17 indicating that the workshops were "Effective" at improving the English communicative abilities of the TMP learners.

Table: 8: Standard of Evaluation: The Workshop Curriculum's Effectiveness:
Adapted from Wongsothrn, A. (2001)

Mean Scores	Quality
4.21 – 5.00	**Very Effective**
3.41 – 4.20	**Effective**
2.61 – 3.40	**Moderately Effective**
1.81 – 2.60	**Fairly Effective**
1.00 – 1.80	**Least Effective**

4.3.4 Results: Supervisors' Evaluations of the Workshops

The supervisors from both Hospital #1 and Hospital #2's medical imaging departments gave their written responses to an evaluation questionnaire asking for the supervisor to rate how well they thought the workshops had improved the English communicative abilities and cultural awareness of the their staff members.

Evaluations collected from both supervisors were very positive and encouraging giving credence to the fact that the hospitals seemed to really understand the value of participating in this study and receiving this type of medical English training. As the supervisor at Hospital #1 described, "This workshop is beneficial and allows us to learn the pattern of the sentences which can be used in daily situation". The supervisor at Hospital #2 noted "We think that the workshops for technologist have been developed in English, which is useful with a number of foreign patients".

Discussion:

These two evaluations written by the TMIP Supervisors give added support for the effectiveness of the developed workshops to improve the English communicative abilities of the TMPs and to instruct them concerning the cultural differences and the linguistic expectations that FESPs have in the Thai medical context.

Chapter 5
Summaries and discussions

5.1 Summaries and Discussions of Findings for Objective One

The first objective of this study was to identify the English communicative challenges that TMIPs experienced in their daily interactions with FESPs. For this objective, a multitude of research instruments were constructed and implemented eliciting both qualitative and quantitative information used to identify the main communicative challenges that the TMIPs' were experiencing. The resultant data identified *'6 challenges'* (featured in detail in chapter 4) that were responsible for causing miscommunications between the TMIPs and their FESPs.

These finding were consistent with other related research studies that were similar in nature. One of the most notable related studies conducted by Gass (2012) found that Thai nurses experienced difficulties with pronunciation, accents, and vocabulary of the English language. Pandey (2013) further substantiated this when she found that pronunciation and accent problems caused a lot of miscommunications to occur in Bangkok international hospitals further supporting this study's '6 challenges' identified in phase I.

5.2 Summaries and Discussion of Findings for Objective Two

The second objective of this study was to develop a series of medical English workshops based on the discovered challenges found in phase I, in order to improve the English communicative abilities of the Thai Medical Professionals (TMPs). These workshops were implemented and evaluated at both participating hospitals by the researcher/instructor's observations evaluated through the use of a proficiency rubrics, the learners' evaluations consisting of the end of workshops Likert scale evaluations and with TMIP Supervisors' written workshop evaluations. The qualitative and quantitative data collected from these different data collection instruments was further analyzed by both descriptive and comparative analysis. Results concluded that the whole workshop series consisting of workshops #1-3 were shown to be "Very Effective" in improving the English communicative abilities of the TMPs according to the interpretations of the mean average scores that the learners provided. This fact was also confirmed with the researcher/instructor's observation evaluations of the learners who attended the developed workshops.

The improvements can be seen in the Thai learners' increased confidence levels as a result of engaging in the communicative activities. These increased confidence levels

of the learners gained through the actual use of the English language in real-life on-the-job scenarios was the same for Gass's (2012) study, where she noticed that her Thai learners were very responsive to role-play and simulation activities. Gass's study provided results showing improvements in the learners' communicative abilities as high as 30% in her comparison between pre-test and post-test scores (Gass, 2012, p. 81). As Clarke and Silberstein (1977, p. 51) described, "Classroom activities should parallel the 'real world' as closely as possible. Since language is a tool of communication, methods and materials should concentrate on the message and not the medium". According to Widdowson (1978), principles underlying communicative language approaches include the fact that the learners must learn to make both grammatically correct and cohesive statements about the experimental world and should also be able develop the ability to use language to carry out various real-world tasks.

5.3 Limitations of Study

There were only a few notable limitations that seemed to affect this study. The First limitation was related to the learners' many different levels of English speaking proficiencies in one of the participating hospital's group of learners attending the workshops. This range of proficiencies created some difficulty for certain learners to understand what the instructor's directions were. The instructor compensated for this by speaking slowly and clearly, using higher-level learners' in the class as 'helpers' to translate to the lesser proficient learners. As a result of this unexpected change, some of the workshops' materials had to be changed in order to accommodate more than just the one group of TMIPs that this study focused its initial needs analysis and situational analysis on in phase I. This combination of medical professionals' occupations allowed an opportunity for the researcher/ instructor to change and revise the workshops' curriculum to include a more broadly based design that would be suitable for all Thai Medical Professionals (TMPs) working within the Thai international hospital industry, ranging from the nursing and reception staff to the hospital's quality control personnel. In the end, this greatly helped the researcher to develop a broad-based communicative curriculum that could be used with more types of medical professionals and ancillary staff in the future.

Another limitation to this study that needed to be compensated for was the shyness and lack of confidence of the TMIPs and TMPs that were participating in this experiment. Many times the researcher/instructor noticed that the TMIPs' who were studied in phase I and the mixed medical learners who were studied in phase III all exhibited shyness while speaking the English language. This was especially true in the beginning ten to fifteen minutes of the workshops. This was overcome by creating a relaxed, non-judgmental workshop environment where learners could feel comfortable trying new sounds and ways of speaking without ridicule or loss of respect (face) from their peers, something that the Thai people hold in very high regard in their culture. Indeed many times in the past the researcher had encountered Thai people who described the Thai school systems as only using the traditionally styled classroom environments where students were never required to actually use the English language in real-time settings.

5.4 Cultural Aspects

It was important in this research study to take into account and understand the ways that Thai culture differs from other 'western' cultures. Although hospitals often function in similar ways around the world, there are still many different systems and ways of doing things that are unique to Thai hospitals and these usually involve differences in cultural and religious beliefs. As Yu Xu's (2007) study of Asian nurses working in "western" countries revealed, that the nurses had their own cultural values and beliefs that seemed to clash with western ideologies and as a result became like 'oil and water'. Further studies in this field of research should focus on the cultural aspects and how they are connected to the phonological features of the language.

The discovered challenges identified in Phase I need further study in order to investigate the detailed cultural aspects of the language differences between English and Thai and how these aspects contribute to the English communication problems observed during this study.

5.5 Future Studies

Future studies should focus on the development and each of the learners' understandings of international culture and how it is involved in the spoken English language. Learners should be taught the common collocations used in polite English speech used for a number of medical situations and interactions.

Future studies should include a needs analysis and situational analysis of a larger sample sizes than that used in this study, and include observations of different medical departments located at numerous Thai medical facilities covering the span of the entire country of Thailand. This type study would provide for a more valid and reliable set of data concerning the statistical significance of the results of the actual 'challenges' that TMPs experience when treating FESPs.

Future studies should involve the use of proper phonetics of the English language such as correct use of intonation, tone and volume to show cultural sensitivities towards the patients. Materials should include 'warm-up' exercises used to activate the learners' prior schemata of the subject being taught in the workshops.

It is the hope of the researcher that future studies will involve building upon this collection of researched data in order to develop more improved methods and materials in this progressive process of teaching communicative medical English to TMPs in the Thai international context.

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