

Examining the effectiveness of an embedded
language education programme for
international health science students in an Irish
university.

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Declaration

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Abstract

This study examines the effectiveness of an embedded language programme for international English as an Additional Language (EAL), health science students studying on a medicine or physiotherapy degree at an Irish university. The research examines the impact of this educational programme on learners' language and communicative competence development in terms of both language gains in domain specific contexts and the fostering of language learner autonomy. This study also evaluates the extent to which learners benefit from intercultural communicative competence and awareness as it relates to their needs as both international learners and healthcare students training in a clinical environment.

The study includes an extensive literature review across the fields of language learning theory and intercultural communicative competence and awareness studies, relating to both medical education and international student education contexts. This combination and inter-relationship of factors are considered in examining what a supportive learning environment for this learner group might look like. The evaluation considers approaches to language programmes for learners in higher education from the lens of content-integrated, context-relevant or embedded language learning and curricula design. This research investigates the possible benefits of a combination of factors (linguistic, intercultural, personal, sociocultural and medical domain specific) to the acquisition of language and learning skills for this learner group through the analysis of the data. The author has enquired into the factors that may positively advance domain specific or targeted language acquisition and cultural learning in a supportive, inclusive, holistic approach to educating international students studying through English as an additional language.

The methodology for this research is a mixed methods study, examining qualitative and quantitative findings in a sequential, systematic, and blended approach. This research includes analysis of questionnaires and semi-structured interviews with students and staff, as well as supplemental learner classroom feedback consideration. The qualitative reflective thematic analysis (RTA) takes a deductive approach to thematic analysis using Braun and Clarke's 6-step RTA approach. The findings clearly show that the programme under evaluation had a significant positive impact on the

participants in all areas of the investigation including language gains and confidence, learner autonomy advances, increased intercultural competence and communicative competence in medical and healthcare domains. Despite challenges identified around the complexity of delivery of a programme embedded in the learning in this way and the fact that the time allowed for the programme was not sufficient for a minority of learners, the findings support the conclusion that the benefits of this programme significantly outweigh the challenges. Overall, we can say that the programme was viewed as supporting the needs of these international students in their learning environment.

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Key to abbreviations

- CAL** Communication and Language
- CLIL** Content and Language Integrated Learning
- C1** Home Culture/ Native culture
- C2** Second / Other Culture
- DES** Department of Education and Skills
- EAL** English as an Additional Language
- EAP** English for Academic Purposes
- ELF** English as a Lingua Franca
- ELT** English language teaching
- ESP** English for Specific Purposes
- FY** Foundation Year
- HEA** Higher Education Authority
- ICC** Intercultural Communicative Competence
- IELTS** International English Language Testing system
- IMC** Irish Medical Council
- IMCP** International Medical Commencements Programme
- L1** First language
- L2** Second Language
- MCQ** Multiple Choice Question
- NFQ** National Framework of Qualifications
- NNS** Non-native speaker
- NS** Native speaker
- OSCE** Objective Structured Clinical Exam
- QQI** Quality and Qualifications Ireland
- TESOL** Teaching English as a Second or Other Language
- WFME** World Federation of Medical Education

Chapter 1 Introduction

1.1. Introduction

This brief chapter serves as an introduction to this study. It is intended to give an overview of the rationale and aims of the study and an appreciation for the theoretical approaches, educational design and organisation of the thesis. I begin by outlining the theoretical overview which will briefly account for the various interconnecting strands in this study. I will follow with a summary of the research questions and their basis. The methodology used to interrogate these research questions is also summarised here. I will close this introduction with an overview of the organisation of this thesis with a brief chapter by chapter breakdown and description.

1.2. Background context, rationale and aims of this study

The general context for this research is language and holistic learning approaches for an international student population studying through English as their second language at an Irish university in the areas of medicine and health sciences. Third level education is becoming more globalised and with it comes the challenges of catering for a diverse student population. Ireland's higher education landscape which forms part of the context for this study has also seen continual increases in its international student population (Clarke et al., 2018). There has been much discussion on the globalisation of higher education, which has largely focused on the opportunities for intercultural campuses and skills to be gained from studying in this environment (Murray & Muller, 2019; Vertovec, 2010). However equally, the associated challenges of integration and intercultural communicative competence (ICC) development in such a complex environment have also been the subject of much discussion (Byram, 1997; Byram et al., 2002; Byram, 2009; Volet & Ang, 2012).

Importantly, relating to the context of this study specifically there has been limited focus on the challenges for educators and learners in this environment and less discussion on the role of and approaches to the language proficiency levels of international learners and their progression through their course of studies in higher education (Andrade, 2006; Arkoudis et al., 2013). Much of the literature on international

learners examines and highlights English language proficiency as vital to learners' success. English language skills are often cited as key in terms of both the academic and social adjustment of international students (Sherry et al., 2010; Andrade, 2006). It has been suggested that deficits in English proficiency may be one of the most significant barriers experienced by international students, since it affects both their ability to academically succeed and their ability to engage socially with other students (Yeh & Inose, 2003). Also, studies point to English language learning environments which are moving toward a stronger emphasis on interaction and conversational English in classroom participation. These learning environments while highly beneficial, can particularly disadvantage those international students whose experiences in the classroom have been more passive and whose previous schooling may have focused more on literacy skills in English at the expense of conversational skills (Sawir, 2005). Without inclusive approaches this can make the learning environment quite stressful for non-native speaking international learners at university. In the Irish context current international education strategy does recognise the complexity of learner needs to some extent and underlines that Irish higher education must consider an ability to cater for the needs of international students in inclusive and holistic ways, before increasing the numbers at any given institution (Department of Education and Skills, 2016). However, it is still a matter for discussion and will in fact form part of the discussion in this study to what extent Irish higher education is taking a holistic approach to educating international students (Clarke et al., 2018).

1.2.1. Study rationale

The rationale for this study is based on a hypothesis that effective language programmes are those which are embedded as part of a learner's training, and which aim to promote both learner autonomy and intercultural competence. Research has found a link between second language (L2) proficiency levels and its impact on students' academic achievement (Harris & Ní Chonail, 2016). English language skills have also been found to influence students' social adjustment and found in general to impact all aspects of international students learning and experience and therefore an area of key concern for higher education institutions aiming to attract and retain international learners (Farrelly & Murphy, 2018; Wang, 2020). This emphasises the need for a more holistic look at the

needs of second language learners at the intersection of academic, linguistic, sociocultural and cultural education factors.

1.2.2. The aims of this study

This study sets out to evaluate the communication and language (CAL) programme at The Royal College of Surgeons in Ireland (RCSI) University of Medicine and Health sciences Dublin. The CAL programme is an embedded language programme designed for international medical students for whom English is not a first language in their first year of study as part of a medical undergraduate degree. I will elaborate on the choice of the term embedded in the next chapter and chapter 3. In summary the CAL programme is unique in the second language learning landscape in that it forms part of the core programme of learning, as an embedded segment of a module on medical professionalism in the foundation year of a 6-year medical degree programme. In chapter 2, I explain and describe the structure and context of this programme and its place in the curriculum in detail. This study aims to examine the CAL programme and its effectiveness in terms of language development and confidence, the fostering of language learner autonomy and intercultural competence development in a medical domain specific learning context. This discussion relates to establishing the educational context of the programme under discussion at RCSI and forms part of the rationale for a more embedded uniform and equitable approach to all aspects of these learners needs, catering for broader considerations other than language proficiency development. Guided by the research questions outlined below, the CAL programme will be evaluated in the context of these parameters and the underpinning theories and conversation undertaken in this thesis. Looking at this holistic picture of learning is of central relevance to these learners in multiple ways which I will examine over the course of this study. A university's emphasis on the international students having to 'adapt' or 'adjust' may effectively involve placing all the responsibility for change on the international student, and none on the university. A more holistic approach is worth considering in order to evaluate to what extent it allows international students a more supportive and positive learning environment (Sheridan, 2011).

Few studies have provided a focus on the role of fostering language proficiency development, learner autonomy and intercultural competence as part of an embedded

curricular approach to L2 development at university level. This research aims to contribute to the discussion by examining learners' proficiency development, in their chosen domain of medical, health science study and intercultural learning while fostering learner autonomy within a particular pedagogical framework which has sought to embed language & communications development within the curriculum at RCSI Dublin. Through this study I provide insights relevant to international non-native English-speaking undergraduates, medical education and health sciences education learning contexts.

1.3. A theoretical overview

The key relevant theories which help locate this study's framework include several interacting strands firstly, sociocultural views of language learning, to include an approach which sees language learning autonomy at the heart of this framework. Additionally, this study's framework also includes theories relating to intercultural communicative competence and awareness, and its relevance to international student needs in medical education contexts.

Sociocultural theories of language learning will be discussed within the broader frame initially of second language theories of learning and fleshed out in more detail in chapter 3. However, briefly for the purposes of setting the theoretical base for this study, I will summarise the framework underpinning this study here. A sociocultural view of learning applied to the field of second language pedagogy sees the role of language in learning as a tool with which the learning process is shaped and knowledge is mediated (Swain & Lapkin, 1998; Bruner, 1986; Boxer & Cohen, 2004; Vygotsky, 1978). As learners attempt to communicate with teachers and other learners through the target language, this communication contributes to their L2 knowledge and competence. Language use is necessary for language learning, in the sense that social interaction in the target language leads to the development of internal competence. As studies carried out by researchers such as Swain and Lapkin (1998) show, interaction not only provides opportunities for learning, but interaction itself is learning. Through actively working on problems and tasks, learners construct meaning and gradually become competent in the L2. Therefore, in brief, from a sociocultural perspective collaborative dialogue in the

classroom is a means by which social talk is transformed into internal competence. Learners actively engage in dialogue, activities and problem solving which is viewed as language learning in itself. Therefore, an L2 classroom environment or a bilingual blended language environment which promotes these types of activities is here seen as essential to the learning process. This social active engagement in language learning aligns with learning theories as far back as Barnes (1976) when he described learning in this way as “active participation in the making of meaning” (1976, p.20). I will discuss in detail, this study’s focus on language learning from a sociocultural standpoint and how these theories relate to language learning in formal instruction contexts in the main body of this thesis and discuss how this helps to connect the various strands in this study also. Sociocultural theories of learning can therefore offer us a theoretical framework for understanding the relationship between learning, its social context and our own development within that frame. Sociocultural theories of learning connect to other theoretical considerations in this study such as the fostering of learner autonomy and the promotion of intercultural communicative competence and awareness.

Definitions of learner autonomy are varied and complex, and date back to as early as Holec’s first offered definition as “ability to take charge of one’s own learning” (Holec, 1981, p.3). A further fleshing out of this from Little (1991) sees autonomous learners develop a capacity for detachment, critical reflection, decision making and independent action (1991, p.4). In Little’s definition of learner autonomy, which differs in some ways from earlier more constructivist views such as Holec’s; the reflective learning, goal setting and self-assessment all play a central role in the journey to developing an autonomous learner. This interpretation of learner autonomy sees learners as managing the affective dimension of their learning experience to their motivational advantage (Ushioda, 1996). According to Deci and Ryan (1985), human beings have three fundamental social-psychological needs: to be autonomous, that is, to set their own agenda and follow it through; to feel competent in what they do; and to be assured of their relatedness to other people. Together these create a framework which sees learners take their first steps toward autonomy when they accept responsibility for their learning, and to do this they must understand the why, what and, if possible, the how of learning (Little, 2000, p.7). Little suggests that learners should

then be involved in all aspects of learning, including negotiation of what needs to be learned and how (ibid.). If we want our learners to be able to solve problems and take responsibility for their actions rather than follow custom, then a passive view of learning will not do (Barnes, 1976, p.149). This very brief outline of learner autonomy will be discussed in much more detail in this study. However, from this overview here perhaps it can be appreciated how this framework is relevant to the learners in this study who are required to take their primary medical degree through English and develop among other areas, their critical thinking skills, take responsibility for their learning and continue to develop their English language proficiency to a high level, not only as part of their studies and but also as part of a commitment to their long-term careers.

Finally, the third strand to the theoretical underpinnings of this study is that of intercultural competence and its relevance to international medical and healthcare students in higher education. This interacting strand is an important consideration for this study on several levels and is a central focus of the learners as international learners coming from varied cultural backgrounds to study in a foreign cultural university environment. Raising the profile of international students on campus, enhancing cross-cultural understanding, and providing greater opportunities for international students to become involved in the university and local community are often cited as key educational goals in this context (Sherry et al., 2010). There is also wide agreement that intercultural learning does not happen automatically (Paige et al., 2004; Vande Berg et al., 2006; Bennett, 1993; Paige, 1993; Engle & Engle, 2003; and Vande Berg & Paige, 2009).

The notion of intercultural communicative competence was first used in a 1993 article by Müller (1993). It includes the skill of communicating in an appropriate way with people from other cultures (Samovar & Porter, 1993; Byram, 1997; Moran, 2001; Byram et al., 2002; Corbett, 2003; Bennett & Bennett, 2004). This construct necessarily includes the notion of sociolinguistic competence which describes “[a] speaker’s knowledge of how to express messages appropriately within the overall social and cultural context of communication, in accordance with the pragmatic factors related to variation in language use” (Celce-Murcia et al., 1995, p.23). However, it is not enough to only communicate appropriately, it is also necessary to behave and perform

appropriately in unfamiliar contexts. While key for successful language acquisition, sociolinguistic competence is not easily acquired as Ferguson outlines: “the place of culture in language learning and language teaching is a problem – or better, a set of problems – for anyone seriously interested in understanding. However, language provides the vital link to intercultural learning and in how human beings acquire language competence” (Ferguson, 1991, p.416).

Intercultural communicative competence (ICC) also has implications and connections to medical education where cultural competence in health care is seen as central in a global world. The ability to understand and integrate these factors into the delivery and structure of the health care system is a consideration raised by many (Ritter & Hoffman, 2010). More broadly speaking, valuing other cultures, withholding judgment, tolerating ambiguity and uncertainty are critical skills for the international student to possess. This area of knowledge and comprehension includes cultural awareness, deep cultural knowledge and sociolinguistic awareness. Listening, observing, evaluating, analysing, interpreting and relating are all indispensable skills for learners when living in another cultural environment during their early years while studying (Deardorff, 2006). In summary, these interacting theoretical frameworks combine to create a basis from which to examine the various interacting strands in this study.

The CAL programme which is the subject of evaluation in this study was designed from this combined theoretical base and therefore this is a helpful lens from which to examine its impact. I will next go on to briefly outline the research questions in this study relating to the evaluation of the CAL programme at RCSI and the methodology being used to interrogate them.

1.4. The research questions

The main research questions underpinning this study are as follows:

Q1: Does, and if so, to what extent does the CAL programme improve the self-reported language and communicative competence of learners?

Q2: Does the programme foster language learner autonomy in its learners, and if so, how is this evidenced?

Q3: Does, and if so to what extent does, the programme contribute to intercultural competence and awareness in its learners?

Q4: How does the CAL programme create a supportive learning environment for international medical learners?

The data from this study is analysed through an inter-relationship of themes relevant to the above questions for example; relevant general background of the students, possible gains in language and communicative competence over the course of the CAL programme, findings and evidence relating to fostering of respondents' attitudes to their development of learner autonomy, evidence of contribution to cultural learning during the embedded CAL programme year, and finally challenges to learning at university, examining what a supportive learning environment might look like for this group.

1.5. The methodology used in this study

This study sets out as mentioned previously, to evaluate the outcomes of a particular design of an embedded language programme; to examine its effectiveness in terms of language development and confidence, the fostering of language learner autonomy and intercultural competence development in a medical domain specific learning context. I suggest that for language programmes to be effective in university or higher education level language learning where language is a tool for studying and training as opposed to a subject the learners are taking; a programme which is embedded as part of a learner's training, and which aims to promote both learner autonomy and intercultural competence might be most effective in supporting these types of international learners. The rationale and body of research used in the formulation of these hypotheses will be discussed over two separate but related literature review chapters.

This research study adopts a mixed methods research methodology, using both quantitative and qualitative methods of investigation which aim to examine the extent to which this kind of embedded learning in a university context can impact language and communicative confidence, attitudes to language learning, intercultural communicative competence and learner autonomy development. Additionally, this study includes consideration of possible degrees of integration relating to intercultural awareness

development and confidence with language skills within the domain of medical education which is the context of this study. These facets and their interrelation will be investigated through appropriate mixing of quantitative and qualitative research methodologies (Creswell & Clark, 2017). These mixed methods in this study will be used sequentially using a Quant + Qual design where the quantitative analysis will help to direct the qualitative analysis. The qualitative analysis will take a deductive reflexive thematic analytical approach for the qualitative investigation. Rather than sit in isolation, these mixed methods work together to help us arrive at richer deeper insights. Particularly in the case of this study where I am addressing the interplay of many converging factors and constructs from a multidisciplinary angle, this type of methodological approach I feel has been helpful in drawing out and pulling together the most valuable insights from the available data sources. Behaviours and attitudes are typically best examined qualitatively whereas quantitative data can help to give more concrete structures to patterns and outcomes (Dornyei, 2010). Language and intercultural learning is one such field where complexities are important to draw out and identify clearly (Freed, 1995).

1.6. The arrangement of this thesis

This study is organised into 8 chapters. I will briefly explain the organisation and purpose of each chapter beginning with chapter 2.

In chapter 2, I will provide context for this study in relation to medical education, outlining the particular site of the study at The Royal College of Surgeons in Ireland (RCSI), including learner profiles and a description of the programme under investigation. I firstly sketch the broader educational context for international learners in higher education. I then give an account of RCSI's learning context, educational activities and goals as it relates to the programme under scrutiny here. I explore my own personal relationship with the CAL programme and my motivation to conduct this project. Finally, I describe in some detail the CAL programme under evaluation and its context in the curriculum at RCSI.

In chapter 3, I will examine key theoretical approaches to formal second language learning, their nature, purpose and relationship to this research. I begin with a

brief introduction to terminology in relation to English language programmes, to set the discussion in context for non-linguist readers of this thesis. Following this, I trace a brief history of learning and education from various schools of thought before focusing on sociocultural learning theory in particular. I then provide a literature review of areas relating to second language learning pedagogy in the context of higher education (HE), language curricula design and language learner autonomy. I also look at emerging research involving students in HE who are learning English for Academic Purposes (EAP) and look at the language challenges for this learner group. The latter half of this chapter looks more closely at English language learning in university or higher education contexts and examines what curricula, programmes and educational frameworks might be most relevant to the discussion here, with a view to helping locate this study's framework more precisely.

In chapter 4, I will locate the current study in a review of literature related to intercultural communicative competence and its relevance to international L2 learners in higher education. This chapter will also elaborate on the relationship between second language learning and intercultural competence, and its relevance to healthcare education and research.

In chapter 5, I outline the methodology for this study. This chapter commences with a brief summary of the research study's aims. Objectives given are framed (theoretical underpinnings) in relation to both the language, cultural and learning aspects of this study. The questionnaire, its construction and piloting processes will be outlined further in this chapter. This chapter also outlines the ethical approaches considered in the preparation of this study. The administrative details of the procedure followed for this study are also described and mapped. Finally, the chapter outlines in detail all quantitative and qualitative tools and methods used in the collection of data for this study.

In chapter 6, I present the data collected at The Royal College of Surgeons in Ireland; University of Medicine & Health sciences (RCSI). The data being presented here, is analysed in the following chapter 7. In this chapter I am presenting firstly, the quantitative data which will be presented descriptively and in tabular format. Secondly I will present the qualitative data which includes; semi-structured interviews with

participants and staff in this study and additionally includes supplemental qualitative data from feedback on a learner task.

In chapter 7, I analyse the findings of the data collected at RCSI Ireland; firstly, using a mixed methods sequential approach and applying a deductive reflexive thematic analytical approach to the qualitative data collected. The data was analysed guided by core constructs and in the study, for example, possible self-reported gains in language and communicative competence, evidence of intercultural competence development over the course of the CAL programme. Findings and evidence relating to fostering of respondents' attitudes to their development of learner autonomy, evidence of contribution to cultural learning during the embedded CAL programme year, and finally challenges to learning at university, examining what a supportive learning environment might look like for this group are also examined. The quantitative data is analysed together with the qualitative analysis, which adds richer meaning. Both will be discussed as a narrative together where relevant.

Chapter 8 focuses on summarising the main findings of this research study and discussing them in the context of the discussion presented in this thesis. I begin with a reminder of the main aims of this study. I then summarise and discuss the main findings in relation to each research question. I bring together a broader summary and conclusions regarding the overall evaluation under discussion here, tying the interacting strands of this study together. The chapter ends by discussing the limitations of this study, the contributions of this study to existing knowledge and recommendations for directions of future research.

Chapter 2 Research context

2.1. Introduction

This chapter provides context for this study in relation to medical education, outlining the particular site of the study at The Royal College of Surgeons in Ireland (RCSI), including learner profiles and a description of the programme under investigation. I firstly sketch the broader educational context for international learners in higher education. I then give an account of RCSI's learning context, educational activities and goals as it relates to the programme under scrutiny here. I explore my own personal relationship with the CAL programme and my motivation to conduct this project. Finally, I describe in some detail the CAL programme under evaluation and its context in the curriculum at RCSI.

2.2. International learners in HE - contexts and challenges

The internationalisation of higher education (HE) has been recognised worldwide as one of the most significant changes in this sector of education. Definitions of internationalisation in HE vary and are the subject of much discussion, research and policy initiatives. A widely used definition put forward by Jane Knight suggests that: "internationalization at the national, sector, and institutional levels is defined as the process of integrating an international, intercultural, or global dimension into the purpose, functions or delivery of postsecondary education" (Knight, 2003a, p.2).

The gradual globalisation of HE over the past two decades has led to a wealth of education research across many diverse fields. Much of the research on international student mobility has focused on out-going students, exchange programmes, Erasmus programmes, study abroad programmes and preparatory foundation programmes (Kinging, 2009; DuFon & Churchill, 2006; Clarke et al., 2018). However, the focus here is on incoming international students to English-speaking HE programmes who undertake a qualification or part of a programme of study at an English-speaking university.

Ireland, similar to many countries globally, has been steadily increasing its incoming international student population in its third level education sector. A recent survey, conducted as part of the “Irish Survey of Student Engagement” in 2019, surveyed more than 40,000 third level students and found that international student numbers grew by 26% over the past three years reaching 14,412 international students in Irish third level education at the time of the survey (HEA, 2020). Comparatively, the survey also showed that the Irish third-level student population grew over the same period by 5% to 122,257 in 2019 (ibid.). These figures show the growing significance of the international student population in the Irish third-level education sector. In the interim the Covid-19 global pandemic (2020 to 2022 approx.) clearly had an impact on student migration, but more recent reports suggest that international student numbers at Irish HE institutions are back to pre-pandemic levels and the recent Higher Education Authority (HEA) report suggests that numbers at the time of writing are up on previous years. The HEA report found that internationally domiciled students made up 12.4% of the total student population in Ireland, an increase of 10.3% on previous years (HEA, 2021). Therefore, Ireland’s international student population is sizeable and growing despite the global pandemic.

Much literature on international learners at all levels of education outlines English language proficiency as vital to their success. English language skills are often cited as key in terms of both the academic and social adjustment of international students (Sherry et al., 2010; Andrade, 2006). A study conducted in 2003, suggest that deficits in English proficiency may be the single greatest barrier experienced by international students, since it affects both their ability to succeed academically and their ability to engage socially with other students (Yeh & Inose, 2003). Also, pedagogical strategies which emphasise conversational English and classroom participation may particularly disadvantage those international students whose experiences in the classroom have been more passive and whose previous schooling and indeed in some cases language training may have emphasised reading skills at the expense of conversational skills (Sawir, 2005). However, a narrow focus on the personal characteristics of international students (such as their English language proficiency) runs the risk of demotivating these learners and indeed can lead to much larger

environmental problems, such as racism or lack of understanding in the host community (Yoon & Portman, 2004). Lee and Rice (2007) argue that there are different problems for people from different cultures and nations. Lee and Rice also stress that some of these problems are long-standing (such as hostility to women who wear veils or saris). This narrow focus on international students can often create unfair judgements which are difficult to unpick from language proficiency challenges (ibid.).

This discussion relates to establishing the educational context of the programme under evaluation at RCSI and forms part of the rationale for a more embedded uniform and equitable approach to all aspects of these learners needs, catering for broader considerations than language proficiency development. Likewise, a university's emphasis on the international students having to 'adapt' or 'adjust' may effectively involve placing all the responsibility for change on the international student, and none on the university. A more holistic approach is worth considering in order to evaluate to what extent it allows international students a more supportive and positive learning environment (Sheridan, 2011). A more inclusive environment, where language skills are encouraged to evolve with learning as opposed to being seen as a "remedial" intervention, often viewed by the target learner group as somewhat pejorative, is interesting to explore. I will return to discuss this in more detail in a later section of this chapter looking at the design, aims and rationale of the programme under evaluation in this study. However, before examining this programme in detail, I will first locate this study's learning environment and context at RCSI as an international university campus.

2.3. The Royal College of Surgeons in Ireland

For the purposes of locating this study and describing the needs and motivation for the particular programme being evaluated in this study, in this section I will describe the learning context at The Royal College of Surgeons. I will then go on to detail the programme under evaluation itself. The RCSI University of Medicine and Health Sciences is an independent not-for-profit university, specialising in health sciences related higher education and postgraduate training. The RCSI has its main Headquarter university campus located in Dublin and offers undergraduate degrees across its schools of Medicine, Physiotherapy and Pharmacy. Additionally, it offers postgraduate training

across its faculties of Nursing and Midwifery, and faculties of Radiology, Dentistry, Sports and Exercise Medicine and in the area of postgraduate surgical training through its Department of Surgical Affairs. In the area of surgical training, RCSI holds the title of national trainer for the National Clinical Programme in Surgery (NCPS) working with the HSE under the leadership of RCSI's council members. RCSI is very much an international institution with 5 campuses in total. Dublin is its main HQ; it also has 2 medical schools in Malaysia, an institute in Dubai, and a medical university in Bahrain. According to the most recent annual report of 2021-22, RCSI has 4,647 students registered, with 2,522 of those representing undergraduate students across medicine, physiotherapy and pharmacy and 70 nationalities represented across its undergraduate student body alone (RCSI, 2022). Its postgraduate student population amounts to 1,120 students across masters, MDs and PhDs (ibid.). The university's international profile is central to all that it does in both education and research and as a testament to this core importance for the university, it ranked in the top 50 for "international outlook" in the Times Higher Education "World University Rankings 2022" and boasts an important network of 28,000 alumni across 98 countries (THE, 2022). Its fellows and members stood at 10,000 in 87 countries as of the 2021-22 annual report (ibid.). Therefore, from its education activities and global footprint alone, this international span places great importance on intercultural awareness and cohesion as well as language and communication considerations across not only its student body but also its some 1,311 staff who work closely on education programmes across the 5 locations mentioned earlier (ibid.). Chapter 6 will give some understanding of this close educational cross-campus collaboration later in this study, when I present the qualitative analysis of data collected from staff both in the Dublin and Bahrain campuses who were working with the programme under evaluation in this study.

In medical and healthcare sectors of education, RCSI is seen as a global leader in the provision of education, training and lifelong learning for healthcare leaders of the future. This lifelong learning element, core to the health professions, will be elaborated further below in the description of the learning outcomes and overarching aims of the programme under evaluation in this study. RCSI's mission according to its strategic plan is to "educate, nurture and discover for the benefit of human health" (RCSI, 2018). Part

of the university's strategy over the past 5 years during this study has been to update and create a new curriculum called the "Transforming Healthcare Education Programme" (THEP) for RCSI's undergraduate medical school. This new curriculum is relevant to this study owing to the impact of the large college wide curriculum renewal project on this study which I will elaborate in more detail below when discussing the programme under discussion. The university has completed the planning phase of THEP at this time of writing, from which the new medicine curriculum commenced in September 2022. The programme focuses on teaching excellent clinical and communications skills, with a strong emphasis on population health and epidemiology including teaching on health care systems. It also emphasises the central tenets of personal and professional identity formation: professionalism, resilience and leadership. These areas of emphasis it feels will equip RCSI graduates for a personally and professionally challenging career in an increasingly global, digital and climate-focused world (RCSI, 2022). An important vertical theme exists as part of THEP curriculum namely, Medical or Healthcare Professionalism which forms part of this study.

The Centre for Professionalism in Medicine and Health Sciences was also formed during the academic year 2021-22 to support the education, research and advocacy activities of the work of the Professor who was appointed Chair of Medical Professionalism in 2018 at RCSI. I will explain and define the relevance of this work and theme to this study in a dedicated section on professionalism below. In modern healthcare science education, professionalism as a concept and subject taught across medical curricula, is seen as core to the doctor-patient relationship. It is considered fundamental to patient safety and the delivery of high-quality patient care. The new Centre of Professionalism at RCSI reflects the university's commitment to advancing the medical profession for the benefit of patients in these less traditional medical areas such as healthcare professionalism which encompasses many of the skills, attitudes and behaviours being taught in the CAL programme under evaluation here. The rationale for choosing to embed the communications and language programme within the area of medical professionalism will be outlined in the next section.

2.4. Profile of learners at RCSI and their context of the study

International undergraduate students at RCSI, as mentioned earlier, represent some 70 nationalities currently spanning Europe, the US and Canada, India, the Middle East and Southeast Asia to name the main areas of origin for RCSI entrants (RCSI, 2022). Although language data is not officially recorded by the college currently, internal needs analysis records collated over a ten-year period by the language team at RCSI estimate that an average of between 50 and 60 languages and creoles at a minimum are spoken each year among the undergraduate student body. Student entry routes to RCSI include direct entry from local secondary schools and international secondary schools worldwide, preparatory or foundation programmes. The student body comprises government sponsored and privately funded students. Therefore, students entering their first year of medical studies at RCSI are not a homogenous group and come from varied linguistic, cultural and educational backgrounds.

RCSI run its own preparatory programme in partnership with Munster Technological University (MUT) at its Tralee (Co Kerry, Ireland) campus, the “International Medical Commencements Programme” (IMCP). The IMCP is open to international health science applicants on scholarships from the Ministry of Higher Education in their home countries. The programme is a year-long preparatory programme or foundation programme which helps international students who do not have the required science levels or language levels to enter RCSI directly. On successful completion of the IMCP programme students can enter the 6-year Medical or undergraduate Physiotherapy degree programmes or the 5-year Pharmacy degree. The IMCP programme is of relevance for noting here as a portion of the respondents in this study had completed the IMCP programme prior to entering RCSI. For explanatory purposes, the IMCP programme, or “Tralee” programme as students often refer to it informally, is mentioned often by the participants in this study as a comparative comment in the qualitative semi-structured interview data presented in chapter 6. Therefore, it is useful to note its role in relation to profiling and background education contexts for this study.

The IMCP covers the basic sciences to Honours level Leaving Certificate in biology, physics and chemistry, along with significant formal English language training in

form of EAP (English for Academic Purposes) modules, and preparatory IELTS aligned language programmes. The programme also includes other foundation skills such as academic study skills, IT skills and various electives designed to encourage cultural and social mixing of learners. Learners must achieve an overall International English Language Testing System (IELTS) score of 6.5 with no component less than 6.0 on exit from the IMCP programme in order to pass the language requirements to enter RCSI (MUT, 2023).

2.4.1. The language and communication needs of RCSI

RCSI is committed to the overall development and growth of undergraduate students in order to meet the outcomes of the RCSI medical graduate profile. One of the five themes in the MGP is Personal and Professional Development, with an emphasis on ensuring that RCSI graduates develop effective English language and communication skills. A strong international student cohort with the associated multicultural diversity which that brings, places an emphasis on effective language and communication skills, particularly for students for whom English is not their first language.

Medicine is a complex multidisciplinary subject, with many skills and competencies required. Medical and allied health science students study subjects ranging from biomedical sciences and anatomy to medical physics and behavioural psychology. Students are not only introduced to subjects in a clinical domain but also need to understand global health and factors affecting it and trends in population health. Patient education and information is an area also studied as part of health sciences as a growing reality of the modern world and significant emphasis is based on communication skills ranging from clinical communication for diagnostic purposes, to communication with the wider professional community in inter-professional healthcare teams. Therefore, clinical competencies equate to high level communication skills which are required in order to study and train effectively. Many of the soft skills associated with healthcare fall under the domain of medical professionalism which is also an important and relevant concept in this study as communication skill teaching in medical education falls largely into this domain at RCSI. Medical professionalism is defined more broadly as promoting attitudes, skills and behaviours that promote trust in relation to

patient safety (Royal College of Physicians, 2005). I elaborate in greater detail RCSI's definition of professionalism and its relation to this study in section 2.5 below.

The specific challenges for this group of international learners can for now be summarised here with greater elaboration to follow in the CAL programme description below. The specific challenges involved in catering for this particular group of learners in relation to their language skills development are a combination of both language needs and educational needs within a very restricted timeframe. RCSI incoming new entrants typically present with a broad range of needs and language proficiency levels. While the admissions office sets out its entry requirements in relation to proof of language proficiency and sets these standards at approximate similar levels to all other undergraduate degree programmes in Ireland, learners here come from more linguistic and educationally complex backgrounds. This necessitates a more nuanced approach to their continued language development on entry. Learners often enter these programmes with general language proficiency requirements which necessitate further development in order to be able to participate fairly and effectively with their native speaking classmates in the learning and training environment. This language need was the initial rationale for RCSI's appointment of a Lecturer in Communications in 2007 to the Dublin campus, as it was accepted that many otherwise bright and gifted international L2 students, bilingual or multilingual students were struggling to excel in their studies. Given the large numbers of international L2 students studying at RCSI this became a focus for the college.

In addition to language needs, any programme aiming to further the communication skills of medical and healthcare science students needs also to adhere to best practice and standards in medical education overseen by the World Federation for Medical Education (WFME). The WFME standards are a global expert consensus on the standards for medical schools which are endorsed by the WHO as well as other providers of medical education throughout the continuum of medical education and training: Basic Medical Education, Post Graduate Medical Education, and Continuing Professional Development (World Federation of Medical Education, 2020). All programmes at RCSI have been aligned with these standards from a quality perspective. The language and communications programmes at RCSI also needed to cater for the

needs of this demographic which includes a need to develop high level communications skills for medical health science students in a limited timeframe. The programmes also needed to be relevant, tailored and highly motivational. In line with the demands of medical education these programmes also needed to promote maturity, responsibility, cultural understanding, and life-long learning skills. Finally, the programmes needed to include an effective form of assessment for accurate placement and profiling of this complex student body as well as being able to monitor progress. These factors, in summary were all of the considerations which needed to be folded into the design of a programme for international student language and communication development at RCSI in order to be effective in a holistic way for this group. The theoretical underpinnings and framework for these considerations will be discussed in detail in chapters 3 and 4.

2.4.2. Personal rationale related to this study

I took up the post of Lecturer in Communications at RCSI in 2007. The RCSI had tried many traditional approaches to catering to the needs of the very significant L2 student body in the college. Prior to creating this role, the approach to English language development for students had been largely in a support capacity. Attendance at English language classes was voluntary, where students could decide to step forward if they were struggling with their English language. English classes in the main were extracurricular or evening classes that were initially general English language and later more EAP-based evening programmes. Various formats and approaches had been attempted but uptake and attendance were poor, and the college felt that these support measures were not working sufficiently with this particular cohort. As a result of poor engagement and participation the RCSI decided to bring the provision in-house and look at more tailored ways of approaching the language needs of the L2 student body. Therefore, the creation of the post of Lecturer in Communications was advertised with the remit to lead in the development, direction, delivery and examination of language and communications modules in a multicultural context within the undergraduate teaching programmes at RCSI. Having completed an M.Phil. in Applied Linguistics from Trinity College Dublin on a thesis that focused on a “whole school approach” to promoting learner autonomy in language learning for adult refugees, I was keen to try to design novel approaches to meet this need.

Additionally, the college's view was that the foundation year, which I will shortly outline below, was the best place to begin as the main entry point for many of RCSI's international students. The post required that this new approach involve assisting in the assessment and delivery of communications skills throughout the undergraduate medical curriculum, rather than simply language classes. I saw this role as the perfect opportunity for innovation and a way to look at possible new approaches to English language programmes in HE. I saw the gaps and constraints that existed around the traditional EAP structure at most institutions (the meaning of traditional EAP here is explained in chapter 3.4) and I was eager to try something new. I was aware of emerging models in language programmes in the sector at the time, both in Content and Language Integrated Learning (CLIL) models that were in use in secondary school systems and in the many bridging programmes or foundation programmes that were being created to prepare overseas learners for third level education. I set about studying and examining the context closely at RCSI over the coming academic year and began a pilot programme in the second semester of the academic year 2007/2008 which, over the following two years, grew into the CAL programme design which is now the subject of this study.

The CAL programme grew bigger than the foundation year in Dublin's Medical school, and a Teaching Fellow was appointed toward the end of 2009 to assist in the delivery of the expanded CAL programmes, and to take over delivery of the original CAL programme in the foundation year. Eventually the Dublin CAL programme was replicated in its exact form in RCSI's foundation year in the medical school on the Bahrain campus also. A self-access language lab was also created around the same pedagogical principles as the CAL programme. By 2017 there were embedded CAL programmes running across 3 undergraduate schools. The period 2013/14 to 2017/18 saw 581 undergraduate students participate in CAL programmes embedded in their formal academic programmes across the undergraduate School of Medicine and also a similar number in the School of Physiotherapy (525) and the School of Pharmacy (56) in total (Appendix B: CAL Programme Report, 2013-18). By the time I had decided to conduct this research I had already stepped back from the CAL programme delivery and my focus was on the broader co-ordination of the programmes and also my other remit as general lecturer in communications. I was no longer involved in the teaching or

marking of the foundation year CAL programmes by the time this study began. This distance from the CAL programmes allowed me to take a more neutral investigative approach to the evaluation. With this study I was very interested to evaluate more precisely in what ways these CAL programmes through their approach were effective or not. Finally, and regrettably due to logistic and financial commitments at the college with the introduction of the new THEP curriculum (in 2019), the CAL programmes were dissolved by the Dean of the Medical school in June 2019 and are no longer running. It should be pointed out that the decision was not based on poor performance in CAL programmes, but rather a changing demographic and investment in a new curriculum. The CAL programme ran to great success over ten years of its existence, where over 90% of CAL students improved their language proficiency along with many other skills. The programme received strong positive feedback from participants over this time span (See Appendix B: CAL Programme Report 2013-18). The college now has a different language policy in place which is not the subject of this research.

The timing of the dissolution of the CAL programme, however, was a challenge for this PhD study as will be discussed in chapter 5. However thankfully this study had already collected some of its data in one of the last and most recent iterations of the CAL programme which ran in 2018/2019 in both Dublin and Bahrain. The remaining data had to be collected after the ending of the programme. A timeline for this study is included in chapter 5 when examining the methodology. This present study conducts an in-depth evaluation in order to see what can be learned from the CAL programme. In relation to the dissolution of these programmes, clearly one of the biggest challenges, as is often the case with language programmes, is helping decision-makers to recognise the value of these kinds of programmes for L2 learners in the education system here in Ireland.

2.5. The foundation year at RCSI

In this section, I will describe the year in which the CAL programme in this study is part of and describe its learning context. The foundation year (FY) at RCSI consists of two semesters, delivered from September to May of the first year in the six-year medicine programme and it also takes in students who will go on to study in the 4-year

physiotherapy degree programme. The FY aims are, to provide a solid grounding in the biomedical sciences and professionalism, as well as the necessary IT skills to operate efficiently within the university's virtual learning environment (VLE). The FY course is delivered as a series of stand-alone modules taught in a single semester and also includes integrated, systems-based modules, delivered across two semesters. The current AY 2022/23 FY structure is as follows, (note the professionalism module which I will explain in more detail below runs across both semesters):

First semester

- Fundamentals of Medical Physics
- Fundamentals of Medicinal and Pharmaceutical Chemistry
- Fundamentals of Human Biology

Second semester

- Disease Diagnostics and Therapeutics
- Medicinal and Pharmaceutical Chemistry

Running across Both semesters I and II

- Musculoskeletal System, Nervous System, Skin, Special Senses, Reproduction and Endocrine Systems
- Cardiovascular, Respiratory, Immune, Gastrointestinal and Excretory Systems
- **Professionalism in the Health Sciences**
- Biomedical Laboratory Sciences

2.5.1. The professionalism module in FY

Before going on to look at the professionalism module, I will first begin with a definition of professionalism more broadly and also RCSI's specific definition of professionalism in health sciences. There is no one overarching definition of professionalism in healthcare, but international experts from Harvard medical school define it as that which leads to "trustworthy relationships" (Shapiro, 2018, p.4). While Professor Michael Brennan of the Mayo Clinic defines it as how we justify the trust of our patients, colleagues and community, to do the right thing, in the right way, for the right reasons and in a timely manner (Brennan & Monson, 2014, p.5). However, RCSI authored its own definition in

collaboration with international experts describing it as the values, behaviours and attitudes that promote professional relationships, public trust and patient safety (Slattery, 2018). RCSI's definition of professionalism states that doctors and medical students should be committed to these characteristics all of which are important and in particular communication and working in teams (compassion, communication, integrity, honesty, altruism, advocacy, ethical practice, working in partnership, reflective practice, evidenced based practice, cultural sensitivity, self-care), are all related to patient-centred care (Slattery, 2018). These commitments aspire to excellence, professional identity formation and leadership (ibid.). Many other definitions exist however, a useful definition is The Irish Medical Council's which describe professionalism as "being at the core of the patient - doctor relationship and is absolutely fundamental for patient safety and the delivery of high-quality health care" (IMC, 2016, p.5).

The concept of patient-centred service has evolved to be the centre point of medical training and hence any definition of professionalism has evolved from this view of the doctor-patient relationship. It has evolved over time from a model of paternalism, doctor knows best model of care, to a model more oriented to partnership, patient-autonomy and patient-centred-care. The approach and rationale for teaching professionalism in medical schools is captured well in this quote, "professionalism can be informally taught through modelling by instructors and preceptors; however, a more structured approach can enhance students' abilities to identify and assimilate the values and behaviours associated with professionalism" (Wear & Castellani, 2000, p.602).

The educational philosophy in the medical education literature suggests that skills need to be modelled, made explicit, drawn out and emphasised in order to be effectively acquired in a limited timeframe (ibid.). The figure below captures this patient-centred model used to thematically link all the aspects of the professionalism module in this study to its component parts as outlined in the RCSI FY course book. This wheel was used in the CAL programme also to map the CAL programme outcomes to the same professionalism outcomes by highlighting each week a different thematic "petal" from the below wheel. Therefore, when for example the CAL programme was focusing on intercultural communication in healthcare, the "cultural sensitivity" petal from the

below graphic would be emphasised to show CALs learning links within the broader professionalism module, as shown below (Figure 2.1):



Figure 2.1 - "The professionalism wheel" (RCSI, FY Course book, 2018)

In this interpretation of medical professionalism, we see the patient visually represented at the centre of all medical activity. All of the skills, attitudes, behaviours and activities which collectively make up the well-rounded practitioner are then all represented by each of the "petals" or "spokes" of the wheel such as, reflective practice, communication, cultural sensitivity, ethical practice and so on. All lectures, seminars, tutorials and teaching events all link to one or other of these themes or "spokes" of the wheel. So for example a set of tutorials on an introduction to medical ethics and law is linked to the "ethical practice petal". CAL themes taught to L2 learners covering for instance question types (e.g., open vs closed question formats, etc.) and patient interview skills, would map to the "communication" spoke on the wheel and so on. In this way, all concepts and teaching themes or skills are all interlinked for learners conceptually under one module.

2.5.1.1 The professionalism in health sciences (PROF) module

The Professionalism in Health sciences (PROF) Module is a 10 European Credits Transfer (ECT) module which runs across both semester of the FY year in the school of undergraduate medicine. The module runs for 24 weeks and is a mandatory core module in the FY Medicine and FY Physiotherapy degree. The overarching rationale of the PROF module is to introduce the concept of professionalism and all that it entails via this 24-week, 10 credit module. This study as I will outline below is based on the 2018-2019 running of the PROF module in which the CAL programme was an embedded component or sub-section at the time. The rationale of the module from the course book for that year is that:

 Becoming a health care professional involves forming values and developing behaviours which are key to fostering professional relationships, promoting public trust, enhancing quality of care and patient trust. The Professionalism in Health Sciences module provides students with a foundation in the core concepts underpinning medical and health science professionalism – compassion, effective communication, integrity and honesty, working in partnership as part of a wider healthcare team, advocacy, ethical practice, altruism, reflective practice, evidence-based practice, cultural sensitivity and self-care. The module is designed to approach the promotion of these skills and attitudes in a collaborative student-centred way through the use of technology, interactive group projects and continuous assessment. These pedagogical approaches offer students the opportunity to explore, analyse and apply these concepts to their own emerging professional knowledge and identity. (RCSI FY Course book, Appendix A)

The PROF module is different from the more traditional science modules in first year medicine, in that it is designed to facilitate students' growing awareness of the crucial roles that compassion, effective communication, integrity and honesty, working in partnership as part of a wider healthcare team, advocacy, ethical practice, altruism, reflective practice, evidence-based practice, cultural sensitivity and self-care play in the professional practice of medicine. The PROF module is multi-faceted, comprising multiple contexts and components: academic, clinical, and experiential. Each context and component are inter-related and have been arranged to offer students multiple opportunities to engage, re-engage and reflect on the module's core questions: 'What is professionalism?' in the context of their current studies.

Table 2.1 Outline of FY professionalism in health sciences module (2018-19)

Module: Professionalism in Health Sciences: 10 Credits All students	
Part A: All students Academic, Research & Informatics Skills (S1) (40%) (Assessment – Group projects in mixed groups)	
Part B: All students Intercultural Communication & Ethics in Healthcare (S2) (20%) (Assessment – Group projects in mixed groups)	
Part C (i) IPE Inter-Professional Education students (IPE) (S2) (20%) (Assessment case-based analysis, group work)	Part C (ii): *CAL students Communications & Language for Health Sciences (S1 & S2) (20%) (assessment – CA x 4 individual task-based language activities of choice from self-access lab + final exit proficiency examination) <i>*CAL students are selected on the basis of being international NNS of English needing further Language skills development.</i>
All students – Core section Part D: Electives (S2) 20% (Assessment: CA various tasks)	

The module is designed to approach the promotion of these skills and attitudes in a collaborative student-centred way through the use of technology, interactive group projects and continuous assessment. Through these pedagogical approaches students have the opportunity to explore, analyse and apply these concepts to their own emerging professional knowledge and identity.

This module's aims are listed in the 2018-19 course book as follows and aim to assist students to:

- Locate professionalism within a patient-centred service healthcare model
- Develop personal and professional knowledge, skills and attitudes required in a modern health care practitioner.
- Shape their professional identity.

The specific Module Learning Outcomes (MLOs) for the year of this study's data collection and evaluation are as follows:

- MLO 1: Embrace the RCSI patient-centred service model of professionalism
- MLO 2: Demonstrate both the capacity to value and the ability to work independently (Autonomy) and cooperatively (Teamwork)
- MLO 3: Assemble, evaluate and apply information (including online resources) at a standard appropriate to a tertiary level, health sciences context.
- MLO 4: Appreciate the importance of effective communication and demonstrate relevant written and oral communicative competence
- MLO 5: Appreciate the importance of academic integrity and honesty and demonstrate it in assessment contexts
- MLO 6: Discuss the importance of intercultural awareness in a healthcare context and apply relevant intercultural principles to a clinical scenario
- MLO 7: Discuss the importance of ethical practice in healthcare and scientific research and apply relevant ethical principles
- MLO 8: Discuss the relevance of inter-professional learning and demonstrate inter-professional learning skills such as negotiation, communication, project management, problem-solving and teamwork
- MLO 9: Appreciate the value and apply the principles of reflective practice that promotes continuous personal and professional improvement
- MLO 10: Embrace the values of compassion, altruism and advocacy and apply in inter-professional contexts

2.5.1.2 The PROF module structure

The content areas in the semester 1 module are as follows:

- Critical and Analytical Skills
- Academic Writing Skills
- Information Literacy
- Health Informatics
- Introduction to Professionalism
- Inter-Professional Education

- Introduction to Reflective Practice.

All of these elements are framed by an Inter-Professional Education Group Project and CAL programme segment for designated CAL students.

Content areas in Semester 2 are an introduction to “Intercultural Communication” and an introduction to “Medical Ethics” and are framed by a “Student Elective” component, an “Ethics Group Project” component and an “Inter-Professional Education” (IPE) component or a “Communication and Language” component (CAL). For the latter two segment streams students are placed in either (IPE) Inter-professional Education OR (CAL) Communication and Language. They cannot do both streams.

2.5.1.3 Delivery and learning approaches

The delivery of the module is multimodal and reflects the relevant elements of learning appropriate to the module content and design. The approaches to delivery will enable the students to attain the module learning outcomes and integrate the learning within the module as well as with other parts of the programme. The PROF module takes an approach to learning and assessment which focuses on building many of the skills through a student-centred collaborative approach to learning involving elements such as promoting independent learning and reflection and student peer-assessment of learning.

Finally, the learning and contact hours for the module are divided into 76.5 hours’ direct contact time for the CAL programme, compared to 65 hours for the IPE segment. Directed learning amounts to 16 hours for either segment approximately and independent learning is approximated to 159 hours for CAL and 169 for IPE, making both segments approximately equal in time and effort.

The table below (Table 2.2) shows the assessment breakdown and helps to illustrate which segments of assessment belong to CAL specifically. However, it should be noted that CAL supported and fed into all assessment via its aligned learning outcomes which I will look at presently. This configuration made sure that CAL student learning was enhanced to achieve their overall learning goals.

Table 2.2 PROF module assessment breakdown 2018-2019

Semester 1 (40%)	All students (including CAL)	
Part A: (ALL students) Academic, Research & Informatics Skills	Reflective practice	10%
	assignment (All students)	
	IPE Group project (All students)	20%
	Online MCQ examination (All)	10%
Semester 2 (60%)	Mainstream students	Communication and Language (CAL) students
Part B: (All students) Intercultural Communication & Ethics	20%	20%
Part Ci: (IPE students only) Inter-Professional integrated tutorials	20%	Does not apply
Part Cii: (CAL students only) Communication & Language	Does not apply	20%
Part D: (ALL students) Electives	20%	20%

It can be seen from the above table that CAL students participate in all aspects of the PROF module together with an embedded CAL component which caters for CAL needs as a targeted stream which is aligned and embedded in the module. CAL students have areas of overlapping assessment where they are taught and assessed along with all native speaking students. For example, in the group projects in semester 1 which all students are part of regardless of language background; native and L2 speakers all work together in mixed groups on projects. However, there is a 20% section of the PROF Module that pertains only to CAL students with EAL backgrounds (see below for linguistic selection criteria for designated CAL students). This is intended not only to help L2 students focus on building their language skills in context in a targeted way but to also give CAL students fair recognition and credit for the time and work they spend over the course of the year on developing their language and communication skills (Appendix A, FY course book 2018-19).

2.6. The CAL programmes at RCSI

This section describes the CAL programme component as a subcomponent of all the above. I will describe CAL for illustrative purposes primarily to help locate this programme's role and learning outcomes, assessment procedures and other descriptive features within the context of this study. The theoretical underpinnings of this study and the literature review of theories of second language learning will be presented and discussed in detail in the chapter 3.

For the purposes of this study, I have been using the term "embedded" to describe the CAL programmes so far. The reason for this choice of terminology will be elaborated in chapter 3 as part of my review of existing literature and educational approaches to language development in higher education. While CAL may have similarities with some forms of CLIL it does not align with traditional CLIL or EAP language learning programmes fully. However, neither is it co-curricular nor does it fit the description of a support function. Given that international students studying through English as a second language make up a large proportion of the student body at RCSI, and considering the learning context, complexities, varying backgrounds and needs of RCSI learners as outlined earlier in this chapter, the following quote helps to pinpoint in

part, the redundancy of a support or after-hours style remedial approach to language development at RCSI:

the ubiquitous presence of the word 'support' in relation to these issues suggests the existence of a superior group [of students] who function in a strong and 'unsupported' way, thus pathologising any student for whom these assumptions are not clear. (Haggis, 2006, p.4)

Together with the learning context outlined earlier in this chapter, this quote captures the need at RCSI to take a more holistic and inclusive approach to second language and communications skill development. The CAL programme as part of RCSI's undergraduate language modules are credit-bearing, targeted language programmes which aim to develop high level communications skills in a time frame which is limited due to the nature of health sciences degree programmes. Health science degree programmes are typically divided between the pre-clinical years (referring usually to the first three years of the degree programme) which focus on academic learning in the main and the latter half of the programme which have a more clinical applied focus and are largely hospital based. Over the course of intensive degree programmes such as these, time for language learning in a classroom context is limited and additionally students find it challenging to focus on language proficiency development while studying their core medical academic subjects. Therefore, the CAL programme in the foundation year as part of the professionalism module, aims to be relevant to the students' needs, tailored to their learning context and highly motivational and place a strong emphasis on promoting learner autonomy in language learning. These language programmes are also flexible year-on-year as learner needs and demographics change. The programme must also promote maturity, responsibility, cultural understanding, and life-long learning skills and use effective forms of assessment. All of these elements are folded into the design of the programmes and its choice of materials and supporting tools.

2.6.1. Philosophy of CAL learning

As mentioned earlier the schools of Medicine, Physiotherapy and Pharmacy all feature 'communicator' as a fundamental attribute of their graduate profiles. As part of RCSI's commitment to the facilitation of undergraduate students achieving the outcomes of the RCSI graduate profiles, the college has placed an emphasis on ensuring that its

graduates develop effective English language and communication skills. In this context as will be elaborated in chapter 3, the CAL programme approach to learning sees that language learning must take place in context and leave space for reflection, thus permitting the learner to reach higher ground with collaboration in tasks as an example of one way to promote this kind of reflection (Little, 2007, p.23). Little emphasises that reflection helps learners to engage with the process and content of learning and to use the target language not only as input in tasks but as the medium of metacognition and metalinguistic awareness (ibid.). The CAL programme design and CAL team facilitate this through embedded learning programmes, comprising a combination of taught programmes, small group teaching and also through independent self-access learning via the digital Language Learning Centre (LLC). The 2018-19 CAL programmes course book outlines that it facilitates embedded, contextualised, tailored, learner-centred environments for students to explore, reflect on, plan and progress their academic, intercultural and clinical communicative competence (See Appendix A). The CAL programme design in the year of this study 2018-2019 is based on ten years of CAL programme development and analyses which sees programmes as most effective as an embedded strand of student learning in the context of professionalism and associated core skills development, rather than as an adjunct student service.

2.6.2. CAL programme structure and learning outcomes

The breakdown below of the CAL programme structure and course overarching learning outcomes at module level are taken from the 2018-2019 FY course book as part of the PROF module descriptors (Appendix A, RCSI FY course book 2018-19).

FY PROF Module: PART C (ii) Communication and Language Stream (CAL)

Stream lecturer: Mr (removed for anonymity).

The CAL programme stream develops linguistic and communicative competency for students studying through their second language through giving them the skills necessary for successful healthcare sciences study. The programme is made up of 8 small group tutorials (in each semester) and these sessions cover communicative skills and competencies development for clinical communications scenarios, communication for history taking skills and oral OSCE performance, and covers many other medical / health science communications-based skills such as explaining processes and procedure to patients, conducting physical examination etc. The course is designed to be student-centred, tasked-based and uses authentic bespoke materials for tailored training and development in this context. The CAL programme learning outcomes are also mapped to the learning outcomes in the PROF module of which this CAL component is an

embedded and credited part. See the marks and standards document, for the breakdown of marks associated with the assessment of the CAL programme component of PROF.

CAL Overall Learning outcomes:

- Demonstrate greater confidence in studying/training through English
- Report greater belief in your ability to communicate successfully specific situations or accomplish specific communicative tasks
- Demonstrate an appreciation of the importance of CAL skills in the context of your programme of study/training
- Demonstrate/display greater communicative competence
- Display a willingness to communicate well (accurately, fluently and appropriately)
- Apply CAL skills in support of your learning in other modules

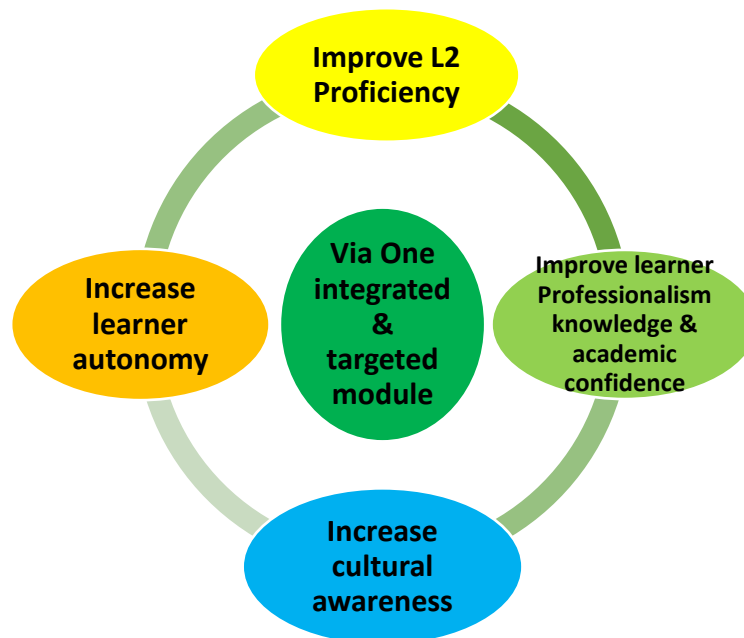


Figure 2.2 CAL programme aims

Topics covered in the CAL programme week-to-week include tutorials, online learning, and face-to-face interactive communication sessions which mirror what is being covered in the rest of the module. Themes covered match the core overall module lecture learning outcomes and help CAL students to bridge any gaps or deficits in the language skills pertaining to what is being covered in their overall programme. In the interests of brevity, the below provides some illustrative samples of content contained in CAL

sessions or interactive tutorials, a full programme over 2 semesters is available if requested:

Table 2.3 Sample CAL tutorial content

CAL tutorial breakdown samples from across Semester 1 and 2:

CAL 1.2: Theme: Self-Assessment and Needs Analysis 2 (80 mins Interactive tutorial)

1. *Analyse a written text based on a source using task achievement criteria*
2. *Use CEFR descriptors for orthographic control to analyse and (self- and peer-) assess a written text*
3. *Use CEFR descriptors for spoken fluency and phonological control to (self- and peer-) assess a spoken text*

CAL 2.2: Theme: Communicating (new) information to a patient 1 (80 mins interactive)

1. *Explain what is meant by ‘managing communication’ and ‘establishing rapport’*
2. *Explain the 3 objectives in communicating (new) information to a patient and the strategies/techniques used to achieve this.*
3. *Analyse a model doctor-patient interaction (topic = diabetes) & identify objectives being achieved and strategies used.*
4. *Model doctor-patient interaction using your own language to achieve the functional outcomes.*

2.6.3. Recruitment and language needs for entry to CAL

This section outlines the language proficiency measurements on entry and exit from the programme. The IELTS English language proficiency, a commercial but widely used examination, is often blamed for not preparing students adequately for academic studies (Cheng & DeLuca, 2011; Hamid, 2014; Hamid & Hoang, 2018; Leung et al., 2016). Therefore, the validity and relevance of these kinds of external commercial measurement tools is currently debated. It is well-accepted that international students’ commercial or standardised English test scores may meet the admission criteria of their institution, but this does not mean they will not struggle linguistically in the course of their studies (Andrade, 2006; Cho & Bridgeman, 2012; Dooey & Oliver, 2002). Taking this into consideration, the assessment used at RCSI is a CEFR-based in-house language placement tool which has been designed by the language team in RCSI and has been in use for 10 years. It is a placement tool which helps add a layer of standardisation to the

broad and often difficult to align, varied language proficiency data submitted to the admissions office. It measures all incoming non-native speaking (NNS) students using the same instrument which helps in identifying learners' needs for placement purposes. As mentioned briefly earlier in this chapter the incoming international student body at RCSI present to the admissions office with a very wide range of language and non-language assessment measures which are often difficult to compare and benchmark against each other.

The RCSI In-house language assessment was designed initially as an added layer of linguistic information and as a needs analysis tool that would lend a level of standardisation to a language needs analysis for this group of learners. The in-house examination therefore was designed only as a needs assessment tool rather than a test of proficiency with regard to decision making for CAL programme potential candidates. The assessment design uses CEFR criteria to elaborate and benchmark scales for both its design and the assessment rubric used to assess it.

2.6.4. CAL student selection and learning profiles

These students represent a wide range of English language proficiency levels on entry ranging from CEFR level B2+, at the lowest end of the spectrum for this group, to C2 level of proficiency in English at the highest (See Table 6.1 CEFR equivalence quick guide) where most or all of their schooling may have taken place through English. EAL students are selected for entry to the CAL programme where their language proficiency is found to be on or below a CEFR level C1. Students whose language proficiency exceeds a C1 level, post in-house examination, are generally not placed in the CAL programme unless the CAL team feel their profile merits it. All decisions around selection for CAL are carefully weighed and holistic information about the student is considered. Therefore, students in CAL can range from as low as a B2- up to a C1 on the CEFR with varying ranges of skill in between those levels on individual areas such as spoken or written skill levels. The CAL module stream was therefore designed to take this diversity of proficiency and need into consideration. The broad context of this module has already been explored in some detail above. The CAL programme report (Appendix B) also shows a wide spread of nationalities and mother tongues for this group each year.

However, the entire module covers communication skills for all students regardless of their language background.

The CAL segment of the programme carries 20% of the total marks available for the PROF module as shown above. On entry to RCSI, all EAL students are assessed via the in-house language assessment tool mentioned. A needs analysis is conducted through this process, and on the basis of their language proficiency CEFR score together with all available background data on the learners' profiles, they are either placed in the CAL stream for EAL learners or the IPE stream for native speakers of English. The workload between the parallel streams of CAL and IPE are equal in contact hours and assignments to offer an equitable experience and effort from all students in the PROF module. IPE also carries 20% of the available marks for the module for example (Table 2.1).

It should also be mentioned here that the only stage at which the CAL EAL learners are separated from their native English-speaking peers is for the CAL component of this module. In all other segments of this module students are mixed and complete group projects or assignments in multicultural groups where native speakers work and study alongside their NNS classmates. Finally, as will be detailed further in this study on the programme description, the CAL segment is tailored to help students achieve the skills, behaviours and attitudes to allow them to reach the overall learning outcomes of the module. It focuses on medical and healthcare science professional related skills with a linguistic and communicative focus which is based on L2 pedagogy, aspiring to promote language learner autonomy in a task-based learner-centred, communicative sociocultural pedagogical framework. The CAL segment aims to orient them to their professional field, and as an approach to language programme design and delivery in higher education it is quite significantly different from many other comparators, lending itself to this timely in-depth evaluation and research.

2.7. Conclusion

In this chapter I have dissected the programme under discussion to help locate this programme in its learning context at RCSI. I began by briefly outlining the broader educational context with regard to international student figures in the Irish higher

education sector. I then went on to describe RCSI as a university and its educational role and philosophy relating to health sciences education and training. From there I looked at RCSI's international student body from a profile perspective and eventually outline the language and communication learning needs of this cohort. I examined my own relationship to this research and mapped out the university aims at the time for its EAL student population. I went on to detail for illustrative purposes the year and module within which the CAL programmes are embedded. I concluded with an outline of the CAL programmes themselves, their aims, structure, and selection and assessment methods. In the next chapter I will go on to locate this study's framework within its theoretical context for language learning in higher education contexts.

Chapter 3 Language teaching and learning

3.1. Introduction

In this chapter I examine key theoretical approaches to formal language instruction, discussing theories in language teaching and learning, looking closely at sociocultural views of language learning. I then examine language learning autonomy theory, looking at the areas of motivation and self-assessment in particular. I then move on to examine current research on English language learning in higher education with a particular focus on the Irish higher education sector and current models of language programme in use. Finally, I will discuss theory and approaches relating to language curricula design and move from there to examine language curricula in current research in the Irish higher education landscape. I will conclude with a discussion on how theory can inform practice and the parameters of the evaluation in this research.

3.2. Second language teaching and learning

3.2.1. Terminology

This section begins with a short review of terminological choices made within this thesis. I refer throughout the thesis to the participants of this study as English as an Additional Language (EAL) learners to best categorise the learners in this study and I will explain this choice and the rationale for it here. Formal language learning and teaching research spans all levels of education, and each has its own context and corresponding terminology with some overlapping terms and abbreviations dependant on context and learner profiles. Generally speaking, the term that most non-language experts may encounter is the generic term EFL (English as a Foreign Language) learners, referring to overseas students where English is the 'foreign' language being learned. Students may also be referred to as ESOL learners (English for Speakers of Other Languages), or as Non-Native Speakers of English (NNS). This latter term has in more recent times been judged to carry subtle power-dynamics that can be quite problematic and indeed pejorative, especially in cases where learners have spent a life-time mastering English as a second language, but never attaining the native speaker gold standard (Dewaele, 2018). The abbreviation EAL is most often used across Ireland and the UK to refer to

language learners in the education system, in most often primary or secondary level education, although not exclusively. It describes learners who are often immersed in an English-speaking environment and have to learn curriculum content at the same time as learning English. This study recognises that this term and research relating to it is most often discussing younger learners and teachers working in a secondary education context. However more broadly it captures a very diverse group of learners for whom their primary or secondary education was bilingual to some extent or for those who are possibly children with parents who are speakers of other languages (Dewaele, 2018). In this latter case it may refer to learners who learned a second language informally at home also. It may seem an unusual choice in this case to refer to the university level students at RCSI as EAL learners in this instance. However, the majority of RCSI international students have spent much of their secondary schooling in bilingual international education schools abroad before coming to RCSI. Many are bilingual or multilingual and none are learning English for the first time as a foreign language. Therefore, the terms EFL or ESOL are largely a poor fit to describe this cohort. An additional point is that CAL programme participants have complex linguistic profiles which I will outline as this thesis progresses. As L2 students at RCSI many of them are multilingual and speak English as a third or fourth language and have often been taught through two languages while speaking a third at home in some cases. Therefore, the language profiles of the participants here are better described as EAL in the context of this study as the term which fits best in describing the mixed profile of these learners. However, this study is not situating itself as a piece of research in EAL, rather this research examines language learning at university level for international students for whom English is not their first language. I will also be referring to learners in this broad context as L2 learners, and as international healthcare students in other parts of this study when not referring to language learning. I will also explain the language learning contexts and terminology relating to the learning context later in this chapter.

3.2.2. Theories of language learning and teaching

Theories of language learning in the field of second language (L2) learning have a long history and have evolved greatly over time. The field of formal enquiry into L2 acquisition processes has existed as a field in its own right only since the 1950s. Early

theories of language learning focused on one dimension of learning, such as that of understanding learning as a response to specific stimuli (as the behaviourists believed) to the cognitive theorists' idea that learning takes place primarily in the mind (Skinner, 1957; Piaget, 1952). For example, a strictly behaviourist interpretation of language acquisition has led to language-teaching methods such as the audiolingual method, using rote memorisation and language drills. Contrastingly, cognitivist perspectives such as the language acquisition theories of Chomsky (1959) and Krashen (1981, 1982) have led to methodologies of language teaching that take the learner's inherent ability to acquire language as central such as "The Natural Approach" (Terrell, 1977, 1982). Presently, social perspectives on language learning emphasise the importance of context in language learning (Lantolf & Thorne, 2006; Mitchell & Myles, 2004). A sociocultural stance emphasises a social view of language learning and the integrated nature of individual (psychological) and social (environmental) elements in the learning process. This approach arises from the broader theories of learning put forward by the well-known psychologist Lev Vygotsky (1978, 1986). Broadly speaking these sociocultural views of learning see language learning in its social context and link the role of social interaction to the development of higher order mental processes through a process of mediation.

3.2.3. Sociocultural theory

In a sociocultural view of language learning, learning takes place through social interaction. Applied to the field of L2 pedagogy, this theory translates into an approach in a classroom context where the target language is employed as the medium of instruction and learning. As learners attempt to communicate with teachers and other learners through the target language, this communication contributes to their L2 knowledge and competence, the development of higher order thinking through the medium of the target language (Boxer & Cohen, 2004). Sociocultural theory "specifically connects the role of language as a mediating tool between social interaction and the development of higher order mental processes" (Boxer & Cohen, 2004, p.11). Researchers such as Swain and Lapkin (1998, p.321) argue that interaction in language not only provides opportunities for learning, but interaction itself is learning. Swain and Lapkin (ibid.) argue that learners jointly construct knowledge during their dialogue. Their

suggestion is that interaction which involves some type of scaffolding (guiding, simplifying, or modelling a task for a learner) can be a source of linguistic development, in that the learner can learn more in collaboration with others than on their own (ibid., p.321). Sociocultural theory then sees language as a tool and suggests that how precisely we influence or interact with the world around us is through mediation which involves the use of psychological tools, and language is one such tool. As Vygotsky puts it, “children solve practical tasks with the help of their speech as well as with their eyes and hands” (Vygotsky, 1978, p.26). This sociocultural view of language learning then sees the role of language in learning as a tool with which the learning process is shaped and knowledge is mediated. If this is the case, then communication through analysing tasks may be a desirable approach to use.

Reflection is believed to play an important role also as it helps learners to engage with the content and the processes of their learning (Bruner, 1986, p.129). As Bruner points out, language education must leave space for reflection, which permits the learner to reach higher ground. Collaboration in tasks is one way to promote this kind of reflection (Little, 2007, p.23). As Little highlights, reflection helps learners to engage reflectively with the process and content of learning and using the target language not only as input in tasks but as the medium of metacognition and metalinguistic awareness (ibid.).

The mediational role of tools in general education psychology can include many active methods of learning such as drawing or counting. However, language is seen as one of the most important mediators of cognitive activity. The most salient Vygotskian concept in the language education literature is his theory on the Zone of Proximal Development (ZPD) (Vygotsky, 1978). The ZPD and one of its educational interpretations known as scaffolding have become prominent in sociocultural approaches to language learning and curriculum development where learning through classrooms or course instruction is concerned (Vygotsky, 1978, p.86; Bruner, 1965). Vygotsky’s ZPD is a theory that attempts to explain the progress of learning and development in children. It seeks to explain how children move from being able to do something with assistance from a capable other, to being able to do something alone. Thus, the ZPD is essentially the difference between the child’s ability to solve problems on their own and their capacity

to solve them with assistance. Their actual developmental level is what they can accomplish with ease, whereas the ZPD refers to operations they can only perform with help. It is defined as “the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers” (Vygotsky, 1978, p.86). The idea of the ZPD has implications for our understanding of learning especially where learning through instruction is concerned. For Vygotsky, the best kind of instruction is that which is directed at the learner’s ZPD, learning involving tasks that are challenging to the learner and which cannot be performed independently by them, but in collaboration with a capable other.

As Lantolf and Appel (1994) point out, it is important to emphasise that it is not the carrying out of the task that is most important here, but the higher cognitive processes that emerge as a result of the interaction (1994, p.10). Therefore, the concept of “scaffolding”, as used in sociocultural theory, can be understood as the expert guiding the novice through a series of interactions in which the expert gradually cedes and the novice eventually begins to take on more and more responsibility (Boxer & Cohen, 2004, p.12). In relation to L2 acquisition, Wood et al. (1976) identify some features of scaffolding as, “recruiting interest in the task, simplifying the task, maintaining pursuit of the goal, marking critical features between what has been produced and the ideal solution, controlling frustration during problem solving and demonstrating an idealized version of the act to be performed” (ibid., p.89).

Applied to the field of second language (L2) pedagogy, sociocultural theory is relevant to classroom contexts where the target language is the medium of instruction and learning. As learners attempt to communicate with teachers and other learners through the target language, this communication contributes to their L2 knowledge and competence. Language use is necessary for language learning, in the sense that social interaction in the target language leads to the development of internal linguistic competence. Through actively working on problems and tasks, learners construct meaning and gradually become competent in the L2, with social talk being transformed into internal competence. Learners actively engage in dialogue, activities and problem solving which is viewed as language learning in itself. Therefore, a language classroom

environment which promote these types of activities is essential to the learning process. As researchers in the field point out, the study of non-native speaker interactions in the L2 classroom has brought attention to the importance of the negotiation of meaning and modification of interaction to L2 development (Long, 1985). Also, in group work negotiating meaning provides the necessary conditions for mastery of a second language (Donato, 1994, p.34). Internalisation is therefore an important aspect of Vygotsky's theory and is understood in the L2 classroom context as the process which results in the L2 becoming part of the learner's cognitive repertoire. Using the target language in the classroom, in meaningful social interaction, is the means by which this internalisation is achieved. As De Guerro remarks, inner speech turns inwards the social manifestations of language, is the vehicle for self-communication and acts as an antecedent for communication with others. Furthermore, inner speech is a major cognitive instrument for the planning, guiding and evaluation of action (1994, p.85). Mediation therefore in L2 learning assigns a significant role to dialogue in constructing L2 knowledge both inside and outside the classroom. As Swain argues, language in the form of dialogue acts as a tool in L2 learning in that it mediates the construction of knowledge about itself (Swain, 2000, p.97). In other words, the use of language in the L2 classroom helps to construct knowledge about the language itself. Even in the case of the L1, for Vygotsky, the "L1 acts as a mediator between the world of objects and the new language they are studying" (1986, p.160).

Vygotsky's ideas and the work of sociocultural theorists assume that learning is the result of doing; Vygotsky sees the role of interaction with guidance as fundamental and sees independent problem solving or 'autonomy' as the ultimate goal of learning. As Little points out in relation to Vygotsky's theories translated in the classroom, we require learners (i) to take the initiative in determining learning goals and selecting materials and activities in the target language and (ii) to use the target language for regular "reflective intervention" in what they have learnt and how they have learnt it (Little, 2007, p.23). Based on the discussion here, sociocultural ideas can be promoted by incorporating an autonomous, learner-centred approach, with collaborative and reflective learning.

Sociocultural theory of language learning continues to evolve and some more recent studies in second language teacher education, for instance, examine social relationships and culturally constructed materials arising from interaction which impact and create unique human thinking (Johnson, 2009; Li & Yamamoto, 2020).

In summarising the review thus far, in second language education, several paradigm shifts have occurred in recent educational history, through the schools of behaviourism, cognitive psychology, through to sociocultural theory which sees learning as an interplay between humans themselves through social interaction and with their environment. A useful summary of key components in this shift and its effects on language education in the classroom is provided by Jacobs and Farrell (2001, p.3). The key lines of thought in this field of study can be summarised as:

- Focusing greater attention on the role of learners rather than the external stimuli learners are receiving from their environment. As a result, the centre of attention shifts from the teacher to the student. This shift is generally known as the move from teacher-centred instruction to learner-centred instruction.
- Focusing greater attention on the learning process rather than on the products that learners produce. This shift is known as a move from product-oriented instruction to process-oriented instruction.
- Focusing greater attention on the social nature of learning rather than on students as separate, decontextualised individuals.
- Helping students to understand the purpose of learning and develop their own purposes.
- An emphasis on the importance of meaning rather than drills and other forms of rote learning.
- A view of learning as a lifelong process rather than something done to prepare for an examination. (ibid.)

The above is a useful example to summarize and illustrate the evolution of second language education. These shifts in second language education have led to many changes in how second language teaching is conducted. In the rest of this chapter, I will consider the theories and related phenomena which shape contemporary second

language teaching and learning, including internationalisation and diversity, learner autonomy, collaborative learning, self-assessment, and trends in curriculum design.

3.3. Language learner autonomy

In the health sciences and allied health professions education, there is a significant emphasis on a commitment to lifelong learning and on-going professional development. Medicine is constantly evolving; knowledge and skill needs can change significantly over the lifespan of a medical career. The ideal medical graduate is therefore seen as one who is not only competent in their clinical knowledge and skills, but one who is a reflective practitioner capable of and committed to lifelong learning in his or her chosen field of medicine as discussed in Chapter 2 of this study on the role of professionalism in medical education. The clinical teaching and learning environment can thus be seen as ideal as a field for the promotion of learner autonomy to improve the quality of clinical learning and even clinical outcomes. However, here I am going to discuss learner autonomy firstly in the context of L2 language learning theories in relation to the sociocultural view of language learning as discussed earlier.

Definitions of learner autonomy are complex and have evolved and taken on different meanings throughout the decades, from Holec's first offered definition as "ability to take charge of one's own learning" (Holec, 1981, p.3). Holec goes on to elaborate that, the autonomous learner is willing to and capable of setting aims and objectives, identifying strategies to reach the latter, and finally choosing criteria and using them for self-evaluation. This interpretation is similarly offered by Wenden (1991), who describes the autonomous learner as "one who has acquired the strategies and knowledge to take some (if not yet all) responsibility for her language learning and is willing and self-confident enough to do so" (Wenden, 1991, p.163). Benson defines autonomy as "the capacity to take control of one's learning" (Benson, 2001, p.47). Cotterall (1995, p.195) takes a similar view when she defines autonomy as "the extent to which learners demonstrate the ability to use a set of tactics for taking control of their learning". This capacity to take control of one's learning is multidimensional and can be translated into three interdependent levels of control: control of learning management, control of cognitive processes, and control over learning content (Benson, 2001, pp.48-

50). Little (1991) is one of the most significant contributors to the study of language learner autonomy in second language learning. Little's definition takes psychological and cognitive factors into consideration:

Autonomy is a capacity - for detachment, critical reflection, decision-making, and independent action. It presupposes, but also entails, that the learner will develop a particular kind of psychological relation to the process and content of his learning. The capacity for autonomy will be displayed both in the way the learner learns and in the way he or she transfers what has been learned to wider contexts. (Little, 1991, p.4).

Little summarises the key elements required to achieve language learner autonomy as: (i) learner involvement, (ii) learner reflection and (iii) target language use (2007, p.23). Involvement engages the learner fully with their learning as outlined earlier, reflection helps learners to engage reflectively with the process and content of learning and using the target language not only as input in tasks but as the medium of metacognition and metalinguistic awareness (ibid.). Therefore, the development of learner autonomy involves not only a social interactive component but also an individual dimension with cognitive engagement as an integral part. Little describes this as a shared process between teachers and learners and the learning environment in which language learning is a meaningful part of the communication taking place, and he is referring to a meaningful communicative, learner-centred, task-based style of learning pedagogy here to best achieve this (Little & Perclová, 2001, pp.46-53). Leni Dam in her work in this area also emphasises this point about what characterises learner autonomy in language learning and cites it as "a readiness to take charge of one's own learning in the service of one's needs and purposes." (Dam, 1995, p.1). This definition emphasises the inter-relatedness of the context and meaning to the learner and their level of involvement in it. In Self-Determination Theory (Ryan & Deci, 2017), humans have three interdependent psychological needs, for autonomy, competence and relatedness. Another point in the development of language learner autonomy and its benefits to the language learner are around the gains in self-esteem which have been found to be a significant learning outcome (Dam, 1999a; Legenhausen, 2000).

3.3.1. Motivation

Other aspects to consider for the specific group of learners in relation to the importance of fostering learner autonomy are those related to motivation and its implications for an approach to learning. Lack of motivation is often cited as one of the main barriers to a learners' progress. Indeed, motivation has long been considered an important factor in language teaching (Ellis, 1994; Van Lier, 1996). Studies on learner motivation in L2 contexts discuss the importance of motivation that comes from within, known as intrinsic motivation. This specifically connects motivation to internally meaningful activities which involve doing something as an end in itself, for enjoyment, interest, challenge, or skill as opposed to for example just to please a teacher or parent (Deci & Ryan, 2000). More recent work in the area of the positive effects of intrinsic motivation highlights the importance of the motivational force on the success of learning (Deci & Ryan, 1985; Ushioda, 1996). In fact, Carson in her ethnographic study (Carson, 2006) on the role of goal-setting among adult refugees learning English, found that goal-setting as part of an approach aligned with this view of promoting learner autonomy, fostered motivation and in turn enhanced language learning outcomes (Carson, 2006). Additionally, it is this concern for lack of motivation in learners that lies behind making education more learner-centred as mentioned earlier in this chapter (Tudor, 1996). If what goes on in the classroom or learning environment has no connection to the learner's life, needs or goals outside it, it will have no meaning for the learner (Barnes, 1976). In relation to learner autonomy then perhaps the same could be said of L2 learners in higher education contexts in relation to the importance of intrinsic motivation for learning success. Learners take their first steps toward autonomy when they accept responsibility for their learning, and to do this they must understand the why, what and, if possible, the how of learning (Little, 2000, p.7). Little suggests that learners should then be involved in all aspects of learning, including negotiation of what needs to be learned and how (ibid.). If we want our learners to be able to solve problems and take responsibility for their actions rather than follow custom, then a passive view of learning will not do (Barnes, 1976, p.149). Goals of learner motivation and learner autonomy could then be seen as relevant to this group of EAL learners who are required to take their primary medical degree through English and develop their

English language proficiency to a high level, not only as part of their studies and but also as part of a commitment to their long-term careers. Learner motivation and promoting learner autonomy as part of any EAP programme design or learning seems relevant in this context. The learning embarked upon in the case of the learners here would then need to be ongoing and learners would need to adopt a life-long learning attitude as it would be unrealistic to expect them to learn all they need from a single language programme. In summary, all of the points here might be necessary to consider in producing L2 programmes that help a learner on the path to becoming independent confident English speakers.

3.3.2. Self-assessment

In any discussion on fostering learner autonomy in the L2 classroom, self-assessment is an important part of the reflective cycle. As Little explains, the development of autonomy by the learner over a period of time hinges on self-assessment and reflection (Little, 1999, p.4). As discussed earlier regarding sociocultural theories of language learning, if we want the learners to be fully engaged in the purpose, monitoring and evaluation of their own learning then we must help them to achieve this through the promotion of self-assessment in formative or programmatic assessment contexts. Little argues this point strongly and recommends that students are led toward reflecting on and evaluating their own learning (Little, 2007, p.23). However, learners who may come from varied learning backgrounds where more didactic or teacher-led forms of learning are what they are most familiar with will need to be led toward this goal of self-assessment over time. It has been supported by research findings that self-assessment which forms part of the learning and learning tasks leads to more accurate self-assessment (Rea-Dickins, 2006; Butler & Lee, 2006). Self-assessment then is a matter of understanding what, how and how well one has learned and plays a central role in all reflective learning. In this holistic approach to learning *as* assessment, this sees self-assessment forming part of an iterative learning process in an L2 context. In other words a learning conversation that is truly dialogic is reflective and gives shape to our experiences (Little et al., 2017, p.9). Learners therefore should be involved in determining the criteria for self-assessment and teacher assessment should be governed by the same criteria as learners' self-assessment in the learning environment. The

benefits of the educational underpinnings discussed here of an approach to L2 pedagogy that incorporates an autonomous, learner-centred approach, with collaborative, reflective and self-assessed learning at its core, aligns with the needs of L2 learners in a HE setting. These educational values are also cited in medical education literature and recognised as valuable competencies for learners to acquire. As Nicol points out, “[i]f we want students to develop critical thinking, judgement and autonomy, in assignment production, they should be provided with high level evaluative experiences” (2011, p.2).

3.4. Research on English language learning in higher education

There are multiple factors highlighted by the literature as challenges to the educational progress and success of international students studying through English as an additional language. While there is some level of disagreement as to how much language itself impacts the learner in these contexts, many agree on a baseline of similar factors which I will summarise here.

Research has found a link between L2 language proficiency levels and its impact on students’ academic achievement (Harris & Ní Chonail, 2016). English language skills have also been found to influence students’ social adjustment, ability to secure employment after graduation in Ireland and generally found to impact all aspects of international students learning and experience and therefore an area of key concern for higher education institutions aiming to attract and retain international L2 learners (Farrelly & Murphy, 2018; Wang, 2020). These challenges facing international learners emphasise the need for a more holistic look at the needs of L2 learners at the intersection of academic, sociocultural and psychological factors (Garska, 2021; Ortiz Granero, 2020, 2021). Research from an academic literacies perspective has examined issues relating to power and identity in the written work of L2 learners for example which recommends more critical approaches to EAP teaching (Garska & O’Brien, 2019). Research looking at postgraduate L2 students has examined the effectiveness of the role of drama in developing L2 learners’ communicative competence, as reported by Carson and Murphy (2012). There has also been research in this area in relation to the use of technology to engage L2 learners, with findings across many sectors looking at the success or challenges around these tools all pointing to the need for further study into

language related issues in an online learning environment for L2 learners which is particularly relevant now post-pandemic, with a move by many HEIs to more blended or online learning (Walsh & Rísquez, 2020; Zhang et al., 2017; Carson, 2016; HEA, 2021).

A considerable body of research cites general fluency issues as a challenge in this learner group (Adisa et al., 2019; Banjong, 2015; Caplan & Stevens, 2017; Smith, 2016; Young et al., 2013; Zhou & Zhang, 2014). Other studies make a more nuanced point that general proficiency is not found to impact learners as much as a lack of domain specific or subject knowledge language in their area of study which may have a stronger impact on academic outcomes (Campbell & Li, 2008; Curle et al., 2020; Kamasak et al., 2021; Terraschke & Wahid, 2011). In relation to areas of specific language use, academic writing comes out strongest in literature on areas of weakness, whether self-reported or perceived. However, it should be noted that many of these findings relate to universities in EFL or EMI (English Medium Instruction) contexts which adds a different emphasis on needs (Andrade, 2006, 2010; Campbell & Li, 2008; Cheng et al., 2004; Evans & Green, 2007; Evans & Morrison, 2011; Kamasak et al., 2021; Lee & Lee, 2018; Zhou & Zhang, 2014). Vocabulary along with spoken production is also highlighted in studies relating to challenges for this learner group, with a focus on having an adequate and growing literacy in vocabulary as well as a facility for confident spoken interaction to be a core skill in an academic learning environment (Andrade, 2006; L.-S. Huang, 2010; Jabeen et al., 2019). Research similar to the present study looks at students' self-assessment of their own language abilities (Caplan & Stevens, 2017; L.-S. Huang, 2010; Mamiseishvili, 2012).

There is much in the literature regarding what constitutes or characterises 'fluency' by linguists and language teachers, A study in the US by Senefonte (2016) looked at language attitudes towards the non-native accent. Similar studies have examined various aspects of this area such as the effect of accent on perceptions of fluency. These studies find evidence of language prejudice, discrimination or exclusion by the host community, mostly looking at Hispanic communities in the US (Senefonte, 2016; Calvet, 2002). Similarly, a UK study of research on native speaker responses to non-native accents also highlights this problematic area of unconscious bias or language discrimination for certain groups, especially among Asian and Hispanic

groups (Reddington, 2008). Whilst this point risks taking us too far from language pedagogy, it is an important aspect of L2 instruction in higher education.

3.4.1. Models of English language programmes in higher education

There are a wide variety of approaches to English language programme design in higher education. Many of these approaches fall under the umbrella of English for Academic Purposes (EAP), a field that evolved from the broader field of English for Specific Purposes (ESP), itself an approach for specialised areas of study through the medium of English largely used in EFL professional contexts (Flowerdew & Peacock, 2001; Hyland, 2006). EAP has grown significantly since its first emergence in the 1970s, mainly due to the internationalisation of the higher education sector. EAP programmes and research have been most prevalent across Ireland and the UK with variations on both pre-sessional and elective or supportive style solutions the most visible (Jordan, 2002; Hamp-Lyons, 2011). In the UK, EAP has had its own professional body since the 1980s, BALEARP (The British Association of Lecturers in English for Academic Purposes) and its own journal (*Journal of English for Academic Purposes*) which first published in 2002.

There is a significant amount in the literature globally which examines English for Academic Purposes (EAP). EAP courses introduce students to a wide range of general academic skills in the form of both study skills and communication skills, such as note-taking, giving presentations, taking part in discussions, reading and writing academic papers, in short, many of the generic skills which are of basic relevance across most disciplines in HE education contexts (Dudley-Evans & St. John, 1998, pp.41-43; Hyland, 2006, pp.9-13). However, a 'one-size-fits-all' generic course on academic writing, for example, is unlikely to serve the demands of all degree programmes. Healthcare science is one such discipline, which as I outlined in Chapter 2 is multidisciplinary in nature and has many areas that involve a wide array of skills, learning and assessments modalities; from lab work, to clinical bedside teaching for example. Indeed, not all academic skills are 'transferable across different disciplines' (Hyland, 2006).

From a content and design perspective, L2 programmes have changed significantly over time. Approaches and content have evolved and indeed vary or are tailored to suit the needs of the L2 international student body they serve. Variations and

emphasis in focus on spoken or written language, academic literacies or particular angles on academic culture or skills can be found in different formats across the third level sector in an attempt to support the learning needs of the L2 learners in any given university (Jordan, 2002). However, L2 programmes do tend to have a unifying identity in that most traditional formats typically exist on the fringes of universities and suffer from a 'less-than' image when compared to content subjects. Many reasons in the literature are given for this, among them the view of L2 teaching as a minority support or remedial service, or a quick fix programme, with some courses viewed according to their economic value to the college or otherwise. Rarely are they judged on their academic merit or need (Jordan, 2004; Hamp-Lyons, 2011, p.93). The role of for-profit international English language proficiency tests (such as IELTS) in gatekeeping access to third level education, has also had an impact on how some EAP programmes are designed, especially those in the pre-sessional space. This influence can give EAP/L2 programmes the image of an extended entrance examination rather than a holistic answer to L2 learners needs, often with the criticism that they are simply a backdoor route for otherwise weaker students, which is a largely unfounded accusation (Harding et al., 2020; Pearson, 2021). These challenges only serve to further reduce the academic standing of EAP courses (Ball, 2007; Fulcher, 2009).

A sizeable majority of language programmes continue to take a preparatory approach to university education in one form or another. These traditional language programmes aim to frontload language learning in some preparatory foundational way and can be found in various pre-sessional formats. A pre-sessional programme of study which takes place before the learner commences their programme of higher education can run in length from a summer programme of several months' duration to a year-long preparatory foundational programme. While foundation programmes are often praised for their ability to allow space for the learner to improve and develop their language skills in advance of going on their third level education journey, some research suggests that learners often leave these programmes with levels of language proficiency and skill that still require some development (Copland & Garton, 2011). Inherent in this model is little acknowledgement of the idea that an L2 language journey is not finite and L2 proficiency cannot be confined to one year in the same way that a knowledge subject

can. While these foundation programmes often focus on a combination of broad academic skills together with language skills development which are beneficial to the L2 learner and do have their place in a language learning journey, they also say something about the status of the language and L2 learners in the eyes of each institution. For instance, Schmidt-Unterberger in her study on English teaching in higher education notes:

It makes a difference in terms of the status of language learning if language courses are pre-sessional (i.e. meant to prepare students for future content learning before the actual programme starts) or if they are embedded in the English-medium programme. If embedded EAP/ESP teaching can be found throughout a programme, this could be interpreted as a sign of the programme designers having acknowledged the importance of discipline-specific language teaching. (Schmidt-Unterberger, 2018, p.5)

It could be argued that these approaches, while varied in their success rates, are more welcomed by international learners than the possibly pejorative concept of “language support” which has a remedial undertone and is often relegated to the afterhours/ evening timetable. English for Specific Purposes (ESP) is another approach in this domain which traditionally focuses on discipline-specific language which ‘endeavours to teach the language the learners need to communicate effectively in their work or study areas’ (Basturkmen, 2010). ESP aims to prepare students for their professional careers by aiding them in understanding the language of their chosen subject(s). This strong emphasis on genre analysis in ESP is largely based on the work of Swales and Bhatia (Swales, 1990; Bhatia, 1993).

Institution-Wide Language Programmes (IWLPs) are another approach to modern language learning in higher education where universities offer language programmes typically to non-specialist students who are not studying language as part their degree. These are often credit bearing programmes which students elect to take as part of their main degree. While the template and design can be extremely innovative and there is much to take from these models of language learning, they are typically run across the UK and Ireland primarily in modern foreign languages not usually in area of L2 teaching. However, this model of learning has been a focal point for interesting research in the area of language curricula design, such as the innovative work on the IWLPs at Trinity

College Dublin looking at aspects of L2 learning including learner autonomy, language assessment and using the CEFR (Common European Frame of reference for languages) which I will return to discuss in more detail in the L2 curricula design section below (Carson, 2016, 2017). Further examples of variations on approaches to L2 teaching in third level exist, for instance Murray and Muller report on how effectively one model of in-session English language provision implemented at a university in Australia was seen to address this lack of alignment by moving away from centralised, generic academic language support to support that was wholly devolved to a School of Nursing located within the institution's Faculty of Medicine. The model was implemented on the basis that it would help ensure that language tuition responded more relevantly to the particular language needs of those students enrolled in the school (Murray & Muller, 2019).

In summary, a large portion of English language provision in Irish higher education still takes place via extra-curricular or course-adjacent language electives, which may or may not carry course credits and focus primarily on language viewed from the lens of EAP. While the existence of these programmes is welcome, the onus is mostly on the learner to spend their free time, evenings, summers, and weekends developing their English language proficiency and it is therefore hidden from view of their classmates, and the institution within which they are learning. The programme under discussion in this study as will be made clear as this study progresses, is not easily defined in terms of EAP studies and could perhaps best be defined as a context-embedded approach to language education. The CAL programmes at RCSI were designed using a combination of influences drawing from a blended template of embedded language learning at university, academic literacies, and content language integrated learning (CLIL) all of which will be discussed later in this chapter. The CAL programmes under discussion could be seen to constitute a unique approach and therefore this study has chosen not to situate itself in an EAP context for the purposes of research as it would be too narrow and limiting to describe the approaches and aims of the programmes as aligning with EAP. The CAL programmes here have a broader learning and education remit than academic literacy or second language education which will be discussed here in chapter 3 and also throughout chapter 4.

3.5. English language curriculum design

According to Nunan, one possible definition of “curriculum” is “to see it as an attempt to specify what should happen in the classroom, what actually does happen and attempt to reconcile the difference between the two” (Nunan, 1988, p.10). That brings us to one of the central problems of the curriculum, namely the gap between theory and practice. Lawton points out that this gap exists on many levels, such as what the teacher thinks happens in the classroom and what is observed in the classroom, and between educational theory and practice (Lawton, 1973, pp.7-8).

There are two main opposing views in language teaching: the subject-centred view which sees language as a body of knowledge to be internalised, and the learner-centred view which sees language as a process of acquiring communicative skills (Brindley, 1989, p.63). The ideas behind the learner-centred curriculum come from the broader field of adult education where the acquisition of skills for learning is seen as an essential component of any course addressing adult learners as I have discussed at the outset of this chapter when outlining thinking on sociocultural perspectives of L2 learning. In the case of adult language learners specifically, Brindley suggests that “education should develop in individuals the capacity to control their own destiny and that therefore the learner should be seen as being at the centre of the educational process” (Brindley, 1984, p.15). He goes on to say that in the case of the curriculum specifically, it should be “centred around learners’ needs and that learners themselves should exercise their own responsibility, in the choice of learning objectives, content and methods, as well as in determining the means used to assess their performance” (ibid., p.15).

There have been many different interpretations of needs analysis in curriculum design, with most serving purposes such as grouping learners initially. However, needs analysis in language teaching really came to the fore in the mid to late seventies through work carried out by Richterich and Chancerel (1978) as part of the Council of Europe’s Modern Languages Project. In this context needs analysis was used to specify behavioural objectives and following on from that basis more details could be worked out such as topics, functions, notions, structural components and may have even involved interviewing learners (Berwick, 1989, p.54). According to Richards, this type of

needs analysis serves four purposes. It results in wider input into the content, it helps in the design and implementation of a language programme, the information can be used in defining goals and objectives for the programme, and it provides data for reviewing and evaluating an existing programme (Richards, 1984, p.5). Needs analysis has developed according to Richards and Berwick in line with demands for more accountability and relevance in education programmes (Richards, 1984, p.5; Berwick, 1989, p.51). In response to these possible obstacles, in order for learners to participate fully and make informed choices, they need to be taught what it means to be a learner (Nunan, 1988, p.96). In other words, learners not only need to be taught language but need to be taught how to learn. This aligns very clearly with the previous discussion on the need and relevance for fostering learner autonomy in the learners and this can be achieved through the teaching approaches as outlined earlier but importantly folded into the curricula design for the L2 learners.

3.5.1. Language needs analysis in higher education

As I have outlined, a core element of a learner-centred curriculum or programme of learning necessitates a focus on needs analysis and the role this plays therefore must be considered. Bruce (2015) when discussing the pre-sessional and foundation models of EAP highlights this point in the comment that EAP preparatory courses are “high-stakes, needs-driven and expectation-driven education” (2015, p.36). He makes the point that this all needs to be achieved in a relatively pressurised timeframe which can often be unrealistic, if these courses aim to prepare students for much of the academic and language skills they will need in their future university course (ibid.). This applies even more so to medical education where timetables often necessitate long full days from early morning to evening to facilitate clinical exposure and rotations also. Bruce also through his comments helps to highlight the constraints of the traditional EAP style pre-sessional or foundation programme and its shortcomings (ibid.). Therefore, with regard to L2 medical or health sciences students’ needs, a singular foundation course could not realistically aim to prepare learners for all they require in this context. This study will examine the holistic combination of the considerations and needs of these learners being discussed here as a proposal or approach which may support their learner in a more complete way. Some research defines a needs analysis approach as a way of

constructing the what and how of an EAP course (Dudley- Evans & St. John, 1998). This aptly makes the point that a one-size fits all approach is unlikely to align with a learner-centred model of learning. These considerations emphasise the importance of needs analysis in developing any L2 programmes and help to provide a focus for planning and quality curriculum design which stands up to high education standards and scrutiny (Bocanegra-Valle, 2016; Dudley-Evans & St. John, 1998; Oanh, 2007; Rahman, 2015; Strevens, 1980). Many guides to designing and conducting needs analyses in language programme design in EAP genres have been published and it is best to select those that fit with our particular pedagogical approach (Basturkmen, 2010, 2013; Belcher, 2006, 2009; Bocanegra-Valle, 2016; Braine, 2001; Dudley-Evans & St. John, 1998; Flowerdew, 2013; Huhta et al., 2013; Hyland, 2006; Jordan, 1997; Oanh, 2007; Rahman, 2015; Upton, 2012).

3.5.2. Content and Language Integrated Learning

The abbreviation CLIL that is, Content and Language Integrated Learning, was originally coined by David Marsh in 1994 (Marsh, 1994). The origins of CLIL as an educational approach emerged from this period largely driven by a European multilingual policy aimed at enabling citizens to use three European languages functionally (the 'mother tongue plus two' approach). An examination of CLIL is an important part of our discussion here as one of the pioneering forms of contextualised language teaching which emerged in primary and secondary school language teaching initially, but which also exists in university contexts. In this regard it has theoretical and pedagogical usefulness for our discussion here. I will examine briefly its development and uses since its emergence and also examine definitions, interpretations, methodology and underpinnings as related to the discussion here in brief and issues that have arisen with the implementation of CLIL (Coyle et al., 2010).

An appropriate starting definition of CLIL might best be borrowed from Dieter Wolff in his succinct description of CLIL paraphrased as; based on the idea that languages are best learned by focusing not so much on the language itself (meaning form and structure) but by instead focusing on the content which is transmitted through language (Wolff, 2006). Wolff goes on to elaborate that compared to other content-based approaches to language learning, the novelty of this approach is that the content

is not drawn from everyday life or general English as many modern EFL courses are, but instead focus on subject specific or academic disciplines (Wolff, 2010). The idea being that we are not only improving learner's language proficiency but in tandem their subject knowledge or skill also. This approach can be used at all levels of language learning and contexts from primary, secondary, and higher education. However, it has tended to be used most often at secondary school level particularly with migrant EAL students having to integrate a new education system quickly, while developing fluency and subject knowledge to keep up with secondary school national curricula (Farrell & Baumgart, 2019). This approach has had its appeal in those contexts as it is highlighted as an approach which saves time for learners. Additional studies over the past fifteen years also show that an added benefit of a CLIL approach is that the learner not only improves their language proficiency in a meaningful subject-oriented way, but it has been found that learners as they are engaging with the content through an L2 or EAL context are processing content more deeply (Lamsfuß-Schenk, 2002, 2008). An important feature of CLIL on the ground generally sees language teachers or linguists working in collaboration with subject teachers to develop a CLIL programme or course of study. This clearly has some constraints in the context where curricula are fixed or inflexible such as in national curricula. This has led to much of the CLIL initiatives in secondary schools to sit once again outside of the main course and offer subject/content learning to EAL learners in an additional language support capacity. This is not always the case however as CLIL is a very open, flexible and a non-prescriptive approach. In for example emersion contexts in bilingual modern languages or with regard to the Irish language we can find examples of CLIL in use in the main classroom. A study by Ní Chróinín et al. (2016) explored over 8 teachers' and 200 children's experiences of a CLIL approach to the teaching of physical education and Irish in an English-medium primary school, collected through direct classroom observation and interviews. This study found that while the CLIL approach was very positively received and fostered good Irish language learning and a more positive attitude to the language, it did fall short, participants felt, in its PE learning aims (Ní Chróinín et al., 2016). This conclusion is echoed in other studies which find it hard to strike a balance between content and language learning. Again Wolff points out, this is the challenge across all education sectors using a CLIL model in that student who have been taught via a CLIL approach are

often expected to know as much about the content subject as those being taught through their mother tongue (Wolff, 2010). CLIL while non-prescriptive in many ways, in current examples of its use, has transpired to be a complex approach requiring a significant amount of planning and collaboration across subjects, as well as needing skills and content creation knowledge and expertise. It is unsurprising therefore that there have been many calls for more teacher training in this area more recently from post - primary language teachers and teacher trainees (Farrell & Baumgart, 2019).

This is an area of on-going development across education sectors and updated outputs are expected currently as there has been a lot of activity in this space from the Modern language teaching community. Experts in CLIL delivered keynote lectures at UCC in 2019 to Modern Language Educators. Additionally, the PPLI in collaboration with Maynooth University launched the CLIL MFL pilot for Ireland in June 2019. The teacher training from this, on CLIL upskilling, took place over the summer of 2019 with classes having started in early 2022 (Batardière et al., 2022). There is also an ongoing European research project 'CLIL LOTE' 12 supported by the European Centre for Modern Languages of the Council of Europe from 2020 to 2023 (Brophy, 2019). Therefore, it is envisaged that much more insights will be available soon on all of these initiatives and there is certainly room for more work going forward in this space, all of which I do not have the scope to discuss here.

There is however very limited research available on CLIL in higher education. A Canadian study of cross-faculty CLIL in higher education concluded and recommended that:

in CLIL collaborations applied linguists and content faculty work together in a "trading zone" or "contact zone" against a backdrop of power relations and institutional constraints and affordances. Recommendations are made in relation to the importance of institutional support for interdisciplinary collaborations for universities that have increasing linguistically and culturally diverse student populations. (Wallace et al., 2020, p.128).

Another recent ethnographic case study looking at higher education contexts for CLIL investigated the development of a science teacher's teacher language awareness (TLA) and teacher identity through participation in a school-university collaborative project.

Based on analysis of data from classroom observations, interviews, and video commentaries, the researchers have developed a model focusing on CLIL teacher professional development as a collaborative, dynamic process, with both teachers and teacher educators, who are co-developing their knowledge and expertise in CLIL (He, P & Lin, A. M, 2018).

This is an exciting area of research with room for development. It helps to centre the discussion around the RCSI embedded CAL language programme approach which this study aims to evaluate. While certainly the embedded approach that has been taken at RCSI draws inspiration from CLIL ideology and design, it is a different approach which I will summarise below, drawing on the literature and theoretical underpinnings and educational considerations discussed in this chapter thus far.

3.5.3. Academic literacies and collaborative instructional approaches

Above I have examined the traditional and dominant EAP models currently in use across the Irish HE sector as the default position in most universities and institutions. However, an emerging area of study here is one that is aiming for a curriculum-integrated inclusive practice. The provision of academic literacy in universities as originally conceived, is based on an idea of centralisation, meaning that linguistic support is given with regard to general academic skills rather than language development and this is often seen in in-session support which can be across the spectrum for all learners where it exists (Wingate, 2015). Wingate defines academic literacy as the ability to communicate competently (reading and writing focus) in an academic discourse community (ibid.). The understanding of academic literacy in this context is that literacy in the first instance must be acquired by all students in the academic discourse of their chosen degree or subject area regardless of whether they are native speakers of the language or not. Also is the point that true academic literacy is domain specific and cannot be acquired outside of that domain and therefore requires content experts as well as learning within the academic disciplinary community in question whatever that be. Wingate and proponents of this approach envisage a collaboration between language or EAP experts and the subject-specific content experts in a framework that allows all learners L1 and L2 to study together the same set of skills required by all learners. Wingate outlines this framework in a way that explains how to achieve this inclusive practice intervention.

However, the focus of this work is very much based on literacy and writing or academic skills such as those involved in research (writing, referencing, critiquing, synthesising written information, reading scientific publications) to name a few. The focus is on those aspects of academic literacy skills which are common needs for all students at university yet tailored to the subject specific requirements of the academic disciplinary discourse. The theory also brings academic culture into the conversation and takes a view of this approach to curriculum integrated design which could also be seen to be inclusive and consider learner diversity.

This is an interesting area of development which has relevance to the discussion here and again in a similar way to CLIL it acknowledges the need for better integration and contextualisation for our L2/ EAL student populations. However, the integration of academic literacy in HE while emerging, has not yet yielded many studies in this area. In the literature there are some interesting examples from the UK, Spain, South Africa and Australia (Chiu & Rodriguez-Falcon, 2018; Bilikozen, 2019). There are similar roadblocks as those outlined in CLIL, in that it has been found to be challenging to facilitate close collaboration in some instances across faculties between the academic writing and content experts. Also approaches vary widely and do not always approach the inclusion of EAP expertise implicitly. Lastly, courses can still be more course adjacent than integrated (Wingate, 2015, 2018). A study at Middlesex University Business School in 2020 reported strong positive outcomes from an educational intervention using an academic literacies approach (Calvo et al., 2020). The findings suggest that, on the whole, this intervention was successful in relation to both staff and learners' perceptions of the gains relating to the disciplinary discourse of their subject of study. However, this report recommends "developing better guidelines for subject lecturers on how to deliver the integrated academic literacy as well as the importance of the participation of students, student learning assistants and graduate teaching assistants in the design of the intervention" (ibid., p.1). While this area looks mainly at communicative skills in the literacy domain, the concept of an integrative and holistic approach to language development for L2 learners is an overarching concern here which links to those aspects and the problems and challenges we are trying to solve for the learners. All of these studies recommend more work in this area, including longitudinal studies to examine

impact over time and the development of clearer frameworks to make these approaches easier to implement.

3.5.4. The CEFR and its role in language curriculum design

The Council of Europe's (2001) *Common European Framework of Reference for Languages: Learning, Teaching, Assessment* (CEFR) was developed as part of the Council of Europe's language policy, the objectives of which are to improve the effectiveness of language learning and to promote co-operation in the field between member states in the design, implementation and assessment of language programmes (ibid., p.2). The CEFR is in the form of a handbook, which serves as a descriptive scheme that can be used to analyse L2 learners' needs, specify L2 learning goals, guide the development of L2 learning materials and activities and provide orientation for the assessment of L2 learning outcomes (Council of Europe, 2001, p.1). While the CEFR is often associated with language assessment due to its perhaps now familiar use of CEFR scales from A1 at beginner level to C2 at fluency level, as universal benchmarks for language proficiency, in this section I am examining the CEFR in its uses and applications relating to the design of language curricula specifically. Here I will discuss how the CEFRs scales can be used to design curricula and reflective learning tools.

The CEFR comprises (i) a comprehensive description of the knowledge and skills that are required in order to act effectively in an L2 and (ii) a definition of communicative proficiency at six levels arranged in three bands: A1 and A2 (basic user), B1 and B2 (independent user), and C1 and C2 (proficient user). The descriptive scheme has a vertical and a horizontal dimension. The vertical dimension uses "Can do" descriptors to define the six levels that we referred to above. Communicative language activities involve reception, production, interaction and mediation. There are also scales for listening and reading, spoken production, written production, spoken interaction and written interaction. The vertical scales are user-oriented because they describe communicative behaviour, what the learner can do in his or her target language. (ibid., p.6). Language proficiency on the CEFR scales is defined, as mentioned, in the form of "Can do" statements which describes in positive terms what the learner can do, rather than a negative approach which can tend to focus on what the learner is not yet able to do. An illustration of one of these "Can do" statements is for example from a reading

descriptor at B1 level: “I can understand texts that consist of high frequency every day or job-related language, I can understand the description of events, feelings and wishes in personal letters” (ibid., p.26). The common reference levels of the CEFR aim to capture the entire range of second or foreign language proficiency. An empirical project developed the levels and scales with the input of “300 teachers and 2,800 learners representing 500 classes approximately” (ibid., p.217). The learners in these studies came from a cross-section of learners ranging from secondary to vocational to adult education.

To date the CEFR has been applied to existing curricula of different kinds. Some examples of the CEFR in action more recently include a report on the Syllabus Project, a project relating to Irish language education initiated by a national working group which created syllabuses for individual year groups within a degree programme which was viewed as a successful step for the future of the programme (Nic Eoin, 2016). Historically some of the first curricula elaborated in Ireland, entirely using the CEFR as its base were produced by IILT (Integrate Ireland language and training) which provided English language support for adult refugees to Ireland informed by the CEFR (Council of Europe, 2001). IILT was a campus company of Trinity College Dublin and also provided a programme of in-service training for teachers until its closure in 2008 (Little & Kirwan, 2019). Other smaller studies describe the application of the Common European Framework of Reference for Languages (CEFR) in curricula design specifically relating to assessment interventions in EAP modules (Carson, 2016, 2017; Carson & Murphy, 2012). A longitudinal study involving children from a range of linguistic backgrounds in three primary schools found, through formal, functional and conversation analysis of language use in the L2 classroom, that the CEFR-derived Benchmarks for English language support at primary school in Ireland informed by Little’s work (2003) reflected children’s trajectory of English language development (Ćatibušić & Little, 2014). This research also yielded considerable evidence of features of L2 learners’ L2 acquisition (Ćatibušić, 2013; Ćatibušić & Little, 2014). The CEFR was also adopted by modern language standards in secondary school curricula and assessment for quite some time and has been used as a benchmark also (DES, 2015). Languages Connect, an awareness campaign set up by the

Post Primary language sector also have expressed a goal for the CEFR to be adopted by institutions and employers by 2026.

The CEFR has been used at RCSI to elaborate the CAL programmes curricula, to include all of its learning outcomes and assessment criteria. This also allows for mapping of the CEFR relevant descriptors to core medical outcomes.

3.6. Conclusion

In this chapter I have examined and discussed theories of learning and education and applied these to L2 formal learning contexts. I emphasise the usefulness and appropriateness of sociocultural theory as the most valid and holistic framework for second language learning in HE contexts for L2 learners in particular. I then considered impactful theories which continue to shape L2 education and learning such as, internationalisation and diversity in the HE sector, learner autonomy, collaborative learning, self-assessment and curricular integration. In the latter half of this chapter, I closely examined EAP programmes in HE in Ireland and looked specifically at the factors impacting these learners' language learning in these settings. From there I looked at types of curricula and frameworks, examining CLIL, Academic literacy, curriculum-integrated models, and the use of the CEFR and its current popularity and flexibility to design the kind of curricula needed to meet these learning goals.

In my next chapter, I will look more closely at the available research on the role that culture, intercultural competence and diversity plays for this learner group in a health sciences context specifically.

Chapter 4 Intercultural communicative competence

4.1. Introduction

In this chapter I will locate the current study in a review of literature related to intercultural communicative competence and its relevance to international L2/EAL learners in higher education. This chapter will also elaborate on the relationship between second language learning and intercultural competence, and its relevance to healthcare education and research.

4.2. Intercultural communication in higher education

The study of intercultural communication (ICC) is an interdisciplinary endeavour. As Edward T Hall, often regarded as the father of intercultural communication, recognised there is not one discipline which could explore, explain, and understand fully an area as complex and as multifaceted as how we interact and communicate effectively in intercultural contexts (Hall, 1955). Martin and Crichton (2020) in their tracing of the western development of intercultural communication, explain that the area grew through collaborations of anthropologist such as Mead and Benedict with linguists Trager and Birdwhistell in the mid-twentieth century. The main influencers can be traced from the early work of Alfred Smith in the 1960s, entitled “Communication and Culture”, which was based on a linguistic framework of theory, syntax, semantics and pragmatics from the work of Chomsky, Birdwhistell, Fishman, Osgood and Hall, *inter alia*, and looked at verbal and non-verbal aspects of communication (Smith, 1966).

From there, the study of intercultural communication grew during the 1970s and 1980s with an explosion of university courses offered to educate and train in this field, summaries of which are well-documented by Baldwin (2017), Kulich (2012) and Prosser (2018). The *International Journal of Intercultural Communication* emerged as the primary disseminator of key research in the area. In the 1980s and 1990s there was a broadening out of intercultural communication disciplinary influences to include postpositivist approaches from social psychology (Harman & Briggs, 1991; Hart, 1999). What emerged were studies comparing Asian versus Western cultures, and low/high context theories for an explanation of cultural communicative norms across cultures

which are still used to teach basic intercultural communication theory today (Gudykunst et al., 2005; Ito, 2000; Kincaid, 1987; Kitao & Kitao, 1989; Suzuki & Okabe, 2009).

The study of ICC within applied linguistics research in Europe has its origins in social and political discussions around the changing face of Europe in the wake of a significant increase in inward migration, along with the establishment in 1987 of the European Economic Community's Erasmus programme (Kramsch, 2001; Woodin, 2018). Much of this work was rooted in psychology, sociology, or emerged from other fields like business studies (e.g. the influential work of Geert Hofstede 1980, 1991). There was a strong interest in language, linguistics and language education and its relationship to ICC using ethnographic research methods (Byram & Feng, 2004; Corbett, 2003, 2009; Dahl, 1995; Kramsch, 1998, 2001). Finland also contributed greatly to studies, crossing borders with Russia and the Nordic countries, leading the way on integrating ICC into Higher Education (Salo-Lee & Crawford, 2018).

4.2.1. Intercultural communication and its relevance to international students

Some of the main reasons why international students choose to undertake a third level qualification abroad include the higher quality of the education, a competitive edge, a worldwide network of alumni and opportunities that they may otherwise find difficulty accessing (Andrade, 2006). Additionally, international students, their sponsors and parents may see studying abroad as a chance to explore a different culture, to learn new ways of thinking and behaving, and to improve their cross-cultural knowledge and skills (Andrade, 2006; McClure, 2007). However, universities do not always deliver on these expectations. A study at a Midwestern University in Toledo USA explored the experiences of its international student population which comprises of 10% of a total student population of 16,000. The aims of this study were to identify the challenges and vulnerabilities of international students and to outline some recommendations for improvement. Their recommendations included raising the profile of international students on campus, enhancing cross-cultural understanding, and providing greater opportunities for international students to become involved in the university and local community (Sherry et al., 2010). The authors note that placing all responsibility on

international students to adapt or adjust takes away a fair educational exchange where the host institution must also aid the learners on this journey (Sherry et al., 2010).

4.2.2. Socialisation and integration

Murphy-Lejeune (2002, p.173) emphasises that social integration with the host members often depends on the students' own initiative when she explains that, for students, "trying to gain admission to a group cemented by a common language and a common cultural system requires strong determination [...]" (2002, p.173). We can expect that our L2/ EAL learners will struggle with the status of "the stranger". These circumstances make it a challenge to interact with the local community successfully and can in fact risk enforcing stereotypes, if it is not directed and scaffolded to some extent. Coleman, argues that for international students these experiences can enforce a more negative view of the host society initially (1996, p.10).

In relation to integration and social life of international third level students, there are many studies which highlight social integration as a complex area. Integration is seen as a significant source of challenge but one that when successfully accomplished leads to greater academic success. Therefore, many studies suggest that institutions should concern themselves more with this area (Andrade, 2006; Banjong, 2015; Campbell & Li, 2008; Caplan & Stevens, 2017; Clarke et al., 2018; Evans & Morrison, 2011; Farrelly & Murphy, 2018; Finley, 2018; Scally & Jiang, 2020; Sheridan, 2011; Smith, 2016; Young et al., 2013; G. Zhou & Zhang, 2014). Most of these studies also cite isolation, loneliness, and lack of social support as main sources of stress, depression and other negative issues for students which do impact their academic success. This brings the need for successful integration and social life for academic success into the sphere of education provision. Many of the above studies focus on culture shock, socialisation with L1 student speakers of English and difficulties integrating. Additionally, research examining academic success have found that motivation, self-confidence, empathy and open-mindedness are features which promote academic success for international students (Aizawa et al., 2020; Andrade, 2006; Evans & Morrison, 2011; Martinez & Colaner, 2017; Smith, 2016; Tang et al., 2017; Thompson et al., 2022; Young et al., 2013). Where an institution has a high number of international students there is clearly a need for the

entire institution to adapt. There are intercultural self-assessment scales which exist at institution level for this purpose (Campbell & Li, 2008; Farrelly & Murphy, 2018; Gebhard, 2012; Y. Huang, 2012; Martinez & Colaner, 2017). However much of this research shows that socialisation does not exist apart from language, intercultural communicative competence and academic cultural adjustment to name a few.

4.3. Definitions of culture and intercultural communicative competence

One of the most cited definitions of culture is from Hofstede (2009, p.98); “culture can thus be described as the unwritten rules of the social game that determine which behaviour is accepted in which role in the moral circle”. There are many other definitions which have their origins in the various fields mentioned in the introduction covering a broader range of topics from behaviours, social connectedness, pattern of belief and so on (Bennett & Castiglioni, 2004, p.251). In its broadest definition, culture refers to the underlying commonalities and understanding or worldview shared by members of a particular grouping, whether that be a physical, spiritual, ethnic or collectively defined grouping (Cushner & Brislin, 1996; Triandis, 1994). Kramsch (1998) defines culture as “a common system of standards for perceiving, believing, evaluating, and acting” (cited in ICCinTE, 2007, p.5). We can see that culture does not only relate to national identities, but also to academic culture or professions such as the medical profession, which is widely accepted as having its own very codified shared culture.

The notion of intercultural communicative competence (ICC) was first used in a 1993 article by Müller (1993). It includes the skill of communicating in an appropriate way with people from other cultures (Samovar & Porter, 1993; Byram, 1997; Moran, 2001; Byram et al., 2002; Corbett, 2003; Bennett & Bennett, 2004). This construct necessarily includes the notion of sociolinguistic competence, some aspects of which I touched on from a language use perspective in chapter 3. Here I revisit it in its cultural communicative context once again as “[a] speaker’s knowledge of how to express messages appropriately within the overall social and cultural context of communication, in accordance with the pragmatic factors related to variation in language use” (Celce-Murcia et al., 1995, p.23). However, it is not enough to only communicate appropriately,

it is also necessary to behave and perform appropriately in unfamiliar contexts. While key for successful language acquisition, sociolinguistic competence is not easily acquired as Ferguson outlines: “the place of culture in language learning and language teaching is a problem – or better, a set of problems – for anyone seriously interested in understanding how human beings acquire language competence” (Ferguson, 1991, p.416). In medical education and clinical contexts such as doctor/patient, or doctor/junior doctor interactions, are also bound within the structures of their professional culture and require a clear understanding of the roles and communication expectations which can also vary across cultures, even in medical domains.

In the area of ICC teaching and learning, there are many models of intercultural learning used in teaching and programmes. An early intercultural model was the iceberg model. It has been used to illustrate the nature of culture (Weaver cited in Pusch, 2004, p.21) in distinguishing between the visible and the invisible parts of culture; highlighting the complexity of culture as a largely invisible and hidden concept which takes time to uncover with only the most obvious aspects of a culture (clothes, food, artefacts, etc.) visible above the water line of the iceberg and the more inaccessible hidden codes (behaviours, gender divisions and ways of interacting) beneath the surface and is thus compared to an iceberg. Awareness of these hidden aspects of culture is important as Paige discusses: “[e]xamining the connections between surface and deep aspects of culture is a critical strategy for being effective in crossing cultures” (Paige, 2006, p.62).

Bennett’s Developmental Model of Intercultural Sensitivity (DMIS) (1993) explains the various stages of intercultural learning and describes a progressive process of development from an ethnocentric stage to an ethno relative one. “The DMIS was created as a framework to explain the observed and reported experiences of people in intercultural situations” (Bennett, 1993, p.152). The first three stages are labelled ethnocentric, while the last three are ethno relative. Bennett’s DMIS investigates the following six stages:

1. Denial
2. Defence
3. Minimisation
4. Acceptance

5. Adaptation
6. Integration

Each stage involves a deeper shift in perspective until finally the learner is able to integrate into the host society and can deal with the inevitable resulting identity changes.

A more recent model offered by Paige is a model of cultural learning (2006). This model describes ten points which Paige calls, situational variables and lists personal factors that can cause strong emotions and psychological stress (Paige, 2006). This is very relevant to the international student experience, as students do not always experience a smooth transition between cultures. Deardorff's Process Model of Intercultural Competence (2006, 2009) explains a lifelong process of orientation starting with the individual and the key aspects of attitude, knowledge, comprehension and skills. Attitudes, respect, openness, curiosity and discovery are all seen as relevant skills, as a starting point in reflecting on one's attitude. Valuing other cultures, withholding judgment, tolerating ambiguity and uncertainty are critical skills for the international student to possess. The areas of knowledge and comprehension include cultural awareness, deep cultural knowledge and sociolinguistic awareness. Listening, observing, evaluating, analysing, interpreting and relating are all indispensable skills for the learners living in another culture during their studies. Deardorff (2009) not only looks at the individual in her model, but also at interaction and desired internal and external outcomes. For internal outcomes, Deardorff focuses on an "Informed Frame of Reference Shift" which is recognisable in signs of adaptability, flexibility, an ethno relative view and empathy (ibid.). Deardorff, includes an important point in mentioning that the degree of intercultural competence depends on the degree to which the skills listed above have been acquired.

4.3.1. Identity and intercultural communicative competence

Identity is a key feature of developing cultural communicative competence and awareness. Psychologist Lambert (1956, 1978) was one of the first to examine the relationship between language and identity. Lambert argued that the acquisition of a

new language and cultural identity did not necessitate the loss of the original language and its corresponding identity (Lambert, 1978). He observed that the relative status of a language, in relation to the other language, predicted levels and patterns of bilingualism. In other words, the larger language and culture group would likely dominate to the detriment of the language and culture of the more minor group (ibid.). Lambert is also known for influencing early understanding of advantages that bilinguals may have over monolinguals in his work examining cognitive and social aspects of bilingualism (ibid.). Gardner, building on Lambert's work, examined the social and motivational factors that influenced a person's interest in an L2 which was often aligned with a positive attitude toward the L2 language and culture (Gardner & Lambert, 1959). However, aspects of these theories have been disputed as the experience of many learners of English is that they do not necessarily need to identify closely with the host community in all cases, as will be discussed in relation to our ME cohort studying in an Irish university context. Work in this area has since been re-conceptualised as a shift from learners seeing themselves as members of another language and culture group – to a conceptualisation of “self” which is added to their existing view of self, more as an additional way to identify with a new language community without having to be consumed by it (Dornyei & Ushioda, 2013). This idea of self and self-knowledge is where much of today's intercultural training begins, the idea being that if we do not firstly reflect on our own identity, it will be more challenging to recognise, appreciate or even incorporate aspects of the identity of the other.

Witte argues that it is not possible to have self-knowledge without the existence of the “other” in a juxtaposition arrangement of sorts when he states that, “the very development of the notion of ‘self’ is only possible by interacting with the other, be it in the form of other people, other concepts, other ideas, other words, other images or other actions” (Witte, 2000, p.55) Witte later elaborates on this concept when he further argues that: “learning intensively about alternative concepts of self, other and world, provided by and inscribed in the foreign culture, has therefore severe psychological implications for the learner's sense of identity which [...] is profoundly constructed through language” (Witte, 2006, p.212). Identity therefore has been and can be linked to evidence of degrees of integration.

Kim (2009) states that two important prerequisites, open-mindedness, and self-confidence, are required in order to allow for identity transformation. Kim argues that the more inclusive an individual's identity orientation is within the culture, the greater his or her ability and capacity to engage in constructive intercultural relationships. Kim's second argument goes on to elaborate that security is also important here and that the more secure the identity orientation of an individual, the greater his or her capacity to engage in intercultural relationships (Kim, 2009, p.59). These theories therefore highlight the concepts of inclusivity and security as key to successful intercultural relationships. This idea of identity is not only discussed in relation to integration but also in studies on cultural learning. It is according to Kim the ability to be flexible and empathise with others without losing the ability to maintain one's integrity that helps in this process (Kim, 2009, p.57). This emphasis on inclusive and secure attitudes which lead to cultural learning, is closely linked to the ability to embrace cultures very dissimilar to our own. However, this new identity has to operate in a natural and unthreatened way and takes time if a coming together of one's own culture (C1) and the host culture (C2) is the desired goal. As Murphy-Lejeune puts it, "travellers [can be] forcefully aware of the national part of their identity, which becomes inflated" (Murphy-Lejeune, 2002, p.143). Part of their role as foreigners is that of being ambassadors and defenders of their own culture when challenged. Murphy-Lejeune, (2002, p.163) sees the importance of social contacts in relation to identity and a possible transformation in the identity as a result of interactions between the individual and the host environment. The student's group identity cannot be looked at only from the perspective of established relationships within the host community, but the stage which they are at in relation to the process mentioned above relating to reconciling the C2 with their own C1 also must be considered.

4.3.2. Benefits of intercultural communicative competence

The benefits of intercultural learning, while clearly beneficial for self-awareness and personal growth, are not confined to the self or individual learning. Communicating in another culture is also central to the concept of becoming a world citizen as highlighted by Adams (2003) when he states that becoming a citizen of the world is a question of survival, emphasising this goal as a practical and economic moral imperative in today's

world. Deardorff, also cites this global imperative, underlining as a pedagogical goal, the idea that world citizenship be part of any forward-thinking education programme looking to a process of internationalisation, to meet the challenges of our growing multicultural societies. This benefit and goal of understanding cultures other than our own, is necessary not only for personal growth but for societal growth and cohesion and is echoed by many publishing in this field. Enhanced intercultural communication increases a learner's knowledge about the world helping to navigate complex issues such as dealing with stereotypes, helps to build relationships across cultures, eases adaptation to new societies or structures, increases empathy and tolerance for differing ways of approaching the world of work and politics. The list and studies are endless which point to all that is to be gained from intercultural learning. Additionally, intercultural communication increases the learner's knowledge about the world and other cultures. It emphasises that culture matters, but this is only the first step. Dealing with stereotypes, adaptation into a new society, the question of possible acculturation, the ability to build new relationships, the reflection on one's own and the host culture, the possible effect on one's identity and the development of empathy are all salient components of intercultural communication and are all very relevant to intercultural learning. Students who are educated in this way with this global mind-set it is argued are better prepared for their careers, which are increasingly international and the type of personal growth and maturation which comes with intercultural learning are key to higher-level success (Sideli et al., 2003, p.38).

Intercultural awareness also now involves a new concept of 'cultural humility', which is key for students from larger world powers to grasp. A cultural humility approach to education is a helpful route to lead students coming from globally influential countries such as the US and UK to understand that learning about another culture is necessary and advantageous, where they may feel that the influence of their country is so large as to negate any need for them to be culturally educated. It is not uncommon for people living in first world countries to think that the influence of their culture is worldwide and this is a limiting and false understanding of the world (Fantini, 2009). Fantini, highlights that ICC attributes include flexibility, humour, patience,

openness, interest, curiosity, empathy, tolerance for ambiguity, suspending judgments (ibid.).

Cultural humility can be understood as being culturally aware in such a way as to understand that cultural difference exists, and to be sensitive to and respect those differences when interacting with people whose customs and world view may be different from our own. As the following illustrative quote puts it: *“misunderstandings arise when I use **my meanings** to make sense of **your reality**”* (Quappe & Cantatore, 2005, p.1). Here they are emphasising the need to be culturally aware of varying perspectives. According to Fantini (2009, p.459), there are three interrelated skill areas which include:

1. the ability to establish and maintain relationships
2. the ability to communicate with minimal loss and distortion
3. the ability to cooperate to accomplish tasks of mutual interest or need

Fantini, concentrates specifically on four dimensions: “knowledge, (positive) attitudes (or effect), skills and awareness” (ibid.). This discussion leads us to look more closely now at ICC learning in education more specifically, and the research on language and culture studies.

4.4. Language and culture

Language is a bearer of culture. Kinginger, (2009, p.115) argues that language learning is much more about socialisation rather than about acquisition. Sociolinguistic competence is key for successful language acquisition, but it is not automatically or easily attained. Language learning is only one part of the picture for international students studying in a foreign university context. However, language provides the vital link to intercultural learning. Murphy-Lejeune (2002) emphasises that the language dimension which is crucial to studying in a foreign university context, is combined with another dimension, i.e., the capacity to adapt to a foreign context, which brings interaction with host members into the central focus. Language learning is dependent on interactions; it is not a product of language acquisition, but an active process of socialisation. Freed et al. (2004, p.298) state the link between language learning and interaction consists of: “the nature of the interactions, the quality of the experiences,

and the efforts made to use the L2 that render one context superior to another with respect to language gain”.

The quality of the interactions of learners will depend on the degree of interaction with, and integration into the host society/culture, which, in turn, is linked to the cultural learning of the student. However, it is important to underline that a student with weaker language skills will find it difficult to interact with the host community, but even so, no matter how limited, these interactions are needed in order to improve the language acquisition and thus we see the inter-relationship here between language and culture. Coleman, suggested that time spent in a target language community and contact with the inhabitants would lead to not only to gains in proficiency but with it, increased cultural insight (Coleman, 1996, p.59). Cohen et al. (2005a), Vande Berg et al. (2009) all argue that being immersed in another culture leads to intercultural competence. However, increasingly, this is accompanied by the opinion that cultural educational input or mentoring of some kind is necessary for learners to develop intercultural sensitivity as it is not a natural occurrence or guaranteed output (Paige et al., 2004; Vande Berg, 2007a; Vande Berg et al., 2006; Engle & Engle, 2003; Vande Berg & Paige, 2009). However, a clearer understanding of this process needs to be examined from the perspective of language and the L2 speaker. I will turn to the work by Byram to examine this in more detail.

4.4.1. The intercultural speaker

Byram’s model of the intercultural speaker incorporates both skills, of language and cultural skills working in tandem; “knowing about a country and knowing how to interact with people with different ways of thinking, believing, and behaving” (2009, p.321) The concept of the intercultural speaker was first published in 1994 and 1997 (Byram & Zarate; Byram), and the notion of intercultural communicative competence published in 1997 (Byram). This aligned at the time of its inception with the communicative approach to foreign language teaching (Savignon, 1997). Byram’s model brought a new angle to L2/EL language teaching and learning. His intention was to guide and help language teachers to include ICC in their learning and teaching aims (Byram, 2009, p.324).

Byram's model of intercultural communicative competence included social identity theory, cross cultural communication theory, and theories of social and cultural capital, along with pedagogical advice that language teaching not only needed to include cultural context but also a need to focus on more than one country where the language was spoken (Byram, 2009).

To break down Byram's taxonomy briefly here, it involves the use of five different 'savoirs', borrowed from the French term for knowledge or types of knowing (Byram, 2009). "Savoirs" in this context are the knowledge of conventions of interaction and communication. These five *savoirs* include both linguistic and intercultural competences.

- *Savoir être*: the attitudes of the learner as being interested in others' experience and possessing an open mind.
- *Savoir apprendre/savoir faire*: describes the learner's abilities and actual skill in the way that they discover for the purpose of interacting. This sees the learner being able to display an ability to adjust to the changing cultural contexts using skills and techniques to gain this new information.
- *Savoir comprendre*: the learner's skills to interpret and relates to the ability to recognise causes of misunderstandings.
- *Savoir s'engager*: most recently added to the model, expresses the idea of critical cultural awareness and encourages learners to reflect critically on the values, beliefs, and behaviours of their own society and other cultures (Byram, 2009, p.325).

Byram's taxonomy describes in essence not only the journey an international student has to make but also the skills they are required to have in order to do this successfully. The attitudes include curiosity and openness, as well as readiness to see other cultures

and the speaker's own without being judgemental. Byram sees the intercultural speaker as a substitute for the native speaker, who has some or all of the five *savoirs*. This is further developed by Byram (2009) when he says: "knowledge should be accompanied by action, and the competences described [*savoirs*], to be used as objectives for teaching and learning, include skills of communication, mediation, and conflict resolution, which echo the description of the competences of the intercultural speaker" (2009, p.327).

Byram states that: "achieving intercultural competence through intercultural learning is a major goal that complements the development of students' language competence" (2009, p.328). This acknowledged link between culture and language is put into practice in the provision of language training in many modern L2 and EAP language programmes in higher education. However, often it is the case that language teachers view themselves primarily as experts in language teaching and not intercultural communication (Sercu, 2006, cited in Fantini, 2009). This idea is supported by the fact that the previously discussed taxonomy of Byram was intended to help language teachers in the planning and inclusion of intercultural aspects in their teaching. This has been taken further by the Council of Europe addition of intercultural dimension to their updated version of the *Common European Framework of Reference for Languages* which I will discuss below.

From a language and culture perspective, as we have seen from the discussion so far, intercultural learning often depends on quality contact with members of another culture in which a specific skill set of language, behaviours and interactional strategies together form speech acts when dealing with intercultural encounters just as they do within one's own culture. Studying in a foreign culture can present itself as a challenge to learners as they are required to move beyond mere gain in their language proficiency and gain knowledge and understanding of the cultures that use that language:

"[L]earners should be committed to turning language encounters into intercultural encounters and intercultural relationships" (Guillermo, 2000, cited in ICCinTE, 2007, p.25). Intercultural interactions can benefit language learning, "achieving intercultural competence through intercultural learning is a major goal that complements the development of students' language competence" (Moosmüller & Schönhuth, 2009,

p.328). While abroad, there can also be new self-discovery in relation to oneself and one's own cultural background, as well as the discovery of a new culture and an improvement in one's language skills. Beneke, explains that intercultural communication is to a large extent the ability to cope with one's own cultural background in interaction with others (Beneke, 2000, p.108). Murphy-Lejeune describes the double gains that students might achieve from their experience:

The enrichment which students derive from the experience comes from a deeper sense of who they are and what resources they can avail of in unusual social circumstances. This double edge may be summed up as twin gains: discovering otherness and discovering oneself (Murphy-Lejeune, 2002, p.202).

4.4.2. Culture in L2 programmes in higher education

The EAP courses as described in chapter 3 typically approach language and culture teaching and learning as one contextualised whole. Influenced in large part by Byram's work, the 1980s and 90s saw the field of foreign language education begin to prioritise learners' acquisition of intercultural as well as linguistic competence. Most students who have learned or taught a second language in a formal educational setting will be familiar with the methods of old which predate any social constructivist communicative approaches to language and were generic, decontextualised language learning. Additionally, where culture is taught on its own, it is also problematic in that it is an approach which can create and fosters stereotypes (Byram, 1989, 1997, 2009; Phipps & Guilherme, 2004). This outdated approach to language learning prioritises lexical and grammatical accuracy and its ultimate aim is for learners to achieve so-called 'native' or 'near-native' ability in the language, meaning that they should be able to communicate as native speakers. Again I have examined this as a problematic area in chapter 3 and looked at newer approaches which see learners as L2 communicators adding to their skill set rather than learners who are deficient in some way.

There is general agreement in the intercultural communication literature that the teaching of language must be complemented by the teaching of culture, and that for this to be effective we need a broad, anthropological understanding of culture (Byram et al., 1991; Byram & Kramsch, 2008; Roberts et al., 2001). While secondary modern language syllabus still struggles somewhat to blend language and culture, the area of EFL in

general has been one of the leaders in this area. Most standard university EAP programmes such as I have discussed and described in chapter 3, all tend to include a contextualised blended mix of both language and culture as part of the acquisition of the language as it is taught in formal learning contexts.

Much EAP provision recognises that aspects of power, identity, and culture specific to the institution and classroom have the potential to negatively impact international students' academic success (Lea, 2008; Lillis et al., 2015). This allows courses to view L2 learning as socially and contextually situated while advocating for EAP provision to try to aid students in navigating academia (Lillis & Tuck, 2016; Street, 2015; Wingate, 2018). Power, identity, and culture are identified terms, which are problematised and discussed in relation to an Academic Literacies approach to L2 teaching at university which I touched on in chapter 3. Theories of Academic Literacies have an interesting angle on culture and its presence in the lives of the international learners on campus, where it discusses how power represented through languages can be seen through aspects of gatekeeping, by which they mean the act of deciding what is and isn't allowed (Fairclough, 2001b). Along with aspects of power, these ideas touch on identity and culture. Wei (2011, p.1223) talks about creating a social space for the multilingual user by bringing together different dimensions of their personal experience, environment, attitudes, belief, ideology and cognition. This inclusion of different dimensions shows how identities are socially constructed, negotiated, layered, changing and complex (Canagarajah, 2015; Flowerdew & Wang, 2015). The terms culture and identity do appear in the analysis and discussion of this thesis, as will be discussed in Chapter 7 in relation to how it impacts the students and influences their academic success.

4.4.3. The Common European Framework of Reference for languages and culture

The concept of the intercultural speaker is also referenced in the influential *Common European Framework of Reference for Languages* (CEFR), published first by the Council of Europe in 2001. In particular, the skill of mediation is described as “to act as an intermediary between interlocutors who are unable to understand each other directly – normally (but not exclusively) speakers of different languages” (Council of Europe, 2001,

p.87) and “the ability to bring the culture of origin and the foreign culture into relation with each other [...] to deal effectively with intercultural misunderstanding and conflict situations” (Council of Europe, 2001, p.104, cited in Byram, 2009, p.326).

The CEFR also includes criteria and benchmarks as a guide to help structure reflection and self-assessment on intercultural learning in tandem with language acquisition. While its original version primarily focused on language teaching and assessment guidelines, it included a discussion on intercultural aspects of language learning. The newly published Companion Volume to the CEFR (Council of Europe, 2018) includes new descriptors for describing levels of intercultural competence in communicative contexts related to language learning. These descriptors are also elaborated and used to inform and self-assess learners developing ICC competence in the CAL programmes. These CEFR criterion-referenced self-assessment scales are also used as part of the core overarching Professionalism module for all students as described in chapter 2. Interculturality is described in the CEFR as follows:

The learner of a second or foreign language and culture does not cease to be competent in his or her mother tongue and the associated culture. Nor is the new competence kept entirely separate from the old. The learner does not simply acquire two distinct, unrelated ways of acting and communicating. The language learner becomes plurilingual and develops interculturality. The linguistic and cultural competences in respect of each language are modified by knowledge of the other and contribute to intercultural awareness, skills and know-how. They enable the individual to develop an enriched, more complex personality and an enhanced capacity for further language learning and greater openness to new cultural experiences (Council of Europe, 2001, p.43)

This approach emphasises the importance of reflection when it comes to intercultural competence and the CEFR’s benchmarks are designed explicitly to support this idea of reflection being central (Kolb, 1984). Deardorff, (2006) and Yershova et al., (2000) write that reflective practice is needed for the students’ own development. Studies also emphasise that reflective practice by the learners, needs to be facilitated via coaching, mentoring or training and tools. (Paige, 2008; Vande Berg, 2007a, 2007b cited in Bennett, 2009, p.133). Deardorff (2009) highlights intercultural development is an ongoing process, and states the importance for individuals to be provided with

opportunities to reflect upon and assess the development of their own intercultural competence. The CEFR facilitates reflection through the provision of benchmarks which can be used for self-assessment and reflection by L2 learners.

4.5. Challenges in assessing and measuring intercultural communicative competence

It is widely accepted that it is difficult at best to assess intercultural communicative competence as a whole. This section attempts a brief summary of assessment tools and discussion on considerations for approaches here. As Deardorff (2009, p.281) succinctly puts it, “one of the challenges is the fact that the assessment of intercultural competence is not as straight forward as a scientific test might be”. Tests of intercultural competence are not as predictive as more traditional summative tests might be in the area of performance such as are used to assess language. Fantini (2009, p.459) agrees with Deardorff by stating that “whereas educators are accustomed to assessing knowledge and skills, the assessment of attitudes and awareness is uncommon”. He points out that attitudes and awareness are not easily subjected to quantification. However, it is important to note that a study by Deardorff (2006, p.241) found that experts agree that intercultural competence can indeed be measured and they also agreed on the various methods that can be deployed to achieve such a measurement. Case studies, interviews and a mix of quantitative and qualitative measure are those that rank highest (Deardorff, 2009, p.478). Hence both quantitative and qualitative measures were both employed in this study also to interesting effect which I will discuss in later chapters. Deardorff reminds us that: “when measuring intercultural competence specifically, it is important that a multimethod, multiperspective approach is used” (2009, p.372). However, it is not sufficient to use only one tool or method as it is not enough to measure the complexity of intercultural learning. The methodology might not be as important as defining what should be assessed (ibid., p.477) and focusing on specific aspects of intercultural learning that should be assessed is an essential part of evaluation of student learning. The starting point for assessment of intercultural skills is not the tool itself, but what one wants to measure (ibid.). This recognised complexity is also why this study, for the quantitative analysis, drew on a mixture of a validated

instruments deemed an approximate profile fit with the learners here, but also drew on the theoretical knowledge presented here to design more tailored items due to the very specific context. This study however used largely qualitative means to collect data on ICC in addition. I will discuss briefly some of tools drawn upon for this study.

The *Autobiography of Intercultural Encounters* (AIE) published by the Council of Europe's European Centre for Modern Languages is an example which argues that assessing ICC skills might be better suited to a portfolio approach were students can document their learning in an autonomous way. The *European Language Portfolio* by the Council of Europe (2001), a complementary tool which accompanies the CEFR, also includes a section on intercultural awareness.

In relation to assessment tools for ICC, there are a vast selection crossing many fields, many of which could be not included for consideration in this study due to their lack of connection to educational contexts. A remaining portion of educationally relevant ICC assessment tools which aligned to the concepts in this study included for example, Van der Zee and Van Oudenhoven (2001) using a 'multicultural personality questionnaire' to measures cultural empathy, open-mindedness, social initiative, emotional stability, and flexibility. This however in its entirety was not suitable for all of the needs in this study. However, it did very much aid to inform some of the items as these are all needed for intercultural effectiveness as discussed earlier. Also Hampden-Turner and Trompenaar's (2008) intercultural competence assessment tool focuses on recognition, respect, realisation and reconciliation. Fantini, (2009) lists 24 models of assessment tools geared towards; language proficiency, behaviour, attitude, cross-cultural adaptability and sensibility, understanding of self and others, perception, personal cultural profile, global mindedness, global teams, intercultural skills, mobility, international/volunteer work, cultural awareness and effectiveness. This list shows the extent of factors to be assessed as part of intercultural competence and emphasises the fact that a selection process is necessary before the assessment can take place. It also highlights the complexity of assessment when one has to consider time constraints and the need to avoid lengthy assessment instruments when the questions form just one sub-section of a study. Looking at this list, one understands that "there are unfortunately no universal assessments plans and tools" available (Deardorff, 2009,

p.486). These were all consulted along with the WICS (Wesleyan Intercultural Competence Scale) tool for measuring intercultural competence, as it was focused on aspects of socialisation for young entrants to university and covered many aspects of socialisation relevant to our discussion here (Stemler et al., 2014). These all formed the basis of the tools used to examine the learners' intercultural communicative competence in complement with qualitative methods which I will outline in the next chapter.

4.6. ICC as part of healthcare professionalism and clinical contexts

Good communicative skills are seen by the medical profession as key to medical professionals' success and are seen in some contexts as potentially lifesaving for the patient. At a minimum, poor communication can result in various negative outcomes for patients, such as decreased adherence to treatment, patient's dissatisfaction and inefficient use of resources (Vermeir et al., 2015). With the increase in globalisation, and medical mobility across the globe the imperative for healthcare workers to have good communications skills is ever more pressing. In many studies, the importance of effective doctor-patient communication has been stressed through its direct correlation with improved patient health outcomes (see, e.g., Stewart, 1995; Travaline et al., 2005). In addition to clinical knowledge, communicative (cultural and linguistic) competence is thus seen as a key skill for medical professionals to attain and attempts to fold these skills into medical degree programmes internationally and postgraduate training has been ongoing for some time. I will look at some of the approaches and research in relation to medical communication research and education here briefly.

Most doctor-patient communication studies so far have focused on a context involving clinicians and their patients interacting in their first language (L1) (Charles et al., 2000; Iedema, 2007; Iedema et al., 2008; Spranz-Fogasy & Depperman, 2008; Stubbe et al., 2008). These studies tend to have limited focus on communication or culture as I have been defining it here in this thesis, but rather focus on aspects of health disparities across cultures which may impact the communication context in clinical settings such as race, ethnicity and understanding of health and healing. Often these studies look at

cultural minorities understanding of illness and how medicine works in the body. They discuss communication more from this broad cultural lens of attitude and knowledge as opposed to examining the communication itself from a linguistic, sociocultural or pragmatic cultural perspective. However, they do often include an angle on L1 use in so far as it relates to doctor-patient communication and language, when it has a substantial influence on the quality of the doctor-patient relationship (Ferguson & Candib, 2002; Charles et al., 2000; Iedema, 2007; Iedema et al., 2008; Spranz-Fogasy & Depperman, 2008; Stubbe et al., 2008).

Over the past decade or so, there has been increasing interest in language-discordant (L1 v L2 /L2 v L1), doctor-patient communication. The emphasis however, still tends to be on doctor-patient communication and there is much less work being done in the area of doctor-doctor or multicultural interdisciplinary healthcare teams for instance, most such as these cited here, examine language-discordant communication between provider and patient with many US studies focusing on improving communication with migrant or minority patients (Ferguson & Candib, 2002; Hornberger et al., 1996; Hornberger et al., 1997; Flores et al., 2003; Flores, 2005; Flores et al., 2008; Green et al., 2005; Hudelson, 2005; Schouten & Meeuwesen, 2006; Ramirez et al., 2008). In Europe, studies focused on migrant doctors in Europe have been rare.

This paucity of research on interdisciplinary communication skills in clinical settings, is despite the fact that medical teams in the western world and especially across the EU are increasingly diverse culturally and linguistically (Jinks et al., 2000). In her study on healthcare provider-patient communication in Switzerland, Hudelson outlines that the misunderstandings between doctors and patients from different cultural or linguistic background can be categorised in 3 domains namely: (i) perception of “ideas about the patient’s health problem; (ii) expectations of the clinical encounter; and (iii) verbal and non-verbal communication styles” (Hudelson, 2005, p.313). The verbal and non-verbal communication styles here refer to sociolinguistic and cultural factors including body language or paralanguage interpreted by patients and doctors (ibid.). She also points to the area of medical questioning in healthcare encounters which is a staple of healthcare practitioners’ mode of medical data collection from the patient. In her study, she highlights that these questioning techniques can be

experienced as “foreign and incomprehensible by patients” and in turn the responses by patients can be interpreted as “incoherent and illogical” by doctors (Hudelson, 2005, p.314). We can draw from this that the extent to which medical professionals possess linguistic and cultural competences in their second language (L2) will certainly impact the doctor-patient relationship and quality of care. To this end, Berbyuk Lindström, commenting on studies in this area, notes that in reality it can be observed that these highly skilled and trained international medical professionals, do not lack the motivation often to study the L2 to its full potential, but are totally immersed in acquiring (and communicating their) professional knowledge and skills, to such an extent that they often do not have the time to focus on systematically learning the new language to the high level required for these contexts, nor do they then possess the sociolinguistic or intercultural competence that accompanies such a journey as I have outlined previously in our discussion here (Berbyuk Lindström, 2008). As I discussed in chapter 2, this was also a concern and consideration for the design of programmes in RCSI for EAL learners, and hence informed the original rationale for the embedding of the CAL programmes.

One of the few comprehensive research studies in the EU focusing on doctors communicating in an L2 with their patients is a study conducted by Berbyuk Lindström (2008). A Swedish study, it examines L2- doctors’ linguistic knowledge of the second language they used to communicate with patients and investigates L2 doctors’ grammatical and vocabulary knowledge. This study concluded that for a second language doctor (in Sweden), “good language competence is the key to successful communication with both healthcare personnel and patients” (Berbyuk Lindström, 2008, p.234). The study also found that “good language competence prevails over cultural competence” since language problems are “fairly ‘visible’ causes of communication failure” whereas cultural differences are “often not easily recognisable.”(ibid.). According to Berbyuk Lindström, in many cases the communication problem cannot be accounted for by a single factor, since language and culture are intertwined (Berbyuk Lindström, 2008, pp.233–237). Moreover, doctors and patients often have better control over and command of language than culture. Medical language competence is described as: adequate knowledge of vocabulary (lexical knowledge, knowing colloquial medical language, speaking with acceptable

pronunciation). Also, knowing grammar (ability to use syntactically long and complex sentences), and finally also, appropriate delivery of the language (speaking slowly, clearly and providing empathy) (Berbyuk Lindström, 2008, p.234). These findings provide good clear linguistic guidance for L2 medical students for inclusion as learning targets in an L2 programme.

Currently the topic of 'multicultural medicine' has become a subject of much interest in medical education and is taught in many medical degrees and training programmes. Multicultural healthcare is generally defined as culturally sensitive and culturally responsive care, based on the concept of cultural competence (Ritter & Hoffman, 2010, p.1). Multicultural medicine sees individual values, beliefs, and behaviours about health and wellbeing as being shaped by various factors such as race, ethnicity nationality, language, gender, socioeconomic status, physical and mental ability, sexual orientation, and occupation. Proponents view cultural competence in health care as the ability to understand and integrate these factors into the delivery and structure of the health care system (ibid.). However, there is not a clear theoretical link in these areas between language and culture as these concepts and studies are coming from researchers in the medical field as opposed to linguists or intercultural researchers. A study on multicultural medicine explores health disparities and the effects of race and ethnicity on health care quality (Pamies & Nsiah-Kumi, 2006). The authors emphasise the importance of cross-cultural training and cite two areas that impact positively when delivering health care services to minorities: (i) establishing national guidelines and standards for culturally competent care; and (ii) improving healthcare education by incorporating cultural proficiency into the curriculum for all medical training (ibid.). Additionally, a recent study at RCSI in fact, looked at the impact of a student-led anti-racism programme on medical students' perceptions and awareness of racial bias in medicine and confidence to advocate against racism (Lynn et al, 2023). The study concluded that the programme improved awareness and confidence to advocate against racism in medicine and resulted in a change of opinion in the participants regarding race-based medical practice (Lynn et al, 2023). These collective examples emphasise the growing importance of the area of intercultural awareness training to the medical community.

The effects of proven engagement with minority populations in healthcare are well documented. Ethnic minorities or patients who speak little English are less likely to be engaged in medical decision making, receive less empathy, and overall are less likely to generate a relationship with their practitioner (Ferguson & Candib, 2002, p.353). This can have a devastating effect on the patients' outlook regarding treatment, the health system, and the amount of confidence they have in the handling of their most important asset; their health. Again the focus here is on patients using their L2 as opposed to the practitioners.

Finally, Martin and Crichton (2020), have published recently a very comprehensive review of research on intercultural communication in healthcare, with a particular focus on the contribution of applied linguistics and discourse analysis (Martin & Crichton, 2020). They underline this gap and interest in research from the medical community itself, in their chapter on intercultural communication in healthcare settings and draw some interesting conclusions (ibid.). They look to studies which focus on the patient, where they point out the power dynamics and imbalance inherent in the patient-centred model of care if culture is only seen as an add on rather than informing the whole communicative process (Martin & Crichton, 2020). They also look to examples of medical culture, citing difficulties for the profession in truly moving away from a paternalistic model to a more mutualist model of intercultural communication. They cite as example here the use of interpreters in L2 patient contexts where the core advice generally from medical sources is to have a neutral translator when in fact having a translator chosen by the patient would devolve some control back to the patient in what is already a possibly imbalanced ICC interaction with the doctor generally advantaged (Martin & Crichton, 2020, p.508). This is a very interesting observation about the potential cultural bias inherent in the medical system itself. They conclude their review of recent studies in this area by recommending that future directions of research incorporate a less siloed approach and that culture, language and health literacy need interdisciplinary studies to be more useful (ibid.). They cite Seeleman (2015) in recommending that there needs to be:

[a] broad recognition that “responding to diversity – however it is understood – ‘requires interventions at individual, organization and system level’ (Seeleman et al., 2015), {and therefore} collaboration becomes still more critical. Applied

linguists hold a key piece of the mosaic; however, the challenge is to ensure that collaboration advances beyond aspiration and that applied linguistics casts aside its Cinderella status. (Martin & Crichton, 2020, p.512).

Through this discussion so far, I have examined the relationship between second language learning and intercultural competence, and its relevance to healthcare education and research.

4.7. Conclusion

The role of this chapter has been to link the various interdisciplinary strands of this study together. This chapter aimed to shine a spotlight on intercultural communicative competence as an important theoretical construct in this study. I have examined intercultural communicative considerations for international medical students in higher education. I began by looking at the complex field of study for ICC before moving on to look at specific areas of considerations for learners in HE as relevant to this study. I also discussed identity, HE contexts of ICC and benefits to this group. I examined research language and culture and the central role that language plays in the acquisition of a C2. The chapter ends with a brief overview of assessment tools used in ICC. Having now discussed the theoretical considerations and learning context for this study in this chapter and the previous chapters, I will next go on to outline this study's methodology.

Chapter 5 Research methodology

5.1. Introduction

This chapter commences with a brief summary of the research study's aims. Objectives given below are framed (theoretical underpinnings) in relation to both the language, cultural and learning aspects of this study. This chapter outlines the structure of this study in relation to each of its four research questions. This chapter will detail the different methods and data sets which make up this mixed methods study which foregrounds the holistic, embedded, and sociocultural learner-focused nature of the CAL programme under discussion.

In relation to the quantitative data section of this study, the questionnaire, its construction, and piloting processes will be outlined in this chapter. The questions examined students' attitude to language in the context of medical studies relating to their experience of the CAL programme and explored their experience of developing as autonomous learners as part of that programme. The questions also probe participants' intercultural awareness and attitude in the multicultural learning environment in which this study is conducted as well as enquiring about learners' experience of the embedded CAL programme as outlined in chapter 2. Following preliminary analysis of the quantitative data, students who had completed the questionnaires were invited to a semi-structured interview. The core qualitative section of the study design will also be outlined here below. The qualitative semi-structured interviews with the learners, post completion of the programme in question were aimed at a deeper exploration of the possible links and interconnectedness of the various constructs in this study such as learning language in domain specific contexts, intercultural awareness and its relationship to the broader learning experience and integration of these learners into western university learning, to name a few. The approach to the qualitative semi-structured individual interviews will be detailed further below. All data collected as part of this study will be presented in chapter 6 and its analysis will be discussed in detail in chapter 7.

5.2. Formulation of hypotheses and research questions

This study sets out as mentioned previously, to examine the outcomes of a particular design of an embedded language programme; to examine its effectiveness in terms of language development and confidence, the fostering of language learner autonomy and intercultural competence development in a medical domain specific learning context. I suggest that for language programmes to be effective in university where language is a tool for studying and training as opposed to a subject the learners are taking; that a programme which is embedded as part of a learner's training, and which aims to promote both learner autonomy and intercultural competence might be most effective in supporting and encouraging these types of international learners. The rationale and body of research for the formulation of these hypotheses has been discussed in previous chapters. However, here I will focus on the research methodology to address the research questions as well as providing context for the process, procedures, and methods (instruments). The following research questions have guided my research and have been refined over time as the study has evolved, both in response to the pilot phase which I discuss below and the literature review when designing the research study. This iterative process has been necessary to ensure the study is fit for purpose to address its objectives.

The main research questions underpinning this study are as follows:

Q1: Does, and if so, to what extent does the CAL programme improve the self-reported language and communicative competence of learners?

Q2: Does the programme foster language learner autonomy in its learners, and if so, how is this evidenced?

Q3: Does, and if so to what extent does, the programme contribute to intercultural competence and awareness in its learners?

Q4: How does the CAL programme create a supportive learning environment for international learners in the health sciences?

These questions informed the design and content of both the quantitative and qualitative instruments being used for data collection.

5.2.1. Research question 1

In relation to research question 1, which examines learners' self-reported language proficiency development, language use and confidence, a segment of the questionnaire is designed to explore self-reported gains and attitudes to language learning, which is a key component of the programme under discussion. As per the discussion from the literature discussed in chapter 3 previously, attitudes to language learning have been highlighted as an area of importance (MacIntyre et al., 1998). It holds relevance here in this study as learners can demonstrate a willingness and motivation to communicate with members of the host community or with the local academic environment (Fantini, 2009). Positive attitudes to learning can also deepen curiosity, interest, and awareness, all very helpful attitudes in developing communicative competence as reported by Fantini (2009) among others and as discussed in chapter 3 of this thesis. Learner's confidence in their ability to learn English and their level as well as their perception of their own proficiency level can all play a vital role (MacIntyre et al., 1998). In addition to attitudes to learning both inside and outside of a formal context, it is important to also consider the role that social interaction plays in developing communicative competence. It is important here to clarify what is meant by communicative competence in the context of research question 1. In research question 1, self-reported language gains are being explored and in addition participants' self-reported gains in communicative competence are also forming part of this construct. The understanding of communicative competence here is sociolinguistic in the main. It is recognised by many applied linguists as an important aspect of language use where success or otherwise of the speaker in the social and contextual environments is a key part of communicative fluency or success (Ferguson, 1991, p.416). This is the rationale for the inclusion of the term communicative competence in research question 1. In addition, Freed et al. (2004, p.298) have discussed the importance of the nature, quality and efforts made by the learner in their interactions in the host society. They report that all of these facets of language use have a significant bearing on the success of communicative competence development. Finally, target language use, and a strong emphasis on communicative

tasks and roles within the target language, as part of sociocultural views of language learning, are most relevant here. As I discussed in detail in chapter 3, within sociocultural views of learning, learning takes place through social interaction. Therefore, the first segment of the questionnaire consisting of 9 items, is designed to explore experiences and attitudes of learners in relation to their language learning in this context, which also maps to research question 1.

5.2.2. Research question 2

Research question 2 above aims to investigate to what extent the programme fosters language learner autonomy in this group of learners. For the purposes of designing the data instruments here, the understanding of learner autonomy here relates closely to David Little's classic definition of learner autonomy as "a capacity for detachment, critical reflection, decision making and independent action" (Little, 1991, p.4). He further outlines three key principles for the development of learner autonomy (1) Learner engagement, (2) learner reflection and (3) target language use in an appropriate form for the learner (Little & Perclová, 2001, pp.45-47).

Furthermore, in relation to this group of learners here, as I have discussed in chapter 4, a capacity for critical reflection, decision-making and independent action is not only a key attitude and skill for language development but also for these learners in relation to their developing identities as medical and healthcare practitioners. These skills are seen as central pedagogical goals in the healthcare fields which are particularly relevant to these ever-changing professions which require a lifelong commitment to ongoing professional development in consideration of the pace of change of knowledge, treatments, and clinical information. The development of language learner autonomy here in relation to international medical graduates (IMGs) could be seen as highly beneficial to try to foster in the learners as part of such a programme. Capturing learner attitudes and understanding of these perspectives here is therefore an important aspect of the questionnaire being used. There is a dedicated section of the questionnaire relating to these aspects and indicators of self-reported skills, experience, and awareness of these elements of learner autonomy.

In conclusion, the capacity for autonomy might be expected to be displayed, in the way the learner learns, their attitudes and approaches to learning as outlined here and also in the way they transfer what has been learned to the wider context. This has been incorporated into both the quantitative and qualitative tools being used to gather data in this study.

5.2.3. Research question 3

Research question 3 which explores the extent to which the CAL programme contributes to intercultural competence and awareness also has its own segment in the questionnaire. Intercultural competence as outlined in chapter 4 of this thesis in relation to the literature, is highly relevant to this population as both second language learners and as a very diverse learner body. However, this is not unique to the undergraduate training environment, as increasingly, healthcare providers and practitioners engage on a professional basis with colleagues and patients in a very global and multicultural context and most frequently use English as a lingua franca (Berbyuk Lindström, 2008).

The increasing multicultural landscape in Ireland is presenting not only future doctors but current healthcare staff with a myriad of challenges in effectively communicating with their colleagues. Specifically, in interdisciplinary healthcare teams where many are from different linguistic and cultural backgrounds, but also in communicating with international patients and their families (Carrasquillio et al., 1999).

The literature on IMGs indicates that L2 (or non-native speaker) healthcare providers face communicative and cultural challenges when dealing with patients from the local culture and from other cultures (Berbyuk Lindström, 2008). In this context the use of English does not mean that the beliefs and cultural values of the participants in the interaction are neutralised. In fact, illness and related topics are very personal indeed and these beliefs are often to the fore. Native speakers of English (L1 speakers) also face challenges when dealing with colleagues and patients who are from different cultural backgrounds. Furthermore, different cultural beliefs and values are brought by speakers of the many varieties of English to the interaction (e.g., US-English, Indian English). This can impact on perceptions of roles, power, authority, which are then coded in verbal, nonverbal and paraverbal communication (Byram et al., 2001).

This intercultural communicative aspect is therefore a key dimension to investigate through the combined conceptual lens of culture and healthcare professionalism. The evaluation of this aspect in this research is investigated via a third intercultural thematic segment of the questionnaire. Using a 10-item Likert scale that is informed by the theoretical underpinnings discussed in chapter 4, and also taking strong influence from the WICS (the Wesleyan Intercultural Scale) intercultural items probe this dimension via the survey instrument used in this study (Stemler et al., 2014).

The term 'medical professionalism' is also being used in the questionnaire, as learners will be familiar with the concept, and it will capture some of the data also needed to drill down into areas related to both research questions 4 and 5 above. The complex context in modern health sciences and clinical work referred to previously across the globe, places a high premium on all of the communications, skills and attitudes listed above, namely good linguistic competence, intercultural competence, an ability to demonstrate good critical reflective learning and autonomous learning skills together with an approach to communication and clinical interactions which fall under the umbrella term of "professionalism" in a medical education context. Professionalism as a concept was discussed in detail in chapter 2 of this thesis when discussing the design of this programme and medical education requirements. Healthcare "professionalism" as an umbrella term for all the "soft skills" a clinical practitioner requires is now a central theme and educational goal in many healthcare science institutions.

If we look at these aims from the perspective of educating an international student, we can quickly see the strong links here with a need for good communicative competence, the ability to be culturally aware and culturally communicatively competent also and to have a basis for this and attitude to learning which has as its basis all of the skills and attitudes we recognise in an independent or autonomous learner depending on which field of specialisation we are referring to. Many of the attributes of an autonomous language learner as outlined by Little overlap with the medical professions' definition of a critically thinking, reflective practitioner committed to life-long learning (Little & Perclová, 2001). The ability to know and reflect realistically on one's own strengths and weaknesses in relation to a certain set of skills or knowledge

and the ability to set goals, track our own progress, self-assess, and adopt a life-long learning approach to healthcare are all very closely tied to the goals of becoming an autonomous language learner. A section of the questionnaire covers these aspects which all directly relate back to research questions 2, 3, and 4 in relation to clinical communication skills, communicative competence and its relationship to the learners related international challenges.

5.2.4. Research question 4

Finally, research question 4, explores ways in which the CAL programme might create a supportive learning environment for the CAL participants. A combination of the elements discussed throughout chapters 2, 3 and 4 form the basis of what I am discussing as a supportive learning environment. The existence of a supportive learning environment is probed through a combination of items across the language learning, ICC and clinically themed sections of the survey instrument. However specifically there is a set of items looking at the CAL programme itself. Items relating to learners' perspectives on the level of skill gained in relation to healthcare related communication skills, and their communicative confidence also fit in these domains.

The data collection instruments in this study are designed to capture learners' experience of the CAL programme under discussion in relation to not only their language proficiency gains but also in relation to ability to participate in what is a demanding learning environment. The healthcare professionalism and CAL programme segment of the questionnaire and interviews are based on previously mentioned challenges facing this learner cohort. It is worth outlining here that third level education is becoming more globalised and with it comes the challenges of catering for a diverse international learner population, it could be argued that it is unrealistic to insist on near native-speaking levels of language proficiency for young new entrants to university directly from their home second-level education system, particularly in specialised domains such as clinical and healthcare related skills.

As discussed in chapters 2 and 3 of this thesis, this study has identified that there is a challenge for international learners, studying communicatively demanding and specialised subjects through English as a lingua franca. There is a need to address this

challenge through consideration of the varying levels of proficiency in a limited timeframe which necessitates a different approach towards language proficiency development. Traditional pre-sessional language programmes or EAP programmes as discussed in chapter 3, will often focus on general academic and language related skills. Additionally, they often occur outside of, or apart from the target learning context. These are often not sufficient to meet these learners' needs, or to achieve the levels of linguistic competence required to compete effectively with their native speaking classmates, especially in the clinical training environment which is fast paced whilst challenging. Medical and allied healthcare degrees such as pharmacy and physiotherapy require significantly high levels of sophistication in relation to communication skills (Maudsley & Taylor, 2009). Additionally, clinical communication skills are orally assessed as part of these degrees across all healthcare programmes. Communication in healthcare contexts necessitates high levels of language confidence for international learners studying through a second language and also requires a life-long learning commitment to one's language development, as demands on the learner and the skills required, grow, and evolve over time.

It is therefore important here to leverage these data collection tools, as an opportunity to support and scaffold learners' language development, through investigation of impact or change in degree of learner confidence, awareness, and ability (research questions 1 and 4). The aspects outlined above are being investigated in this study through a combined mixed methods use of both quantitative and qualitative tools to examine learners' experiences and attitudes. A section in the questionnaire which looks at learners' attitudes specifically in relation to their experience on a programme which combines their language skills with the corresponding clinical communicative demands is designed to capture this.

5.3. Participants and the context of the study

In relation firstly to population selection criteria, all non-native English language learners in the foundation year of their chosen degree who participated in the CAL programme during the academic year 2018-2019 were invited to participate in the study post completion of the CAL programme. CAL programme participants ($N = 55$) 2018-19, were

invited voluntarily to complete an anonymous online (54-item) questionnaire which had already been piloted.

Many ESL courses in Irish third level colleges and institutions are voluntary, as discussed in previous chapters. However, in the case of this embedded language programme which forms a core part of the medical degree programme at RCSI, the participants are selected based on language entry criteria cut-off bands. The selection methodology used is multilayered involving both externally validated language scores together with an in-house language needs assessment. I have described this approach in detail in Chapter 2. Therefore, learners falling below a C1 on the CEFR scale are automatically enrolled in the CAL segment of the professionalism in health sciences module in the foundation year which is a ten-credit module. The FY year as earlier described in chapter 2 is the first year of a six-year undergraduate medical degree and concurrently also the first year of a five-year physiotherapy degree. Therefore, the target informants for this study comprise of a group of learners who were identified on the basis of language proficiency indicators as discussed and who need to follow the CAL embedded component of the overall module in question. It also needs to be noted that; all learners in the FY year 2018-19 of which there were 190 students in total, were of multiple nationalities and all 190 students participated in the entire Professionalism module. Of these 190 students, 55 were designated "CAL" on the basis of language need. Anyone not selected for tailored embedded language focus, instead participated in the IPE (interprofessional education) subsection of the professionalism module as outlined in Chapter 2. Therefore, approximately 135 students who were either native speakers of English or bilingual, or above a C1 CEFR level, were designated as non-CAL and took part instead in the parallel IPE subsection of the module. It should be noted once again that all 190 students participated together in the overall professionalism module including the target informants here and this has been taken into consideration in gathering data from the participants in this study via both questions in the quantitative tools and via the qualitative semi-structured interviews which I will describe in more detail further in this chapter. The overall module within which this study sits covers many aspects of communication and language use as it relates to medical studies. It is designed and tailored for a wide audience of speakers of English from every level of

the CEFR from approximately from B2 to C2. Therefore, this aspect of the participants learning experience in the wider module is also an important factor to examine as part of this study. However only the target informants which are those needing to focus on their language skills are directed into the CAL subsection and therefore that is why this study chose to focus on this small CAL cohort rather than the entire cohort of students ($N = 190$) in the larger group. It is this CAL sub-group ($n = 55$) and their specific experiences within this embedded type of programme which form the core of this study.

In summary, the population size for this study is made up of approximately 55 medical and physiotherapy students in their first year of study from non-English speaking backgrounds following a year-long embedded language and communications programme at the RCSI Dublin, Ireland in the academic year 2018-19. First year international students at RCSI typically represent approximately 60 different nationalities on average each year, representing up to 72 different languages and creoles. Therefore, they are an extremely diverse student population many of which are bilingual or multilingual, as was described in chapter 2. As such this multicultural, multilingual diversity places a premium on good communication skills in the student population and is a central concern for the college. This paved the way for the innovative design and holistic approach to these learners' communicative needs which ran for the ten years at RCSI. This is one of the reasons language and communication skills are also covered in the overall module for all learners regardless of whether they are native speakers of English or not, which I have described in detail in Chapter 2.

Although it is the only programme which is designed in this precise manner, the Foundation year was the perfect landscape within which to embed and blend language learning in this way as the needs of this cohort are multifaceted and complex. Additionally, to language backgrounds, this learner group typically come from a broad range of educational backgrounds also from which a portion have come directly from second level education, however with many having completed a preparatory year of study in addition to joining RCSI. As such these learners represent a wide range of English language proficiency levels on entry ranging from typically a Common European Framework of Reference (CEFR) level B2+, at the lowest end of the spectrum for this group, to a CEFR C2 level of proficiency in English where most or all of their schooling

may have taken place through English. The module was therefore designed to take this diversity of proficiency and need into consideration. The pedagogical landscape around the design of this module has already been explored in some detail in chapters 2 and 3 and therefore here I will focus on aspects relevant to the methodology specifically.

In addition to the student participants invited to take part in this study, two staff members who are experienced language teachers and were involved with the full-time delivery of the CAL component in the foundation year Professionalism module in 2018-19 were also interviewed as part of the qualitative semi-structured interviews. I will discuss this aspect of the data and what insights it has brought to the discussion in chapters 6 and 7.

5.3.1. Ethical Protocol - conducting ethical research

As researcher, I contacted both the host university where the participants' programme was taking place, namely RCSI Dublin and also the university within which this PhD is registered, namely Trinity College Dublin. Ethics approval was first sought from Trinity College. This involved a detailed process of outlining the research proposal, together with details of data collection and sample instruments and a timeline. Ethics approval was in the first instance granted for this project from the Research Ethics committee, School of Linguistic, Speech and Communication Sciences, Trinity College Dublin post some revisions (Appendix D). A gate keeper was appointed, and ethical approval was granted. Following this approval, a second application for ethics approval was sought from the RCSI. Therefore, ethics was also granted for this study by the Royal College of Surgeons in Ireland (Appendix E).

Information leaflets (Appendix F) were prepared for the voluntary participants coming forward to take part in the study initially. Participants were told they could opt out at any stage of the research study if they wished. As the participants in this study are non-native speakers of English the researcher made every effort to ensure that the material used in this study, including the information leaflet and consent forms, were as clear as possible. Information and consent texts were also included at the start of the most recent online Qualtrics questionnaire (Appendix G) and were also again clarified and sought prior to the qualitative interviews. The pilot of the questionnaire also included an

information leaflet which was circulated prior to the piloting of the questionnaire (Appendix H). All consent and information circulated is available to view in appendices listed in this thesis.

As the researcher, I was not directly involved in the teaching, delivery or assessment of the CAL programme being studied. While I did design the course and delivered it until 2012, I had not been involved in the CAL programme being examined here since that time. The gatekeeper appointed for the purposes of this study, was the main tutor/ lecturer involved with the learners in the programme at the time of this study. The gatekeeper also assisted initially in verbal explanation of the study to ensure clear comprehension and clear voluntary consent. As the researcher I only met with the learners once they had already volunteered to participate. All confidentiality and data protection measures were taken in line with the ethics approval standards set by both Trinity College and the RCSI. Participant names and college ID numbers have been at all times kept separate to protect confidentiality and ensure anonymity. Also, USB and external devices are all encrypted as is policy also at RCSI. Secure online questionnaires were only accessible by me the researcher and my supervisor Prof Lorna Carson, Trinity College. No hardcopy records have been held of any material from this research and all material is held on secure password encoded and protected servers of secure RCSI V drives.

5.3.2. Covid challenges

A final challenge arose in relation to data collection methods and timelines which will be outlined further below in the quantitative and qualitative data methodology sections. However, pertaining to ethics I will briefly outline it here. As explained earlier the academic year which was finally chosen for data collection for this study was the academic year 2018 to 2019. Voluntary participants would ordinarily have been surveyed sometime after the end of the CAL programme and interviewed up to 6 months later. However, the Covid 19 global pandemic was the second challenge to affect this project. The RCSI closed in mid- March 2020, as data was planned to be collected. The RCSI put out a request to refrain from surveying learners until the college could establish the continued running and stability post pandemic. Therefore, the data collection was delayed slightly (see timeline below in data collection section).

Additionally, this necessitated a certain amount of re-angling of the qualitative segment of the study which I will discuss below, as some time had lapsed by the time they could be interviewed. The School of Postgraduate studies at Trinity college, kindly oversaw the review of an ethics extension date to facilitate this covid related challenge (See Appendix C for TCD ethics extension).

5.4. Mixed methods research design

This study is using a mixed method approach using both quantitative and qualitative data analytical methods. The mixed methods approach has been endorsed by some of the most influential names in social science research (Miles & Hubberman, 1994, p.310). The rationale for the use of both quantitative and qualitative methods of research is best seen as both having complementary roles to play in the development of theory. It has been suggested by many researchers that we gain a much deeper layer of insight into complex areas of study by allowing numeric trends from quantitative data to inform specific angles to be uncovered using qualitative data and vice-versa where qualitative data can add more meaning to numbers. This circular evolving process is the ideal interplay between these two methods, where rather than sit in isolation, they work together to help us arrive at richer deeper insights. As mentioned, mixed methods approaches are discussed by many researchers who make good arguments for the use of multiple data collection methods (e.g., Dornyei, 2007; Gorard & Taylor, 2004). However, there are several aspects to consider before deciding which mixed methods approach is best suited to a particular study. For example, choosing from a range of design constructs, such as deciding which dominant versus less dominant research methods to employ and in which order in a study design is necessary. Options vary across QUAL/quant. vs QUANT/qual to name a few where capitalisation denotes a stronger role or dominance in a study. Also, there are considerations to make in relation to concurrent vs. sequential designs, all of which have various uses and advantages which are context dependent (Dornyei, 2007).

The mixed methods approach that was taken here is precisely in order to help the direction of travel in getting to the heart of the interacting strands in this study. Particularly in the case of this study where I am addressing the interplay of many

converging factors and constructs from a multidisciplinary angle, this type of methodological approach I feel has been helpful in drawing out and pulling together the most valuable insights from the available data sources. Behaviours and attitudes are typically best examined qualitatively whereas quantitative data can help to give more concrete structures to patterns and outcomes. Language and intercultural learning is one such field where complexities are important to draw out and identify clearly (Freed, 1995). Therefore, the research paradigm being drawn on for this study is an approach to mixed methods which draws on multiple methods of data collection and analysis using a sequential explanatory design (Creswell, 2009). A sequential explanatory design is essentially a two-phase project where the quantitative data collection and analysis helps to inform the qualitative data collection. For instance, in a sequential study the survey data can help to inform the qualitative interviews. This is one of the most common types of approaches to mixed methods study, although it is one of generally four possible approaches. In this approach the final interpretation of the data takes both data sets into account but recognises the role of the sequential collection order in the interpretation and discussion of results (Creswell, 2009). In this section I will outline the data collection instruments being used in this study, look at the design process for the questionnaire, describe the pilot and its uses and discuss the approaches used for the qualitative semi-structured interviews analysis. I will also explain the role and use of some supplemental data used for illustrative purposes in this study and why it has been selected as illustrative supplemental data rather than core data as part of this study. Finally, I will outline the procedure which has been used for the analysis of the mixed methods data collected in this study.

5.4.1. Data collection instruments

Two main data collection instruments were designed for use in this study:

- Anonymous online questionnaire
- Semi-structured interviews (with students and teachers)

The study also drew on supplemental data from in-house language proficiency tests and other learner feedback from the programme based on a learner task for illustrative

purposes. I will detail below the reasons for inclusion of this data as supplemental data and its role in this study (see Table 5.1 below).

Table 5.1 Research methodology overview

Research Questions	RQ1 Language & communicative competence	RQ2 Language learner autonomy	RQ3 Intercultural competence & awareness	RQ4 Supportive learning environment
Methodology	Mixed Methods Study			
Data collection	1) Online questionnaire (CAL students) - 4 constructs mapped to RQs			
	2) Online semi-structured interviews (CAL students and teachers)			
	3) Supplemental data sources (measures of language proficiency; data from classroom task)			
Data Analysis	1) Survey data: descriptive & inferential statistical tests performed			
	2) Interview data: thematic analysis of transcriptions			
	3) Supplemental data: used for illustration and triangulation			

5.4.2. Questionnaire item design

The questionnaire as previously outlined at the start of this chapter was designed to capture the following four constructs:

- language and communicative competence development
- learner autonomy development
- intercultural competence
- support for the learning environment (medical skills and attitudes required for the study of medicine/health sciences)

I set out therefore, to design the questionnaire to examine the impact of the embedded communications programmes in place at RCSI on first year learners in terms of perceived

language and communicative competence development by the learners, learner autonomy development, intercultural competence, and also in developing professional skills and attitudes required for the study of medicine / health sciences, specific to the needs of a large international student cohort studying through the L2. As well as capturing learners experience of the embedded design of the programme itself, these four broad areas all form part of the learning aims and underlying pedagogical principles of the design of the communications programme at RCSI. The relevance of these four areas to learner success in this particular kind of undergraduate learner context and its relevance to the research questions in this study are outlined in detail in chapters 2, 3 and 4. However, I will link briefly to them again here for clarity of discussion.

In the design phase of the questionnaire, I began by drawing out my constructs which linked back to the theoretical underpinnings of this study, as outlined, and discussed in chapters 2, 3 and 4 and as they relate to the research questions in this study which I have outlined earlier in this chapter. I went through 3 phases of construct design while also consulting a range of questionnaires from each of the areas under discussion, not only looking at areas relating to language development, but also medical professionalism and intercultural awareness measurement tools.

The survey contained five main sections:

- (i) Looking at the active language learner (examining attitudes to language learning),
- (ii) Cultural awareness / identity
- (iii) Autonomous language learner
- (iv) CAL programme (embedded programme) experience / self-reported communication gains (positive / negative) and finally
- (v) Medical professionalism attitudes and awareness since the programme in question is embedded as part of the Medical Professionalism module overall.

5.4.3. Construct of language learner autonomy

As outlined earlier in relation to language learning and learner autonomy I drew on the understanding of learner autonomy here as it relates closely to David Little's classic definition of learner autonomy as "a capacity for detachment, critical reflection, decision

making and independent action” (Little, 1991, p.4). Little further outlines three key principles for the development of learner autonomy (1) Learner engagement, (2) learner reflection and (3) target language use in an appropriate form for the learner (Little & Perclová, 2001, pp.45-47; Little, 2004, pp.22-24).

Furthermore, in relation to this group of learners here, a capacity for critical reflection, decision-making and independent action is not only a key attitude and skill for language development but for these learners in relation to their developing identities as Medical and Healthcare practitioners. Therefore, items were designed to capture language awareness and attitude aligned with this view of language learning and learner autonomy principally as this was a core goal of embedded CAL programme.

As mentioned earlier in the discussion on the piloting phase, post piloting the Intercultural segment items were amended guided by the WICS tool (Stemler et al., 2014). Additionally, this questionnaire section on intercultural communicative competence development seeks to draw out learners’ experience and self-reported learning on areas of ICC relating to understanding, awareness, confidence, evolving identity and self-reported competence after the programme. Finally, the questionnaire includes questions to draw out participants’ views on the development of their medical professionalism skills, awareness, and attitudes as a final interrelated theme in this research study.

The students at RCSI were already familiar with the use of Likert scales as they are used in the end of Module surveys across all years and subjects. As second language speakers’ familiarity is a consideration in making the questionnaire as accessible and accurate as possible. Writing Likert scale items involves writing statements which will lend themselves to varying levels of agreement and disagreement from respondents and it therefore takes time and attention to create statements which are sufficiently strong but not overly complex or confusing for the learners in question. It was also an advantage to me that I had previously taught the programme under evaluation for many years. While I was no longer teaching it at the time of this study, my familiarity with learners’ language levels and general ability and background was helpful in pitching these Likert scale statements at the right level. It allowed me to forego perhaps a lengthy period of classroom observation which might be required in the case where the

researcher is not familiar with the language abilities of the respondents or multiple stages of piloting rather than just one as was used here. As is observed here in several sources, writing of successful statements to capture attitudes and experience requires careful planning, pilot work, experience, intuition, creativity and should also be meaningful or interesting to the respondent (Oppenheim, 1992; Dornyei, 2003a; Fink, 1995). Many considerations were therefore consulted and taken into consideration in the design of the questionnaire to help the comprehension and make for a smoother experience for the respondents.

5.5. Procedure

The online questionnaires had a consent and information segment inserted and the gatekeeper contacted the learners to explain the study and inform the researcher of the volunteers who had come forward. The questionnaire was designed and disseminated online via *Qualtrics* to those learners who had agreed to participate via the gatekeeper. The survey which takes ten minutes to complete approximately was circulated online via *Qualtrics* in October of 2021 and kept open for 2 weeks with a gentle reminder to complete it 48 hours in advance of its close. The pilot which is outlined further below had already taken place previously in May 2021 as I will discuss below. I will explain the piloting process in the next section below.

The qualitative data was collected via semi-structured interviews after the learners had completed their end of semester exams in May 2022, so as not to distract or burden them in any way. Once again, these participants were recruited via the gatekeeper, and only those who had completed the online questionnaire were invited to take part in the qualitative section of the study. It was decided on the basis of the pilot which I will describe below to conduct semi-structured interviews instead of focus groups. This was decided on the basis of international learner cultural comfort and norms. Many of the learners indicated that they would feel uncomfortable speaking in a group given the competitive nature of medical studies and the personal nature of some of the questions which many of the Middle Eastern students in particular deemed difficult topics to discuss openly. Therefore, the researcher pivoted to semi-structured

one-on-one online interviews with each of the volunteers for the qualitative part of the study.

The qualitative semi-structured interviews were run online via Microsoft Teams and recorded and transcribed with express permission from the participants. Anonymity was preserved during the transcription phase of the qualitative interviews. The same procedure was used where the two staff members were concerned. Semi-structured interviews also took place with both staff members online via MS Teams and were also recorded and transcribed using the same approach preserving confidentiality.

5.5.1. Semi-structured interviews

The semi-structured interviews were conducted with volunteer learners who had already elected to participate in the study and had completed the questionnaire. The interviews sought to further explore the most salient trends in the questionnaire, attempting to inquire in more depth about their experience of the embedded programme. Semi-structured interviews were also conducted with the Tutors / Lecturers on the programme to seek to explore their experiences of the particular embedded curricula approaches being used here and also their views on the learners' levels of engagement and participation with this type of learning methodology.

5.5.2. Piloting of questionnaire

Piloting of the questionnaire was a key part of the methodology in this study. Dornyei cautions against taking any shortcuts to piloting questionnaires, as this stage is key to assuring the psychometric properties of questionnaires (2003a, p.65). Piloting a questionnaire which has never been used before is also an efficient means of ironing out issues such as redundant or underperforming items, ultimately saving time (Oppenheim, 1992, p.64). The piloting phase was therefore something I saw as a key element in the methodology for this study and it was factored into the planning from the very outset of the project.

The initial phase of piloting began after the first version of the online questionnaire had been completed. Firstly, the first draft of the questionnaire was designed following the theoretical underpinnings discussed in chapters 3 and 4. After much research it was decided that it was not appropriate to use an existing validated

instrument to collect the quantitative data in this study due to its inter-disciplinary nature which looks at the intersection of what are ordinarily different fields of study such as second language education, intercultural education, medical education and international student experiences at university level. There was no singular pre-validated instrument which could accurately and efficiently answer the research questions here. Multiple surveys would have needed to be used and this would have been overly onerous for the learners. The researcher therefore chose to design an instrument and validate it through a piloting process which involved mapping constructs to questionnaire items. The design process for first draft of the questionnaire is discussed below in the methods design section.

The pilot of the quantitative online questionnaire was conducted via a group of current CAL programme students in the MUB (Bahrain) campus of RCSI, via the gatekeeper who is also the tutor for the Bahrain CAL programme and most familiar with this learner group. This group were selected as they had followed an identical programme to the one being examined here. The CAL programme is run in both locations simultaneously to a very similar cohorts of learners with almost identical profiles. These learners at MUB are at the same age and stage of studies as the Dublin learners. They are also medical undergraduates and also are following the same embedded approach to language proficiency development as the Dublin group. Therefore, it was an ideal cohort with which to pilot the first draft of the questionnaire.

Dornyei recommends analysing the range of scores during piloting as well as comprehension levels, to avoid generating responses from learners that are all the same or too formulaic, while there should be some alignment it needs to show some variation (2003a, p.68). The pilot results were analysed initially to look for internal consistency and the researcher took these results on board to make changes. Overall, the initial piloting seemed to indicate a satisfactory variety of responses from individuals as well as corresponding scores within subscales. However, at the analysis stage post piloting, it became evident that the intercultural section required more structure. This segment was amended using a relevant segment from a validated intercultural assessment tool called WICS, the Wesleyan Intercultural Competence scale (Stemler et al., 2014). After running the reliability checks it was found that the alpha scores are very high for most

constructs despite the small sample size (N=6) for the pilot which was very encouraging for follow up use in the main sample. However, the Cronbach's alpha score (a reliability coefficient which measures internal consistency in survey item reliability) was still quite low even after adjustments for construct 2, the intercultural awareness segment of the questionnaire. This low alpha score therefore raised the possibility that the intercultural segment items may lack reliability. The intercultural segment is a key component of the study, and the researcher did not wish to take the risk that it may have to be discarded later, and therefore decided to research item banks from existing surveys on culture/identity aligned with the research goals and tweak the items and add or remove items accordingly. The WICS scale (the Wesleyan Intercultural Competence Scale (Stemler et al., 2014) a tool for measuring the impact of study abroad experiences, was used to amend the segment items relating to intercultural awareness. This amendment as described was done for the intercultural sections only. All the other sections of the questionnaire performed reliably in the pilot phase.

5.5.3. Data collection timeline

The following Figure shows the timeline for the data collection in this study. The piloting of the questionnaire took place in May 2021 as this was the first opportunity after the Covid pandemic to access prior CAL students. The pilot was conducted via the online Qualtrics survey, distributed to the CAL group in the FY equivalent year at RCSI's MUB (Bahrain) Campus. After the initial analysis of the pilot results, the questionnaire was edited based on the analysis and the participants in this study were surveyed using the amended questionnaire in Oct 2021. Staying true to the sequential explanatory mixed methods design being employed in this study, the qualitative phase of data collection then took place via semi-structured 1-to-1 online interviews. Firstly with volunteer students in May 2022 and then with past teachers from the CAL programme in June 2022. These timings were to facilitate completion of preliminary data analysis from the quantitative data collection to help guide the direction for the qualitative data collection and also to facilitate students end of year examination period and clinical placements. Respondents could only be contacted in periods where they were not preparing or undertaking examinations or on clinical placement. (See Figure 5.1)

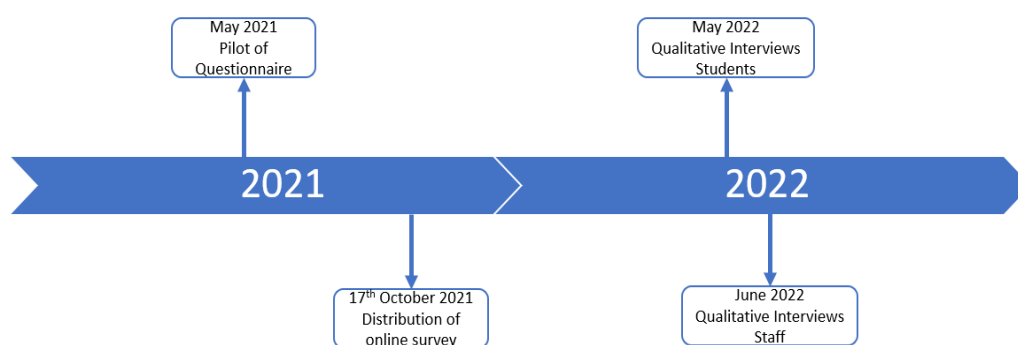


Figure 5.1 Data collection timeline

5.6. Supplemental data

5.6.1. Measurements of language proficiency

This section outlines the supplemental data being used for illustrative purposes and for triangulation of discussion. This section includes the rationale for the role of the language data collected from the programme. Language proficiency gains are not the core focus of this study, I am more interested in the learner experience of the programme, self-reported gains and confidence shifts for example. Language proficiency grades especially at the higher levels of attainment have limited value or information in helping us to understand how a learner perceives their programme of study, their confidence in using the language they have learned and their skill level in employing it to learn through a second language. All of this I have discussed in detail in chapters 2 and 3 of this thesis. Also, language proficiency bands such as the CEFR (Common European framework of reference) are quite wide bands and learners can take some time to move up a proficiency band. I am therefore more interested in how learners make the best use of the language level they are at and also in how they develop as independent learners taking control of their ongoing language proficiency. Testament to this is the fact that all international learners enter at a minimum level of English language proficiency deemed to be sufficient for study at third level and yet continue to struggle in the learning environment. This study is therefore more interested in the areas mapped out in the research questions to get to the heart of what helps international NNS learners succeed in their learning at third level. This is why I am not over emphasising the importance of

language proficiency scores or progress over the course of the AY in question in this study. This is also the rationale for why proficiency scores are not forming part of the quantitative analysis formally. In addition to the linguistic reasons outlined there are other factors in this study at play in the design of this study which would render any analytical comparative of language gains meaningless. These learners are studying in an immersive learning environment through English. Language proficiency gains where they occur would be difficult to attribute to the CAL programme in isolation, there are too many variables at play which could impact this study, since learners use English across all their modules and in their everyday life as students living in Dublin. I am therefore much more interested in participants' attitudes, opinions, experiences, and growing awareness than a language proficiency mark. However, having regard to entry levels is of some relevance to the discussion in that it helps to profile the learners and understand their stage of language learning development as discussed in detail in chapter 2 and 3.

The language placement tool used in this study is a CEFR-based in-house language assessment placement test and needs analysis tool which has been designed by the language team in RCSI and has been in use for 10 years. It is used at RCSI as a measure for capturing approximate language need for placement in the CAL programmes only in a way that helps add a layer of standardisation to the broad and often difficult to align, varied language proficiency data submitted to the admissions office. It estimates language learning need of all incoming NNS using the same instrument which has proven over the course of the past ten years at RCSI to be invaluable in identifying learners' needs and levels. It does not attempt to be a language proficiency level assessment tool such as that of IELTS or TOEFL. As mentioned in chapter 2 the incoming international student body at RCSI present to the Admissions office with a very wide range of language and non-language assessment measures which are often difficult to compare and benchmark against each other. The RCSI in-house language placement tool was designed initially as an added layer of linguistic information and as a tool that would lend a level of standardisation to a language needs analysis for this group of learners. The in-house examination I have described in more detail in chapter 2 of this thesis, for the purposes of brevity here; it was designed to

measure a student's preparedness and ability to undertake the study of medicine at undergraduate level through ESL. The assessment design uses CEFR criteria to elaborate and benchmark scales for both its design and the assessment rubric used to assess it. The placement test itself however sets out to measure written and academic comprehensive competence only; there is no oral assessment due to the very large size of the incoming NNS student body each year (over 360 students sat the RCSI in-house written language placement test each year on entry). Oral aspects of learners' progress on the programme are measured through CA oral tasks and assignments throughout the programme instead. Therefore, the language data in question here is ordinarily used to take a snapshot in one or two competencies. Its main function is to provide a basic starting point of measurement in terms of broad language proficiency, for positioning and need of entrants and finally as an approximate indicator of progress as against the initial levels. Its main role in this study here is to demonstrate both the method through which learners are designated "CAL" or "non-CAL" and is not being used as a measurement of language progress. Learner self-reported gains and attitudes, confidence and engagement are being examined in this study via quantitative and qualitative means instead. This is the rationale for labelling this language data as supplemental data for the purposes of profiling and discussion relating to learners' relative position and needs in the learning environment. The potential of other language tests was investigated for appropriate adaptation. For example, IELTS or TOEFL however, were not deemed as suitable since not all learners in this programme presented with either of these and indeed some learners have presented with outputs from a foundation programme rather than a language examination or GCSE English scores, many of which are impossible to compare reliably. However, all background information on learners is available to this study as an additional layer of information on learner backgrounds. The question of possible changes in language proficiency while interesting is not of central importance to this study and acts more as a guide. The language components of the qualitative research instrument, (for example, the language section and section about the individual language learning experience) in this embedded approach to learning and language development is of central interest here.

5.6.2. Learner feedback from a classroom task

Supplemental data on learner feedback collected post a classroom task will also be included for illustration and discussion as part of this study. I will explain below the reasons for the choice of this data being used for supplemental purposes here. The classroom task in question here was part of the semester 2 of the CAL programme under discussion. In semester 2 of the CAL programme, the learners undertook a 4 to 5-week group task designed to promote learner autonomy which involved self-assessment and peer-assessment with an added feedback questionnaire on the learning experience. The assignment task has been selected for discussion as it included learner feedback directly post the task completion. The assessment task and design were based on a holistic and iterative design drawing on socio-constructivist principles (Evans, 2013, p.78), comprising “active, engaged, goal-oriented” tasks (Senior, 2012, p.38). The objective here was to use a OF/FOR/AS learning process (an approach which sees assessment form part of all learning in a holistic manner where all formative assessment is either; assessment of learning, assessment for learning or assessment as learning), to improve self-esteem, and consequently increased involvement in and engagement with the assessment OF/FOR/AS learning process (Dam, 1998, p.18). The assessment task requires learners to demonstrate their ability to communicate information (medical test results, diagnosis, and treatment plan) to a patient. Learners engage in a collaborative, multi-stage, performance-based task cycle over a 4-5-week period which involved a cycle of peer-assessment, self-assessment, returning to the task to improve their performance based on the feedback, then a stage of self-reflection on the task and tutor assessment. In the final cycle phase of this task all assessment feedback was collated and shared with each learner and their feedback on the experiences were gathered. The classroom feedback was collected post task in written format where learners were asked to answer free text open questions containing prompts to capture their opinions and experiences of this classroom task. The written responses were collected as part of the end of the task cycle from those students who opted into the study as outlined in the ethics section. Unfortunately, due to the sudden decision to close the CAL programme at the end of the academic year in question this data was only able to be partially collected and analysed. Therefore, it forms somewhat of an incomplete data set. This data which

was collected as part of this study with the original intention of being used as core data was analysed using a thematic approach. It did produce quite illustrative results albeit incomplete. However, as supplemental data from this task it has a role in that it can add a layer of supplemental qualitative learner-generated experiences and views of one of the tasks designed to promote learner autonomy within this programme. This is useful to our discussion on approaches to promoting learner autonomy and helps to illustrate the embedded approach the participants experienced as part of the CAL programme. The design of the task meant that learners were able to experience the various drafts of their skills pre and post task. They used both self and peer-assessment tasks, helping to shine a light on the effects on performance of this approach and highlighting the awareness achieved through this type of task cycle design.

5.7. Procedure for testing and analyses of the hypotheses

5.7.1. Analysis of quantitative data

The questionnaire is divided into five sections as outlined previously, with each corresponding to the areas under investigation in this study, namely language learning, intercultural awareness, learner autonomy and professional communicative skill with a general segment around overall programme views and a small number of open-ended questions. As mentioned above, the questionnaire was distributed online via Qualtrics. Learners were issued with an additional online consent segment to tick before proceeding to the questionnaire. Due to the COVID 19 pandemic communication with all learners in person prior to this was interrupted therefore detailed information and a consent segment was embedded in the questionnaire as an assurance of transparency and ethical consent. All questionnaires were coded using the software package Qualtrics which allows matching and tracking of respondents. Ethics protocol was fully applied here also and any data kept securely and confidentially behind a firewall.

Once collected the data was organised and summarised using descriptive statistics, after which inferential statistics allowed the researcher to formally test hypotheses and make estimates which allows for interpretation and generalisation of the findings. In a mixed methods approach this is also an informative step in planning the focus of the qualitative investigation as it helps highlight what areas need more of a

qualitative lens in order to draw out deeper understanding and meaning. The data from the quantitative section of this study is a small sample size. Eighteen respondents completed the online questionnaire of an original list of CAL programme learners and were invited to participate having completed the full CAL programme year 2018-19. However, it transpired that only 55 remained in the undergraduate medical degree programme 1 year after attrition post academic year was accounted for. Due to the Covid 19 pandemic the questionnaire was not able to be circulated directly on exit from the CAL programme as was planned. The number of participants eligible to participate therefore dropped in the intervening few months due to natural attrition rate with 7 past CAL programme learners not returning to medical studies the year after. Therefore, of a total possible 55 respondents eventually invited to participate in this study, 18 (N=18) completed the questionnaire. This accounts for an approximate 30% response rate from this CAL group. While this is a small sample size it is acceptable with regard to theoretical sufficiency. A full presentation and analysis of the quantitative data is given in chapter 6.

5.7.2. Analysis of qualitative data

The core qualitative data from this study which was subjected to thematic analysis includes the semi-structured interview data collected from the learners on the CAL programme participating in this research and the semi-structured interviews conducted with the staff who taught on the CAL programme. Additionally, a small segment of the survey data which was qualitative in nature, namely the 3 free text questions which I will present in chapter 6 looking at; learners views of healthcare professionalism, probing learners perceived challenges in learning English and learners self-reported strengths and weaknesses, were also analysed using a thematic analytical approach as I will outline here. Finally, the supplemental data which I have outlined previously in section 5.6 of this chapter was also analysed using thematic analysis. However, as explained it is only being presented in this study for illustrative and discursive purposes. All interviews were transcribed and were run online via MS teams as the covid pandemic was still relevant at the time of data collection and social distancing was still a consideration for participants. Most participants were also participating in their studies remotely at the time of the eventual data collection. MS teams is a platform this cohort is very familiar

with as it is widely used by the college and also allows for recording with permission from the participants in case of interruption to the internet connection or other issues. Auto-transcribing is also a useful feature of MS Teams which very much helped in the eventual write up of the scripts pre-coding. While there were some core questions to be explored in the qualitative data, any salient issues which presented from the quantitative questionnaire analysis was also further explored as part of these interviews. For the thematic analysis of the qualitative interviews and learner feedback, Braun and Clarke's 6-step approach to thematic qualitative analysis was used in the first instance (Braun & Clarke, 2006). I will outline the Braun and Clarke method briefly here. However, the presentation of the data and detailed analysis will be covered in depth in chapters 6 and 7.

Data analysis in qualitative research using a robust reliable approach is central to extract meaning from qualitative data. In fact, in qualitative research the researcher themselves are often viewed as the instrument in their position as describer and interpreter of the data. This reflexive component recognises the involvement and role of the researcher in the data analysis and forms part of an approach to thematic analysis referred to by Braun and Clarke as Reflexive Thematic Analysis (RTA) which I will discuss in more detail further below (Braun & Clarke, 2020).

Qualitative analysis is a vast theoretical area of study which has many variations dependant on data types and purpose of study. This can be quite daunting for a novice researcher and therefore in the case of thematic qualitative analysis in particular, a clear step-by-step guide such as the approach mapped out by Braun and Clarke was extremely useful in the planning, design, execution, and analysis of the qualitative study undertaken here. Braun and Clarke's (2006) framework uses a systematic step-by-step approach to describe and explain the process of analysis for thematic data collected via focus groups or interviews for example. Braun and Clarke (2006) suggest that it is the first qualitative method that should be learned as it can be helpful in providing the core skills needed for many kinds of qualitative analysis (p.78). It is important to point out also that it is very much a method rather than a methodology and therefore is less tied to any singular theoretical perspective and has therefore very broad usage where thematic analysis in education is concerned for example (Braun & Clarke, 2006; Clarke &

Braun, 2013). The qualitative research paradigm being drawn on primarily here is broadly speaking a theoretical deductive approach. For the qualitative analysis for example I am using a form of Reflexive Thematic Analysis in an approach which involves actively creating themes through my interpretive engagement with the data (Braun & Clarke, 2020). For my data analysis here, I began by using Braun and Clarke's (2006) 6-step framework as a starting point but include and make reference to Braun and Clarke's updated approach using Reflexive Thematic Analysis which I will detail below (Braun & Clarke, 2019a, 2019b; Braun et al., 2019a; Terry et al., 2017). In a broad sense the overall goal of the 6-step approach is to help identify themes or patterns in the data that are important or interesting, and use them to say something about a point or issue. This involves interpreting and making sense of the data through the 6 steps of analysis. Starting with open coding, the themes and meaning evolve and can be identified as you move through the steps which is worth taking time to work through slowly and systematically to best code and then recognise and identify the patterns and themes present. The basic 6 (updated) steps are as follows:

- Step 1: Become familiar with the data (data familiarisation notes)
- Step 2: Generate initial codes (systematic data coding)
- Step 3: Generate initial themes
- Step 4: Review potential themes
- Step 5: Define and name themes
- Step 6: Write-up, producing the report

These steps are broken down in detail by Braun and Clarke (2020) demonstrating what is involved at each phase. For example, in Step 1 becoming familiar with the data involves reading and re-reading your scripts through many times, as you edit or highlight points of interest. They make the point that the more familiar you are with the content at the end of this stage the easier the following steps will be.

According to Braun and Clarke, using reflexive TA deductively means existing research and theory provide the lens through which the researcher analyses and interprets the data (ibid.). Broadly speaking this means for example using existing explanatory theory as a lens through which data is coded and interpreted (ibid.). In this study, as will be shown in the data presented in chapter 6, the theoretical framework and constructs underpinning this study in the areas of language learner autonomy,

identity, and intercultural communicative competence, are examples of the lens through which data was coded and interpreted. As Braun and Clarke (2020) emphasise, “reflexive TA captures approaches that fully embrace qualitative research values and the subjective skills the researcher brings to the process – a research team is not required or even desirable for quality analysis” (Braun & Clarke, 2020, p.333). According to Braun and Clarke (2020), themes are not happened upon by chance but are actively created by the researcher through their interpretative engagement with data. Reflexive TA makes it clear that codes and themes are defined importantly differently. However, generally, and more broadly speaking there is no absolute distinction between codes and themes across TA methods. In many TA approaches, these terms can often be found to be used interchangeably, or in some cases coding is conceptualised as a process of aligning data to preexisting themes. However, in reflexive TA, a code is conceptualised as an analytic tool used by a researcher to develop themes. Codes in this understanding are rather conceptualised as a means to capture observations and represent an aspect of a potential larger theme which is seen here as having more depth or complexity (ibid.).

In this study, I incorporated these aspects of reflexive TA in both reflecting the participants’ own opinions and views while also acknowledging the effect of my own reflexivity in interpreting those views. I felt that RTA worked well for this study as it allowed for the theoretical underpinnings and my own role in translating these to be part of the context alongside participants’ subjectivity. These two aspects of reflexive TA allow the data to come together in my view to form a richness of discussion that is useful and insightful. I will present the qualitative data together with all the stages from coding to identified themes from the qualitative data and analysis in chapter 6 of this thesis.

5.8. Conclusion

This chapter discussed the applied methodology, procedures and the time frame deployed in this research project. It summarised the profiles of the participants and the response rates from participants at RCSI. It has already been noted that both quantitative and qualitative data collections were part of this study and the reason for this was also explained. Both approaches were described in this chapter also. The

rationale for the various choices of approach and instruments used for data collection and the theoretical underpinning for these were revisited to help anchor the methodology in this study. The question of the lack of direct relevance of the learners' language proficiency levels to this study was also discussed as it is important to discuss the decisions made in methodology and investigations most relevant to this study. This chapter also described the participants and context of this study and also outlined the timeline challenges which impacted this study along its journey such as changes at the University and the global Covid 19 pandemic all of which this research had to adjust to in order to continue the study with integrity. The next chapter will present the various qualitative and quantitative data in more detail. Chapter 6 will present and map out the precise data collected in this study.

Chapter 6 Data presentation

6.1. Introduction

In this chapter I present the data collected at The Royal College of Surgeons in Ireland. I firstly provide an outline of the general background of the student population and then share the quantitative data. Next, I present the qualitative data which includes, semi-structured interviews with participants in this study as well as staff. I also describe the supplemental qualitative data of feedback on a learner task as outlined in chapter 5. Overall, this chapter has a singular focus of presenting the data collected. However, the analysis of the data sets and findings will be the focus of chapter 7.

6.2. Student participant backgrounds

The 2018-2019 CAL programme was made up of a total of 55 RCSI EAL students. These 55 eligible CAL programme students were invited to participate voluntarily in this study. Students (N=18) completed the questionnaire on completion of the CAL programme ending in 2019. This constitutes a 33% response rate approximately for the CAL programme questionnaire which is above average and representative for the purposes of this study. Of the 18 respondents, 53% were male and 47% were female. Nationalities were collected as part of the questionnaire data, however, not all respondents filled in these fields. The researcher had access to the CAL programme data from the administrative gatekeeper which provided more detail in relation to nationalities. The CAL programme respondents for the academic year 2018-2019 represent 5 nationalities; Korea (n=1), Kuwait (n=8), Oman (n=4), UAE (n=4) and Saudi Arabia (n=1) (See Figure 6.1).

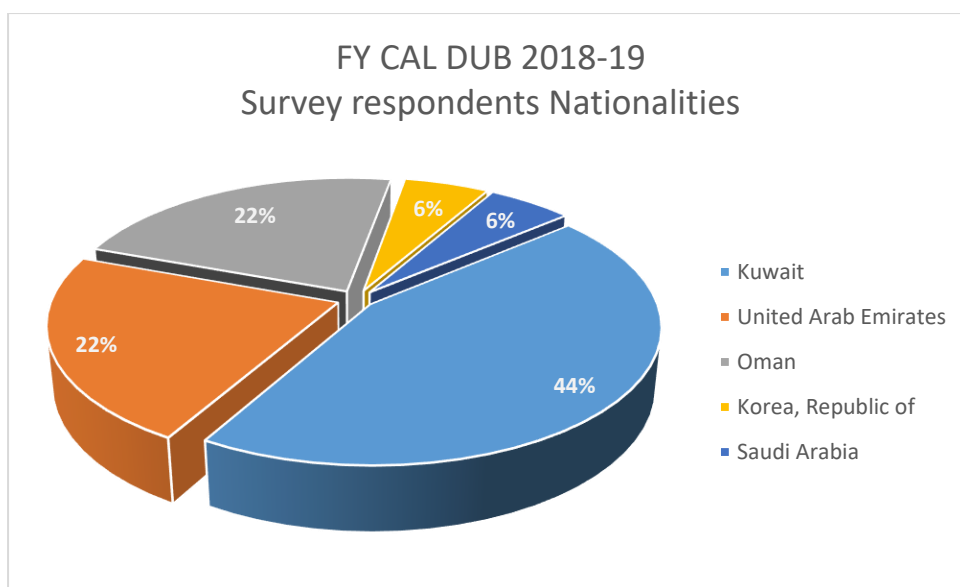


Figure 6.1 FY CAL DUB 2018-19 Survey respondents Nationalities

The English language learning backgrounds for this group are quite homogenous in length of time they have been learning English. In relation to how long these respondents had been learning English prior to coming to university at RCSI, the majority at 94% stated that they had been learning English since primary school. Only 6% cited secondary school as their starting point for learning English, 0% of the respondents listed university as a starting point for learning English and 0% cited “other” as an option.

6.2.1. Language levels on entry to the CAL programme

For the 18 respondents to this survey, CAL programme data is available on their language levels on entry to the CAL programme for September 2018. As described in Chapter 5, RCSI uses its own in-house CEFR-based assessment instrument which is used to assess a learners’ suitability for the CAL programme segment of *The Professionalism Module* within which it is embedded.

This instrument has been fine-tuned and validated over 12 years of use at RCSI. Its necessity as part of the CAL programme selection for entry was explained in Chapter 2 in relation to the wide variety of proof of proficiency which is submitted to RCSI admissions on any given year, many of which are difficult to align. Therefore, learners’ needs are triangulated through a variety of steps involving the use of a common in-house CEFR based instrument together with incoming language examination information. This information is collated for each candidate and a CEFR language score is

given to help with the profiling and placement of this group. For the respondents in this study (N=18), the breakdown of language levels following the CEFR can be seen in Figure 6.2 below.

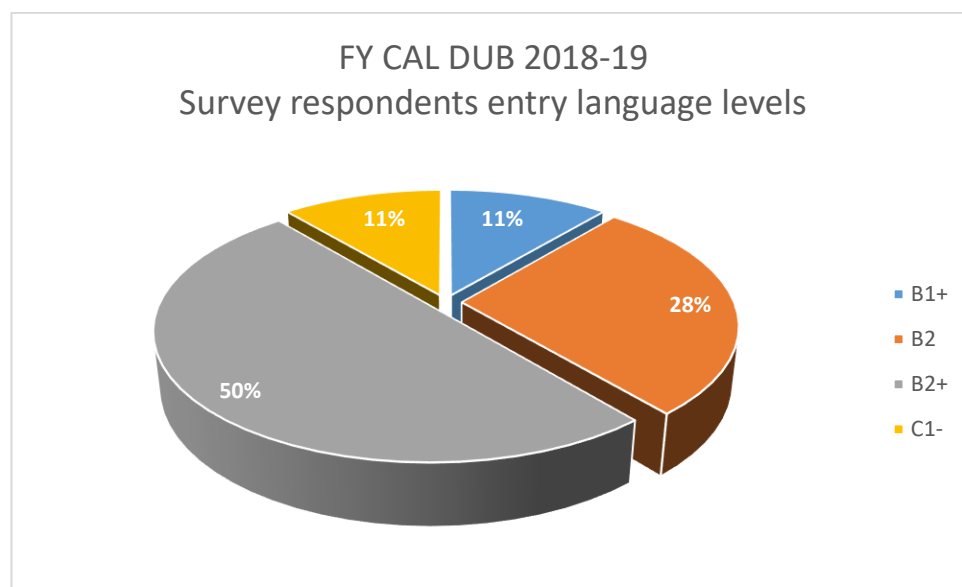


Figure 6.2 FY CAL DUB 2018-19 Survey respondents' entry language levels

The breakdown is approximately as follows: at CEFR level B1+ n=2, at level B2 n=5, at level B2+ n=9, at C1- n=2 (see CEFR conversion table below in figure 6.3, for an approx. equivalent to standard internationally recognised exams for reference). Over 50% of this group are therefore sitting on a CEFR language level of B2+ which is the just above the minimum entry requirement for admission to RCSI's undergraduate programmes. Only 2 students begin the year at a comfortable C1- and 7 students are slightly below the median point at B2 or lower. As explained in Chapter 5, this study is less interested in precise proficiency gains as it is focused on the learning experience, looking at areas such as confidence, awareness, agency and autonomy skill level, attitude, and progress in terms of reported gains. However, it is useful to be aware of the entry language levels of this group for the purposes of the discussion here in respect of the stage in language journey which these learners are at. These language levels (CEFR level B2 or below) for the majority of this group, indicates that these learners are at a level which many language experts agree will need significant development in order to progress well in their university studies. Much of this group are at a minimum language threshold for entry to university. I include this language profile of information for this CAL group of

participants in this study as it is a significant consideration when looking at the self-reported gains and progress along with other data which I will present here. This group is comprised of learners who have participated in formal language instruction all of their lives since primary school in the majority of cases, 94% as stated earlier. Therefore, the aims of the CAL programme are somewhat more varied than language proficiency alone. Language proficiency gains alone over the course of the CAL programme would not serve to tell us much about the gains from this particular programme design. These learners are representative of the average international non-native speaking student entering the Foundation Year at RCSI in both the school of medicine and physiotherapy year-on-year both from a background profile and language level perspective.

The following table (6.1) gives a comparison of levels of common English Language examinations using the Council of Europe Scale: Please note that these exams are quite different in their designs and objectives and as such exact equivalences are challenging. These tables are to serve as a rough guide for non-linguists reading this thesis and are best interpreted by language experts:

Table 6.1 CEFR equivalence guide

Council Of Europe CEFR framework scale:	IELTS new adjusted 2011:	Cambridge ESOL exams:	*TOEFL IBT (internet based test version)
C2 - /+	8/8.5/9.0	CPE (Cambridge Proficiency Examination)	N/A
C1+	7.5		Range 110 - 120
C1	7.0	CAE (Cambridge advanced examination)	
C1 –	6.5		Range 87 - 109
B2+	6.0		
B2	5.5	FCE (Cambridge First Certificate)	
B2-	5.0		
B1+	4.5	PET (Preliminary English Test)	N/A

This section has outlined the language proficiency measurements on entry to the programme. While language proficiency gains are not the core focus of this study, it is important to note that the majority of this cohort are at the minimum threshold for participation in a university level programme of study. This is an important consideration when looking at findings on progress and gains later in chapter 7. Language proficiency grades especially at the higher levels of attainment have limited value or information in helping us to understand how a learner perceives their programme of study. The role of their confidence in using the language they have learned, and their skill level in employing it to learn through a second language has been discussed in detail in chapters 2, 3 and 4.

6.3. Questionnaire

The survey data collected will be presented in the first section of this chapter. The questionnaire covers the core constructs of the study in the form of 18 questions with a total of (54) items. A copy of the questionnaire is available (Appendix I). Questions 1, 12, 13, 14, and 15 are profile collection items relating to the background, gender, language, nationality, learning history and so on of the learners which was presented at the start of this chapter. Q18 is a general question for extra comments. For the remainder of questions, information was elicited relating to the constructs in this study as follows and these are displayed below in full format under each of their corresponding headings:

- 1: English language learning (9 items)
- 2: Learner autonomy/ learning to learn (9 items)
- 3: Culture and identity (10 items)
- 4: CAL programme evaluation (8 items)
- 5: Healthcare professionalism (6 items)

A number of free text comments items were also used as follows:

- 6: Free text (5 items), looking at statements describing friends at RCSI, living experience prior to college, strengths and weakness in learning English and ranking of skills for

example. Each of these will be presented in turn in the sections below together with their response rates.

6.3.1. Reliability, constructs and Cronbach's alpha scores

Firstly, the quantitative data was structured by construct from this study, comprising of 6 constructs namely, *English language learning, cultural and body language, Language identity, beliefs surrounding healthcare professionalism, agency and autonomy in language learning and attitudes to the CAL programme*. The methodology and numerical mapping for this segment of the organisation of the questionnaire data was explained in chapter 5 when discussing the construct mapping exercise. This was conducted as part of the piloting phase of the questionnaire and then re-examined again as part of the core questionnaire data. Before running any statistical tests for correlations, the researcher investigated firstly the reliability of the data under each of these constructs. A Cronbach's alpha score was assigned to each of the items as they relate to their constructs. The culture and body language construct encompassing 6 items from the questionnaire had a low Cronbach's alpha score $\alpha = 0.45$. Therefore, this section of the questionnaire was not including when testing for correlations. Interestingly, this section was problematic also in the questionnaire pilot and the original items were replaced by items from a validated instrument (WICS) for measuring cultural competence and socialisation, as described in chapter 5. However, this does not appear to have yielded improved reliability scores. This study found it more useful to investigate concepts around culture via the qualitative data as discussed earlier in this chapter. All other constructs in this study were shown to have Cronbach's alpha scores above 0.5. However, the English language learning construct had 2 items which needed to be removed in order to bring the Cronbach's alpha score to $= 0.631$ as highlighted below in brackets (Removed). Items that were negatively worded were reverse coded indicated by (R) were reversed coded:

Construct 1: English language learning (7 items)—Cronbach's alpha, $\alpha=0.631$

- 2c Sometimes I find it hard to express myself in English (R)
- 2f I am afraid about making mistakes when I speak English (R)
- 2i I think I am a good English language learner.
- 4c I always try to be accurate when I speak English. (Removed)

- 4d In my head, I often compare English and my native language (R)
- 4f I usually translate new English words into my native language. (Removed)
- 2a One of my learning goals is to sound like a native English speaker

Other constructs showed good reliability as follows:

Cronbach's alphas for the 5 *Language identity*, 7 *beliefs surrounding healthcare professionalism* and 8 *attitudes to the CAL programme* items 13 were $\alpha=0.73$, 0.972 and 0.86 respectively. However, Agency and Autonomy in language learning also needed to have items 4a "I take an active part in my classes" and 4h "In class I prefer it when the teacher tells me what to do", removed after which $\alpha=0.653$. Once the data was prepared for analysis, this study was interested in investigating statistical significance and whether or not correlations were present. I will next turn to each section of the questionnaire as described for a breakdown.

6.4. English language learning

In this section, the data has been collated and will be presented in relation to the language learning and development during the CAL programme year being examined.

Firstly, looking at the quantitative data, question 2 of the questionnaire looks at the respondents' attitudes to learning English which is covered by 9 items using Likert scales where 1= strongly agree to 5= strongly disagree (Table 6.2).

Table 6.2 Question 2 - English language learning

#	Question 2 English language learning	1		2		3		4		5		Total
		%	N	%	N	%	N	%	N	%	n	
1	One of my learning goals is to sound like a native English speaker.	22.22%	4	16.67%	3	27.78%	5	11.11%	2	22.22%	4	18
2	I feel confident when I speak English.	38.89%	7	27.78%	5	16.67%	3	16.67%	3	0.00%	0	18
3	Sometimes I find it hard to express myself in English.	5.56%	1	33.33%	6	27.78%	5	16.67%	3	16.67%	3	18
4	I don't feel like myself when I speak English.	5.56%	1	16.67%	3	16.67%	3	27.78%	5	33.33%	6	18
5	I feel less intelligent when I am speaking English.	11.11%	2	16.67%	3	27.78%	5	16.67%	3	27.78%	5	18
6	I am afraid of making mistakes when I speak English.	16.67%	3	5.56%	1	27.78%	5	27.78%	5	22.22%	4	18
7	I use every opportunity to practise my English skills.	27.78%	5	33.33%	6	27.78%	5	5.56%	1	5.56%	1	18
8	I actively look for opportunities outside class to advance my English skills.	27.78%	5	44.44%	8	16.67%	3	11.11%	2	0.00%	0	18
9	I think I am a good English language learner.	33.33%	6	33.33%	6	11.11%	2	16.67%	3	5.56%	1	18

6.4.1. Challenges of language learning

When looking at the challenges in learning English for this group, 4 separate items under question 2 relating to language learning can also be found spread throughout this section, examining challenging aspects of English language learning such as fear of making mistakes, feeling less intelligent when speaking through English, feeling less like themselves (loss of identity) and difficulty expressing themselves.

Further to the area of challenges to language learning, the questionnaire was also used to gather some basic initial qualitative data relating to participants perceived challenges with language learning. Questions 8 (Table 6.3) and question 9 (Table 6.4) of the questionnaire data explore respondents' attitudes to language learning further in free text comment format, looking to gain more insights into their awareness of both their strengths and weaknesses in relation to learning English. These were analysed qualitatively using thematic analysis, the results of which will be discussed in chapter 7. Presenting this data as it was collected below, it is grouped into grammar use, writing, and speaking, with accuracy of writing and grammar use being the predominant concern.

Table 6.3 Question 8 - Weaknesses in learning English

Q8 - What do you think are your main weaknesses in learning English?

i do not know how to use grammar

that I do not practice

I don't practice writing.

Grammar

When I reached a certain point in english fluency I needed to read difficult literature to improve it further, and I lacked motivation to do so.

sometimes I find difficulty in structuring my sentences, or I say my sentence and realised I didn't like the way it was worded/structured and I have to repeat myself. It can happen while Im on rotations at the moment and presenting history to the doctor.

Maintaining the flow while speaking and grammar

Pronunciation

Speaking

It is hard sometimes to express myself because my vocab is not good.

I believe that my weakness in learning English is when I speak few words in my native language rather than in English.

Sometimes I can't remember vocabulary, so I struggle when I do writing. That's why I need to practice more and learn more new words in order to broaden my vocabulary.

need to learn more new words need to learn more phrasal verbs

Table 6.4 Question 9 - Strengths in learning English

Q9 - What do you think are your main strengths in learning English?

I could learn new word easily

my accent

My listening ability is good

Learning new vocabularies

My vocabulary

For me, English has always been the better language compared to arabic, as I am not very fluent at my native language. I am comfortable with English, and I am glad that I have a wide vocabulary and I can speak with the patients without confusing them. My questions are always direct and easy to answer.

Vocabulary

Speaking

Writing

confidence to talk

I always try to improve my English anywhere and at anytime.

I really enjoy listing to the radio or music in English, so I think I am good at listing. Also, I often watch movies in English with an English subtitle, so I am good at understanding a lot of vocabulary.

I don't require a lot time to memorise new words can spell most words right My punctuation in english isn't bad

6.5. Agency and autonomy in language learning

The quantitative data collected for question 4 of the survey instrument looks at the respondents' attitudes to being an autonomous learner with regard to both language and their self-reported attitudes and skills in relation to how they learn. This thematic section 4 is investigated using 9 items in Likert scales where 1=strongly agree to 5=strongly disagree and all 18 respondents completed the 9 items in this section (Table 6.5). The items in this section look to examine to what extent this active engagement with learning and understanding of how to learn is present. I will discuss the below rationale and findings in chapter 7 relating to construct's findings. See graph in Table 6.5 below.

Table 6.5 Question 4 - Learner autonomy

#	Question 4 Language learner autonomy	1		2		3		4		5		Total
1	I take an active part in my classes.	16.67%	3	27.78%	5	44.44%	8	11.11%	2	0.00%	0	18
2	I usually try to speak up in lectures, even if I think it might be incorrect English.	11.11%	2	22.22%	4	33.33%	6	33.33%	6	0.00%	0	18
3	I always try to be accurate when I speak English.	27.78%	5	38.89%	7	16.67%	3	11.11%	2	5.56%	1	18
4	In my head, I often compare English and my native language.	11.11%	2	27.78%	5	33.33%	6	5.56%	1	22.22%	4	18
5	I often guess the meaning of a word, even if I am unsure, without looking it up.	22.22%	4	38.89%	7	22.22%	4	5.56%	1	11.11%	2	18
6	I usually translate new English words into my native language.	27.78%	5	11.11%	2	22.22%	4	22.22%	4	16.67%	3	18
7	I set learning targets for myself to improve my English.	16.67%	3	22.22%	4	44.44%	8	5.56%	1	11.11%	2	18
8	In class, I prefer it when the teacher tells me exactly what to do.	27.78%	5	33.33%	6	22.22%	4	11.11%	2	5.56%	1	18
9	I learn English best by trial and error.	38.89%	7	16.67%	3	27.78%	5	11.11%	2	5.56%	1	18

6.6. Intercultural awareness

This section of the questionnaire is adapted from the WICS validated instrument (Stemler et al., 2014), for measuring Intercultural competence as was outlined and described in chapter 5 when describing the methodology for this study. Intercultural awareness is well recognised as challenging to measure in isolation from other aspects of language or learning in general. I will discuss these findings in detail in chapter 7.

Question 3 of the survey instrument looks at the respondents' attitudes & awareness in relation to Culture and identity. This Intercultural awareness section 3 is investigated using 10 items in Likert scales where 1=strongly agree to 5=strongly disagree and N=18 respondents completed 10 items in this section (Table 6.6).

6.6.1. Cultural identity

Identity is a key feature of developing cultural awareness and competence as discussed in detail in chapter 4 on the relevance of cultural awareness development for these international medical students (Chapter 4, section 4.6). 5 items of question 4 specifically seek to explore learner's attitudes to their developing identity as international students learning in a foreign university context.

Table 6.6 Question 3 - Intercultural awareness

#	Question 3 Intercultural awareness	1		2		3		4		5		Total
1	I think I have developed an English language identity	27.78%	5	16.67%	3	38.89%	7	11.11%	2	5.56%	1	18
2	I am comfortable in my English language identity.	27.78%	5	27.78%	5	27.78%	5	11.11%	2	5.56%	1	18
3	I tried to go out with local peers rather than peers from my home culture	11.11%	2	33.33%	6	33.33%	6	5.56%	1	16.67%	3	18
4	There is a big difference between body language in Ireland and my culture.	11.11%	2	27.78%	5	44.44%	8	11.11%	2	5.56%	1	18
5	When I was interacting with local peers , they sometimes did not react in the ways I expected....	27.78%	5	16.67%	3	44.44%	8	11.11%	2	0.00%	0	18
6	I am interested in the cultures of other countries	38.89%	7	11.11%	2	33.33%	6	5.56%	1	11.11%	2	18
7	I feel comfortable in Irish culture and my home culture.	27.78%	5	16.67%	3	33.33%	6	16.67%	3	5.56%	1	18
8	I sometimes went out with local peers, but I felt that they were not as friendly...	11.11%	2	5.56%	1	50.00%	9	27.78%	5	5.56%	1	18
9	Intercultural awareness is an important part of healthcare studies.	27.78%	5	11.11%	2	27.78%	5	27.78%	5	5.56%	1	18
10	My identity changes depending on which language I speak.	16.67%	3	11.11%	2	27.78%	5	16.67%	3	27.78%	5	18

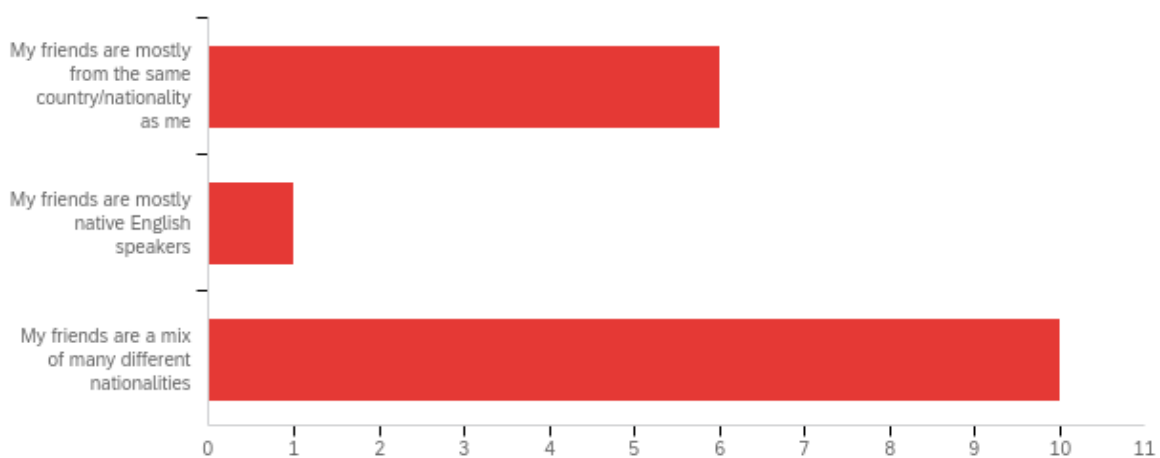
6.6.2. Social aspects of cultural awareness and integration

From the quantitative survey, 6 items relating to aspects of cultural awareness involving socialisation and perceived integration in the host culture were also part of this section of the questionnaire.

Additionally Question 16 (Table 6.7) below also shows respondents' responses relating to friendships which I will discuss as part of the findings.

Table 6.7 Question 16 - Friends at RCSI

Q16 - Please select the statement that best describes your friends at RCSI



6.7. The CAL programme data

The quantitative data collected in relation to the CAL programme was a starting point in this mixed methods study to give us a broad view of how this programme was perceived by the participants. Question 5 of the survey instrument looks at the respondents' attitudes to the CAL programme and also to the large Professionalism module within which the CAL programme is embedded for some aspects where overlap exists. Section 5 items are intended to explore learners self-reported gains from being placed in the CAL programme as part of their first year of study as medical / health science students. This thematic section 5 is investigated using 8 items in Likert scales where 1=strongly agree to 5=strongly disagree and N=18 respondents completed all items in this section (Table 6.8). As discussed in chapter 2 when the CAL programme was described in detail, it was pointed out that learners do not choose to join the CAL stream but rather are

placed in the CAL stream which forms an embedded part of their Professionalism 10 credit year-long module, based on their language levels. It is therefore of significance to capture this group's reported experiences and views of the CAL programme.

Table 6.8 Question 5 - Statements about the CAL programme

#	Question 5 The CAL & PROF programmes	1	2	3	4	5	Total					
1	The programme overall helped me to develop my communication skills.	33.33%	6	11.11%	2	38.89%	7	16.67%	3	0.00%	0	18
2	The programme improved my confidence in studying Medicine/ through English	27.78%	5	22.22%	4	27.78%	5	22.22%	4	0.00%	0	18
3	The Professionalism module helped me to improve my communication skills.	11.11%	2	33.33%	6	33.33%	6	11.11%	2	11.11%	2	18
4	Studying alongside native English speaking classmates in the Professionalism module helped improve my confidence in speaking English.	0.00%	0	27.78%	5	50.00%	9	22.22%	4	0.00%	0	18
5	The programme enhanced my skills in communicating with patients through English.	22.22%	4	44.44%	8	11.11%	2	22.22%	4	0.00%	0	18
6	It was useful to learn about communication specifically related to healthcare contexts.	27.78%	5	22.22%	4	11.11%	2	27.78%	5	11.11%	2	18
7	English language and communication skills should be a core part of the Foundation Year.	33.33%	6	22.22%	4	11.11%	2	22.22%	4	11.11%	2	18
8	The CAL programme was a useful foundation for my Medical/ Physiotherapy degree.	27.78%	5	16.67%	3	50.00%	9	5.56%	1	0.00%	0	18

6.7.1. Healthcare professionalism

Healthcare professionalism as a construct was used in the quantitative segment of the data collection as part of a broader picture on the impact and effectiveness of the embedded programme design under discussion and evaluation here. As described and

discussed in chapter 2 in the CAL & PROF module course design and its theoretical underpinnings, healthcare professionalism as defined by RCSIs encompasses many of skills examined here in this study such as communication skills, intercultural awareness, developing lifelong learning skills which map to the definitions of learner autonomy and finally the domain specific design of the language CAL programme in its aims to approach language proficiency development through the lens of the context and domain related language that these learners require to operate in. Therefore, question 6 of the data which includes 6 items on healthcare professionalism as a theme or area gives us more insight into the effectiveness of this embedded design of language learning. Once again, the 6 items in this section use the same Likert scale as previous sections where 1=strongly agree and 5=strongly disagree. N=18 respondents answered the items in this section once again. There were also other qualitative questions relating to this area of examining the effectiveness of the programme in general where Question 7 looks for free text responses to a question on the meaning of healthcare professionalism. The data from question 7 was analysed qualitatively using thematic analysis and the findings will be discussed in chapter 7. Finally, Question 10 asked respondents to rank all the core skills covered by the programme under evaluation in order of importance which I will present after the core question 6 items are presented.

Table 6.9 Question 6 - Healthcare professionalism

#	Question 6 Healthcare Professionalism	1		2		3		4		5		Total
1	A commitment to lifelong learning is an important part of being a Medical/Healthcare Practitioner.	61.11%	11	11.11%	2	11.11%	2	5.56%	1	11.11%	2	18
2	A good Medical/Healthcare Practitioner needs to be aware of their own limitations	61.11%	11	0.00%	0	11.11%	2	16.67%	3	11.11%	2	18
3	A high standard of communication is important for a good Medical/Healthcare practitioner.	44.44%	8	22.22%	4	5.56%	1	11.11%	2	16.67%	3	18
4	Active listening skills are important for a good Medical/Healthcare practitioner.	61.11%	11	5.56%	1	5.56%	1	5.56%	1	22.22%	4	18
5	Cultural sensitivity is important for practitioners whose background is different from a patient's background.	55.56%	10	11.11%	2	5.56%	1	16.67%	3	11.11%	2	18
6	Learning how to work with colleagues from different cultural backgrounds is important for healthcare practitioners.	66.67%	12	0.00%	0	5.56%	1	5.56%	1	22.22%	4	18

Question 10 of the quantitative survey tool asked respondents to rank skills in order of importance namely: English language / communication skills, intercultural skills, lifelong learning skills (learner autonomy), and clinical skills in rank order from 1 to 4 where 1 is the most important.

Table 6.10 Question 10 - Ranking of skills

#	Question 10*	1		2		3		4		Total
1	English Language/Communication Skills	40.00 %	6	33.33 %	5	26.67 %	4	0.00%	0	15
2	Intercultural Skills	12.50 %	2	12.50 %	2	25.00 %	4	50.00 %	8	16
3	Lifelong Learning Skills	18.75 %	3	25.00 %	4	31.25 %	5	25.00 %	4	16
4	Clinical Skills	33.33 %	5	20.00 %	3	20.00 %	3	26.67 %	4	15

*Q10 Please rank the following skills in order of importance to you as a future Medical/Healthcare practitioner, where 1 is the most important

Question 7 once again qualitatively collected respondent views on Healthcare Professionalism further, in the form of free text comments intended to draw out understanding of its role in the Healthcare professions. This was analysed thematically and will be discussed together with the qualitative results in the discussion in chapter 7. The discussion will examine the findings relating to the relevance of participants views of professionalism in understanding the impact of this embedded programme on the learners in this learner environment.

Table 6.11 Question 7 - What does healthcare professionalism mean to you?

Q7 - In a few words, what does Healthcare Professionalism mean to you?

it is something should not be ignored

Demonstrate respect, compassion and integrity

A set of values and behaviours are used to enhance patients' safety.

Being professional as a healthcare provider

Everything, lack of professionalism leads poor healthcare services.

Building mutual respect and rapport with patient, and being nice to patient and not insulting them and respecting their privacy. also, working as a team and communicating with my colleagues to provide the best care for the patient.

It's means communicating with a patient should not be based on their race but as a human in respectful way.

Gaining respect

Dealing with others in good way (doctors or patients) Doing the work in the best way

It means a lot, because it teaches me how should I act in future

Honesty and trust.

Healthcare Professionalism is the basic rule to be a good healthcare practitioner. Healthcare Professionalism is a collection of attitudes, behaviours, and connections that support the public's faith in doctors.

A bunch of qualities, practices, and connections that supports the trust people in general has in specialists. Sympathy and empathy. Regardless of anything else, a decent wellbeing expert can show sympathy to their patients and give solace when they need it. On occasion, your patients may wind up in troublesome or disappointing circumstances and they need somebody to tune in, to comprehend and regard their desires or point of compete

6.8. Constructs and statistical tests

In this final section, having looked so far at all the survey data collected and presented in this study, it was interesting to try to determine whether there is a statistically significant association or not between different responses collected in the quantitative data sample. The relevant constructs and themes from this study which form part of this study's hypothesis about language learning and learning environment needs for these international students at university were tested. I will present here the tests that were conducted. However, what can or cannot be drawn from this data analysis which adds a further layer of insight to the data presentation will be discussed in chapter 7.

6.8.1. Statistical tests and correlations

This study was interested to investigate any possible statistically significant association between different responses collated from the quantitative questionnaire data. Themes from this study are linked for example, English language learning skills and growing confidence or language identity emergence linked to attitudes to cultural learning, to name a few. These could show that the learning elements in this type of embedded programme for these international NNS learners leads to gains in confidence and ability in the domain being studied (Healthcare science), which is the overall learning goal of the CAL programme. The findings will be discussed in chapter 7.

6.8.1.1 English language learning gains

The Spearman’s Test was used to examine correlations between the items 2i, “I think I am a good English language Learner” and item 2b “I feel confident when I speak English”. Results found that item 2i and item 2b were significantly correlated, $r=.608$, $p < .007$. showing a positive correlation between these two items and a statistically significant association between “I think I am a good language learner” and “I feel confident when I speak English”. See Table 6.12 below.

Table 6.12 SPSS test 1 - English language learning gains

Correlations				
			* - I think I am a good English language learner	- I feel confident when I speak English.
Spearman's rho	I think I am a good English language learner.	Correlation Coefficient	1.000	.608 **
		Sig. (2-tailed)	.	.007
		N	18	18
	I feel confident when I speak English.	Correlation Coefficient	.608 **	1.000
		Sig. (2-tailed)	.007	.
		N	18	18

** . Correlation is significant at the 0.01 level (2-tailed).

*. Statements prefaced ‘Please read the following statements about learning English, and indicate your level of agreement, where 1 = Strongly Agree and 5 = Strongly Disagree.’

6.8.1.2 Language identity and cultural awareness

Using a Spearman’s test again, this time we look at how language identity relates to cultural awareness. A positive relationship was found between item 3a, “I think I have developed an English language identity” and item 6g, “Learning how to work with colleagues from different cultural backgrounds is important for healthcare practitioners” with a statistical significance value of $p < .011$. See Table 6-13 below.

Table 6.13 SPSS test 2 - Language identity & ICC

Correlations				
		* - I think I have developed an English language identity	* - Learning how to work with colleagues from different cultural backgrounds is important for healthcare practitioners.	
Spearman's rho	I think I have developed an English language identity	Correlation Coefficient	1.000	.737 **
		Sig. (2-tailed)	.	<.001
		N	18	18
	Learning how to work with colleagues from different cultural backgrounds is important for healthcare practitioners.	Correlation Coefficient	.737 **	1.000
		Sig. (2-tailed)	<.001	.
		N	18	18

** . Correlation is significant at the 0.01 level (2-tailed).

*. *Statements prefaced 'Please read the following statements about learning English, and indicate your level of agreement, where 1 = Strongly Agree and 5 = Strongly Disagree.'*

6.8.1.3 Agency and autonomy in language learning

In relation to the area of developing learner autonomy in learning and language learning, interestingly there was no significant relationship found between those who “set learning targets” for themselves and those who actively looked for opportunities outside class to advance their language skills. This perhaps points to what was discussed earlier looking at the quantitative data on learning autonomy descriptively that these

learners are very much at the start of their learning journey. Certainly here, there seems to be no relationship between these two parameters at $p < .209$. Additionally, a further Spearman's test used to investigate another facet of learner autonomy as discussed in Chapter 3 of this study, looking at item 2g, "I use every opportunity to practice my English skills" and item 4i relating to learning autonomy "I learn English best by trial and error" found no statistically significant relationship here either with $p < .335$. This data is presented below, and the implications will be elaborated in chapter 7. See Table 6.14 and 6.15 for these results below.

Table 6.14 SPSS test 3 - Learner autonomy

Correlations			
		* - I set learning targets for myself to improve my English.	* - I actively look for opportunities outside class to advance my English skills.
Spearman's rho	- I set learning targets for myself to improve my English.	Correlation Coefficient	1.000
		Sig. (2-tailed)	.311
		N	.209
		N	18
Spearman's rho	- I actively look for opportunities outside class to advance my English skills.	Correlation Coefficient	.311
		Sig. (2-tailed)	1.000
		N	.209
		N	18

*. Statements prefaced 'Please read the following statements about learning English, and indicate your level of agreement, where 1 = Strongly Agree and 5 = Strongly Disagree.'

Table 6.15 SPSS test 4 - Learner autonomy

Correlations				
			* - I use every opportunity to practise my English skills.	* - I learn English best by trial and error.
Spearman's rho	- I use every opportunity to practise my English skills.	Correlation Coefficient	1.000	.241
		Sig. (2-tailed)	.	.335
		N	18	18
	- I learn English best by trial and error.	Correlation Coefficient	.241	1.000
		Sig. (2-tailed)	.335	.
		N	18	18

*. Statements prefaced 'Please read the following statements about learning English, and indicate your level of agreement, where 1 = Strongly Agree and 5 = Strongly Disagree.'

6.8.1.4 Attitudes to the CAL programme

Finally looking at attitudes to the CAL programme, a correlation and statistically significant relationship was found using Spearman's test to investigate the relationship between 5a "The programme overall helped me develop my communication skills" and 5e "The programme enhanced my skills in communicating with patients through English". A strong statistically significant link was found at $p < .011$. See Table 6.16 below for an illustration of this finding. This finding aligns with this study's hypothesis linking domain specific and embedded language and communication skills development which I will discuss in the next chapter.

Table 6.16 SPSS test 5 - Attitudes to the CAL programme

Correlations				
			* - The programme overall helped me to develop my communication skills.	* - The programme enhanced my skills in communicating with patients through English.
Spearman's rho	- The programme overall helped me to develop my communication skills.	Correlation Coefficient	1.000	.583*
		Sig. (2-tailed)	.	.011
		N	18	18
	- The programme enhanced my skills in communicating with patients through English.	Correlation Coefficient	.583*	1.000
		Sig. (2-tailed)	.011	.
		N	18	18

*. Correlation is significant at the 0.05 level (2-tailed).

*. *Statements prefaced 'Please read the following statements about learning English, and indicate your level of agreement, where 1 = Strongly Agree and 5 = Strongly Disagree.'*

6.9. Presentation of the qualitative data

After the questionnaire, which provided an overall, broad view of factors which may influence language learning, foster autonomy, contribute to ICC and support learning via the embedded CAL curricula, interviews were also conducted with both students and faculty. This section of the chapter focuses on presenting the qualitative data and supplemental qualitative data from this study as described in chapter 5. The aim of the qualitative section of this study is to gain a more detailed view of the emerging data from the initial quantitative analysis and also to analyse aspects of cultural awareness and competence more deeply. I will present the data below.

6.9.1. Student Semi-structured interviews

As mentioned in chapter 5, all students who completed the questionnaire were invited to participate in individual semi-structured interviews which took place online via Microsoft teams and were auto-transcribed initially using the MS word recording function on Teams to be later edited and analysed. 9 students came forward for 1 to 1 interviews from the original 18 who had completed the questionnaire initially but in the end only 6 kept their appointments and were fully interviewed. Each student was interviewed for 1 hour approximately and so while the number is low at N=6 for these interviews; the interviews were very detailed and substantial data was generated (See Appendix J for transcripts of student interviews x 6). Two participants were interviewed together in one interview. This was necessary to accommodate one of the students who was leaving to go on clinical placement and could not be interviewed at another time. Having both students together worked well, the same questions prompts were asked as in all other interviews and each were given time to give their answers. As a result the interview is much longer than the remaining 4 individual interviews. Strict anonymity and confidence were assured to the students at the beginning of each interview. Permission was sought to record the MS teams interview for transcribing purposes and a recapping on the purpose of this study was given to ensure clear understanding and consent. The recordings were necessary in order to transcribe the content and format the transcriptions for analysis.

The following questions guided the semi-structured interviews. These map to the constructs in the study. In addition, since this is a mixed methods study, after the initial quantitative analysis results, I used the qualitative interviews to draw out more insights from the areas where I felt the questionnaires were unable to go beyond the surface. The following 5 question stems or themes were used in each interview as a prompt and guideline:

Question stem, conversation warmer question: How are you getting on now in second med? How have you been since Foundation Year? Are you enjoying this year in college?

Question stem, about the CAL programme: What did you think of the CAL programme in your Foundation Year? Did you like having language as part of your main programme? What did you think of the CAL programme overall? How did it / has it helped you?

Question stem, intercultural competence (social aspects) question: Was studying intercultural communication in CAL programme useful for you? Do you think it helped you or not? How has it helped you? How do you find mixing with other cultures now? Is it difficult to make friends with people from other countries or cultures? Would you say you are comfortable with the Irish culture now?

Question stem, learner autonomy: How are you coping with learning and studying now in your new year? Did you feel that practicing self-assessment and peer assessment in the CAL programme helped you to understand more about how you learn? Is there anything (approaches / technique / skills) that you are still doing or using from FY year? What do you find helps you most to learn or study now? Do you ever practice reflection or self-assessment now? or peer assessment? Have you come across any learning methods like this in your course since FY? Do you feel you know your learning strengths or weaknesses?

Question stem, advice to future students: What advice would you give to a new student starting FY at RCSI - from any of the topics we have spoken about today, language learning, culture, studying and learning, any advice?

6.9.2. Analysis of semi-structured interviews

For the thematic analysis of the qualitative interviews and learner feedback, as detailed in chapter 5, Braun and Clarke's updated 6-step approach to reflexive thematic qualitative analysis was used (Braun & Clarke, 2006, 2019, 2020). NVivo (version 12, 2018) was initially envisaged to be used as perhaps an additional aid to analysis in the final stages but due to the eventual small sample size of N=6 participant interviews, the 6 step Braun and Clarke was effective and further aids were not required. All 6 stages were conducted systematically using the Braun and Clarke method together with excel sheets which I generated to help me organise and colour code the data set which I will outline briefly here, however the detailed analysis of the findings will be covered in-depth in chapter 7.

For my data analysis here, I used Braun and Clarke's (2006, 2019, 2020) 6-step RTA framework, the goal of which is to identify themes or patterns in the data that are important or interesting and use them to say something about a point or issue. This methodology was explained in some detail in chapter 5. Once again for clarity, I will present the qualitative data together with the stages of my work from initial coding to identification of themes from the qualitative data below. However, the analysis will be discussed in chapter 7 of this thesis.

Braun and Clarke's (2006, 2020) updated six-phase guide to RTA is a very useful framework for conducting this kind of analysis (see Table 6.17). However, the phases are not necessarily linear. It is possible and necessary often to move forward and back between them, perhaps many times. The below table outlines the approaches I took at each stage of the 6-step process. The below table documents the work I carried out and is organised in steps.

Table 6.17 Braun & Clarke (2006) 6-step approach to qualitative analysis

6 Step Approach	Workflow of data analysis steps and how I used the reflexive TA
Step 1: Become familiar with the data	I read and re-read the student interview scripts multiple times for a good understanding. I made rough notes on the scripts in MS word and recorded my initial thoughts in memo/ note format as I read for impressions. My familiarity with the whole data set was key in this phase.
Step 2: Generate initial codes	I started to organise the data in a meaningful systematic way (see below for sample data generated) There are different ways to do this. I used the reflexive approach to TA as discussed, where I allowed my own interpretation to help structure and organise my data with constructs from the study in mind.
Step 3: Search for themes	I searched for themes which captured something interesting about the data. Here I found lots of interesting themes which I identified based on my own reflexive engagement with the student's authentic answers. I used Excel sheets to organise this data and I colour coded them for ease of identification. I also used numerical representation to map occurrences by student no 1,2,3,4,5,6, etc.
Step 4: Review themes	I reviewed, modified, and developed the preliminary themes identified. I asked myself questions like this when working through the data set: Do the themes make sense/ capture the smaller codes in a deeper more complex way? Are there other themes within the data? Again, I used Excel sheets and colour coding to help track, record and organise my thoughts on the data and the data itself.
Step 5: Define themes	This stage is the final refinement of the themes & the aim is to 'identify the 'essence' of what each theme is about' (Braun and Clarke, 2006, p.92). What is the theme saying? How do they interact and relate to the questions in the study? How do the themes relate to each other? My reflexive interpretation played a strong role here. At this stage I collated and collapsed data, eliminating a theme for instance that I felt was not a true theme, etc. I also at this stage matched data quotes in Excel columns which represented the themes for use as evidence later in the write up. These will be shown and discussed in chapter 7.
Step 6: Write-up.	For this stage, it was important to capture this by writing this up, to be later looked at together with the quantitative data and other data as this is a mixed methods study.

6.9.3. Thematic analysis sample data presentation

I will discuss the findings and analysis from the qualitative data, together with the quantitative findings in the next chapter in detail. However, the thematic analysis of the individual student semi-structured interviews, with (N=6) participants, identified three overarching themes, their description or categorisation from the data with their subsequent instances of occurrence. I will discuss these in chapter 7. However here, I will describe and present in brief a sample of the data set below. A full example is available in appendix L (sample coding steps excel for student semi-structured interviews). The theme of English language learning appeared as both successes and challenges, relating to either skills or behaviours employed. The theme of learner autonomy was captured under learning to learn which was identified as; skills employed or attitudes or feelings about (learning to learn). I identified self-assessment and feedback from peers along with knowing how to learn and awareness of strengths and weaknesses as the sub-themes. The construct of cultural awareness was defined and linked to identified descriptions of cultural identity and challenges to social mixing. These are captured in significant occurrences of friend zones as descriptions of preferred bonds and choices of friendships, with gender barriers being identified as significant also for this largely Middle Eastern group of participants.

Step 1 Initial codes sample

- Medical English
- Make friends
- Improved English
- Improved confidence
- Challenges of learning (English at University)
- Learning environment
- Mix of friends
- Cultural learning
- Cultural challenges
- Learning tools for language
- Learning to learn a language.
- Clinical communication skills
- Language learning (as part of medical programme)
- CAL programme embedded (in Year 1 Module)
- Student identity

- Language in context (of healthcare)
- Time saving
- Student collaboration
- Small group teaching
- Class sizes
- Assess yourself
- Assess your friends
- Peer assessment
- Group work
- Project work
- Impact of Covid 19 pandemic (on language fluency development)

Step 3 Identify initial themes – sample of data

- English language learning in context
- Supportive learning environment
- Targeted healthcare communication skills
- Learning to learn
- Learning challenges
- Social challenges
- Independent learning skills awareness
- Communication skills development
- Supporting social integration
- Intercultural awareness
- Personal and group identity development
- Collaborative learning
- Learning in context
- Learning relevance

Step 4 Review, modify themes - sample

- Domain specific language
- English Language learning in context
- Supportive learning environment
- Learner autonomy skills development
- Cultural awareness
- International student identity
- Healthcare communication skills

Step 5 Define themes – sample

- Embedded English language learning

This theme captures all the data relating to the perceived English language learning gains or language learning support. It captures what participants felt was facilitated due to the specific design, nature and structure of the way their English language learning was embedded in their programme. The definition of an embedded English language programme here is one where the language learning forms an integrated part of the learning in a contextual way and that also carries equal weighing and credit value equivalent to other non-language subjects in the students' programme of study.

- Learner autonomy development

This theme captures the data relating to participants' views on the language and broader learning skills they gained during the CAL programme. It also captures their current learning skills and habits being used post CAL which they feel are beneficial to their English language learning journey. This theme also captures the difficulties and challenges for this learner group in relation to what they are still struggling to master or in relation to feeling confident in how they manage and approach their learning. Their own confidence in their ability to continue working on their English language skills post CAL programme is also captured here. Learner autonomy development here can be defined as learning how to take charge of one's own learning, understanding how to best use the learning environment collaboratively to serve one's learning needs. It involves; setting learning targets, self-assessing progress along the route to those targets, as well as an appreciation of how one learns best and how to reach one's goals in a self-directed manner.

- Intercultural awareness

This theme captures the data which was identified relating to many aspects of this area in general which participants outlined as both helping them to improve their ability to integrate and socialise but also making them more aware of the challenges of integrating authentically in a second culture. Their own growing awareness of their cultural identity as bi-lingual medical and health sciences students and all the challenges that come with that are also captured here. Also, their growing confidence in communicating in a multicultural clinical setting is captured under this

theme. Intercultural awareness here can be simply defined as a cross-cultural sensitivity and intercultural self-awareness which promotes an openness and level of comfort in intercultural settings. This in turn promotes both confident communication and acceptance of identity variations which impact the learners' view of themselves and others. The findings from all these themes identified will be discussed in chapter 7.

- Learning environment

This theme encompasses the data identified, relating to all aspects of the participants' views which they raised as specific to supporting their learning as international L2 learners in the university environment. This theme captures data such as specific English language learning tools and small group teaching facilities. Also, it includes aspects such as collaborative learning, group projects and specific small group teaching of CAL language students specifically at relevant times away from the large medical class. It also captures some of the social aspects of peer support facilitated through the CAL programme (as distinct from intercultural integration), where this angle supports and recognises their need to be among peers with similar struggles in a supportive transparent manner. A definition here for learning environment is, an environment which supports international learners' social, personal, language, intercultural and specific learning needs. A sample of the excel sheets which were used to capture the above process can be viewed in appendix L (p.349).

6.10. CAL programme staff qualitative data

As part of this study, the qualitative data collection also included interviews with staff who were involved in delivering the CAL programme. This data set briefly comprises of semi-structured interviews with two faculty members involved in the teaching and delivery of the CAL programme. The analysis of the findings from these interviews will be included in the relevant sections of chapter 7.

6.10.1. CAL programme staff interview data

Qualitative semi-structured interviews were conducted with two staff members who delivered the programme under evaluation. The themes that emerged from the qualitative data are useful to broaden our view of this embedded approach to language development in this context. It also helps to give more insights into several aspects of the CAL programme in relation to learner engagement, challenges with the programme and strengths of this particular programme design from a teacher perspective. It is also informative to gain some understanding of experience delivering this programme, from a faculty perspective.

Two staff members involved in the teaching, delivery and assessment of the embedded CAL component of this programme were each interviewed in separate semi-structured interviews. Each interview was conducted online via Microsoft Teams, as described in chapter 5 (See Appendix K for teacher interview scripts). The staff profiles differ slightly as follows; CAL teacher 1 has significant experience of teaching and assessing the programme under evaluation in its current format for approximately 9 years. The second staff member interviewed, CAL teacher 2 had 3 years' experience delivering this particular programme. Additionally, CAL teacher 1 had been teaching the programme under evaluation during the academic year 2018 to 2019 to the RCSI Dublin Foundation Year cohort, which is the precise cohort under evaluation here in this study. On the other hand, CAL teacher 2 had been teaching and assessing an identical copy of the CAL programme to a Foundation Year cohort also, but at RCSI's Bahrain Campus. Therefore, the students being taught by CAL teacher 2 are not part of this study. Nonetheless the programme that she delivers was designed by Dublin and is an exact replication of the embedded CAL programme overseas. Therefore, CAL teacher 2's

insights when analysed together with CAL teacher 1's insights can be interesting to observe in relation to the programme itself, its design, running and a staff perspective on what the challenges of delivering a programme such as the CAL programme might be. It should also be noted that from the point of view of bias, that while the questions in these interviews are asking about the CAL staff experience during the Academic year under evaluation (2018-19), it is important to note that at the time of both these interviews neither staff member was working on the CAL programmes any longer. As was mentioned in Chapter 5, due to the Covid 19 global pandemic these staff members were interviewed two years after the period in question by which time both staff members had moved on and were either working and teaching on different programmes entirely at RCSI or had moved to a different university. Therefore, overly positive reporting or bias is not likely a factor in the data collected as part of these interviews, as neither staff member were invested in the CAL programme any longer at the time of interview nor are they ever likely to be again. Therefore, the opinions and insights here could be seen to have a level of distance and neutrality which can be useful to examine in this study.

The interview data analysis looked at themes which emerged from the interviews which I will present here but which will be discussed in chapter 7. The formation of questions for the CAL teacher interviews were informed by both the student quantitative data and the student qualitative data looking at areas where staff views may be useful to observe. It should be noted also that both CAL teachers here are highly qualified and experienced language teachers prior to their involvement with the CAL programme. From this perspective their professional profiles and language teaching backgrounds are quite similar. This is important to note, as in other circumstances we might expect to find quite different responses and experiences of this type of embedded programme from a more novice language teacher as I will highlight below as the themes are presented.

The themes identified from the CAL teacher interviews are primarily looking at the areas of; challenges of language teaching at university in general, leading to a discussion examining what the precise challenges of delivering an embedded programme such as this CAL programme are from a teacher perspective given its novel

design and domain specificity. The interviews also probed the benefits from the staff perspective of having learners experience language in this way through this type of embedded learning. When asked about the challenges of language teaching at university, we must again first make the distinction made earlier of language student versus language user. The students on the CAL programme are not university students who have chosen to study a language. Rather they are in the main medical or physiotherapy students who have come to a foreign country to study a health science degree through English as their second language. Therefore, the question put to both these staff members was in relation to teaching language at university to L2 international students.

The data which was generated from these qualitative semi-structured interviews with staff was collected and analysed using the same RTA approach as was followed for the student interviews. The same 6-step framework was also applied. A small sample from steps 1 and 5 of the some of the data collected is as follows.

Step 1 Initial codes identified

- Teaching challenges
- CAL programme relevance
- The importance of English language skills to healthcare
- Learner motivation
- Learner engagement
- Varied learning attitudes as a challenge
- Teacher confidence
- Teacher specialised knowledge of healthcare
- Understanding learner needs in context
- Benefits of CAL programme
- Significant benefit of embedding language learning
- Learning integration
- Time efficient
- Future embedding potential

Step 5 – eventual themes identified and defined

- Learner motivation
- Learner engagement
- Teacher awareness
- Teaching challenges

- Benefits of embedded language learning
- Future of embedded programme design for language learning

These findings from the analysis will be discussed in the findings in chapter 7.

6.10.2. Supplemental data - Learner autonomy classroom feedback

As discussed in chapter 5, a learner generated assessment is also being included for illustration and discussion as part of supplemental qualitative data analysis for this study. This qualitative supplemental data is only being used for illustration purposes as explained in chapter 5, as it was unable to be fully and comprehensively analysed due to the untimely shelving of the programme in question. However, the data which was collected and analysed does serve to help flesh out examples for the discussion of what it looks like to develop learner autonomy as part of an embedded programme. This example also helps us to see how learners engage with this type of activity. This data constitutes student feedback on a task designed to foster language learner autonomy. This task was run during the year of this analysis in 2018-2019 and the written feedback was collected immediately following the task in April of 2019 and was analysed thematically also at that time using the same Braun and Clarke 6 step thematic analysis as outlined previously. In semester 2 of this programme the learners undertook, a 4 to 5-week group task designed to promote learner autonomy which involved self-assessment and peer assessment with an added feedback questionnaire on the learning experience. The particular assignment task has been selected for discussion as it included learner qualitative written feedback directly post the task completion. The assessment task will be outlined below and requires learners to demonstrate their ability to communicate information (medical test results, diagnosis, and treatment plan) to a patient. Learners engage in a collaborative, multi-stage, performance-based task cycle over a 4-5-week period which involved a cycle of peer assessment, self-assessment, returning to the task to improve their performance based on the feedback, then a stage of self-reflection on the task and tutor assessment. In the final cycle phase of this task all assessment feedback was collated and shared with each learner and their feedback on the experiences were gathered. The data from their self-reported feedback was analysed thematically and will be discussed in chapter 7. This task adds a layer of supplemental

qualitative learner generated experiences and views of a sample of one of the tasks designed to promote learner autonomy within this programme.

During the academic year 2018/19, 55 Foundation Year students participated in a CAL programme embedded as part of their Professionalism in the Health Sciences module. Clinical communication and language skills development is a journey of “personal relevance” (Benson, 2012, p.32) insofar as developing relationships between students’ current and new CAL knowledge and experiences is something which they can only do for themselves (Barnes, 1976, cited in Dam, 1998, p.19). A key question as educators then was how to design an assessment to best support these learners on this journey (Barnes, 1976, p.3, cited in Dam, 1998, p.19). A task was designed as part of the CAL programme under evaluation and written student feedback on their experiences of this task was collected and analysed qualitatively in relation to Learner autonomy promotion as part of this study. I will first outline the task which was analysed before presenting the thematic analyses of the qualitative feedback.

6.10.2.1. Assessment task description and educational design

Design feature 1: This task was a holistic and iterative design drawing on socio-constructivist principles (Evans, 2013, p.78). **Design feature 2:** The task design involved a “virtuous circle” (Dam, 1998, p.18) comprising “active, engaged, goal-oriented” stages which the learners needed to complete (Senior, 2012, p.38). Involvement in an assessment OF/FOR/AS learning process was built into the educational design of this task with a view to improving self-esteem, increasing involvement in and engagement with the assessment process (Dam, 1998, p.18). **Design feature 3** involved a promotion of learner self-regulation i.e. learners’ awareness of themselves as learners; how they think and how they learn, by way of growing their understanding of themselves. The assessment task requires students to demonstrate their ability to communicate information (test results, diagnosis, treatment plan) to a patient. Approaches that have reported success in developing learner self-regulation “advocate the central involvement of the student in authentic learning experiences whereby students are required to demonstrate their ability to apply knowledge and skills acquired to real-life situations and to solve real-life problems” (Herrington & Herrington, 1998, cited in Evans 2013, p.90).

The task itself required students to engage in a collaborative, multi-stage, performance-based task cycle over a 4-5-week period. Integrated in this way, the assessment cycle, it was envisaged, would form a powerful tool for improving not only performance, but also for developing students' autonomy as they become more comfortable with the performance of a task (Little, 1998, pp.8-17; Candlin & Murphy, 1987, cited in Gumock et al., 2005; Ellis, 2003). Students demonstrated their ability through a videorecording of their performance. The learning objective of this task design suggests that the student work generated over the course of the task cycle (draft/final video, draft/final peer-assessment, reflection, etc.) have a quasi-portfolio function. The literature suggests that portfolios improve feedback, enhance the integration of knowledge and practice and that they can lead to greater self-awareness. Lane and Gottlieb (2004), cited in Colthart et al., 2008, p.34, identified self-observation as "the stimulus for the improvement in performance".

The task design uses 2 rubrics to assess; (a) clinical communication strategy use and (b) communicative competence across 3 dimensions: spoken fluency, clarity and phonological control. The descriptors of communicative competence are adapted from the Common European Framework of Reference for Languages (CEFR) (Council of Europe, 2001) (see Fig 6.3). Here, rubrics perform a dual instructional-evaluative [assessment AS learning] function (Malini Reddy & Andrade, 2010, pp.437-438). In addition, they are student-centred, encourage a deep approach to learning, and can increase confidence (Orsmond, 2011) Self- and peer assessment are crucial components in the assessment/evaluation cycle as, when conducted effectively, these have been shown to facilitate deeper learning, more active and focussed reflection, better future goal setting in terms of mastery competence (self-improvement), and gains in learner autonomy. (Harris, 1997; Christainson et al, 2009; Brockbank & McGill, 2007 in Tsingos et al., 2015).

0	Does not demonstrate the ability to use this strategy
1	Demonstrates the ability to use this strategy in a limited way. Demonstrates difficulty and/or restriction on use (language and/or inappropriate usage)
2	Demonstrates the ability to use this strategy with good control. May demonstrate slight difficulty or restriction on use (language and/or inappropriate usage)
3	Fully demonstrates the ability to use this strategy with no difficulty or restriction on use

	C2	C1+	C1	C1-	B2+	B2	B1+	B1
FLUENCY	<ul style="list-style-type: none"> Natural and unhesitating speech Pauses only to reflect on precisely the right word/phrase 	<ul style="list-style-type: none"> Almost effortless speech Spontaneous Smooth flow 	<ul style="list-style-type: none"> Easily expressed speech Contains longer, more complex sections 	<ul style="list-style-type: none"> Fairly smooth speech Some hesitancy as searches for patterns/expressions Only a few long pauses No strain or partner 	<ul style="list-style-type: none"> Speaks with relative ease Some pauses or restarts due to problems constructing what to say 	<ul style="list-style-type: none"> Keeps going – speech is understandable A lot of pauses due to planning what to say or repairing what said (very evident in longer stretches of speech) 		
CLARITY (including Range & Accuracy)	<ul style="list-style-type: none"> No restriction of expression Message very easily followed Can communicate extremely precisely Great flexibility in language use Consistent control of (complex) language Uses vocabulary consistently, correctly and appropriately 	<ul style="list-style-type: none"> Very little sign of restriction of expression Message followed with only occasional difficulties Clear expression Appropriate style Good command of broad range of language Can qualify statements/arguments precisely (e.g. certainly, may be, might be, could be etc.) Grammar or vocabulary mistakes – insignificant and very rare 	<ul style="list-style-type: none"> Not much sign of restriction of expression Can communicate detailed information reliably Good language control Occasional small mistakes (e.g. sentence structure) Mistakes quickly corrected 	<ul style="list-style-type: none"> Message can be followed reliably Mistakes do not lead to misunderstanding Sufficient range of language to give clear descriptions and express opinions Uses some complex sentence forms Not much noticeable searching for words Mistakes do not lead to misunderstanding Relatively high degree of control and accuracy 	<ul style="list-style-type: none"> Communicates main points reasonably precisely Hesitates but meaning is generally clear Reasonably accurate grammatical control Generally good vocabulary control 	<ul style="list-style-type: none"> Message is understandable May repeat themselves or have difficulty constructing what they want to communicate Reasonably accurate grammatical control Good control of the most important vocabulary Major problems when they try to express complex ideas 		
PHONOLOGICAL CONTROL Pronunciation Word stress Sentence stress Rhythm Intonation	<ul style="list-style-type: none"> High control of full range Finer points of message are clear and precise Accent in no way interferes with communication or understanding of meaning 	<ul style="list-style-type: none"> Sufficient control of full range Everything said is understandable Can make all the sounds in English Some features of L1+ accent noticeable but do not affect understanding of meaning 	<ul style="list-style-type: none"> Generally appropriate intonation Stress (sentence and word) placed correctly Individual sounds clear Accent influenced by L1+, but little or no effect on communication or understanding of meaning 	<ul style="list-style-type: none"> Pronunciation is generally understandable Intonation and stress (sentence and word) is close enough Accent clearly influenced by L1+ <p>A2</p> <ul style="list-style-type: none"> Pronunciation generally clear enough to be understood but you may need to repeat yourself Pronunciation of familiar words clear Stress, rhythm and intonation strongly influenced by L1+ accent May affect understanding and communication of meaning 				

Figure 6.3 CEFR task assessment rubric

6.10.2.2. Supplemental data themes

The written qualitative feedback volunteered by CAL programme participants which was gathered following the task described above from learners (N=32) as part of this study, are presented here in brief and will be discussed in chapter 7. This feedback was given by the participant in the form of written feedback directly post task. The analysis of the feedback identified some interesting themes. Two themes in particular are patterned throughout the feedback from this group of learners who volunteered feedback as part of this task namely, **self-assessment, as a means of understanding** how the learner learns best and secondly, **self-assessment as a motivator or source of increased ownership** or enthusiasm for the task. The themes which were identified from this analysis differed slightly from the themes which emerged in the semi-structured interviews in relation to learner autonomy. The reason for this I will discuss in detail in chapter 7, however it appears that the written feedback format allowed perhaps more time for reflection and was a less challenging mode of expression for this participant group.

6.11. Conclusion

This chapter presented the data collected in this mixed methods study comprising; the quantitative sources (background profile data of respondents, the survey questionnaire, the language CEFR levels), and the qualitative data's thematic analysis from the semi-structured interviews with CAL programme learners and with CAL programme staff. This chapter also included supplemental data such as the student feedback from a classroom task. Also, the various statistical tests from the quantitative data using SPSS were also presented here.

The chapter began with a short summary of the background profiles and learning contexts for these learners together with their language proficiency levels on entry to the programme as source of context and profiling information for this group of respondents. The chapter was organised around the themes and constructs from this study's core focus namely, English language learning, agency, and autonomy in (language) learning, intercultural awareness and identity, attitudes to the CAL programme and beliefs around healthcare studies for this group of international non-native speaking students. Insights were drawn out step by step from the initial

quantitative probe to the qualitative investigation and supplemental analysis of the learner task feedback. Cumulative findings will be discussed together in the next chapter.

Chapter 7 Findings

7.1. Introduction

In this chapter I analyse the findings of the data collected at The Royal College of Surgeons in Ireland; University of Medicine & Health sciences (RCSI), from both sets of qualitative and quantitative data collected as presented in the preceding chapter 6. I will discuss the findings in relation to the core constructs in this study. I will in chapter 8 link these findings more directly with the main research questions in this study. However here the aim is to discuss the findings across all data sets in an integrated manner which aligns with the sequential mixed methods study design used in this research.

The data findings will be discussed around the principal constructs and relevant areas of investigation to this study for example; the general background profile of the students as international L2 learners in higher education, possible self-reported gains in language and communicative competence over the course of the CAL programme, findings and evidence relating to fostering of respondents' attitudes to their development of learner autonomy, evidence of contribution to cultural learning during the embedded CAL programme year, and finally challenges to learning at university, examining what a supportive learning environment might look like for this group.

The quantitative data which has been presented descriptively and in tabular format in the preceding chapter will be analysed together with and the qualitative reflexive TA which adds richer meaning. These will be discussed as a narrative together under each construct where relevant.

7.2. General background information on the students

As was presented in chapter 6, the 2018-2019 CAL programme was made up of a total of 55 EAL students of which students (N=18) completed the questionnaire. This constitutes a 33% response rate approximately for the CAL programme questionnaire which represents theoretical sufficiency for this study. Of the 18 respondents, 53% were male and 47% were female. Nationalities were predominantly Middle Eastern with a very minor representation from Asia as was outlined in the previous chapter. To briefly

re-cap the English language learning backgrounds for this group are quite homogenous; with the majority at 94% stating that they had been learning English since primary school.

In relation to experience of being an international student studying away from home, question 15 asked if respondents had studied or lived outside their home country before coming to RCSI, and this experience is split almost evenly for this group of respondents with 53% responding positively that they have studied or lived outside their home prior to coming to RCSI and 47% replying negatively that they have not. I will return to this data point later when looking at Intercultural awareness development. For now, we can see that for approximately 50% of this group, the CAL programme was their first time living and studying outside their home country.

Lastly in relation to profiling this group, it is interesting to note that on completion of their first year when this data was collected, a majority of 59% state that their friends at RCSI are a mix of many different nationalities. 35% however responded that their friends come mostly from the same country/nationality as them, with only 6% saying their friends are mostly native English speakers. This interestingly shows a good level of mixing of nationalities among this group of respondents, a point I will also return to when I examine the data on Intercultural awareness and development over the course of the CAL programme. We have a clear profiling of this international group of EAL learners from this data, which overall shows a good 50/50 gender balance approximately as shown earlier. However, the mix of nationalities show that the focus was very much toward the Middle East, which is very representative of the students for the CAL programme that year where 52 of a class of 55 CAL students were of Middle Eastern origin. Additionally, a majority of the respondents to this questionnaire have similar language education backgrounds and a 50/50 split approximately of experience relating to living and studying abroad prior to joining the CAL programme under evaluation in this study. As seen in chapter 6 with regard to language levels for the participants in this study, over 50% of this group entered on a CEFR language level of B2+ which is the just above the minimum entry requirement for admission to RCSI. 2 students begin the year at a comfortable C1- and 7 students are slightly below the

median point at B2 or lower. This sample is therefore a good representative sample for the larger CAL group with respect to profiling.

7.3. English language learning

In this section, the data has been collated and will be discussed in relation to the findings on language learning and development during the CAL programme year being examined. Firstly, looking at **the quantitative data**, question 2 of the questionnaire looks at the respondents' attitudes to learning English which is covered by 9 items using Likert scales where 1=strongly agree to 5=strongly disagree (Table 6.2).

In relation to the construct here on attitudes to English language learning, in this section of the data it is interesting to observe that this group after completion of the CAL programme year appear to have a largely positive and confident attitude to the language learning. 67% stated feeling confident when they speak English with 28% remaining neutral on the topic. Interestingly also 61% use every opportunity to practice their English with 28% neutral. This is further verified through a closely aligned question which asks if learners actively seek ways to advance their English skills outside of class, with a strong 72% responding positively to that item. These collective items indicate quite an active attitude to English language learning for this group.

However, there seems to be more division in relation to ultimate language goals for this group, with 39% of respondents' reporting their goal was to sound like a native speaker; 28% were neutral on this point and 33% disagreed with this as their goal. However as discussed in chapter 2, one of the learning goals of the CAL programme is to help students feel comfortable with their skill level and identity as a second language speaker of English in the medical profession. Therefore, the CAL programme very much promotes an attitude of diversity and inclusion with a focus on good clear and confident communication as a goal, rather than perfect native speaker fluency as a goal. It is therefore interesting to observe that 39% still aim for native speaker fluency as an ultimate goal. However, in addition to that point, when examining self-reported attitudes to language learning, a clear majority of 67% think that they are a good English language learner, which is a positive reflection at the end of an academic year of closely examining their language skills in their domain of study, receiving regular feedback and

language scores, scrutinising various aspects of language learning and language use during the course of the CAL programme. This data does therefore indicate a level of comfort and confidence in English Language learning for this group of respondents.

With regard to the relevant **qualitative data** here, having analysed the qualitative individual semi-structured interview data (N=6), it was found that all the students interviewed were each keen to talk about the language learning skills they now employed to help them advance their skill set. It should be noted that students were interviewed separately from each other as requested by the students themselves. This they felt would allow them to be franker and more open, a point I will return to in the discussion on cultural challenges for this group. Below is a sample qualitative map of themes identified for English language learning as part of the RTA. These findings are discussed below.



Figure 7.1 Sample qualitative themes

In relation to attitudes to language learning, all students were able to indicate their own preferred methods for continued learning post the CAL programme which involved a variety of methods from TV to podcasts to speaking more often. Many of these respondents, it should be noted, are new to the position of having to continue to develop their fluency on their own, for the years of their medical studies after the CAL

programme, as there are no further formal language programmes after the Foundation Year. The discussion in Chapter 2 examines the structure and limited offering of formal Language learning at RCSI. Hence, the need for these learners to continue to improve alone without instruction or formal teaching is folded into the CAL programme aims as a result of these circumstances. Therefore, this feedback showing that respondents are all continuing their learning in this deliberate manner is interesting to observe. One such example was given by this interviewee;

[...] Like for example, I follow some podcast that actually teach English like advanced English, so I'm just trying to like advance my vocabulary, let's say".

- (Student 6, ll. 380-383)

Other students' comments around having an approach to keeping up their language gains also reflected this;

[...] actually, I'm not never ashamed of saying that. I'm not a very good English speaker. But yeah, I do admit that because you know, this is the first step of learning. So I'm still doing. Yeah. This I actually am, when we were doing the CAL things we were advised like to interact with the other international students. And when in this year, particularly we were separated into groups and I have the chance to talk to more international students that are not from my country. They have another language to me and that was really helpful. That was really, really helpful. I keep making friends from other countries other than the Arabic ones because my first language is Arabic. So I keep talking to Malaysian. I keep talking to Canadian, even Irish, you know it's the best way for me to learn English."

- (Student 3, ll. 71-78)

Another emphasised that they feel more comfortable and confident now in their language learning with a skill set that they still employ while working on their clinical communication language skills in English;

[...] It gets better like with the classes from professionalism and last years and now I'm working on studying with a group because now it's the clinical phase so we have examination and practice and we have to ask questions like working in our communication skill with, for

example, with consultants and how to talk with them and how to reply back.”

- (Student 4, ll. 144-149)

In another interview another respondent feels that being in a clinical year now helps her improve her language skills through her exposure to more opportunities to speak with patients on the clinical teaching rotations she participates in currently;

[...] And recently we've been practicing with a lot of patients. So, our language got better.”

- (Student 5, ll. 186-187)

In summary, in relation to English language learning attitudes from the qualitative data, all students interviewed seemed to have developed habits or approaches which they do purposefully use to continue improving their English language fluency. This may seem obvious in the case of language students at university; however it must be remembered that this cohort are not formal language students and have never been students who have chosen to study a language which is an important distinction here. Being healthcare students in the main, language learning skill or knowledge is not ordinarily a focus of international learners on these Healthcare programmes. As discussed in chapter 2 of this thesis, the faculty involved with delivering this programme felt there was a strong need to emphasis and teach these language learning skills to this cohort in particular, as part of the programme aims. It is therefore interesting to observe all respondents having varied awareness and practices to accomplish this goal such as in this final example here. This final example, while it does touch on learner autonomy which I will discuss a little further in the discussion, is useful with regard to understanding language learning habits. This example gives us another indication of where these learners are, in this part of their education journey now;

[...] To keep speaking English, to keep practicing English and another way is that I keep watching series and TV's but I watch more medical programmes so I can learn more medical vocabulary. And I actually kept the papers from the CAL programme. So yeah, I keep reviewing them. I actually even have them for my long cases and I use them because in these classes, we were taught how to use the open closed

questions and I keep reading them just to enhance my English so I don't forget them for my exams and for my life, you know."

- (Student 3, ll. 80-85).

7.3.1. Challenges of language learning

When looking at the challenges in learning English for this group, starting first with the **quantitative data** findings, 4 separate items under question 2 relating to language learning can also be found spread throughout this section, examining challenging aspects of English language learning such as fear of making mistakes, feeling less intelligent when speaking through English, feeling less like themselves (loss of identity) and difficulty expressing themselves. The results for this segment unsurprisingly show a significant portion of the class struggling with various aspects of English language learning as might be expected by the end of the first year of university. 39% agreed that they found it hard sometimes to express themselves in English, with 28% neutral on the point and 33% reporting little or no difficulty expressing themselves, showing a wide spread across this group on this point. Only 28% reported feeling less intelligent when they speak English in addition to a similar number of 22% reporting a fear of making mistakes. Lastly, again a similar quantity of 22% reported feeling less like themselves when speaking English. Clearly just under a third of this CAL programme group still report struggling with various challenging aspects of second language development at the end of the year.

Qualitative data from questions 8 (Table 6.3) and question 9 (Table 6.4) of the questionnaire data explore respondents' attitudes to language learning further in free text comment format, looking to gain more insights into their awareness of both their strengths and weaknesses in relation to learning English. The thematic analysis of these replies indicates a clear level of awareness and acknowledgment of areas for improvement and areas of strength with comments like: *"I could learn a new word easily"* and *"My listening ability is good"* when asked about their strengths. The weaknesses highlighted from the free text questions, in relation to language learning can be grouped into grammar use, writing, and speaking, with accuracy of writing and grammar use being the predominant concern. Some also underline speaking,

pronunciation, self-expression, and areas linked to speaking in general as areas of weakness or areas for improvement citing as follows; *“maintaining flow while speaking and grammar”* and *“I find difficulty in structuring my sentences”*. Overall, this data shows a level of awareness of progression or lack thereof among this group which I will expand on from the qualitative interviews and also in examining the data on learner autonomy development in the next section of this chapter, as this deeper level of self-assessment is also tied to the learner autonomy section of this investigation. In summary the quantitative data gives us some idea of the areas of challenge for this group which were fleshed out much further in the main qualitative analysis below.

In relation to the qualitative findings here, some of the challenges which came to light as part of the thematic analysis from the interviews were areas that had not been able to be highlighted via the quantitative data, such as the impact that the Covid global pandemic has had on these learners’ ability to socialise, speak and practice their clinical communication skills as they were cut off from this option in the academic year following the year of this CAL programme study when this data was able to be collected. Several respondents cited Covid’s negative impact on their progression when asked about the challenges they faced in developing their language skill since completing the CAL programme. One such example reads as follows where this student is talking about the difficulty over the past year of gauging their progress due to the lack of in-person communication exams. As was discussed in chapter 2, an assessment feature of medical and healthcare education is OSCE (Objective Structural Clinical Exams) exams which are in-person communication oral exams. This respondent here is referring to the lack of these exams and their learning value due to the moving online of all exams during the Covid pandemic;

[...] I was nervous. I always have this issue that I am nervous with exams, but the thing is that I'm not as much nervous with online exams as I am in person and because we didn't do online in person exams for a long time. We didn't even do an OSCE like medical students in previous years, they did OSCE every year, we didn't. We only did 1 OSCE exam on 1st year on 1st semester and that was it and it was very simple. It was nothing comparing to that.”

- (Student 3, ll. 160-164).

Another respondent adds a similar comment relating to the fact that many of these students would have returned home in the first year of the global pandemic and followed their next year of medical studies online remotely from their home country which clearly impacted their ability to speak English daily and develop their fluency, as the following comment shows;

[...] But like in COVID time when we were like back home. Yeah, so we were speaking Arabic“

- (Student 6, ll. 191-192)

I will also discuss more challenges faced by this learner group at the cross-section of language, culture, and healthcare studies later in the data below where these language challenges here are inter-linked with other constructs in this study.

7.4. Agency and autonomy in language learning

The quantitative data collection for question 4 (Table 6.5) of the survey instrument looks at the respondents' attitudes to being an autonomous learner with regard to both language and their self-reported attitudes and skills in relation to how they learn. This thematic section 4 is investigated using 9 items in Likert scales where 1=strongly agree to 5=strongly disagree. In rating statements about how they learn, as discussed in chapter 3 in relation to language learner autonomy where it is defined and characterised in terms of the literature discussed here, it is framed as a capacity for the learner to be placed at the centre of the learning process, with Little's three aspects of (i) learner involvement, (ii) learner reflection and (iii) target language use (Little, 2007, p.23). The items in this section look to examine to what extent this active engagement with learning and understanding of how to learn is present in enquiring about areas such as active participation in education, levels of independent learning present, and evidence of knowledge of how to learn a second language without input or reassurance from a teacher figure in all contexts of their learning. The quantitative data here gives us a starting point for exploring where these learners are at on their journey to becoming autonomous learners with the qualitative analysis in addition to a discussion of the classroom task feedback from students shown below, helping gain a fuller picture. The survey data shows us a mixed collection of responses which on the one hand show a

developing awareness of how they best learn a language but on the other hand many still report preferring direction or expert input from a teacher figure, which demonstrates the somewhat novice stages that these learners are at in relation to learner autonomy development. A positive result is seen in the 56% positive response to the statement, *“I learn best by trial and error”*, and 39% agree that they set learning targets for themselves while 45% are neutral on that statement. Learning by trial and error and setting learning targets are strong indicators of developing learner autonomy as discussed in chapter 3. However contradictorily 61% also respond positively that they prefer it when the teacher tells them exactly what to do and 39% admit that they still usually translate new words in English with 22% neutral on that point. However again there is a contradiction here when 61% state that they often guess the meaning of a word, even if they are unsure of the word, without looking it up, with 22% neutral on that question. This paints a picture of a group of learners perhaps in transition from old ways of didactic language learning, gradually moving to more autonomous skills in some areas of their learning but not all. There is a division in this data which leans a little more strongly towards autonomy while to a lesser extent these learners appear to be still quite reliant on guidance & assurances in their learning. However, in relation to taking an active leading role in their learning we find quite positive results here with 45% reporting taking an active part in classes and 67% aiming for accuracy when speaking English. In relation to confidence in their ability to take control of their learning through English 33% state that they try to speak up in lectures even when they think their English might be incorrect. However, 33% answer negatively to that statement and 33% are neutral. Therefore, this evidence from the quantitative initial data with regard to the development of learner autonomy shows that this group still have some distance to go in relation to meeting the benchmarks for the characteristics of an autonomous learner.

7.4.1. Qualitative data on developing learner autonomy

Further to this section on the data presentation in relation to self-reported gains in language learner autonomy, the qualitative interviews add more depth to our dataset here. While the quantitative data highlighted students early on their journey to becoming a more autonomous language learners or indeed as learners in general, the interview data helps to pinpoint more precisely where the gains are and where the

hurdles are from this group of respondents. In relation to gains firstly, one respondent makes the point that they now feel better able to identify their strengths and weaknesses as a result of the CAL programme in their FY year;

[...] But, what I learned from the foundation year is how to assess myself, how to see what did I do good. So yeah, I'm not bad. But I'm not saying that I'm really under everyone, but I just have this feeling. I'm good at assessing myself. Like, you know, I see what I'm doing good. What I'm doing wrong and then I will be correcting what I'm doing wrong. Yeah. I will be assessing myself."

- (Student 3, ll. 137-141)

Additionally, another student adds a similar comment, that they feel they are gradually getting better at independent study as they call it, since the Professionalism / CAL programme as follows;

[...] Like studying independently, I still have it. It gets better like with the classes from professionalism and last years and now I'm working on studying with a group..."

- (Student 4, ll. 144-146)

Others refer to what they learned from the self-assessment and peer-assessment tasks in the CAL programme as having been helpful and something which they seek out and continue to practice now. A sample of the video task which this student below is referring to, is elaborated further below in this section where I look at the official data outputs collected directly after a task from the CAL programme which was designed to promote learning to learn skills with this cohort. It is therefore interesting to observe that more than a year later when interviewed, many of these learners are still referencing the learning from those tasks and employing the self-assessment and peer assessment feedback approach to developing learner autonomy, and some using the video recording technique in later years also as seen in the following two quotes;

[...] As I mentioned, especially the videos, I like that it was really good practice for me now and actually I still have the videos. I see myself back then I was like horrible. But now I'm way better. So yeah it was very very helpful."

- (Student 6, ll. 330-332)

Separate comments on self-assessment techniques being used also reflect the learning still being used as follows;

[...] Also, for me personally, I record myself while I'm studying. And then before I go to bed, I just like, watch the video and then, like, have a highlight like, OK, this in that moment I studied this step and then I studied this note and everything."

- (Student 1, ll. 256-259)

[...] I like to ask also another people. Another classmate what they're doing and give me feedback. Now, what I'm doing is right. So I still like to hear feedback. Yeah."

- (Student 6, ll. 344-346)

[...] I'm not a native English speaker. It's not my first language, but the things I was taught there helped me a lot learning English. Knowing how to communicate. It wasn't only like individual things to do, but it was more about doing peer assessment, it was a more interactive way."

- (Student 3, ll. 56-59)

We can see from these comments among others that self and peer assessment and feedback, is still a feature of what these learners are doing as part of their learning today which does show gains in this area which many of them attribute to learnings from the CAL programme in their foundation year.

However, in relation to hurdles or challenges in developing learner autonomy, while many cite gains in understanding and identifying their strengths and weaknesses, it is not clear that learners have yet fully adopted the skills to know what to do about these weaknesses as evidenced in the below comment;

[...] I don't feel that confident. I know it helped me to assess myself, to see what my weakness is, to see what my strength is but I still have that feeling that I am under everyone. But I think that's maybe normal for medical students"

- (Student 3, ll. 134-136)

The same student goes on to further elaborate on what they learned from the programme.

[...] what I learned from the foundation year is how to assess myself, how to see what did I do good. So yeah, I'm not bad. But I'm not saying that I'm really under everyone, but I just have this feeling. I'm good at assessing myself. Like, you know, I see what I'm doing good. What I'm doing wrong and then I will be correcting what I'm doing wrong. Yeah. I will be assessing myself."

- (Student 3, ll. 137-141)

Another student examines the topic of the value of peer-assessment over the value of teacher or expert input and the difficulty of being accurate in self-assessment which is a well-documented challenge of self-assessment in the literature as discussed in chapter 3. This respondent sees this as a challenge;

[...] we had the chance to choose our colleagues and that's really good. And also to have a random partner and that's also good. What I actually wanted was to get feedback from the instructor himself. Maybe I didn't see stuff. We always think that we are better than we are. And I like getting another point of view other than my friends, because my friends might be below my standards or both of us have very low standards, but because I am better than him, so we might not see our own faults."

- (Student 2, ll. 57-63)

Overall, the analyses of the qualitative data collected in the one-to-one semi-structured interviews identified the sub-themes of self-assessment, peer assessment, target setting and independent learning development, as all being features of these respondents learning journey after their introduction to these approaches to learning as part of the CAL programme under investigation, albeit not without challenges as outlined here and with some distance to go. These are all features of learner autonomy as discussed in chapter 3 which relate to Little's (1991, p.4) definition of an autonomous learner as one who displays a capacity for reflection, detachment, independent action, critical thinking and decision-making. In the next section I will further flesh this construct out through

the lens of an analysis of some supplemental qualitative data from student feedback collected on a classroom task from the CAL programme. The classroom activity was designed to promote all the skills attitudes and behaviours associated with being an autonomous learner and present the qualitative feedback from that task to further our data set here.

7.4.2. Qualitative self-assessment classroom task feedback analysis

The analysis of the qualitative feedback has produced some interesting themes. Two themes in particular are patterned throughout the feedback from this group of learners who volunteered feedback as part of this task namely; self-assessment as a means of understanding how the learner learns best and secondly, self-assessment as a motivator or source of increased ownership/ enthusiasm for the task. In relation to the first theme of learning insights gained from the process, one interviewee commented;

[...] Perhaps most importantly, I learned that the way I share the information with the patient is actually more important than the information itself”.

A second respondent in relation to self-assessment, emphasises what the skill has enabled them to do;

[...] I believe that self-assessment part was by far the thing that improved my skills as well as gave me the opportunity to truly identify the skills that I am good at, and the ones that I need to improve”.

Furthermore, in relation to learning insights another respondent made the point that;

[...] After the draft video and the self/peer assessment my weak areas were identified and I got better strategies and set certain objectives during the final video.”

This was the first time that many of these learners had participated in a learning task which involved multiple stages an iteration involving self-assessment (target setting and multi-stage analysis using a rubric for self-assessment and reflection with a peer-

assessment feedback component and finally a teacher-led final feedback). The group involved in this task who volunteered feedback as part of this study appear to all have had great enthusiasm for this approach to their learning. Motivation was notably high and eagerness to complete the task significant as seen in these comments;

[...] This experience also motivated me to improve my fluency and language” and similarly another responded added, [...] After our final video, we felt amazed on how much we improved since our first assignment”. The overall impression of the process was captured quite positively as seen here in this student’s comment:

“During this task, I was with my partner where we helped each other in complete the task, we sat and did the tasks together, and the task progress was smoothly throughout. I actually felt, that I have achieved something that will actually benefit me in the future through many directions including the way of communication with people.”

The first theme of learning insights was the most significant from the data gathered here with comments from respondents further capturing their insights and learning, post task; *“The most important thing I have identified is that knowing how to do something and actually performing it are not exactly the same.”* Additional further similar quite sophisticated insights are visible here in a separate comment;

“It occurred to me that our words define us and more often define our understanding of certain situations and, therefore, more effort should be put in establishing a more refined and professional communication between a doctor and a patient”.

Finally, when asked what learning was gained from the self-assessment and peer-assessment stages of the cycle, a respondent added;

“I’ve especially learnt the importance of self-reflection as it helped me to be much more objective to assess my interviewing capabilities. I will make sure that this reflective process will be carried throughout my professional career as now I know the importance of disciplining yourself by looking at myself from a third person’s point of view.”

Finally, the context relevance of the learning experience from this task are points which were picked up through the feedback comments also as follows;

“It was a great and helpful experience, because we have simulate a real situation in a hospital that we will do it the real life.”

This level of learning insights was observable through the feedback on this task from those who participated in the feedback, however it should be noted that possibly only those learners who felt positive and confident post task offered their feedback as there was a notable absence of critique from respondents about this task. I am therefore including this feedback as interesting supplemental qualitative data on the classroom task feedback, for illustrative and discussion purposes. I feel this student post-task feedback adds an interesting dimension to the core data findings and helps to contextualise the learner autonomy segment of the learning experience on this programme in relation to this group in this study. The findings from this supplemental qualitative data does however contribute to the discussion in relation to the promotion of learner autonomy via this embedded form of language programme design. The holistic, iterative, collaborative, multi-stage, experiential assessment design incorporating assessment for and as learning in an assessment “of” learning context can significantly enhance learning value as seen in the feedback presented here in relation to the CAL embedded curricular assessment contexts.

In summary the data presented in this section in relation to the construct of agency and learner autonomy in this study certainly shows significant awareness raising around this topic. Gains in both skills and attitude are also present across the mixed methods data presented here which I will summarise in Chapter 8 as part of the concluding chapter. We also see clear challenges for this group in this area of their learning and also ongoing developmental challenges in this learner group.

7.5. Intercultural awareness

Firstly, in examining the quantitative data relating to the construct of intercultural awareness, I will begin with an analysis of the quantitative data in this sequential mixed methods study. This section of the questionnaire is adapted from the WICS validated instrument (Stemler et al., 2014), for measuring intercultural competence as was outlined and described in chapters 5 and 6 when describing this study. Intercultural awareness is well recognised as challenging to measure in isolation from other aspects of language or learning in general. Therefore, this section will discuss the findings from the quantitative data as a starting point to structure our theme and profile these learners with regard to a baseline for intercultural awareness development. However, it is in the qualitative semi-structured interviews where I will present the most salient findings in helping to provide insights into this complex area for these learners. Question 3 of the survey instrument (Table 6.6) looks at the respondents' attitudes & awareness in relation to culture and identity.

7.5.1. Cultural identity

Identity is a key feature of developing cultural awareness and competence as discussed in detail in chapter 4 on the relevance of cultural awareness development for these international medical students (Chapter 4, p.71). 5 items of question 4 specifically seek to explore learner's attitudes to their developing identity as international students learning in a foreign university context. 45% approximately respond positively to the statement "*I think I have developed an English language identity*", with 39% neutral and only 17% disagreeing. To further examine attitudes to this, a majority of 56% feel comfortable in their English language identity, with 28% undecided. While the previous 2 items look at self-identity however, another item explores the concept of identity from the perspective of acceptance of 2 cultures, the learners' own culture and the host culture, for this item again a consistent 45% agree that they feel comfortable in Irish culture and their own home culture, with 33% not fully in agreement yet. It is important to once again point out that most of the respondents here are Middle Eastern and for over half of them, it is their first time living and studying away from their home country, as I outlined in the profile section at the start of this chapter. The last item on identity is very interesting however as it shows a large portion disagreeing with the statement,

“My identity changes depending on which language I speak”, with 45% disagreeing with this statement, only 28% agreeing, and 28% neutral or undecided. This indicates that many of this group are still in the early stages of developing their English speaker cultural identity which is a recognised marker of both language fluency and cultural fluency development as discussed by Deardorff (2009).

From the thematic analysis of the qualitative data, the construct of identity is present in the qualitative data in various forms, most notably in efforts to combat stereotyping and becoming comfortable in their own identity in a multicultural context, as expressed in this respondent comment here where this first student is talking about his growing awareness of his identity and how he is perceived by others. While he seems to be growing more comfortable with it, he still recognises the barriers to being himself with others of different backgrounds:

[...] I'm from Abu Dhabi. Recently, like just this year, I was able to have friends from different regions. I found it harder the first year, like especially FY and 1st year. I think it's all because of, first of all, the culture. Maybe our sense of humour is different than their sense of humour and the way that we approach things. Maybe we are also less open, so we enter with a view that we will be stereotyped as different people. The thought of having us stereotyped that way, will affect how we will interact with them in some way. We are not very comfortable speaking with them. If I spoke with someone from my region, I would be more interactive.”

- (Student 2, ll. 101-109)

Some self-reported gains were also found across most respondents with one such examples here;

[...] Yeah, I feel more comfortable and more confident like taking history and communicating with patient from different background as well and internationally.”

- (Student 4, ll. 129-131)

Also studying Culture in their FY year has also helped many of them prepare better for what they are learning now as seen here:

[...] Yeah, it's all what you said. It's important. And it was interesting and actually it helped us. Now we have the subject, Tomorrow's health and it has some of those things, cultural differences."

- (Student 6, ll. 208-210)

The CAL programme under evaluation itself and the wider professionalism in health sciences module within which it is embedded, has a significant portion of material and learning outcomes devoted to helping learners examine their own identities explicitly and help them move toward a level of comfort with both their own culture and that of the host country, both in personal and professional domains. It is therefore interesting to explore this great challenge for these learners and to present data on their progress or otherwise in relation to this aspect of their student journey.

7.5.2. Social aspects of cultural awareness and integration

Starting once again with the sequential mixed methods analysis from the quantitative data set, the 6 items relating to aspects of cultural awareness involving socialisation and perceived integration in the host culture show a positive trend in respondents' cultural attitudes to their local peers and community. 45% respond positively stating that they have tried to socialise with local peers rather than peers from their own culture so that they can learn more about the host / local culture, with 33% neutral on that point. 44% observe that while interacting with local peers, locals sometimes did not react in the ways expected which caused surprise and curiosity about the host culture, with 44% neutral on the point. So here we have an almost even split with regard to these kinds of cultural observations. However, these cultural experiences do not appear to be perceived negatively by the respondents, as highlighted by a further item, with only 17% admitting that they sometimes found local peers to be less friendly than those from their own country. This suggests a generally positive social mixing experience among the respondents. Lastly with regard to cultural awareness insights from the quantitative data, 3 items explored learners' attitudes and levels of awareness, with 50% stating that they are interested in the cultures of other countries. This positive openness, curiosity and motivation in relation to other cultures is considered a key component in the journey to cultural awareness and competence as discussed in chapter 4. Interestingly also 39% agree that intercultural awareness is an important part of healthcare studies,

with 28% neutral and 33% disagreeing which I will expand on later in our data on how this fits with their evolving identities as healthcare practitioners training in a foreign hospital and university environment. The qualitative data was able to draw out this point which was observed in the quantitative analysis much further as I will discuss below in the qualitative segment.

Finally, a challenging aspect for these respondents is clearly body language and their ability to read it, given the differences between European body language or western cultural body language by contrast to Middle Eastern body language, it is interesting but not at all surprising that this group are so divided on the item relating to their ability to read body language accurately. When asked if they feel there is a big difference between body language in their own culture and the local culture the data is very divided; with 39% agreeing that there is indeed a big difference in body language, 44% undecided or neutral and only 17% disagree. This shows quite a divided opinion which perhaps is related to respondents perceived levels of ability to integrate, yet most recognise the challenges that exist here, a point which I flesh out more in the qualitative data analysis. A very positive indicator of socialisation however is shown in the results when it is mentioned in the background profile section of this chapter that over 59% of respondents say that their friends are a mix of many different nationalities, a great significant data point at the end of their first year at university with regard to social mixing in a multicultural context. Interestingly, 35% admit to having mostly friends from their own country still at the end of the programme. However, very few of the respondents count native English speakers among their friends at only 6% which is perhaps related to both language and cultural aspects a topic which I delve much deeper into for more insight below in the analyses of the qualitative data which I will return to shortly. Overall, this quantitative data certainly shows some growing level of openness and comfort with regard to cultural awareness, identity, and socialising for this group. However, it does require much deeper drawing out which I will discuss presently from the qualitative data analyses.

In the qualitative interviews students had a lot to say on the topic of cultural mixing and social challenges associated with being an international learner studying in a foreign country. While some were more vocal on this topic than others, all of them

appear to have embraced friendships with fellow students from other backgrounds but not without difficulty, some of which were salient in the thematic analyses. From a positive gains perspective firstly, many respondents seem to display a level of growth and awareness in relation to their ability to culturally blend and adapt to their new environment,

[...] For me, no. I have a lot of people out of my country. Like I have a lot of friends like I have Irish friends. I have French friends. I have a lot of friends, yeah”

– (Student 1, ll. 148-150)

And when this same respondent was asked about the challenges, if this respondent found it difficult at all to get along with their intercultural friends they replied quite positively, even if their closest intercultural relationship shares the same religion, they are still from two very different countries;

[...] No, no, no, I don't find it difficult. That's all because, you know, I think like, even like with the French friends, because English is their second language, we all think in English. We don't just think in Arabic or our mother language, and then we translate it, we just think in English. Yeah, you know what I mean?... Yeah, I'm very close friends with them because of my French friend. I met her in year two and she's French, but her background is Arabic. But like, we get along because we're in the same religion. However, she doesn't speak Arabic, she only speaks English to me.”

- (Student 1, ll. 153-157, 167-170).

This respondent's comments also highlight the theme of growing cultural awareness and confidence, speaking about the impact of the cultural awareness training on them since the CAL / Prof module added;

[...] Yeah, it gave me confidence and stop me from judging people from different backgrounds because they have different belief, different thoughts. So that was helpful to not judge people because they are from different backgrounds. So that was very helpful.

- (Student 4, ll. 99-102)

Additionally, another student when asked if they have been putting any of the intercultural learning from their FY year into practice added in relation to their experience post covid pandemic a point as follows;

[...] Alright. So I remember in first year when Corona came and the second year Corona also was there, so I didn't have a chance to do more interactions with people in these two years. But in this year, we were there in person, so that was really helpful. I actually had a chance to talk to so many students from other countries, Malaysian, Canadian, Irish people and about the cultural things."

- (Student 3, ll. 107-110)

Finally, on the theme of social mixing, the methods employed are evident here also in this comment and how this learner goes about making friends from different backgrounds;

[...] like join clubs. I recently joined the soccer club this year and it was very helpful."

- (Student 5, ll. 458-459)

7.5.3. Challenges to social intercultural mixing

The qualitative interviews drew out more detail from the theme of challenges for this group in cultural integration and social mixing. In relation to friendships all of the respondents had a lot to say, thematically their points can be summarised in a few comments as follows. This respondent is making the point that while they can make friends with other nationalities, many of these friendships are superficial and many of them confessed that they reserve their closest friendships for those who share their nationality;

[...] Like I have mixed friends, but I don't keep communication with them a lot. Like outside from my like friendzone. Yeah. So I would say maybe 10% or less (are not Arabic)"

- (Student 5, ll. 241-243)

Another student had a similar point talking about what percentage of their friends were from different backgrounds to them and also indicates that the nature of these friendships is very much acquaintance-based;

[...] No, actually I want like to say 30% when I say that, it's like we communicate mainly in like social media. Like I meet them and we say Hi, we have a chat and everything, but not like hanging out"

- (Student 6, ll. 245-247)

Similarly, this respondent emphasises this point further, likening these friendships to a "professional" context more than a personal friendship but they seem to be comfortable with that level of friendship;

[...] ...from different countries, but they are also professional. So, when I see them, I meet them. Hi. How are you? It's very superficial. And I like the superficiality. I like that. We aren't very close but when we meet each other we are. We ask about each other. What happened? Where are you doing? What are you doing right now? And is there anything that happened recently? And they will just share stories and like have fun and share our experiences. That's all we want to be able to do."

- (Student 2, ll. 134-140)

The reasons for these choices of close friends over acquaintances are varied and not necessarily problematic for all. However, it can be summed in two recurrent themes of gender roles and culturally bound patterns of socialising. The below comment is representative of this global point made by many respondents:

[...] So between males and females, we are taught from childhood till adulthood that they have their own. We have our own stuff, they have their own hobbies. We have our own hobbies and I'm not against that actually. Even back home, I'm not against that. It's just our culture and I like our culture. It is just when we get to RCSI we can't maintain that for long. So what happens is that in FY this creepiness and awkwardness starts to evolve. I hear a lot of stories even in my lower years, where this creepiness is there so the communication between males and females is very unnatural."

- (Student 2, ll. 155-162)

The global point being communicated across the semi-structured interviews in relation to intercultural mixing challenges for this group revolve around having to learn how to communicate across genders for students from the Middle East which is outside of many of their comfort zones. One student described feeling “creepy “ (Student 2, l.160) when trying to compliment a female and said he still after two years has not figured out how to feel normal when speaking to a female. He does not struggle in a professional capacity but in a peer-to-peer friendship context finds this challenging as it goes against years of social norms and conditioning. This is not at all surprising from this cohort but perhaps needs more tailored attention in programmes of this kind.

Overall, here from the qualitative analysis, a growing confidence in relation to intercultural social mixing can be seen, and an ability to adapt to a multicultural environment which is very positive. However, there are certain culturally bound constraints such as gender differences and cultural norms which seem to prevent in some cases the forming of closer bonds. The findings detailed here in the previous four sections of this chapter in relation to; cultural identity development, social aspects of cultural awareness, and challenges to intercultural mixing, all demonstrate the impact of the CAL programme on these healthcare learners’ journey as both international learners and healthcare students. I discussed in chapter 4 the role of intercultural communication skills in higher education for international learners, learning in a foreign university environment (section 4.2). I also examined the key role of socialisation to integration of these learners (section 4.2.2). These findings suggests that these learners have benefitted demonstratively in these areas which I will discuss in more detail in chapter 8. In addition, in chapter 4 of this study, the importance and relevance of intercultural competence as part of healthcare professionalism was outlined (section 4.6). These findings help to see how the various strands in this study interact, when it is clear how the intercultural training from the CAL programme has impacted these learners’ confidence particularly in intercultural clinical domains when interacting with patients from backgrounds different to their own. These findings have potentially important insights to offer in relation to the benefits of including this level of intercultural competence in the education of these international L2 learners in a healthcare context. I will discuss the implications of these findings in more detail in chapter 8.

7.6. The CAL programme educational output findings from this embedded model of learning

Looking at the quantitative data analysis firstly in relation to findings about the participants' view of the CAL programme itself, I will discuss my analysis here. Question 5 (Table 6.8) of the survey instrument looks at the respondents' attitudes to the CAL programme and also to the large Professionalism module within which the CAL programme sit, using the same Likert scale as described in chapter 6. In section 5, items are intended to explore learners self-reported gains from being placed in the CAL programme as part of their first year of study as medical / health science students.

When asked if the CAL programme helped to develop their communications skills, 44% agreed that it did, 39% were neutral and 17% disagreed. Similarly, the same question asked about the large PROF module within which the CAL language programme is based but where this group mix with native speakers of English, we get closely aligned data; for "*the Professionalism Module helped me improve my communication skills*" it is also 44% agreement with 33% on neutral and 22% disagreeing. Both programme structures then get similar self-reported gain with the CAL programme marginally ahead. Also interestingly when asked if the CAL programme improved their confidence in studying medicine, 50% agreed that it did with 28% undecided or neutral. A surprising drop in reported gains is found when asked if studying alongside native English-speaking classmates as part of the PROF Module helped improve confidence in speaking English, at only 28% agreement, 50% neutral and 22% disagreeing once again. There appears to be a clear opinion here that the CAL programme segment led to more language gains than the overall module within which it is embedded. While both cover aspects of communication skills, the CAL programme stream is much more tailored for L2 learner needs and this is coming across in this data here.

However most interestingly in this section 5, when we become more specific and domain related, a clear majority of 67% responded positively to the statement that the CAL programme had enhanced their skills in communicating with patients through English with only 11% undecided or neutral and 22% disagreeing. This is perhaps reflecting the very tailored domain specific nature of the design of the CAL programme

where it does not focus explicitly on English language development per se, but rather on language and communication skills development for healthcare contexts more precisely. It is therefore interesting to see students in their survey results compartmentalising these skills and this is zoned in on very much in the qualitative data which I will focus on presently. Similarly, a strong positive result can be seen in response to the question; *“It was useful to learn about communication specifically related to healthcare contexts”*, with 50% agreeing with this, 39% disagreeing. Additionally, when asked if English language and communication skills development should continue to be a core part of the medical programme in the FY Year, there was also a 55% positive response with 33% disagreeing to the need for that. Lastly in this section over 45% of respondents responded positively to the question on the CAL programme being a useful foundation for their medical / physiotherapy degree, with 50% more in the neutral area but interestingly only 5% disagree here. This suggests that a significant majority of respondents found the CAL programme useful to some extent. It is important to unpick this data to try to understand the most useful aspects of this from a qualitative analysis perspective which I will present in the thematic analysis from here.

7.6.1. Embedded language learning in educational context

Moving next to the qualitative data analysis, the semi-structured interviews revealed interesting points to consider from students in relation to their experiences on the CAL programme. A strong theme which was identified was in relation to learning English in context, language learning relevance to the core subject being studied (namely, medicine / healthcare). An indicator of the CAL programmes' appeal or success was attributed to this context relevant language learning, which all 6 students interviewed raised as a reason they found the CAL programme helpful. The following quote is one example of a student's comments on what they thought was good or useful about CAL being part of their Foundation Year programme, this student is making the general point that because the CAL programme was part of their medical studies it focused on building both language and medical skills in one and they found this good and helpful:

[...] I think it's good because it's happening to like, as I said, it has improved my English and also practice it kind of out of the medical field like you had a lot of, I remember I had a lot of topics out of the medical

field, but somehow involved, you know, like mostly about the skills and how you deal with people and stuff. So, I think it was really good.”

- (Student 1, ll. 82-86)

Furthermore, it was felt that this embedded language in their programme saved time and was a clearer more purposeful way to build their language skills toward a set goal or purpose which is then easier to measure or see progress against, as is explained in the following quote from another student;

[...] To be honest, I think it was a good idea, like in the first year. It's totally about the systems, so didn't have much patience, control, contact or anything related to the patients on the foundation year. I think it was a very good idea. (to have CAL in the FY year).”

- (Student 4, ll. 52-54)

This student went on to add their view in relation to benefits of the credit bearing design of the CAL programme;

[...] Yeah. It's helpful. Like to see the progress during the classes and getting marks on showing how I progress and improvement I get as well.”

- (Student 4, ll. 46-47)

The Initial reactions to learning that the CAL programme was going to be embedded as part of their learning in the first year medical degree programme are all quite positive as follows;

[...] It was very, very, very helpful, yeah.” (Student 4, l. 35) And another student similarly added, [...] I like the fact that it was a part of our assessment.... So we were taking it like a place where we can improve ourselves..., and it was actually a very good programme, especially that it was given to people who really need it.” (Student 2, ll. 13-16)

In relation to the domain specific nature of the CAL programme however, much of the interest in the CAL programme from this cohort was rooted in its domain specific design,

looking at language as part of the medical training that they would expect to have as part of their FY year. This is captured in the below comments;

[...] In these classes, we were taught how to use the open closed questions and I keep reading them just to enhance my English so I don't forget them for my exams and for my life, you know."

- (Student 3, ll. 83-85)

This respondent joked about how the CAL programme is now remembered more than a year later by the respondents relating to the clinical skills related language content on the programme;

[..] And whenever we hear open or close questions, we always think of the CAL programme"

- (Student 5, ll. 157-158)

Finally, this comment is referring to the contextualised language skills that were part of the programme as embedded into the learners Professionalism learning outcomes as follows;

[...] That for example, they would ask us to do homework. Mostly it was like recording, all self-talking. So, when I hear myself multiple times I can like fix things like my voice or use another word or something. So, it was very helpful"

- (Student 6, ll. 175-177)

The CAL programme pedagogy was also a topic of much comment, this I interpret could also be due to its contrast to medical education norms which don't tend to employ a lot of interactive learning or task-based learning in classrooms, particularly at the time when this data was collected. The following comments all refer to how the pedagogical approaches used as part of the CAL programme were perceived by the learners;

[..] Every week, we'll be doing something that's interactive, will be interviewing each other, will be in the class, will be chatting with the teacher, and the thing was, that our classes were small, where we

were in small groups. We weren't in that big groups, so we were just very few students. So, it was much better than having a very big group. It was better to communicate with each other and to be more interactive in the classes. So yeah, I remember doing these interviews and I really liked them."

- (Student 3, ll. 59-63)

A further comment on the learning approaches and tools mentioned;

[...] Actually it was a very helpful programme. I remember it was like they were given us like websites and a lot of tools to help us improving our language and choose the correct grammar, like when we talk to the patients... Yeah, actually it definitely helped. We were like practicing recording ourselves. So, it was very, very helpful, honestly."

- (Student 6, ll. 96-99, 155-156)

This data overall shows an appreciation for the context relevance of the language, and it being embedded into their programme. Many students felt this was a better use of their course time, they liked that they got recognition and marks for the work and effort they put into their language skills development and found the medical language and clinical based communication skills tailored for non-native speakers to be really useful to them at the time and from this data we can also see that it continues to be useful to them years later. The programme was not without its flaws in the data which I will look at as part of the next section.

7.6.2. Healthcare professionalism

From the quantitative data analysed, healthcare professionalism as a construct was used in the quantitative segment of the data collection as part of a broader picture on the impact and effectiveness of the embedded programme design under discussion and evaluation here. As described and discussed in chapter 2 in the CAL & PROF module course design and its theoretical underpinnings healthcare professionalism as defined by RCSI's definition of Healthcare professionalism encompasses many of skills examined here in this study such as communication skills, intercultural awareness, developing lifelong learning skills which map to our definitions of learner autonomy and finally the domain specific design of the language CAL programme in its aims to approach language proficiency development through the lens of the context and domain related language

that these learners require to operate in. Therefore, question 6 (Table 6.9) of the data which includes 6 items on healthcare professionalism as a theme or area gives us more insight into the effectiveness of this embedded design of language learning. Once again, the 6 items in this section use the same Likert scale as previous sections. There were also other questions relating to this area of examining the effectiveness of the programme in general where Question 7 (Table 6.11) looks for free text responses to a question on the meaning of healthcare professionalism and question 10 (Table 6.10) asking respondents to rank all the core skills covered by the programme under evaluation in order of importance which I will discuss after the core question 6 items are discussed.

In relation to the question asking if a commitment to lifelong learning is a key skill for healthcare professionals, 72% agree with this, with only 11% neutral and 17% who disagree. While 67% agree that a high standard of communication is important for good healthcare practice. Active listening was a key focus of both the CAL language programme embedded and the broader PROF module within which it was based and mapped to. The pedagogical and theoretical reasons for this and educational evidence based as well as the language comprehension evidence base are discussed in detail in chapter 2 in supporting this focus on listening in a language programme that is focused on clinical communication as an additional angle on communication skills. Interestingly there appears to be a strong positive score in the quantitative data in relation to this item with 67% agreeing that active listening is an important skill in healthcare communication and 28% disagreeing. Similarly, there are identical strong positive responses to the question on whether cultural sensitivity is important for a clinical practitioner where their background is different to that of their patient, with a 67% agreeing on that and 28% in disagreement. Culture gets a similar strong response in the item exploring whether or not they agree that learning how to work with colleagues from different cultural backgrounds is important for healthcare practitioners, with a 67% majority responding strongly agree to that, 5% neutral or undecided and 27% disagreeing. In relation to lifelong learning, the item which asks if a good healthcare practitioner needs to be aware of their own limitations, we get a very strong “strongly agree” response at 61% which is a clear strong agreement on this point which is an

interesting indicator in relation to this cohort of mainly Middle Eastern origin who often struggle with culturally bound concepts such as “losing face”, as discussed in chapter 4 of this study in more detail. The CAL programme therefore placed a strong emphasis in relation to learner autonomy on the positivity of knowing your own strengths and limitations not only as language learner but also the CAL programme mapped these learning concepts to the domain of healthcare more explicitly. The initial quantitative data here shows a good positive attitude to this idea of being aware of your limitations as well as strengths which I will examine further in the qualitative analysis.

Question 10 (Table 6.10) of the quantitative survey tool asked respondents to rank skills in order of importance namely: English language / communication skills, intercultural skills, lifelong learning skills (learner autonomy), and clinical skills in rank order from 1 to 4 where 1 is the most important. Top ranking was given to English language and communication skills at 40% choosing it for a number 1 place and 33% placing it in 2nd place. However, it was closely followed by Clinical skills ranking number 1 position by 33% of respondents and Clinical skills got chosen for 2nd place by 20% of respondents also. The two top spots are therefore split between English language skills & Clinical skills with language skills leading which is a very interesting results from Medical and Physiotherapy students. Historically these students have come to RCSI with a firm focus on clinical studies and very little interest in language or their language skills at the outset. As discussed in chapter 2, part of the motivation for this CAL programme design originated from a request from medical faculty to find ways to engage learners more in language and communication skills, as previous attempts at running supplemental language only courses had suffered from very poor attendance or interest by this learner group. Therefore, this ranking of importance does indicate more awareness and interest from this group after 1 year of participating in the CAL programme.

The remaining ranking in this section of the data shows that Intercultural skill is given less importance and only ranked in 1st place by a minority of 12% of respondents with 50% placing it as least important in 4th place. Lifelong skills ranks 3rd with 25% giving it 2nd place. These results are consistent with the qualitative data which I will discuss below. In summary it is interesting however to note that English language is ranked 1st

in importance overall. This is perhaps based on a growing awareness by this group that English language is required to perform well in the medical programme. These details I will discuss further via the qualitative data.

A small amount of qualitative data was analysed here in question 7 (Table 6.11) which collected respondent views on healthcare professionalism further in the form of free text comments which show a clear understanding of its role in the Healthcare professions with comments about what it means such as;

“A set of values and beliefs used to enhance patient safety” and “it is something that should not be ignored”.

The words respect and compassion feature in a majority of comments relating to what this means. These comments link in a positive way to the quantitative data on this topic which has significance in this study in relation to the relevance and context of many of the learning and communication skills being promoted through the programme under investigation.

Final qualitative comments were thematically analysed in relation to the experience of international learners on this programme and this data was gathered via two questions eliciting free text comments from respondents. In relation to what advice respondents would give to new international students coming to study at RCSI in the future, a third of the comments were focused on English language development advice with one respondent adding their advice to future students *“speak English and practice”* and another saying, *“work on developing your English language and communication skills”*. Other advice centred around attitude and work ethic, *“work smart and hard “* and *“engage in class as much as possible, you are here to learn, don’t be afraid of getting judged”*. It is clear to see from the quantitative data here and these comments that language and communication is valued possibly more when part of the domain of healthcare professionalism and all that is encompassed under this theme than as a standalone subject. These findings are certainly interesting in relation to the role of embedding language and communication skills within the context of a subject of interest to the learners such as in language for healthcare professionals. I will expand on the significance of these findings in chapter 8.

7.6.3. Qualitative analysis from Teachers' interviews

The data on teachers' views and experience of teaching and delivering the CAL programme was collected and analysed qualitatively only. Semi-structured interviews were conducted with two staff members who delivered the programme under evaluation as detailed in the preceding chapter. The themes that were identified from the qualitative data are useful to broaden our perspective of this embedded approach to language development in this context. It also helps to give more insights into several aspects of the CAL programme in relation to learner engagement, challenges with the programme and strengths of this particular programme design from a teacher perspective. It is also informative to gain some understanding of experience delivering this programme, from a faculty perspective.

The themes identified from the CAL teacher interviews are primarily looking at the areas of; challenges of language teaching at university in general, leading to a discussion examining what the precise challenges of delivering an embedded programme such as this CAL programme are from a teacher perspective given its novel design and domain specificity. The interviews also probed the benefits from the staff perspective of having learners experience language in this way through this type of embedded learning. It was interesting to observe that both staff interviews had very aligned and similar experiences and views of delivering this programme despite working on two separate campuses in two different countries. When asked about the challenges of language teaching at university, we must again first make the distinction made earlier of language student versus language user. The students on the CAL programme are not university students who have chosen to study a language. Rather they are in the main medical or physiotherapy students who have come to a foreign country to study a health science degree through English as their second language. Therefore, the question put to both these staff members was in relation to teaching language at university to international students for whom English is a second or other language and not a subject these learners are choosing to study. Interestingly both CAL teachers 1 and 2 gave very similar responses to the question of the challenges of teaching English and the CAL programme at university as follows;

[...] Yeah, that's a big question. It is challenging. Insofar as really trying to communicate the need for it. And the value of it to the students. And I always likened it to, you know, the start of each year. It was like trying to turn an oil tanker"

- (CAL Teacher 1, ll. 71-73)

And the second teacher made a very similar statement;

[...] Because their background isn't language, they feel that once they're able to understand the content, the scientific content, they feel that, you know, it's not as important. So, the first thing that as a language teacher I would struggle with, is for them to see the importance of why your communication needs to be clear, whether it's spoken or written. Whether it was nursing or medical students and so on."

- (CAL teacher 2, ll. 46-52)

When asked to elaborate this point both respondents went on to explain why they feel learners come to university feeling this way about their English language skills. Why for example these learners initially do not easily embrace the need to keep developing their language skills further while studying their undergraduate degree through their second language. CAL teacher 1 shares this thought;

[...]in terms of the students sort of perspective, because they had come through, you know, a pre-sessional programme and if I was to broaden it out to university, you know, in general the same applies, people have come through pre-sessional programmes where they've done some type of foundation programme. And they've achieved the minimum standard necessary (for entry to university) or they've exceeded that minimum standard and they think that's it. I'm done. I'm finished with English language classes. And they can be very resistant to anything that looks like a continuation. A continuation of that"

- (CAL Teacher 1, ll. 73-80)

Interestingly the second staff respondent had the same or similar answer as follows:

[...] Because I think that once they know why it's important, they would be motivated to put all their effort in it...So, it's the need to understand the importance of it to be motivated as well as to be able to see the connection between language and the other modules."

- (CAL Teacher 2, ll. 59-60, 66-69).

So if I summarise the initial challenges for this learner group entering university then according to these two language teachers, learners don't automatically come to study at a foreign university prepared to keep developing their language skills. Often they feel whatever preliminary preparation they have done in order to gain access to university with regard to their proficiency, be it an IELTS course culminating in an IELTS cert, or a pre-sessional language programme, should be enough to continue their studies. Even when they are entering often (as evidenced by years of admissions data) at the very minimum thresholds of proficiency which clearly necessitate better levels over time, in order to be able to learn, integrate and compete fairly in exams in their chosen programme of study. A second related challenge as outlined by these teachers, is to help learners see the need and advantage to them of improving their English language and communication skills, as part of their developing professionalism and studies in order to motivate them to participate enthusiastically. As further elaborated here by CAL teacher 1:

[...] However you want to phrase this, they saw it very much as, this journey ends and now my medical apprenticeship journey begins. So that really was for me, the biggest challenge and that's what I saw as the biggest challenge over the course of the 10 years that I've taught the programme"

- (CAL Teacher 1, ll. 89-92).

A second key theme in the interviews with staff, centred around their experience of what the greatest challenge of delivering this type of embedded language course within the subject of the Module is. CAL teacher 2, who was newer to the programme understandably made the point that it was initially a lot of work for her to familiarise herself with the clinical communication context in order to be able to deliver the programme materials. She makes her point as follows:

[...] it was challenging because I had to learn it from [Name of teacher 1] and apply it and teach it within the same week. That was a challenging aspect of it. If I had continued with it, it would have been much easier because I would know what I was teaching. I would have the background, experience and so on"

– (CAL Teacher 2, ll. 156-160)

CAL teacher 1, in relation to experience of challenges delivering the CAL programme had a similar view which evolved over the years he was working with the programme;

[...] Yeah, I really needed to have confidence in what I was doing. And for the first couple of years, it was a certain amount of sort of, faking it till you make it. But you know, it was very important to be gathering data and you know, evaluation data and so on and so forth and constantly. Developing and enhancing the programme year by year because from year 1 to year 10, they're two different programmes. They're one or two similar elements, but particularly that second semester, it really grew out of just, my deepening understanding of the area and also, my deepening understanding of what it is that the students really need and how to best focus that for them."

- (CAL Teacher 1, ll. 211-218).

Therefore, both staff interviewed here make reference to the need to understand the subject area and the learner needs within that subject area in which the CAL programme is embedded, subject specific knowledge to some extent. These are the main challenges they both discuss, working on or delivering a programme such as this.

Finally, a third area of the interviews of interest to the research data here is the benefits from the staff perspective to the learners of this type of programme. It should be noted that for the purposes of comparison both these language teachers had previously taught on more traditional English language programmes, such as an EAP, ESP or English as part of pre-sessional programmes, including your traditional English as a foreign language (EFL) classes. Therefore, on the basis of that professional background and experience it is interesting to get a sense of how they felt this embedded style of language and communications folded into the fabric of a module at university, benefitted learners compared with the more typical language programmes. Having already discussed the challenges for both the learners and the staff, it was useful to explore the benefits and both staff interviewed made similar points once again. CAL teacher 1 felt this approach not only had significant benefits but has a lot of potential for future development in his comments as follows;

[...] I think there's huge benefit in any attempt to integrate a programme like this into the curriculum, and not have it sitting in some type of add-on. And I mean, you see the same things and you see the same arguments being taken around issues of say, for example, ethics and the teaching of ethics. That the value isn't in having it as some additional piece that you stick on to something else. You really need to integrate it into everything. Because it traverses everything else, it's relevant to everything else. So, going back to what you mentioned earlier with that CLIL model, I mean, we could arguably have an even greater integration and even greater embedding where you have this sitting inside each of the other modules, that it becomes this intrinsic part of it."

– (CAL Teacher 1, ll. 241-250)

The point being made here by CAL Teacher 1 relates to the idea that an applied language approach or philosophy, could mean that you go further than embedding the language where it most obviously fits such as here with the CAL programme being embedded in the Professionalism Module, but that you go further and embedded in all the Modules running that year where language and communication are relevant such as; in lab work, in science modules for case studies, in medical ethics to name a few. Similarly, CAL Teacher 2 interestingly had a very similar opinion and suggestions as follows;

[...] Yeah, I think it was a very good approach... I think elements of CAL could be integrated throughout the programme. So, for example, for students to see the benefits, it would have been interesting to have like some kind of CAL input in every year and closer to their clinical practice for example."

- (CAL Teacher 2, l. 207, ll. 241-244)

In summary, both staff semi-structured interviews covered much of same themes and had very similar opinions of the CAL programme and its students despite never having worked together on the same campus nor with the same cohort. However, both CAL Teachers were delivering a programme designed to be embedded in an identical way, using the same material, educational framework conceptually and the same pedagogical approach. Their views reflect to some extent the data gathered from learners in relation to those two elements that we saw in the learners' data where learners seem to have

taken some time to understand the purpose of the programme but once they did, very much enjoyed and valued the language embedding in their learning and training rather than being a subject apart. The teachers view here however helps us to see a more complete picture of the learner journey and where perhaps those tensions come from.

7.7. Constructs and statistical tests

In this final section, it is interesting, having looked so far at all the data presented in the chapter and its finding, this study was interested to try to determine whether there is a statistically significant association or not between different responses collected in the quantitative data sample. The relevant constructs and themes from this study which form part of this study's hypothesis about language learning and learning environment needs for these international students at university were tested. I presented the tests that were conducted previously in chapter 6 and therefore here I will simply comment on what we can or cannot draw from this data analysis which add a further layer of insight to the data presentation here.

7.7.1. Statistical tests and correlations

The Spearman's Test was used to examine correlations between item 2i "I think I am a good English language Learner" and item 2b "I feel confident when I speak English". Results found that item 2i and item 2b were significantly correlated, $r = .608$, $p < .007$. showing a positive correlation between these two items and a statistically significant association between "I think I am a good language learner" and "I feel confident when I speak English". It is interesting to observe that those learners who feel they are good at language learning, also feel confident when speaking English. (Tables are available in chapter 6). This significant correlation highlights the importance perhaps of learners gaining language learning skills which can clearly impact their overall confidence in the language.

7.7.1.1. Language identity and cultural awareness

Using a Spearman's test again, this time we look at how language identity relates to cultural awareness. A positive relationship was found between item 3a, "I think I have developed an English language identity" and item 6g, "Learning how to work with colleagues from different cultural backgrounds is important for healthcare practitioners"

with a statistical significance value of $p < .011$. These results were hypothesised in this study, in that a relationship between learners who feel they are developing an English language identity as their fluency develops, are also learners with a growing awareness of the importance that cultural competence plays in their communicative role as medical students.

7.7.1.2. Agency and autonomy in language learning

In relation to the area of developing learner autonomy in learning and language learning, interestingly there was no significant relationship found between those who “set learning targets” for themselves and those who actively looked for opportunities outside class to advance their language skills. This perhaps points to what was discussed earlier looking at the quantitative data on learning autonomy descriptively that these learners are very much at the start of their learning journey. Certainly here there seems to be no relationship between these two parameters at $p < .209$. Additionally, a further Spearman’s test used to investigate another facet of learner autonomy as discussed in Chapter 3 of this study, looking at item 2g, “I use every opportunity to practice my English skills” and item 4i relating to learning autonomy “I learn English best by trial and error” found no statistically significant relationship here either with $p < .335$. Therefore, we cannot draw any conclusions from this data around the role of learner autonomy here. However, once again the classroom task learner feedback and the core qualitative data covers the theme of learner autonomy more finely and gave us insights which perhaps are harder to measure accurately using quantitative data. See chapter 6 for Tables.

7.7.1.3. Attitudes to the CAL programme

Finally looking at attitudes to the CAL programme, a correlation and statistically significant relationship was found using Spearman’s test to investigate the relationship between 5a “The programme overall helped me develop my communication skills” and 5e “The programme enhanced my skills in communicating with patients through English”. A strong statistically significant link was found at $p < .011$. See table 6.12 in chapter 6, for an illustration of this finding. This finding aligns with this study’s hypothesis linking domain specific and embedded language and communication skills development to improved confidence in areas of language or communication use

relating to the domain of study, namely clinical / healthcare studies in this case. See tables in chapter 6.

7.8. Conclusion

This chapter analysed and discussed the findings collected in this mixed methods study comprising; the quantitative sources (background profile data of respondents, the survey questionnaire, the language CEFR levels), and the qualitative data's thematic analysis from the semi-structured interviews with learners and staff. This chapter also included supplemental data such as the student classroom post-task feedback. The various statistical tests and findings from the quantitative data using SPSS was also examined here. Finally, this chapter also linked a combination of themes and constructs from across the mixed methods study as part of the emergent themes across both the qualitative and quantitative analysis.

The chapter began with a short summary of the background profiles and learning contexts for these learners together with their language proficiency levels on entry to the programme as source of context and profiling information for this group of respondents. The chapter was organised around the identified constructs from this study's core focus namely, English language learning, agency and autonomy in (language) learning, intercultural awareness and identity, attitudes to the CAL programme and beliefs around healthcare studies for this group of International non-native speaking students. In relation to these constructs, the study focused on respondents self-reported gains in relation to English language and communications skills and its corresponding impact where relevant to their medical healthcare learning and skills development. The study also focused on the role of learner autonomy for this respondent group and its relevance to both their learning context, needs and perceived benefits or impacts on their adaptation to the learning environment. Also included in this study's research focus is the relevance and importance of intercultural adaptation and identity formation as part of the learner experience for these international students.

In keeping with the sequential explanatory design of this mixed methods study and also reflecting the deductive qualitative reflexive thematic analysis, I will summarise here the meaning of these findings using my interpretation of the above findings as it

relates to each of the constructs. Firstly, in relation to English language learning, various items in the questionnaire investigated students' English language learning experiences and learning journey, looking at their emerging skill level, habits and self-confidence in relation to language learning and fluency development. My interpretation here is that these findings indicate that confidence and an active attitude to language learning is evident in this group post CAL programme. The data indicates a level of comfort and confidence in English language learning at this stage of their learning. Additionally, the qualitative data added more depth to the data here showing how and in what ways learners had developed habits and language learning skills which they continue to take with them in their following year of study and showed that they are still conscious of continuing to develop their language skills despite no longer being in a formal language learning programme. The data here also showed a clear level of understanding of the challenges for language learning for this group and a good understanding of their own weaknesses and areas for improvement. The qualitative data also helped to uncover challenges not found by the quantitative data in this regard relating to the impact that the covid 19 global pandemic has had in relation to challenges around ongoing developing fluency for this group. Overall, I find that the collective data here in relation to language learning together with my interpretation of the visible progress of the participants in this context, shows good skill development, confidence growth and clear gains in this group of international learners.

Agency and autonomy in language learning and learning more broadly was also a theme of investigation for this study and data was presented to this end in this chapter. The combined data show significant awareness raising in relation to; ability to learn independently, a strong appreciation for the value of self-assessment and peer assessment and evidence of a level of visibility and control over individual strengths and weaknesses in learning. These insights were drawn out step by step from the initial quantitative probe, to the qualitative investigation and illuminated by the supplemental analysis of the learner task feedback. Cumulative findings here show a definite growth in awareness, skills, and appreciation for the role of becoming a more autonomous learner for this group in my view.

In my investigation into intercultural awareness and identity findings from both the quantitative analyses and following qualitative thematic analysis, I found this showed an engagement with and positive attitude to cultural learning. Learners displayed an open-mindedness and curiosity to intercultural areas of interest to them as students in the learning environment. Also ICC is cited as an area of interest for their profession as healthcare practitioners. Many areas of challenge were also part of the findings here in relation to this largely Middle Eastern cohort in relation to communication and integration challenges which this group are keenly aware of. The findings, I am confident, showed a level of growing awareness, skill, and ability to deal with the challenges presented.

Finally, my interpretation of the findings presented in relation to beliefs and experiences of the embedded CAL programme show very positive attitudes to this style of learning, with good levels of appreciation for the context relevance of the language and the embedding of this into their programme of learning. The findings from both the quantitative, qualitative, and statistical analysis collectively suggest that the CAL programme has been effective in improving learners' communication skills and confidence in their ability to communicate in their domain of study. The findings suggest that the respondents' learning environment appears to have been positively impacted by their participation in the CAL programme as part of their first year of studies in Medicine and Physiotherapy respectively. In fact, from my reading of this evidence on the whole, I would say that not only was their learning environment impacted in the year of the CAL programme, but it was a learning experience which has clearly stayed with them years afterward. This was evidenced in multiple ways in the qualitative data through their continuation of many of the elements of learning from the CAL programme as discussed earlier in all sections above.

The final chapter, chapter 8 of this study, will investigate these findings further bringing together the discussion threads and theoretical underpinnings from the earlier chapters in this thesis to discuss the overall findings from this study. Chapter 8 will also discuss future recommendations for consideration of optimal learning environments adapted for non-native speaking international students at third level.

Chapter 8 Discussion and Conclusion

8.1. Introduction

This chapter summarises and discusses the main findings of this research study, organised by research question. The chapter examines the key contributions of the present study to existing research and their broader implications, as well as acknowledging the limitations of the project described here.

8.2. Research questions

This section provides responses to each of the study's four questions, drawing from the various data sources presented and analysed in the preceding chapters. It needs to be acknowledged as mentioned in chapter 5, 6 and 7 that the sample size for this mixed methods study while small across both the quantitative (N=18) and qualitative (N=6) segments of the study, meets theoretical sufficiency in the case of this study in terms of being representative of a CAL programme at RCSI.

8.2.1. Language and communicative competence

Research question one asked whether, and to what extent, the CAL programme improved the self-reported *language and communicative competence* of learners, based on a mixed methods quantitative and qualitative sequential use of instruments to examine the learning experience and aspects such as confidence, awareness, agency, attitudes, and progress. Overall, this study found that participants reported positively on language and communication gains with increases in confidence when they spoke English. As discussed in chapter 3 and 4, communicative competence as a concept most often refers to sociocultural aspects of language use or refers to the intercultural component of language use (Byram, 2009) but also emphasises the competence aspect which implies a certain level of ability to navigate a range of linguistic circumstances and challenges (Murphy-Lejeune, 2002). Therefore, relating to the first question examining learners self-reported gains in language and communicative competence, based on current research theory, evidence of learners actively using the language in many ways, engaging with language in their world outside and finding ways or approaches to

navigate their learning context would point to gains. As was highlighted in chapter 7, the findings in this study show that Learners were actively seeking ways to advance their English skills outside of class (72%) and a majority (67%) described themselves, post-CAL programme, as good English language learners. According to Deci and Ryan (1985), human beings have three fundamental social-psychological needs: that is, to set their own agenda and follow it through; to feel competent in what they do; and to be assured of their relatedness to other people. Participants were largely found to be confident, active, motivated learners of English. This is a strong positive output of the CAL programme for areas around every day language gains for this group.

A key element of the findings relating to the first research question in this study also relates to the embedded nature of the CAL programme in the learning context, which in this case is the healthcare context. As outlined in the findings presented in chapter 7, looking at language gains and communicative competence participants spoke positively and at length about the strengths of learning how to communicate with patients and in general using communication skills relating to clinical and more general healthcare contexts. This healthcare focus was mentioned as a strength of the CAL programme by participants and one which they say they continue to draw on post-CAL. Positive findings were also reported by learners in the domain of medical-related language and communication skills, related to specific skills gained in areas such as interviewing patients, handling treatment plans and topics relating to the academic study of medicine.

A number of challenges also came to light, with a significant portion of the sample population reporting struggles with various aspects of English language learning. In the questionnaire, difficulties in expressing themselves in English were reported by students (39%), with approximately one in three learners expressing a fear of seeming to be less intelligent when speaking English (28%) and one in five learners reporting a fear making mistakes when speaking (22%). Qualitative interview data indicated that some learners would have liked more focus on basic language skills, something which was beyond the remit of the CAL programme. Students expressed needs for further traditional language skills work such as accuracy, academic writing and writing for exams. There is perhaps a need for a more explicit transfer of skills that would allow

learners see more clearly how to use the skills gained in CAL to other non-medical areas of their learning. While the domain-specific context seems to have been very enthusiastically received by participants, a portion of the group reported still requiring some significant level of language development and confidence building.

These findings indicate a need for further language development post-CAL perhaps. It also suggests that one year of such an embedded programme is not sufficient for a marked minority of the group. This is an area for further development of the programme which I will discuss later in this chapter.

8.2.2. Language learner autonomy

Research question two sought to determine whether the CAL programme fostered *language learner autonomy* in its learners and how this was evidenced. The development of language learner autonomy involves not only a social interactive component but also an individual dimension with cognitive engagement. Little and Perclová (2001) describe this social interactive component as a shared process between teachers and learners and the learning environment in which language learning is a meaningful part of the communication taking place (Little & Perclová, 2001, pp.46-53).

Survey data demonstrates mixed findings in this area. On one hand, learners report positively regarding gaining awareness of how they best learn a language; with 40% of respondents indicating setting personal targets in relation to their English language learning. Students also demonstrated evidence of language learner autonomy in terms of awareness around how they learned, for instance learning by trial and error (56%) or guessing the meaning of words in context (61%). Qualitatively a majority were able to identify, and agreed that they were using, the kind of behaviours that can be understood as characterising autonomous language learners. An awareness of how to learn and how take control of one's own learning is evident in the data. Learners showed a very strong positive awareness of their strengths and weaknesses in relation to their language learning abilities and habits. We see evidence of a capacity for reflection amongst learners. Learners refer to what they learned from the self-assessment and peer-assessment tasks in the CAL programme as helpful and something which they continue to seek out and practise. The classroom post-task analysis

demonstrated enthusiasm for learning activities which involved collaboration, reflection, self-assessment and formative feedback. On the other hand, a small group of learners still reported preferring direction or expert input from a teacher figure, which demonstrates that they are still at the 'novice' stage in terms of developing language learner autonomy. Students also express a lack of confidence in their level of language proficiency and in their learning ability, with doubts expressed and evidence of learners still looking for guidance and reassurance.

Overall, the data paints a picture of a group of learners who have made some inroads into becoming more involved in their own learning, who are starting to see the benefits of self-assessment and target setting, and who are able to express how they prefer to learn. Students are familiar with the behaviours and characteristics that define language learner autonomy, but, overall, they still have some distance to go, to meet the definition of a fully-fledged autonomous language learner. I will discuss the impact of these findings on the understanding and application of language learner autonomy in university below under the contributions of this study section.

8.2.3. Intercultural competence and awareness

The third research question asked whether and to what extent the CAL programme contributed to intercultural competence and awareness in its learners. Whilst acknowledging how difficult it is to assess intercultural communicative competence and awareness, the study found that exposure to concepts, themes, skills and training in the area of intercultural competence was well-received by learners and seemed to have a positive impact on their medical training. Almost half of participants (45%) reported having developed an 'English language identity' and just over half (56%) felt comfortable in this language identity. Most of the respondents come from the Middle East. For half of the sample (47%) their enrolment at RCSI is their first time living and studying away from their home country. More than half of these learners (59%) reported socialising well outside of their home country group and in their host community. The data indicates comfortable social mixing with peers and confidence both in dealing with patients and being able to relate to patients in conversation as part of their training. All students raised this as a strong positive output of the CAL programme and the combined

cultural and social confidence in the context of healthcare training was positively received, and improvement noted.

However, when digging a little deeper, there are significant challenges in relation to genuine mixing and making authentic friendships with locals or those from other cultural groups. Participants spoke at length regarding perceived barriers to bonding with those from outside their cultural group and spoke about superficiality. So, while students feel that they can communicate well enough with patients in a multicultural setting and reported confidence gains in this area, it seems some students still struggle to socialise outside their own group. There is also evidence of learners still struggling to find their voices as English language speakers. They still very much identified as Middle Eastern speakers of Arabic who are still learning English as opposed to expressing a bilingual or intercultural identity. Again, we see a group in transition, who are making progress in areas of their growing English language identity, but their sociolinguistic competence and confidence is still somewhat in transition. These findings point to a need for further support and training in the area of intercultural communicative competence, discussed further below. As discussed in some detail in chapter 4, identity is a key feature of developing cultural communicative competence and awareness (Lambert, 1956, 1978). Recalling our discussions from chapter 4 (4.3.1), Lambert (1978) argued that the acquisition of a new language and cultural identity did not necessitate the loss of the original language and its corresponding identity. We can see here that learners are indeed starting to develop their identity in this new bilingual context while trying to blend this with their original identity which is clearly a process rather than a point in time. There will be challenges and changes to navigate along the path which these findings show these participants are navigating at the time of this study. The extent of intercultural impact on these learners post the CAL programme can be seen across all the intercultural measurements in this study. Fantini (2009) highlights, ICC attributes include; flexibility, humour, patience, openness, interest, curiosity, empathy, tolerance for ambiguity and suspending judgments. These attributes as discussed in chapter 4, are highlighted as a key educational goal for international learners (Andrade, 2006; McClure, 2007). Additionally, Bennett's Developmental Model of Intercultural Sensitivity (DMIS) as discussed in chapter 4, cites adaptation or an ability to adapt as the

last step before full integration and identity formation (Bennett, 1993). We can see here using these models that these learners have come a long way in a short time, showing awareness and ability to adapt to some extent. Specifically, also for healthcare students, I discussed in chapter 4, that the extent to which medical professionals possess linguistic and cultural competences in their second language will certainly impact the doctor-patient relationship and quality of care (Berbyuk Lindström, 2008). A significant finding in this study has been the clear impact that embedded ICC training has had on these learners' confidence and self-reported communication skills in intercultural healthcare contexts on their programme. Clearly the findings here point to consideration for inclusion of embedded ICC skills as part of the programme of training for international medical or healthcare students as a worthwhile and beneficial goal, a point which I will expand on further below in my conclusions.

8.2.4. Learning environment

The fourth research question addressed how the CAL programme created a supportive learning environment for international medical learners. In chapter 2 I outlined the profile, learning context and needs for this learner group which are important considerations in a fundamental way to understand in relation to creating a supportive learning environment for international students in higher education. Quantitative data showed strong positive results in this area, with 67% of students reporting that the programme had enhanced their skills in communicating with patients and in healthcare contexts, and one in two students agreeing that the programme had improved their communication skills and confidence in studying medicine through English.

When probing deeper, it can be found that the embedded nature of the CAL programme within their context of study was appreciated by the learners. A theme which emerged in interviews was the importance of learning English in context. The relevance of their language learning in relation to medicine and healthcare was very well received by this group. An indicator of the CAL programme's appeal or success was attributed to this context-relevant language learning. All participants interviewed mentioned this as a reason why they found the CAL programme to be helpful in their studies.

Students raised the point that, as the CAL programme was part of their medical studies, it focused on building both language and medical skills. This combined value for time and recognition that they were working on their language skill was described as positive and very helpful. Many learners also pointed out that it was a more time-efficient way to fulfil their language learning needs. Students liked that they received recognition and marks for the work and effort they put into their language skills development, and they found the medical language and clinical-based communication skills tailored for L2 speakers was really useful to them at the time of the programme. The programme continued to be useful to them years later, as many referenced still using the material from the CAL programme now to help them prepare for oral examinations or meeting patients. The interactive nature of CAL activities was another theme which emerged from the data: a majority of students raised this as positive aspect of the programme which helped them not only to learn to communicate better but included the added bonus of helping with friendships and social mixing due to small group teaching. Overall, the programme was viewed as supporting the needs of these international students in their learning environment.

Some of the data points to weak points in the learning environment. These include, for example, a lack of direct focus on language teaching and learning in what may be described as a more traditional way (focus on key skills of writing, speaking, listening, reading). The CAL programme focused more on context-driven language teaching related to clinical and healthcare studies than on general English for Academic Purposes. In the interviews, students who felt that their language proficiency was still under par after the programme commented that they would have liked to have spent more time working on general language activities to improve their grammatical accuracy and written fluency. I will discuss how these findings could inform the design and implementation of future learning environments and embedded language programmes in my conclusions below.

8.3. CAL programme evaluation

What do these findings mean for educating international learners for whom English is a second or other language in a higher education context? I have discussed at length the benefits of the educational underpinnings of an approach that incorporates a learner-centred approach, with collaborative, reflective and self-assessed learning at its core, aligned with language learner needs. These aspects are also cited in medical education literature (Wear & Castellani, 2000) and recognised as valuable for learners. I have also examined the wide-ranging challenges faced by these learners, not only as international L2 students but also as healthcare students with high demands for their level of communication skill and reflective capabilities. I concluded that a holistic approach would best serve this group's learning needs. The CAL programme was designed to meet these needs and evolved over a ten-year period to align with student needs and to match the learning goals within the professionalism module at RCSI. The strengths of the CAL programme are evident in this study. The data show that it had a significant positive impact on the participants in all areas of investigation: language skills and confidence, development of language learner autonomy, increased awareness of intercultural competence particularly in healthcare and clinical domains. Further benefits expressed by respondents included gains in self-esteem. Another point in the development of language learner autonomy and its benefits to the language learner are around the gains in self-esteem which have been found to be a significant learning outcome (Dam, 1999a; Legenhausen, 2000). Therefore overall, the CAL programmes' impact on the participants has been significant relating to all constructs scrutinised in this study. I will discuss possible educational considerations stemming from this research below.

However, the complexity of the CAL programme's design, delivery and requirements meant that it was only delivered during the Foundation Year of these learners. Evidently this was not sufficient to provide a fully supportive language learning environment. The staff interviewed described the challenge of helping students in the CAL programme to recognise the need for and advantage of improving their English language and communication skills as part of their developing professionalism. But, most likely due to its non-traditional design as a language programme, new entrants struggled initially to see the *how* or *why* of the CAL's existence. Whilst it was noted by

both students and teachers that this challenge was overcome quite quickly and that learners appreciated the embedded component eventually once its benefits became evident, the process of arriving at the stage of recognition was not easy.

We have seen earlier that many challenges of implementing content and language integrated learning, academic literacies and other programmes that, like CAL, require cross-faculty collaboration. CAL required language and subject faculty members work together to make sure the language is addressed in the learning context as seamlessly as possible. After ten years of existence, the CAL programme is no longer running at RCSI due to lack of resourcing. Language programmes, and especially perhaps embedded ones, tend to require a significant amount of championing and investment to help policy makers and educators see its value and place in education. The very lack of visibility of embedded rather than stand-alone programmes may have a negative impact in terms of resources, financing and campaigning.

Perhaps alternative approaches could be considered. A Canadian study of CLIL in higher education across their faculty recommended more focus on the importance of institutional support for linguistic and intercultural training of staff and faculty to improve the quality of education and teaching in relation to diverse student groups at third level (Wallace et al., 2020). Languages have never fared well in isolation, they do shape the way we learn, think and interact in all things as we have seen, and therefore there is a solid argument here both educationally and linguistically for striving to embed language into its relevant learning context as often as we can.

8.4. Contributions of the study

In summary, this study makes a number of original contributions. First and foremost, it contributes to the field of research on language learning in higher education in Ireland. This study adds to our understanding of English language learning and international learners' needs in an Irish education context. It has highlighted the effectiveness of embedding language in the educational context for the learners and its impact on levels of language and communicative confidence, language learner identity development, language learner autonomy and the transferability of these learnings to a broader field

of learning (healthcare in this instance). This approach is distinct from a singular focus on English language learning for the participants involved.

In particular in relation firstly to language learning at university, this study's findings highlight a unique aspect of language learning offered by the embedded CAL programme at RCSI, as it is the only place in the medical or physiotherapy degree programmes where international learners have an opportunity to focus on specific communication and language skills for clinical and provider-patient contexts. Therefore, the findings from this study relating to self-reported language gains, suggests that the context-embedded approach taken by the CAL programme as outlined in this study might be a positive way forward for language enhancement in higher level education.

Furthermore, to the best of my knowledge this is one of very few studies in Ireland to focus on an approach to embedding language learning in university. While many researchers (e.g. Wingate, 2015; Garska & O'Brien, 2019) echo what I have outlined here in relation to learner needs, few are able to look at these needs in such particular and holistic combinations as this study has in its examination of the CAL programme. This study expands the base of knowledge surrounding second language education provision through a comprehensive analysis of international second language learner needs and language curriculum design. The study has provided insights to approaches to learning and training relevant to these students or indeed all NNS international students studying at foreign universities. It provides additional insights such as those discussed in the earlier parts of this chapter into medical education and professional health sciences education for this group of learners also.

The findings from this study in relation to learner autonomy also can help further our understanding of language learner autonomy and its education role. In the health sciences and allied health professions education, as discussed across chapters 2 and 3, there is a significant emphasis on a commitment to lifelong learning and on-going professional development (WFME, 2020). These findings here suggest that while we see these demonstrable gains in language learner autonomy these are clearly not only restricted to language learning gains in autonomy. The participants' here due to the embedded nature of the CAL programme have in essence become more reflective independent learners in healthcare domains. These findings have implications for the

broader use of language learner autonomy promotion across learner contexts to allow us to look at how language learner autonomy can act as a bridge in this instance to becoming a more reflective healthcare practitioner. These findings can help inform a broader application of language learner autonomy than exists currently in the literature, as having a role across broader education domains. There is certainly space in medical education literature to develop this concept of language learner autonomy as a pathway for the learner to become a richer version of what is currently understood to be a reflective practitioner (WFME, 2020). In this context this study contributes to the conversation on approaches to learner autonomy development in higher education contexts. The contributions here can be seen in the broader applicability of gains in language learner autonomy, with areas such as continued professional development, reflection and the role of self-assessment in medical education as summarized earlier in this chapter.

Additionally, this study looks at the relationship between language learner autonomy and intercultural awareness, and the relevance of both of these constructs to healthcare and medical training. The importance of this area in medical education is acknowledged yet generally missing in practice. As Martin and Crichton (2020, p.508) highlight, the lack of due attention to a balanced fundamental educational approach to training in intercultural competence as part of healthcare undergraduate training, is a very interesting observation about the potential cultural bias inherent in the medical system itself. Martin and Crichton, as mentioned in chapter 4, recommend that future directions of research incorporate a less siloed approach and that culture, language and health literacy need interdisciplinary studies to be more useful (*ibid.*). This study contributes to each of these areas looking at the results of this combined educational embedded approach regarding language education, intercultural and clinical communication. Many studies on international medical graduates have not explicitly looked at the combination of skills evaluated here or considered them as a factor in medical or health sciences education. A high standard in L2 proficiency, developing language learner autonomy and intercultural communicative competence are currently peripheral components in medical and physiotherapy education whilst also recognised as a core need. The findings of this study relating to the positive impact of targeted and

contextualised intercultural communications training for the participants here, indicate that it would be beneficial for university course instructors and teachers of international medical or healthcare students to be aware of the gains and impact on learners of ICC when embedded as part of language in context training for these learners.

The field of medical education is a valid template for a study on international learners as it is one of the most sought-after qualifications with the highest level of international mobility across the globe. This context is relevant to a large volume of learners and institutions. In recent discussions among medical and allied healthcare educators, it has been noted that a demand for quality healthcare graduates will be a focus for many emerging economies, especially in light of the recent global pandemic where the sharp need for highly skilled and internationally connected healthcare practitioners became a priority for many countries and healthcare systems. It is hoped that the present study will be of benefit to those at the coal face of educating international medical and healthcare students.

This study also adds to the literature on approaches to intercultural communicative competence in content integrated learning contexts and how these interacting education goals can be combined, in a field such as healthcare where these are strong educational goals. A significant finding in this study has been the clear impact that embedded ICC training has had on these learners' confidence and on their language and clinical communication skills. ICC training is often as seen in chapter 4 taught as part of language education or as a standalone. Rarely is it both embedded in language education and the subject domain simultaneously as it has been in the programme under discussion in this study. This deep embedding of ICC within the heart of the learning context for this learner group has been shown here to have been beneficial to these learners as outlined in both their language use, in their healthcare work with patients and colleagues and in their personal interactions as demonstrated by the findings highlighted in this study. This has clear educational learnings for medical education, especially in light of the diversity of learners drawn to medical education across the globe. The approaches and findings from this study recommend intercultural communicative competence as an embedded core part of all language and communications training in both academic and clinical related teaching where the

context allows for learning to motivate and make sense to learners. We can see here how subjects such as culture (which are often disregarded as unimportant by learners), are fore fronted in a more valuable way using this embedded approach, leading to richer results and gains for the learners involved. The impact of embedding cultural competence into a corresponding relevant subject domain can be highly successful as seen here.

In looking toward potentially informing an approach to language learning at university this study began with a hypothesis that effective language programmes are those which are embedded as part of a learner's training making use of domain specific language learning contexts (such as healthcare in this instance) and which aim to promote both learner autonomy and intercultural competence. Previous studies have called for a more holistic approach to the English language training and education of international NNS students at university (Garska & O'Brien, 2019; Garska, 2021; Ortiz Granero, 2020, 2021). While these studies (*ibid.*) have identified the need for a more holistic approach which integrates the academic, sociocultural, and personal needs of these learners, few have proposed models of what this approach might look like in practice. The findings from this study collectively demonstrate the success of this integrated model as outlined through this discussion to date in all areas of language and communicative competence self-reported gains, in intercultural competence and learner autonomy. All three constructs can be seen to have impacted the clinical and healthcare educational goals of these participants. Therefore, an embedded approach to language would seem to hold promise as a potential model of learning for non-native speaking learners at university and has applicability across all educational domains not only healthcare. An educational language model of this type then would need to consider the inclusion of all of the interacting strands from this study namely, language learner autonomy, collaborative learning, self-assessment and curricular integration of all of these into the core domain of study. In addition, the role of intercultural competence as part of this approach to learning as it is described in this study is a key element for inclusion. The holistic sociocultural educational framework put forward for analysis in this study can help to inform future theory and curricula design approaches for embedded language learning in third level contexts.

8.5. Recommendations for future research

The discussion on the international education landscape in Ireland currently together with work on standards in education for HEIs, especially with regard to L2 learners, calls for more work to be undertaken in this area. Specifically, in relation to studies in ICC in healthcare, future directions for research will require the interdisciplinary study of culture, language and health literacy. Another area for development is teacher language awareness.

In terms of future research, I hope this study is one of many to look further at international L2 learners in higher education. The area of content relevant or embedded language and learning is an exciting one. I would like to see future research spanning several institutions which would capture a wider student group and yield more generalisable results. Research that combines recent work in the area of CLIL, academic literacies and embedded language learning would be of enormous benefit to the growth in understanding in this area.

The area of cross-faculty collaboration in relation to teacher language awareness training, and faculty training in ICC also, I feel has great potential to help us solve many of road blocks facing language-content integration for international students in higher education. More collaborative research in this area is needed.

Finally, ICC for international medical trainees is an area of great importance to the quality of healthcare delivery and one that has a core connection to language learning. The area of communication in multicultural healthcare teamwork needs more input from studies coming from both ICC and language. The structure of healthcare teams is increasing in complexity globally with many healthcare professionals not only working inter-professionally but also working with very diverse colleagues from a multitude of cultural backgrounds. More multidisciplinary work crossing the fields of intercultural language and communication in healthcare teams specifically, not only patient facing, would be of salient benefit to both fields of ICC and medical education.

8.6. Limitations of the study

Over the course of this doctoral thesis, completed on a part-time basis, a number of challenges presented themselves which impacted on the study described herein. The first challenge relates to changes and then termination of the CAL programme: staffing changes, changes in the programme's delivery and organisational change meant that data collection was only feasible for the most part during the academic year 2018-2019. Secondly, as mentioned previously, the consequences of these changes meant that data collection could only be gathered during one single academic year. If it had been possible to run this study as a longitudinal study collecting data over several years, it would have allowed for further data to be collected, and for comparative studies year on year. Longitudinal perspectives would also have allowed for closer examination of constructs such as intercultural competence development which is difficult to evaluate in one interview.

A third challenge to this study was the arrival of the Covid-19 pandemic in March 2020 which impacted on the very last stages of data collection. The interruptions posed by the health pandemic delayed various aspects of the project to various extents. Time was lost waiting for permission to conduct interviews post-pandemic, and the project had to be redesigned to include more retrospective items, as learners had moved on to subsequent years.

Another limitation is related to the methodology selected for the study. The methodological tools chosen for data collection were limited by the challenges mentioned above. Lack of access to the programme and learners meant that a broader review of its materials or direct access to the learners on entry and exit from the programme was limited. Finally, as there are other CAL programmes running in varying formats at RCSI, based on this CAL programme albeit in slightly different forms due to the differing context of learning in the schools of Pharmacy and Physiotherapy, it would have been desirable to include these programmes too. The closure of all the CAL programmes in 2019 halted any further methodological innovations in the project.

8.6.1. A critique of the mixed methods approach

This study used a mixed methods research design, drawing on both quantitative and qualitative data collection and analysis in a sequential mixed methods approach using a Quan + Qual sequential approach as explained in chapter 5 (5.4, p.102). This sequential explanatory design is essentially a two-phase project where the quantitative data collection and analysis helps to inform the qualitative data collection. This approach was chosen for its ability to draw out the complexities inherent in a study with multiple interacting strands such as this one. Overall, this study design proved to be an effective framework in interpreting the findings at the various stages of this study. The role of the quantitative phase of the study was to allow the numeric trends to inform the specific angles to be examined more deeply via the qualitative phase. Also, the collective findings at the end of the study when combined allow the qualitative data outputs to add more meaning and richness to the data from the earlier quantitative phase. This is often cited as one of the main motivators for researchers to use mixed methods (Dornyei, 2007). This combined approach was very useful in this study particularly in digging under the surface of complex constructs that can be challenging to investigate. It can be even more complex to examine how they interact with each other, such as the constructs of learner autonomy, healthcare professionalism and intercultural awareness for example in this study. However, this study design is not without its challenges and limitations, and I will outline some of these as they relate to my experience of this study.

One of the first challenges that arose in relation to this mixed methods study was in creating balance and quality in giving due attention to the analysis of both methods at the right time in the study. The sequential mixed methods approach used here meant that data instruments had to be prepared, designed, piloted, and analysed before the next phase of the study could be undertaken. This sequential aspect from a timeline perspective was challenging, together with other timeline pressures in the study such as participant availability. Generally speaking, more time and resources are required to apply this type of research. Secondly a further challenge of mixed methods for the researcher in any mixed methods study is, the need for the researcher to learn the approaches, quality standards and methods for two types of research. While this good grounding in both types of data collection and analysis is very interesting, it does mean

that the researcher must learn multiple methods and learn how to mix them effectively, which can be quite demanding. From learning how to validate survey instruments, organise, process, and analyse quantitative data using packages such as SPSS, to learning how to design and run qualitative investigations, learning methods to organise, code and analyse qualitative data. Collectively all of this places a lot of demands on the researcher. This is something to consider for any researcher wishing to undertake a mixed methods study. However, these are broad limitations pertaining to all mixed methods studies. I will next highlight the more specific challenges relating to this study.

In relation to limitations of some of the tools used in this study and how they interact in this mixed methods approach, some have individual weaknesses which are important to discuss. Questionnaires, like the one used in phase 1 of this research, when used with non-native speakers of English, especially at the levels of proficiency presented for the participants in this study (at levels CEFR B2) for most and below for some, can be a challenge for this quantitative form of data collection. The wording of the question items themselves together with the corresponding Likert scale response options, must be clear and simple enough to be understood by the respondents at their level of language. However, while time and effort went into the design of both the survey items and Likert response options in this study, a researcher has no way to be absolutely sure that the questions were fully understood or indeed if the answers truly reflect the respondents' views, especially when they are completed online and alone by the respondents in a study such as this one. This is a recognised challenge for language surveys in quantitative analysis with few opportunities for participants to seek clarification in these circumstances (Dornyei, 2010). As mentioned earlier in this thesis, in relation to my positioning as the researcher in this study, it was also an advantage to me that I had previously taught the programme under evaluation for many years. While I was no longer teaching it at the time of this study, my familiarity with learners' language levels and general ability and background was helpful in pitching these Likert scale statements at the right level in this instance. However, significant care and attention is advised in these circumstances when constructing survey items for audiences such as these and careful piloting, which was adhered to in this study. Nonetheless it needs to be acknowledged as a potential limitation.

A further challenge and potential limitation associated with this study is the social desirability bias in participants' responses. Research participants may have a tendency to align themselves with what they perceive to be society's expectations of them when they take part in a project. This is a recognised possible limitation in many qualitative research studies (Dornyei, 2007). Especially in this study also where participants potentially struggle to fit in as international medical and healthcare science students and wish to demonstrate success and progress. These biases need to be acknowledged as potentially influencing to some extent participant responses and while awareness of this helps in the coding process, this bias still must be acknowledged as difficult to completely eliminate. Dornyei (2007) and MacIntyre (2007) both discuss this awareness of complexities in qualitative methodologies, namely the small sample size (which also applies to this study), idiosyncratic focus, and the challenges around potential biases as mentioned here. However, both Dornyei (2007) and MacIntyre (2007) argue that mixed methods approaches are a useful way to triangulate and investigate complex constructs. Overall, all the potential limitations in this study were repeatedly acknowledged throughout the discussion and analysis but are still worth highlighting here as part of the complexities of conducting mixed methods research.

8.7. Conclusion

These research findings carry implications for (i) the development of L2 curricula in higher education, (ii) the implementation of embedded learning goals across L2 curricula, and (iii) approaches to the educational inclusion of international learners at the heart of the learning process. It is my hope that the challenge of creating a holistic approach to language learning for international learners will preoccupy us for some time to come. I hope to have contributed in some way to that discussion through this body of research.

In conclusion I hope that this study has made a compelling argument for the inclusion of language and culture-related core competencies in international medical and healthcare education, as well as in the area of language education in other higher education contexts. Finally, in a more general sense, I hope that the findings of this study may be used by Irish and international HEIs which host international students, as

well as other institutions involved in delivering language learning for international students at university level. It is worth reminding ourselves that efforts to determine how best to provide international learners with the kind of inclusive, responsive, and educationally holistic environments that they require to thrive are worth the time and effort it takes to design these types of educational programmes.

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APPENDICES

Appendix A: RCSI FY course book professionalism module 2018-19

(Edited to display The Professionalism Module Only)

Module Title	Professionalism in the Health Sciences
Module Code	PROF
Credit	10 ECTS
Elective/Mandatory	Mandatory
Sequence	Year 1, Semester 1 and 2 (2018-19)
Duration	24 Weeks
Module Leader(s)	XXX Removed for Anonymity
Module Advisor	XXX Removed for Anonymity
Module Rationale	Becoming a health care professional involves forming values and developing behaviours which are key to fostering professional relationships, promoting public trust, enhancing quality of care and patient trust. Module 6 Professionalism in Health Sciences provides students with a foundation in the core concepts underpinning medical and health science professionalism - communication skills, health care ethics, reflective practice and critical analytical skills - while raising intercultural and interprofessional awareness. The module is designed to approach the promotion of these skills and attitudes in a collaborative student-centred way involving the use of technology, interactive group projects and continuous assessment. Through these pedagogical approaches students have the opportunity to explore, analyse and apply these concepts to their own emerging professional knowledge and identity.
Module Aim	The PROF module is different from the more traditional science modules in the Medicine Year 1 in that it is designed to facilitate students' growing awareness of the crucial roles that compassion, effective communication, integrity and honesty, working in partnership as part of a wider healthcare team, advocacy, ethical practice, altruism, reflective practice, evidence based practice, cultural sensitivity and self-care play in the professional practice of medicine. The PROF module is multi-faceted, comprising multiple contexts and components: academic, clinical and experiential. Each context and component is inter-related and has been arranged to offer students multiple opportunities to engage, re-engage and reflect on

	<p>the module's core questions: 'What is professionalism?' in the context of their own emerging professional identity and practice.</p> <p>This module will assist students to:</p> <ul style="list-style-type: none"> • Locate professionalism within a patient-centred service healthcare model • Develop personal and professional knowledge, skills and attitudes required in a modern health care practitioner. • Shape their professional identity.
Learning Outcomes	<ol style="list-style-type: none"> 1. Apply the RCSI patient-centred service model of professionalism 2. Perform learning tasks and activities both independently and as part of a team 3. Assemble, evaluate and apply information (including online resources) at a standard appropriate to a tertiary level, health sciences context 4. Acknowledge the importance of effective communication and demonstrate relevant written and oral communicative competence 5. Acknowledge the importance of academic integrity and honesty and execute academic assessment tasks and activities with integrity and honesty 6. Discuss the importance of intercultural awareness in a healthcare context and apply relevant intercultural principles to a clinical scenario 7. Discuss the importance of ethical practice in healthcare and scientific research and apply relevant ethical principles 8. Discuss the relevance of inter-professional learning and demonstrate inter-professional learning skills such as negotiation, communication, project management, problem-solving and teamwork 9. Acknowledge the value of reflective practice that promotes continuous personal and professional improvement and conduct principled reflection activities that promote continuous personal and professional improvement 10. Apply the values of compassion, altruism and advocacy in inter/professional contexts
Delivery - Teaching and Learning	<p>The delivery of the module is multimodal and reflects the relevant elements of learning appropriate to the module content and design. The approaches to delivery will enable the students to attain the module learning outcomes and integrate the learning within the module as well as with other parts of the programme. The PROF module takes an approach to learning and assessment which focuses on building many of the skills through a student-centered collaborative approach to learning involving elements such as promoting independent learning and reflection and student peer-assessment of learning.</p>

Communication and language (CAL) or Interprofessional education (IPE) streams	Based on individual needs, students will be assigned to the Communication and language (CAL) or Interprofessional education (IPE) streams.																												
Learning Time	<p>Direct Contact:</p> <table data-bbox="472 472 1343 741"> <tr> <td>Lectures (IPE students)</td> <td>39 Hours</td> </tr> <tr> <td>Lectures (CAL students)</td> <td>35 Hours</td> </tr> <tr> <td>Tutorials (IPE students)</td> <td>24 Hours</td> </tr> <tr> <td>Tutorials (CAL students)</td> <td>5 Hours</td> </tr> <tr> <td>Electives (CAL and IPE)</td> <td>9 Hours</td> </tr> <tr> <td>Workshop, Information skills (CAL and IPE)</td> <td>2.5 Hours</td> </tr> </table> <p>Directed Learning:</p> <table data-bbox="472 797 1343 1014"> <tr> <td></td> <td>11 Hours</td> </tr> <tr> <td>Language centre (CAL)</td> <td>5 Hours</td> </tr> <tr> <td>Case uploads (IPE)</td> <td>5 Hours</td> </tr> <tr> <td>Group meetings (CAL and IPE)</td> <td>6 Hours</td> </tr> <tr> <td>Skills assignments (CAL and IPE)</td> <td>6 Hours</td> </tr> </table> <p>Independent Learning:</p> <table data-bbox="472 1115 1343 1245"> <tr> <td>Electives (CAL and IPE)</td> <td>30 hours</td> </tr> <tr> <td>Other (CAL)</td> <td>147.5 Hours</td> </tr> <tr> <td>Other (IPE)</td> <td>132.5 Hours</td> </tr> </table>	Lectures (IPE students)	39 Hours	Lectures (CAL students)	35 Hours	Tutorials (IPE students)	24 Hours	Tutorials (CAL students)	5 Hours	Electives (CAL and IPE)	9 Hours	Workshop, Information skills (CAL and IPE)	2.5 Hours		11 Hours	Language centre (CAL)	5 Hours	Case uploads (IPE)	5 Hours	Group meetings (CAL and IPE)	6 Hours	Skills assignments (CAL and IPE)	6 Hours	Electives (CAL and IPE)	30 hours	Other (CAL)	147.5 Hours	Other (IPE)	132.5 Hours
Lectures (IPE students)	39 Hours																												
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Skills assignments (CAL and IPE)	6 Hours																												
Electives (CAL and IPE)	30 hours																												
Other (CAL)	147.5 Hours																												
Other (IPE)	132.5 Hours																												
Assessment	<p>PROF assessment is divided into 6 Parts.</p> <p>All students complete Parts A-E</p> <p>CAL students complete Part F</p> <p>IPE students complete Part G</p> <p>Semester 1: Parts A-C: 40%</p> <p>Part A: Reflective Practice (10%)</p> <p>Part B: S1 Group Project (20%)</p> <p>Part C: Healthcare Informatics (10%)</p> <p>Semester 2: Parts D-G: 60%</p> <p>Part D: S2 Group Project (20%)</p> <p>Part E: Elective (20%)</p>																												

	<p>Part F: CAL (20%)</p> <p>Or</p> <p>Part G: IPE (20%)</p>
Reading List	<p>Journal Articles</p> <p>The Module Leader(s) each year recommend current journal articles resources based on contemporary issues in professionalism in the health sciences related to the module learning outcomes. Students are also encouraged to use these resources as part of their own project and CA work.</p> <p>Websites/Online Resources</p> <p>The Module Leader(s) recommend current online resources based on contemporary issues in professionalism in the health sciences related to the module learning outcomes.</p>
Lecture schedule	<p>Semester I</p> <p>PROF.1 Overview of Professionalism</p> <p>PROF.2 Information & Communication in Healthcare</p> <p>PROF.3 Professionalism in Practice – The Clinician’s Perspective</p> <p>PROF.4 Critical Analytical Skills 1 (CAL not required)</p> <p>PROF.5 Critical Analytical Skills 2 (CAL not required)</p> <p>PROF.6 How the Internet has Changed Communication and Patient Care</p> <p>PROF.7 Professionalism, The Patient Perspective</p> <p>PROF.8 Professionalism, The Healthcare Support Perspective</p> <p>PROF. 9 An introduction to Inter-Professional Education and Project Launch</p> <p>PROF.10 Working in a Group/Writing Collaboratively</p> <p>PROF.11 Taking a Patient History</p> <p>PROF.12 Academic Writing (CAL not required)</p> <p>PROF.13 Introduction to Referencing and Avoiding Plagiarism in Academic Writing (CAL not required)</p>

	<p>PROF.14 Electives Information Session</p> <p>PROF.15 Evaluating Healthcare Information</p> <p>PROF.16 Searching the Web, Tools and Techniques</p> <p>PROF.17 Reflective Practice 1</p> <p>PROF.18 Reflective Practice 2</p> <p>PROF.19 Reflective Practice 3</p> <p>PROF.20 Design and Structure of Visual Presentations</p> <p>PROF.21 Delivery of Oral Presentations</p> <p>PROF.22 Intellectual Property & Copyright</p> <p>PROF.23 Databases & Introduction to Patient Record</p> <p>PROF.24 Data Protection, Privacy & Security</p> <p>PROF.25 Introduction to Bioinformatics</p> <p>Semester II</p> <p>PROF.26 Introduction to Intercultural Communication & Ethics Themes in Professionalism for SII</p> <p>PROF.27 Altruism and Compassion</p> <p>PROF.28 Intercultural Communication in a Healthcare Part 1</p> <p>PROF.29 Intercultural Communication – Part 2</p> <p>PROF.30 Intercultural Communication – Part 3</p> <p>PROF.31 Ethics – Part 1</p> <p>PROF.32 Ethics - Part 2</p> <p>PROF.33 Ethics - Part 3: Applying Ethical Principles</p> <p>PROF.34 Ethics - Part 4</p> <p>PROF. 35 Advocacy - Part 1</p> <p>PROF.36 Advocacy - Part 2</p> <p>PROF.37 Advocacy - Part 3</p> <p>PROF 38 Patient-centred Service</p>
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Professionalism in the Health Sciences (PROF) (10 credits)

Module Coordinators:

XXX Removed for Anonymity

*Students assigned to the CAL group are not required to attend all lectures, see below
Some lecture will be delivered online.*

Lecture learning outcomes

Professionalism in the Health Sciences (PROF) (10 credits)

Module Coordinators: [XXX](#)

Module Advisor: [XXX](#)

Students assigned to the CAL group are not required to attend all lectures; these will be highlighted in the calendar

Lecture learning Outcomes

PROF.1 Overview of Professionalism

- Describe the RCSI patient-centred service model of professionalism
- Explain the fundamental role of professionalism and its associated skills, attitudes and behaviours.

PROF.2 Information & Communication in Healthcare

- Describe how the key principles of health informatics and evidence-based practice are applied in this module
- Explain what is meant by “digital professionalism”
- Demonstrate the ability to interact professionally in an online environment
- Explain RCSI social media policy and its implications in the course and student professional identity.

PROF.3 Professionalism in Practice – The Clinician’s Perspective

- Explain the rationale for and complexity of patient-centred service and inter-professional roles
- Identify the central location of patient-centred service in the RCSI professionalism model
- Cite examples of inter/professionalism in practice

PROF.4 Critical Analytical Skills 1

- Recognise the purpose, structure and use of argumentation in academic research
- Apply critical analytical skills to the context of writing a scientific paper
- Identify & present relevant information in a scientific context

PROF.5 Critical Analytical Skills 2

- Compare the relevance of critical analytical ability in an RCSI context with other education systems globally
- Identify the barriers & ways to avoid barriers to effective critical thinking
- Recognise concepts in research related to evidence based practice
- Practice a subset of skills relating to critical thinking

PROF.6 How the Internet has Changed Communication and Patient Care

- Describe the impact the Internet has had on patient communities.
- Identify the issues regarding the quality of healthcare information on the Internet.
- Describe the International Statistical Classification of Diseases and Related Health Problems (ICD 10)

PROF.7 Professionalism, The Patient Perspective

- Cite examples of how professionalism impacts the patient journey
- Discuss how patients can be supported before, during and after clinical medical intervention
- Describe the role of compassion, integrity & advocacy in patient-centred service

PROF.8 Professionalism, The Healthcare Support Perspective

- Cite examples of how professionalism impacts the patient journey
- Discuss how patients can be supported before, during and after clinical medical intervention
- Describe the role of compassion, integrity & advocacy in patient-centred service

PROF. 9 An introduction to Inter-Professional Education and Project Launch

- Cite examples of how professionalism impacts the patient journey
- Explain the rationale for and complexity of patient-centred service and inter-professional roles
- Explain the rationale for, structure of and approach to the Semester 1 Group Project including required deliverables.

PROF.10 Working in a Group/Writing Collaboratively

- Explain the advantages & dynamic of working in partnership
- Demonstrate communication skills for working as part of a group
- Describe common problems in a group work and identify effective solutions to problems
- Apply the process of peer marking
- Evaluate your own performance in group work

PROF.11 Taking a Patient History

- Explain the basic methodologies used in taking a patient history.
- Explain the importance of history taking.
- Describe the term Pack Year as it relates to smoking.

PROF.12 Academic Writing

- Identify the key features of academic writing including its structure and language
- Analyse common errors in student academic writing (i.e. proof-reading)
- Demonstrate editing and proofreading skills

PROF.13 Introduction to Referencing and Avoiding Plagiarism in Academic Writing

- Describe RCSI plagiarism policy
- Complete the online RCSI plagiarism tutorial
- Demonstrate the following strategies for avoiding plagiarism (including collaborative writing contexts): note-taking, summarising, paraphrasing, use of direct quotation, in-text citation and referencing per the Vancouver style

PROF.14 Electives Information Session

- Describe the rationale and relevance of the Elective experience in the context of the PROF module
- Select an elective

PROF.15 Evaluating Healthcare Information Online

- Determine the validity of a healthcare web site using the following criteria: authority, accuracy, objectivity, coverage, currency and design.
- Describe the rationale for the practice of peer review in healthcare journals.
- Use Vancouver referencing style accurately

PROF.16 Searching the Web, Tools and Techniques

- Contrast healthcare specific and general online databases
- Define terminology related to online information sources

PROF.17 Reflective Practice 1

- Explain how reflective practice promotes continuous personal and professional improvement
- Differentiate between reflective learning and reflective practice

PROF.18 Reflective Practice 2

- Compare and contrast reflective writing frameworks
- Evaluate samples of reflective writing
- Demonstrate reflective writing skills within a chosen framework

PROF.19 Reflective Practice 3

- Describe the values, skills, interests and personality preferences with regards to team work, professionalism, self-efficacy and how it can help navigate complex life and work environments
- Apply learning/heightened awareness to the learning environment and work situations
- Enhance personal reflection and development

PROF.20 Design and Structure of Visual Presentations

- Demonstrate key visual presentation principles
- Design an appropriately structured oral presentation

PROF.21 Delivery of Oral Presentations

- Use a visual presentation to deliver an appropriately structured oral presentation in a medico-scientific academic setting

PROF.22 Intellectual Property & Copyright

- Explain the basic principles of copyright and Intellectual Property law

PROF.23 Databases & Introduction to Patient Record

- Identify the basic components and terminology associated with a/an (electronic) database and a patient record
- Compare and contrast paper based and electronic medical records
- Describe the main security issues associated with patient data and hospital networks

PROF.24 Data Protection, Privacy & Security

- Describe European General Data Protection Regulation [GDPR]
- Apply GDPR to a healthcare context

PROF.25 Introduction to Bioinformatics (Available online)

- Identify how biological information is electronically stored, managed and analysed
- Describe the development of the mapping of the human genome and the basic challenges associated with personal digital biological information

Semester 2**PROF.26 Introduction to Intercultural Communication & Ethics Themes in Professionalism for SII**

- Explain the aims and purpose of Part B, C & D of semester 2 in the context of professionalism for healthcare sciences
- Describe the content, structure and assessment [Group assignment, Elective, IPE or CAL] of Semester 2
- Review professionalism in semester 1 using examples from the inter-professionalism group project

PROF.27 Altruism and Compassion

- Explain the term compassion and altruism and their significance in relation to both self-care and patient-centered service/care
- Describe examples of compassion and altruism in practice in a self-care and patient-centered service/care clinical setting
- Appreciate the value of compassion and altruism in self-care and patient-centered

service/care

PROF.28 Intercultural Communication in a Healthcare Part 1

- Explain communication as a concept that encompasses culture
- Distinguish between verbal and non-verbal communication cues in an intercultural communicative context
- Appreciate the value of intercultural communication in a clinical setting
- Analyse case studies from an intercultural perspective

PROF.29 Intercultural Communication – Part 2

- Identify examples of good intercultural competence in a clinical setting
- Discuss patterns of stereotyping and cultural difference in communication patterns as part of interdisciplinary team work in clinical settings
- Demonstrate intercultural competence skills via the project and group work sessions

PROF.30 Intercultural Communication – Part 3

- Analyze an international clinician's experiences working in a multi-disciplinary team in an Irish hospital background
- Discuss how intercultural communicative competence mediates clinical diagnoses
- Identify the role inter-professionalism in case study analyses
- Appreciate the value of a bi-lingual bi-cultural identify in the delivery of effective patient-centered care in a multicultural healthcare setting

PROF.31 Ethics – Part 1

- Describe basic philosophical ethics.
- Describe different ethical systems currently used to solve ethical dilemmas.
- Distinguish between law and ethics

PROF.32 Ethics - Part 2

- Describe, at an introductory level, the four core principles in health care and virtue ethics.
- Describe how these principles can differ from cultural and religious based ethics

PROF.33 Ethics - Part 3: Applying Ethical Principles

- Describe how the ethical principles can be applied to health care.
- Identify potential conflicts between these principles in practical patient case situations

PROF.34 Ethics - Part 4

- Analyze a clinician's experiences of dealing with ethical dilemmas in a patient-centered service/care context
- Analyse ethical principles and potential conflict between them in the context of clinical patient case studies

PROF. 35 Advocacy - Part 1

- Explain the term advocacy
- Discuss theories of advocacy
- Describe the value/importance of advocacy in a patient-centered service model
- Distinguish between self-advocacy and patient-advocacy

PROF.36 Advocacy - Part 2

- Describe the importance of self-advocacy for career development.
- Identify key skills for self-advocacy in the workplace.
- Identify opportunities to demonstrate and practice these skills in relation to their future career advancement.

PROF.37 Advocacy - Part 3

- Analyze a patients' experiences of advocacy in the context of the multicultural healthcare system (advocating for themselves and being advocated for by healthcare professionals)

PROF 38 Patient-centred Service

- Identify how professionalism is integrated into the curriculum
- Explain the core professionalism learning themes presented in this module
- Describe the role of professional practice in communication with society and patient safety
- Discuss the relevance/ importance of professionalism in your academic/professional journey
- Examine your experience this semester and identify examples of your own good professional practice

PART E: Elective Stream for ALL students

Stream Coordinator: Mr XXX

This elective stream affords students an invaluable opportunity to recall and implement learning & concepts covered in PROF parts A, B C & D

PART F: Communication and Language Stream (CAL) for CAL Students only

Stream lecturer: Mr XXX

The CAL programme stream develops linguistic and communicative competency for students studying through their second language through giving them the skills necessary for successful healthcare sciences study. The programme is made up of 8 small group tutorials (in each semester) and these sessions cover communicative skills and competencies development for clinical communications scenarios, communication for history taking skills and oral OSCE performance, and covers many other medical / health science communication based skills such as explaining processes and procedure to patients, conducting physical exam etc. The course is designed to be student-centred, tasked-based and uses authentic bespoke materials for tailored training and development in this context.

CAL Learning outcomes:

- Demonstrate greater confidence in studying/training through English
- Report greater belief in your ability to communicate successfully specific situations or accomplish specific communicative tasks
- Demonstrate an appreciation of the importance of CAL skills in the context of your programme of study/training
- Demonstrate/Display greater communicative competence
- Display a willingness to communicate well (accurately, fluently and appropriately)
- Apply CAL skills in support of your learning in other modules

PART G : Inter-Professional integrated tutorials for IPE students only

Stream Coordinator: XXX

The IPE component is based around five case based tutorials.

IPE Learning Outcomes:

- Identify own and other professions' expertise, background, knowledge and values
- Demonstrate the ability to find, critically evaluate, manage and synthesise new information with existing information to create new understanding
- Demonstrate problem solving skills and knowledge integration
- Respect and understand the roles of other healthcare professionals

END SEMESTER 2

Appendix B: The CAL programme report

Current CAL Delivery and Metrics 2013/14 - -2017/18

Philosophy of CAL learning

RCSI is in a particularly unique position as an institution, comprising a strong international student cohort which, with its associated multicultural diversity, not only enriches the RCSI experience for students and staff alike but also places a premium on effective language and communication skills – a fact recognized by the Schools of Medicine, Physiotherapy and Pharmacy all featuring ‘Communicator’ as a fundamental attribute of their Graduate Profiles. As part of RCSI’s commitment to the facilitation of undergraduate students achieving the outcomes of the RCSI Graduate Profiles, the College has placed an emphasis on ensuring that its graduates develop effective English language and communication skills.

Language learning must take place in context and leave space for reflection, thus permitting the learner to reach higher ground - collaboration in tasks is an example of one way to promote this kind of reflection (Little 2007, p.23). Little emphasizes that reflection helps learners to engage with the process and content of learning and to use the target language not only as input in tasks but as the medium of metacognition and metalinguistic awareness (ibid). The CAL team facilitates this through embedded learning programmes, comprising a combination of taught programmes, small group teaching and also through independent self-access learning via the Language Learning Centre (LLC). CAL programmes facilitate embedded, contextualized, tailored, learner-centred environments for students to explore, reflect on, plan and progress their academic, intercultural and clinical communicative competence and we strongly believe that these programmes are most effective as an embedded strand of student learning in the context of professionalism and associated core skills development, rather than as an adjunct student service.

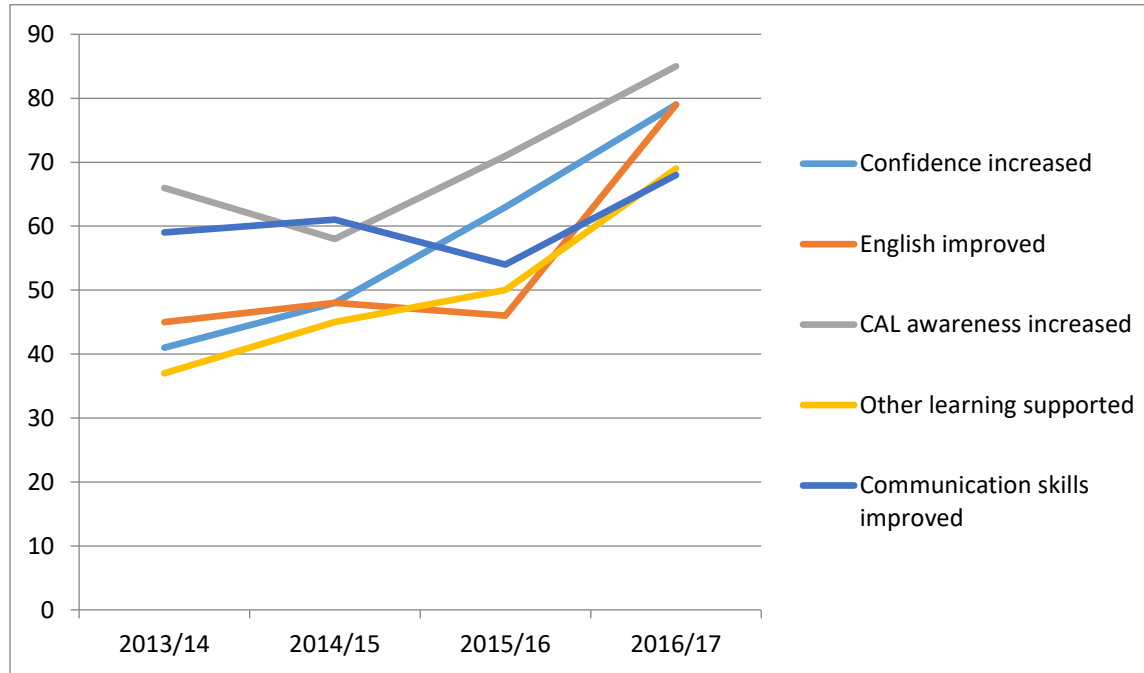
The period 2013/14 -2017/18 has seen 581 undergraduate students participate in CAL programmes embedded in their formal academic programmes across the undergraduate School of Medicine and School of Physiotherapy (525) and the School of Pharmacy (56). Please see Table 1 for a breakdown of School of Medicine and Physiotherapy participant numbers, nationality, route of entry, and entry and exit scores as well as Table 2 for student self-reported outcomes for the FY CAL programme cohort.

Tables 1 & 2 below :T1- CAL student Numbers, Nationalities, Language levels on Entry & Exit from CAL. T2 Student feedback from Years 2013 to 2018 Below:

Table 1: AY 2013/14 – 2017/18: Number of participants, Nationality, Route of Entry, Entry assessment, Exit assessment

FY CAL	2013/14				2014/15				2015/16				2016/17				2017/18							
	FY		JC1/2		FY		JC1/2		FY		JC1/2		FY		JC1/2		FY		JC1/2					
Number of participants	82 (4 x Pharm; 4 x Physio)		72		68 (6 x Pharm; 1 x Physio)		26		79		28		52 (2 x Repeat)		30		49 (1 x Repeat)		40					
Nationality	Iraq: 15 KW: 30 MY: 1 Oman: 8 KSA: 20 Sing: 1 UAE: 3 Nigeria: 1 TBC: 3		Malaysia: 71 Oman: 1		KW: 34 MY: 1 Oman: 13 KSA: 8 UAE: 12		HK: 1 India: 1 Japan: 1 Malaysia: 19 Nigeria: 1 Oman: 1 Saudi: 1 Syria: 1		TBC: 2 Iraq: 6 KW: 22 Macao: 1 Malaysia: 1 Oman: 5 Qatar: 1 KSA: 31 UAE: 10		Brunei: 1 Canada: 1 Hong Kong: 1 Jordan: 1 Libya: 1 Malaysia: 19 Oman: 1 Thailand: 2 TBC: 1		Bahrain: 1 KW: 17 Oman: 19 KSA: 12 UAE: 3		Australia: 1 Egypt: 1 Hong Kong: 1 India: 1 Indonesia: 1 Italy: 1 Malaysia: 16 Myanmar: 6 Russia: 1 Thailand: 1		UAE: 7 KW: 20 OM: 8 KSA: 14		UAE: 1 China: 1 Egypt: 2 HK: 1 JP: 1 Kenya: 1 Korea: 1 Sri Lanka: 2 MY: 23 N/A: 2 KSA: 1 Sing: 1 Taiwan: 3					
Routes of Entry	ALM	3	MARA	16	IMCP	65	Penang	20	ALM	13	TBC	ALM	26	Penang	17	ALM	40	Penang	16					
	IMCP	63	Penang	54	lofEd	2			IMC P	61			IMCP	24			IMCP	6	Malaysi a	1				
	lofEd	3	TBC	2	TBC	1	lofEd	1	TBC	3			Penang	1	TBC	13	Direct Entry	3	TBC	23				
	DIFC	1					TBC	5					Direct Entry	1										
	TBC	12																						
The following proficiency data is represented in ¼ and ½ band ranges (e.g. B2, B2+, C1- etc). While informative, it represents a single data point and should be read in conjunction with the qualitative data in Table 4 below.																								
Mean score - Entry assessment (Placement Test/ALM)	ALM/Non-ALM		C1- (64%)		ALM/Non-ALM		C1- (65%)		ALM		Non-ALM		ALM		Non-ALM		ALM		Non-ALM					
	B2+/C1- (60%)				B2+/C1- (60%)				B2/B 2+ (56%)		B2/B 2+ (55%)		B2+/C1- (62%)		B1+/B2 (49%)		C1-/C1 (66%)		B2-B2+ (57%)		B2-B2+ (52%)		B2+/C1- (62%)	
Mean score - Exit assessment (Progress test)	B2+/C1- (62%)		C1+/C2- (83%)		B2+/C1- (63%)		C1-C1+ (75%)		ALM		Non-ALM		C1/C1+ (71%)		ALM		Non-ALM		C1/C1+ (77%)		N/A		N/A	
					B2/B 2+ (55%)		B2/B 2+ (51%)						B2/B2+ (55%)		C1- (64%)									

Table 2: AY 2013/14 – 2016/17: FY CAL programme: Student self-reported outcomes



% positive responses to the following statements:

1. My confidence level studying through English has increased.
2. My English level has improved.
3. The programme has helped me to see how important good CAL skills are as part of my studies.
4. The programme has supported my learning in other modules.
5. The programme has helped me to improve my communication skill

END OF REPORT

Appendix C: TCD ethics approval (extension)

(Screenshot of PDF)



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Application: Academic Year 2019/20
Application Code: TT36
Applicant /Supervisor Name: Helen Kelly
Title of Research: Evaluating Health Outcomes in Health Sciences.

Date of this letter: 08.11.19

Dear Helen,

Your submission for the extension of your ethics approval, granted by the School of Linguistic Speech and Communication Sciences Research Ethics Committee on the 20th of August 2014, for the research project above was considered by the Research Ethics Committee (REC), School of Linguistic, Speech and Communication Sciences, Trinity College Dublin on 08.11.19 and has been approved in full.

Please note

- (i) that on completion of research projects, applicants should complete the *End of Project Report Form* (which can be found at: <https://www.tcd.ie/slscs/research/ethics/>) and submit one signed hard copy to the School Office (Room 4091, Arts Building) as well as an electronic copy (to slscs@tcd.ie)
- (ii) the REC requests that you attend, in particular, to your commitments as regards the storage and destruction of data arising from this research, in keeping with REC policy and General Data Protection Regulation (GDPR) guidelines.

We wish you every luck with your research,

Best wishes,

A handwritten signature in black ink, appearing to read 'Kathleen McTiernan'.

Professor Kathleen McTiernan
Chair, Research Ethics Committee
School of Linguistic, Speech and Communication Sciences

Scoil na nEalaíochtaí Teangeolaíochta,
Uirlabhra agus Cumarsáide,
Coláiste na Tríonóide,
Baile Átha Cliath 2, Éire

School of Linguistic, Speech &
Communication Sciences,
Trinity College,
Dublin 2, Ireland

T: 353 (0)1 896 1560
slscs@tcd.ie
www.tcd.ie/slscs

Appendix D: TCD ethics approval

(Screenshot of PDF)

	COLÁISTE NA TRÍÓNÓIDE, BAILE ÁTHA CLIATH Ollscoil Átha Cliath	TRINITY COLLEGE DUBLIN The University of Dublin
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27/06/2014

Application TT 36 Academic Year 2013/14

Applicant: Helen Kelly

Title of Research: Evaluating language outcomes in Health Sciences

Dear Helen,

Your submission for ethics approval for the research project above was considered by the Research Ethics Committee, School of Linguistic, Speech and Communication Sciences, Trinity College Dublin, on Friday, 27 June 2014, and has been approved subject to the submission of certain revisions. Please resubmit **two hard copies** (signed, with revisions highlighted) to the School office, and **one electronic copy** to siscs@tcd.ie, all within one month of this letter's date, incorporating the revisions outlined below and addressing the committee's request for clarification where appropriate.

Best wishes,



Dr Lorna Carson
Chair, Research Ethics Committee
School of Linguistic, Speech and Communication Sciences
Trinity College Dublin



An Lárionad Léinn Teanga agus Cumarsáide, Scoil na nEolaíochtaí Teangeolaíochta, Uirlabúra agus Cumarsáide, Coláiste na Tríonóide, Baile Átha Cliath 2, Éire	Centre for Language & Communication Studies, School of Linguistic, Speech & Communication Sciences, Trinity College, Dublin 2, Ireland	T: 353 (0)1 898 1560 F: 353 (0)1 898 2941 dicsinfo@tcd.ie www.tcd.ie/lscs/dics
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Appendix E: RCSI ethics approval (original)

(Screenshot of PDF)

Royal College of Surgeons in Ireland
The Research Ethics Committee
121 St. Stephens Green, Dublin 2, Ireland.
Tel: +353 1 4022205 Email: recadmin@rcsi.ie



Dr David Smith, Acting Chair
Dr Niamh Clarke, Convenor

16th September 2014

Ms Helen Kelly
Physiology & Medical Physics Dept
Royal College of Surgeons in Ireland
123 St. Stephen's Green,
Dublin 2

RE: REC application title "Evaluating language outcomes in Health Sciences".

(NOTE: Ethical approval has been granted for this study by the Research Ethics Committee, School of Linguistic, Speech and Communication Sciences, Trinity College Dublin, Wednesday 20 August 2014. A copy of the approval letter from the Research Ethics Committee, School of Linguistic, Speech and Communication Sciences TCD has been provided to the RCSI REC.)

Dear Ms Kelly

Thank you for your Research Ethics Committee (REC) application. We are pleased to advise that ethical approval has been granted by the committee for this study.

This letter provides approval for data collection for the time requested in your application and for an additional 6 months. This is to allow for any unexpected delays in proceeding with data collection. Therefore this research ethics approval will expire on **16th February 2016**.

Where data collection is necessary beyond this point, approval for an extension must be sought from the Research Ethics Committee.

This ethical approval is given on the understanding that:

- All personnel listed in the approved application have read, understand and are thoroughly familiar with all aspects of the study.
- Any significant change which occurs in connection with this study and/or which may alter its ethical consideration must be reported immediately to the REC, and an ethical amendment submitted where appropriate.
- Please submit a final report to the REC upon completion of your project.

We wish you all the best with your research.

Yours sincerely,

A handwritten signature in black ink that reads 'Niamh Clarke'.

PP Dr. Niamh Clarke (Convenor)
Dr David Smith (Acting Chair)

Appendix F: Information leaflets (staff & students)

**STAFF PARTICIPANT INFORMATION LEAFLET
TRINITY COLLEGE DUBLIN
SCHOOL OF LINGUISTIC SPEECH AND COMMUNICATION SCIENCES
Participant Information Leaflet**

Research project working title:

Investigating Education Outcomes for International Medical/ Health Science Students in Higher Education
(studying through English as a second or other language) “

Researcher: Helen Kelly (doctoral candidate), CLCS, Trinity College Dublin

Academic supervisor: Prof Lorna Carson, CLCS, Trinity College Dublin

You are invited to participate in this research project as a past staff member involved in delivering the programme under discussion here which is being carried out by *Helen Kelly*. Your participation is voluntary.

The study is designed to investigate the impact of the CAL (Communication & Language) programmes at the Royal College of Surgeons in Ireland for international students in terms of their design as embedded language & communications programmes in language proficiency, learner autonomy and intercultural competence, in the development of communicative awareness and competence in the context of Medical Professionalism in clinical/ health sciences education.

Your participation is being sought for the Qualitative segment of this study in the form of a semi-structured online interview via Microsoft teams. This interview will be anonymised in the transcripts and the recording will be held only for 2 weeks by the researcher for cross checking of transcript accuracy. You will not benefit directly from participating in this research, except maybe from the experience of being involved in a research study and the chance to reflect on your professional experiences. This research may benefit future international students studying outside their country or language of origin and the field of University language teaching.

Any information or data which is obtained from me during this research will be treated confidentially. This will be done by keeping all records on a password protected RCSI server with access only granted to the principal researcher Helen Kelly and her academic supervisor Prof Lorna Carson. The data will be kept and backed up securely on the college RCSI V-drive. Data from this research project may be published anonymously in future.

If you have any questions about this research you can ask Helen Kelly (office number: 01 402 55 52) or helenkelly@rcsi.ie. You are also free, however, to contact any of the other people involved in the research to seek further clarification, Academic Supervisor Prof Lorna Carson at carsonle@tcd.ie

Thank you for your participation, END OF STAFF INFORMATION LEAFLET

For Student Information Leaflet, see next page

CAL STUDENT INFORMATION LEAFLET
(FOR THE SURVEY)

TRINITY COLLEGE DUBLIN
SCHOOL OF LINGUISTIC SPEECH AND COMMUNICATION SCIENCES
Participant Information Leaflet

Research project title:

Investigating Outcomes for International Health Science Students in Higher Education “

Researcher: Helen Kelly (doctoral candidate), CLCS, Trinity College Dublin

Academic supervisor: Prof Lorna Carson, CLCS, Trinity College Dublin

I am invited to participate in this research project which is being carried out by *Helen Kelly*. My participation is voluntary.

The study is designed to investigate the impact of the CAL language programmes currently in place at the Royal College of Surgeons in Ireland for international students in terms of language proficiency, learner autonomy and intercultural competence, in the development of communicative awareness and competence for clinical/ health sciences education.

If I agree to participate, this will involve me taking one online questionnaire. The questionnaire will take no longer than 15 minutes to complete. Every attempt has been made by the researcher to make sure that the timing of this questionnaire is at a time that suits students and does not interfere with study or exam times.

I will not benefit directly from participating in this research, except maybe from the experience of being involved in a research study and the chance to reflect on my learning and experiences. However, my grades will not be affected by my participation, nor will I receive any payment for my involvement in this research project. This research may benefit future students taking this programme and the field of university language teaching.

Any information or data which is obtained from me during this research will be treated confidentially. This will be done by keeping all records on a password protected RCSI server with access only granted to the principal researcher Helen Kelly and her academic supervisor Dr Lorna Carson. The data will be kept and backed up securely on the college RCSI V-drive. Data from this research project may be published anonymously in future.

If I have any questions about this research I can ask Helen Kelly (office number: 01 402 55 52) or helenkelly@rcsi.ie. I am also free, however, to contact any of the other people involved in the research to seek further clarification such as my CAL course lecturer Mr John Baird on johnbaird@rcsi.ie or the faculty co-ordinator Ms Margie Morgan on margiemorgan@rcsi.ie

END

CAL STUDENT INFORMATION LEAFLET
(FOR THE QUALIATIVE SS INTERVIEWS)

TRINITY COLLEGE DUBLIN
SCHOOL OF LINGUISTIC SPEECH AND COMMUNICATION SCIENCES
Participant Information Leaflet

Research project title:

Investigating Outcomes for International Health Science Students in Higher Education “

Researcher: Helen Kelly (doctoral candidate), CLCS, Trinity College Dublin

Academic supervisor: Prof Lorna Carson, CLCS, Trinity College Dublin

I am invited to participate in this research project which is being carried out by *Helen Kelly*. My participation is voluntary.

The study is designed to investigate the impact of the CAL language programmes currently in place at the Royal College of Surgeons in Ireland for international students in terms of language proficiency, learner autonomy and intercultural competence, in the development of communicative awareness and competence for clinical/ health sciences education.

Your participation is being sought for the Qualitative segment of this study in the form of a semi-structured online interview via Microsoft teams. This interview will be anonymised in the transcripts and the recording will be held only for 2 weeks by the researcher for cross checking of transcript accuracy.

I will not benefit directly from participating in this research, except maybe from the experience of being involved in a research study and the chance to reflect on my learning and experiences. However, my grades will not be affected by my participation, nor will I receive any payment for my involvement in this research project. This research may benefit future students taking this programme and the field of university language teaching.

Any information or data which is obtained from me during this research will be treated confidentially. This will be done by keeping all records on a password protected RCSI server with access only granted to the principal researcher Helen Kelly and her academic supervisor Dr Lorna Carson. The data will be kept and backed up securely on the college RCSI V-drive. Data from this research project may be published anonymously in future.

If I have any questions about this research I can ask Helen Kelly (office number: 01 402 55 52) or helenkelly@rcsi.ie. I am also free, however, to contact any of the other people involved in the research to seek further clarification such as my CAL course lecturer Mr John Baird on johnbaird@rcsi.ie or the faculty co-ordinator Ms Margie Morgan on margiemorgan@rcsi.ie

END

Appendix G: Qualtrics online questionnaire consent segment

Investigating outcomes for international Health Science students in Higher Education.

Start of Block: Introduction

Q1A

"Investigating outcomes for International Health Science students in Higher Education"

This project aims to find out how the CAL programme as part of the Professionalism in Health sciences Module which you took in your Foundation Year contributed to your communication & English language skills in the first year of your studies at RCSI. Please answer the questions as openly as possible, your data is confidential. It will take approximately 10 minutes to complete. Responses are stored securely and used only for research purposes.

This questionnaire is part of Helen Kelly's doctoral research at Trinity College Dublin (TCD), and has been approved by the research ethics committees at TCD and RCSI. Your grades at RCSI will not be affected in any way by your participation in this questionnaire.

By proceeding to complete and submit the questionnaire, you are giving your consent to participate.

END of Consent segment of Online questionnaire

Appendix H: CAL pilot MUB student information leaflet

CAL PILOT MUB STUDENT INFORMATION LEAFLET

TRINITY COLLEGE DUBLIN
SCHOOL OF LINGUISTIC SPEECH AND COMMUNICATION SCIENCES
Participant Information Leaflet

Research project title:

Investigating Outcomes for International Health Science Students in Higher Education “

Researcher: Helen Kelly (doctoral candidate), CLCS, Trinity College Dublin

Academic supervisor: Prof Lorna Carson, CLCS, Trinity College Dublin

I am invited to participate in this pilot phase of this research project which is being carried out by *Helen Kelly*. My participation is voluntary.

The study is designed to investigate the impact of the CAL language programmes currently in place at the Royal College of Surgeons in Ireland for international students in terms of language proficiency, learner autonomy and intercultural competence, in the development of communicative awareness and competence for clinical/ health sciences education.

If I agree to participate, this will involve me taking one online questionnaire. The questionnaire will take no longer than 15 minutes to complete. Every attempt has been made by the researcher to make sure that the timing of this questionnaire is at a time that suits students and does not interfere with study or exam times.

I will not benefit directly from participating in this research, except maybe from the experience of being involved in a research study and the chance to reflect on my learning and experiences. However, my grades will not be affected by my participation, nor will I receive any payment for my involvement in this research project. This research may benefit future students taking this programme and the field of University language teaching.

Any information or data which is obtained from me during this research will be treated confidentially. This will be done by keeping all records on a password protected RCSI server with access only granted to the principal researcher Helen Kelly and her academic supervisor Dr Lorna Carson. The data will be kept and backed up securely on the college RCSI V-drive. Data from this research project may be published anonymously in future.

If I have any questions about this research I can ask Helen Kelly (office number: 01 402 55 52) or helenkelly@rcsi.ie. I am also free, however, to contact any of the other people involved in the research to seek further clarification such as my MUB CAL course lecturer Ms Mariam AIDoseri; maldoseri@rcsi-mub.com.

END

Appendix I: Questionnaire - Investigating outcomes for international health science students in higher education

Start of Block: Introduction

Q1A

"Investigating outcomes for International Health Science students in Higher Education"

This project aims to find out how the CAL programme as part of the Professionalism in Health sciences Module which you took in your Foundation Year contributed to your communication & English language skills in the first year of your studies at RCSI. Please answer the questions as openly as possible, your data is confidential. It will take approximately 10 minutes to complete. Responses are stored securely and used only for research purposes.

This questionnaire is part of Helen Kelly's doctoral research at Trinity College Dublin (TCD), and has been approved by the research ethics committees at TCD and RCSI. Your grades at RCSI will not be affected in any way by your participation in this questionnaire.

By proceeding to complete and submit the questionnaire, you are giving your consent to participate.

Q1B RCSI Student ID Number

Q2 Please read the following statements about learning English, and indicate your level of agreement, where 1 = Strongly Agree and 5 = Strongly Disagree.

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)
One of my learning goals is to sound like a native English speaker. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident when I speak English. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I find it hard to express myself in English. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't feel like myself when I speak English. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel less intelligent when I am speaking English. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of making mistakes when I speak English. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use every opportunity to practise my English skills. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively look for opportunities outside class to advance my English skills. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think I am a good English language learner. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 Please read the following statements about culture & identity, and indicate your level of agreement, where 1 = Strongly Agree and 5 = Strongly Disagree.

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)
I think I have developed an English language identity (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable in my English language identity. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried to go out with local peers rather than peers from my home culture , so I could learn more about the local culture (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a big difference between body language in Ireland and my culture. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I was interacting with local peers , they sometimes did not react in the ways I expected, which surprised me, but also made me curious about why that was. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am interested in the cultures of other countries (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in Irish culture and my home culture. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes went out with local peers, but I felt that they were not as friendly as my peers from my own culture (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intercultural awareness is an important part of healthcare studies. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My identity changes depending on which language I speak. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 Please read the following statements about how you learn, and indicate your level of agreement, where 1 = Strongly Agree and 5 = Strongly Disagree.

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)
I take an active part in my classes. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually try to speak up in lectures, even if I think it might be incorrect English. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always try to be accurate when I speak English. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my head, I often compare English and my native language. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often guess the meaning of a word, even if I am unsure, without looking it up. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually translate new English words into my native language. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I set learning targets for myself to improve my English. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In class, I prefer it when the teacher tells me exactly what to do. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learn English best by trial and error. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5 Please read the following statements about the CAL (Communications & Language) programme in your Foundation Year at RCSI, and indicate your agreement, where 1 = Strongly Agree and 5 = Strongly Disagree.

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)
The programme overall helped me to develop my communication skills. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The programme improved my confidence in studying Medicine/ through English (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Professionalism module helped me to improve my communication skills. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Studying alongside native English speaking classmates in the Professionalism module helped improve my confidence in speaking English. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The programme enhanced my skills in communicating with patients through English. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was useful to learn about communication specifically related to healthcare contexts. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English language and communication skills should be a core part of the Foundation Year. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CAL programme was a useful foundation for my Medical/ Physiotherapy degree. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6 Please read the following statements about being a Healthcare Professional, and indicate your agreement, where 1 = Strongly Agree and 5 = Strongly Disagree.

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)
A commitment to lifelong learning is an important part of being a Medical/Healthcare Practitioner. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A good Medical/Healthcare Practitioner needs to be aware of their own limitations (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A high standard of communication is important for a good Medical/Healthcare practitioner. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active listening skills are important for a good Medical/Healthcare practitioner. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural sensitivity is important for practitioners whose background is different from a patient's background. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning how to work with colleagues from different cultural backgrounds is important for healthcare practitioners. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 In a few words, what does Healthcare Professionalism mean to you?

Q8 What do you think are your main weaknesses in learning English?

Q9 What do you think are your main strengths in learning English?

Q10 Please rank the following skills in order of importance to you as a future Medical/Healthcare practitioner, where 1 is the most important.

- _____ English Language/Communication Skills (1)
 - _____ Intercultural Skills (2)
 - _____ Lifelong Learning Skills (3)
 - _____ Clinical Skills (4)
-

Q11 In a few words, what advice would you give to a new international student coming to study at RCSI?

Q12 What is your country of origin ?

Q13 What is your gender ?

- Male (1)
- Female (2)
- Non-binary/Third gender (3)
- Prefer not to say (4)

Q14 When did you first start learning English?

Primary school (1)

Secondary School (2)

University (3)

Other (4)

Q15 Had you studied or lived outside your home country before coming to RCSI?

Yes (1)

No (2)

Q16 Please select the statement that best describes your friends at RCSI

My friends are mostly from the same country/nationality as me (1)

My friends are mostly native English speakers (2)

My friends are a mix of many different nationalities (3)

Q18 Are there any final comments you would like to make about the content of this questionnaire?

Appendix J: Students interviews

End of Block: Introduction

Student Interview 1

- 5 HK: Thank you very much. I'm delighted that you took the time to talk to me. I only have five kind of very short questions and it's a combination of trying to understand what you thought of the CAL programme when you were in foundation year and the professionalism module, but also just to see how you've been doing since then?
- Student 1: OK.
- 10 HK: And how you feel you have progressed, so...
- Student 1: OK.
- HK: It's really interesting to get your honest opinion about everything. And again, as I said, this is anonymous.
- Student 1: Yeah.
- 15 HK: Your name isn't being recorded in any of this. Your name will be crossed off the transcript. So you'll be student number 3 or 4 or something like that. So thank you very much. So to go back to when you were in foundation year a couple of years ago and I know we need to establish this. You had to repeat a year. Sorry you took a year out. So you're not in the same year as the other students that we've just interviewed as part of this, they're in Year 3 Med and you're currently in year 2 Med, isn't that correct?
- 20 Student 1: Yeah, yeah, that's correct.
- HK: So, and that's a little bit different. Have you had much clinical training with patient contact this year, in year 2?
- 25 Student 1: Oh no nothing, nothing like that.
- HK: OK, so you haven't done that, but you do clinical skills a little bit, don't you, like preparation?
- Student 1: Yeah, a little bit, yeah.
- HK: Yeah. And did you have OSCE exams and stuff, oral exams?
- 30 Student 1: No, not yet. No. No, nothing. Only MCQ.
- HK: Not yet OK, Only MCQ's. So that's going to be a very different experience for you because it's been very interesting to hear the other students have all been talking about the communication skills from the point of view that now, they're talking to patients. It's really helped them have more confidence and all of that, but it's more difficult to know if you haven't met any patients yet. It's trickier, isn't it? Because it's difficult to know.
- 35 Student 1: Ah yeah.
- HK: OK, I have to say your English sounds fantastic. So, my compliments, you've obviously improved since foundation year. How do you feel you've improved?
- 40 Student 1: Thanks. Well, to be honest, because you know I'm part of the quality team where we deal with freshmen and Freshers who come from Kuwait like directly. You know what I mean? So, when I see their level of English and I see mine, I see that I've improved. Otherwise, I won't know the difference. You know what I mean? So, when they come and tell me,
- 45 please help me write this email to this academic sector or whatever. I

help them and I can see how I've improved along the years. You know what I mean?

50 HK: Yes, yes. That's fantastic. That's a nice measurement tool, isn't it, that you were able to compare yourself to the other Kuwaiti students and see how you've improved.

Student 1: Yeah, because at some point I was in their shoes, and now I'm like, I have my level of English.

55 HK: Fantastic. That's very good of you to be involved in that programme as well. It must be interesting. It's nice to be able to help them. What sort of things are you helping them with?

Student 1: Like in when they come to Ireland, like accommodation, how they would like to open a bank account. Like when we were when we came. Like we need some guidance like this. This is what we do.

60 HK: Fantastic. You're going to be a very interesting person to interview, then cause some of my questions later on, is about advice for new people coming to the college from where they're from. I'll come back to that question in a little bit. So that's fantastic that you volunteered to do all of that, well done Student 1: that is fantastic. So, I don't want to keep you too long. I'll go on to my first proper question. If you think back to the CAL programme, I know it was a while ago, so I'll remind you a little bit. In foundation year you had, your science modules, your basic sciences, your biology or chemistry, physics, all that stuff. And then you had the professionalism module and in that, we covered, you know, intercultural skills, communication, academic writing, all that stuff. You had speakers coming in talking to you and you also had group work projects and you had CAL the communications and language, which was part of that programme that was taught by Staff CAL teacher 1 at the time.

65 Student 1: Yeah.

70 HK: That's unusual isn't it as normally language programmes aren't embedded in a module like that where you get marked for it, it's part of your training, it's part of your course. So, we're interested to get your opinion about what you thought of CAL being part of your foundation year marks and standards and programme. Did you think that was a good thing or did you think it was surprising? What did you think about that when you were in foundation year where you had this CAL part?

75 Student 1: I think it's good because it's happening to like, as I said, it has improved my English and also practise it kind of out of the medical field like you had a lot of, I remember I had a lot of topics out of the medical field, but somehow involved, you know, like mostly about the skills and how you deal with people and stuff. So, I think it was really good.

80 HK: That's great that you remember it and I appreciate that. And did you remember there was a little bit on history taking and interviewing patients and things like that? And you haven't used that yet because you're in Year 2. Have you used that would you say? have you been doing a history taking training in year 2?

85 Student 1: Yeah, we did some history taking, but not near to a new one.

HK: Yes, sorry, I'm trying to remember the curriculum, they've changed it around a lot, haven't they? In the last year or two?

95 Student 1: Yeah, with the pandemic.

HK: Exactly. So, it all got moved in different directions, so you covered that clinical skills training in our clinical communication skills training in year one and how did you find that? Was it easier? Can you tell us did the CAL programme help you in any way to prepare for that? Or was it very different?

100 Student 1: Well, I think it was easier to take history. I think it was only the basics, not like the advanced one where you're 5 because you have to take like a lot of history and you have to connect the dots and everything. So, I think because it was basic, it was easy for us.

105 HK: Great. Fantastic. That's good to know. And you haven't done any of the more advanced ones since then. OK, so you'll have a lot then next year. Would you have covered things like cardiovascular, respiratory, gastrointestinal, gynaecology, you wouldn't have done all those?

Student 1: Yeah.

110 HK: In your communication skills, how it should how to do the questions for those or the physical exam or any of that you haven't done any a lot of that yet or have you covered it?

Student 1: In terms of skills or terms of like in?

HK: Yeah. In terms of interviewing patients for those.

115 Student 1: No, we haven't. We haven't.

HK: OK, I see. I'm I was just trying to establish where you're at. OK. Fantastic. So, you've done the basic standards OSCE training and that's it or clinical skills in Calgary, Cambridge. Fantastic. But it's good that you have that basis anyway and that you think it was easier than you thought. And what did you think of the CAL being part of your programme? Was that kind of annoying to have to go to it or did you think it was good? Did it help you when you were studying in foundation year? Did it help you, you know, make friends?

120 Student 1: Yeah.

125 HK: Were there any other ways that it was either good or bad to have it?

Student 1: Yeah, it helped me to make friends and I think it was good for stress relief. You know what I mean? It wasn't hard. It wasn't a hard programme, but it was like good to go between classes. We just go and speak in English. So, it's good. Not like getting the new information and trying to process and comprehend and that no, it was easier in that part. You know what I mean?

130 HK: Yes, I understand cause the other classes you'd be mixed in with native speakers and fast speaking teachers and a lot of new information. So probably a little bit more difficult to take time to practice. That's great to know. Ok, so I'll move on. So, you were saying that you're working and helping younger Kuwaiti students to mix in. That's a very good thing because my next question is about intercultural stuff. We covered a lot of things in foundation year to introduce you all to the idea of intercultural awareness. You know, talking about culture, talking about understanding

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140 yourself, talking about how difficult it is to mix with other people and the reasons why and what you have in common. And we talked a little bit about medicine and culture as well. How have you gotten on since then? How have you found it?

Student 1: Yeah.

145 HK: Was it tricky to meet people from other countries. Or would you have a mix of some friends from other countries? What is the situation now for you?

Student 1: For me, no. I have a lot of people out of my country. Like I have a lot of friends like I have Irish friends. I have French friends. I have a lot of

150 friends, yeah.

HK: That's great to hear. That is great. And you don't find it difficult to get on with them or understand them or anything like that?

Student 1: No, no, no, I don't find it difficult. That's all because, you know, I think like, even like with the French friends, because English is their second

155 language, we all think in English. We don't just think in Arabic or our mother language, and then we translate it, we just think in English. Yeah, you know what I mean?

HK: I know what you mean and that's fantastic that you're at that point. That's really good. I remember talking to you all about that in foundation year about trying to think in English because some people were still

160 translating. So that's really great that you got to that point because some of the students were talking about how their best close friends are still from their home country, but they have lots of friends from other countries, but it might be a little bit more superficial of a friendship. We do agree with that or disagree. These French and Irish people, you are

165 friends with them, would you say?

Student 1: Yeah, I'm very close friends with them because of my French friend. I met her in year two and she's French, but her background is Arabic. But like, we get along because we're in the same religion. However, she doesn't

170 speak Arabic, she only speaks English to me. So, like, we travelled around, we went to places and everything. So, I can see what we're pretty close. Also, my uncle is Irish.

HK: OK.

Student 1: He lives in Ireland, and he's married to an Irish woman. So when I go

175 there, obviously I speak English because I have to, to communicate.

HK: Fantastic. Yes, of course. That's great. And would you say you're very comfortable now with the Irish culture then?

Student 1: Yeah, of course. Because even before getting to RCSI, we had this programme called IMCP.

180 HK: That's right.

Student 1: It's in Tralee. So, I stayed in an Irish home and with a host mother. She was really good. So I've improved my English a lot there. And like I saw the true Irish culture. How they get along and everyone you know.

HK: Ah, you did the sleep programme. OK, great. So that helped you to

185 understand better how things work over here. Fantastic. And do you

remember if any of the intercultural stuff in foundation year was interesting or was it useful to you?

Student 1: Well, we had the subject about the Irish culture and I about the Irish language, I remember, but now I can't remember the details.

190 HK: It must have been an elective or something extra that you did. Yeah, because that isn't in the professional module. But I do remember there were different options and electives that year. So perhaps that was one of those. So if you took something about the Irish language that was very interesting for you to choose. OK, fantastic. And you were saying you were in a programme where you're helping Kuwaiti students. What kind of things are younger students struggling with, would you say?

195 Student 1: I see they are struggling first with the, let's say, academic English because in my country, in Kuwait, they don't teach us that.

HK: So that's new for them?

200 Student 1: Yeah, that's new for them. Like, when I was their age, I struggled with that as well. Like instead of saying for the doctor. Like, please reply to me ASAP. I have to say, like, at your earliest convenience, you know what I mean? So something like this, little tips we all are missing because we were not exposed to yet. So when we come to Ireland like, we have to make sure that we gain these skills.

205 HK: OK, I understand that's very good to know that you are able to point that difference out as well and that they know that this register of language, the academic or professional register language is something they need to learn. That's very good to know because it's actually the opposite for people from other countries outside of Kuwait, where they would have only learned academic English and they find the conversational English is more difficult to learn. But in your case, I notice that students coming from Kuwait speak very well and speak very fluently, so there must be a different way of teaching in the Kuwait education system. You focus more on conversational English. That's very interesting. All the different needs that you have as a mixed group of students. So if you were giving advice to people from Kuwait or from other countries in the Middle East before they even come to Ireland or RCSI to prepare for their programme from the point of view of an and non-native speaker, what advice would you give them or culturally even what advice would you give them?

210 Student 1: Well, I would say. To be honest, like if they're going to Pre-Med which is the foundation here, I would just say like try. Best to just focus on the material, like the scientific material.

HK: OK.

215 Student 1: And then and why? While you are focusing on that, you will naturally improve your skills. And enjoy yourself because if you take it too seriously, you will lose your mind.

HK: OK, that's very good advice. Enjoy and make friends probably.

Student 1: Yeah, yeah.

220 HK: OK, great. That's fantastic. My last question is about learning and studying and how you cope with that. If you remember in foundation year we covered a lot of things like how to do self-assessment. I remember there's

235 a video you had to make where you were doing a history taking of a patient and you had to film each other and then you had to assess your own video, for instance. This is just one example. I think you did it a lot during the year, but you had to assess your own video, then assess your partners video and then the teacher gave you feedback as well on the video. And then you had to edit the video based on your own feedback in your peer feedback.

240 Student 1: Yeah.
 HK: Make it again and improve it so that was learning about, you know, self-assessments and you got to set your own targets and learning targets and think about what your strong points are, what your weak points are and then you also did peer assessments as part of the big projects in

245 professionalism and we talked as well about how you learn and learning how to learn. How are you studying now? Did any of that help you? Do you remember any of it from back then? Because I know since then you've probably been doing a lot of online learning because of the pandemic and a lot of MCQ's and SAQ's, things like that. How would you say your study skills are now? And do you use any of those kind of self-learning things now?

250 Student 1: Yeah. Well, to be honest, I try my best to because you know, the lectures sometimes are not very helpful. The lecture notes I mean. So they give the notes to us and then there are a lot of apps like Amboss and Lecturio

255 where you can register and learn. You do have to pay for them obviously. But it's OK, it's really helpful. Also, for me personally, I record myself while I'm studying. And then before I go to bed, I just like, watch the video and then, like, have a highlight like, OK, this in that moment I studied this step and then I studied this note and everything.

260 HK: OK, wow.
 Student 1: So yeah, but you know, I don't know if my performance is good or not because we did not have the grades yet.
 HK: Yeah, I know. So, you're worried, obviously, it's stressful because you're trying new techniques and trying everything you can and until you get the results, you're kind of not 100% sure if it's working or not. I see what you mean. And, would you say you're very aware of what your strong points and your weak points are now that you're in year 2 when it comes to studying?

265 Student 1: Well you know, because I'm actually doing this semester for the second time, I don't know, to be honest.
 HK: Yeah, I suppose having to repeat this semester, kind of, would shake your confidence a little bit probably.
 Student 1: Well, yeah, but the first time I did the exam I wasn't really focusing because I had really bad anxiety.

275 HK: OK.
 Student 1: So this interfered the lot with how I did. Yeah, I did not want to do the exam because I didn't want to have a shock. You know what I mean?

280 HK: You poor thing, yeah. I know what you mean. You don't want to get too worked up about it. Well, I'm sure you did much better this time. So hopefully try not to be too worried about it, you know.

Student 1: Yeah, yeah.

285 HK: And well, that all the questions I have for now and I see we've only got a couple of minutes left. So, I might just stop the recording and then just chat to you off the record for a moment. Thank you so much for your time on this one.

Student 1: Thank you.

Student Interview 2

5 HK: The reason for this study, I don't know if you remember the explanation on the survey, but what I'm trying to do is investigate how effective that foundation, your professionalism CAL programme, was. So, I just have some questions around that for you and I'd be really interested to get your opinion. First of all, so you remember, normally when language is taught in university, it's kind of done either in the summer time before you start and a pre sessional or it's in the evening time or it's in a separate lesson outside or you're sent to a special study skills. If you remember back to foundation year, CAL (your language programme) 10 was part of your course, did you like the fact that it was part of your course and what did you think about that?

15 Student 2: Yeah, yeah, I remember. I like the fact that it was a part of our assessment. So, we were taking it like a place where we can improve ourselves without much pressure, and it was actually a very good programme, especially that it was given to people who really need it.

20 HK: Fantastic. I'm glad you liked that part. And thinking back to that programme, I know it's a long time ago now, but do you think that it helped you a little bit because it was kind of medical English or professionalism, language skills and stuff like that. Do you think it helped you to prepare for First, Med and second Med?

Student 2: Actually, it helped us. Some grammar stuff and what I can recall our research abilities.

25 HK: Yeah.

30 Student 2: We were having small sessions where we could talk and speak. What I would actually prefer doing if it was repeated again in the future? I really wished that we look at our strengths and weaknesses and we try to overcome them. So, like we should start by knowing our strengths and weaknesses. So, what are we actually good at? What are we actually not good at? It was very generalised for everyone. I don't feel I had much essays and what should I learn in them. But I understand that because it has a lot of people like 5060 people, I can't do much about it. Like for example with the long case right now to differentiate between open and closed questions to be able to engage in history taking, we did a lot of history taking sessions that time. This was really helpful. This is very relevant.

35 HK: Great. That's good to know.

Student 2: I think most of our problems is generating words and be able to talk a lot and I think that helped us talk a lot.

40 HK: That's great. It's good to hear. And I take your point that you would have preferred to spend more time looking at your weaknesses or knowing what your strengths, that's a really good point I think you're making there. It's really good to hear that there was a little bit of that where, I don't know if you remember, you were making videos of taking history with each other and you had to self-assess how you did and then you had to comment on how the other person did.

Student 2: Yeah, that's perfect.

45 HK: And there was there was kind of a lot of that stuff about learning, you know what to do. First of all, identifying what was wrong and learning how to do it. So, you think more of that would have been better?

Student 2: Yeah, more of that in a in a way, that it seems so smooth. Not very self-critical, yeah.

50 HK: Fantastic. Thank you very much. And how are you getting on with your communication skills since then? Do you think that it's helped you to learn ways to keep improving? Do you still do things to improve, or, I know you're very, very busy as medical students, did you just sort of not focus on communication anymore? What is your situation with your language and communication now?

55 Student 2: Yeah, I felt more confident after that actually, like the video session. Our first trial was always the bad trial. I thought that we had some improvement on that and we had the chance to choose our colleagues and that's really good. And also to have a random partner and that's also good. What I actually wanted was to get feedback from the instructor himself. Maybe I didn't see stuff. We always

60 think that we are better than we are. And I like getting another point of view other than my friends, because my friends might be below my standards or both of us have very low standards, but because I am better than him, so we might not see our own faults.

HK: Yeah, that's a very clever comment. I think you know you're right, it takes a long

65 time to learn how to self-assess accurately. Do you think you're getting better at that now in year 3 or have you gotten better over the years at assessing yourself?

Student 2: We do. Yeah, we do. Like we take history taking with patients. And we know when we screw up. When we screw up like we know when sometimes,

70 especially in stressful situations, our English language gets interrupted.

HK: Yes.

Student 2: We find it harder to generate words. We find it harder to think of the right terminology. We even get the question sound not as smooth as it should be. And that's one of the disadvantages as a second language.

75 HK: That's great that you've identified that stressful situations make it harder for you. I think that's a really good point and that's something you could share with your tutors, that if they want to be fair to you, they could try to minimise the stress in the exam in the OSCE or in the long case for international students, something I'd be very happy to share with them, to tell them that, you know, this

80 makes things more difficult. So, everything they can do to create a more relaxed atmosphere will help you. Do you know what I mean? I think it's a very important point you make.

Student 2: Yeah. Yeah. The tutors are very friendly. It is just our own stress we create because we are being examined on everything we do, from entering the

85 room, to the way we dress to the way we treat the patient.

HK: Your own panic, yeah.

Student 2: Be kind to the patient, introduce yourself and perform all the steps in the right way and you will be fine. They are doing a great job, but I think it is normal for us to stress sometimes.

90 HK: Of course, because it's important to you to do well. OK, great. So, we're moving on from that question. I wanted to ask you about the cultural part. If you remember in foundation year, we did introduce you to a lot of concepts of our culture and understanding yourselves and intercultural awareness. Did you find that part helpful?

95 Student 2: Yeah, yeah, yeah. Because I have faced a lot of cultural differences, problems. Things that I thought were fine for someone to hear when I wrote to them and vice versa. So it is useful for me to be able to understand someone's culture. But there are definitely cultural barriers.

100 HK: And from the point of view of culture. Have you got many friends? Where are you from originally?

Student 2: I'm from Abu Dhabi. Recently, like just this year, I was able to have friends from different regions. I found it harder the first year, like especially FY and 1st year. I think it's all because of, first of all, the culture. Maybe our sense of humour is different than their sense of humour and the way that we approach things. Maybe we are also less open, so we enter with a view that we will be stereotyped as different people. The thought of having us stereotyped that way, will affect how we will interact with them in some way. We are not very comfortable speaking with them. If I spoke with someone from my region, I would be more interactive and I will show my excitement when talking to them, but when I speak with foreigners from different regions, I try to minimise my emotions and try to just speak without any interaction. Overall what I want to say about culture is just to have the confidence to be able to interact with them.

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110 HK: Wonderful. That's a really good point and it sounds like you're getting better and better at that. So well done because it's not easy. It's not easy for anybody, but especially when it's such a mix. What proportion of the people you know now would not be, let's say, Arabic speaking or from your part of the world, would they be a small amount?

115 Student 2: It's very diverse. Actually, it's very smart for me to look for people from my own region because I think of long term relationships more than short term, because those who are going to work somewhere outside Dublin or out of my country back home, I won't see them as often and they want to be lifelong friends. So, I would certainly have friends from my own region cause the likelihood of seeing them again is very high.

120 HK: OK.

125 Student 2: For long term benefit, yeah, that's really important for me. Like my closest friends are all from the Emirates. And that's smart for me long term.

HK: Yeah. So, it's part of professional networking, sorry to go across you, is that your personal preference to have long term friends or is it also something to do with your career?

130 Student 2: It's personal. More personal. Because, we spent six years of our lives in medical school, and there is a study that says any friend you have for more than five years is a lifelong friend. Medical school is the right way to like to find those front end. I would prefer friends from my country, even though It's nice to have all diverse kind of friends. I have a lot of friends from different countries, but they are also professional. So, when I see them, I meet them. Hi. How are you? It's very superficial. And I like the superficiality. I like that. We aren't very close but when we meet each other we are. We ask about each other. What happened? Where are you doing? What are you doing right now? And is there anything that happened recently? And they will just share stories and like have fun and share our experiences. That's all we want to be able to do. And go out later on and talk to each other on daily basis. That's it.

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HK: But you can see the benefit of both types of friendships, the ones that are short and the longer ones that are more personal?

145 Student 2: Yeah. But I believe like if I was not there one day, those superficial friends won't miss me or they want like they don't when I'm there they acknowledge my presence. But when I'm not there they would just so it is superficial.

HK: It's superficial, but you know, at least you're able to get along with them so that if you're ever working in a hospital with people from other countries, you think

150 that would make it easier to be able to get along with them.

Student 2: Yeah, of course, definitely so. And cultural differences, I think this is the topic you will hear often. Maybe in this one to one talk, it's the communication between Arab males and females.

HK: Yes.

155 Student 2: So between males and females, we are taught from childhood till adulthood that they have their own. We have our own stuff, they have their own hobbies. We have our own hobbies and I'm not against that actually. Even back home, I'm not against that. It's just our culture and I like our culture. It is just

160 when we get to RCSI we can't maintain that for long. So what happens is that in FY this creepiness and awkwardness starts to evolve. I hear a lot of stories even in my lower years, where this creepiness is there so the communication between males and females is very unnatural.

HK: It's uncomfortable. Would you say it? It just doesn't feel right, normal or natural?

165 Student 2: Yeah, yeah, yeah.

HK: OK, that's very honest. And I think that that's a very good point. You remember in foundation year we were talking about how people spend 20 to 30 years of their life being told this is the way you do something. So, it's impossible to forget, that's part of who you are and it's not that anybody wants you to change who

170 you are. It's just about understanding different people so that you can get along with them more easily if you have to.

Student 2: Yeah. Especially in the medical field, if I was an engineer or if I was in any other specialties where I don't have to communicate a lot with a lot of people in a confidential professional setting. Either with males and females and every

175 single setting in an emergency is the most confidential settings, right. So, in those cases, we have to be able to communicate with any gender without any barriers, and we should be able to be honest. We should not let our emotions interfere. We should be able to communicate with them. And that's very important. Like for us to develop as a skill.

180 HK: Yes.

Student 2: I'm not sure if you are aware of the weaknesses we have. Like if you see the other countries, the other nationalities, they don't have this issue. They don't have this issue because of they were able to communicate with females, their whole lives, and they know what's creepy and what's not creepy, what's

185 awkward and what's not awkward. And they know what's natural and what's unnatural.

HK: So it takes you quite a bit longer to learn.

Student 2: This is a very deep topic to talk about and I'm not sure what is the right solution for it. It is just a topic that needs to be acknowledged.

190 HK: All you could do is do your best, I think what you're saying is you're able to understand the difference between your personal life and professional life. And I think as long as you're able to separate those a little bit so that when you're in work, you kind of go into professional mode. And when you're in your social life, you could do whatever you want, if you prefer all male friends then that's

195 perfectly fine. But I see what you're saying.

Student 2: No, I got over it already. I got over it.

HK: It's very difficult for you to feel natural in, in a mixed gender environment where you have to communicate with a woman, but I think you are getting better at it over the years. What do you think?

200 Student 2: Yeah, yeah, I am getting better, but I'm not sure if everybody is. It is only through trials, like when I say that I said something, and somebody gets uncomfortable. I just try to not to say it again or not to mention it again.

HK: OK, but that's all you could do.

Student 2: I was only able to learn through trials.

205 HK: That's great. You're really giving me some really very valuable private information there. That's so fantastic. Thank you.

Student 2: And I actually respect the guys who don't talk to girls at all. I respect them a lot. It's very hard to force anyone to do anything even, but in the CAL programme, it is a professional setting.

210 HK: Of course, yeah. And you have to respect them.

Student 2: So ICC was helpful in the CAL programme. I felt that the programme was a system, it was there indirectly. I saw in groups, we talked to each other and everything. I don't think a lot of people were able to realise that they had to overcome it. They weren't aware of that and I respect it's because it's also both

215 sides even for the girls. Like they are not receptive. They don't want to have any discussions with the guys.

HK: Yes.

Student 2: It's a very controversial topic, I think I will talk about it with my friend later on, but it is.

220 HK: It's a big topic.

Student 2: It is a controversial topic. It is not something straightforward like if I have an opinion, my friend would certainly say I don't think you are right. Let's say beyond a professional setting as friendships I have female friends but you can say a lot of superficial ones. When it gets closer, we find it's very hard for us to

225 communicate. It is much harder than when it's superficial. It's much easier, and that's something that I don't mind maintaining. I don't see it as a problem for me, like close friendships with girls, have a lot of grey zones. For example, the topic of complementing, we are not sure when we should. So a lot of grey zones, I think you might eat as it's fine. OK what's wrong with that? What's wrong with that?

230 Working beside again in front of in the university, it's totally fine. But it's our perception.

HK: Yes, I see what you mean.

Student 2: Our perception of how other people will see us? That's the huge part in our behaviour. There is a huge proportion of Arabs like 30%, I'm not sure about

235 the percentages but 30 to 40% and when we care a lot about what they would think about us and we try our best to maintain a very good reputation. So they would see the guy who is very close from girls. They will see that as a negative and a negative way more than a positive way. I'm not sure at how to explain it.

HK: I understand. You're explaining it very well.

240 Student 2: I'm not sure what happens behind our back. OK, it is something. Yeah, and maybe it's something very weird to you. It's for you to hear.

HK: I understand it because I've been teaching in the college for so long and I have had so many students from the Middle East. I understand it would be like if we were dying our hair blue and walking around with very little clothes on, you know, very similar people would talk about us and say we weren't professional and we were, you know, breaking all the rules. And you feel like you're breaking your societies rules if you do that and that people will criticise you.

245 Student 2: Yeah. Yeah. But now I reached a point where I am 30 here. So my friends know me very well. So whatever I did my reputation is too strong for them to change it so they know who I am. So my first impression is always changing and they are still not aware of who I am. Even so what? Whatever I do, that's new to them. They would make it as this is. This is who [*mentions own name*] is, and I shouldn't be worrying a lot about that actually. What people think about me.

HK: I understand, yeah.

255 Student 2: It's very hard. It's that we have to be who we want to be, regardless of what people think about this, so.

HK: Yes, but you're always going to have that problem. So it's about walking the tightrope.

Student 2: It is at the back of my mind. So what we want to be is, is the person we want to be. But at the back of our head, we will think about what people think about. That's it. It's very hard for me to talk about it.

260 HK: Great. That's so good to hear all of that. Very good information. I'm so happy you're telling me about it. Confidentially, I think I'm learning huge amounts. That's really valuable. Thank you so much for your honesty. I really respect your honesty and your opinion. Two more very short questions.

265 Student 2: Like maybe having the CAL programme acknowledging this issue and saying and actually also respecting our culture. I think if the CAL understand what are our boundaries and our culture and what is wrong in our culture. So what is actually wrong in our culture is very far from what people think is wrong.

270 HK: That's interesting. Even like misperceptions on what is wrong in our culture, so.

Student 2: So like so like. In any professional setting, it's allowed to speak with the female gender, as long as it's not a breaching her confidentiality, it's not breaching her personal space, it's not breaching her personal stories, whatever she does not want to share, she don't have to share. And vice versa for the guys.

275 So whatever, they don't want to they don't have to.

HK: So there's a distance that you have to respect that is there.

Student 2: There is a distance but we segregate at this distance. At this distance and a normal would be this, but what then other nationalities do is that the distance is there and it's fine for them, but we can't. We can't reach that. We can't. We can't be able to hug any girl. This is not allowed for us. We are not allowed to. To compliment a girl away that, like You look good today. That's so weird in our

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culture. If I said that, that's a red flag. Like out my reputation will go so bad. If I said that it's really bad.

HK: That's too close, yeah? You have to maintain that sort of professional distance.

285 HK: Yeah, that's great to understand. Very, very good explanation.

Student 2: There are some boundaries that are red flags, and there's a lot of grey zones. Grey zones, we try to avoid. But they are fine and there is the Greens, so we have to maintain the Greens and the Green Zone is a professional setting, which is the CAL programme was. In the IPC BI I was in a group with three girls, 290 so we were a group of four with three girls and that's At that time it was, it must have been difficult, but at the same time I learned a lot from it. So I had a lot of obstacles, but I overcame that and not in the best way.

HK: Very good. It's not easy to overcome. Thank you. I've only got two more questions.

295 Student 2: Yeah, like I was rude without them noticing. I was sometimes like we boys. We are a bit aggressive with each other and maybe females don't like this aggressivity. So I'm. What? What I mean is that sometimes they are presenting and they have their own notes. And what I did is that I told her to give me her notes and I took the notes and put it in my pocket and taught her to present.

300 HK: But you're learning a little bit about it.

Student 2: And you find that is very outside her comfort zone. For me to take it from her hands, and I asked her for it. It was, it was not my first. But I just took it and took it and put it in my pocket. It was more of a jump, I leap for her to go to, to speak without notes. And when she did, she was successful. She was successful 305 for the first time. But for me to do that was actually really rude.

HK: Yeah, your memories from foundation year. That's fantastic. I've only two more short questions. So would be quick. The next question is very much about your learning skills now. We did a little bit in foundation here about self-assessing peer assessment group, assessing, understanding where you're at and how you can improve. How are your study skills now? Do you think that helped you in any way in foundation year and how are you learning? Do you understand better 310 how to learn now would you say?

Student 2: There is actually a lecture that's really interesting that we studied this year.

315 HK: Really?

Student 2: Yes, it was. In psychology. It was called memory. And the learning curves. It is one of the most beneficial lectures I have had, but in learning and I wish that I had it in FY. It's clogged memory. The lecture is called memory and memory is a very big part of medicine because you have to remember a lot of stuff.

320 HK: OK.

Student 2: It says a lot about how to maintain it. The main objective of the lecture was to teach how to teach us how to let the patient understand what we say and remember what you wish we say as medical professionals. But what I learned from is actually how to study.

325 HK: Oh wow, that's fantastic. That you took that from us.

Student 2: A big part of it talks about how you receive the knowledge and then how do you keep it in your short term memory and then how does it move to the long term memory and for you to remove from short term to long term memory there

330 are like 5-6 seven things you can do and there are three types of memory taking
phonation verbal and it says that through logic is the highest between all like
80% of people learn through logic rather than through phonation and through
picture.

HK: So that active learning that if something is logical, you're going to remember it
better. That's what they mean by that. Yeah.

335 Student 2: Yeah, if you understand why it happens, you will learn it your whole life.
And with the aid of pictures and phonation, it will even increase more and more.
They actually did this exercise in the middle of the class when they presented 10
words. One of them have Four Nations. So it's like buzz. And there is one that's
340 about the verb that's more logical like they put each one of them in a sentence
where 110 were logical. Ten were through sound and 10 through picturing them.
So you were able to imagine them. It's in the cycle lecture and it's really a very
good lecture. I would actually recommend people to learn it early on.

HK: Yeah, that sounds really good. I'll have a look at that. And so you think your
learning has improved? Are you studying OK now?

345 Student 2: And yeah, let's look at learning. So FY is, I think the year where someone
discovers how he learns. Some people would prefer different techniques. Some
hate writing notes, they only write through typing and some learn through Anki
(Open source flashcard for learning). Anki is an amazing resource for me. I
350 discovered that I liked Anki and some learn through talking like as a group study.
Like discovering what fits best, some people also realise that through recordings
they learn better, and some realise that all through attending they learn better.

HK: OK, so you got to explore all those in foundation here. Great. And that's helped
you to kind of pick some.

Student 2: Yeah. I explained that recording thing go in and during covid. But
355 attending for me was personally better.

HK: You mean attending class?

Student 2: Yeah, yeah.

HK: OK, OK.

Student 2: So I know this is something for you. We have to say so. There are people
360 who attend and there are people who don't attend. That's something we have.
And this is one of the questions we ask everyone like, do you attend and you say
no. I study every day three lectures a day from my hotel, for the whole semester.
I studied three lectures a day consistently and some say I can't and I revise after I
turn and it's just about like consistency. Some people like to have a certain
365 amount of content.

HK: It's a preference, yeah.

Student 2: Some people can't study five. Their attention span over time decreases.
So the last three lectures, they understand nothing. So did they say, why should I
370 identify understand nothing from the lecture because they're. I know that there
is always a break between sessions, between classes. But they still seem to like
over 5 lectures, very hard for them over. I mean, four to five is very hard for the
two is very optimal for now.

HK: Yeah, that's a lot of work. Medical degree is difficult. OK, thank you for that. So
I'll move on to the last question because I don't want to keep you all day. This
375 would be an interesting question for you because I'm sure you've got a lot to say.

I was going to say to you that if you could do it all again, what advice would you give to somebody, an international student or somebody from your region come into RCSI in future? What would you advise them to do or don't do? From the point of view of thinking about communication skills, language skills, study, intercultural and all the things that we've been talking about.

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Student 2: Whatever advice I would give, he wouldn't learn from it unless he experiences it. This is the truth, because he would, he would realise whatever I say afterwards. Like He told me that before and now I understand why he said that. But that's only after what he saw.

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HK: So they must experience it is what you're saying?

Student 2: What I would say about RCSI is that it is very diverse.

HK: To learn.

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Student 2: And I like. I like the load. The study load is not that bad. Actually, it's not that bad. But they have to go through. They have to go through. So it depends from what school they came from. So if they came from a very highly pressured school, so we have very well known schools where they have high pressure for the whole week. Those will have it much easier than those who were in a regular pathway where they were like just studying before the finals and that's it. And those will find it tough well, for example, Twyford school, they have exams every single week. Any school with periodic exams and studying for. I would give that one advice. Let's start. So to be able to study consistently. I don't care about the way he study or the way he prefers. It's all about being able to retrieve the knowledge so he gets the knowledge either through lectures, writing notes, Anki anywhere and then he retrieves the knowledge through either speaking, examining himself, practicing questions and doing all those stuff. So those are the two things though. If those two components are there. Getting the formation and retrieving it and doing it in a consistent way. Not cramming.

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HK: Not cramming. Wonderful.

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Student 2: Not cramming, and yeah, like I would certainly say that some someone who study 2-3 hours consistently every single day is better than someone who studies for one week and a very high intensity.

HK: All night long? Yes, because they're not going to remember it.

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Student 2: And yeah, especially for long term memory so. OK. Maybe short term, they get high grades. I saw people who study one day before they are examined here and they got 70s. I saw that.

HK: Yeah, if they can get lucky, they can be lucky, but that's a chance, isn't it? It's a chance they're taking.

Student 2: Not all about chance. It's about long term, so they might get 70, but next year all this information they have learned they won't recall anything from it.

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HK: Yes.

Student 2: They won't recall anything from the FY year, year one, year Two. Year One especially is very important when it comes to recording the information because year two depends a lot on your own.

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HK: Yes, there's more practice, a lot more information. In year one, I think thank you so much. I think that's great to hear your opinions. I really appreciate your time and everything and thank you so much. I was going to say best of luck for the long case. I really think it's amazing to see how much your communication skills

425 have improved since foundation year. I mean you're speaking so well and communicating so clearly with me here. I think you should be very proud of the progress that you've made over the years.

Student 2: Yeah.

HK: And I hope you're not too, too worried about the long case. Practice, practice, practice with your friends, your closest friends, the ones that you trust.

Student 2: Yeah.

430 HK: And I think that'll help you a lot.

Student 2: I remember you, Miss Helen, when you were teaching our course on professionals. And it was really great. But having it more interactive would be much better. And also like one thing. One thing. Emotional intelligence. You taught us about emotional intelligence in our class in psychology. I think maybe

435 you or maybe someone else maybe. But you were there. I remember you were over there.

HK: Did I? I was probably, yeah, I don't remember.

Student 2: Maybe it's you, maybe someone else. OK, but emotional intelligence is something I would recommend for someone to focus on, like early on in their

440 career.

HK: I don't remember that part now, but anyway, what did you want to say about it?

Student 2: Like, during FY emotional intelligence was really important and the other stuff that you guys taught us. But I'm not sure like there is something. OK, let me be honest, I like being honest.

445 HK: Yes, you do it and it's great. It's good. Good to be honest.

Student 2: Because I wanna say something that will actually reflect what people think about. It's not about me. So during the professional lectures, a lot of them said that they are trying to poison our personality, we have to go through this system and end up robotised to be this kind of professional guy. And this guy in

450 the middle is the one that is perfect.

HK: Yeah.

Student 2: I think this is like a hypnotising form of teaching.

HK: I see that's such an interesting thing to say.

Student 2: Every single year we are being hypnotised to be that kind.

455 HK: Where you would prefer to be to be able to find your own route to being a professional. I think that's a genius idea. I think it's a very interesting point that rather than everybody telling you what is the perfect doctor, you'd prefer to find out your own version of that. Is that what you mean? Do I understand what you're saying?

460 Student 2: I think knowing what not a good doctor is, is more important. So like anything that breaks the trust with the patient is really bad. This is not something we wanna have. I know the objective of professionalism is to maintain the professional so that we keep the patient doctor trust. So saying what breaks the trust is more important than saying what we should do to maintain the trust.

465 HK: Yes.

Student 2: And because everybody has its own way to maintain it, my friends likes to be the quiet person. He's the listener. I'm one of the more extroverted guy. We can't be doing the same thing.

470 HK: Yes, of course. So did you. People are more flexible so that you can take your
own approach.

Student 2: Yes, yes.

END OF TRANSCRIPT

Student interview 3

HK: Thank you so much for taking the time to do this, and as I just explained, this is a follow up from the survey that you filled out as part of the study. On the CAL programme in foundation year. So, you were part of the CAL programme in Foundation year in 2017- 2018 and we want to get your opinions and views on that programme today. So, thank you very much for taking the time to talk to me. I've just explained to you that the meeting is being recorded, just to have notes taken and that your name will be removed for confidentiality. So, this is completely anonymous. Thank you very much.

Student 3: Thank you.

HK: Fantastic, so the 1st question. I know it's difficult to remember because it's a long time ago, but you remember your Foundation Year, you had science modules and then you had a module in foundation year that was called "Professionalism". In that module you covered lots of things like culture, and critical thinking skills, "what is professionalism" all that kind of stuff, academic writing etc... But you also had a component that was called CAL which was the Communications and language component and it was embedded within the Professionalism Module.

Student 3: Yeah

HK: Now I don't know if you know this, but most language programmes in university where there is language help for international students, it's usually done in the evening or after hours or before the year starts in per-session courses. There is usually no marks for these and it's usually not part of your main degree programme. If it is, it's usually kind of a separate thing on its own, completely. Sometimes it can be called a pre-sessional, where it's in the summer before you even start the year. So it isn't part of your year, but in your case in FY the CAL programme was embedded as part of your Health Science medical training. So it was part of part of the Professionalism Module in FY because it fits best there. So my first question is : What did you think of CAL as an embedded part of your degree Programme. Did you think it was helpful to be taught that way?

Student 3: So I first heard about CAL when I was in Tralee. They told us that if you don't get the required mark, you will be doing another English course in the RCSI when we go to Dublin. So I actually wasn't that much excited because I felt like another student who didn't pass the English requirements. But once I started the programme, things were different. So I actually was confused because I really needed the programme and because it was helpful. Really helpful. It was more fun interactive classes. Yeah, they taught us many things. It wasn't only the language things that we learned there, but we learned many things other than the language thing.

HK: OK, lovely. That's great. You said there that you learned things other than the language. So you like that part that it wasn't focusing on just language, that it was medical.

Student 3: Very much. Yes.

HK: OK, you found that helpful and what were the things that you thought were the most helpful now that you're able to look back? What were the things that were the most help to you at the time to prepare you for the next year from a language point of view? Was there anything that helped you in particular that you remember?

Student 3: Yeah, I remember a few things that I think I will never forget because they were really helpful and the way it was taught, it was really good. I remember doing interview with colleagues and we interview each other and then we like medical script it how to talk to a patient and how to be professional, how to take history and that part was really, really good. And this year, I know how much that was helpful because we did the OSCE. I think we did the long case things this year but I have an idea about it. On my foundation year, we were taught on the CAL Programme how to do a history taking with the patient professionally, what's the language to be used, how do use questions, how to use open, close question and that was really helpful. And this year I really understand why we did that programme.

HK: Wonderful. That's so good to hear. I'm delighted that you feel that it gave you a bit of a head start there because, yeah, it's very tricky, isn't it? Medicine. Communication for medicine is difficult for anybody. And then in particular, if you're trying to be bilingual or, you know, coming from a different background. And so, you like the way it was taught, that's great. There was a lot on the programme about learning how to learn and understanding how you learn the language. And, you know, there was bits about assessing yourself, assessing each other.

Student 3: Yeah.

55 HK: Like Peer assessment, did that help you in any way? Did that help you to try to keep improving your language since you left foundation here.

Student 3: Yes, it did. It did very much because as you mentioned I'm not a native English speaker. It's not my first language, but the things I was taught there helped me a lot learning English. Knowing how to communicate. It wasn't only like individual things to do, but it was more about doing peer assessment, it was a more interactive way. Every week, we'll be doing something that's interactive, will be interviewing 60 each other, will be in the class, will be chatting with the teacher, and the thing was, that our classes were small, where we were in small groups. We weren't in that big groups, so we were just very few students. So, it was much better than having a very big group. It was better to communicate with each other and to be more interactive in the classes. So yeah, I remember doing these interviews and I really liked them. I remember also when we had to sit there and chat with the teacher, with the students.

65 HK: Right. I'm delighted that you have such good memories and that you feel it helped you. That's really interesting. You're a very busy medical student and we understand that medical students have so many things to do and learn. But is there anything you do now to keep up your English? Would you say you still do things like that too because you say that in foundation year you chatted with people in small groups, you learned a lot about getting more confidence and trying to practice history and all of 70 that. Do you still keep up those things or how is your language progressing?

Student 3: Yeah, actually, I'm not never ashamed of saying that. I'm not a very good English speaker. But yeah, I do admit that because you know, this is the first step of learning. So I'm still doing. Yeah. This I actually am, When we were doing the CAL things we were advised like to interact with the other international students. And when in this year, particularly we were separated into groups and I have 75 the chance to talk to more international students that are not from my country. They have another language to me and that was really helpful. That was really, really helpful. I keep making friends from other countries other than the Arabic ones because my first language is Arabic. So I keep talking to Malaysian. I keep talking to Canadian, even Irish, you know it's the best way for me to learn English.

HK: Yes.

80 Student 3: To keep speaking English, to keep practicing English and another way is that I keep watching series and TV's but I watch more medical programmes so I can learn more medical vocabulary. And I actually kept the papers from the CAL programme. So yeah, I keep reviewing them. I actually even have them for my long cases and I use them because in these classes, we were taught how to use the open closed questions and I keep reading them just to enhance my English so I don't forget them for my 85 exams and for my life, you know.

HK: Yes. Fantastic. That's a really good idea because yes, you get a little bit of a clinical skills training in first year and 2nd year, but it's with the whole class, isn't it? So it's not tailored for non-native speakers whereas the one in foundation year was.

Student 3: Yeah.

90 HK: So it's probably looking more at how to ask things and how to the kind of problems that an Irish person wouldn't have necessarily. Well, I'm delighted that you still think that's useful and that you're still using it and you sound like you're doing a lot to keep up your language skills and that you understand what to do to keep learning.

Student 3: Yeah, because actually, I need it.

95 HK: OK, but you're speaking very well. I have to say, you know, as we told you in foundation year, it's not about accents, it's about how clearly you communicate. So you should be more proud of you now, getting your message across and communicating well rather than worrying about an accent is part of your identity. You don't need to change your accent to be a good speaker. So well done to you. You mentioned there, about mixing with people a little bit more. My next question was going to be about that.

100 Student 3: Oh, thank you.

HK: My question three. So we're nearly done. I was wondering do you interact much with people outside of your own culture group like with Irish or Canadians or Americans? Do you feel because we did a lot on the course in foundation year about intercultural awareness and trying to teach you about culture and stuff like that. Do you think that helped you to become more aware of cultural difference and 105 giving you more confidence about making friends, or does it make any difference at all? Do you have

many friends from other countries?

110 Student 3: Alright. So I remember in first year when Corona came and the second year Corona also was there, so I didn't have a chance to do more interactions with people in these two years. But in this year, we were there in person, so that was really helpful. I actually had a chance to talk to so many students from other countries, Malaysian, Canadian, Irish people and about the cultural things I actually this year I tried many.

HK: Yeah.

115 Student 3: And foreign food for me, like I tried Malaysian. I tried Irish. I tried Canadian. So yeah, because we met in small groups and hospital placements and like, we'll be talking to each other and then they eventually become friends. So then we will be going out together, we'll hang out together, we will study together. And that was really helpful. Like, you know, to interact with other cultures.

HK: Fantastic. OK, great.

Student 3: So yeah, that year was really helpful, yeah.

120 HK: Then yeah, it's awful with coronavirus. That has really impacted people's ability to make friends anyway, even with people from your own country. So it's very difficult too, but hopefully now it's getting more normal. So you know we can hope that it gets better. We're nearly there. Nearly done. I was wondering about your learning skills and your study skills now and how you manage that. We covered quite a lot. We were very interested in foundation year, In the professionalism module, teaching you how to become an autonomous learner in the CAL programme. There was a lot on, you know, self-assessment so that you would understand what level you were at.

125 Student 3: Yeah.

130 HK: It's to understand how you learn, what your strengths are, what your weaknesses are, how you learn best. And I was just wondering, you know, what is your experience of that now? How do you feel your skills are in relation to learning and study skills and being an independent learner? Would you describe yourself as a confident good learner now?

Student 3: Yeah.

HK: How are you getting on there?

135 Student 3: Yeah, I would. I would say I'm a good person at learning. But I don't know. I just had the feeling that medical students would have because of the pressure I feel under like many students. I don't feel that confident. I know it helped me to assess myself, to see what my weakness is, to see what my strength is but I still have that feeling that I am under everyone. But I think that's maybe normal for medical students to have because you know, all of them are good and you just have that feeling. But, what I learned from the foundation year is how to assess myself, how to see what did I do good. So yeah, I'm not bad. But I'm not saying that I'm really under everyone, but I just have this feeling. I'm good at assessing myself. Like, you know, I see what I'm doing good. What I'm doing wrong and then I will be correcting what I'm doing wrong. Yeah. I will be assessing myself.

140 HK: Fantastic. That's really great to hear that. Because yes, I mean, you know, medical studies are very competitive. So, you're right, there's a lot of pressure. It's very difficult to say I'm a good learner because you always feel that there's somebody who's better than you, but that's not the way to go. I think you use your own, use yourself to measure your own performance. If you've improved, then you've improved, so that's fantastic. That's great. You have a really good attitude. Do you do much self-assessment, peer assessment in your programme now or is it mostly MCQs, that kind of stuff?

145 Student 3: We do MCQ's. It's mostly online MCQs but this year we did the OSCE, we did the long cases and it was in person. So it was a bit different. We were like really nervous after all the online things we were there in person and it was a chance actually to assess myself to see how I'm doing with language communication, yeah it's OSCE and long cases. And yes, I did this myself much better this year because it wasn't only online MCQs.

HK: OK

150 Student 3: It's not only how we are doing an exam, but it was how we are doing in the real world. So yeah.

HK: In the real world, wonderful. So it's nice to see some of those opportunities coming back. And how do you feel you're doing? Do you feel your communication skills are coming along?

Student 3: Yeah.

HK: How did you feel? What was your assessment of your performance in the OCSE?

160 Student 3: I was nervous. I always have this issue that I am nervous with exams, but the thing is that I'm not as much nervous with online exams as I am in person and because we didn't do online in person exams for a long time. We didn't even do an OSCE like medical students in previous years, they did OSCE every year, we didn't. We only did 1 OSCE exam on 1st year on 1st semester and that was it and it was very simple. It was nothing comparing to that.

165 HK: Wow..

Student 3: That one wasn't a real one. Yeah. So I was, like, nervous. Yeah.

HK: OK, so there's a big jump. OK, but your communication skills were OK. You think they were good?

Student 3: I wouldn't say OK, maybe because I was nervous and anxious and that like affected my

170 performance, but I wouldn't say also I'm very bad at that. I would say fine.

HK: Fine. OK, great. So that's not bad for your first OSCE in two years. You know, you have to be kind to yourself as well.

Student 3: Yeah.

HK: OK, wonderful. And my last question for you today is, what advice would you give to an

175 international, non-native speakers come into RCSI in the future. If you had to kind of sit back and think about the things that have gone well for you, the things that have been difficult maybe you know if you've had a chance to do it again, what advice would you give to students coming from your country for instance?

Student 3: So I would say that they shouldn't be sitting there waiting for others to communicate

180 with them. They should start communicating with others. It's their language. Their accent is not a problem at all. Like everybody will be having issues, if not with English, with any other things. It's nothing to be ashamed of. They should at least be trying to communicate with others because it's needed. They will need it. It's really helpful if they do it anyway. If it's not in their daily life, it will be in their studying and they will have to do it. But if they do it before that, if they do it in their daily life it would be much easier

185 for them.

HK: Hmm, that's very good advice.

Student 3: Yeah, it's much better to make it a part of your life rather than something you have to do.

HK: Yes, kind of like health and fitness, similar to what you would have learned in your

190 population in Health Sciences module. It's like if you make it part of your life communication skills or language use it, it becomes easier than just keeping it in the classroom. Very good advice and yeah, because people are shy, they're nervous and they want to wait until they're perfect before they speak where you're never going to be perfect.

Student 3: I don't know if you get the idea. I mean, yeah.

195 HK: Just do it. I think that's very, very good advice. Well, look, I'd like to thank you so much for your time here, especially in the middle of your exams. And I'm sure you will do well. Very well. I mean, it's been a difficult two years with COVID and everything else, and I really, really appreciate your time.

Student 3: Thank you. Thank you very much and best of luck for you and your research.

200 HK: Thank you. I'm trying here to get as many opinions if you can spread the word that this isn't a scary interview, I'd be very grateful. I'm finding it really hard to get people to take time to talk to me, so I know it's a bad time. And thank you for telling me the dates of when the exams are over there. Really appreciate that. OK, have a great afternoon and thank you again. I really appreciate you.

Student 3: Definitely, I will tell my friends yeah.

205 HK: OK. Bye bye.

Student 3: Alright, bye bye

END OF TRANSCRIPT

Student interview 4

5 HK: Hi and thank you for agreeing to this interview. It is about the CAL programme in foundation year and to check in with you all and see how you're doing now because a lot of time has passed and you've moved on a lot. I can hear you sound fantastic. So obviously your English is extremely fluent at this point. I'm delighted to hear that.

Student 4: Yeah. Hopefully it's better, yeah.

10 HK: Oh yeah, it's totally. I can't believe it. You sound like you're living and breathing it. But so it's just to get your opinions on your professional stage now and questions around that. So it's kind of a mix between what you did back then and where you feel you're at now and if it helped in any way. And I know it's very difficult to know if it's helped because so much time has passed. But I think if we pick one or two questions, we'll be able to figure it out. So I guess the first
15 question is just going back in time to the CAL programme and one of the reasons we wanted to start with that. I don't know if you're aware, but the CAL programme in foundation year, if you remember, it was part of the professionalism module and most universities don't do that when you're doing language. It's usually pure language and usually they teach you grammar, and it's
20 usually outside of the curriculum or it's seen as support or it's on the weekends or it's a pre sessional before you start. Whereas in foundation year we decided to make it about medical stuff, you know, teaching you history taking.

Student 4: Yeah, I do remember.

25 HK: Academic writing all that kind of stuff, and it was in the programme. So, it was part of your day time calendar. What did you think of that looking back now? Was it helpful to have it in that format? Was it a good idea? Did you think it was good to have CAL embedded in your course in your medical course in your professionalism module at the time or what did you think like when you came in, did you think, Oh my God, this is strange or did you think it was helpful?

30 Student 4: At the time, I thought, it's a bit strange and I felt it's like overwork after the school or during those classes. But right now I think it was very helpful. Like I start to understand few things and getting more knowledge about how to ask questions like for example, I remember taking classes about closed and open questions. That was very helpful on the classes that I still remember, after years
35 from that time. It was very, very, very helpful, yeah.

HK: Great. So maybe for the students at the time, I think that's the difficulty because you don't have any clinical contact or any patient contact and yet we're trying to prepare people for patient contacts. It's difficult to make it exciting and relevant. You know that's the problem.

40 Student 4: Yeah, it's like in the Foundation year, everything is overwhelming, like you feel anxiety, new environments, new language for me and kept getting CAL over that like, stressful for me. But now I get it, it was very helpful.

45 HK: OK, great. And the fact that you got marks for it as well, I guess and it was recognised as part of your programme, did you like that getting marks for your work, getting recognition for your work?

Student 4: Yeah. It's helpful. Like to see the progress during the classes and getting marks on showing how I progress and improvement I get as well.

50 HK: OK. Brilliant. That's great to hear. And do you think maybe would it have been better if it had been a little bit later like in first year or in a different year or you think it was OK in the foundation year programme? Do you think it's wasted on foundation year students or you think it's a good idea?

Student 4: To be honest, I think it was a good idea, like in the first year. It's totally about the systems, so didn't have much patience, control, contact or anything related to the patients on the foundation year. I think it was a very good idea.

55 HK: Well, I guess the logic is there is more time in foundation year, whereas when you move up along, you're so busy, it's very difficult to get any time for any more communications training that's specific to international students. OK, thank you for that. It's really helpful to know that you like that part of it and you thought it was good. But I realised that it was a lot of work in foundation year as well on top of your curriculum. So yeah, it's probably about getting that balance right.

60 Student 4: Yeah. But like the idea of having, I think it was like. And now, while in the half of two hours class was it.

HK: Yeah, once a week too, it was one and half hour class once a week for eight weeks, I think.

65 Student 4: Yeah. After the first hour like the 30 minutes, you feel exhausted and you just want to get it done, to be honest. So, I think it's like 90 minutes, a bit like.

HK: A Bit long?

Student 4: The time is over here. So maybe in two classes that would be a better idea of like, a good move.

70 HK: Yeah, that's very good feedback. You're right. If the concentration is going, you're not getting as much benefit.

Student 4: It's my opinion. It's like after one hour, like it's done because it mostly it's talking. So there is no more high interaction like with the class. Just after one hour. That's it. Like I'm done. My social energy is done.

75 HK: You're like, OK, enough, enough already. I understand. That's a really good point. And what about the fact that what you were learning in CAL was broader in Prof and in the bigger Prof module, you were mixed in with everyone whether they were Canadian or Indian or Irish or whatever they were or from all across the Middle East?

80 Did you find it helpful that you were doing communication skills and things like that as well in the bigger Prof module with native speakers? Did you like that kind where you were all doing stuff about communication together in a big group, like when you were working on your interprofessional projects and the PIP projects and all the electives? Did you find that helpful to do those kinds of subjects with native speakers?

85 Student 4: Yeah, it was really very helpful. And like pushing us out of our comfort zone. So we communicate and knowing people like from different backgrounds and different languages and different like ideas or thinking way. So that was very helpful.

90 HK: OK, great. That's good to know that as well. The other question I was going to ask you about was the intercultural stuff. So we covered a lot of intercultural stuff in foundation Year. You're talking about culture and cultural medicine and how it impacts your communication with patients, how it impacts your identity, who you are. You know, studying here and all of that. Did you think that was

95 helpful? Did it help you going forward? Has it helped you from the point of view
of integrating, like, for example, one of the ways to test that, would be to look at
how you interact with people from other cultures? Do you think that helped you
have more confidence?

100 Student 4: Yeah, it gave me confidence and stop me from judging people from
different backgrounds because they have different belief, different thoughts. So
that was helpful to not judge people because they are from different
backgrounds. So that was very helpful.

105 HK: OK, great. And how would you describe your situation at the moment now?
Would you say most of your friends are from Kuwait, from the Middle East?
Would you have a small number of friends from other countries or would you
have quite a few, how do you get on with other students now you're in year 3,
you're all forced to work in clinical groups and stuff, aren't you? Has that helped?

110 Student 4: Yeah, this was very helpful. Most of my friends are from the Middle East
to be honest, but I still have Irish friend. I have a few Canadian and from the US I
think. And from different parts of the world, from India as well.

HK: Wonderful, but your closest friends are from Kuwait or the Middle East because
that's personal.

Student 4: Yeah, one of the least quiet as well from the Gulf country to be more
specific.

115 HK: OK
Student 4: Like, because we shared like a lot of things on common things. So
it's like more comfortable with them.

HK: Of course. And I think that's normal. Isn't this perfectly normal?

Student 4: Yeah, it's very normal. Like I think it's normal.

120 HK: For personal friendship, it's important to choose people who can understand
you.

Student 4: But from a professional view, I have like a lot of friends from different
years as well as from different cultures and from different years. That's for my
personal view yeah.

125 HK: Great. So, you're mixing with them very well. That's fantastic. So you would you
feel comfortable in the Irish culture, international culture now you're confident
enough. What about when you meet Irish patients in the hospitals? If you're
taking a history, if you're on rotation?

130 Student 4: Yeah, I feel more comfortable and more confident like taking history and
communicating with patient from different background as well and
internationally.

HK: Fantastic. That's really amazing to hear. That's brilliant. And what about your
study skills? This is coming up on nearly my last question. Now study skills is the
wrong word. When you were in foundation year, we did a bit of stuff as well on
135 at self-assessment, peer assessment. You know being able to understand how
good you are, what your strengths are, where your weaknesses are, trying to get
you all to set your own targets and goals and think about how we learn
something, that kind of stuff.

Student 4: Yeah.

140 HK: And we were trying to make you independent learners. Would you say you've
continued on that vein or have you had much chance to do that? I know the Year

1 and year 2 curriculum is a lot of MCQs and S AQs stuff, but would you say you still have those skills?

145 Student 4: Like studying independently, I still have it. It gets better like with the classes from professionalism and last years and now I'm working on studying with a group because now it's the clinical phase so we have examination and practice and we have to ask questions like working in our communication skill with, for example, with consultants and how to talk with them and how to reply back. So now it's working in the group form mostly.

150 HK: Oh, wow. And that's fantastic. It's a nice way to learn. So, you actually get to talk to consultants and ask them questions?

Student 4: Yeah, asking them, discuss it with smaller group of students. That's the idea now.

155 HK: Fantastic. And what would you say is your strongest area for communication now? What's your best? What are you the best at, at the moment, in a professional context?

160 Student 4: What best at work exactly? I would say knowing a lot of culture on different backgrounds, like from people and their nationality. How? Like mostly every region, how they think. Or what they believe. So, I have small base universally.

165 HK: That's fantastic. I love to hear that. That's what I was hoping because I keep saying that our international students, are a huge, huge source of knowledge. You know that I hope you're not too shy. Some people are too shy to use that knowledge. They're afraid to say, you know. So, it's fantastic to hear that you're interested in that and the last question, what about professionalism as a concept. Have you done much of it since you left foundation year? Do you think it's kind of a bit silly or do you think it's important? Do you cover much of it now?

170 Student 4: Yeah, I think we have professionalism, the module. Tomorrow's health. I think it's called. It's like, mostly professional. I had mistaken this in the previous year or before the college. So I did correct few things like these things.

175 HK: Yeah, tomorrow's health professionals. That's the module run by Professor Anonymised lecturer and Anonymised lecturer. What's the name? Yeah, tomorrow's health professionals. I know. I think I was a guest speaker on one of those. I did the intercultural one for year 3. So, yeah, OK, great. I know the one you mean. OK, so you do have some and you see the importance of it. That's brilliant. I don't know if you have anything else that you'd like to add, but What advice would you give if you had to start all over again and you got a chance to do it? I'm sure you wouldn't want to start all over again, but you've come a long way. But if you were looking at a younger brother or a student coming in from Kuwait or from somewhere else, is there anything you'd do differently or advice that you would give them about coming to study medicine at RCSI from an international student perspective, from a second language speaker perspective?

180 Student 4: From my point of view, I went to Tralee before coming to the foundation year, but I think it could be overwhelming, like going to the college for the first time on the first year, like living in Dublin. So I think the CAL programme would be a good idea for those students to practise and improve themselves and be pushed out from their comfort zone to meet and know a lot of people, like from internationally, I would say.

190 HK: Yeah. Wonderful. That's great. So push themselves to kind of mix and speak
more, even if they're a bit shy about this is what you're saying there, that's very
interesting to hear. And I'm absolutely amazed at how fluent you sound. I don't
know what you've been doing, but you've obviously been doing something right.
195 What do you do to improve your English? Is there something that you do to work
on your language or is it just you're picking it up as you go along? Do you make
an effort?

Student 4: Absolutely, yeah. Hopefully. I would say there is nothing specific I'm doing
but maybe practising English? More like watching more videos. And stop
translating like words and take it like that. Don't translate, generalise. Like this,
like without the meaning taken away.

200 HK: Yeah. OK, great. It's all those skills. You just kept it up, kept doing the
communicating, studying through English, not translating everything, all those
little habits that you picked up, you kept them up on your own without
somebody telling you to do it. That's fantastic. But it's obviously paying off
because I think your speaking is fantastic.

205 Student 4: Yeah.Yeah. Hopefully it's gonna go, yeah.

HK: Yeah, no, it's absolutely perfect. You're really good. You're a really good speaker,
really good communication skills there. So, my compliments. OK, thank you. I
might stop the recording so I can just say thank you properly. Hang on. Stop
there. Or do you want to say anything else before I stop the recording? Is there
210 anything else that you want to add?

Student 4: Thank you so much. No. I don't think I have anything to add.

HK: Perfect. Hang on. I'll stop the recording so.

END OF TRANSCRIPT

Student interview 5 (students 5 & 6)

5 HK: Thank you and yes, it's totally anonymous. I'm the only one who knows that this is you talking. So don't worry about it. Not that we're talking about anything personal, but it's just for research ethics. You know, I'm not identifying any students in this study.

Student 5: Yeah. OK. No problem.

10 HK: So if you remember you had a survey that you filled out there before Christmas that I circulated on SurveyMonkey. And that was great that everybody answered that.

Student 5: Yeah, yeah.

HK: But at the same time, it's only a very small picture. It's quantitative data. So, the point of these chats that I'm having with you all is to try and get a little bit more of your personal opinion about the CAL programme.

15 Student 5: Yeah, yeah, yeah.

HK: And not just about the CAL programme, but about how you're doing now as well and what do you think about? So, I really appreciate your your time there.

Student 5: OK, no problem.

20 HK: So, great. So as we said, I'm recording this just for notes and transcription and I'll explain a little bit to you about the angle. I've only got 5 questions. So we hopefully won't take too long since it's 6:00PM Kuwait time. The first question is relating to back when you were in, I know it's a long time ago, so it might be difficult to remember, but it's more sort of asking you about what you remember from that, how it's helped you since. If you remember back in foundation year, 25 you had your foundation, your modules, your science modules, then you have professionalism which was a module that had lots of different things in it, but it also had an embedded CAL language component which was kind of language taught in the context of medical. Skills and Communication skills and intercultural skills and that sort of thing and it's kind of unusual because most of the time 30 when language is taught, it's in a separate, you know, subject on its own. Did you do the Tralee programme?

Student 5: Yeah. Yeah, I did.

35 HK: Oh yeah. So, like internally, you know, it was separate, it was English language like IELTS or they do a pre-sessional sometimes before the summer before you come. But in foundation year we put it into your course so that it was part of what you were studying and you were getting marks for it if you remember. So the first question really is to ask you about that embedded part. Oh [student name] is joining us. Sorry.

Student 5: Yeah.

40 Student 6: Yes, hi.

HK: Hi, how are you? Thanks for joining us. I didn't realise you were in. I know you got the invitation, but I thought maybe you weren't free or you weren't able to join us. Thank you for coming.

Student 6: I'm good. Thank you.

45 HK: Are you able to hear me OK?

Student 6: Yes, yes. No, it's fine.

HK: Great, perfect. And [name] is here as well. I was just saying both of you, your names will be anonymous in this study obviously. So, you'll just be student A and student B or student three and student four. I'm not recording any of your names just because it's, you know, research ethics. There's nothing confidential or personal in the questions. They're all about your course, but it's just to make sure you understand that. And I'd already started recording. It's for my own notes. It's on MS Teams to transcribe it, to take notes for me.

Student 6: OK.

HK: So I'm doing that to take notes so that I can concentrate on asking you questions so you're very welcome. Where are you calling in from? Are you in Ireland or in a different time zone?

Student 6: Yes, I'm in Ireland. Sorry I was late.

HK: You're in Ireland

Student 6: I just came home literally.

HK: No problem. Thank you so much. And [name] here is calling in from Kuwait. So he's in a slightly different time zone at 6:00 PM on a Friday there for him. So, I was just saying thank you to him for taking the time to come and talk to me as well. So, I'm really happy that you're both here. I had invited [name] as well, but she cancelled because she has a an opportunity to do some clinical teaching. She's got some demonstration or practice that she was going to. So, I'll get her at a different time. So, it's just the three of us.

Student 6: Good

HK: So thank you both very much. And as you know, this is part of that survey that you filled out at Christmas. It was the research study, the online survey about the CAL programme. But this is a better way to get more in-depth answers and opinions from you that that you can't collect in a questionnaire. So, it's kind of nicer to get your actual views. What I'm trying to do is just taking you back to the CAL programme that you did in foundation year, but also looking at the time since then and how things have changed and what you have or haven't learned since then, from point of view of, did it prepare you well or not? You know, could things have been better? How could it have prepared you better? I think it's easier to know these things in retrospect. You know, if you ask a student when they're in foundation year, they don't really know because they don't know what experiences are coming. You know what I mean? But you guys have been into your third year of medical training now. So now you've got a very good idea and probably strong opinions about what works and what doesn't work and what you need and what you don't need. So we really value your input on that. So, my first question I was just explaining to [name], I've only got 5 questions and I'll try and be as quick as I can. The first question just to throw back your memory to foundation year. If you remember, you had that professionalism module in foundation year and in the professionalism module we taught things like critical thinking skills, intercultural stuff, professionalism stuff. And you know, library skills, all of that. And then there was the CAL programme which was the language part and that was embedded in the programme. You were getting marked for it and it was part of the training and it's not usually how language is taught. It's usually taught separately in a different course. You know like in Tralee. So, I was just wondering, what did you both think of having CAL as part of your course as

95 part of your medical training? Was that good to have it that way? Did it help you? Was it interesting? What do you think about it?

Student 6: Actually it was a very helpful programme. I remember it was like they were given us like websites and a lot of tools to help us improving our language and choose the correct grammar, like when we talk to the patients. Yeah, so I guess it was helpful.

100 HK: OK, it was helpful that it was medical, English and history taking and that sort of stuff. OK, great. And what did you think, [name] ?

Student 5: Yeah.

Student 6: Yes.

Student 5: Yeah, I agree with [name]. But I think if it was maybe a different subject, 105 like a separate subject, maybe to be better especially in medical terms.

HK: OK, so even more even more specialised. Is that what you're suggesting? Like completely about medical communication?

Student 5: Yeah, I think this would be better.

HK: OK. They did a mix of academic study, healthcare, study, medicine, all of that 110 kind of covered a lot. OK, that's an interesting point I see what you think.

Student 5: Yeah.

HK: OK, great. And were you surprised when you came into foundation year to see that there was this CAL component in your course? Was it something that you were happy about or you were kind of annoyed about? How did you feel about 115 having that in your programme, do you think it was a good idea or an annoying idea? What did you think at the time?

Student 6: Actually I don't think it's like annoying, but I think my only problem was it took a really long time.

HK: Yeah.

120 Student 6: For example, there were things that we did in the class that we could take as a homework for example, and we could do it in our own time. And so during the day we can focus on our studies, so we can do that with another classmate at the weekend or something like take half an hour. So yeah, this is the only problem I see.

125 HK: Very time consuming when you have a busy medical schedule. Yeah, that's always a problem, isn't it?

Student 6: Yeah.

Student 5: Yeah.

HK: And what did you think, [name]? I think you said you went to Tralee. Did you 130 think it was annoying to have to do more language or did you think it was useful to have to do more language?

Student 5: It was useful for a little bit, yeah, but the only thing that was annoying that it was at the end of the day, always my CAL class was at the end of the day.

HK: Ah yeah.

135 Student 5: Like, yeah, so that was a little bit annoying for me.

HK: The scheduling. Yes, I remember the tutor and myself were always being very angry about that with the planning office, because they used to put CAL on a Friday at 3:00 o'clock or something and it was just not fair or 4 or 5PM on a Wednesday or something. So yes, I completely agree with you. I think that's not

140 nice when you're tired after a long day to have a communications class in the
afternoon.

Student 5: Yeah

HK: And that's a good point. OK, and what about your communication skills? Did do
you feel that it helped you? Some and you were just saying you've done your
145 long case, [name], I don't know if you finished the long case or if you've done it
yet.

Student 6: No, no, I haven't done it now.

HK: You haven't done it yet. It's in a couple of weeks, is it?

Student 6: Yes.

150 HK: OK, so it's an oral exam, isn't it? The long case? Do you think that, I know that
was three years ago, so you've had a lot of communications training since then,
but do you think the CAL in foundation year with the focus on history taking and
open and closed questions and all that stuff? Did it help you? Your confidence a
little bit?

155 Student 6: Yeah, actually it definitely helped. We were like practicing recording
ourselves. So, it was very, very helpful, honestly.

Student 5: Yeah. And whenever we hear open or close questions, we always think of
the CAL programme.

HK: Really. That's fantastic. So, we didn't turn you off. You haven't got an allergy to it
160 now. I think it's something that's interesting in RCSI because they teach a lot of
clinical communication skills in first year and 2nd year, but they don't focus on
what you need as non-native English speakers. So, I think it's probably useful to
have that other perspective that you need, you know, to help you.

Student 5: Yeah

165 Student 6: Yeah.

HK: To pick it up faster. So that's great to hear that. And how are your
communication skills now? How do you think you're doing? You both sound very
good by the way, congratulations, your English is excellent.

Student 6: Thank you.

170 Student 5: Thank you.

Student 6: Actually, there is always room to improve. I don't think like I'm the best,
but at least like I'm confident to actually communicate and improve myself.

HK: Fantastic. And picking up on, that's really good to hear. I'm so happy to hear that.
But what would you say has made you more confident then?

175 Student 6: That for example, they would ask us to do homework. Mostly it was like
recording, all self-talking. So, when I hear myself multiple times I can like fix
things like my voice or use another word or something. So, it was very helpful.

HK: Right. Fantastic. And do you get much chance to practice now? I mean, COVID
has been a bit of a pain, hasn't it, because you haven't got much in person
180 experience, a lot of things are online. Because you both sound like you are really
good now. How have you managed to continue to improve over the last two
years? What would you say you do to keep it up? Do you do anything deliberate?

Student 6: No, I don't think I did something like specific. When I study for example, I
speak to myself loudly. So I don't know.

185 HK: OK.

Student 5: And recently we've been practicing with a lot of patients. So, our language got better.

Student 6: Yeah. Now we are with patient too.

Student 5: Yeah.

190 HK: Oh great.

Student 6: But like in COVID time when we were like back home. Yeah, so we were speaking Arabic so.

Student 5: Yeah.

Student 6: Yes.

195 HK: Yeah, of course. That would be natural. But it's great that you're able to get back in the clinical setting back in the hospitals to practice. That's great that you're both making the most of that. That's fantastic and I'm delighted to see the progress in you both.

Student 5: Thank you.

200 HK: OK. So, moving on to the next question. Part of the programme we were teaching had an emphasis on intercultural stuff. If you remember, we talked a lot about awareness, trying to raise people's awareness of cultural difference and cultural clinical contexts where you're meeting patients from different cultural backgrounds and working with people from other cultural backgrounds or

205 studying with people. We did a bit of that. Has that come up for you since then? Is that something that you think was useful or interesting or important to help you move forward in your studies, in our society?

Student 6: Yeah, it's all what you said. It's important. And it was interesting and actually it helped us. Now we have the subject, Tomorrow's health and it has

210 some of those things, cultural differences.

Student 5: Yeah. We are always taking these like cultural awareness classes and I think we're good then on that side of things.

HK: Yeah, you're pretty much an expert on the topic at this point.

Student 5: Yeah, not expected, but yeah, I will get there.

215 HK: Yeah, you know enough about it, but that's great because I think it makes you more aware and relaxed, and maybe even if you have a lot of challenges sometimes at least you know why, you know which is important? Isn't that knowledge important?

Student 5: Yeah.

220 HK: And to help you kind of relax and deal with barriers, Both of you are from the Middle East. I know you're from different countries probably. [Name], where are you from originally?

Student 6: Saudi

HK: Saudi Arabia, OK, great. And [name], you're from Kuwait. So not exactly the

225 same, but similar cultural backgrounds.

Student 6: Yeah, yeah.

Student 5: Yeah.

HK: Have you made many friends from outside of the Middle East? While you've been studying? Or is that very, very difficult to do?

230 Student 6: Uh, actually, yeah. I met some friends. Yeah, but actually, everyone is busy now, so we don't like, hang out all the time. But yeah, when we meet in the hospital, we get together. Yeah.

235 HK: OK, great. So, what kind of percentage of friends would you have from other non-Arabic speaking countries? Would that be 10%, 20%? What kind of proportion?

Student 6: Maybe 30%, but actually I'm good with everyone. I speak to everyone. Yeah. Like we're friendly. Yeah, but like, friends, maybe 30%.

240 HK: Right Fantastic that's a very strong amount of international friends. Like, what about you, [name]: ? Would it be the same for you or would it be a little bit different?

Student 5: No, no, a little bit different. Like I have mixed friends, but I don't keep communication with them a lot. Like outside from my like friendzone. Yeah. So I would say maybe 10% or less.

HK: OK, that's a really good answer I think.

245 Student 6: No, actually I want like to say 30% when I say that, it's like we communicate mainly in like social media. Like I meet them and we say Hi, we have a chat and everything, but not like hanging out.

HK: That's really interesting. I think what I was thinking is, yeah, probably you can have some lighter, more distanced, maybe superficial friendships with people who aren't from the same country, but maybe your very close friends are from the same background.

250 Student 6: Yes.

HK: Your closest friends, your best friends, are maybe from the same country or the same language group. Probably that's easier. Would it be? Would you agree with that or you think that's not true?

255 Student 5: Yeah.

Student 6: Yeah.

HK: OK. But I guess in a professional context, it's fine, you know, because you're only supposed to get on with people and work. So, you don't have to be best friends with them, you know, OK, great. And have you had much intercultural training since foundation year or was that it? I know you had some in Tralee and you said that tomorrow's health cover that a bit. Has there been a lot every year or just a little bit here and there?

260 Student 6: I would say a lot, right [name]?

265 HK: OK, great. It's good to hear though.

Student 5: Yeah.

HK: And would you say that you guys are getting on better? Like, who would you say struggles the most with the intercultural elements in your year? Would it be the American students, the Irish students, the Middle Eastern students? Are you all at the same level? I was saying to you all in foundation year that because you were all being, you know, brave, courageous, going to another country to study, you have another language. Now you're bilingual, you're bicultural. Sometimes you have more knowledge than people who haven't travelled very far.

270 Student 5: Yeah.

275 Student 6: Oh yeah, yeah, yeah, yeah.

HK: You see what I mean? Would you think that everybody in your year has the same level of intercultural competence as you guys from foundation year?

280 Student 6: I'm not sure, but I think yeah, like we are a little bit better than the other students, especially like I would say I don't know if I can say that, but I think Americans, Canadian and Irish are the least.

HK: Yes. I think it's good to be honest. That's why this is anonymous. I won't tell anybody who said this because I want to try and find out these opinions, you know? Yeah, I know. I would agree with you. I think it's a good point that you make there. What do you think, [name]?

285 Student 5: Yeah. I think what [name] said.

HK: OK, great. And do you think intercultural issues are difficult with patients or do you find that easy when you're communicating with patients? Do you feel comfortable in the Irish culture when you're in the hospitals talking to patients? How does that go for you now? Is that better, easier or is it still challenging?

290 Student 6: It's a little bit easier, but still a challenge honestly, because I always like. I have another doctor with me, let's say or classmate to actually take history. Some patients are really friendly and when I was observing shadowing in some clinics. Some patients, they were like a little bit angry and it would be really challenging. Like if I imagine if I have to talk to the patient alone would be a little bit of a challenge.

295 HK: OK, I see what you mean and it's not because they were afraid that you wouldn't understand them or they wouldn't understand you. You think that was the reason or you think because you're a student?

Student 6: Yeah. How to handle them. So I was, like, clearly scared imagining, like, if I were alone, that would be really challenging.

300 HK: Challenge. OK, I get what you're saying. So it's doesn't really have anything to do with culture. It's more people skills that it's difficult to deal with, somebody angry, somebody frustrated. So, you need somebody bit more experienced with you to help you. Is that what you mean?

305 Student 6: Yeah, yeah.

Student 5: Yeah.

HK: OK, I got you. And suppose it doesn't help when it's in another country. It. And what do you think about that? How's your experience been dealing with patients and in the hospital as if they're Irish or different culture from you, is it tricky?

310 Student 5: Well, at first it was tricky, but then it got like easier and thankfully I didn't meet a lot of patients like they're angry or something like all of them have been friendly with me.

HK: That's fantastic. So, you've had a very positive experience so far.

Student 5: Yeah, yeah.

315 HK: That's really good to hear. OK. Thank you. Really, really, really interesting what you're saying there. I'll move on to my next question. We're nearly finished. I was wondering about how you find studying now, talking about your learning skills. So if you remember in professionalism and in CAL, we were very interested in teaching you how to learn, trying to understand your strengths and your weaknesses. You did a lot of self-assessment, peer assessment, group assessments, teacher feedback, that kind of things. I don't know if you remember because it was a long time ago, but you made some videos together. History taking for instance. And then you gave each other feedback on the videos. Then you corrected your own video. Then the teacher gave you feedback on your

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325 video. And then when you were in your group work, you did peer sessions as well. Do you think any of that helped you to learn?

Student 5: Yeah.

HK: How did that help you in the way that you learn or study? Or did it? Did it help you at all since foundation year?

330 Student 6: As I mentioned, especially the videos, I like that it was really good practice for me now and actually I still have the videos. I see myself back then I was like horrible. But now I'm way better. So yeah it was very very helpful.

HK: Really?

Student 5: Yeah, same.

335 HK: So you still look back at that? That's really good. I remember it. Trip back in memory lane. I remember saying that to some of my students in foundation. I was saying you can keep these videos and watch them back in three years and laugh. And I was joking. I was joking. But that's actually what you did. So that's very good. That's fantastic to hear that. So do you feel that you know how to learn now? How are your learning skills now?

340 Student 6: Yeah, definitely. I would say yes.

HK: OK, great. So you know how to judge what you're good at, what you're not so good at, where you might need to improve?

Student 6: Yes, but usually, I like to ask also another people. Another classmate what they're doing and give me feedback. Now, what I'm doing is right. So I still like to hear feedback. Yeah.

345 HK: OK, great. So, you're combining it with some feedback, fantastic. Yeah. And of course, teacher feedback is always useful as well.

Student 6: Yes, definitely.

350 HK: And what do you think, [name]? Do you prefer teacher feedback or do you like to have your own idea of how you're doing? Are you able to figure out your strengths and weaknesses now?

Student 5: Well, I like to have a feedback from my friends, specially the close ones, but also I have to do it on my own. I keep my own studying on to my own, but I

355 changed that every semester like I don't have a typical way of studying. I change every semester.

HK: And why have you changed it every semester? Is that because the way you've been taught changes every semester?

Student 5: Maybe, but I like to change it just so I don't get bored with my way of

360 studying. Yeah.

HK: Ah, OK, OK, try out new things.

Student 5: Yeah.

Student 6: Also, I think, if there's a semester that has different (learning) needs, like, for example, us now in 3rd year, I think the most important thing is actually

365 asking other or older students like their experience, what they had, what they did so. Like in second year, it was really different even in first and foundation year like we have to just sit down and study. But now, like, we have to actually communicate and ask.

HK: OK. So it's a lot more active and practice, so it's more, much more active, isn't it much more involved in your studies than just sitting in lecture theatre. I see.

370 Student 5: Yeah, in practice.

Student 6: Yes. So, we have to change the way we're doing things, yeah.

Student 5: Yeah.

375 HK: You have to adjust the way you're studying. OK, that's fantastic. Is there anything that you do to improve your language skills or your study skills? Now, do you have anything you watch or anything you listen to or is there anything like, you know some people say they still use certain apps or t they use social media or they watch series on TV. Are you doing anything deliberately to keep improving or are you just continuing your studies as normal?

380 Student 6: Actually I do. I still do. Like for example, I follow some podcast that actually teach English like advanced English, so I'm just trying to like advance my vocabulary, let's say.

HK: Very good idea. That's brilliant. That explains why you're speaking so well, then.

Student 6: Thank you.

385 HK: Because you have great vocabulary, so well done. That's a really good idea. And what about you [name]? Are you carrying on in the normal way in college or have you been doing anything, especially for communication?

Student 5: No, I think I'm in the normal way.

390 HK: OK, just mixing and go into your classes and all of those things. Well, I mean, you are studying in Ireland, so you have lots of English around you all day long, I guess.

Student 5: Yeah.

395 HK: Ok, just the last bit before we finish up so I am interested a little bit in the professionalism side of it. What did you think of professionalism in general? Do you think it's an important topic? Is it something you've seen much of since you covered a professionalism as a medical concept? Do they teach it to you much now?

400 Student 6: Yes, they did this semester. Also, we had a lot of lectures about that and it's very important. and helpful. Look, in professional settings now, well, like I have an idea about like a medical Irish medical ethics and stuff like that. They had no idea about so.

Student 5: Yeah.

HK: Is that the programme that's been delivered by anonymised lecturer, or is that somebody else?

405 Student 6: I'm sorry I forgot the names. But this year, it was more interesting because they add some cases that happened in the UK, some hospital crisis and stuff like that because of professionalism, lack of professionalism. So, it was very, very interesting.

410 HK: OK, fantastic. So, you are still doing a little bit and do you think that when you did it in foundation year, was it a good start for your training or do you think it was a bit too early? Was it useful information here?

Student 5: Yeah.

415 Student 6: Honestly, I wasn't taking it too seriously because I don't know why. Maybe now, because I'm actually practicing when we take it and they show us some example and cases. What happened? What went wrong? So, it made more sense like, oh no, we need to take this seriously.

HK: Yes. I think we even said that to you in foundation, that it is difficult to teach it when you're not in the clinical years because you don't see it. So maybe it's a

420 little bit early in foundation year to do too much. OK, that's really good. Do you want to say anything else about professionalism before I go to the last question?

Student 5: Yeah. It's just when we got them to clinical, we found what they were talking about in foundation year and the module we took this year. So, it made more sense when we practice it or go to the clinical.

Student 6: Yeah.

425 HK: Makes more sense. Yeah, of course. That's fantastic. Very good observation. And my last question to you both would be if you could give advice to any sort of international student from your part of the world or non-native speaking student coming into foundation year or into RCSI? What advice would you give them based on your experience now? And you know in relation to either language,
430 communication skills, culture or any of the topics that we've talked about today. What do you think would be useful for them to know or prepare or?

Student 6: Yeah, there's like many advices, but maybe it's just be open and communicate with everyone. Like, don't just sit with one group, because this is what I did. Like I was sitting with certain people and it's not helpful. Just
435 communicate with everyone, at least say Hi, introduce yourself, let people know you because you guys gonna be like, working together. So, it's very helpful from the beginning that you actually build some sort of relation with everyone.

Student 5: Yes.

Student 6: Yeah.

440 HK: They're very worried about what other people think of them in the beginning, aren't they? They worry a lot about how they're going to be seen. And so they're very careful and they don't want to open up.

Student 5: Yeah.

Student 6: Yeah.

445 HK: I think that's really good advice.

Student 6: Yeah, because especially in foundation, you notice everyone from certain country. Like they're sitting together. But then years later they all meet together. So just be open from the beginning, it's OK.

450 HK: Fantastic. That's such good advice. So you think people mix more now than they used to?

Student 5: Yeah.

Student 6: Yeah, definitely.

HK: Ah, that's good. That's good to hear. And what about you, [name]? Do you have any advice that you would give somebody?

455 Student 5: Yeah. When I was in foundation year, I was always worried about what other people think about me and my language? So I would avoid them. But when I talk to them and I had a chat with them, it was smooth. They don't judge, they just listen to you as a colleague. And another advice, like join clubs. I recently joined the soccer club this year and it was very helpful.

460 HK: OK, how did it help you?

Student 5: Well, communicating with my teammates, especially in soccer itself and also outside soccer, when I meet them outside the soccer field, we talk about studying or anything else. So it makes you better with talking.

465 HK: Fantastic. That's so good to hear. And just having more friends from different places, I guess, and different ideas. That would give you a lot more confidence, wouldn't it?

Student 5: Communicating, yeah.

470 HK: Because you feel like you'd be able to deal with all different kinds of people. That's so great to hear. Well, listen, I'm delighted to hear both of your points of view. And I'm really, really proud of you both to have come a long way from since foundation year. You both sound excellent and like you've really grown and improved and developed. So I'm delighted to see that, it's great to get back in touch with you again.

Student 5: Exactly, yeah.

475 Student 6: Thank you.

HK: And to hear your opinions. Is there anything else you'd like to add or say before we stop? It might be something that I didn't ask, or that's on your mind, or that you wanted to raise as a point. Is there anything else?

Student 6: No.

480 Student 5: And yeah, I think that's it.

HK: Well, look, I really, really appreciate your time guys. In the middle of your exams and everything. You're absolutely fantastic. So thank you very much.

Student 5: Yeah

HK: OK, I'm stopping the recording now.

485 END OF TRANSCRIPT

Appendix K: Teachers interviews

Teacher interview 1

HK: So, this is being recorded for the transcribing, and it's only for my own note taking. I don't know if you've tried the transcription on MS Teams?

5 Teacher 1: No.

HK: It's great. So, what I'm seeing now is a little chat box pop up and everything I say is being written down as I say it.

Teacher 1: Brilliant.

HK: And then it's converted to a Word document.

10 Teacher 1: Now that's fantastic.

HK: I will take out all references to your name in the transcript and that's it. So, it's really dinky because it's much faster than trying to type it all up myself.

Teacher 1: Jesus, I couldn't imagine trying to do that.

15 HK: I've tried other tools like Zoom and so on. They're not as good for transcriptions. Very fluffy. So, this is the best one that I've come across, for accuracy, you know. But anyway, I'll just give you a quick overview before I launch into the questions. So thank you very much. I really appreciate your time here today. And if you can cast your mind back, you've moved on in your career quite significantly since then. So, I think we have to acknowledge that the last time you were involved with this programme was 2018-2019, isn't that correct?

20 Teacher 1: That's correct. I finished June 2019. Sorry, I finished April, I think 2019 or May 2019, but yeah mid 2019.

HK: And that academic year was the last year you taught, and those are incidentally, the students that I've been interviewing who are now in year 3 medicine would you believe? So, they've completed a questionnaire.

25 Teacher 1: Brilliant.

HK: And then I've had lots of qualitative semi-structured interviews with them and it's fascinating what I've been getting back from them. So, because it's a mixed method study, I've gone and looked at that and factored that into the questions I'm going to ask you as well to tie it together. They're still singing your praises and they're still using their FY CAL material in year 3 for their OSCE. They have their videos, some of them, and I interviewed them all separately, so they're not influencing each other.

30 Teacher 1: Sorry, you were saying yet they're still using the material. That's great.

35 HK: Yeah. So, they're still using it and they're still talking about how they, you know, could have made more of it at the time and they were too immature and silly to pay enough attention and very interesting comments coming back, things I was not expecting to hear. I was expecting a litany of what was the point of that, you know, it was good but, but actually it was overwhelmingly positive feedback from a lot of them with some very good pointers on challenges. So, what I'm interested about here is the staff perspective though. I've only four or five questions because it's semi-structured and I'll let you take it and run with this. But I will go through them question by question. I'm interested in getting your take on language teaching in university, what are the challenges? With these types of cohorts, in your view and then moving from that, I'm interested in looking at CAL. It was a little bit innovative at the time, in that it was embedded as part of the professionalism module, so it was fully credited. The students were forced to start to do it as part of their course. They got credits for it and so on. They were taken out separately to do the CAL stream so we're kind of looking at the whole picture here, the CAL but the CAL as part of the whole, if you know what I mean. So, a lot of my questions will center around that embedded nature, for want of a better word, that's what I'm

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50 calling it for now. But, you know, that embedded nature of CAL in the curriculum, what you felt the challenges and the weaknesses were of that. But also looking at it from a

staff point of view, faculty development, pedagogical skills. Do you think that it's something that requires a lot of training to be able to deliver something like this? It's not for your novice teacher, is it? Because I know you also have experience, not only in delivering the programme for years and developing materials and contributing to it but also in training in new staff, in teaching it. So we'll come to that part as well. But then also the angle of what you felt, the strengths and weaknesses of the programme were from the point of view of student engagement, student progression and deliverables.

Teacher 1: OK.

60 HK: So that's kind of the gist. I know it's a while back, I appreciate that. So, as we said at the start, if anything comes to your mind after the interview, that is perfectly fine to add it in a memo format afterwards as well.

Teacher 1: Sure.

65 HK: So the first question, you know, when we think of language learning for international students at university, we often think of fronted programmes that are pre-sessional or programmes that are standalone language programmes and after hours support remedial functions. And then there's also ones that are starting to look more like the CAL programme that we have, which either sit alongside in a co-curricular way or a part of the programme. What do you think in general about language learning at university? Do you think it's a challenging area.

70 Teacher 1: Yeah, that's a big question. It is challenging. Insofar as really trying to communicate the need for it. And the value of it to the students. And I always likened it to, you know, the start of each year. It was like trying to turn an oil tanker, in terms of the students sort of perspective, because they had come through, you know, a pre-sessional programme and if I was to broaden it out to university, you know, in general the same applies, people have come through pre-sessional programmes where they've done some type of foundation programme. And they've achieved the minimum standard necessary or they've exceeded that minimum standard and they think that's it. I'm done. I'm finished with English language classes. And they can be very resistant to anything that looks like a continuation. A continuation of that. So, I think that the single biggest challenge is addressing that resistance and trying to motivate the students and engage them in the programme that you've designed for them, which is embedded within one of their modules, it's been embedded in their module for a reason. They're taking it for a reason, but getting them to see that is a huge challenge in terms of, you know, students still using the strategies, using the approaches and you know, reflecting back and realising, OK, this was an opportunity that we didn't fully exploit for various reasons, be the maturity reasons or be the reason I just mentioned, just this resistance. And not really seeing it as an ongoing journey in terms of their English language proficiency development or their competence development. However you want to phrase this, they saw it very much as, this journey ends and now my medical apprenticeship journey begins. So that really was for me, the biggest challenge and that's what I saw as the biggest challenge over the course of the 10 years that I've taught the programme. I only really started addressing that well in the final, say, 3,4,5 years of the programme. So not just paying lip service to this idea that, you know, here's why you're here, and here's why it's important, but really working hard to establish connections between what we were doing, with what they've done previously, but more importantly, what they were going to be doing in 6 months or 12 months. That was a big challenge for me, locating it within the context of the disciplinary area and it being a fundamental part of that journey. Yeah, it's been a fundamental part of that journey, really aligning it with the disciplinary area and you know their goals and their aims.

100 HK: Fantastic. That's a really excellent point, what you're saying there in relation to that. So even though the programme was physically embedded in the course already, with

105 points, it's still a piece of work to get the students to accept it as such. Just because it's embedded doesn't mean they're going to just embrace it, they're still questioning. Why is this relevant to me and how is this relevant to me? Why do I still need to work on my language? So, you're saying there is another whole piece of motivation or intrinsic motivation or understanding or something like that, that needs to happen over and above the designs, it's not just about the design of the programme.

110 Teacher 1: Yeah. No, absolutely. I mean, you assigning it credits and embedding it as part of the module gets you so far in terms of - they will do it. Because if they don't do it, then they can't, you know, they can't continue in the course, but that's really sort of, it's half carrot, half stick.

HK: Yeah, exactly.

115 Teacher 1: And if you know what I mean, you're sort of, you're forcing them to do it, because you've made it credit bearing, but you're incentivising them to do it as well because it's credit bearing. But there was always a certain amount of resistance and reluctance and frustration that they had to do it. If you don't address the need, the want, the value element, if you don't address the motivation and engagement part and address it fully and very frankly and very consistently.

120 HK: Exactly.

Teacher 1: People will go through the programme, but it's not going to have the impact that you hope it will. By simply saying that this is important and the reason it's important is because of course it's important. Look, we've given it X number of credits. You know.

HK: That's not enough.

125 Teacher 1: It doesn't wash because they, you know, they can immediately see the importance of Biology or Physiology or Anatomy or whatever. People didn't see the immediate value and benefit and importance of language and communication.

HK: Yeah, exactly. Not in their first year.

Teacher 1: Not in their first year, not in their foundation year. You're not at that stage, no.

130 HK: Exactly, and even like, where there are certain parts of it that you felt clicked, that they were more engaged with than others, like for instance, what came back in the feedback that you collected, the clinical communication skills, the history taking as they call it, they seem to have really liked that part, for instance.

Teacher 1: So if you remember the way the programme was structured over the two

135 semesters, the first semester was more in that sort of academic space. And the second semester was more in the clinical space. It was the nature of what was going on around the programme within the two semesters. So, the first semester focus was on the essay and the presentation and these sort of generic or typical classic academic or English for academic purposes or English for specific academic purposes topics. But then once we

140 moved into the second semester, it was more forward looking. At the start of that semester, we spent time looking at what they were going to be doing in JC1 and in JC2 and in JC3. And that was very much around having their first patient contacts. It was very much tied to that.

HK: To preparing them for the future, yeah.

145 Teacher 1: And we spent time, you know, looking at what they were going to have to do, talking about how they felt about that. And you had the whole gamut of emotions. People were excited, people were scared, people were uncertain. And discussing, you know, what do you think are the challenges going to be for you and so on and so forth.

HK: Fantastic.

150 Teacher 1: And it was obviously more doctor related than for example, looking at, you know.

HK: How to reference or something?

Teacher 1: Pieces of academic writing and how to reference even though we located it very
155 firmly in that medical scientific context. It still was very much in the first semester, more
related to that English for specific academic purposes as you would classically
understand it.

HK: Yes, I see what you mean. That's a fantastic way to put it. I'm keen to get your
160 perspective as well on faculty developments or staff training around this. If you are
comparing this to a traditional language programme that might be taught anywhere, or
any AP or university level language programme, would there be much difference in the
165 way that this embedded programme was designed? How did you feel, for example
developing pedagogical skills and to what extent do you think the CAL programme can
be delivered that way? Would it have required a high level of teaching skill and design
skill? You might be familiar with the CLIL model, content integrated model where it's
170 kind of deemed appropriate for the language teacher to work with the content expert
together to develop the material whereas we were doing something a little bit different
but quite similar but without the support of a content expert to some extent. I mean, it
was mapped to professionalism but not for the clinical skills. So, I am interested to get
your take on that, the challenges and the benefits and if indeed, it was something that
added to your skill set perhaps.

Teacher 1: In terms of me as a teacher? So, did teaching the programme add to my skill
set?

HK: Yeah, sorry. You have a wealth of experience so, I suppose, you as a teacher in the first
175 instance, but also thinking about all the staff that you would have helped induct into
that from Bahrain and other campuses. And do you feel that it's a model that was easily
adapted to from a faculty point of view, or would people have needed a lot of support,
pedagogically speaking?

Teacher 1: No, I mean, really my only experience in inducting somebody into delivering that
180 programme was with Staff CAL teacher 2. And that was quite seamless, but you know, I
think it made a huge difference that Staff CAL teacher 2 was an experienced teacher.
She'd worked for several years in a Health Sciences context, and you know,
academically, she was very qualified in that area.

HK: So that helped.

Teacher 1: That made it a very painless experience. It was very smooth.

HK: Wonderful.

Teacher 1: Because she got it. In terms of the approach that was being taken.

HK: The approach. Yeah. Sorry to cut across you. I'm worried that we're going to get cut off.
190 I've just realised that this automatically turns off in a moment. It's just giving me a
warning here, telling me I've got less than a minute. So, what I might do quickly while
we're talking, is create another meeting slot and we can hop over to that one.

Teacher 1: Yep.

HK: Wonderful. So, I'll just leave this running while I'm doing it in the background. So yeah, I
195 see your point that you're saying that it helps. So obviously your thinking there, if I'm
reading between the lines, are you saying that it wouldn't be as easy with a more novice
language teacher? Is that what your point is?

Teacher 1: No, absolutely.

HK: I mean, obviously the more experience, yeah, OK.

Teacher 1: Yeah, but I mean, as you were about to say, I think to a certain extent it's just
200 common sense, the more experienced the person you're working with is, the easier it is
to hand it over. But you know, that said, I don't think there was, in terms of the
pedagogical approach that was being taken, you know, there was no rocket science
involved there. We weren't creating anything that hadn't already been created in
different contexts in different places. It was more a case of bringing it together in a way

205 that worked well in our specific context. And I think that a bigger challenge would have been from the classroom management point of view, from establishing the rapport with people, from really believing in what you were doing.

HK: Yes.

210 Teacher 1: And having the benefit of having done it a couple of times before, to know that when the going got tough. To keep going because you know that this is impactful, you know that this is going to make a difference. Again, it comes back to that turning of the oil tanker thing. Yeah, I really needed to have confidence in what I was doing. And for the first couple of years, it was a certain amount of sort of, faking it till you make it. But you know, it was very important to be gathering data and you know, evaluation data and so on and so forth and constantly. Developing and enhancing the programme year by year because from year 1 to year 10, they're two different programmes. They're one or two similar elements, but particularly that second semester, it really grew out of just, my deepening understanding of the area and also, my deepening understanding of what it is that the students really need and how to best focus that for them.

220 HK: So, it ended after the last five years of you delivering it. You put a huge amount of effort into gathering data, getting student feedback, refining it. I suppose, pressures from the university as well. There were lots of other constraints. But really, you feel you got it to a place where the contents matched the students' needs.

Teacher 1: Yeah. And again, if I was still teaching the programme, it would be getting.

HK: More fine-tuned.

225 Teacher 1: It would be more potent now than it was when I left it, because year on year, it was just becoming stronger and stronger. It was becoming more and more fine-tuned, absolutely.

230 HK: Fantastic. So, it's important not to evaluate this as a static thing because it was an ongoing piece of work, wonderful. We don't seem to be getting cut off so we can continue with this, we're nearly at the last question. But if we get cut off, we can just skip over. I sent you a new invite. So, just before we go on to the last question, I'm just keen to get a very clear picture of your views of that kind of embedded design. Because if you look at a lot of language university courses, in the way that international, non-native speaking students are provided for, it's still very much a language programme over here in the corner. And that is, you know, an academic English for academic purposes style thing and it's up to the individual whether they map it to the students' broader course or not. Often, they keep it to quite general academic skills. What do you feel were the benefits or the disadvantages to having that programme embedded from a curricular design perspective? Do you think there was much benefit or was it really lip service? Was it a dressed up EAP course and you can be as honest as you like?

240 Teacher 1: No, absolutely. I think there's huge benefit in any attempt to integrate a programme like this into the curriculum, and not have it sitting in some type of add-on. And I mean, you see the same things and you see the same arguments being taken around issues of say, for example, ethics and the teaching of ethics. That the value isn't in having it as some additional piece that you stick on to something else. You really need to integrate it into everything. Because it traverses everything else, it's relevant to everything else. So, going back to what you mentioned earlier with that CLIL model, I mean, we could arguably have an even greater integration and even greater embedding where you have this sitting inside each of the other modules, that it becomes this intrinsic part of it. It wasn't a dressed up, EAP programme and perhaps you could argue that the first semester was to a point, but I think we worked very, very hard to make sure that it did integrate well with the professionalism module. I certainly don't think you could say that about the second semester. The issue was that it sat within one particular module, in the professionalism module. And that was fine as far as it went

255 but, you know, I think if the university had really bought into the bigger picture, the bigger concept, as I think you tried to explain this to them in terms of your of vision for this, it should have been woven into everything so that, you know, this was part of every single module. It's part of everything.

HK: Yes.

260 Teacher 1: So, I think what was done, was much better than have it sitting as some type of parallel programme or complementary programme or opt in programme or bolt on programme.

HK: Wonderful.

Teacher 1: But it could have been taken a lot, a lot further with the commitment, you know, of the university.

265 HK: I think, yeah, this is it.

Teacher 1: Was it a commitment issue? Was it just a lack of awareness, a lack of awareness issue? To be quite honest with you, because I always found the college should be very committed to the students. I just don't necessarily think that they were. They were aware, you know, it was very much that case of, we give them to you, we want you to get them from point A to point B in terms of their language. And we'll take care of the rest. And it's like, well, no, these go hand in hand.

270 HK: Exactly. It's one of those subjects, applied language teaching or, you made a very good comparison there, with ethics. You know, they are applied subjects, but people don't always realise that, and it takes the journey to educate colleagues. I think it's an interprofessional social labour of love, isn't it? To get everybody to understand what it is you're trying to achieve, and that language can't be taught in isolation and that's it.

275 Teacher 1: What always struck me was, and it was particularly in the Pharmacy programme, because if you remember, it had the CAL programme, and we were always looking to try and really understand the context a bit better and had an opportunity to sit in on their various labs. They did communications labs and so on and so forth. And there was a huge opportunity there, for the Pharmacy faculty, with a couple of pointers in particular directions that would have benefited everybody, but I think particularly the students who were, you know, who were working in and studying and training through English as a second or other language. To have really enhanced the value of those courses, it didn't necessarily require this massive sort of redesign, it just required somebody to come in who had that perspective, that English language learning perspective. And to suggest some small changes that could have, I think, could have had dramatic impacts for the students.

280 HK: Yeah.

Teacher 1: But again, I think that comes back, that's more than where we're moving back into that sort of clear space where.

HK: Yeah.

Teacher 1: There was never that parity, I felt, between the communications and language staff and the, you know, the Pharmacy disciplinary area staff. That it wasn't, it wasn't a partnership per se.

285 HK: Exactly. And that's a very, very valuable point to make. And in relation to that point about the students, I remember this was something that you had mentioned a few times when you were doing the job. It was this idea of native speakers and non-native speakers working together in a way that's almost indistinguishable. And that they could be assessed together and talk together to a large degree. Did you feel that was a pathway too? Is that something that, you would have thought, would have been a useful template to move forward with?

300 Teacher 1: I think that was the next step because that was really a very transformative moment for me when I fully grasped the potential that existed within the framework,

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and particularly, you know, within the 2018 revisions or what was it called, the companion volume to the framework and the need to move away from thinking about language learning and instead start thinking about everybody's language users. And regardless of what your first language is. And you know, I very consciously checked in with anonymised lecturer about it and with anonymised lecturer about it. I can't remember how exactly I phrased it, but it was more just to check that my understanding, that this perspective, this was a valid perspective, that I hadn't misunderstood. And they very clearly, you know, came back and said no, absolutely, this is a very viable way forward using the framework to design a communications curriculum for everybody and to assess everybody.

310 HK: For everybody. Yeah, what we had been trying to do really, but not quite getting that. That missing step, was extending it out in a uniform way to the whole path and you were getting very close to that idea there.

315 Teacher 1: That would have been the next big step if we'd been in a position to do it, and again, that's where it would have really required awareness in the college.

320 HK: Buy in and support from faculty.

325 Teacher 1: Buy in and support from the college. But I was really excited about that, that idea and that step. And I think it could really have addressed some of that, you know, that resistance and reluctance because the CAL students always felt that they were somehow being signaled out. They were somehow being discriminated against. The, we have to do it and the other students don't have to do it. You know, if we're studying, we have to be communicators, yes, but so does everybody else. So why are they not doing it? It would have levelled all of that. It would have removed all of that from the equation.

330 HK: In a more transparent way, because I think the world's supposed to be doing communication, but because it was delivered differently, so you have the native speakers doing lectures, yeah.

335 Teacher 1: It would have been far more transparent and I think it would have created far more structured opportunities for the native and non-native speakers of English, and also for speakers of English, you know, non-native speakers of different proficiency levels to really learn from and with each other because everybody would have been working from the same.

340 HK: Yes. Exactly.

345 Teacher 1: Within the context of the same framework, within the context of the same descriptors with a shared understanding of what was what. Absolutely.

350 HK: And it would have given native speakers more skill in communicating with non-native speakers also, I think, which is an important healthcare science skill. So, what you're saying there, moving from that embedded model into a sort of fully integrated model that addresses all students needs was what you were touching on there towards the end of your work with us. So that would have been really interesting, I think, that would have been very innovative if you'd had gotten to develop that further. It's a pity.

355 Teacher 1: It would have been. I haven't thought about it in a long time, but even just talking about it now, I was very excited about that step. It was a sort of step into the unknown that would have required a lot of work. But it would have been a really fascinating direction to have gone in. And I think that would have been, is it too grand say? I think it could have been quite ground-breaking in the context of RCSI. But in terms of just the teaching of language.

HK: Yeah.

Teacher 1: Within, you know, within the higher education context.

355 HK: Yeah, watch this space and see if anybody takes that bait on because that idea of everyone's language users is revolutionary. It would have to change the whole

university's approach to how they deal with communication skills and language, which I think is very valid in this climate of migration in studies where people are studying all across the globe. That's a really excellent point that I hadn't even thought about here.

360 So, you know, I think it's really important to add it in. Without further ado, I think we're gonna wrap it up, but just very quickly, I did forget to ask you. There was a very important component there that I have as one of my research questions, looking at the development of learner autonomy and how successful that was. I know you spent a lot of time, and particularly that last year, the last two years of the programme, you had a

365 really super piece of students making videos. You went to a lot of extent to demonstrate the value of self-assessment, peer assessments with then, some teacher feedback in the loop and around student making videos, but you also just embedded it as a sort of a philosophy or an idea of, you know, being responsible for your own learning. Understanding how you learn, knowing how to assess yourself. Did you feel that had a

370 place there in that programme? Did you feel it was helpful? Did the students engage with us? What was your experience of that part of the programme?

Teacher 1: Well, I would argue it has a place in every programme. I mean we pay an awful lot of lip service to, you know, to learning to learn, you know, and the assessment as learning and the whole method cognitive side, diverse, you know reflection. But when it

375 comes to actually following through on that, I don't think we're anywhere near as good as we can be. And so, that's the first point. And I'm not saying at all that I cracked that, there was far more, you know, far more depth we could have gone into because there's a whole sort of training piece around doing that well. But within the constraints of the programme, I think it proved to be one of the most beneficial elements. Because it

380 provided students with a relatively straightforward introduction to that whole process. And basic, you know, strategies, very easily implemented that allow you to stop and step back from your own performance and look at it, through either a language lens or a set of language lenses or, you know, communicative lenses. I mean it. It's all there in the framework. It's just a question of, you know, how granular you want to get. OK, I'm

385 going to look at my use of this or I'm going to look at a more strategic level in terms of, you know, particular strategy use. And yeah, like you said, it was really in the final two years. And then in the final year where we put that poster together too. To capture it. And again, that was across both cohorts, the Dublin cohort and the Bahrain cohort.

HK: Yep.

390 Teacher 1: And I think that came through very strongly and it always came through in the evaluation data. What I was always struck by, every time we gathered, you know, we gathered feedback, when it came to the question, you know, do you feel that your English Language proficiency has improved? The number would always sort of hover, but you know, let's say 40% saying yes it's improved and 70% thought that was very

395 important. It was a very important point that they as communicators, they felt that courses, all self-reported, they felt they were better communicators.

HK: There were still a bit harsh with themselves on their view and a lot of that probably got to do with labelling and again going back to that point about being a language user. The communication versus you know, how was your English question, you know which

400 students are going to answer differently because they have a different perception of what you mean by each of those. So then why judge themselves harshly for grammar mistakes or accent? But if they know they've just completed the communication task pretty well.

Teacher 1: No, no, absolutely.

405 HK: Despite all of that, they'll give themselves a higher score as a communicator, which is more accurate reflection really, isn't it?

Teacher 1: And you know, and I think it's a sort of legacy of perhaps how, you know, they experienced English language instruction up to that was quite quantitative. You know this is right, this is wrong in terms of, you know, I use the wrong verb there. I got this
410 whereas I think the whole question around, you know, as a communicator, it's more qualitative, it's more a feeling. And you can sense it in yourself. In a way that's perhaps different to that question of my English is better, maybe my English isn't better, I'm just better able to use the resources that I have. Maybe I have exactly the same resources,
415 but I'm now actually able to deploy them in a way that just facilitates better communication.

HK: Exactly. That's wonderful.

Teacher 1: And better interaction, you know.

HK: And yes, and I think that's partly what that course was aiming for because we were never too tied up with the huge jumps in proficiency. It was more attitudinal skill
420 development, confidence, that sort of things that we concerned ourselves with. So yeah, exactly. And that reflects very accurately in the feedback, wonderful. I don't have any more specific questions for you. Is there anything else that you'd like to add at this point about the strengths or the challenges of that programme or about the mixed cultures of the students or anything in that vein that I might have forgotten? I know it was a long
425 time ago now, so there's probably nothing pressing.

Teacher 1: One final comment and it comes from a comment from one particular student who after his first year, left the medical programme because he decided that it just wasn't for him. He wasn't particularly enjoying it. But he did come up to me after and he said, I'm leaving but I always enjoyed your classes, I always enjoyed this course. I think it
430 spoke to creating a space within the curriculum that was different. OK, yes, once you got past the whole, Oh no, I don't need to learn English anymore. It created a space where different things were happening and where there was a different dynamic, there was a different focus. And they were being exposed to, you know, different ideas. They were being, you know, exposed to different ways of learning. And perhaps thinking about
435 their learning, I think it's very impressionistic, I think that's something that was valuable to students and that they enjoyed. It created a sort of a space, a bit of a breather. Not to say that the programme was easy going, but it certainly lacked the intensity, I think, of some of the other modules and the relentlessness of some of the other modules and the overwhelming quantity of external information that the other modules had.

440 HK: OK, that's a really good point.

Teacher 1: It was very much about them. And we made that, you know, we really tried to reinforce that message. This programme has been designed for you. You have a voice in what we do, you know, within reason. There was an explicit reflective component and there were explicit self-assessment components and so on and so forth. But I think, this
445 is the general structure of the course and the general rationale for the course and then the atmosphere that we work very hard to create in the course where, you know, everybody was on a first name basis, everybody knew everybody's name, or at least I made it a point to know everybody's name. It became a space, sort of, for them. And that was very distinct from their experience in a lot of their other courses.

450 HK: Fantastic, that is fascinating to hear that, verbalised that way, because I think, that's really, that's one of the standout features. And I would agree with you and I think that came back interestingly, you won't know this because you weren't part of it, but that's come back in the student qualitative interviews that's something that they all said about the CAL programme, that they very much enjoyed the style of learning.

455 Teacher 1: Sure.

HK: Types of things that were covered in the way that it opened their mind to new ways of saying things. They find it very, very valuable. Looking back now, retrospectively, I think

460 they're all quite sentimental. They probably wish they had more of that now. It sounded to me like they very much would have wanted more of us, particularly now in their year 3. You definitely had the pulse of it there for sure and we'll leave it there for those questions if you don't have anything else to add officially I'll pause the recording. Do you have anything else you want to add?

Teacher 1: I'm just trying to think, no, I think that was it.

HK: That's pretty much it. OK, interesting.

465 Teacher 1: I think that was pretty much it. I mean, on a personal and a professional level it was a massive learning experience, you know, for me and it was hugely challenging in a very positive way because the expectations were high and the expectations had to be high.

HK: Yeah.

470 Teacher 1: And so it was. It was, yeah, it was.

475 HK: Well, I think pedagogically, it's pretty at the top there. If you're talking about faculty development and there's aspects of ability to do curricular design in there because you're constantly developing materials, there's classroom management, there's a huge amount of small group teaching, there's, you know, promoting learning autonomy, self-reflection, peer assessments, self-assessment as a form of assessment, designing rubrics. I mean, it's a who's who of the best pedagogical practice for the person running the course that you primarily were, Teacher 1:. So, I think it covers a full 360 of everything that, you know, modern education requires all in one go. So yeah, it would have been very challenging, I'm not sure that a novice educationalist would handle delivering a course like that very easily without support because I do think it requires a certain amount of experience. I think in retrospect, looking back, we probably didn't realise it at the time, but I think it does, it requires huge amount of experience in order to be able to do it all in that way. Yeah, definitely.

480 Teacher 1: Totally. No problem. My pleasure.

485 HK: Yeah, that's a very valuable addition at the end. Thank you so much for that. And I know it's gone a little bit over, I'll just stop the recording now.

Teacher 1: Cool.

END OF TRANSCRIPT

Teacher interview 2

HK: Thank you very much. With your permission, I'm recording and transcribing this only for myself, for my own notes.

5 Teacher 2: Sure.

HK: Just so we have that on record. Thank you very much. So, it's fantastic to talk to you and I only have about four or five questions. I haven't put too much structure in because I want to give you enough time to give me your own answers and if there's anything you think of after the interview because I know it's a long time since you taught this course. The last time you taught this course was 2018-2019. You could send me notes afterwards as well to be included in your thoughts. To remind you here, you know, normally, when we think about language at university or language teaching at university, we are usually talking about a pre-sessional course that's run over the summer. Often, as you know, because you have a huge amount of language teaching experience, or often the language programmes are run as standalone, isolated language programmes or they run after hours in a kind of a drop-in support centre or in a language centre where the students come separately from their programme for language.

Teacher 2: Yes.

20 HK: But very rarely do you find them embedded in a programme. Anyway, that it carries marks as part of their undergraduate degree or as part of another programme, and particularly embedded in the context of the logical fit of where language and communications need to be taught in the curriculum or need to be enhanced in the curriculum and that was the design of that CAL programme. As you remember, it was embedded in the professionalism module. So, what I'm interested in trying to examine, is first of all, the design of the programme and how you felt it worked. I will come to the questions on that in a moment. But I'm just giving you an overview of the kind of research questions, looking at that embedded model of language learning and looking at the advantages and disadvantages and the strengths and weaknesses of it for this particular cohort. I'm also interested to get your thoughts on what these students actually struggle with and how they responded to that kind of programme and also how you as a professional, how you felt about teaching it. I'll come back and I'll ask you all these questions one by one. I'm just giving you a little overview because I think it's helpful to kind of give people a mental picture of where you're going. And so, you know, if you felt that you were supported enough to do this, do you think that other language teachers would have the kind of skill set needed to do that, or does it require special training, that kind of thing. So that's the kind of area that I'm interested in finding out about. So again, thank you so much. I really appreciate you taking the time for this. So why don't we start with this question just in general because you're very experienced in relation to language at university. So if we're talking about international healthcare science students, whether they be medical, physiotherapy, nursing. What do you feel is, in your experience, the challenges for developing language skills for international non-native speakers in the university context?

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Teacher 2: The biggest challenge is for students to see that they need it. Because their background isn't language, they feel that once they're able to understand

the content, the scientific content, they feel that, you know, it's not as important. So, the first thing that as a language teacher I would struggle with, is for them to see the importance of why your communication needs to be clear, whether it's spoken or written. Whether it was nursing or medical students and so on. But I feel going back to the question, the challenges, right?

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HK: Yes, to make sure I understand, that's a really good point. So, what you're saying there is central to this whole language, that university thing?

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Teacher 2: Yes.

HK: Making sure the students understand the importance of it, the relevance, the context, that needs to be there. And do you think that's because, as a motivator as a mechanism, it is perceived negatively? Is that what you mean by that?

Teacher 2: Yes, yes. Because I think that once they know why it's important, they would be motivated to put all their effort in it. You know, just benefit from the whole programme. So, basically currently a lot of students have this extrinsic motivation. So, I just want to take the course. I'm done with it so I pass. But it's more about how to develop their intrinsic motivation and why they need to do that. Because then, if it's just about passing the module, they won't really benefit from or they won't really utilise the skills or the strategies they're learning, in their other modules. So, it's the need to understand the importance of it to be motivated as well as to be able to see the connection between language and the other modules. To transfer what they're learning in that module to other modules.

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HK: So, you're touching there on the connection between this kind of teaching and intrinsic motivation and making those transferable skills as well. That's a really strong point, very valuable, Thank you. And what would you say in general? So, we spoke at the beginning about how generally the tendency for language at university for international students is usually to be in a remedial place or a support role. It's seen as an after hours. What do you think are the challenges of bringing the embedded programme into the heart of the curriculum?

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Teacher 2: I do think that, first of all, embedding it in the Curriculum would make more sense. Than having it as a separate standalone support kind of thing that they would have after hours or pre-sessional just because once it is embedded into the curriculum, they can actually transfer those skills or whatever they're learning as soon as they actually get exposed to it or they practice those strategies. Whereas if it was something that was standalone, they wouldn't really, they wouldn't really be able to do that.

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HK: That's a very good point. So, they'd be compartmentalising. Is it what you mean? Fantastic. I see your point. So, thank you. Moving on to actually thinking about the CAL programme. So the CAL programme was an embedded part of the professionalism module, which carried 10 credits. It was a 10-credit module overall running across the whole year. And then CAL was a 20% subsection of that. I think it came to a little bit more than that in the end percentagewise as it was spread across the whole year but more or less. What did you think about that embedded design from a pedagogical point of view? You can talk about it from your point of view as a teacher, but also the students' perception of it. Did you think they were annoyed by that, did they enjoy it, do you think it was an interesting design?

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95 Teacher 2: I think some of them were. A majority of the ones that I thought were
annoyed, were annoyed that they were separated into two groups where they
had the IPE and CAL. So it's kind of, I wouldn't say labelling them, but it's kind of
just because you didn't get the required score to enter, they got this CAL label.
100 They would immediately go into the CAL programme. I think they disliked that
aspect of it. I do think that all students would benefit from CAL, not only the
weaker ones. I actually think that maybe the stronger students can actually be a
resource that would help when you are teaching CAL, where you have the
stronger students helping the weaker students and when stronger students help
weaker students, they actually get to practice their strategies and practice, you
105 know, their communication skills. And it would be better because it's a specific
kind of practice, specific set of activities that they're doing. So, I think that
students would benefit if it was delivered to all. I'm not sure about having them
levelled or as a mixed group because I've taught both in nursing and I think
having it as a multi-level classroom mix would be more motivational to students.

110 HK: Yes, that's a great idea and I think they probably were mixed to some extent, of
course as well. We need to remind ourselves that you're talking as well about the
Bahrain or CSI student cohort who are largely all non-native speakers to some
extent or English as a second or other language or bilingual, whereas there may
115 be some people on the Dublin campus who were, you know, American, Irish,
British native speaking students. The original designation of CAL versus IPE was
just practical, but you make a very good point there that in a campus where
everybody is more or less bilingual or non-native speaking that it is highly
relevant to them. So, you think the division there seemed almost arbitrary. The
students didn't really understand.

120 Teacher 2: Yeah. I mean, it could have demotivated them a bit.
HK: Yes.
Teacher 2: But regardless of whether there were native or non-native speakers. I do
think that a lot of the CAL elements would be useful to both.
HK: Of course.

125 Teacher 2: Especially because in the original 2018-2019 structure and development
of the programme, it did focus on clinical communication and clinical
communication skills. So, if I would say it in Arabic and I'm an Arabic native
speaker, I would still need to know how to utilise it in a different setting which is
a clinical setting. So it could be for example that they would have some elements
130 of CAL, but maybe not the entire programme.
HK: Of course, there's a large chunk of it that you feel, could be taught to everybody.
Fantastic. And talking about staff developments, how do you feel that you were
equipped for this type of course, which was embedded in professionalism, and
you had to sort of mirror some of the skills that were being taught in the broader
135 module? But at the same time focusing on skills that were needed by the
language cohorts that you were teaching. So, it's quite tricky. Isn't this? What did
you think about it from your experience as a staff member, you know, from the
point of view of running the course, developing materials, managing it? It's a
challenging course to ask staff to do. If you look at other models of learning
140 language like CLIL for instance which is that content integrated language where
they have a subject teacher. I don't know if you're familiar with it. So, let's say a

145 Geography teacher working with an English teacher to help students, ordinarily more in primary and secondary school, to improve their English skills. Working with a specialised teacher, in that case, it's recognised that the teachers need a certain amount of content knowledge and language teaching knowledge, which is why they work together. But in this case, you weren't working very closely with medics.

Teacher 2: No.

150 HK: So what did you think about that? From that point of view, from the staff development and delivering this kind of embedded programme, what would you say were the challenges or the benefits or did it give you any new skillset for instance?

155 Teacher 2: It actually gave me a lot of new skills that I transferred to nursing when I was there, when I was developing the nursing programme and what we're teaching and the different strategies that I'm teaching the nursing students. It was challenging, but not only in terms of the staff development, it was challenging because I had to learn it from [name of teacher 1] and apply it and teach it within the same week. That was a challenging aspect of it. If I had continued with it, it would have been much easier because I would know what I was teaching. I would have the background, experience and so on. I think the challenging aspect would be making it relevant to the students. So, for example, making sure that the materials we're using, if it was a slide from a different presentation, whether it was chemistry or physics and so on, is up to date. So, I think that the challenging part is when you need to work with other people, so it needs to be interprofessional. I think it was challenging, but it could have been because it was my first year teaching the course.

160 HK: I take that, I think that's a very good point that it is interprofessional. It does have some similarities with that CLIL model to some extent where you do need some content input, some expert input on the content side. Thank you so much.

170 Teacher 2: But I was able to teach it. It was just that, if I had more time with it and had time to reflect on the materials I was teaching, it would have been much easier. When I look at it now after three years of teaching, I'm like, we covered a lot of things.

HK: Yes.

175 Teacher 2: Different tutorials, so it could have been overwhelming because it was a lot of information back then.

HK: And that it mapped to their course.

180 Teacher 2: Once you have your time with it, it should be fine, but it would be better to work with other members of staff and make sure that what you're giving the students is relevant and they would see the connection because I think that is the most important thing for students to see the connection.

HK: Right. And did you say you are using a similar model now in the skills that you've taken into the language programme that you're teaching in the School of Nursing?

185 Teacher 2: I'm using some strategies or some aspects of it. Not really the deliverables like having the number of deliverables, but maybe a self-analysis assessment needs analysis. It's more embedded in the programme that I have worked on, yeah.

190 HK: Lovely. Great. That's interesting because I was about to ask you about that
learner autonomy aspect. So, one of the aspects that's very evident in the design
of that CAL programme is this idea of promoting student autonomy or learner
autonomy through getting them to assess themselves, assess each other in a
peer way. There was a lovely exercise I think you and [name] created together at
195 the time that involved a cycle of assessments which involved the students
making a video they recorded themselves, and marked themselves on the basis
of a rubric, I think, or some sort of descriptive tools. So, they did some self-
assessment then they assessed each other's work and then they revised it on the
basis of the comments from their peers and then they had the teacher input as
200 well to keep them to a certain standard and then they revised the piece again.
And I think the comments from the students were fascinating, that at the end of
that cycle, they felt the video had improved dramatically so, there was a lot of
work and a lot of experimental approaches that went into promoting the value of
self-assessment. What did you think about that aspect of the course? Did you
205 think it was something that the students adapted to, given that they come from a
lot of different learning backgrounds, was it difficult to get them to learn in that
way? What did you think of it?

Teacher 2: Yeah, I think it was a very good approach. When I was teaching it, they
would constantly say but why are we doing this? It goes back to them making the
connection to why they are learning this. It's not only about self-assessment, but
210 more like they would need to see the connection. I did feel that once they were
done with the activities, they did see the benefit.

HK: Yes.

Teacher 2: But maybe to reduce it to a limited degree. It's good that they're
reflecting on it now and they have positive things to say because back then,
215 maybe there were too stressed with their other modules, or it could be because
we did have a lot of deliverables in every tutorial. I mean if those were reduced, I
think they would see more of the benefits.

HK: Fantastic.

Teacher 2: I think the CAL had a lot of really good content. It was just, maybe too
220 much, too many things to cover in one session, yeah.

HK: To cover in the time allowed, yeah, I see what you mean. So, the time is always a
challenge, thank you very much. I'm moving towards my last question there. But
I just wanted to pick on one more thing about culture. We covered a lot of topics
in there as well, trying to develop intercultural competence. And I wonder if you
225 felt that was an interesting aspect and how the students responded to that. And
did it have relevance in the programme was an important part of it.

Teacher 2: To a certain degree because, a lot of the students that I've had, had
similar backgrounds. So, not all of them could see the benefits. I was shifting
them around and I used to make sure that they work with different people every
230 time because I felt that, you know, they were able to see some elements of it,
but I still got the comment of I really don't need English because whichever
patient I will see will probably speak Arabic. And I'm like, yes, but Arabic is not
the first language of half of our population. Just because it's the main language
here doesn't mean that all patients are going to speak in Arabic.

235 HK: Exactly. And I guess it's the naivety of foundation year students. They don't yet know that until they see the diversity of the hospital system in Bahrain. So, to wrap it up, because we're running out of time here, Is there anything else you want to say about the programme? I think you've gone through the strengths and the challenges and the weaknesses, but if you have any more challenges or weaknesses you want to add in there or areas that could have been improved?

240 Teacher 2: I think elements of CAL could be integrated throughout the programme. So, for example, for students to see the benefits, it would have been interesting to have like some kind of CAL input in every year and closer to their clinical practice for example.

245 HK: Yes. Of course.

Teacher 2: And kind of recycle what they've learned, for example, in foundation year and add on to it. So, the more input they have and the more kind of recycling of information and adding to it would make them see the benefit and they'll be able to transfer it in their clinical practice as well.

250 HK: Yes, I think that's a really good point and that's one of the things that the students themselves have brought up with me that they only having it for one year. I suppose it's a good sign of the course, but it's something that they would have liked. To have more relevance, they need it more in the clinical years, I think, where they're being challenged to speak more often. OK, thank you. Do you have anything else you want to add?

255 Teacher 2: I know you have a meeting in a minute, but send my regards to [name]. It was very interesting to discuss this. And if you want a follow up meeting, I'm available if you would like to discuss any points.

HK: Thank you very much. I'll stop the recording then but thank you so much for your time. That's been a very, very enlightening interview. It's really good to have your experience and your feedback on it all. I'll just stop the recording there.

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END OF TRANSCRIPT

Appendix L: Sample coding steps excel for student semi-structured interviews

	A	B	C	D	E	F	G	H	I	J	K
1	Step 2 Generate initial Codes	Instances	Step 3 relevant themes	Step 4 / review / Check themes	Step 5 Define Overarching Themes	RQ 1 -	extracts				
2	Medical English		6 English language learning in context	Domain Specific language	Embedded English language learning						
3	Make friends		4 supporting social integration	Supportive learning enviroment	Learning environment						
4	Improved English		6 supportive learning environment	Supportive learning enviroment	Learning environment						
5	Improved confidence		6 language gains	Language learning enviroment	Learning environment						
6	Challenges of learning (English at Universit		5 language challenges	Language learning enviroment	learning environment						
7	Learning environment		5 supportive learning environment	Supportive learning enviroment	Learning environment						
8	Mix of friends		6 supporting social integration	Social Integration	Intercultural awarness						
9	Cultural learning		5 Intercultural awareness	Intercultrual awareness	Intercultural awarness						
10	Cultural challenges		6 intercultural challenges	Intercultural learning enviroment	Intercultural awarness						
11	Learning tools for language		5 language learning	Language learning enviroment	Learner autonomy						
12	Learning to learn a language.		6 language learner autonomy	Learner Autonomy	learner autonomy						
13	Clinical communication skills		6 English language learning in context	Domain Specific language	Embedded English language learning						
14	Language learning (as part of medical prog		6 English language learning in context	Domain Specific language	Embedded English language learning						
15	CAL programme embedded (in Year 1 Mod		5 English language learning in context	Domain Specific language	Embedded English language learning						
16	Student identity		5 Intercultural awareness	Intercultrual awareness	Intercultural awarness						
17	Language in context (of healthcare)		6 English language learning in context	Domain Specific language	Embedded English language learning						
18	Time saving		4 supportive learning environment	Supportive learning enviroment	Learning environment						
19	Student collaboration		4 collaborative learning	Collaborative learning enviroment	Learning Environment						
20	Small group teaching		2 collaborative learning	Collaborative learning enviroment	Learning Environment						
21	Class sizes		3 supportive learning environment	Supportive learning enviroment	Learning Environment						
22	Assess yourself		5 language learner autonomy	Supportive learning enviroment	Learning Environment						
23	Asses your friends		5 language learner autonomy	Learner Autonomy	Learner autonomy						
24	Peer assessment		5 language learner autonomy	learner autonomy	Learner autonomy						
25	Group work		5 supportive learning environment	Supportive learning enviroment	learning environment						
26	Embedded language program		5 Embedded language Program	Domain Specific language							
27	Embedded CAL		5 Embedded language Program	Language in Learning context							
28	Medical English		6 English Language learning in context	Learning context							
29	Medical Communication in context		6 English Language learning in context	Learning relevance	Embedded English language Learning						
30	Contextualised learning		5 English Language learning in context	Domain Specific language	Embedded English language learning						
31	Focus on Comms skills		6 Communciation skills development	Domain specific language	Embedded English language learning						
32	Improve English		5 language gains	Supportive learning enviroment							
33	Improve Confid...			Small group teaching							