

A report on a pilot English language intervention model for undergraduate trainee nurses

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(Received 27 April, 2011; Published online 25 February, 2012)

English-medium universities are enrolling increasing numbers of students for whom English is not a first language. Despite having met English language entry criteria, these individuals can still have difficulty coping with degree programme content due to inadequate English language skills, and this presents receiving institutions with the challenge of how best to provide support to ensure this cohort can fully realise its academic potential. The stakes are particularly high for students who need to demonstrate specified levels of language proficiency in order to meet professional accreditation boards' registration criteria. This is the case for students in the School of Nursing and Midwifery at the University of South Australia, the context of the current study. This article reports on a pilot intervention model that constituted part of an English language strategy currently being formulated at the University. The model comprised 39 hours of face-to-face tuition in which language was taught within contexts relevant to trainee and practising nurses. Results suggest that even a quite modest language intervention can have an impact on students' English language competence.

Keywords: English for Nursing and Midwifery; English language professional accreditation requirements.

1. Introduction

The globalisation of education over recent years has meant that English medium universities are enrolling unprecedented numbers of students of non-English speaking backgrounds (Banks & Lawrence, 2008; Böhm, Davis, Meares & Pearce, 2002; Cook, 2008). While this influx of non-English speaking background (NESB) students also represents an investment in terms of intellectual capital, it has brought with it particular challenges. In particular, although the majority of students will have met the English language entry criteria intended to serve as gate-keeping mechanisms to ensure students entering their degree programmes have the language skills necessary to succeed and reach their full academic potential, many still struggle nonetheless (Benzie, 2010; Ransom, 2009). This can be a cause of considerable anxiety to the students themselves and to their families, who have often invested heavily in their studies both emotionally and financially and for whom failure and the prospect of returning home not having realised their aspirations can be traumatic. The reasons why these students struggle with their programmes of study despite having met language entry criteria are various and complex and beyond the scope of this article. Regardless of cause, however, receiving institutions have an ethical obligation to ensure that, having accepted them, the necessary support mechanisms exist to help these individuals achieve according to their capacity. Failure to do so has serious implications not only for the students concerned but also for their lecturers, who may find themselves having to tone down course materials in order to make them accessible and who, increasingly, voice frustration at having to try to address English language problems many

regard as outside their area of expertise and locus of responsibility (see, for example, Abelson, 2005; Bretag, 2007; Sawir, 2005).

The present article reports on a pilot study conducted in the School of Nursing and Midwifery at the University of South Australia and constituting one of a series of such studies intended to evaluate the efficacy of, and practicalities around, designing and delivering a range of different language proficiency intervention models. As such it both builds on previous research around English language interventions for trainee nurses (e.g. Boshier & Smalkoski, 2002; Guhde, 2003) and represents the next waypoint in a broader process being undertaken at the University. That process seeks, ultimately, to produce a workable and comprehensive English language strategy which (a) provides the necessary support to those students deemed to be at-risk due to weak English language skills; (b) encompasses the whole of the university; and (c) is both robust and flexible enough to respond to the particular circumstances and constraints existing in its various faculties and schools.

1.1. Background: The context of the study

As pressure to improve the quantity and quality of healthcare provision increases in countries such as Australia, the U.S., Canada and the U.K., where populations are becoming ever more ethnically diverse and nursing shortages exist, the need for greater numbers of ethnic minority nurses is being felt more keenly than ever and the international migration of nurses has become a significant trend (Finlayson, Dixon, Meadows, & Blair, 2002; Francis, Chapman, Doolan, Sellick, & Barnett, 2008; Kingma, 2007; Goodin, 2003; and Wellard & Stockhausen, 2010, in particular relation to health services in rural and remote areas). This is having a knock-on effect for universities in these countries, who are recruiting increasing numbers of NESB nursing students, a significant proportion of whom are challenged by the language demands of their programmes (Boshier & Smalkoski, 2002; Brown, 2008; Choi, 2005; Gardner, 2005; Kulig & Thorpe, 1996). Johnston (2001), for example, found that NESB students had a pass rate of between 33.3% and 47% on the National Council Licensure Examination for the licensing of nurses in the United States. This language challenge takes on particular significance when students enter clinical placements that require high levels of communicative competence. Failure to successfully negotiate this critical component of their training and/or (ultimately) meet the requirements of nursing accreditation bodies at the conclusion of their degree programmes reflects poorly on the universities concerned and can be devastating for the students themselves.

The School of Nursing and Midwifery at the University of South Australia has 2,312 students currently enrolled in its three-year programme, 383 (17%) of whom are international students and 170 (7.3%) domestic NESB students. In 2009, the Australian nursing and midwifery accreditation body (the Nursing and Midwifery Board of Australia – hereafter the NMBA) increased its IELTS¹ requirement from 6.5 to 7.0, including a minimum of 7.0 in each of the four sub-skills of reading, writing, listening and speaking (NMBA, 2011). This means that regardless of whether or not students have met their degree programme requirements, they will be unable to become registered or enrolled nurses if they have not also met these recalibrated professional English language standards. Alternatively, nursing students may demonstrate evidence of proficiency via the Occupational English Test (OET) by achieving four “B” grades (one in each band). Although further, very recent regulatory changes mean that nursing and midwifery students who have completed five years of formal education in an English medium university in designated countries such as Australia do not need to provide evidence of English language proficiency, an IELTS score of 7.0 can nonetheless be essential for international students wishing to remain in Australia and who thus need to meet the Department of Immigration’s points requirement. Furthermore, their eligibility to obtain permanent residency can, in part, hinge on their successfully becoming registered nurses and thus positioned to help

¹ International English Language Testing System – the most commonly used English language test used by academic and professional institutions in Australia to judge students’/employees’ English language competence.

address a nationally-recognised skills shortage. Both for the academic institutions and individuals concerned, therefore, there is a sense of urgency surrounding the development and implementation of an effective language support programme.

Given this situation, in many key respects the School of Nursing and Midwifery provided an ideal context in which to pilot an English language proficiency intervention – one where there was a very real and pressing need for language support and where, as a consequence, faculty were generally highly supportive of the initiative and demonstrated both determination and flexibility in implementing the course.

2. Material and methods

2.1. The rationale for a proficiency course

There has been a good deal written in the literature of the past few years around the notion of embedding discipline-specific literacies in curricula (see, for example, Dowling & Ryan, 2007; Huijser, Kimmins & Galligan, 2008; Stevenson & Kokkinn, 2007). This has been driven in large part by a perspective that moves away from the generic view implicit in a study skills approach to the development of academic language, toward an academic literacies view that

...sees the literacy demands of the curriculum as involving a variety of communicative practices, including genres, fields and disciplines. From the student point of view a dominant feature of academic literacy practices is the requirement to switch practices between one setting and another, to deploy a repertoire of linguistic practices appropriate to each setting, and to handle the social meanings and identities that each evokes (Lea & Street, 1998, p. 159).

These “settings”, or disciplines, are, as Rex and McEachen (1999) note, recognised not only by specialised vocabularies, concepts and knowledges, but also by accepted and valued patterns of meaning-making activity (genres, rhetorical structures, argument formulations, narrative devices etc.) and ways of contesting meaning. These things are, by their very nature, fundamental to being conversant in one’s discipline and should therefore be taught within the discipline as part of *every* student’s programme of study rather than as an extra-curricula, “bolt-on” component.

While recognising the validity of an academic literacies approach, in designing the course outlined here, the distinction between academic literacy and proficiency that I have articulated elsewhere (2010, 2011) was evoked. I have described proficiency as:

... a general communicative competence in language that enables its users to express and understand meaning accurately, fluently and appropriately according to context, and which comprises a set of generic skills and abilities (see, for example, Bachman, 1990; Canale and Swain, 1980; Canale, 1983; Hymes, 1972). Proficiency is reflected in learning that includes a focus on grammar, phonology, listening skills, vocabulary development, reading and writing skills, communication strategies, fluency, and the pragmatics of communication and associated concerns with politeness, implicature and inference. These represent a generic facility with language and are prerequisites to developing academic literacy. (Murray, 2011, p. 5)

The academic literacy-proficiency distinction is premised on the fact that students do not necessarily come equipped with the proficiency required to access those academic literacies embedded in the curriculum and imparted as such by academic staff. Furthermore, while it is reasonable to expect academic staff to address the problems students may manifest as they work to develop a grasp of the particular literacies they require, it is not generally considered reasonable to expect them to have an explicit understanding of language (and the associated metalanguage) that would enable them to address students’ proficiency problems. Indeed, many lecturers would argue that such understanding falls beyond their locus of responsibility and that they do not and should not be required to have the expertise to address anything other than basic language issues (Ferguson, 1996).

While the University of South Australia is developing a model of English language support that includes the embedding of discipline-specific literacies, it also recognises the need, consistent with the above distinction, to develop students' proficiency not only in order that students can successfully negotiate their programmes of study, but also so that the University can boast graduates who enter the workforce equipped with the kind of communication skills that are increasingly highlighted by employers as a key and valued attribute. As outlined below, even where proficiency is the focus of instruction, language is presented as far as is possible within disciplinary contexts that make it more relevant to students.

2.2. Participants

It was decided that two cohorts were particularly likely to benefit from attending a proficiency course. The first comprised so-called "transitioning students" – third year students who had been caught "mid-stream" by the NMBA's change to its IELTS requirements; and, the second, newly-enrolled first year students, many of whom would have come with the minimum IELTS score required (6.0) and found themselves in need of immediate assistance in dealing with the linguistic and other demands involved in beginning a new and challenging programme. Although there was considerable discussion around the desirability or otherwise of designing a single course to meet the needs of both cohorts, there was little option to do otherwise due to logistical complexities around finding enough time slots outside of students' very crowded curriculum and comprising a viable number of students able to make the same slot on a regular basis. It was agreed that teachers would strive to adjust their pedagogy so as to best meet the needs of both cohorts, where possible using the transitioning students to assist first year students in group work/task-based activities.

Participation was limited to 100 – a figure dictated by the resources available and on the basis that the optimal number of students for a language class is around 15 (Horne, 1970; Morgan, 2000). A figure of 100 would permit the running of five groups in parallel, each of 25 students, thereby allowing for attrition: experience has shown that non-credit bearing courses, such as the current pilot, tend to be the first casualties when students' other study commitments begin to make themselves felt (see, for example, Durkin & Main, 2002). Students who struggle with English often find themselves under greater pressure than their native-speaker counterparts when trying to meet programme demands, with the result that they fall behind in their studies and find themselves unable to utilise language support services available to them.

2.3. Method of recruitment

Participants were invited to take part in the pilot via an email sent out during student orientation week and which provided information on the nature of the course, its rationale, and how to enrol. It was made clear to students that participation in the course was optional and that non-participation would in no way count against them. Equally, for those who opted in, the course would not form any part of the formal assessment of their degree programme; as such their performance would in no way impact on their degree programme grades. The name and contact details of the course coordinator were made available to students in the event that they should have any questions about the course.

Students were accepted onto the course on a first-come-first-served basis; however, priority was given to the third year transitioning cohort on the grounds that they were in the final year of their programme and under greatest immediate pressure to meet the English language requirements of the NMBA. It was made clear to students at the recruitment stage that attendance on the course would be fee-free. Demand for places exceeded supply resulting in course administrators having to turn away applicants. Of the 98 students who eventually enrolled, 12 were first year students, 34 second year students, and 52 third year students.

2.4. Teaching staff

Once the recruitment process was complete, staffing arrangements were confirmed. The course employed five tutors, four of whom had at a minimum a Masters degree in Applied Linguistics

or TESOL and one (a seasoned nursing lecturer and registered nurse) a Diploma in TESOL. All tutors had between 10 and 28 years experience of teaching English.

2.5. Course design and delivery

Although the IELTS was acknowledged as a priority from the students' perspective given its professional gate-keeping function, particularly for the transitioning cohort, this was less so for the first year cohort. The decision was taken, therefore, not to make IELTS the direct and explicit focus of the course but rather to strategically integrate IELTS-type activities into the course where possible and appropriate. The reasons for this decision were as follows:

- The logistics around finding five different slots (one per group) that students could regularly attend were highly complex, largely due to the wide range of degree course permutations available to students. Consequently, it was not possible to have separate classes for first and third year students. In the circumstances, it was felt that to teach IELTS to all students in order to ensure that the third year cohort were prepared for the test would be to do a disservice to the first year cohort who needed a more comprehensive, less exam strategy-focused approach to their language development. Such an approach would serve their language needs more generally throughout their upcoming programme of study and not just those relating to registration upon graduation. Furthermore, there was a strong sense within the School of Nursing and Midwifery that its primary duty to *all* students – and indeed the profession – lay in ensuring *not* that students had an IELTS score of 7.0, but that they had language and communication skills that would enable them to engage in professional practice competently and safely.
- Although subject to individual circumstances, it was nevertheless felt that that a proficiency-focused syllabus that engaged students and offered a more rounded, comprehensive and less exam-oriented approach to language improvement would help promote improved performance on IELTS, and indeed the OET (O'Loughlin & Arkoudis, 2009).
- The purpose of the pilot was not to serve as an IELTS training/preparation course but to evaluate the practicability and efficacy of a general proficiency intervention that might form the basis of a model that could be implemented university-wide.

With these factors in mind, the pilot course was designed around the development of the four skill areas of reading, writing, listening and speaking. Situated within a proficiency framework, key learning targets were identified and taught largely within contexts that had relevance and authenticity for nursing students and which promised, therefore, to be more engaging. Materials were sourced from ESP nursing textbooks and a repository developed by learning advisors in collaboration with the school of Nursing and Midwifery. These were integrated with bespoke materials developed specifically for the course. It is important to stress that the course materials were chosen with a view to their being relevant and thus engaging and not to develop participants' nursing language per se. That is, the main objective of the course was to develop their general proficiency in English.

Having decided in favour of an extra-curricula intervention early on due to a full and demanding nursing curriculum, it was subsequently determined that the most students could realistically cope with would be three hours of classroom input per week over one-semester. This amounted to a total of 39 hours of input over 13 sessions (one session per week). In practice, each of the three-hour sessions was split into two parts as follows.

Part 1 (2 hours): taught by one of the four English language specialists and devoted to teaching topics within each of the four skills areas. Reading and writing were taught together one week, followed by listening and speaking the following week. This alternating pattern continued for the duration of the course with seven sessions devoted to reading and writing, and six to listening and speaking.

Part 2 (1 hour): taught by the fifth member of the team – a registered nurse with a background in TESOL – and devoted to extending and applying content taught in Part 1 within authentic contexts of nursing practice so as to emphasise its practical relevance.

The three examples in Figure 1 indicate the interplay between the two parts of each session.

<p>P1. Listening for main ideas and supporting details</p> <ul style="list-style-type: none"> • Lecture listening + note-taking (Identifying main ideas and details + abbreviations) • Understanding discourse cues <p>Communicative interaction 3: Requesting clarification / offering clarification (explaining) / conversational repair</p> <p>Speaking spontaneously on a topic – strategies and practice</p> <hr/> <p>P2. Clinical handover 2 / Reports</p> <ul style="list-style-type: none"> • South Australian Health abbreviations (handout) • Using abbreviations • Asking questions / checking understanding/requesting clarification and offering clarification in clinical handover (+ in interactions with doctors and patients)
<p>P1. Working with paragraphs</p> <ul style="list-style-type: none"> • What is a paragraph and how is it marked? • When to begin a new paragraph • Writing and identifying topic sentences (incl. placement of topic sentences) • Writing and identifying main and supporting ideas • Cohesion within paragraphs: Referential devices; different types of paragraph and associated language (definition, description, classification, comparison and contrast, cause and effect, chronological) <hr/> <p>P2. Writing a clinical record</p> <ul style="list-style-type: none"> • Writing a short paragraph on clinical diagnosis (e.g. using description, classification etc) • Writing referral, admission and discharge notes (e.g. using description, cause-effect, chronology) • Writing wound management charts (e.g. using comp. and contrast: “the gash is better than...”) • Discussion of records as per IELTS
<p>P1. Listening for main ideas and supporting details</p> <ul style="list-style-type: none"> • Lecture listening + note-taking 3 (Identifying main ideas and details + understanding and expressing numbers and statistics) • Identifying key components of lectures ... and their common realisations <p>Communicative interaction 4: Communicating and justifying facts and opinions / expressing a preference / speculating</p> <p>Speaking spontaneously on a topic – strategies and practice</p> <hr/> <p>P2. Nursing histories</p> <ul style="list-style-type: none"> • Ascertaining facts/information from patients and during patient handover • Interpreting information provided by patients • Eliciting key information under time constraints + speculating and justifying opinions in authentic clinical contexts • Administering medication; expressing and understanding quantities in context / SA Health re statistics and safety

Figure 1. Examples of interplay between parts 1 and 2 of each course session.

For the duration of the course, each group had the same tutor for part 1. All groups shared the same tutor for part 2 but attended in the same groups as for part 1.

Course objectives were defined as:

- providing participants with a basic practical “toolkit” for coping with the immediate demands of their studies;
- imparting to them maximally productive general principles relating to each of the four skill areas;
- helping them develop strategies that would promote more productive self-learning activity; and
- allowing opportunities to apply the skills and strategies learned and increase their fluency in doing so.

It is important to acknowledge that the course eventually delivered was a compromise. The main objective of the pilot was to acquire a sense of the practicability of a general proficiency course that could be adopted across the university, although with the content tailored so as to reflect disciplinary idiosyncrasies in the way illustrated in Figure 1. However, conducting the pilot within a school where there were, to some extent, particularly significant pressures to meet IELTS requirements allied to the very specific communicative requirements of nursing practice that manifest themselves during students’ placements, meant that to some extent the course had to meet a range of different needs. It had to give students what they needed in the short term, satisfy the course designers and academic staff that it was serving the broader longer term language needs of those enrolled and meet the requirements of the pilot itself in such a way that any findings would have relevance not only for the School of Nursing and Midwifery but for other schools of the university. Although activities were incorporated into the course that explicitly and implicitly reflected the nature and demands of IELTS and the particular communication requirements of practising nurses, with respect to the IELTS in particular these were kept fairly minimal. As such, this no doubt affected students’ perceptions of the course and its relevance and usefulness.

2.6. Evaluation

All 98 enrolled students were required to sit a one-hour internal pre-treatment test comprising three components: a c-test (text completion) exercise, a cloze elide (speed reading) exercise, and an academic writing test in the form of an argumentative essay. The test was constructed by the University of Melbourne’s Language Testing Research Centre to address the need for a valid, reliable and efficient means of identifying those students likely to experience difficulties in coping with the English language demands of their academic study in a large and linguistically diverse student population (Elder & Knoch, 2009). Various sources of evidence were adduced in support of the test’s validity including:

1. Results from a statistical analysis of each test component showing high reliability and strong discrimination between those who were born and educated in countries where English is the official medium and those who were not.
2. Results from a correlational analysis showing a strong and significant relationship between aggregate scores on the test and overall band scores on the IELTS, another internationally recognized English test used for university selection with international students.
3. Results of a regression analysis showing a strong relationship between performance on the test and performance on the writing, listening and reading components of the DELNA, an independently validated pen and paper test of English for academic purposes currently in use at the University of Melbourne.

Following completion of the course, students sat an alternative version of the same test, which had been equated with the pre-treatment test. It was made clear to the students that there was no passing or failing of the test and that it would be used only for the purpose of indicating levels of improvement in their proficiency and thus the possible efficacy of the course. It was stressed

that their performance would not be officially recorded or have any bearing on their studies whatsoever.

It was decided that those students who sat the pre-treatment test but did not attend classes subsequently would be used as a control group and asked to sit the post-test in order to see if they made comparable gains to the treatment group. The idea here was to help determine whether or not any gains measured were likely to be the result of the treatment itself rather than attributable to other factors such as students' day-to-day exposure to English through their studies and social interactions.

Participants' tests were marked holistically (globally/impressionistically) on a scale of 1-6 using a series of descriptors and following a marker training session. Despite certain weaknesses associated with holistic as opposed to analytic assessment (see, for example, Cohen, 1994; Heaton, 1990), it is generally regarded as quick and cost effective, and while not as reliable as analytical assessment, is nonetheless a fairly reliable method of assessment given experienced assessors (Iwashita & Grove, 2003). For this study, each test was marked independently by two raters, with a third being employed in cases where there was disagreement.

Given the possible shortcomings of any test employed to indicate the efficacy of what was a quite modest intervention, and so as to triangulate findings and make the evaluation process more robust, students were also asked to fill in an online questionnaire immediately following the conclusion of the course. This was done via TellUS2 software, with 36 respondents taking part anonymously. A feedback session involving 22 volunteers was also arranged, with students divided into two focus groups each of which was facilitated by two of the five course tutors (one as facilitator and the other as note-taker). To ensure that broadly similar information was elicited, the following set of thematic prompts was used in both groups: course administration, schedule/attendance, course design/content, teaching/delivery, homework, and a wish-list for any future such courses. The two focus groups were organised in such a way that the tutors concerned only facilitated those groups comprising students they had *not* taught. The idea here was to mitigate the possibility of students only voicing opinions that reflected positively on tutors and the programme. Although in the interests of greater veracity consideration was given to employing third party facilitators who had no involvement with the course, it was felt that, on balance, the above arrangement was an acceptable compromise: there were clear advantages associated with facilitators having a good inside knowledge and understanding of the course, its rationale, design, delivery and materials – as well of various issues that had arisen during its conceptualisation and delivery.

3. Results and discussion

Although demand for places exceeded supply, attrition on the programme was considerable, as predicted, with 9% of students never showing up to Part 1 of the course and 36% never showing up to Part 2. One reason for this may have been that students were keen not to miss out on the opportunity for free English language tuition and therefore signed up before considering carefully the commitment involved and whether or not they would be able to attend given their other obligations and possible timetable clashes. Of the 59 who did attend the first session of part 1, this figure decreased to an average of 35 by week three; and of the 49 who attended the first session of part 2, this figure decreased to an average of 34 by week three. From this point onward it fluctuated only minimally. It is noteworthy that 36 students completed the online post-course evaluation questionnaire, a figure which, in light of attendance rates, suggests that students felt quite strongly about the course and were keen to offer comment on it.

A number of salient themes emerged from the completed questionnaires and focus group sessions. These are summarised in Figure 2.

Schedule/Attendance

- Students frequently missed classes due to timetable clashes or because they were too busy with course preparation, assignments, exams and clinical placements. Assessed coursework took precedence.
- 1 hour/week for the “nursing applications” sessions (part 2) was inadequate.
- Content needed to be more heavily nursing-focused.
- 20% of respondents expressed a preference for intensive weekend or mid-semester break classes.
- For 3rd year students, classes needed to be scheduled around their clinical placements to enable them to attend. Clashes were disruptive to learning.
- More IELTS/OET test practice would have improved attendance.
- Classes needed to be streamed according to ability level.
- Students desired more English (4+ hours/week) but feared their workloads would prevent attendance.
- 30 online respondents would have attended more regularly if the course had been credit-bearing.

Content

- 27 online respondents felt they benefited significantly from the course. 30 saw it as relevant to their needs.
- More IELTS-focused content was expected and desired.
- Explicitly nursing-related content was particularly helpful. Academic English language tuition was viewed as helpful only in so much as it was distinct from pre-entry academic English improvement programmes and clearly related to immediate programme goals/demands.
- Classes needed to focus more on the communication demands of students’ clinical placements.
- More time was needed for individual feedback.
- A more clearly progressive approach was preferred with ‘waypoint’ targets being subject to assessment, thereby enabling students to more easily measure their progress.
- There needed to be more opportunities for role-play and greater emphasis on pronunciation practice.
- More essay practice was desired (e.g. “a 200-word essay administered each week”).
- Academic English/referencing was useful for assignments.
- 33 online respondents found the level of difficulty appropriate.

Teaching/delivery

- 32/36 online participants ranked the quality of teaching as between average and excellent, with 14 citing “excellent” and 12 “average”.
- 32/36 online participants ranked the materials used as between average and excellent with 9 citing “excellent” and 17 “good”.

Homework

- There was a desire for homework to include more IELTS or OET exercises.
- 29 online respondents felt the amount of homework assigned was “just right”, 2, “too much”, and 1 “too little”. (In reality, few students completed homework assignments set due to time pressure.)

Administration

- Satisfaction levels were generally high, although three students claimed not to have received the email inviting their participation in the course.
- Changes to classroom assignments early on were confusing and led to late attendance in some cases.

Wish-list

- 34/36 respondents felt the course should be repeated each year, and 33 that it should continue into study period 5. However, when given the choice of a similar course in study period 5 or intensively in the July break, 13 students preferred the former and 19 the latter.
- A desire was expressed for continuous and alternative English classes during study periods, repeated so that if students missed one, they could do it at another time.
- Some respondents desired increased opportunities to communicate with local students via peer-mentoring, “buddy” schemes etc.
- Saturday classes were suggested as one option if English language proficiency remains extra-curricula
- There was a near-universal wish for classes to continue into the next study period.
- Some respondents expressed a desire for separate IELTS, OET and academic English classes.

Figure 2. Course feedback (based on 36 online respondents and 22 focus group volunteers).

Although the predominance of IELTS appeared to diminish somewhat once the rationale for the course was explained to students early on, feedback collated from both the questionnaires and the focus group sessions suggested that it remained an important factor in how they perceived the course. Many took a highly pragmatic view: they needed IELTS in order to become accredited nurses; if they failed to achieve that, then a more useful general communicative competence would be virtually meaningless, even when this was taught (in part) via discipline-specific materials. One student commented that although referencing was certainly useful for academic writing, it was less so for IELTS, which does not require students to reference. Another noted that the requirements for IELTS and a piece of written academic coursework are quite different in that the 250 words that may be required for a good essay introduction could constitute an entire IELTS essay. Finally, one remarked, "This course was useful but the most urgent need is IELTS and nursing English". This last comment, suggests that even where language was taught within contexts relevant to students' degree studies, the extent to which this was done was not considered sufficient – something echoed in the comments of other students, as we shall see.

Interestingly, the feedback received also indicated strongly that where input was directly related to the communicative demands of practical nursing contexts, students were very content and recognised its value. They did not (explicitly, at least) link such input and their satisfaction with it to their need and desire to meet IELTS/OET requirements.

Much of the literature on the language problems faced by NESB nursing students has tended to report on research that has either sought to identify nursing students' needs as perceived by students and/or faculty (e.g. Jalili-Grenier & Chase, 1997) or to offer suggestions regarding broad strategies to assist this cohort in managing the demands of their studies, and in particular clinical placements (e.g. Abriam-Yago et al., 1999; Malu & Figlear, 1998). As Choi (2005) observes with respect to Abriam-Yago et al's work, such studies tend not to "quantify the effect of...teaching strategies on improved language acquisition by the ESL nursing students or their retention of the content of the instruction" (p. 266); that is, there is a relative paucity of empirical studies, such as that described here, that look at the efficacy of actual language interventions. Where these exist, however, (e.g. Boshier & Smalkoski, 2002; Guhde, 2003), they appear to reinforce themes emergent in the ESL-nursing literature generally and in the findings from our own study. Most obviously, while students are eager to increase their capacity to deal with the linguistic demands of their academic nursing studies, there is a particular need and desire to be able to communicate effectively and confidently with clients and colleagues in real healthcare settings during clinical placements. To this end, students especially feel the benefit of language practice through role-play and work on pronunciation. They also value learning opportunities that arise from staged interactions with their ESB counterparts and the kind of peer-mentoring and 'buddy' schemes that enable this to happen. We had begun with an intervention model that targeted general proficiency via materials and activities that contextualised language in a way that gave it authenticity for participants and in which functions (secondary) serve form (primary). Our students' feedback, however, indicated that while they can see the value of this approach, it can usefully be complemented by or integrated with the kind of more obviously functionally-driven approach adopted by Boshier and Smalkoski, and where form serves function.

Twenty-one students attended the post-treatment test, representing 61% of the combined average attendance at week three. Results were generally pleasing with 18 students (86%) showing gains in proficiency between the pre-treatment and post-treatment tests, and only 3 (14%) losing ground fractionally. In respect of writing in particular, 12 students (57%) showed improvement of between one and two bands on the six-band scale adopted, 7 (33%) remained within the same band, and 2 (10%) dropped one band. These same two students also showed decreases in their overall test scores. Of those students who made gains, one improved by two bands and the remainder by one band. As Figure 3 illustrates, the mean difference in performance overall between the two tests amounted to 9.2%, and the mean difference in the performance of the 18 participants who improved was 11.2%. The largest individual gain was 24 percentage points and the smallest four percentage points. Discounting the two students who

made the greatest (and quite exceptional) gains, and who could be considered outliers, the mean gain of the remaining students who showed improvement amounted to 9.69%.

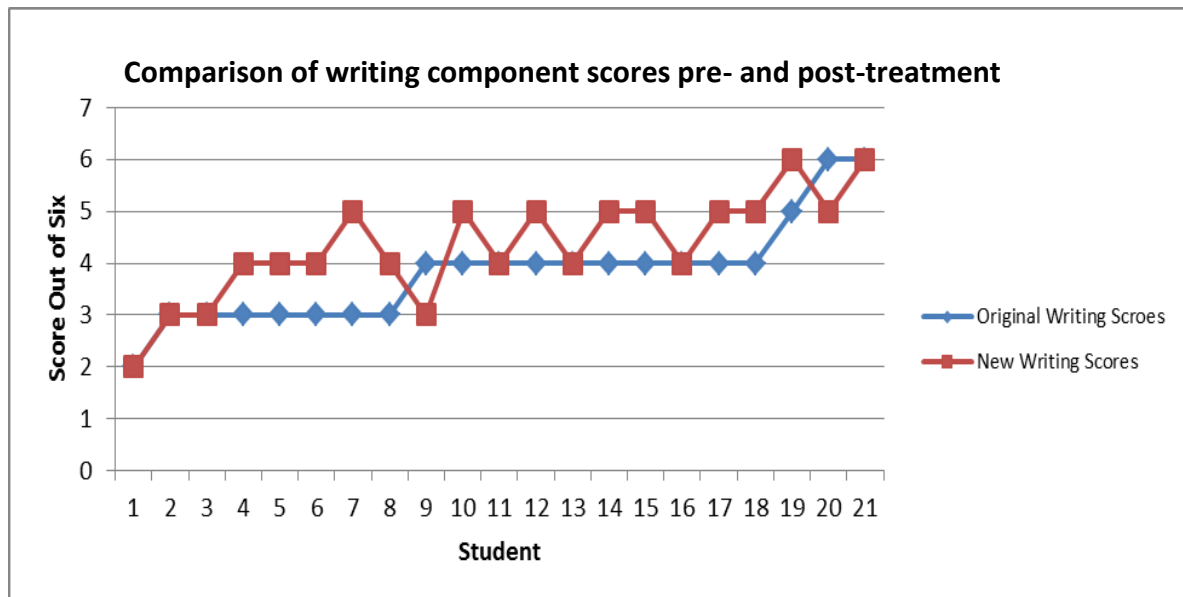
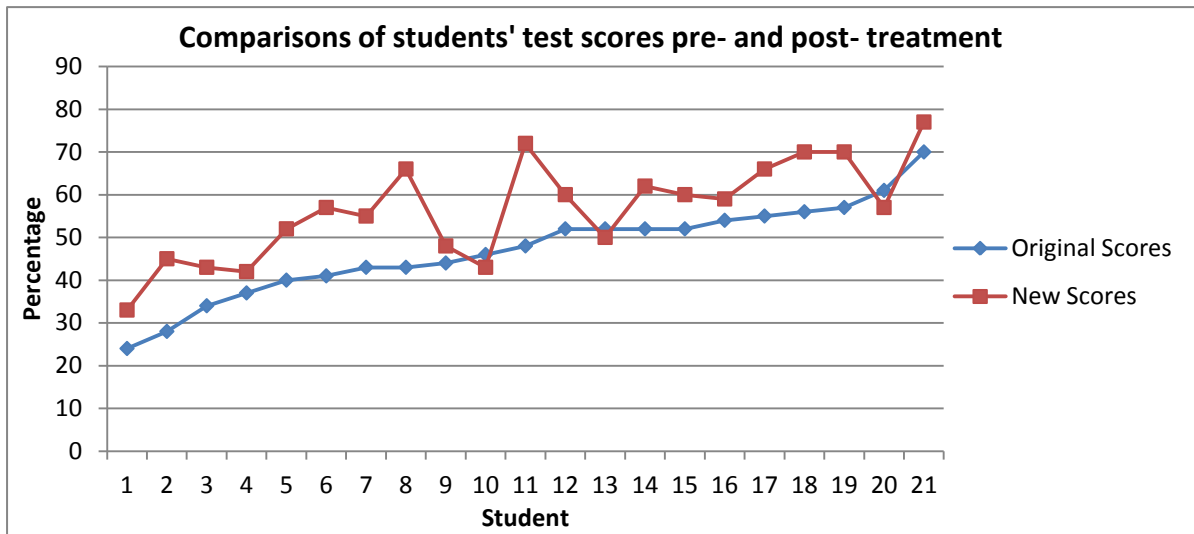


Figure 3. A comparison of pre- and post-course test results.

When these results are represented in terms of increases evident in the minimum, maximum and mean scores between the pre- and post-tests, as illustrated in Figure 4, the overall upward trend in performance becomes more salient.

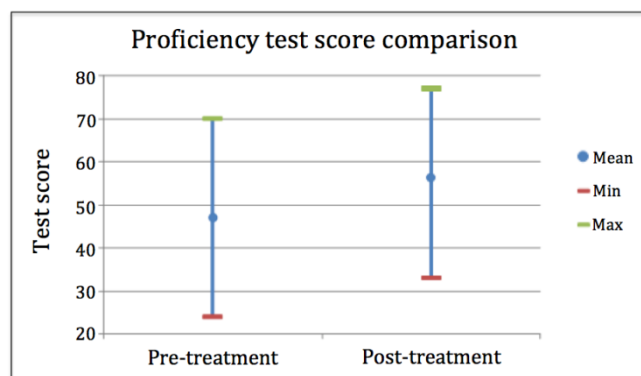


Figure 4. A comparison of pre- and post-test mean, low and high scores

These results, while indicating a clear trend, need to be interpreted with some caution, particularly given the small sample set and the need to replicate the intervention on a larger scale. Some performance increase may be attributable to the practice effect and to improved strategies, a more relaxed disposition and the greater confidence that comes from knowing what to expect. Equally, participants had the benefit of 2½ months exposure to English outside of the pilot course, and this exposure could have accounted for at least some of the gains evident. While one might have expected such exposure to result in *all* the participants showing some improvement, the fact that three failed to do so to any discernible degree might simply be explained by a lack of motivation and/or aptitude. It may be that those students who chose to attend the post-test administration were not only the most motivated students and, therefore, those most likely to have engaged more fully with the course and consequently derived greatest benefit from it, but also those most likely to have been acquiring language input from elsewhere, both within and outside the university environment. Having said this, it might reasonably be argued that students who fail to attend and engage in such provision cannot be *expected* to show improvement, and in this respect the increases in performance evidenced might be cautiously interpreted as endorsing the course. The correlation, illustrated by the scatter graph in Figure 5, between attendance and performance would appear to lend credence to this view.

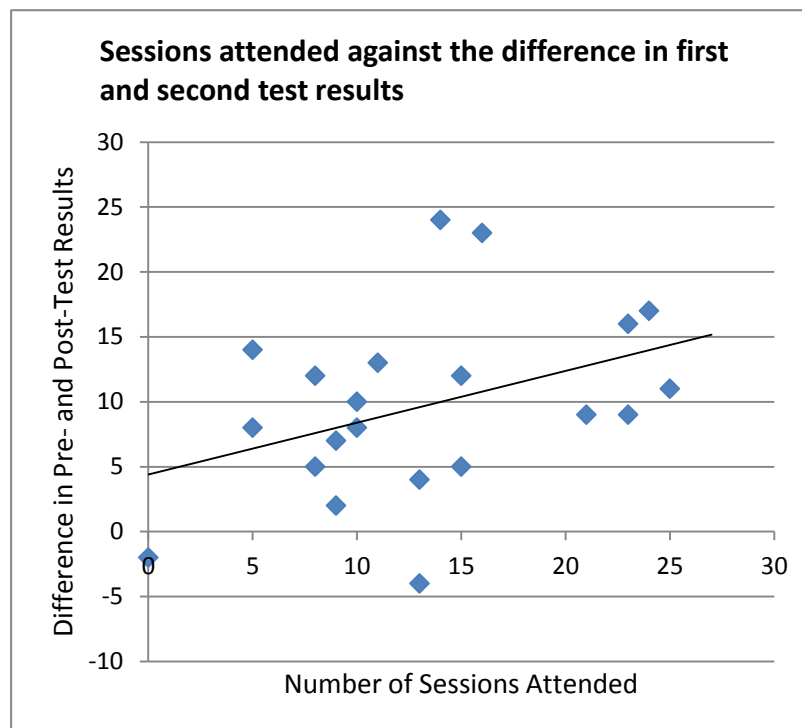


Figure 5. The relationship between attendance and performance, indicating a moderately positive correlation. The line of best fit indicates that the greater the number of sessions attended between pre- and post- tests, the greater the performance gains.

The control group provided an interesting dimension to our analysis. While only six volunteers agreed to take the post-test, all six showed proficiency gains (see Figure 6). These were, however, more modest than those achieved by the treatment groups and amounted to a mean gain of 6.7% compared to 9.69% for the treatment group. It seems reasonable to hypothesise that these gains were the result of everyday exposure to the language both within and outside of the university context.

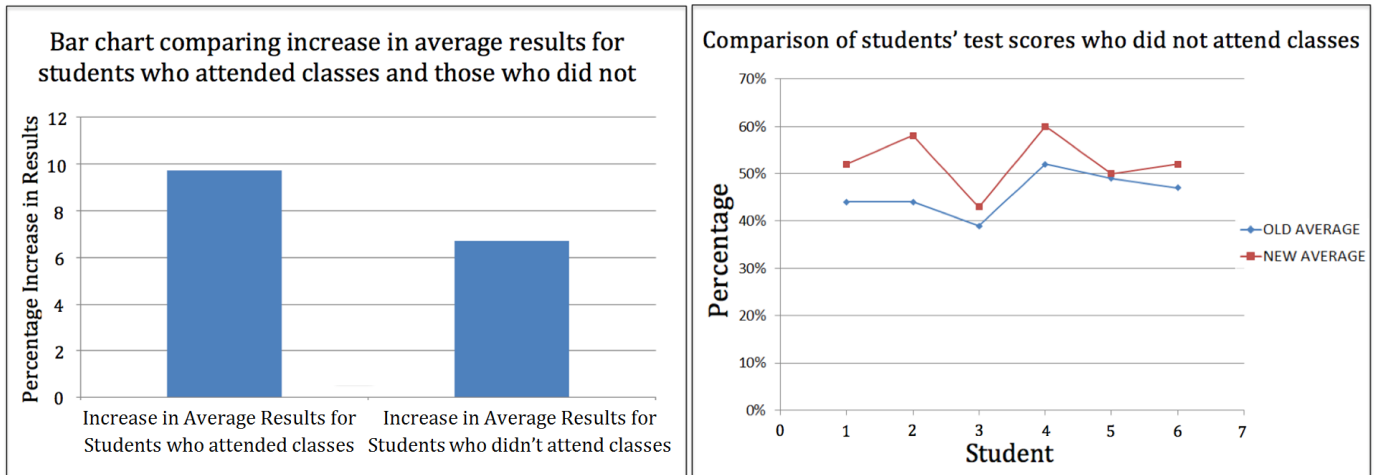


Figure 6. Control group proficiency gains.

4. Conclusion

There is limited evidence, based on what is, admittedly, a small sample set, that even a short course of the kind piloted can be beneficial to students, bringing modest increases in their levels of proficiency, imparting key principles and strategies that can promote increased confidence and a capacity for autonomous learning, and providing them with a toolkit to help them cope with the immediate demands of their programme. Although participants in our study had not received their post-test scores at the time of evaluating the course and were, therefore, unaware of the gains achieved, the vast majority (94%) felt this form of provision worthwhile and indicated a strong desire for it to be repeated and extended, although with a greater focus on listening and speaking. As nurses who risk failing practicums due to an inability to communicate accurately and effectively with those around them and who operate in a profession where the stakes are especially high and miscommunication can have serious consequences, students keenly felt the need to develop these two skills in particular.

Those factors militating against extra-curricula general proficiency courses, such as that described here, are considerable however, particularly in programmes such as Nursing and Midwifery that are very demanding, have heavily prescribed curricula and include clinical placements. Scheduling difficulties can make streaming impracticable, thus compromising learning. Furthermore, assessed coursework will typically take precedence for students, and those in greatest need of proficiency tuition and thus most vulnerable are, ironically, often those least able to attend such courses and whose studies suffer as a result. Where they do manage attend, study pressures can mean that they come with unrealistic expectations: they want a course that will provide quick results, prepare them for IELTS and give them what they need to cope with placements; anything else is seen to be of little value. Our experience suggests that a 39-hour course cannot provide this, yet anything more substantial presents considerable logistical problems. Even within the limited goals of the course delivered, tutors felt that 39 hours was insufficient to cover the necessary ground in adequate depth, to provide opportunities for students to practice the skills they were learning in a controlled environment, and to assign sufficient tasks made meaningful through tailored and detailed feedback. Given the quite modest gains made, initial attrition rates and sporadic attendance, we question the value of this kind of intervention. The problem is finding alternative avenues via which to improve students' general communicative competence so that they are able to engage meaningfully with the particular literacies required of nurses. To embed general proficiency tuition in the curriculum is easier said than done and it is unlikely that programmes will increase their IELTS entry requirements in an effort to obviate the problem, as this will put them out of step with competitor institutions.

One possible solution currently under consideration at the University of South Australia is to use recently instituted practice-based labs. These are compulsory for trainee nurses, whose performance is assessed, in part, according to their ability to communicate effectively. The idea is that attendant English language tutors identify students' common language weaknesses and address these via periodic workshops, either after hours or at weekends – as per students' suggestions – and/or during semester breaks. While such interventions cannot offer the advantages of a structured course of ongoing general proficiency provision, in tandem with other supports this kind of it provides something of a solution to a difficult and complex problem. Other supports the University will be considering include:

- more sophisticated online materials that (a) reflect the general proficiency-academic literacy distinction; (b) embed points of learning pertaining to proficiency within situational and linguistic contexts pertinent to nurses, and (c) include audio and video clips and the opportunity for students to record themselves.
- dual marking of assignments, where students receive feedback from English language specialists on their course assignments, including hyperlinks to the above materials where these address the particular language problems manifested in students' writing.

Whatever its form and whatever the constraints that militate against it, effective English language proficiency provision is going to become increasingly essential as the globalisation of education continues to gather momentum and greater numbers of students find themselves enrolling in English-medium universities and facing challenges around language competence and integration with the academic, professional and wider community. Moreover, there are signs that the establishing by professional registration boards of English language standards as conditions of professional accreditation is set to become a trend that is likely to extend to other fields of professional activity such as education, accountancy and law – disciplines that traditionally attract high numbers of NESB students. Such moves will place universities under even greater pressure to ensure their English language provision is sufficiently robust. And the stakes are high: those able to demonstrate that they have the necessary measures in place to help ensure that students succeed in their degree programmes and in meeting professional accreditation requirements are likely to reap greater rewards in terms of enhanced reputation and thus, student enrolment numbers.

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