MOVING FROM FACE-TO-FACE TO ONLINE WORKSHOPS TO SUPPORT NESB STUDENTS IN THE CLINICAL PRACTICUM: INTRODUCING A MORE CRITICAL APPROACH

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Students in the clinical practicum need to engage with the multiliteracies and multi-layered identities of the workplace, the community and the academic institution. Here multiliteracies are framed as, 'social practices that are complex, multifaceted and ideologically loaded' (Baynham 1995, p. 8).The focus of this paper is the support work done by a Learning Adviser with non-English Speaking Background students in the Health Sciences to help develop oral communication and workplace literacy for the clinical placement. The paper describes the face-to-face workshops which use 'orders of discourse' (Fairclough 1995) in their design and which focus on the development of 'communication strategies' in spoken interactions (Faerch & Kasper 1983; Tarone 1983). The paper then identifies some of the features of the online versions which, while

encouraging interactivity and responding to a cohort of students who increasingly require flexibly delivered modes of support, present particular challenges. The paper draws on the writing of critical literacy researchers to address the question: How can 'critical literacy' approaches be incorporated into online student support work? In particular, the paper uses the New London Group's Pedagogy of Multiliteracies (2000) to analyse two online workshops, finding examples of the first and second stages of this pedagogy, 'situated practice' and 'overt instruction' but further opportunities for the development of the important third and fourth stages of 'critical framing' and 'transformed practice'.

Introduction

Within their placements, non-English speaking background (NESB) university students in the Health Sciences are expected to learn and perform new clinical skills and corresponding communication tasks in the target or 'real-world' situation where the safety of human life is paramount. These students need to develop an understanding of the culture of the workplace and of how language is used in interactions with patients and their families, hospital staff and visiting supervisors from the university. They need to be able to use a range of different language registers with these groups as they enter a new discourse community. In this context then, literacy is interpreted as 'mastery of a new Discourse' (Gee 1996, p.145) where a Discourse refers to :

> … a socially accepted association among ways of using language, other symbolic expressions, and 'artifacts' , of thinking, feeling, believing, valuing, and acting that can be used

to identify oneself as a member of a socially meaningful group or 'social network', or to signal (that one is playing) a socially meaningful 'role'. (Gee 1996, p. 130)

The mastery of a new discourse is closely allied to forming a new identity, that is, a positive sense of self within a new role. In the clinical practicum students are laying the groundwork for their new identities as health professionals who will need to negotiate their own working conditions and to advocate on behalf of their patients. To do this the NESB students need a critical awareness of language and how it is used. For this reason, this paper accepts the framing of multiliteracies in the clinical practicum as "social practices that are complex, multifaceted and ideologically loaded" (Baynham 1995, p. 8).

In the process of incorporating new identities as novice health professionals, students need to develop a critical awareness of language and the paper draws on the writing of critical literacy researchers to explore some of the ways that a 'critical literacy' approach could be incorporated into online student support work. Critical literacy has a number of origins including anthropology, sociology, socio-linguistics, critical discourse theory, genre theory and Systemic Functional Linguistics, empowerment ideology and feminist theory. Many critical literacy theorists write about the application of theory to reading and writing but this paper will attempt to apply some aspects of the critical literacy theory to spoken language where speakers also make important choices in relation to language and content.

The focus of this paper is the support work done by a Learning Adviser with non-English Speaking Background students in the Health Sciences to help develop oral communication and workplace literacy for the clinical placement. The paper describes the face-to-face workshops which use 'orders of discourse' (Fairclough 1995) in their design and which focus on the development of 'communication strategies' in spoken interactions (Faerch & Kasper 1983; Tarone 1983). The paper then traces the development from face-to-face to online workshops and identifies some of the features of the online versions.

The online versions represent a major direction of learning support at the university and because of their static nature, they can be more easily examined than face to

face teaching processes. To analyse the online workshops, the paper uses The New London Group's Pedagogy of Multiliteracies (2000, pp. 33-35) which has four-stages:

Stage 1 'Situated Practice', is described as, 'immersion in meaningful practices within a community of learners who are capable of playing multiple and different roles' and these practices would include workplace-based simulations.

Stage 2 'Overt Instruction' is defined as: 'interventions on behalf of the teacher…that scaffold learning activities'. In these interventions, students are given explicit information that they can apply to practice. One of the characteristics of 'overt instruction' is the use of metalanguage that describes 'the form, content and function of the discourses of practice'.

Stage 3 Critical Framing 'involves the students standing back from what they are studying and viewing it critically in relation to its context'. Through critical framing, students can be made aware of where power is located in language and how it shifts. For example, when communicating with patients, in their identities of novice health professionals, students can often find themselves in dominant positions of power. However in communicating with staff and visiting lecturers from the university, that is in their student identities, they are more likely to be positioned as less powerful.

Stage 4 'Transformed Practice' refers to 'a re-practice, where theory becomes reflective practice' and this involves the application of the 'transformed meaning' to other contexts

An analysis of the workshops finds examples of the first and second stages of the pedagogy of multiliteracies, 'situated practice' and 'overt instruction' but further opportunities for the development of the important third and fourth stages of 'critical framing' and 'transformed practice'. It is important to recognise that changes to the workshops suggested through the analysis do not be purport to be 'critical literacy programs' but rather represent the developmental stage of a more critical approach.

The face-to-face and online workshops for Nursing students

Ladyshewsky (1997) conducted a research project in 1996 with International NESB Physiotherapy students and their clinical supervisors, concluding that culturally-based concepts of authority and respect as well as English language proficiency directly influenced clinical placement outcomes. These findings were supported in a study by Stewart et al (1996), who asked students to identify difficulties faced in the clinical placement and to suggest strategies to overcome them. The majority of students favoured the introduction of 'cross-cultural communication workshops for themselves and their supervisors' (Stewart et al 1996, p.1). The need for teaching strategies which focus on clinical communication for NESB Nursing students is reinforced in work done by Brown (1997) and Hussin (1997).

This need came to the foreground at the University of South Australia in 1998 and 1999 when the School of Nursing asked a Learning Adviser to provide face-to–face workshops for NESB students who were experiencing difficulty, or failing to meet the requirements of the clinical placement. The two main areas of concern were that students were not spending enough time communicating with patients while performing nursing tasks and that hospital staff were not always sure if students were understanding instructions. The workshops were designed to build a safe environment where students could learn and practise communication skills before having to perform them on their placements and then to debrief the experience afterwards. The workshops were then to be developed as one online version.

The three-hour face-to-face workshop for first year Nursing students, 'Communication Skills for the Clinical Placement' was held in the week prior to their first clinical placement in a hospital. The session was divided into two parts: communicating with patients and communicating with staff and each part included role-plays to simulate the clinical environment. Gee (1996 p. 33) stresses that if we are trying to help our students achieve mastery of a secondary Discourse then we need to engage them in realistic learning situations that employ authentic texts, that is, in what the New London Group calls, 'situated practice'. The elements of situated practice such as simulation of the interactions found in clinical placements were used in the face-to-face workshop, most of which have been replicated in the online

version (Appendix A).

The workshops were designed with Fairclough's concept of 'orders of discourse' in mind (Fairclough 1995). These orders of discourse can be seen as a 'structured set of conventions associated with a semiotic activity' (New London Group 2000, p. 20) in a given place. These conventions relate not only to language use and non-verbal behaviour but also to visual signs and systems for example, a thermometer used by the nurse to take a patient's temperature or a vase of flowers on a patient's bedside table.

Within these orders of discourse are conventions associated with language use in particular activities that can be identified as oral genres, for example, the way that nurses talk to patients while taking their blood pressure or that doctors talk to nurses during a ward round. Halliday (1985) observes that spoken language is process-oriented and that the grammar is characterised by complex arrangements of clauses and verbal processes. In the first section of the face-to-face workshop the students were introduced to the stages of the oral genre, 'Taking Vital Signs' which was divided into the following speech functions:

- giving information to patients

- explaining procedure to patients

- seeking cooperation from patients

- offering encouragement to patients

- offering reassurance to patients

- giving feedback to patients

The students were encouraged to establish rapport with patients through engaging in social conversation. They identified topics of conversation they could discuss with patients and also how to use cues such as patients' cards, photos, flowers and books to initiate conversation. This was followed by extensive paired role-plays where half the group of students role-playing the 'patients' were given prepared questions to ask and concerns to express. The students role-playing 'nurses' were

required to take vital signs using the staged speech functions while initiating a social conversation by responding to visual cues (props) placed at the 'bedside' by the Learning Adviser. The 'nurses' then needed to respond spontaneously to a 'patient's' question and then to a complaint or problem while also taking their blood pressure. This aspect of the workshop was built into the online version as an exercise but it did lose the interactivity, immediacy and the unpredictable features which made it a more realistic language exercise.

The second section of the face-to-face workshop was held after the clinical placement. It started with an overview of the students' concerns about communicating with supervisors in clinical placements. The Learning Adviser presented information on communication strategies drawing on the work of Faerch & Kasper (1983) and Tarone (1983). These covered ways to clarify meaning such as asking for repetition and asking clarification questions eg. '*What* did you say we need to order from the pharmacy?' as well as a range of ways to demonstrate understanding such as:

- repetition of key words

- confirmation statements which paraphrase information

- expansion statements which add information

- elaboration questions which ask for more information

The students were then presented with four case studies of patients where the Learning Adviser took the role of the Clinical Instructor, issued instructions and asked questions which required students to use these communication strategies to clarify meaning, check understanding and demonstrate understanding. The students then reflected on their performance and received feedback. This was successfully built into the online version as exercises which students were invited to submit to the Learning Adviser or the lecturer in charge of their clinical supervision, in order to receive some feedback. While many students have taken up this option, most have chosen to submit the exercises to clinical lecturer and only a few have sent them to the Learning Adviser. This may be due to the fact that the students are often referred

to the workshop by the their lecturers and so need to demonstrate improved readiness for the clinical placement to them directly.

After delivering the workshops 'live' over three semesters, the face-to-face version was replaced by the online version, incorporating as many of the original features as possible. An analysis of the online workshop reveals many examples of 'overt instruction' (New London Group 2000). In these interventions, students are given explicit information that they can apply to practice. Examples of metalanguage used in the workshop are the naming of speech functions such as, 'explaining procedure to patients' and communication strategies such as, 'confirmation statements which paraphrase information' (Appendix A).

The face-to-face module and online workshop for Health Sciences students

The next level of identified need was for Year 2 and 3 NESB Nursing students to develop improved interview skills in order to take a Nursing History from patients. At the same time the School of Physiotherapy was asking for help with a cohort of Masters students from India in relation to interview skills. The staff were concerned that students often needed to establish rapport with patients in a clinic, assess their injury and pain and respond to their questions all in a relatively short period of time. The lecturer reported that the students sometimes became fazed by the complexity and interactive nature of the task, that is, it was not a simple question-answer process but involved a range of registers and 'code switching'. Students reported that patients in Australia were more demanding in terms of spoken interaction and that they sometimes found it difficult to make the shift from talking to the patient, using *interpersonal* language, to explaining their decisions to their clinical supervisor, using more *technical* language.

Another group of NESB Pharmacy students self-referred for learning support following their placements. Some of these students had been in country towns where the pharmacists were often consulted on complex issues in the absence of a doctor. In interviewing clients, these students found that they needed to be able to ask well-framed questions in order to accurately assess the client's condition. The students

were particularly surprised at the openess with which clients in Australia sought advice in areas like contraception and the treatment of *Candida* , including practices to prevent the spread of the condition.

The needs of these cohorts of students lead to two face-to-face sessions, 'Interview Techniques for Taking a Health History,' currently held as one of the modules of a Language Development Program for NESB students during semester breaks. These sessions are held on two consecutive days for three hours of each day. The first day is spent developing techniques of asking open and closed questions; asking focussed and probing questions; paraphrasing, clarifying and summarising information. The students then break into their professional groups. The Nursing students are given Health History forms, the Physiotherapy students, Clinical Assessment forms and the Pharmacy students, Shared Patient Summary forms. The students use designated sections of these authentic texts in paired practice where they need to use all the different question forms covered earlier in the session. Students then return to the whole group to discuss the paired practice. The first session ends with a viewing of a video, 'Taking a Health History' where students are asked to identify the interview techniques that have already been presented and practised but to particularly focus on body language and non-verbal cues.

The next session on the following day starts with a review of interview techniques and then time is spent building vocabulary that can be used when asking questions about more personal issues such as pain and elimination. The rest of the session is spent in extended role-plays. Within their professional groups, students divide into pairs, one taking the role of patient/client and the other of health professional. The two role groups are then separated and prepared for the role-plays. The 'clients' are given 'Client Profile' sheets which give details of their names, diagnoses, medical histories, prescribed drugs etc as well as unpredictable questions to ask their 'health professional'. The 'health professionals' are given only the names, ages and diagnoses of their clients and spend some time reviewing the history and assessment forms. The role-play then begins. This is essentially an information gap activity where the 'client' stays in role and the 'professional' takes a health history using as many of the practised interview techniques as possible. There is de-briefing time at the end of the role-plays where students reflect on their performance and are

given some feedback. The pairs of students then reverse roles and using a different 'Client Profile' sheet, the second set of role-plays begins.

Like the Nursing workshop, this module uses situated practice and overt instruction as part of the pedagogy and students have their attention drawn to the differences between the spoken and written modes of language. Opportunities to discuss these differences arise when the students are completing health assessment documentation and need to decide how to communicate a patient's *spoken* expression in *written* form, in such a way that accurate information is available to other health professionals. This movement between spoken and written language forms is known as ' intertextuality' (Joyce & Burns 1992) and is a feature of the health interview. Here the student is also moving between informal and formal registers and interpersonal and informational modes. These moves often require an identity shift to incorporate various roles such as the professional, the confidante, the colleague or friend.

The first session of this module is currently being developed as an online workshop (Appendix B). Again metalanguage is used to name stages of the interview such as 'establishing rapport' and techniques used within stages, such as 'clarifying questions'. This emergent online workshop demonstrates that interviews have a particular generic structure, however, the structure is not always clearly defined. The New London Group (2000 p. 24) discuss the 'mixing of genres' in some language activities and note that the interview in a health context is an example of the mix between the medical examination, the counselling session or even the informal conversation.

Features of the online workshops

One of the positive features of the online versions is that lessons learnt from the face-to-face workshops can be incorporated into on-line versions. For example, the experience in running the face-to-face workshop highlighted the need for an additional section on 'Responding to implicit instructions'. The online workshops provide a form of professional development for the lecturers in charge of clinical supervision who refer students to the workshop and sometimes give them feedback

on the written exercises. This knowledge gained by staff can then be embedded into the teaching processes of the practicum-based courses. The Nursing workshop has also been linked electronically to the first and second year practicum-based courses where staff encourage NESB students to access it before their first placement.

These online alternatives have incorporated a range of literacies and encourage interactivity by including practical language exercises that can be submitted for feedback. On-line workshops provide an accessible and enduring form of support for students' learning which give the students control over the development and management of their communication skills. The informal feedback from students is that using the online workshops made them feel less anxious about undertaking the clinical placement.

The online alternatives are also a timely response to the university context of increased numbers of NESB students but reduced resources for student support. The provision of online support also meets the needs of various cohorts of students across faculties and year levels who enter their study programs and undertake their practicum at different times of the academic year and so increasingly require flexibly delivered modes of support. These include International students and working students who may be doing intensive programs such as Summer schools.

Obvious short-comings of the online versions are the problems inherent in using a *written* medium to develop *oracy* in students. For example, in the online Nursing workshop there is no possibility for role-plays and for the immediate checking of students' responses to tasks or cues, including feedback on body language and paralinguistic features, that is available in the face-to-face version. If the students submit exercises, then they are a written form of how they *think* they might respond verbally, rather than the spoken response itself. Another challenge is the difficulty in using linear online navigation to represent an activity which is in essence, non-linear. The navigation bar for the interview module could give the impression of a strictly linear model of the interview genre when in fact many interviews move back and forth between some of the stages, for example, between 'using open-ended questions' and 'paraphrasing information'. Finally, although the online workshops include an 'Online Discussion' facility, a more comprehensive evaluation of the

workshops by students is needed in order to assess their real effectiveness in preparing students for their clinical practicum.

Introducing a more critical approach

In discussing learning principles underlying literacy as mastery of a secondary discourse, Gee differentiates between the master-apprentice model of teaching for *acquisition* with that of teaching for *learning*. The latter, he says: 'uses explanations and analyses that break down material into analytic bits and juxtaposes diverse Discourses and their practices to each other' and this process develops metaknowledge that empowers the student (Gee 1996, p. 145). In the face-to-face and online workshops discussed in this paper, a genre approach is used to try and break oral tasks down into stages that can be described, analysed and taught.

However, Threadgold (1993), Kamler (1997) and Lee (1997) have criticised the genre approach as being overly concerned with induction and apprenticeship that serve to reproduce and inculcate power. Central to their criticism is the interpretation of genre theory that suggests that students must first master the genre before they can critique it. According to Kamler (1997, p. 389) the problem with this approach is that, 'Once disciplined, it may be difficult or impossible for students or their teachers to see or name that which needs critiquing'.

In the area of learning and academic skills, support staff can often find themselves in a dilemma as to how to assist students to operate within discipline-based genres while still developing a critical approach to them. It is interesting to note, that although many language and learning advisers contributed to the *First National Conference on Tertiary Literacy* in Melbourne in 1996, when Stevenson (2000) analysed the proceedings of the conference, she found that very few papers placed tertiary literacy within the framework of *critical* literacy theory.

As online learning support has been identified as one of the main strategic directions at the University of South Australia, it is relevant to analyse the online workshops in terms of developing a more critical approach. The online versions are also easier to analyse than face-to-face workshops because they are more static and accessible. In addition, the ability to learn through electronic forms, represents yet another

crucial literacy: 'Becoming fully literate in today's society means gaining competent control of representational forms in a variety of media and learning how those forms best combine in a variety of genres and discourses' (Warschauer 1999, p. 177).

A useful approach to use in analysing the online workshops is the New London Group's four-staged pedagogy of multiliteracies. As has been shown so far in this paper, the workshops contain many examples of the first two stages 'situated practice' and 'overt instruction' however these two stages alone can often mean that learners stay uncritical of practices and their meanings (New London Group, p.32). The question that remains is: how could the phases of 'critical framing' and 'transformed practice' be incorporated into the online workshops?

A more critical approach for online workshop 1

In the context of oral communication in the clinical placement, 'critical framing' would entail designing reflective elements whereby students can examine how particular language choices demonstrate values and establish power relations among the speakers. An analysis of the online workshop, 'Communication Skills for the Clinical Placement' reveals changes that could be made to introduce critical framing, some of which are described here:

1. The 'Welcome' page of the workshop (Appendix A) refers to the conventions and expectations of student nurses but does not explain the origins of the workshop. The content of much of the workshop is based on observational data from literacy tasks and interactional patterns collected by the Learning Adviser over a ten-year period. As this data was collected while working alongside NESB overseas-qualified nurses in their clinical practicum, particular 'insider knowledge' was gained and this positioning of the author needs to be included in the 'Welcome' page.

2. The tone of the 'Communicating with patients' page clearly positions the Learning Adviser as authority without recognising the assets and strengths of the students. Here instead, students could be encouraged to begin their own skills inventory, detailing strategies that they have already used to successfully communicate across cultures and in a second language. In this

way, the subjectivities of each student can be brought with them to the learning task and their past and current identities validated. The New London Group (2000, p. 124) express this idea eloquently:

> Learning is not a matter of 'development' in which you leave your old selves behind; leaving behind lifeworlds which would otherwise be framed by education as more or less inadequate to the task of modern life. Rather, learning is a matter of repertoire; starting with a recognition of lifeworld experience and using that experience as a basis for extending what one knows and what one can do.

3. The 'Social Conversation' pages cover common interactional patterns between nurses and patients yet could still discuss the disparity of power that patients often feel in interactions with health professionals. Here the student could be encouraged to reflect on their own experiences as well as to try and see the interaction from the patient's perspective in terms of, '…who has the right to speak, to open and close exchanges, to nominate topics and to expect co-participants to respond to nominated topics' (Baynham 1995, p. 87). A critical approach might be to suggest the use of silence which would give patients more space to ask questions or make comments and therefore, give them more power within the interaction.

4. The next set of pages, 'Using speech functions while performing nursing tasks' focuses on six student-nurse initiated speech functions. In a later page, 'Responding to Patients', students are reminded that communication is two-way and that patients will often ask questions and initiate conversation while they are being cared for. At this point, critical framing could involve leaving students with some reflective questions to consider such as:

-what purposes might the patient have in this interaction?

-how might their purposes be different to yours?

-what assumptions could the patient have about the interaction?

-how will you know if their assumptions are different to yours?

5. The section on 'Communicating with staff' begins with a quote of a real student reflecting on her clinical experience. This would be improved with the embedding of an interactive component where students using the online workshop could add their own 'voices'.

6. On the page, 'Dealing with implicit instructions' students are presented with some useful examples of implicit instructions that hospital staff give to students. The students are advised to 'read between the lines' to 'fill in the gaps' in order to interpret the real meaning of the staff member. A critical framing of implicit instructions would be to point out the way that grammatical features such as the use of modals and the passive voice serve to hide agency, (eg who is to do what to whom), and then to ask questions such as :

   -what is the purpose of hiding agency?

   -in whose interests is this practice?

   -how does this practice maintain power relations?

7. One of the last pages, 'Hot tips for your clinical placement' has some useful strategies for students to use to build success in their practicum but these strategies need to be prefaced by a sentence acknowledging that they were, in part, collected from students who were reflecting on their experiences. A 'critical' addition would be a corresponding list of 'Strategies to Promote Positive Clinical Experiences' that would be targeted at staff and that the students could down-load and give to their clinical supervisors. This would be a clear recognition that the onus for success in communication on practicum does not lie solely with the student, rather, it is a joint responsibility.

A more critical approach for online workshop 2

The online workshop, 'Interview Techniques for Health Sciences Students' (Appendix B) is currently being developed but even at the draft stage it is possible to see some initial changes that could be made to introduce critical framing. For example, on the page, 'Asking open-ended questions' it is suggested that these question forms are useful at the beginning of an interview or when a new topic is

being introduced and that they avoid the problem of concentrating too quickly on one aspect of the client's health. However, many texts used in the Health Sciences advocate that health professionals need not only to ask questions in order to accurately assess the client's condition but also to involve clients in the decisions about their own treatment. (Tindall et al 1994, p. 10). Therefore, in the online workshop, more prominence needs to be given to the way that open-ended questions give clients a choice as to how to respond, give them more control over the direction of the interview and therefore more power in relation to the health professional. Baynham (1995 p. 259) observes that: 'interviews and conversations are jointly constructed by participants.. there is a kind of intersubjectivity at work'. This intersubjectivity needs to be reflected in the online workshop.

In discussing questioning techniques, students need to be made aware of how their own values influence the framing of questions. In the face-to-face workshop this is done by watching the video, 'Taking a Health History' and discussing it afterwards. The video demonstrates very clearly the way that a nurse's values about a patient's sexually transmitted disease influence her questioning techniques, her responses and her non-verbal behaviors which then shape the direction and outcome of the interview. In the online version, an awareness of how values influence communication could be promoted through the inclusion of some samples of open-ended scenarios that require students to go beneath the surface of the interactions to uncover possible assumptions and values of the participants. In this way students are able to connect with their own values and identities while at the same time being encouraged to recognise individual differences among speakers.

What of 'transformed practice'?

The fourth and final stage of the New London Group's Pedagogy of Multiliteracies is 'transformed practice'. Transformed practice is where theory becomes reflective practice and where students, having renegotiated and incorporated changing identities as novice health professionals, have the opportunity to act in their new roles. Transformed practice is also a model of learning and action advocated and practised by many writers in health discipline areas, such as the defining works of Nursing theorists Street (1991) and Taylor (2000). At the University of South

Australia there are core courses in 'Reflective Practice', particularly in the latter years of study in the Health Sciences, and it is with the lecturers of these courses that the responsibility for facilitating transformed practice belongs.

While a Learning Adviser can encourage students to apply new insights gained from learning support activities into other contexts and in particular, into their next clinical practicum, the Learning Adviser is not able to facilitate this unless it is done as part of a joint project with course lecturers. Lee proposes a 'co-production' model of action research into literacy that could be developed within universities, where academic literacy specialists and subject specialists could: 'work together on producing actionable knowledge about curriculum and pedagogy in specific locations' (Lee 1997, p. 80). For example, this kind of cooperative activity could involve team-teaching in face-to face or online workshops and then joint-tracking of the workshop participants through their clinical practicum. Using Reflective Journals, students would be asked to critically reflect on their literacy practices and outline their action plans for re-practice.

Conclusion

Course lecturers often find it difficult to identify, articulate or teach the implicit literacy skills that their discipline-based knowledge is built upon, which leads to the situation where students are simply expected to pick up necessary clues (San Miguel, 1996). It is one of the roles of the Learning Adviser to make these expectations explicit to students. At the University of South Australia, a Learning Adviser has been working with NESB students in the Health Sciences to help develop oral communication and workplace literacy for the clinical placement through the provision of face-to-face and online workshops. However, to engage with the multiliteracies of the workplace, the community and the academic institution, students in the clinical practicum need a critical awareness of language and how it is used in this setting.

The online workshops described in this paper are enduring and accessible forms of support which provide students with useful instruction and practice. The use of meta-language enables students to understand what is appropriate for different contexts and what needs to be mastered. However, an analysis of the online workshops

reveals that more critical approaches to language and learning support, such as critical framing, are needed in order to give students insights into the ways in which values influence communication and the ways in which power is encoded in language (Baynham 1995, p. 117). Learning Advisers and course lecturers would need to join together in co-operative teaching and research activities to facilitate the transformation of such student insights into practice. This cooperative activity would reinforce the notion that the capacity to engage with a range of literacies is fundamental if NESB students are to incorporate the complex and multi-layered identities of the workplace, community and academic institution and that learning involves a constant renegotiation of emerging identities.

Appendix A

Hussin, V. (1991) 'Communication Skills for the Clinical Placement', Online Workshop, University of South Australia, viewed 12 November 2001, http://www.unisanet.unisa.edu.au/clinical

Navigation Page

Welcome

Communicating with patients

- Social conversation

- Sample dialogue

- Using speech functions while performing nursing tasks

- Language exercise 1

- Responding to patients

Communicating with staff

- Clarifying meaning

- Demonstrating understanding

- Language exercise 2

- Dealing with implicit instructions

Hot tips for your placement

What do students want?
Online discussion

Appendix B

Hussin, V. (2001) 'Interview Techniques to Take a Health History', Online Workshop, University of South Australia, viewed 12 November 2001, http://www.unisanet.unisa.edu.au/technique

Navigation Page

Welcome

Opening the interview

Establishing rapport

Open and closed questions

• Exercises in asking open-ended questions

Focussed and probing questions

• Exercise in identifying focussed and probing questions

Paraphrasing responses

• Exercise in paraphrasing

Clarifying information

Summarising the interview

• Exercise in summarising

Closing the interview

Building vocabulary

• Discussing pain

• Discussing elimination

• Discussing sexual matters

Online discussion

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