On displacement and engagement: The embedding of Applied Linguistics and Professional Practice Studies

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1 Introduction

This Special Feature is situated at a juncture when the Journal of Applied Linguistics (JAL) has taken a new turn in the year beginning 2010, under the expanded title, Journal of Applied Linguistics and Professional Practice (JALPP).

My choice of ‘displacement’ in the title of this Special Feature is motivated and has a three-fold purpose. First, building on the core meaning of ‘displacement’ as ‘shift’, the transformation of JAL into JALPP marks a definitive attempt to consolidate the contributions the domain of Applied Linguistics can make to the field of professional practice. Second, the concept of displacement alludes to the liminal positioning of applied linguists themselves – individually, professionally and institutionally. The core-periphery debate vis-à-vis a sense of (inter)disciplinary belonging still engulfs many applied linguists. The interface of Applied Linguistics and what I call Professional Practice Studies constitutes a form of displacement for many applied linguists and this necessitates a self-reflexive stance about their own professional practice (Schön 1983). Third, I use a pilot case study involving displaced healthcare professionals in the migration context to illustrate the embedding of Applied Linguistics and Professional Practice Studies.

In a general sense, while the prefix ‘dis’ in ‘displacement’ signals a state of being cut-off from things familiar, by extension, the displaced individual/group
has to initiate a process of 'engagement' in the new environment to make the strange familiar as ecologically as possible. Such 're-socialization' is integral to both applied linguists who, of their own volition, choose to study other professions as well as to the healthcare professionals who, beyond their choice, are forced to adopt a new life trajectory as part of their sustenance and wellbeing. Like the displaced healthcare professionals who are my topical focus, applied linguists may be in need of learning an appropriately relevant argot as part of re-socialization while crossing disciplinary/professional boundaries. The dynamics of displacement is thus accompanied by continuity and change. As far as applied linguists are concerned, while continuing with their interest in the phenomena of language/communication, a change is called for in how they approach and interpret presenting problems and subsequently, how they manage the dissemination of their findings to ensure impact. For the displaced healthcare professionals, the change is felt most at the personal sphere, while continuity is anticipated in the professional sphere.

2 Applied linguists as displaced diaspora

I admit ‘displaced’ is too strong an attribute to describe the community of applied linguists. In its agentless passivized form, the label ‘displaced’ might be construed as misrepresenting the disciplinary anchoring of many core applied linguists. In a muted sense, notions such as liminality, boundary crossing or inhabiting a collaborative space might be a more appropriate description. As a community bounded by shared practices (Lave and Wenger 1991) applied linguists no doubt constitute a diaspora, professionally and institutionally, albeit defying a straightforward identification.

Here I want to revisit my call a decade ago to launch an ‘Applied Linguistics of Professions’ (Sarangi 2005) in line with other cognate disciplines such as Sociology, Psychology, History, Education, Law, Ethics declaring their manifest interest in the study of professional practice (see also Sarangi 2015a, Sarangi and Candlin 2010, 2011). Different from the linguistics/discourse of professions (Gunnarsson et al. 1997), including the tradition of Language for Specific Purposes which focuses primarily on language use in professional settings, an applied linguistics of professions is premised upon an ‘applied mentality’, characterized by an open responsiveness with regard to topics of study, the methodological and analytical means through which such topics are studied and how findings are presented for uptake (Sarangi 2002, 2004).

In the context of workplace studies, Hak (1999) cautions researchers interested in studying professional and workplace settings not to arrive on the scene with preconceived research questions. By extension, workplace researchers must not pre-empt in advance where professional practice occurs
and which aspects of professional practice are recordable and analysable. As Hak (1999: 435) puts it:

The study should not begin with identifying and recording talk ('text') which then, subsequently, could be analysed within the 'con-text' of this specific setting, but the study should begin with getting a sense of the 'context' in which then, subsequently, 'texts' could be isolated for further analysis.

‘Getting a sense of the context’ is likely to be a different experience depending on whether the researcher is an invited participant or whether he/she imposes himself/herself on the setting – with or without an applied mentality. Sense-making of context is also going to be different based on whether the ensuing research is an individual project or part of a collaboration involving the participants themselves.

Approaching a workplace setting as an interviewer is no different. Watson (1997) reports the challenge he faced when carrying out an interview-based study in an organizational setting, focusing on the middle management. Consider the following extract from an interview (M1 and M2 are managers; TJW is the academic and the interviewer).

**Extract 1**

M1: I don't think we've had a lot of professors working with us down here before.

M2: I suppose you're really just another consultant, in academic guise.

TJW: Absolutely not. I am not a consultant. I am here to work as part of management. I've got to earn my keep here at Parkside. I shall not be writing a report for the company at any stage, or recommending anything. I shall write a book, after I've left, using my experience here to reflect on what is happening to managerial work in modern organizations.

M3: Oh ho. So we are going to be in a book then. That's a good laugh. All of us blokes are hairy-arsed factory managers. I don't think that you'll get a lot from us. We don't go on for your fancy management, you know, business college talk.

M2: We can easily tell you how not to do it though. We know all about fuck-ups. But Terry's right. I dare say we won't use the sort of language you want for your posh book.

(Watson 1997: 211–212)

Here the researcher’s identity as an impartial ‘professional stranger’ (Agar 1980) is being challenged; the managers’ strong feelings about outsiders posing as consultants are being voiced; and a line of distinction is being drawn between the posh academic researchers and the managers/workers on factory floors (lads, blokes). We can see that two different languages (discourses) – marking the boundary between the researcher and the researched – are
evident in terms of presentation of selves and priorities, with attendant concerns about trust and credibility. In a sense, the managers’ threat to use their vernacular in the presence of the researcher is compatible with the search for authentic, naturalistic data, which is preferable to the informants appropriating the ‘fancy management and business college talk’ in an attempt to ‘play’ or ‘play at’ the research interview game, thus minimising the so-called ‘observer’s paradox’ (Labov 1972).

By contrast, being invited as a researcher to study professional practice is often accompanied by the burden of expectations and can introduce potential bias as far as interpretive injunctions are concerned. Bosk (1992) compares his ‘invited guest’ status in a study of genetic counselling practice in a paediatric hospital with his ‘uninvited intruder’ status in a previous study (Bosk 1979). The latter status is characterized by an attempt to ‘make the latent manifest’, with no special loyalties: ‘what is critical is that whether I was an object of disinterest or suspicion for my subjects, I was expected to contribute nothing fundamental to the ongoing life of the group’ (Bosk 1992: 7–8). This scenario of indifference is perhaps true of much of the tradition of linguistics/discourse of professions.

The ideas about disinterest and suspicion change when one is an ‘invited guest’. There is often an ‘expectation to be useful’ (Bosk 1992: 8). Bosk (1992: xiv) urges researchers to follow what he calls the first commandment:

Immerse yourself in the workgroup’s everyday life – its repetitive, predictable troubles, its manner of coping with them, its sense of mastery, its experiences of defeat, its shared language for understanding its mission.

Whether the researcher is an invited guest or an uninvited intruder, in the context of ethnographic studies of healthcare, Bosk (1992: 4) goes on to suggest:

As witnesses [of professional practice], we have two objectives. The first is to provide an empirically thick description of what happened: who did what, to whom, in what circumstances, with what responses from others, to what end, and with what consequences. The second is to analyse this description of the everyday, ordinary business of being a provider or consumer of health services. [parenthesis added]

Both Bosk’s and Hak’s imperatives resonate with my emphasis on the following ingredients as a precursor to meaningful applied research in professional practice settings and the subsequent uptake of such research: accessible presence; reciprocity of perspectives, joint problematization, negotiation of interpretive procedures and provision of hot feedback. Applied linguists must be both problem-oriented and outcome-driven, which can be accomplished through joint problematization, while remaining disciplinarily reflexive and practically relevant (Candlin and Candlin 2003).
Negotiation of participation, whether being invited or being imposed upon, also extends to negotiation of interpretive procedures (cf. Sarangi 2007 on minimization of ‘analyst’s paradox’). In a recent publication (Sarangi 2015b) I suggest that collaboration among applied linguists and professional practitioners may, at times, occasion interpretive tensions that have to be carefully orchestrated. I characterize the coming together of applied linguists and professional practitioners as ‘experts on experts’ where reciprocal calibration of epistemologies, among other things, is a necessary condition for sustainable collaboration (Sarangi 2015b).

An illuminating example comes from a study of genetic counselling practice (Sarangi et al. 2003). As part of data interpretation, based on previous discourse analytic research, we categorized specific aspects of genetic professional practice as ‘therapeutic frames’. Such a categorization was readily resisted by the professional practitioners because of the semantic baggage associated with ‘therapy’. Instead they preferred a more neutral category such as ‘reflective frame’ which is devoid of any negative connotation in the context of genetic counselling practice. Following this exchange, re-interpretation of the data examples as evidence of ‘reflective frames’ did not alter our analytical findings and in fact contributed towards subsequent uptake of the findings by the professional practitioners. The notion of reflection/self-reflection synergized with the manifest processes and outcomes of genetic counselling. Another analytical category – ‘normalization of experience’ to refer to clients’ down-graded response to risk assessment – was deemed by the counselling professionals as being too broad in comparison to ‘psychosocial coping’, with the latter category allowing for a deeper appreciation of subtle sub-categories hidden under the more generic label of ‘normalization’. In this respect, the open dialogue between applied linguists and professional practitioners afforded the latter to engage in the analytic activity rather than being positioned as recipient/consumer of applied linguistic research.

The cursory discussion above points to the need for applied linguists to have situation-specific sensitivity in accessing and interpreting professional practice. Negotiation, it seems, is the key to sustaining a bilateral, productive relationship. For instance, methodological principles and analytical categories borrowed from another study setting may seem displaced and thus resisted. In order to be credible and acceptable, applied linguists are expected to transform their habitus and align themselves with professional practitioners in order to constitute a ‘community of interests’ (Sarangi 2015b).

In what follows I describe at length the genesis of a pilot case study at the interface of Applied Linguistics and Professional Practice Studies.
3 The displaced healthcare professionals: The genesis of a pilot case study

My focus here is on a specific cohort of healthcare professionals who are forced to flee their country of origin, prompted by events beyond their control such as emergent dictatorship, foreign invasion, civil war, natural calamities. Confronted with threats to their lives and wellbeing, they arrive in a host country looking for safety. Mostly they are still in a state of psychological shock lacking a sense of direction, being separated from their close family members. Having been uprooted from everything meaningful is much more than a mere shift in one’s life trajectory. Such an uprooting, however, is not as bleak as the fate of ‘discarded people’ in the history of our times.¹

Displacement occasioned through migration is either motivated by a prospective sense of engagement as in the case of the majority of economic migrants or results in emergent forms of engagement as in the case of refugees and asylum seekers. The cohort of displaced healthcare professionals I am concerned with needs to be kept separate from illegal migrants who claim to be actively seeking jobs rather than becoming welfare recipients in the host country. A different kind of displaced people concerns migrant patients with limited target language repertoire in need of healthcare, which has been the topic of much research globally (as an example in the UK context, see the PLEDGE project, Roberts et al. 2003, see also Roberts, Sarangi and Moss 2004).

With regard to the public discourses surrounding migration, the media reports are routinely less sympathetic. It is therefore not unusual to come across negative portrayals of displaced healthcare professionals following specific untoward events. A tragic incident happened in 2008, when a locum doctor, Daniel Ubani, of Nigerian origin who had lived in Germany for over 40 years, was found responsible for the death of two patients. His poor language skills partly contributed to the tragedy; other contributing factors were his lack of familiarity with the relevant medication as well as his own fatigue. Such instances, when reported in the media, trigger debates about training and assessment provisions already in place for overseas healthcare professionals, accompanied by calls for stricter regulations to ensure patient safety.

The emotional trauma surrounding displacement and isolation experienced by the healthcare professionals is compounded by their near-non-existent competence in the target language. Adult migrants find themselves in a paradox, as Perdue (1984: 7) aptly describes:

[… ] almost everything that a foreign worker learns is learned in communication, basically in everyday contacts. This leads the foreign worker into a seemingly paradoxical situation: in order to communicate, s/he has to learn the language, and in order to learn the language, s/he has to communicate.
At a more general level, Harder (1980: 269) claims that all language learners who are placed in a native environment face a dilemma of some sort:

[…] either they do what’s good for learning and forget all about those criteria that are ordinarily decisive for one’s pattern of action, or they prefer generally to remain silent, whenever they feel they can’t act the way they would like.

The lack of proficiency in the target language can no doubt constrain the actions of the displaced healthcare professionals. It is understandable that such a lack will compromise the safety of patients if the displaced professionals were to re-enter work without adequate certification and supervision.

For many of the displaced healthcare professionals it therefore becomes necessary to take on the identity of the pre-school foreign/second language learner in order to prepare for and pass relevant language tests. Successful outcomes help to demonstrate their ability to perform competently at a professional level in the host country, while making attempts to integrate/assimilate within the new culture. In addition, as part of continuing with their career, their professional expertise as well as their primary qualifications have to be validated through a process of accreditation before they can re-enter the workforce.

The host countries, such as the UK which is the site of this case study, are in disparate need of these displaced experts to fill the gaps created by the chronic shortage of healthcare professionals in meeting the ever-rising needs of patients and their families. In this sense, the dominant discourses that circulate in the public sphere around ‘migrant crisis’ does not apply here. Rather than being regarded as a burden, these displaced healthcare professionals are seen as a gift and resource. Indeed these highly qualified professionals cannot simply be lumped together with other illegal, economic or refugee and asylum seeking migrants who either have difficulties in obtaining work or end up doing menial work. This unique group of healthcare professionals also needs to be kept distinct from the generic International Medical Graduates, with the latter cohort having been a research and training focus for many years in the USA, UK, Canada, Australia, New Zealand and elsewhere.

3.1 Being in the role of an ‘invited guest’
In 2004, while heading the Health Communication Research Centre (HCRC) at Cardiff University, I was invited to evaluate the provisions offered for the displaced healthcare professionals by the organization, Wales Asylum-Seeking and Refugee Doctors Programme (WARD), in Cardiff. WARD was established in 2002 as a charity, with supportive funding from the National Assembly for Wales, and was being overseen by the Postgraduate Medical and Dental Education, Cardiff University. The overall goal of WARD was and has been to help the asylum seeking and refugee doctors re-enter work within the remit
of the General Medical Council, including validation of their primary medical qualifications (Jennings 2003). In the initial years, the support included: communication skills workshops; CV writing and interview skills sessions; training sessions for IELTS (International English Language Testing System) and PLAB1/PLAB2 (Professional and Linguistic Assessments Board); and supernumerary placements for the registered professionals who have met the requirements via examinations. In a recent report Walsh (2015) draws attention to how the remit of WARD has over the years extended to include a larger cohort of individuals in need for help (from 16 in 2002 to 166 in 2015), with further re-specifications of the service provisions on offer.

The first meeting took place on 4 September 2004 and included the project manager of WARD and a senior representative from the Deanery responsible for the WARD programme. The discussion was concerning how HCRC could be involved in a research-cum-evaluation role, although the discussion drifted towards what expertise applied linguists like myself could offer in response to the needs of the displaced professionals (e.g. CV writing; training in interview skills). The key points from the first meeting are reproduced below under three headings.

 Extract 2

Background
There are currently 11 remaining candidates, with a range of abilities, to pass IELTS. They have to pass:

- IELTS tests generic English language ability, which does not deal specifically in language from a medical professional perspective.
- PLAB1 and PLAB2, however, are skills based and have some clinical input.

Following these required qualifications, the candidates can enter at Senior House Officer (SHO) level on a competitive basis, regardless of experience, and then specialize. However, while IELTS and PLAB tests focus on spoken language ability, these candidates may be at a disadvantage as there is no training available for them in CV writing skills and interview oral skills.

Practical collaboration

- IELTS training is currently provided by XX. There is a possibility that it could be provided in Cardiff. SS suggested that YY, who is a certificated IELTS examiner and Administrator of the Cardiff IELTS Test Centre, might become involved in the initiative.
- Interview skills and CV training is currently provided by Career Wales. This deals with the generic skills of how to format a CV, but does not
deal with issues of different cultures in relation to the presentation of self and potential misinterpretations. SS suggested that HCRC might be able to provide such a course. There is a possibility that an extra bid might be submitted to the Assembly in January 2005 suggesting that such a course is rolled out to enhance the current project.

Research collaboration

Possible areas to explore:

- The perspective of refugee doctors via interviews: topics would include – how they feel about their expertise being recognized; how they might see their professional career on a continuum; and generally to get a sense of their experiences and expectations.
- The perspective of relevant institutions via interviews, e.g. representatives of the Refugee Council, to find out how they see their role in providing support to refugee professionals in their attempt to advance their professional expertise.
- How refugee doctors might constitute a resource to work with their own population, i.e. refugee doctors specializing in clinics for refugees or asylum seeker patients in the UK. Refugee doctors might provide a useful resource if they share language and health/illness beliefs. For example, in Cardiff there are a number of Sudanese and Iraqi refugee doctors who speak Arabic, and could work with the Arabic community. Interviews could be conducted with both groups – the refugee doctors and the refugee patients – to explore these topics. Also, the idea of refugee doctors acting as interpreters is particularly relevant as there is shortage of interpreters in certain fields (obstetrics and gynaecology and psychiatry). Psychiatry poses a particular problem as it is difficult and unhelpful for a doctor to communicate with a patient through an interpreter. These ideas could be fleshed out in a project tentatively labelled ‘Health Communication and Refugee Doctors’.

This meeting offered the necessary background while outlining some of the expectations from the proposed collaboration, not all of which were to be realized in a short span of time, given the constraints in human and financial resources. To engender a precise and feasible agenda I then arranged a one-to-one interview session with the manager of the WARD programme. Here are some selected extracts from the interview with brief commentaries (WM = WARD Manager; SS = interviewer; the transcripts have been simplified).

Extract 3

WM: you know when people become asylum seekers they kind of lose their face, they lose their identity and their pride and they’re very reluctant to speak out for themselves so they’ll take what they’re given and it takes a long time
it’s only and I think that’s why the project has moved on because they we started with this ‘can we have a few books please’ to ‘we need a job and this is how we think it will happen’.

WM casts all asylum seekers in a receptor role without much agency and control over their lives and likings, which also extends to characterize the displaced healthcare professionals. In reciprocity, therefore, WARD has to adopt an advocacy role. As can be seen, the exact needs were later specified by the displaced professionals. The use of reported speech lends a sense of authenticity and urgency.

**Extract 4**

WM: majority of the, a lot, very large majority of people coming to see us had medical degrees and they were asking not for the usual football team and so forth they wanted some provision, to be able to start studying again and they were finding the books were expensive and on asylum provision they didn’t have money to buy it. So I started to get pockets of money to build up a library and then xxx – who was the chair of DPIA [Displaced People in Action] – and I sat down and thought ‘ok how are we gonna be able to help’ and through a tiny meeting of the two of us we organised a meeting with the Welsh Assembly.

According to WM, the needs of this cohort of displaced healthcare professionals were distinctly different from the general refugee population. The devices of contrast combined with the *et cetera* principle (‘they were asking not for the usual football team and so forth’) and self-reported thought (‘ok how are we gonna be able to help’) signal WARD’s affordance to be responsive to the expressed needs.

**Extract 5**

WM: this is how basically the deanery got involved, how it started, prior to this meeting we went to the BMA [British Medical Association] and they said ‘what refugee doctors? there are no refugee doctors in Wales’, I said ‘we deal with – at that time there were ten of them – we you know we deal with their issues their problems,’ ‘no we are not aware of anything’ I thought ‘ok’ so we started bringing them but BMA still to this day hasn’t really helped.

The above extract charts the evolution of the WARD programme – as a direct response to a real need – set against the backdrop of prevailing scepticism at an institutional level, especially from the British Medical Association. The use of constructed dialogue as a discourse/rhetorical device relays a sense of acute tension and rebuttal.
Next, WM outlines the provisions made available to the displaced healthcare professionals via WARD, and notes the accomplishments made.

**Extract 6**

WM: as a recommendation from the management committee which I am on, we have started a readiness for work programme for asylum seekers or refugees mainly from all backgrounds. So there is help with CV writing, interview skills, readiness of work into all different aspects of employment. […]

Specially when I see the doctors who did come to play football in the beginning and they’re now with stethoscope and proud and completely different people.

The metaphor of ‘birth’ in the next remark reinforces the long-term needs of these displaced healthcare professionals, with WARD taking on a parental role in addition to the advocacy role discussed earlier.

**Extract 7**

WM: This is why I said I don’t think the umbilical cord will be severed for a long time. There is always going to be this kind of help or at least support that some of the members will feel that they need and maybe just us, ‘is this right? Am I doing a good job?’ and that’s all.

Towards the end of the interview I reformulate the scenario as follows:

**Extract 8**

SS: on the one hand you are trying to take some kind of a stance against you know ‘one size fits all’, so here are these most qualified professionals and there is a need for them in the system but they are being completely bypassed by putting them into this kind of you know daily course or kind of jobs that are not really fit for them and then, on the other hand, you are trying to, I guess, see what the system would allow – which is the IELTS, PLAB route for them to revalidate their readiness, so in a sense what you are trying is a very systemic intervention and by looking at one that is not working you are looking at how it can work which I think is very interesting.

It is important to stress that this pilot journey did not begin with the researcher knocking on the door of the researched. Instead it happened the other way round – the service providers and the end users approaching the researcher for possible assistance in the conduct and evaluation of the ongoing programme. Many evaluation projects indeed are initiated by the end users who are in need of evidence about what is going on at the level of practice. This is similar to how my colleague, Celia Roberts, and I were invited to study the membership
examination practices of the Royal College of General Practitioners (RCGP) in London in the 1990s (Roberts and Sarangi 1999, 2003). A concern expressed by failing doctors of potential discrimination by RCGP made our intervention highly sensitive and meaningful.

It is also possible to be approached to study professional practice in itself at a level of ‘thick description’ as in the case of Bosk (1992), rather than being asked to take on an evaluative stance. I am reminded of how, as a stroke of coincidence, I got involved in researching and then intervening in genetic counselling practice over the last two decades. The invitation came from the genetic counselling professionals who were keen to explore the role of communication in their everyday routine practice. In the case of the WARD project, my position then at HCRC must have fuelled WARD’s interest and helped them spot my expertise. This shows how dedicated research centres which have a manifest research-cum-interventionist agenda can play a crucial part in making applied linguists visible as potential activists.

In what follows I briefly touch upon the overall framing of the pilot case study, followed by applied linguistic practices surrounding interpretation of available data.

4 Framing of the pilot case study

With regard to framing of this pilot case study, it ticks many of the boxes of what constitutes a prototypically applied linguistic research-cum-intervention endeavour. The project originates in a specific setting at the intersection of ‘the context of situation’ and ‘the context of culture’, to use Malinowski’s (1949) terms. The overall goal of the project is socially-grounded, problem-oriented as well as outcome-driven. However, on close inspection, the specifics surrounding the study, especially the cohort of migrants, do not fit neatly within existing domains or sub-domains of Applied Linguistics. For instance, domain-specific labels such as Bilingualism/Multilingualism or Teaching and Learning of English as a Foreign/Second Language do not directly bear on the situation in hand. This cohort also does not belong within the domain of adult language acquisition in naturalistic settings (Perdue 1984). What constitutes ‘natural’ from whose perspective is a moot point. Looking outside Applied Linguistics, we may find some synergy with the recent developments in Migration/Mobility Studies within Sociology, History and Anthropology. In essence, here we are dealing with a group of highly talented displaced professionals with very specific language needs as well as professional placements.

Professional practice is not reducible to language use as conceptualized within the research tradition of Language for Specific Purposes. But this does not amount to saying that language (in the sense of discourse, inclusive of
embodied action) is not an integral part of professional practice (Goodwin 1994). In specific refugee and asylum seeking settings, language itself becomes the key means of constructing a credible identity that can be trusted by the immigration, police and welfare officials during the gatekeeping process (Language and National Origin Group 2004).

The cohort of professionals we are dealing with are encouraged to resume their professional careers, as underlined by WARD's agenda of activities and interventions. However, this is not a straightforward route back to work. First, they need to demonstrate language proficiency and this is usually done through achieving a high enough score in the IELTS (International English Language Test). It is important to bear in mind that even a desirable score in the target language is not enough to re-enter professional practice. The refugee/asylum seeking doctors have also to go through a more technical screening in the form of Professional Language Based (PLAB) competencies in addition to their language proficiency. And even when they successfully go through both requirements they still find themselves lacking in terms of employment in the host environment – in a hospital, in a community clinic, etc.

As part of this pilot case study, and following usual informed consent procedure, we recorded two classroom sessions, conducted one focus group discussion with selected participants and arranged one-to-one interviews with a representative of the administration as well as an experienced professional medical tutor. A range of emergent thematic and analytic insights from classroom observation and focus group discussion will be my focus in what follows.

4.1 A different kind of classroom interaction trajectory

The content of this classroom was no doubt driven by the IELTS requirements. One exception was the unique profile of these adult learners who were professionals themselves, with relevant scientific and experiential expertise. The teacher appeared to be sensitive to the situation, especially when offering expanded explanations and corrective feedback.

Prior to recording the classroom event, I sat through a lesson as part of essential fieldwork. What was striking about this classroom event was the teacher’s appropriation of the television game show format to maintain participant involvement and interest while transmitting elementary nuggets of grammar *vis-à-vis* conventions of language use. The participants were allocated into two groups, which led to a sense of competitiveness at scoring points. I could observe the participants taking a fair amount of risk when producing responses to the teacher’s questions. Even at times their hands went up in eagerness before the teacher had finished asking a question and whether or not they knew the answer. One would assume language learning was happening incidentally during the process (Prabhu 1987). In retrospect, it is a pity that this lesson was not recorded.
for analysis. This is one of the sacrifices researchers have to make when negotiating access and co-membership as well as gaining a ‘sense of the context’.

The first classroom session that we were able to record was different. At the outset, this classroom event resembled a typical teacher-led foreign/second language lesson. It concerned a reading task where the learners read out from a set text and the teacher controlled the pattern of turn-taking, interspersed with expanded explanations as below.

**Extract 9**

T: Ok avoiding common errors ‘bad’ or ‘badly’. When you want to describe how you feel you should use an adjective – why? Because feel is a sense verb see rule number three above. So you’d say ‘I feel bad’, saying you ‘feel badly’ would be like saying you play football badly it would mean that you’re unable to feel as though your hands were partially numb or your emotions. ‘Good’ or ‘well’ – good is an adjective so you do not ‘do good’ or ‘live good’ but you ‘do well’ and ‘live well’. Remember though that an adjective follows sense verbs and be verbs, so you also ‘feel good’ ‘look good’ ‘smell good’ ‘are good’ ‘have been good’, etcetera. We refer to the rule number three. Confusion can occur because ‘well’ can function either as an adverb or an adjective and a noun as well. When ‘well’ is used as an adjective it means not sick or in good health, in this specific sense of ‘well’ its ok to say that you ‘feel well’ or that you ‘are well’; for example after recovering from an illness. When not used in this health related sense however, ‘well’ functions as an adverb for example ‘I did well in my exam’. No questions? OK

T: Double negatives, we’ve got to be careful with these ones particularly in writing, it changes day to night alright? So we really have got to be careful; ‘scarcely’ and ‘hardly’ are already negative adverbs to add another negative term is redundant because in English only one negative is ever used at the same time. ‘They found scarcely any animals on the island’ not ‘scarcely no animals’, that would mean they found some animals. ‘Hardly anyone came to the party’ not ‘hardly no-one’ or ‘hardly nobody’ alright? It’s the double negatives thing ok? ‘Sure’ or ‘surely’; ‘sure’ is an adjective and ‘surely’ is an adverb. ‘Sure’ is also used in the idiomatic expression ‘sure to be’; ‘it’s sure to be a nice day tomorrow’, alright? ‘Surely’ can be used as a sentence adverb; here are some examples that show different uses of sure and surely. The light blue arrows and the dark grey arrows on your pages indicate adjectives and the light grey arrows indicate adverbs. Can you read the first one Marcus?

The above can be regarded as hyper-explanation, perhaps counter-productive as the metalanguage used may be beyond the linguistic competencies of many learners (see Extracts 8 and 9 below). A key feature of the expanded explanation is the combination of grammatical rules and contrastive exemplars. There
is an explicit emphasis on what is not allowable. Additionally, the teacher contextualizes the examples, when possible, with reference to the healthcare setting that these healthcare professionals are most likely to experience in clinical practice – for instance, ‘well’ ‘used in this health related sense’. The explanations thus combine semantic and pragmatic properties of the target language in equal measure. Interactionally, rhetorical questions and confirmation checks are prototypical features of teacher-led explanations.

In another lesson involving the same teacher and learners, the interaction is less rigid and more dialogic, with the learners taking initiatives in guiding the direction and pace of what is to be learned. Consider the following extract which concerns the use of articles (T = Teacher; L = Learner [it was not possible to identify individual learners from the audio recording]).

**Extract 10**

T: Ok so the for zero article all right? I'll give you the first one: I like to read newspapers like the Times and the Washington Post, Kimmy

L: I read the Economist the other week and t-a-a-m, the Time magazine

T: Yeah the Economist and Time magazine

L: Do you think

T: It's a magazine

L: Is it?

T: Yes

L: Ok, do you think the New Yorker and er

T: Good

L: And er Punch

T: Yes

L: Have much in common?

T: Yes, the New Yorker and Punch

L: Why, just Punch? Why not the Punch?

T: It's the name that they have given themselves really. Ok Punch, this is really British tradition that we're talking about now er I can't really think of an example where you could see this but in the past there was a play with puppets for children er one with a very big nose and a very big chin and um basically the story was that he beat his wife with a big piece of wood – British humour for you – erm and he was called Mr Punch but this was like a caricature ok? The magazine took the caricature and the name Punch for their own name. It's a satire magazine

L: Sorry it's a what?

T: Satire, a parody, it makes fun of things, do you know Private Eye?

L: No

T: No? It's another magazine, anyway it makes fun of things – or did – I don't think it's still in publication. Ok number four, we can't be sure about ... oops

L: We can't be sure about the history of the human race
A routine read-aloud task, where the learner reads a sentence from the text and the teacher provides feedback, is interrupted by the learner asking: ‘Why, just Punch? Why not the Punch?’ The teacher then offers an expanded explanation, including the exception to the rule when it concerns a nominal. We can see the learner initiating other questions requiring genuine responses from the teacher, as in the case of what a satire is. On all occasions, the teacher manages to return effortlessly to the grammatical point after each situated explanation.

The next extract also underscores the dialogic, learner-led classroom activity. As part of a read-aloud task, L first reads a sentence, but immediately follows up with a genuine interest in the meaning of what s/he read. The teacher does not dismiss this ‘digression’; instead he provides an elaborate explanation.

**Extract 11**

L: Because of the green house effect, the climate of the world is changing
T: That’s right
L: What is the green house effect?
T: Um if we use ‘chloroform’ (?) carbons or CFC’s, they destroy the layer of ozone around the earth. That is a protective layer, it means that the sun the rays, of the sun come into the earth and they bounce they reflect off
and they get trapped underneath the ozone layer before that would be protecting them. In a greenhouse the glass will allow long range heat waves in and keeps them in and the greenhouse gets hotter that’s why you can grow tomatoes and other things inside your green house. It raises the temperature its global warming basically.

L: Greenhouse, and what about CO₂?
T: That’s a green house gas
L: Ah, the difference?
T: Yeah the greenhouse effect is basically global warming the effect of the rays of the sun getting in but not getting out

Several points can be made about this episode. In mainstream classroom interaction studies, learner-initiated topics may be categorized as off-task talk or as side sequence. Indeed such an imposition of analytic categories on interactional data in a specific ‘context of situation’ might be displaced. Discretion is required in terms of analytical divisions of labour when categorizing phenomena under investigation since imposition of analytic categories from a different context can prove misleading and/or be resisted (see Sarangi et al. 2003). As can be seen, the topic shift above is motivated and the teacher remains sensitive to such a shift.

On the basis of the above observations, we may consider this classroom as a hybrid activity type which combines elements of natural conversation as far as topic flow and patterns of turn taking are concerned, while retaining the essence of classic teacher-led language lessons. In terms of content and patterns of interaction, the classroom is both grammar-focused and communication-focused, while being sensitive to ‘context of situation’ and ‘context of culture’. As far as this cohort of learners are concerned, they are both motivated and not motivated as they may see the language classroom which would prepare them to pass IELTS is rather marginal and potentially dis-engages them from their main professional interest.

4.2 Beyond the classroom environment: Insights from the focus group
Based on a group interview of 12 participants at various stages, but with shared experiences, within the WARD programme, I now draw particular analytic attention to how the ‘professional learners’ in this study site underline the importance of what might be called a ‘community of experiences’. A communal sharing of experiences becomes an instrument to deal with the tensions apparent in the process of linguistic/cultural re-socialization when forced to remain ‘isolated’ from hands-on clinical practice.

The following themes emerge from the focus group discussion: the role-set of the participants (as learner, healthcare professional, peer tutor); and related to the above, the way in which the participants use team support to foster a
shared learning environment, with opportunities for socializing, counselling as well as developing communication skills and sociocultural repertoires. A final theme concerns the way in which the prolonged lack of contact with the real-life medical setting impacts on the refugee/asylum-seeking doctors in terms of their professional career trajectories.

**Extract 12**

P4: We started with the gathering of the groups together not only for study (.) only socializing you know absorbing the stress of life because we all have the same problems … we are all refugees we all have problems so sometimes when we are sitting all together in a room we absorb the tensions we are supporting each other you know

P7: I enrolled in the course for PLAB, I started to know the doctors here then later on we became close friends and we have now connected socially and we have family connections with each other, for that time for us as refugees we were under enormous pressure especially psychologically and when I came here and met these people it was a relief for me to see there were doctors too who have the same problems as me, and some of them were from the same country as me so (.) we shared a lot of experiences a lot of things so this place provides me with (.) it was like home for me (.) I met friends, we have good communication regarding everything in life, it’s not just the medical point of view regarding the application process from the Home office (.) the examination, other things which we needed for day to day living, so we shared a lot of these things with each other

The participants draw attention to the usefulness of sharing experiences when coping psychologically with the aftermath of fleeing their respective countries. Indeed participation in the course goes further than the preparation for IELTS and PLAB. The meeting place – physically and beyond – is ‘like a home’ as it helps to absorb ongoing tensions while remaining connected with one another. Discovering that other doctors are in the same situation provides reassurance and becomes a basis for scaffolding teamwork, as evidenced below.

**Extract 13**

P5 So for doctors only those who have gone through it can give you the real experience and what are the difficulties, it’s a very difficult test anyway (.) many people fail before they pass (.) you can only get that from someone who has been through the experience (.) when you go to college you just meet people who are

P3 PLAB 1 and PLAB2 really belongs to us and not the tutor (.) it’s for us to improve ourselves and also to learn from the experience of other people

P4: I didn’t attend any courses I depend myself on my colleagues they come in
and say ‘oh this is the station, we’ll just arrange it, we’ll start from this one ok, read about it’ and we can practise each others and fix the time and we have like our internal course which I find very efficient

P8: Surely we (.) I can describe it as team work when we came here we work as a team every member tries to help the others, try to encourage the others and to show them the way the best way, so that they can pass the exams and succeed not only the exam every day everything […] it was like teamwork everybody was sharing the experience with the others

The teamwork spirit is foregrounded in the above remarks, with fellow participants acting as surrogate teachers/trainers. It is like a wise person leading a blind one in a trusting relationship. Especially in connection with PLAB, the tutor’s role is played down, as the participants feel they have adequate professional expertise to support one another through the examination process.

Finally, the participants go beyond the remit of the pilot study to bring up other issues of significance, in particular the impact of isolation from real-life clinical practice.

Extract 14

P: So thinking about these things doctors come in as refugees, send them to the hospital not to manage anything just to observe, but this will give them more confidence this will encourage them will give them communication experience they do practise which is very important (.) definitely will find them you will find them rather than take three years to pass the exams (.) it will definitely take them one and a half years to pass their exams

P1: Because I am away from medicine for less than one year and I feel that I am already forgetting my medicine to be honest with you and I feel that it is very dangerous

P: Yes because the time you concentrate only on the grammar listening speaking reading writing, which is not related to the medicine at all (.) ((general agreement))

P: So let me go to the hospital you know find friends communicate (.) start to read medicine also by the way (.) I can also pass my exams (.) don’t isolate me completely from medicine because it is (.) if you are isolated for two years and I know that the system in this country really depends on your CV (.) they are looking for your CV (.) the consultant sees your CV and sees there is two years (.) he can’t understand that you have special circumstances as a refugee (.) it’s not his job ‘don’t tell me that (.) there are three hundred applicants I cannot choose the best (.) don’t bother me with your story (.) I don’t want to hear your sad story (.) I don’t care’ (.) this is the truth

P1: This is even more about your confidence than your CV because when you are away from medicine you lose your confidence ((general agreement))
What we see above is ‘displacement’ from clinical practice because of the contingencies associated with the IELTS and PLAB requirements. Such an imposed displacement is likely to make these professionals ‘forget’ their expertise, and paradoxically, such a divorce from clinical practice while meeting entry qualifications will count as a disadvantage for re-entering clinical practice when they are ready with their qualifications. It is this experience of being ‘displaced twice’ – from the home country environment as well as from the professional practice environment – that these healthcare professionals have to live with because of the prevailing institutional mandate.

5 Concluding remarks

In the pilot case study reported here, WARD’s intervention in helping the displaced healthcare professionals has been the topic of research-cum-evaluation. As the focus group findings suggest, the evaluation is no longer restricted to the delivery of the training package that WARD rolled out, but that there were wider issues about test content and procedures as well as regulations governing overseas trained healthcare professionals re-entering work in the host country.

Socialization and apprenticeship are the hallmark of medical education and continuing professional development (CPD), where experience-based learning of skills and competencies take priority. In many settings, the language and cultural practices of the ‘professional learners’ are taken for granted. As far as refugee and asylum seeking healthcare professionals are concerned, it is apparent that they have to go through a complex process of ‘re-socialization’ which will include different kinds of exposure not only at the linguistic and cultural levels, but also at the level of institutionally-embedded professional practice. This can be mapped on to the broader socio-political issues surrounding certification and assessment of healthcare professionals from diverse linguistic and cultural backgrounds, whether displaced or actively migrating.

With regard to applied linguistic research, beyond negotiation of participation, triangulation and interpretation of different data sources and emergent findings have been discussed at length by many scholars. Concerning the pilot case study, how do we prioritize our findings? If we were to privilege the focus group findings, there could be drastic recommendations regarding how the programme of training activities for the displaced professionals can be reconfigured, with a foregrounding of workplace attachments, supervised internships, etc. This is premised on the fact that the participants found the IELTS as a false start, even a barrier, which delays a fresh beginning.

The findings from the classroom setting might point towards revisiting the contents and delivery of the IELTS test, in requiring the test to adapt to the exact needs of the displaced professionals on the one hand and the changing
climate of healthcare delivery on the other. The IELTS itself has been critiqued by the test takers and the professional and academic communities as being off the mark when it comes to assessing the competencies of specific professional groups. It has even been critiqued for falling short of expectations when universities screen foreign students for specialized courses. This may be one of the reasons why the Occupational English Test, as developed in Australia, is a more persuasive option.

The pilot project reported here only scratches the surface of the displaced healthcare professionals’ experiences and challenges as they begin to rebuild their professional lives. As the focus group data indicates, the transition back to work is an opportunity to feel useful and become reconnected professionally. If we were to follow their professional life trajectories into their workplaces we would uncover stories of both success and frustration, not to mention accounts of institutional racism as reported in other settings and across countries.

When it concerns applying our expertise to bring about a difference, a key issue underpinning impact and uptake will of course depend on how we conceptualize our interventions, on whose sides we position ourselves (Becker 1967) and whether or not we feel welcomed rather than imposing ourselves in the study site (Bosk 1992). Becker et al. (1961: 15) capture the tension between researchers’ positioning and their obligations for disseminating research findings:

But our purpose is not criticism, but observation and analysis. When we report what we have learned, it is important that we do so faithfully. We have a double duty – to our own profession of social observation and analysis and to those who have allowed us to observe their conduct. We do not report everything we observe, for to do so would violate confidences and otherwise do harm. On the other hand, we must take care not to bias our analyses and conclusions. Finding a proper balance between our obligations to our informants and the organization, on the one hand, and our scientific duty, on the other, is not easy.

Displacement/engagement has been an overarching metaphor to capture my discussion here. As applied linguists, being displaced in disciplinary terms can eventually mean being interdisciplinarily engaged by crossing of boundaries at conceptual, methodological and analytical levels. Such boundary crossings have to go beyond mere eclecticism and be grounded in systemic and ecological thinking. In other words, while eclectic interdisciplinarity might be worthwhile in terms of intellectual enlightenment, systemic interdisciplinarity must be defined as the necessary and sufficient condition for the study of [displaced] professional practice from an applied linguistic perspective within the consultative paradigm (Sarangi 2005). This is where Applied Linguistics and Professional Practice Studies meet and mutually inform each other.
Notes

1. Desmond (1971) offers a factual account of one historical event, the resettlement of Africans during the apartheid regime, peppered with human suffering, poverty and starvation.

2. The line between integration and assimilation is fraught with arguments and counter-arguments, which is outside the scope of my discussion.

3. Similar organizations exist in the UK, for instance the Refugee and Asylum Seekers Centre for Healthcare Professionals Education (REACHE) in North West England and the Refugee Assessment and Guidance Unit (RAGU) in collaboration with the London Deanery. There is also the Refugee and Asylum-Seeking Health Professionals (RHP) scheme under the National Health Service, otherwise known as ROSE.

4. I also interviewed at length one of the course leaders for PLAB training. Because of space constraints, I will exclude this data.

5. I acknowledge the help from Leona Walsh and Arun Midha for their initiative in setting up the pilot project. I am grateful to Lucy Brookes-Howell for her assistance in managing the data collection phase, including transcription. I alone am responsible for the views expressed here. This article was written during my tenure as Visiting Research Professor at The University of Hong Kong.

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