evropský sociální fond v ČR
EVROPSKÁ UNIE
MINISTERSTVO ŠKOLSTVÍ, MLÁDEŽE A TĚLOVÝCHOVY
OP Vzdělávání pro konkurenceschopnost
INVESTICE DO ROZVOJE VZDĚLÁVÁNÍ
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Listening in EAP: Academic listener as interpreter and recorder

Edward de Chazal

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Impact

DOMI MINA

Overview

Overview

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Roles of the academic listener

The context of lectures

Characteristics of lectures

Challenges in listening to a lecture

Supporting students in listening to a lecture

Writing listening materials

Online listening resources

Other academic listening events

Roles of the academic listener

Roles of the academic listener

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Interpreter

Listen to, understand the input

Interpret the content

Recorder

Do something with the content:

- note down
- evaluate
- select
- respond

The context of lectures

The context of lectures

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Cyclical

Integrated

Multimodal

Carrying out new research →

presenting the research at academic conferences →

writing up the research for primary sources, e.g. academic journals →

delivering the content of the research through institutional lectures →

introducing the content into seminars →

disseminating aspects of the research through other media, e.g. webcasts, videos, MOOCs (massive open online courses) →

incorporating selected content into secondary sources, e.g. textbooks →

synthesizing material from previous sources (journals, textbooks) into new lectures

Characteristics of academic listening events

Characteristics of academic listening events

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Planned, partially-rehearsed content/delivery

Frequently transactional (i.e. lecturer to students), though can be more interactive

Long, e.g. one or two hours

Cyclical, integrated, and multimodal

Multiskilling required, typically listening while note-taking

Unequal status of speaker (lecturer) and listener (student)

Potentially very large number of students in audience

Other academic listening events

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General one-to-one meeting with a tutor / course director

Group project

Informal / social interaction

Presentation / talk / conference paper

Seminar /discussion

Specialist one-to-one meeting with a supervisor

Tutorial

Characteristics of academic listening events

General one-to-one meeting Group project Lecture
Presentation Seminar Tutorial Specialist one-to-one meeting

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Highly-rehearsed content / delivery

Typically two-phased: transactional delivery phase followed by interactional question phase

Short to mid-length and fixed-length, e.g. 10/20/40 minutes

Free-standing content, i.e. the presentation contains a complete narrative – therefore less cyclical and integrated than lectures

Integrated visual/audio-visual content, e.g. slides, video, audio

Conventional: participants follow institutional conventions regarding timing, question phase etiquette

Optional supporting text: handouts, post-presentation summary

Possibly equal status of presenter and audience, some of whom may also be presenting at the same event

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Minimally-rehearsed delivery, though content is typically prepared through pre-discussion reading / listening texts

Highly interactive, with participants expected to listen, clarify, respond, and build on other participants' contributions

Potentially multi-textual, with interruptions and multi-stranded discussions in one space

Participants' contributions are expected and valued; lack of any contribution can be seen as unacceptable

Academic: opinions are welcome but need support from academic sources

Critical: contributions can be challenged, e.g. by asking for justification and support, or identifying flaws

Cumulative: arguments are built up through multiple contributions

Textual: prepared texts may be brought in and referred to

Style: mixture of technical and potentially quite informal language

Possible visual / multimodal content in prepared seminar presentation phases

Purpose-driven: e.g. to reach a resolution to a question, or to explore a topic in depth

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Content is prepared by the students, typically reading or research based

Small-scale: typically limited number of tutees (e.g. 1–12, or more)

Tutor roles include guiding the discussion, critiquing, and checking learning, e.g. how successfully students have understood the core texts

Clear tutor / student roles: tutor as expert / assessor, though also facilitator of learning and/or counsellor, motivator, plus monitor of progress

Integrated into wider learning through reference to related lectures, seminars, reading, and research

Part of a linear process: tasks may be set for the next tutorial

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Presentation Seminar Tutorial Specialist one-to-one meeting

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Initiated by the student, who is expected to ask for / offer something

Short / limited in time due to time pressures of tutor / course director

Informal, efficient, purpose-driven: the student expects answers / advice on their question(s), any language (formal/informal) can meet these needs with opportunities for each party to seek clarification, etc.

Possible social/cultural role: the student may seek a closer professional relationship with the tutor / course director, and perhaps vice-versa, to break down barriers and set the context for future personal interaction

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A single student plus supervisor / assessor event, each with clear roles

Tutor-led / student-led, depending on event and level: student expected to initiate some discussion and have prepared material and questions

Part of a series of meetings: previous meeting is reviewed, new objectives set for the next meeting OR one-off high-stakes meeting

Content-driven, with a focus on academic rigour and assessment: students expected to produce ideas and arguments based on academic study, research, and thought

Originality: students expected to demonstrate evidence of originality, e.g. through new research or new connections/evaluation of existing ideas

Student expected to respond to critical interaction by tutor(s) / assessor(s)

Characteristics of academic listening events

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Highly collaborative, interactive, and dynamic

Negotiated roles and content; scope for both success and disagreement/disfunctionality in terms of the project objectives

Problem-solving, including working out content and group dynamics and relationships

Research-based: likely to involve reading, visiting locations and people, knowledge processing, possibly new primary research (e.g. devising a questionnaire to establish people's ideas on a topic)

Outcome-driven: clearly-defined product (e.g. presentation, report) required by a given deadline

Assessment: likely to be assessed – explicitly as a course assessment, or implicitly by the tutor / supervisor as part of a student's progress on a course

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Characteristics of academic listening events

Informal / social interaction

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Typically unplanned, unrehearsed; may have an academic focus, e.g. to discuss / clarify an academic task or topic

Student-initiated, potentially democratic in terms of roles

Negotiated, evolving content and focus

Language and style: effective communication rather than accuracy as the primary aim

Complementary: supportive of other academic work such as group projects and preparation for seminars

Challenges in listening to a lecture

Challenges in listening to a lecture

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Linguistic

Practical

Visual

Content

Cognitive

Academic

Contextual & knowledge-based

Linguistic challenges 1

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False starts and repetitions: *an honour– honorary*

Unnecessary words: *So if I'd like to just go, go*

Long sequences with multiple items: *So if I'd like to just go, go through the outline of my talk which really looks at introducing stroke and how important a stroke is in our population for patients and for society, how, what is a stroke, and try and go through some outline of giving you an understanding of what it means to have a stroke, the making of the diagnosis from the physicians' point of view, the classification which is relevant to the prognosis and the impact on, of, of stroke on people.*

Run-on sentences with multiple clauses giving cumulative information (see the example above)

Linguistic challenges 2

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Technical terms which can be difficult to hear, understand, pronounce, and spell: *hemicraniectomy, thrombolysis*

Words with dependent prepositions which express specific relational meanings: *the impact on, of, of stroke on people*

Embedded references to items mentioned before/after in the text: *as I've said*

Complex / convoluted structures such as noun phrases: *the very exciting acute treatment which has now emerged over the past ten years as I've said with thrombolysis and hemicraniectomy*

Abbreviations and acronyms: *AIDS, EU, TB*

Other challenges

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Culture

Content and knowledge

Inclusivity

Cognitive processing: numbers

Detail versus main points

Visual challenges

Academic practice and purpose of listening

Cognitive processing: numbers

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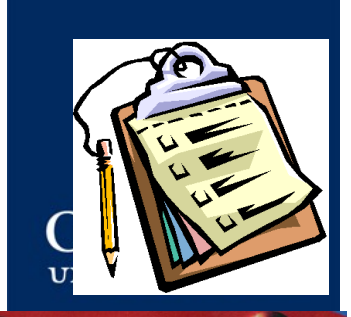
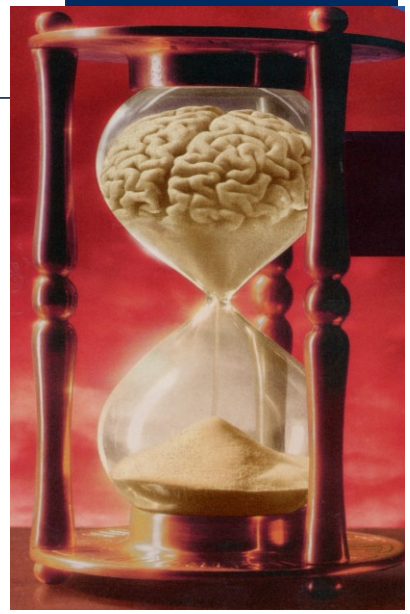
Numbers mentioned in the lecture extract:

- *5.8 million lives* (quantity)
- *2007* (year/date)
- *third commonest* (sequence)
- *a first-degree relative* (idiomatic use, i.e. close family member)
- *one in six* (proportion, which the listener can convert to a fraction or percentage)
- *the over-65 group* (age, though no explicit reference is given to age at this first mention)
- *29% of the population that'll be over 65 years of age* (proportion)

Outline Objectives





Stroke Introduction

- How important is stroke?
- What is a Stroke?
- Diagnosis
- Classification
- Impact

Treatment

- Primary prevention
- Secondary Prevention
- Acute treatment → Thrombolysis
  → Hemicraniectomy

Facts

World Stroke Campaign

World Stroke Organization

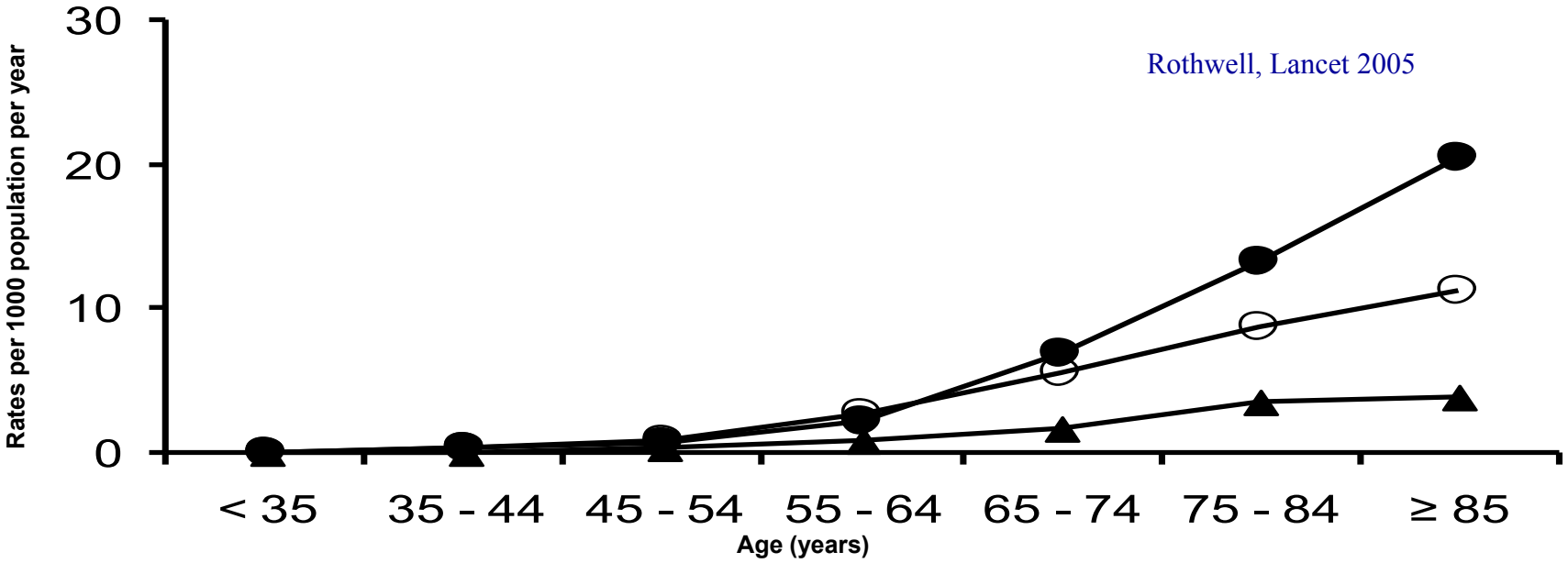
Every 2s someone has a stroke

Every 6s someone will die from stroke (5.8 million lives each year)

World Health Report 2007. Geneva: World Health Organization.
International Cardiovascular Disease Statistics (2007 Update). American Heart Association

Europe is ageing

Risk of vascular disease, especially stroke, ↑ with age, by 80 the chance is 1 in 4



E.U. Population Predictions > 65

2050 = 95 million (29 % of the total population)

Social trends 2006 Office for National Statistics

Support

Supporting students in listening to a lecture

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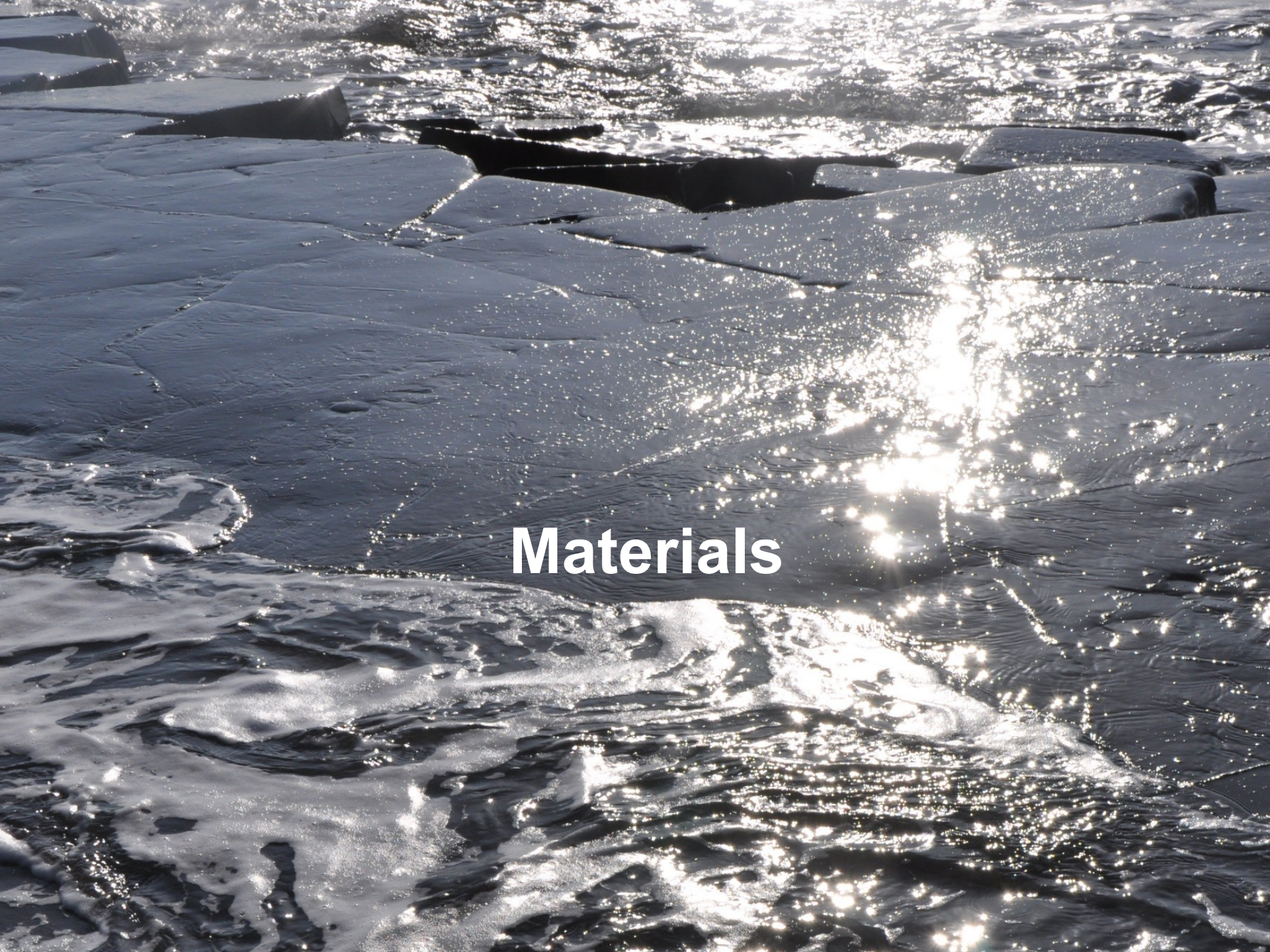
Familiar and logical organization of the material: personal introduction, statement of aims, definition of technical terms

Signposting language: *I'd like to just go, go through the outline of my talk*

Other cohesive language including explicit references to items mentioned before/after in the text

Definitions: *thrombolysis is the use of clot-busting agents*

Familiar whole-text structure: problem-solution


Materials

Writing materials

Provide staging, scaffolding, support

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Develop a clear academic focus

Connect to other skills

Provide a rationale

State the learning objectives / learning outcome (LO)

Formulate a coherent sequence of tasks

Integrate academic language

Add support to the lecture delivery: transcripts

Task sequences

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Task 1 | Preparing – vocabulary; reading a pre-lecture handout

Task 2 | Listening for essential factual information

Academic language Connection (3) – association, speculation, and degree of certainty

Task 3 | Listening for association and evaluation

Task 4 | Reprocessing information from a lecture

Specific language in the lecture

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Match the words with their definitions.

diagnosis impact prevention prognosis risk symptom

(a) the powerful effect that sth has on sb/sth

(b) the act of discovering or identifying the exact cause of an illness or problem

(c) a change in your body or mind that shows that you are not healthy; a sign that sth exists, especially sth bad

(d) the act of stopping sth bad from happening

(e) a situation that could be dangerous or have a bad result

(f) an opinion, based on medical experience, of the likely development of a disease or an illness

Pre-reading text

Lindley, R. I. (2008: 1 – 2). *Stroke*. OUP

What is stroke?

Key points

- Stroke is the third most common cause of death (after heart disease and cancer) in developed countries.
- It is a disease of the brain (*not* the heart) and is caused by a blockage or rupture of the essential blood supply.
- A transient ischaemic attack (TIA), or 'mini-stroke' is a major warning sign of impending major stroke and needs to be taken seriously.
- 'Brain attack' has been suggested as a useful new name for the first 24 hours of a stroke or TIA.

Stroke has been recognized for thousands of years and is the third most common cause of death in developed countries (after heart attacks and all cancers combined). Although it can affect people of all ages, it is most common in old age. Perhaps because of the association between stroke and old age, or terminal disease, it has not had the profile of other perhaps less serious or rarer disorders and thus is less well known to the general public. However, stroke is so common that most people will know someone who has had a stroke or have a close family member who has had a stroke. […]

A stroke occurs when the blood supply to the brain is disrupted, and part of the brain stops working. This produces sudden characteristic symptoms ranging from a rapidly fatal illness to a barely perceived loss of sensation on one side of the body. This variability causes many problems! It is hard for the layman to understand what a stroke is (or is not) as there are so many variants. It is also often hard for doctors and nurses to make the correct diagnosis, as many illnesses mimic stroke. Surveys of public knowledge of stroke have shown that this common disorder is not well understood. Many people are not aware that the problem lies within the brain. It is certainly not the same thing as a heart attack, which has quite different symptoms (usually severe chest pain). Stroke is not usually accompanied by severe pain. If pain is present, it is usually a headache and may be a sign that the stroke has been due to a brain haemorrhage.

The underlying cause of stroke

There are actually two main causes of stroke which, confusingly, can present in exactly the same manner. About 80 per cent of all strokes are due to blockage or **occlusion** of the blood supply to the brain, usually from a blood clot. Blood clots can develop along a blood vessel or may have travelled along the blood vessel from a source further away. […] This type of stroke is commonly called **ischaemic stroke**. The other main pathological cause of stroke is **brain haemorrhage,** which is caused when a blood vessel in the brain (the **cerebral artery**) leaks or bursts. This type of stroke is called **primary intracerebral haemorrhage**. About 15 per cent of strokes are of this type. The final 5 per cent of strokes are caused by a condition called **subarachnoid haemorrhage** which has a very different presentation, assessment, and treatment from ischaemic stroke and primary intracerebral haemorrhage.

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Resources

Online listening resources

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MOOCs (massive open online courses), e.g. *Coursera, edX, Udacity*

Open access resources at university EAP centres, e.g. lectures at the University of Reading

The *OpenYale* lectures project with accompanying transcripts

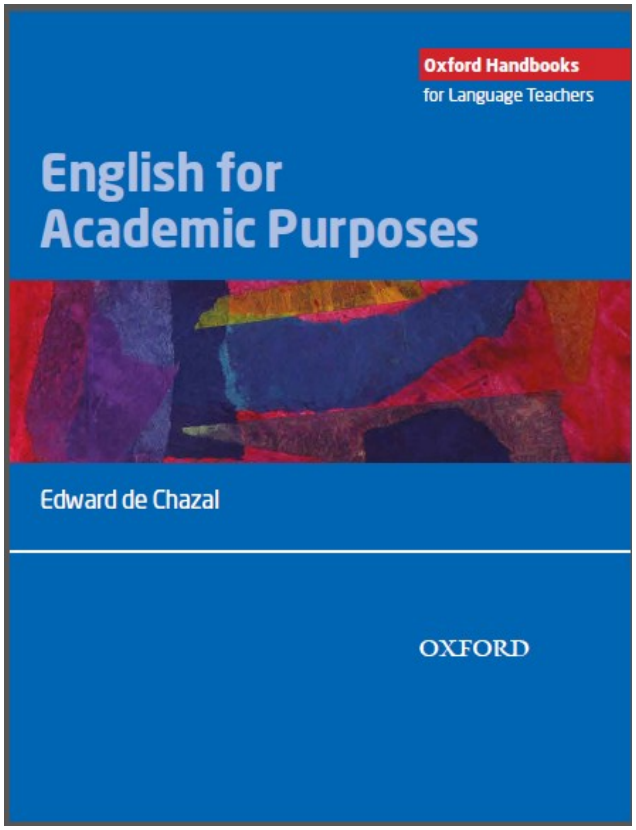
The University of Oxford *OpenSpires* project

The University of Michigan *MICASE* (Michigan Corpus of Academic Spoken English) lecture resource

The University of Warwick British Academic Spoken English (*BASE*) corpus

TED (Technology, Education, Design)

Other resources: *YouTube, iTunes* and *iTunesU*


Oxford Handbooks
for Language Teachers
English for
Academic Purposes
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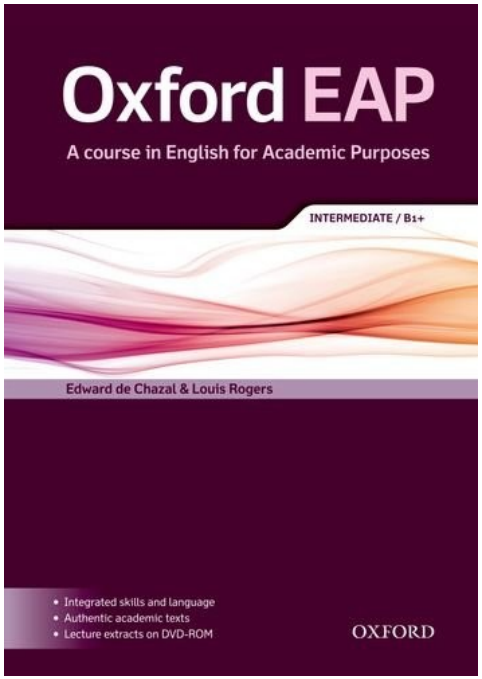
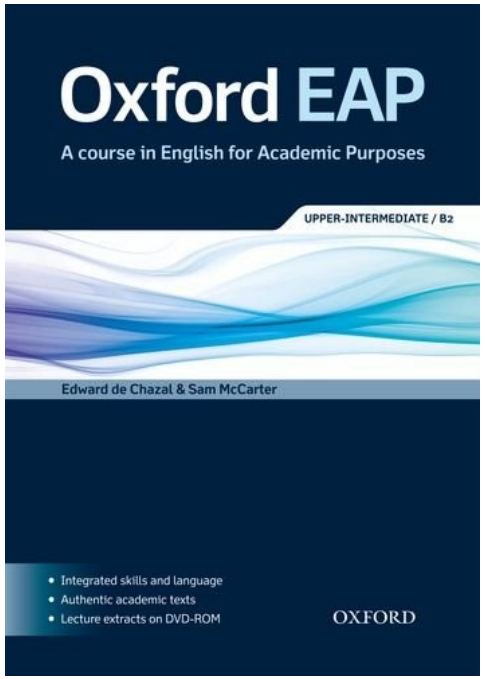

Oxford EAP
A course in English for Academic Purposes
INTERMEDIATE / B1+
Edward de Chazal & Louis Rogers
• Integrated skills and language
• Authentic academic texts
• Lecture extracts on DVD-ROM
OXFORD


Oxford EAP
A course in English for Academic Purposes
UPPER-INTERMEDIATE / B2
Edward de Chazal & Sam McCarter
• Integrated skills and language
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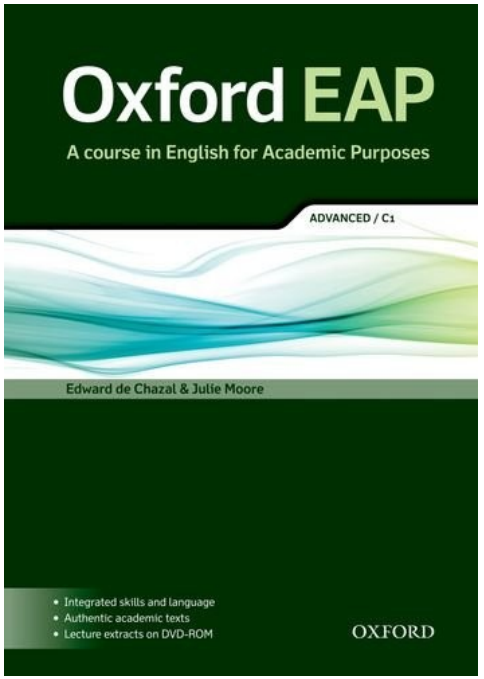
OXFORD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Conclusion

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Culture and Inclusive language

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"Stroke is commoner than the combination of AIDS, TB, and malaria; one in six as I've said will have a recurrence. This is even more relevant in our current environment where our population is ageing; the risk of having a stroke is increased significantly by the –, as one ages, and we are living in an ageing population and [shows slide 5] this is some data published by Professor Rothwell in the Lancet in 2005, which shows the increased prevalence of vascular disease, especially stroke, with age. In the EU population, the over-65 group will increase by 2050, it is estimated by Social Trends Office for National Statistics, to be 29% of the population that'll be over 65 years of age."

Culture and Inclusive language

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Culture and Inclusive language

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Culture and Inclusive language

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Our population is ageing / We are living in an ageing population

+

The risk of having a stroke is increased significantly by the –, as one ages

=

?

Culture and Inclusive language

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Our population is ageing / We are living in an ageing population

+

The risk of having a stroke is increased significantly by the –, as one ages

=

We are at an increasing risk of stroke.

Lecture extract – transcript

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[shows slide 1] Good afternoon, my name is George Pope, I'm a consultant physician working in the John Radcliffe Hospital in Oxford and an honour– honorary senior clinical lecturer in the University of Oxford and I have the privilege today of talking to you about stroke, an extremely exciting field of medicine evolving over the last 100 years and very, very quickly evolving over the last 10 years. So if I'd like to just go, go through the outline of my talk [shows slide 2] which really looks at introducing stroke and how important a stroke is in our population for patients and for society, how, what is a stroke, and try and go through some outline of giving you an understanding of what it means to have a stroke, the making of the diagnosis from the physicians' point of view, the classification which is relevant to the prognosis and the impact on, of, of stroke on people. I'd then like to go on to talk about the primary prevention, or the treatment strategy which is three-fold, primary prevention, secondary prevention, and the very exciting acute treatment which has now emerged over the past ten years as I've said, with thrombolysis and hemicraniectomy; thrombolysis is the use of clot-busting agents and hemicraniectomy is the use of surgical procedures to relieve pressure in the brain, both exclusive treatments that are restricted to a very select population of stroke patients.

So if I can go through some of the facts to begin, these people you may recognize, Elizabeth Taylor, Sharon Stone, Dudley, all have had strokes, and the list is long, and why is it long? Well, every two seconds, somebody in the world has a stroke, and every six seconds, somebody in the world dies from a stroke. That leaves 5.8 million lives per year lost to stroke, and this is information coming from the World Health Report in 2007, the Geneva Report. [shows slide 4] Furthermore, it's the third commonest cause of death, with a third of strokes being fatal; one in six people in the world will have a stroke in their lifetime, it's unlikely to get through life without knowing somebody, a first-degree relative or very close friend, who will not have a stroke. It is commoner than the combination of AIDS, TB, and malaria; one in six as I've said will have a recurrence. This is even more relevant in our current environment where our population is ageing; the risk of having a stroke is increased significantly by the–, as one ages, and we are living in an ageing population and [shows slide 5] this is some data published by Professor Rothwell in the Lancet in 2005, which shows the increased prevalence of vascular disease, especially stroke, with age. In the EU population, the over-65 group will increase by 2050, it is estimated by Social Trends Office for National Statistics, to be 29% of the population that'll be over 65 years of age.

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