

Communication Strategies for Generation 1.5 Students in the Vocational Area

- This paper discusses the strategies used to develop a “professional register” in three Generation 1.5 students at Kapi’olani Community College in Hawaii who were having difficulty with the practicum, or clinical which was required for the AS degree in the Allied Health field. These three students were referred to the ESOL instructor by their department chairs. The ESOL instructor agreed to work with these three students for a semester. The instructor had five goals: (1) to convince the students of the need for developing a professional register; (2) to develop appropriate pronunciation; (3) to develop appropriate discourse; (4) to train the students to use a rehearsal technique; (5) to encourage the students to listen for and recognize discourse patterns used in their professions. This paper describes how the instructor attempted to attain these goals.

Introduction

Kapi’olani Community College is one of seven open door community colleges that are part of the University of Hawaii system. It is located in the eastern part of Honolulu next to the famous Diamond Head. With an enrollment of more than 7,000, it offers an AA degree and AS degrees and certificates in the fields of Nursing, Allied Health, Business, Information Technology, Travel and Tourism, and Hotel/Restaurant Operations and Food Service.

The students who are the subject of this paper were all in the Allied Health Program working towards AS degrees. One was in the Respiratory Therapy Program, which is a 95-98 credit program with five phases of clinical practice, the final phase of which is in the hospital. Two students were enrolled in the Medical Laboratory Technician Program, which is a 70 credit program with four clinical rotations: one in a blood bank, one in the chemistry lab, one in microbiology lab, and one in hematology.

The three students referred in Spring 2000 were Vietnamese. “R” was in the Medical Lab Technician program. He had completed English 100 (Freshman Composition) before entering the program and at the time of his termination had a 3.2 GPA. He had completed all of his coursework and had only to pass his clinicals to complete his program. R was 29 years old and had come to Hawaii when he was 15. He was put in the ninth grade when he

first arrived in Hawaii and completed high school here. R said he felt comfortable speaking either English or Vietnamese, but his dominant language was his heritage language, Vietnamese. He spoke Vietnamese exclusively at home, and his spoken and written Vietnamese were labeled “very good” by a Vietnamese teacher. He spoke English with his native speaker classmates but had mostly Vietnamese friends. Although he could express most of his ideas in English without much hesitation, his English was more heavily accented and his sentence patterns were more fractured than the typical Generation 1.5 student. For these reasons, R could be described more as a Generation 1.2 than a 1.5 learner.

“K” was in the Respiratory Care program. She had also completed ESL 100 (freshman composition for nonnative speakers of English) and was in the second year of her two-year program, carrying a 3.3 GPA. K was 24 and had come to Hawaii when she was in the sixth grade. K was married to a Generation 1.5 Vietnamese man who had come to Hawaii when he was eight. K’s husband wants to raise his daughter speaking English, so she and her husband speak mostly English when their daughter is around. They use Vietnamese when they are alone together. K is a balanced bilingual although she says she is still more comfortable speaking her heritage language than English. Her Vietnamese was described as “good.” She could read Vietnamese but lacked the vocabulary and expressions to discuss academic subjects in Vietnamese. She could express herself in English fairly fluently, and she had fewer pronunciation problems than R. She could also repair her pronunciation breakdowns much more easily than R could. For these reasons, K is considered more like a typical Generation 1.5 than R, but she still identifies very strongly with the Vietnamese culture and community.

“T” was in the Medical Lab Technician Program. He was single and like R spoke Vietnamese exclusively at home. He had a few English-speaking friends, so he used English outside of his home. T was in the second year of his program carrying a 2.2 GPA. T was 21 and had come to Hawaii when he was 12. He started school in Hawaii in the sixth grade and completed high school here. T felt comfortable communicating in either English or Vietnamese. He has returned to Vietnam to visit relatives on several occasions, staying for two months or longer each time. His spoken Vietnamese was described as “good” but his academic Vietnamese was “weak.” T was more of a typical Generation 1.5 than R or K. He felt comfortable communicating in both English and Vietnamese though he could use neither language with the accuracy of a native speaker. His English was almost unaccented but his English sentence structure was highly inaccurate.

The instructors in their professional areas described all three of these students as hardworking and diligent. However, after the first week of their clinicals, their host doctors requested that they be taken out of the clinicals because of “communication” problems. The doctors’ complaints and their instructors’ and counselors’ analyses focused mainly on pronunciation. They all claimed that the students were difficult to understand because of their “poor” pronunciation.

The instructors and counselors felt that they had great potential in their careers. They felt bad asking them to leave the programs because they were

such good students. The coordinator of the program decided to give them a semester to a year to work on their “communication skills” and promised that they would be readmitted to the program after being tested informally by the heads of the programs. They were given an “I” (Incomplete) grade for their clinicals.

Feeling they had done well in their courses as well as their clinical work, these students did not understand why they were asked to leave the program. Not knowing what the supervising instructors in their programs and doctors in their clinicals meant by “communication problems,” all of the students felt frustration and anger, feelings that were compounded initially by the fact that the English for Speakers of Other Languages (ESOL) program did not offer a course that would directly address their needs. As a result, the coordinator of the program decided to try to help these students.

The Project

After the ESOL Program coordinator did some informal interviews and testing, she decided that the students should meet with the ESOL teacher for an hour daily and for two hours every other Saturday for four months to first identify their communication problems and to work out activities and strategies to address their problems. The activities and strategies are explained in a later section of this paper. At the end of four months, the students would report to the supervising teachers of their programs to be tested. They would also check in periodically with the counselor of the program.

Interviews

Before any training began, the instructors, counselors, and supervisors who had contact with the students were interviewed by the coordinator of the ESOL Program. The purpose of these interviews was to get some background information about the students and to find out what their needs were, as perceived by the faculty and staff. The students were also interviewed. They were asked questions about their backgrounds, their feelings about the programs they were in, their present situation, and their perceptions of the quality of their communication skills. These interviews with the students were necessary to determine how much “emotional baggage” the students would bring to these classes and how motivated and committed they were to working on their communication skills.

Testing in Vietnamese

A Vietnamese woman who was volunteering as a math tutor in the learning center of the college was asked to interview the students to get some information about their Vietnamese language skills. The woman, who had been a high school science teacher for more than 20 years in Vietnam, asked the students to read an article on “the greenhouse effect” from a Vietnamese science book. The students were then asked to discuss the article in Vietnamese. She was asked to judge anecdotally the quality of their Vietnamese. This information was basically of interest to the instructor as a piece of background information on the students. It wasn’t clear to the instructor at the

time how much this information would influence the instruction; however, it seemed interesting to find out if the students could process all of the new information in English, tap into their heritage language to some degree for understanding certain scientific concepts, or refer to their heritage language for understanding of such linguistic functions as registers.

Testing English Communication Skills

Because of their “fluency,” it was difficult to focus on the students’ language when having a conversation with them. So in order to get a sample of the kind of language they were required to use in their fields, they were asked to explain a procedure that they had to perform in their clinicals. They were told to explain the procedures, and then clarification questions would be asked as they were explaining. The students were recorded and the recording was transcribed and analyzed.

Identification of Problem Areas

By examining the transcripts from the “explain the procedure” interview and other more informal discussions, problems were identified in these four areas: pronunciation, structure, discourse/pragmatics, and strategies. Each of these areas is described below.

Table 1
Major Problem Areas

<i>Pronunciation Problems</i>	<i>Structural Problems</i>	<i>Discourse Problems</i>	<i>Strategic Problems: Diversion Tactics</i>
Sounds	Speaking in phrases	Miscues	Cover-ups
Words (misrealized)	Ungrammatical language		“Avoidance” strategies

Stress (N + N)

Pronunciation Problems: Sounds

Although all three students had nonnative-like pronunciation, R, who was described as a Generation 1.2 student, was the only one whose inaccurate pronunciation caused major breakdowns in communication. He also had a more difficult time producing the correct sounds. K and T had accents but could produce the English sounds much more accurately. It was for this reason that they were described as being more typical of the Generation 1.5 population.

Six types of pronunciation sound problems with segmentals were identified (See Table 2). Although the severity of the pronunciation problems dif-

ferred among the three students, the problems did appear in all of the students' speech patterns.

Table 2
Pronunciation Problems: Sounds

<i>Problem</i>	<i>Target form</i>	<i>Student's form</i>
1. Confused Sounds		
/b/ vs /p/	properly	probably
	but	pot
/s/ vs /sh/	sip	ship
/t/ vs /k/	between	bekween
2. Omitted Sounds		
/s/	hospital	hopital
	aspirin	apirin
initial /b/	blood	lud
3. Dropping of Consonants		
	blood type	blatap
	should be	shube
4. Unpronounceable sounds		
/ai/	type	tahp
	bite	baht
	H	aech
	ache	ak
5. Added Sounds		
	rabbit	prabbit
	slant	sklant
6. Vowel Length		
	each	itch

Confused Sounds. All three students could produce the confused sounds but could not use them consistently during discourse. R was the only student who had difficulty physically shaping the sounds, but with effort and practice, he was able to do it.

Omitted Sounds. The omitted sounds were a major problem for all of the students. Leaving out the /s/ in the word *hospital* was a common problem. The /s/ sound was also omitted consistently in the final position. All of the students were able to insert the missing sounds when monitoring themselves. The students also omitted stops. The expression *blood type*, which came out as *blahtai*, was often very difficult to understand. This could be viewed as one type of elision, but it made the speech very unclear because it seemed to

push all of the words together. The elision also came in unexpected places and, therefore, was difficult to understand. These omitted sounds were not major difficulties because all the students could recognize the occurrence of the sound when it was modeled for them and could self-correct; however, they had a difficult time monitoring this problem in normal discourse. Perhaps, producing the missing sound when it was pointed out to them was not a problem because of their language learning skills. Monitoring the sound in normal discourse seemed to be a problem because they did not make the connection between the language learning and the language use. This was true for one student in particular, who did the pronunciation exercises because the teacher told him to do them and did not make the connection between the exercises and real use until the very end of the course.

Unpronounceable Sounds. Some sounds were extremely challenging for all of the students. These sounds included /ai/ as in *my*, /oi/ as in *boy*, and /aey/ as in *take*. Two of the students got their pronunciation close to these sounds, but R was never able to realize them. In fact, none of the students was able to realize the sounds consistently. They often could not even distinguish these sounds aurally. Minimal pair drilling, recording and listening, and breaking down the sounds into smaller parts were tried without much success. In the end, the instructor decided to not focus on these sounds but tried to point out each sound when it occurred in context.

Added Sounds. This problem of added sounds may have been a result of overcorrection, but it appeared very regularly in all of the speakers' discourse. It is not clear why this was happening, but it happened regularly enough to be identified as a problem. The /p/ sound would consistently appear before words beginning with /r/, for example /prabit/ and /prapid/. A /k/ sound would appear between the /sl/, for example, /sklant/, /sklave/.

Vowel Length. All of the students seemed to have only one vowel length—short. This made their sentences very staccato and it made developing a natural rhythm of sentences difficult. The lack of this natural rhythm of the sentence made it very difficult for the listener to follow the meaning of the sentence.

The goal of all of the exercises to correct the above problems was to have students self-monitor and repair the problem. Only R had a very difficult time self-correcting. Even after hours of practice, it was impossible for him to realize the unpronounceable sounds. K had some pronunciation problems but could adjust the sound to make it less of an interference. T had pronunciation problems but could self-correct to almost native speaker-like pronunciation when given cues. However, in normal discourse, the problems reappeared. Although many of these pronunciation problems can probably be traced back to interference with their heritage language, some of the problems seem to stem from the students' approximation or misperception of what they thought native speakers sounded like. This problem of misperception can be seen more clearly in the next section.

Pronunciation Problems: Misrealized Words and Stress

In addition to pronunciation problems with segmentals, two problems were considered to be pronunciation related. One was with words that were misrealized. The students seem to have developed malapropisms. For example, one student confused the word *option* with the word *opinion*. It is possible that somewhere in the student's vocabulary development, he confused these two words, and because he did not get enough feedback to correct the error, it had fossilized. Other examples noted were *luck* for *lack* and *distress* for *regress*.

Stress, especially the N + N pattern (e.g., blood type) was consistently inaccurate. Instead of saying "*blood type*", the students would say "blood *type*." At first, this was not seen as such a difficult problem, but when the second noun is stressed, the sentence becomes marked. In a clinical situation, marking an unmarked form can cause confusion at times. It was for this reason that this problem was targeted.

Structural, Discourse, and Strategic Problems

More challenging than pronunciation were the additional structural, discourse/pragmatic, and strategic problems with which students struggled. We identified two structural problems: speaking in phrases and ungrammatical language; we found one discourse problem: lack of understanding of the communicative intent of an utterance, which we have labeled *miscues*. Finally, we found two problems with learners' strategic competence, both of which we call *diversion tactics*.

Table 3
Types of Structural, Discourse, and Strategic Problems

<i>Structural Problems</i>	speaking in phrases ungrammatical language
<i>Discourse Problems</i>	miscues
<i>Strategic Problems/Diversion Tactics</i>	cover ups "avoidance" strategies

Structural Problems: Speaking in Phrases. The most obvious aspect of the students' language was that they spoke almost exclusively in phrases. Their explanations were strung-together phrases or ideas and not complete sentences. Of course, much informal spoken English is elliptical and in chunks—not in well-formed sentences; however, the nature of the phrases and the word order the subjects used did not match such informal English patterns, as these examples of the subjects' utterances illustrate:

"Blood, test tube—put 'em in, 3 minutes, centrifuge 'em."
(Put the blood in the test tube and centrifuge it for 3 minutes.)

"Respirator—the patient, hook 'em up."
(Hook up the respirator to the patient.)

“Put in the test tube—the blood samples—put ‘em in.”
(Put the blood samples into the test tubes.)

“Blood type—to find out A, B, O, like dat, test, gotta test—the blood—
find out A, B, O—blood type—like that.”
(To find the blood type, such as A, B, O, you must run a test.)

As separate phrases, these utterances seemed comprehensible, but medical personnel became confused when they had to follow an entire explanation without visual cues. In an informal conversation, this type of discourse style might not be difficult to follow, but in a professional situation, this type of discourse could create doubt about whether the speakers know what they are talking about.

Structural Problems: Ungrammatical Language. The students’ misuse of prepositions, unclear pronoun referents, and word order problems were problematic for listeners. Their utterances became “ungrammatical.”

“Breathe in your mouth.” (breathe through your mouth)
“Turn the door.” (turn toward the door)
“Connect the tube and the machine.” (connect the tube to the machine)
“Model them.” (model for them)
“Instruct them in the device.” (instruct them on how to use the device)
“Listen to the breathing from the stethoscope.” (listen to the breathing with the stethoscope)
“Lift up the head a little.” (raise the head of the bed a little)
“Are you coughing out?” (Are you coughing up anything?)

Discourse Problems: Miscues. Discourse miscues were the most difficult problems to explain and repair. The students seemed to understand the words of the questions, but they misunderstood the underlying meanings.

Question: “Why are medical lab technicians needed?”

Answer: A list of jobs—what the lab technician does—rather than answering the question intended, i.e., “Why is the job important?”

In order to investigate this area further, students were given some topic sentences from a writing textbook and asked to support them. When given the topic sentence, *Most people today do their shopping at shopping malls*, the students developed this idea by saying that they go “to buy shoes, to buy clothes, to buy toys.” They understood the words of the statement but did not understand the focus or the implicit meaning of the sentence. The reason for this miscue seemed to be that the students gave equal weight to each word and they did not focus on the implied meaning of the sentence. This type of miscue often occurred and often confounded the listener because the answers did not fulfill his or her expectations. For example, if the answer to the question “Where did you play tennis?” were “At a tennis court,” the listener might be confused because the response did not meet his or her expectations. The listener might misinterpret the paucity of information offered as a signal that the speaker did not want to reveal the expected answer—in this case, the location of the tennis match.

Strategic Problems/Diversion Tactics: Cover-ups. All three students had developed ways to cover up the fact that they did not have the language to express their ideas clearly, did not want to use more language than they had to, or did not completely understand what was said to them.

To cover up the fact that they did not have the words or language, “escape” expressions were used: *wadayacall* (what do you call that), *lidat* (like that), and *y’know* (you know).

Question: What do you do with the blood after putting it in the test tube?
Answer: Blood, you know, you put ‘em in whadayacall—you know lidat.
Question: How did you hook up the respirator?
Answer: I connect ‘em you know whadayacall to that stuff—you know—dat—you know.

Strategic Problems/Diversion Tactics: “Avoidance” Strategies. Another such tactic was used when the students seemed unwilling to use more language than was necessary. Expressions like *yes, yes, yes* and *sure, sure* were often used inappropriately to answer a question that was asking for further clarification. For example:

Instructor: You know you don’t have to do that? (Meaning - why did you do that? Please explain.)
Student: Sure, sure.
Instructor: You are going to centrifuge that? (Meaning: Explain the process.)
Student: Yes, yes, yes.

Discussion of Professional Register

The students described in this study seemed to have developed unassertive strategies to cover up their lack of facility with the language as well as their lack of confidence in the use of English. Outside of the professional world, accuracy of speech is not such a crucial matter because meaning is heavily context bound and can be negotiated unhurriedly. However, when a professional register is called for, especially in a healthcare setting, where clear, accurate information is vital, accurate expression and quick negotiation of meaning are indispensable. Hutchinson and Waters (1979) point out the need for restatement and for asking “check questions.” They describe these strategies as “assertive strategies” in that they seek answers to problems. The students had a good knowledge and use of the technical vocabulary but they had problems with the procedural vocabulary and syntax. They did not have the basic sentence structures to talk about properties and functions as Tarone and Yule (1989) describe in their work. The communication strategies that Generation 1.5 learners have developed are contrary to what is expected in a professional register. This is where the “communication problem” arose, and it was only exacerbated by the students’ nonnative pronunciation. Another strategy that was seldom used by the students described here was elaboration. When asked a question, they gave terse answers. For example, when asked if they drew blood, they would answer with a “yes” or a “no” instead of a more elaborate, detailed answer like: “Yes, I got ___ccs of blood from Mr. ___.”

Although more samples of real language need to be gathered in this area, this type of more elaborate answer is the norm. The unwillingness to elaborate might be cultural or structural or both. The students always seemed to leave out what they thought was obvious to the listener. In written communication, writer-responsible cultures, such as the American academic culture, require that writers be responsible for explicitly communicating their ideas. Reader-responsible cultures, such as the Vietnamese culture, require that readers be responsible for understanding the ideas of the writer. In a reader-responsible culture, the writer expects a level of understanding from the reader but also respects that level of understanding. In such a culture, the writer must always be careful not to offend the reader by being too obvious or providing too much information. The same psychology might be working with the students, who are reluctant to elaborate or ask for clarification. Another explanation for this lack of elaboration and reluctance to ask for clarification might be that they have not developed the language needed to perform the kind of elaboration called for in a professional register. They do not use expressions like: “What I did first was...” or “What I told him was...”

Goals

In order for the ESOL instructor to stay focused on the development of a professional register, the following five goals were established to guide instruction:

- Goal 1: Sell the students on the need to develop a professional register.
- Goal 2: Develop pronunciation appropriate to a professional register.
- Goal 3: Develop discourse appropriate to a professional register.

Goal 4: Train the students to use a rehearsal technique to practice a professional register.

Goal 5: Train the students to listen for and recognize discourse patterns.

To accomplish these goals, the ESOL instructor decided to target the following areas: (see also Figure 1.)

1. Defining “professional” register by focusing on the need for accuracy and clarity.
2. Improving pronunciation by focusing on the “schwa” shift, long and short vowels, and missing sounds. A slower speed of speech was also practiced to give students time to produce the correct sounds.
3. Developing appropriate discourse by creating opportunities for the students to develop the language and strategies for self-correction, filling in the pauses, asking for verification, asking for clarification, expressing uncertainty, and reporting coherently.
4. Using “rehearsal” by predicting what language they needed for class and “rehearsing” that language in their heads or aloud.
5. Improving language awareness.

In their classes, the students were asked to give short demonstration speeches about the procedures that they would be performing on the job. Students came to each class session prepared to explain one of these procedures or a process from their field. For example, they explained how to hook up a respirator and how to test blood for blood type. They methodically went through their texts and identified the procedures and processes that they would report on. A typical 1-hour session covered the following:

<i>Time</i>	<i>Activity</i>
5–10 minutes	Discussion of professional voice
5 minutes	One student presentation
5 minutes	Replay of presentation listening for pronunciation interference
5 minutes	Practicing one pronunciation problem
10 minutes	Repeat of the student presentation with request for clarification and verification
10 minutes	Practicing of a communication strategy
5 minutes	Debriefing

The ESOL teacher asked for clarification and verification while the students gave their presentations the second time. The teacher knew very little about the field they were talking about so the questions were often authentic ones, i.e., the teacher really needed information in order to understand what the students were presenting. When they were stopped for clarification or verification, they had to use cohesive devices (e.g., “as I was saying,” “to continue”) to keep the flow of their explanation coherent. Although in a real clinical situation complete sentences are rare, the students were asked to speak as much as possible in complete sentences when giving their presentations and answering questions about their presentations. What follows is a description of how each communication strategy was practiced.

Instructional Responses

Below is chart of the strategies used to develop the professional register.

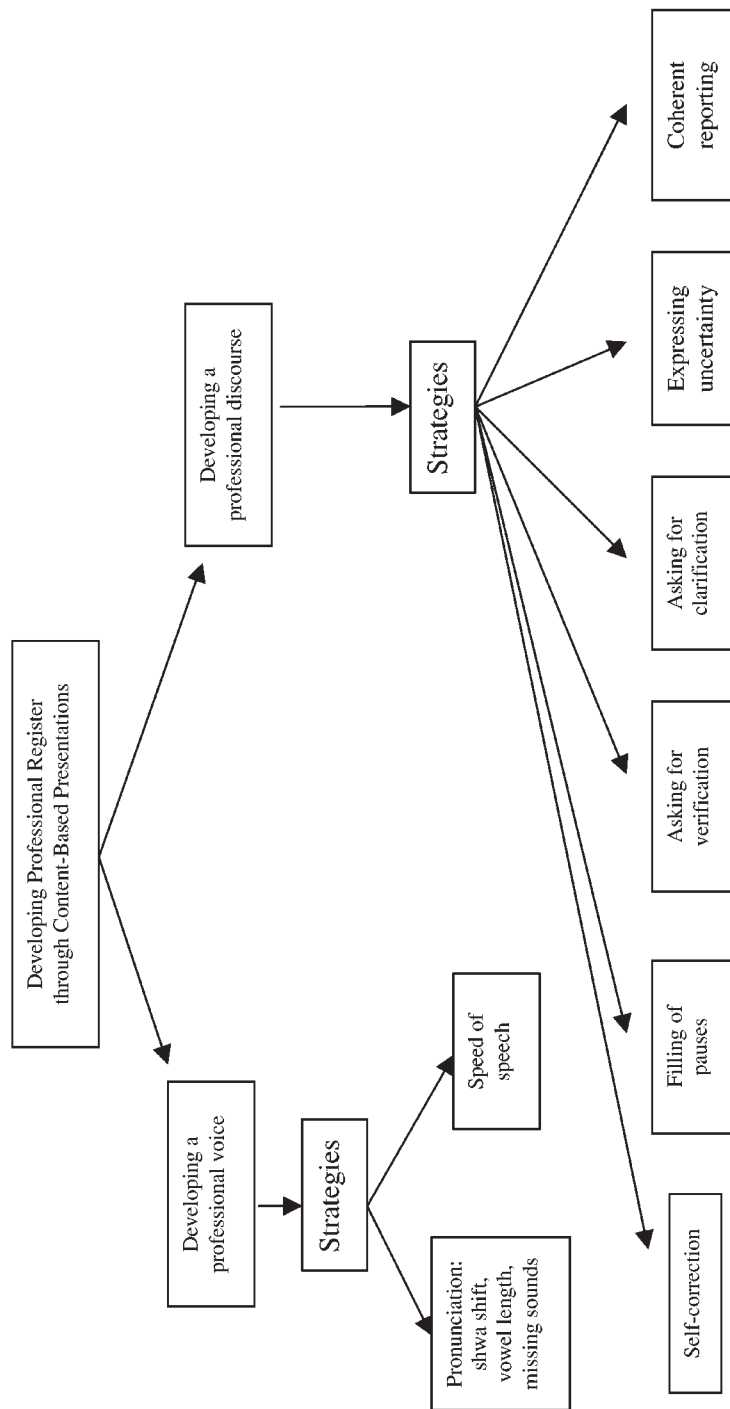


Figure 1. Strategies

How the Communication Strategies Were Practiced

Self-correction. In practicing self-correction, asking for correction and asking for confirmation were also included. The students were asked to watch the facial and body language of the listener very carefully. If the listener gave any indication of not understanding, the student immediately repeated the word or rephrased the statement. Besides nonverbal cues, the teacher often gave verbal indication for the need for self-correction by saying “You mean?” or “What was that?” The students were also trained to ask for advice. (e.g., “Is that the correct pronunciation?” or “Is that how you pronounce it?”)

Filling of pauses. Very often, while thinking, the students would remain totally silent. This might be interpreted as not knowing the answer or being lost. Students practiced filling pauses with expressions like, “Let me see,” “um,” “aah,” or whatever they felt comfortable with. If they couldn’t find the word or idea they were looking for, they would try to describe it or explain it or continue with “Well anyway,” or “That wasn’t important anyway,” and continue the interaction. In a profession where speed and efficiency is important, silence is uncomfortable and can be irritating. If the speaker gives the listener an indication that he or she is thinking or an indication of what word or thought he or she is trying to find, the listener feels involved in the interaction and might even take responsibility for the interaction and give the speaker clues or find the correct word or idea for the speaker.

Asking for verification. In learning the skill of asking for verification, the importance of accuracy in the health fields was discussed. The students needed to understand that mistakes or misunderstandings can be life threatening in the fields they have chosen, so the need to ask for verification is vital and common. Four strategies were rehearsed:

1. Asking a direct question: “Did I answer your question?” “Is this correct?” “Is this the way it is done?”
2. Paraphrasing the command: “I understand...” or “You mean...”
3. Repeating the command procedurally: “I am going to...”
4. Using reported speech to seek confirmation: “You said you wanted me to connect this tube to the machine?”

Asking for clarification explicitly. Both questions and useful expressions were rehearsed.

Questions: “Would you mind repeating that again?”
“What do you mean by...?”

Expressions: “I don’t quite understand...”
“I wonder if you could explain that to me.”
“It’s still not quite clear to me...”

Expressing uncertainty. Two types of uncertainties were rehearsed. The first type reports what the patient said and emphasizes that what the patient said was undocumented. Verbs such as *denies*, *stated*, *claimed that*, and *complained of* were rehearsed. The second type expresses uncertainty about the

speaker's perceptions. Expressions such as *it is possible that*, *it was felt that*, *in light of the situation*, and *is thought to be* were also practiced.

Coherent Reporting: Reports of incidents or procedures are often required in these fields. Students were given practice in giving coherent reports, organizing the incidents, and using proper cohesion techniques such as repetition, transition words, topic organizers, closing statements.

The students also rehearsed the following kinds of discourse that occurs frequently in the medical field:

- Discussing similarities, differences, one-to-one relationships, distinctions, and distinguishable differences.
- Talking about classes of relationships with expressions such as *kinds of*, *types of*, *consists of*, *characterized by*, *most common*, *least common*.
- Expressing processes and procedures: how blood samples are taken, how blood types are obtained, how to hook up a machine, etc. In this type of reporting, the use of directional prepositions such as *next to*, *to*, *into*, and *with* were emphasized.
- Describing physical characteristics: size, shape, color, etc.
- Describing quantity (e.g., *4ccs of*, *a box of*)

The following points determined the approach for teaching:

- What was practiced was determined by the problems that appeared in the presentations of the students.
- The content area that the students were in was used as much as possible for context.
- All of the communication strategies were modeled by the teacher during the presentations and made to be as natural as possible.
- The students were always kept aware of what they were doing and had to justify each practice. The instructor frequently discussed with the students their language needs in their profession.

Learning Techniques

The idea of rehearsal as a learning technique was discussed and practiced with the students. The students rehearsed their presentations many times before meeting with the teacher. Sentences were written out on cards that the student carried around and rehearsed during the day. Sporadically, the students had training sessions on both mental rehearsal and oral rehearsal. For example, the expressions "I'm sorry, but..." and "What do you mean by..." were shown to them on a flash card, and they had to think about a situation when they would use each expression and then form a sentence that was appropriate for that situation. Also, before the debriefing, they were given a few minutes to rehearse what they wanted to say as part of the debriefing. The students felt this rehearsal exercise was helpful, saying that it forced them to think in complete sentences.

Although the students could see the benefits of the exercises, they were very frustrating for them. Students were used to negotiating meaning in a much freer way, and the interruptions to their flow of speech was disturbing

for them. They knew what they wanted to say but had problems expressing their ideas. They were not allowed to draw pictures or use nonverbal cues, which made it even more frustrating for them. They were also forced to speak only in complete sentences.

Language Awareness

By midsemester, R and K decided to take another semester off to work on their communication skills. They both decided to volunteer in a hospital to give them the opportunity to listen to native English-speaking professionals in their fields. In sessions with the ESOL instructor, they discussed expressions and sentences that they had heard. They discussed the interactions between the doctors and the technicians and the technicians and the patients. They realized that they didn't know everyday expressions such as, "Okay, turn over on your stomach for me"; "Lie still"; "Take a deep breath"; "You're gonna exhale then inhale slowly, okay?"

Discussion of what they observed and heard in the hospital raised their overall awareness of their problems. They asked about and discussed what they didn't know how to express and what they needed to work on. If recordings and transcripts of real exchanges that occur in their specific fields had been available, it might have been easier to convince the students that they needed to develop their professional register and use communication strategies such as asking for clarification and verification.

R's pronunciation did not improve a great deal but he was able to hear himself and self-correct some of his pronunciation problems. K's pronunciation improved a lot. Both R and K began to develop a more professional register. They were able to use some of the strategies naturally.

Conclusion

What is interesting about this group of Generation 1.5 students is that although they were immersed in their content area, they did not develop the discourse of that area. Just learning the lexicon of a specific professional area is not enough to be considered effective communicators in that area. In order for Generation 1.5 students to acquire a professional register, they need to change the communication strategies they have developed while struggling to survive in another language. Another challenge for Generation 1.5 students is the development of a register in English that they do not even have in their heritage language. Many Generation 1.5 students have limited registers in both languages. Unlike Generation 1.5 students, recent immigrant students with fully developed heritage languages would already have developed registers in their heritage languages and would naturally see the need to develop similar registers in English.

At the same time that these vocational students are learning the content:

- They need to be apprenticed in the discourse of their professional areas.
- They need to be made aware of registers and encouraged to develop a professional register.

- They need to develop effective communication strategies appropriate to their professional setting.
- They need to develop an awareness of their own linguistic patterns so they can break the inappropriate habits they have formed and acquire more standard and more complete forms of expression.

In order to help Generation 1.5 students to develop the language needed in their professional areas, ESOL instructors need more information about

- The spoken language patterns the students have and the limitations of some of those patterns; and
- The discourse and communication strategies used in a specific professional area.

Moreover, ESOL instructors need an approach and instructional strategies that can

- make students aware of their linguistic needs,
- help students develop the discourse of a specific vocational area, and
- foster the development of a professional register.

Author

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