ASSESSMENT OF SPEAKING IN ENGLISH FOR SPECIFIC PURPOSES (ESP) INCLUDING A *VOICE TOOL* COMPONENT

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Abstract

Assessment of speaking, besides being difficult to perform unless it is made permanent through verbal/video recording, may fail to offer timely, comprehensive, and constructive feedback, which is crucial for the future development of the language learner's speaking skill. In order to optimize oral assessment, a three-item model was applied in the case of ESP medical students including webware-based asynchronous speaking, classical oral examination and presentation.

Results from the empirical study (N = 80) reveal the benefits of employing technology for oral proficiency assessment. Including an asynchronous voice tool component in the range of assessment strategies contributes to a finer, more objective, reliable, and more learning-oriented feed-back, with added value both for the assessor and the assessed students, the latter reporting high levels of satisfaction with technology-based assessment.

Keywords: assessment, medical English, voice tools, voice thread, wiki

Introduction

EFL/ESP teachers have an abundance of free, easy-to-use technology applications to explore and adopt for enhancing learning and assessment of oral language proficiency of their students. Whether it is about software (Audacity), webware (Vocaroo, Voxopop, VoiceThread, Audioboo) or Voice-over-Internet Protocol applications (Skype, YM), use of the voice tools in language practice and assessment has been amply researched and documented (Chann, 2003; Flewelling, 2002; Mazzoni, 2000; Papell, 2007; Swanson, 2010, Volle, 2005).

Blending face-to-face langauge learning with synchronous and asynchronous voice tools offers students a unique experience of listening to their own recorded voice and the voice of their peers whereas for the teacher recording represents a unique opportunity for exact and timely feedback. Besides being able to extend their speaking practice outside the confined class environment (Swanson, 2010), voice tools take students in the public space offering them extended exposure as well as the possibilitiy of rehearsing until satisfied with their own production, which in turn is likely to conduct to speaking optimization.

Speaking has been considered the most essential skill for a wide range of professions, the medical one included. In the doctor-patient interaction, i.e. history taking, patient management and therapy, or in the professional presentations or continuous professional development courses, oral communication is a key competence for a doctor's day-to-day practice as well as professional growth.

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However, classical oral exams may fail to offer a faithful image of the students' speaking proficiency due to the performance anxiety which correlates negatively with language production (MacIntyre, 1999). Moreover, a single type of speaking assessment approach can have limitations in estimating our students' proficiency due to specific/preferred learning style or other interferences.

The research questions of this paper are:

1. What are the benefits of applying a three-item model in the assessment of oral proficiency including VoiceThread - an asynchronous voice tool?
2. What are the students' perceptions towards their oral language assessment based on technology?

Case study

Two groups (G) of undergraduate second year students (N = 80 students) in general medicine (G1 = Romanian, G2 = Hungarian), of mixed abilities (B1-C1 levels) were taught medical English during the second semester of 2012-2013 (28 hours). Main topics studied included: internal medicine (patient history, pains, heart problems, bowel movement, blood, invasive explorations), medication (types, administration, side-effects), pediatrics (diseases, development, accidents, fever), surgery (thyroidectomy, appendicitis, gallbladder, stomach diseases) and anesthesia (pre- and postoperative care).

In the previous three semesters students had been introduced to notions of anatomy while working on accuracy and were evaluated through written tests, correlated with their attendance and contribution to seminars.

The final fourth semester was aimed at forming the listening/speaking skill. Questionnaire-based written interview needs analysis performed during the first class resulted in several language functions and units/topics to be included in the syllabus, also taking into consideration the students' lacks and needs in order to provide an enjoyable and comfortable learning experience.

For reasons of transparency and availability, most of the materials were uploaded on a wiki specially designed for this module (http://www.icvl.wikispaces.com). The wiki also included links to online practice, the asynchronous speaking assessment project, as well as announcements regarding scheduling of activities and other evaluation strategies.

The teaching/learning methods employed included but were not restricted to: group-work for case presentations, simulations, interactive exercises (http://familydoctor.org/familydoctor/en/health-tools/search-by-symptom/throat-problems.html) as well as completion of online quizzes (http://en.educaplay.com/en/learningresources/802434/heart_parts.htm) and online games (http://freerice.com/#/human-anatomy/1347154) .

Three-item assessment model

It has been current practice in Romanian higher education to employ the summative assessment approach under the form of a final examination, which leads to a grade-based stratification of the students' language proficiency. Being discontinuous and delayed, this type of assessment feed-back fails to monitor the degree to which students

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have fulfilled the objectives set out for them by the teacher and therefore to accomplish its essential aim – i.e. by reflecting on current performance, to optimize future learning.

As a rule, end-of-term formal assessments can vary from one semester to the other (one written, one oral) or can be both written and oral in the same semester. However, due to bias and strong negative correlation of anxiety with foreign language performance (MacIntyre, 1999; Woodrow, 2006), oral exams are dispreferred by many teachers who tend to replace them by written tests, the latter offering more room for objectiveness and quantifiable feedback. Still, in our case of working on oral skills throughout the semester, it would have been anachronic to assess speaking through paper and pencil.

Therefore, in order to obtain a finer, more objective, unbiased radiography of the students' oral performance, a three-item model was introduced:

a) Asynchronous speaking with VoiceThread on 6 different topics (language functions: debating, arguing, guessing, exemplifying). Technical instructions were provided in the wiki while speaking about personal experiences and knowledge was highly encouraged. Students could record their answers either by microphone or webcam, by a specified deadline, with no recording time limit imposed. Besides task completion, accuracy, fluency, vocabulary and grammar range represented the main oral assessment constituents.

b) Three-minute presentation on a topic of their own choice. Elements of public speaking as well as: a) complying with the time constraint; b) fluency; c) accuracy; d) delivery management (discourse features: cohesion and coherence, signaling devices) and e) language diversity and precision, were included in the evaluation grid of this speaking item.

   The three-minute presentation was made either during the last classes or during the final oral exam. In both asynchronous and three-minute speaking assignments, students had the opportunity to rehearse and prepare their topics beforehand by repeating, reviewing, rewinding, re-recording or re-speaking – this representing the learning-oriented side of assessement types a) and b).

c) Oral interview consisting of real-time Q/A session on the vocabulary and topics taught during the semester was meant to measure similarly discrete elements of vocabulary and accuracy through an unplanned, unrehearsed oral production.

Results

For enhanced oral assessment reliability and validiy, results in items b) and c) above were correlated with the asynchronous speaking "assessment artifacts" in a) (Swanson, 2013 (Fig. 1 https://voicethread.com/#q.b4370164.i0.k0).

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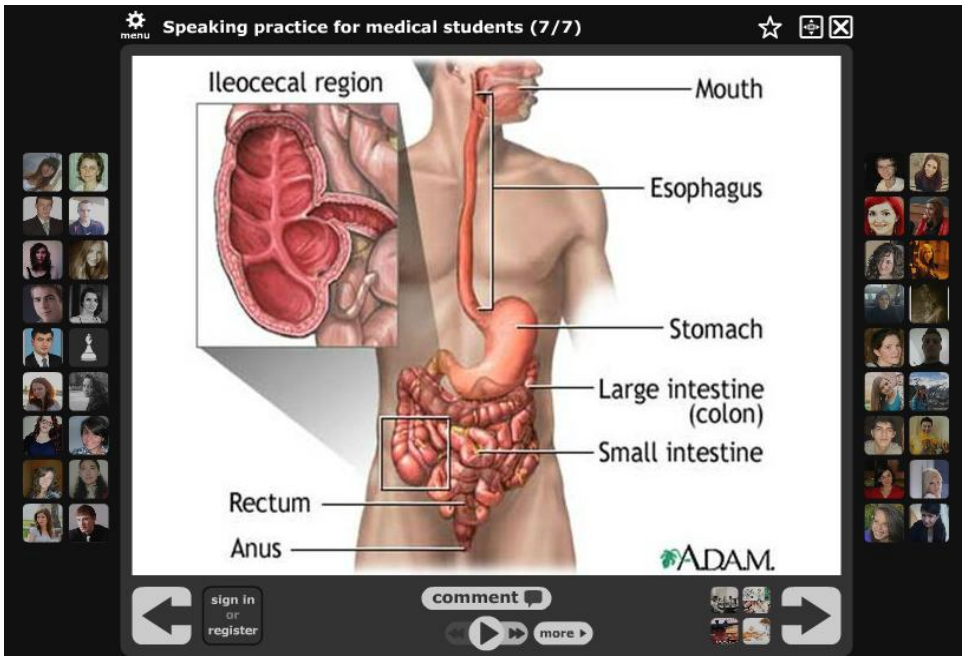


Fig. 1 *Snapshot of VoiceThread asychronous comments*

Eighty students (97.6%) contributed a number of 346 asynchronous VoiceThread comments (Table 1 below), which, on a rough estimation, would mean extension of the students' talking time (STT) by at least 250 minutes, i.e. an extension of the semester by 4 hours or two weeks, excluding rehearsals, re-recordings as well as listening (SLT).

Table 1. *Quantification of students' recorded productions*

Asynchronous speaking topic/speaking skill	No. of comments
Qualities of a good doctor – one most important quality; arguing	68
Choosing a specialization – bringing arguments for and against	70
Lessons learnt from movies – inferring, explaining, presenting	44
A hospital experience – describing and presenting	42
Private versus state medical practice: contrasting and comparing	40
What changes can be made in the Romanian medical system? Debating	42
Guess the disease – defining and guessing a disease through description of symptoms, specific therapy, etc.	40

Employment of an asynchronous voice tool component proved beneficial for the teacher and learning-oriented for the students. For the former, recording of oral responses proves that either the student was speaking authentically and making mistakes due to the less controlled, real-time character of speaking (the student was not reading - as it can be suspected when outside the assessor's observation) (e.g: student A below: "informations" vs "information" – "much information" vs "those informations") or that the student does not have/cannot apply that language knowledge in practice (e.g.: student

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M and K below: the mispronounced adjective is reiterated several times as is the plural demonstrative pronoun for uncountables: "these" and "those"). Recording allows the teacher to check, point to, and amend such errors by focusing on one element at a time during the feed-back process:

1. "I think the most important quality of a doctor is to be able to communicate with patients in order to obtain as much information as it is possible about the patient's problem. If a doctor is able to get those informations, then he will be able to use these information in order to apply what he learnt and to treat the patient." (student A.)
2. "I think the most important quality for a doctor should be honesty [pronounced h o n e s t i]…." (student M.)
3."Probably when I will be a doctor and learn about hospital life, then I could say what do I have to change"(student K.)

For the students, as reported in the orally-conducted end-of-the year quality assessment interview, employment of voice tools was a unique, motivating, and at the same time challenging experience. 70 students (i.e. 87.5 %) said that they either enjoyed and liked or they had no problem in recording their responses using VoiceThread, although it was their first encounter with such type of practice. The rest of students (12.5 %) either had Internet connection problems or had no personal recording devices and asked a colleague for assistance. Students also confessed re-recording certain replies and preparing in advance, which in a learning-oriented assessment is not a limitation, but a further increase in the time spent in the foreign-language environment.

Drawbacks encountered in evaluating webware recordings by the teacher were: unintelligible phrases, sometimes low quality of the recording equipment.

Conclusion

Assessment of oral language proficiency is a challenging activity, not free from bias and limitations. Including an asynchronous voice tool component in the oral assessment approach, contributes to a more objective, error-targeted, learning-oriented and transparent evaluation of the students' speaking ability, through the reversibility inherent in recording.

EFL teachers can benefit from encouraging and motivating student envolvement in technology-based speaking assessment activities as these contribute to the development of oral communication skills (i.e. extension of STT, SLT), confidence in one's own speaking, timely and constructive feed-back, as well as digital skills, which are essential skills for the 21st century professionals.

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