Language Clinic: A Small- Scale Self-Access Centre for First-Year Students at Mahidol University

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Abstract

This paper reports what a Language Clinic project is and how it worked for three academic years (1998 - 2000) at Mahidol University. This project aimed to help first-year students at Mahidol University, Salaya Centre practice their English skills by using the principles of self–access learning. It was also helpful as a small-scale self-access centre and the feedback on the project has been important in the proposed setting up of the Language Learning Centre in the year 2002 when the university becomes autonomous.

What is a Language Clinic?

The Language Clinic was a project initiated by the Department of Foreign Languages in order to help first-year students at Salaya Centre, Mahidol University practice their English skills by applying the principles of self-access learning. The project started in 1998 and ended in 2000. The term *Language Clinic* was coined to correspond to its target users who were mainly Science and Medical Science students. Webster's New World Dictionary defines *clinic* as "an organization or institution that offers some kind of advice, treatment, or instruction " and "a brief, intensive session of group instruction in a specific skill, field of knowledge". In a medical clinic, when a patient comes in with or without a doctor's appointment, the doctor will diagnose his problem and start to give him treatment. The patient's health history also helps the doctor make decisions on the treatment. The period of treatment will go on until the patient has improved. Similarly, a learner who comes to a Language Clinic is diagnosed and a treatment is given to remedy their language weak points as is detailed below.

To help the students learn English by themselves, the system of self-access learning was used in the Language Clinic for a number of reasons. First, it helps learners choose "what" and "how" to study as they can decide on what to do, find the appropriate material to work on for the objectives decided on, and use the materials. This includes knowing how to do particular activities, what to do step-by-step as well as how to assess themselves on the achievement of the objectives. Therefore learners are able to increase their confidence and sense of responsibility through their decision-making experience. Second, it is "a user-friendly" method in that it is a way learners can access the information easily e.g.

discovering that it is easy to find materials in the self-access centre, and feeling that the self-access centre has a friendly environment so that they feel comfortable using it or talking to staff. (Dickinson,1996). Third, it helps learners gain a knowledge of the world from outside the classroom. This can be done by autonomous learning as learners have different abilities and potential and they should learn at their own pace (Garner 1993a; 1993b cited in Little 1996). The final advantage of self-access learning is that learners feel free to study by themselves without the teacher's control. However, this doesn't mean that the teacher is left out. On the contrary, the teacher has to work harder in order to provide self-access learning materials and to change learners' attitudes (Sheerin 1989:3).

How a Language Clinic system was adapted from a self-access learning system

The components of self-access learning adapted for use in the language clinic are facilitators, learners, self-access materials, a self-access learning place and management.

Facilitators

The term *facilitator* in many self-access centres covers the same roles as that of a helper, tutor, consultant, advisor, guide and so on. In fact, he or she is often a teacher. Sheerin (1989:4) suggests that the teacher should change his or her role from a "paternal or assertive one, dispensing all knowledge and fostering dependence" to a "fraternal/permissive, resource person/consultant and trainer for independence." It is also very important to have English instructors play these new roles and know when and how to play their roles. Dickinson (1996) argues that teachers should have methodological preparation to prepare them for the roles of librarian, material writers and consultants, as well as psychological preparation to promote a positive attitude towards independent learning.

The teachers in the language clinic called themselves language doctors. However, students preferred using the Thai term *ajarn* meaning "teacher" or "instructor" as the language doctors were their English teachers, and advisors on duty at the campus. During the three years in which the language clinic existed, the number of language doctors increased from 3 in 1998 to 7 in 2000. The language doctors acted as facilitators who helped explain to learners how to use the materials in the language clinic. They also acted as consultants who took turns working in the language clinic two to three hours a week to help students when they had problems concerning their English lessons and homework. To facilitate this, group discussion and tutorial hours were sometimes organized.

Learners

In addition to the teacher, we also need to consider the learner. Not only does the teacher need to change his or her roles, the student also has to change his or her traditional roles from being a passive learner, having no responsibility for learning, seeking approval and being submissive to an active role, assuming responsibility for learning, doing work without overt approval and being involved in decision-making (Sheerin, 1989:4). Independent learners should also have "psychological preparation - the recognition that learning independence is legitimate, feasible and can be effective, and understand that learning independence does not necessarily mean being in competition with the teacher," as well as "methodological preparation – learning more about how to learn" such as learning techniques, developing self-awareness and language awareness" (Dickinson, 1996). To prepare the learners to be autonomous learners, learner training and orientation should be considered.

Once the students joined the language Clinic project; they attended a language clinic orientation (usually in the first semester) to understand how to work in the language clinic, how to fill in the forms, how to use, borrow and return the language clinic materials and so on. This meant they had to consult with the teacher. The language clinic project was divided into three phases with different target learner groups in each phase. The first phase, the three–week experimental period starting in the second semester, 1998, was provided for 22 medical science students who had lower than average English scores in the first semester. The second phase starting in the first semester 2000 was offered to 10 students from each department who volunteered to join the project. The third phase starting in the second semester 2000 covered all students who wanted to practice their writing and reading skills, including grammar and vocabulary. In the third phase, there were two types of language clinic users: those who followed the self-access learning procedure, and those who came occasionally just to borrow and return the self-access learning materials, watch TV or ask some questions relevant to their English lessons.

Materials

The third component is self-access learning materials. Self-access learning materials can be classified into three types: in- house materials, commercial materials and authentic materials (Dickinson, 1996; Miller, 1996). The in-house materials are divided into student-generated materials and teacher-generated materials or specially-produced materials. The former are produced by students who are assigned to do special projects in class which are then presented in the self-access centre. The latter are produced by the teacher or self-access centre facilitators in order to make the materials suit the

learners' needs, levels and fields of study. The second type, commercial or published materials, include books, textbooks, video and audio materials, and CD-ROMs. These materials can be used in their original format or adapted to make them easier for students to use although without changing the original content. The third type are authentic materials such as newspapers, manuals, brochures and leaflets, video and CD movies, news and documentaries. Junk mail can also be included. To consider what type of materials are appropriate for a self-access centre, Miller (1996) suggested that in the initial phase of setting up a self-access centre, commercial and authentic materials are the most appropriate because they are easy to find and help save time. However, when a self-access centre has been running for a period of time, in-house materials should be made because they have more benefits in the long term; for example, they meet the objectives of the target learners, and they are cheaper than the commercial materials. The student-generated materials are especially important in that they build up learners' responsibility and foster self – directed learning abilities. Each set of materials can consist of a cover sheet (e.g. objective, level, time, how to use the materials, topic), a task sheet or activity sheet (i.e. exercises, a series of tasks focusing on a particular aspect of language), a generic worksheet (i.e. providing a task that a learner can carry out with any text from a particular genre e.g. with any movie or song) and an advice sheet (e.g. suggested reading, glossary, resources) (Pemberton, 2000).

The language clinic materials were taken from commercial textbooks which focused on reading and grammar. Other materials included vocabulary textbooks, other English language books and dictionaries. The books were split up into individual worksheets which were put into files so that students could borrow the page(s) they wanted. They could take the worksheet home and return it in the required time. However, the answer key was not allowed to be borrowed. In each file, a code number and cover sheet were provided. Instructions and an explanation of how to use the materials were posted on the walls.

Self-Access Centre/Self-Access Language Centre

The fourth component is a study centre. "In an ideal world a study centre would include a library section and a self-access section" (Sheerin 1989:12). A library section should include a reference section (e.g. dictionaries, encyclopedias), a reading section (e.g. novels), a non-fiction section (e.g. travel, biography), newspapers and magazines, and an EFL section (e.g. ESP and/ or EAP books, language workbooks and key). A self-access section should mainly comprise materials for reading, listening, writing, speaking, vocabulary, grammar and social English. The equipment which is necessary in both sections are audio, video and computer equipment with Internet facilities.

The language clinic at Mahidol University was adapted from the teacher's office room and could facilitate only 5-8 students at a time. It was located next to the teachers' office rooms, common rooms and classrooms. In the second phase, the material shelves were moved outside to allow self-access centre users to take materials back home and to make more space for two more activities. One was "Speaking English is Fun" which helped students practice speaking English with native speakers. The other was watching UBC cable TV. Apart from this, the language clinic also served as a consulting room where the language doctors gave advice to the learners and spent their tutorial hours with them.

Management

The last factor to consider is management. Gardner & Miller (1997: 24–26) say that each self-access centre appears to organize itself along different lines of commands and the tasks of self-access centre managers are many and varied. From my personal experience, self-access centre management mainly involves "direct actors" or those directly involved (i.e. a manager, book-keepers, facilitators, technicians and other staff) and "indirect actors" or those who have a less direct role (i.e. financial supporters, librarians, resource persons, school administrators and outside helpers). It also involves services (e.g. opening – closing times, borrow – return systems, service charge, photocopying), filing (e.g. classifying materials by color or number coding), short term and long term planning, budgeting and financing, staff meetings (monthly and annually), evaluation (e.g. on materials and book-keeping, services, administration, staffing), and public relations (e.g. advertising, bulletin boards, newsletters, announcements). The simple idea for managing a self-access centre is how to make it easy and friendly for users.

Since the language clinic is a small-scale self-access centre with only 3 - 7 facilitators, the management is flexible. Staff meetings were held about one or two weeks before the semester started in order to set the opening and closing time, decide on the timetable, plan what to do, and evaluate the language clinic working system for the previous semester.

Preparation of the Language Clinic for Use

Before starting working in the language clinic, the language doctors prepared some learning tools for the language clinic users as follows:

Needs analysis. A basic needs analysis form was designed but only for the experimental group in the first phase. The results indicated that 8 out of 22 medical science students wanted to practice reading, and 12 thought reading was necessary for them. Therefore, reading materials were provided first.

However, speaking was perceived as the students' weakest skill. Therefore, speaking with a native speaker, later known as "Speaking English is Fun", was provided.

Learner training and orientation. A language clinic orientation was provided by giving students an orientation sheet which was also posted outside the language clinic. The sheet contained an introduction to the language clinic, how to join the language clinic project, and the advantages of the language clinic.

Language Clinic Placement Test (LCPT). The LCPT was divided into reading and grammar sections. The grammar sections, consisting of 50 multiple-choice questions, were adapted from a proficiency test in an English grammar book. The reading section consisted of two texts taken from magazines, one a general article, and the second concerning medical science. After taking the LCPT, learners identified their LCPT errors by checking their answers with the key provided in the LC. This helped them know what materials they had to work through because the questions in the LCPT corresponded to particular sets of LC materials. For example, if they failed number 1 in the grammar section, they had to practise the present simple tense in the grammar file with the corresponding code number provided.

The language clinic materials were all commercial as mentioned above.

A study plan and a record sheet. A study plan was a sheet which learners used to record what materials they planned to study for a period of time (e.g. in one week or one month) before they started working on the materials. A Record sheet was a sheet on which they recorded their work, their scores, and the time they spent working on the materials. At the end of the semester, they discussed their work with the language doctors (e.g. evaluation. improvement, errors, strengths and weaknesses).

Feedback of the Language Clinic project: strengths and weaknesses

Throughout the semester, language doctors made notes concerning the working of the language clinic. These notes were brought together in a staff meeting to identify the strengths and weaknesses of the language clinic. These are listed below.

Strengths

1. Because of the cable TV subscription, some students preferred to watch TV at the language clinic. Some of them did their homework while watching it. They liked to watch TV when the language doctors were not in the room.

2. Since the language clinic was too small, the material shelves were placed outside the room, and some language clinic users said they felt free to use them and took them home instead of working in the small language clinic.
3. The language clinic users were interested in joining the *"Speaking is Fun"* project provided in the language clinic. The small size of the room was not a problem.
4. The LCPT and the reading materials satisfied the language clinic users because they corresponded to their lessons.
5. The consultation and tutoring services satisfied users who needed help even though few users actually came to ask the language doctors for help.

Weaknesses

1. The language clinic system was not well organized. First, the language clinic was open all day but sometimes the language doctors were not on duty because the time students were free did not correspond with the time the language doctors were available. Second, data on users' attendance could not be collected because students ignored the attendance sheets. Third, the loan system was not well organized; the materials were sometimes removed from the shelves without students' signing up, and some of them were not returned until the end of the semester.
2. The language clinic was too small to organize the materials and activities, and its atmosphere was not pleasant. The room was too dark and slightly musty.
3. There was a lack of materials. This was due to the small size of the room and a lack of language doctors to help produce the materials.
4. The orientation and staff meetings were inadequate. There was a staff meeting only once or twice a semester and the orientation was mainly conducted by giving orientation sheets to the language clinic users. Besides this, the language doctors lacked some experience involving independent learning even though they tried to understand how it worked.
5. Even though many students were interested in joining the project and the LCPT challenged them in that it helped them to analyze their weak points in grammar and reading skills, few of them persevered until the end of the semester. This may have been due to inadequate orientation in independent learning and inadequate motivation.

Conclusion

The Language Clinic is an example of a small-scale self-access centre where the size of the room, materials, time that facilitators were available and other facilities were limited. However, learners were still able to gain some benefits from the language clinic and will get more benefits if it is better

organized and improved. In the year 2002, the Department of Foreign Languages will set up a Language Learning Centre which will be able to facilitate more than 100 students at a time. This centre will be used as a large-scale self-access centre, a resource centre and classrooms for speaking and listening hours. Therefore, the feedback from the language clinic working system will be useful for designing the Language Learning Centre system. Likewise, the experiences the teachers had while working with the language clinic will prepare them to be teachers with new roles.

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