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PREPARING THE ASIAN NON-NATIVE ENGLISH SPEAKER FOR PROFESSIONAL DISCOURSE COMMUNITIES

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Abstract

With an ever-increasing focus upon English for specific purposes (ESP) programs being advanced in East Asia, training both English learners and young in-service professionals to enable their entry into a specific discourse community has become necessary. Without the ability to engage and interact in English within a professional specialty, it will be difficult for any society to maintain pace with, or advance in, the global community. But what are the types of skills, the hallmarks of belonging, that are required for entry into and participation in professional discourse communities (PDCs)? Moreover, what does it mean for the Asian non-native English speaker to enter into such a community? Does this type of internationalization require an abandonment of local norms and subsequent absorption into Anglo-American modes of communication? This paper attempts to answer these questions by drawing upon a compilation of the author's recent research regarding the management of spoken medical English, both in Japan and Southeast Asia, focusing in particular upon English conference English presentations and in vivo medical workplace discourse. Based upon the author's previous fieldwork in this area, it will be demonstrated that management of professional discourses does not require conformity to an Anglo-American standard. However, to avoid dependency upon overly localized varieties of English that do not conform to the emerging standards of international discourse communities, particular attention should be paid to the following often underappreciated aspects of international professional discourses, 1) speech event opening gambits and transitions 2) the use of semi-academic formulaic phrases in academic presentations, and 3) the use of ellipsis and other abbreviated forms in the professional workplace. Samples from 1) Medical conference presentations 2) Doctor-Patient history taking, and 3) Nurse-Nurse workplace dialogues will be used to demonstrate the value and importance of each of these features.

1. INTRODUCTION

1. *Balancing the local and the international in professional English discourses*

The exponential growth in economics and technology over the past 50 years seen in almost all Asian societies has spurred a need for English speakers who can engage others within wider international communities. Participation within various professional or specialist discourse communities (PDCs) is crucial to maintaining this ongoing development, both economically and educationally. But, for the English teacher, what does it mean to train learners or practitioners to become a participant in a given professional discourse community? What are the essentials that mark entry into such communities that ESP teachers in particular should be focusing upon?

Over the past 17 years I have been training both medical students and medical working professionals in Japan so that they might become active participants within the international medical discourse community. However, both administrators and medical practitioners often believe that all is required for specialist English learners is a basic mastery of general English (EGP), decorated with a subsequent sprinkling of terminology, and topped with a more nuanced, detailed grammaticality.

In fact however, through a combination of field research, workplace observations, and my own teaching practice, I would argue that the hallmarks of practical specialist speech discourses that deserve greater consideration from teachers and trainers are threefold: 1) the considered use of opening and transitional strategies in speech, 2) the use of various types of ellipsis and abbreviated forms in workplace speech, and 3) the deployment of semi-formulaic academic phrases in academic discussion sessions such as conferences. In this paper, I will outline the arguments as to why I advocate such an approach, applying

observations from my own research practice, supported by related studies on the essential features of teaching ESP discourse.

One essential feature that has become apparent of most international discourse communities is that it represents a truly internationalized notion of English – it is not confined by Anglo-American standards or norms, culturally, pragmatically, or stylistically (Kirkpatrick, 2011). In short, participants need not adhere to mimic Anglo-American norms of discourse, even though this remains the model most represented in the region's teaching materials and textbooks (Hamied, 2012; Kirkpatrick, 2012). But while specialist professional discourses have come to recognize, and even enhance, the legitimacy of various localized Englishes (Canagarajah, 2007), there remain international norms of discourse that need to be adhered to. The three areas of focus that I will introduce today serve as testaments to these qualities, as although they do not represent Anglo-American norms neither are they so localized as to invite communicative breakdown among participants. However, before discussing the three aspects of professional discourses that I consider crucial, let's first look at a brief overview of the status of Asian Englishes within a PDC context.

2. Being an Asian English speaker within a Professional Discourse Community

Although the stable variety of what Kirkpatrick calls 'entity English' (2012), the norms utilized within the Anglo-American English sphere, remains the standard in written English throughout Asia within education and academia, spoken English has increasingly become the province of localized forms of English, referred to by Canagarajah (2007) as Lingua Franca English (LFE), a term that should be distinguished from the more well-known, English as a Lingua Franca (ELF). The former represents a code that is dynamic and constantly negotiated by its users – it is not a single, stable variety. It represents not the accumulation of notable varieties found in the region (Singapore's Singlish, the Philippine's Taglish etc.) but rather the form of English that emerges when members of these communities interact with each other, forms that are mutually negotiated and yet do not conform to Anglo-American norms.

Prior to the development of the Asian Corpus of English (ACE) headed by Kirkpatrick (2014), and the susequent increasing awareness of an Asian LFE, Seidlhofer's research team at the University of Vienna and developed a corpus of an European English as a lingua franca (ELF) known as VOICE (2013), which indicated that even within academic, professional, and specialized discourse communities, canonical 'rules' of spoken English were regularly being broken in a manner that reflects not so much the innate abilities of the native English speaker or as an indicator of an individual's interlanguage development, but rather the innate capacity of the English language itself.

In my own observations of Englishes used by Asian speakers of English at medical conferences within Asia as well, speech forms emerged with consistency and regularity that indicated a more 'localized' management of English, a form negotiated and mutually agreed upon by the participants, but which in no way impeded communication (Guest, 2011, 2014, 2016). Note the sample of medical conference presentation English forms (taken from Guest, 2014) uttered a minimum of five occasions by effective and competent Asian English speakers of at least three different nationalities presented below. The actual spoken form is represented on the left side with the 'standard' form appearing on the right:

Table 1. Non-standard speech forms of Asian NNES at International Medical Conferences (adapted from Guest, 2014)

Actual spoken form	**Canonical, standard form**
We placed clamp on X	We placed the clamp on the x
Three colonoscopy were performed during two separate period	Three colonoscopies were performed during two separate periods
There was so significant difference	There was a very significant difference
Why we chose X is because…	The reason we chose X is because…

May have some advantage to do by endoscopy	There may be some advantages in doing it by endoscopy

What is most immediately noticeable about these forms is that many conform to patterns that have also been widely noted in the VOICE corpus, particularly the dropping of pronouns, objects, and articles when meaning could still be conveyed adequately. However, what is even more significant is how closely this coheres with Canajagarah's (2007) argument that, "Language learning and use succeed through performance strategies, situational resources, and social negotiations in fluid communicative contexts. Proficiency is therefore practice-based, adaptive, and emergent." (p. 921). Even in regard to the English used within PDCs by those for whom English is very much still a second language, such as those living in a multilingual community like Indonesia, and/or whose English skills are still in the developmental stage, can perform as members of an English-speaking PDC .

In my own experience and observations at Asian medical conferences (Guest, 2013), attitudes and expectations surrounding those who are not fully proficient in English were treated by fellow community members with a linguistic magnanimity that fostered, and in many ways defined, their entry into and membership in that PDC.

The bottom line is that these developments represent a boon for the Asian NNES. Young professional NNESs need not be intimidated by a pressing necessity to mimic Anglo-American speakers of English. Forms and interactions that are representative of larger Asian cultural, linguistic, and interactive norms are increasingly accepted into, and regularly mark, professional communication. No intrinsic sacrifice of local identity is called for, no necessity to attain the so-called 'native standard' is warranted. With this in mind then, let's now take a look at the three points that I argue are crucial, yet oftenunderappreciated, features of English-speaking PCDs in Asia.

2.DISCUSSION
Indicators of participation within a professional discourse community as noted in from three different types of speech events

For the purposes of this paper, I would like to discuss how salient features of discourse such as opening and transitional gambits, the use of elliptical forms and semi-formulaic academic phrases, all often ignored by teachers and trainers, were managed in three distinct types of professional medical discourses 1) Academic conference presentations, 2) Clinical service encounters (doctor-patient history taking), and, 3) High-intensity nursing workplace scenarios. Although the examples presented come from the domain of medicine, readers should understand that many of these features can readily be applied to cross-disciplinary contexts (Hyland, 2009).

1. Academic conference presentations
a. Opening gambits

First, let's look at the efficacy of opening strategies as performed by Asian NNES in presentations given at international medical conferences. Although oral conference presentations are generally thought of as monologic, they have recently also been described as dialogic in nature, involving an interactive, negotiable component between speaker and audience (Shalom 2002, Rowley-Joviet & Carter-Thomas, 2005). In parallel sessions in particular, the specialized audience holds the expectation that new, perhaps challenging, content will be offered. They are not attending to meet 'personalities' but to learn the latest in research and practice developments. They are informative rather than persuasive in nature.

In my observations of 80 such conference parallel session presentations (Guest, 2016), 34 of the presenters opted to begin by simply re-stating the presentation title or introducing themselves by name and affiliation (even though this had been written on both their introductory slide and stated by the chairperson). 11 began with lighthearted or anecdotal comments, on some occasions making reference to the conference theme or other presenters. 14 began with an adjustment of the title or outline of presentation contents, while 16 launched directly into the presentation content. 12 also added an apology for their poor English or remarked upon their nervousness and/or inexperience in giving English presentations.

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Thus those who began by redundantly repeating the title slide or offering a self-introduction (the chair and program both previously having done so) violated both the expectations of the audience, not to mention Grice's maxim of quantity. This habit was noted far more among North Asian presenters (Japan, Korea, China) than those from South or Southeast Asia and thus perhaps represents a cultural value placed upon ceremonial formality found in those cultures that is not as abundant in other settings.

Apologizing in advance for one's English also established an uncomfortable or adversarial tone, as if the speaker were begging for leniency or special conditions, when in fact the majority of speakers were fellow NNESs. This attempt to establish an interpersonal connection through often backfired. The attempt at self-deprecation could be interpreted as a ready-made excuse for poor performance, often creating a sense of palpable discomfort in the audience. The propensity to apologize for one's English is in fact misplaced. NNES have nothing to apologize for, nor do less-than-proficient speakers of English. In fact, it could be argued that apologizing in advance might even encourage mediocrity, fostering pre-assembled negative expectations for the speaker's shortcomings.

Lighthearted and anecdotal stories and comments were chosen as opening gambits largely to establish a relaxed and more intimate relationship with the audience. However, this choice was far more effective in plenary and keynote sessions, where the speaker not only is more well-known as a personality in the field but also because these sessions generally last 30-90 minutes, much longer than the 10-20 minutes generally allotted to parallel session speakers.

The most effective presentations tended to include opening gambits in which the speaker met audience expectations by immediately launching into their research contents. Within this strategy, several effective openings patterns have been noted (Guest, 2013). Among these were: beginning with a rhetorical question, beginning with a statement challenging orthodoxy, beginning with the known and thereafter moving to expressing the unknown (which also serves to acknowledge the audience as peers), providing relevant background information immediately, and/or beginning with a variation of the presentation title or a very general outline or statement of purpose.

In my observations, each of these strategies had the effect of meeting audience expectations regarding the content-heavy quality of academic parallel presentations and thus helped to establish a suitable interpersonal dimension in which the audience and presenter moved in synch with academic/professional conference presentation norms. In virtually all presentations observed, these opening strategies paved the way for the most effective and impacting performances.

b. Transitional phrases

A feature that regularly marked effective NNES medical conference presentations was the careful choice and deployment of transitional phrases. These are the discourse signals that provide or indicate the flow between rhetorical sections in the presentation, very often connected – but not limited to – the advancement of presentation slides.

In my conference presentation observations, ineffective presenters often failed to give considered use to the deployment of transitional phrases, instead relying on a combination of single-word connectives (*'so/but/and/next/then'*) or by simply stating section headings ('*summary/conclusion'*), often without regard for the actual discursive function of the word. It was simply used as an acoustic marker accompanying the change of presentation slides but carrying no rhetorical or descriptive weight.

However, because academic presentations often utilize crucial rhetorical cohesion patterns such as question-answer, cause-effect, chronological sequencing, andinduction/deduction, it is essential that the device used to mark the transition as a direction signal, better allowing the audience to understand the nature and flow of the rhetoric. Some of the notable transition markers commonly utilized by effective NNES conference presentation speakers included those shown in table 2 below:

Table 2. Common transitional discourse markers used by proficient Asian NNES speakers in conference presentations

Following this/that…	*Getting back to our main point…*

It is important to note…	So far I've discussed/focused upon X so now I'll move on to Y…
Let me expand on that…	OK, so where does that leave us?
Looking at this in more detail…	What we learned/don't understand is…

Interestingly, I also noted that those speakers who utilized such effective transitional phrases were not always the most fluent English speakers, however their considered choice of transitional phrase impacted their intonation, ushering in greater dynamism in tone and character. This also enabled the audience to better understand the rhetorical flow of the presentation, as well as allowing both the speaker and audience to draw a cognitive breathing space and pace themselves adequately.

All in all, transitional phrases play an important role in establishing the flow and direction of an oral conference presentation and the guidance function that they serve represent yet another interpersonal dimension of conference presentations. Teachers and trainers would do well to emphasize them more when training young academics and professionals to perform well at international conferences.

c.. *Semi-formulaic academic phrases*

It is often believed that the major hallmark of a specialist is the mastery of that particular field's terminology. While this is indubitably true, in my observations, it was not mastery of specialist terminology that most readily distinguished members of the PDC from those outside the community but rather the ability to deploy what I will call semi-formulaic academic phrases (SFAP).

These are phrases which are not limited to one particular discourse domain but rather display a sense of belonging to an academic or intellectual discourse community in general. Thus, these are phrases that are well-known to educated EGP speakers, but also serve to mark an academic domain or speech event. SFAPs are commonly used in academic writing in particular, but also in formalized speech events such as conference presentations, symposia, and poster sessions. Since they are transferable across many academic and professional disciplines they also have widespread applicability and thus offer great pedagogical value to ESP teachers – as opposed to localized, specialist terminology, with which the ESP teacher may be less than familiar and which may best be acquired by practitioners in the workplace, not in classrooms.

It was the ability to utilize such phrases within conference presentations, as well as related poster sessions, discussions, and symposia, which marked the speaker as a field specialist, and provided a sense of academic gravity to the interaction. Some of the common SFAPs noted in my observations appearing in sections on methods, hypotheses, and descriptions (taken from Guest, 2014) are noted below in table 3:

Table 3. SFAPs used by Asian NNES in medical conference presentations (adapted from Guest, 2014)

Used in methods, hypotheses, descriptions	Used in discussions, results, and conclusions
In the initial trials we investigated X.	*There is a significant/slight degree of correlation between X and Y.*
In order to determine X we carried out/conducted a Y.	*Our data also indicates the probability of X.*
We performed a comparative analysis.	*Perhaps the most important/significant factor is X.*
To implement real-time detection,...	*This excluded any other possible findings.*

The ability to deploy SFAPs in academic and professional discourse is rarely discussed in the literature and is notably lacking within ESP research, where the emphasis seems to be placed more upon the acquisition of discrete terminology. Given that SFAPs are elements of interactive discourse, as distinguished from stand-alone lexical items, they deserve more attention from ESP teachers and trainers in order to prepare learners for participation in any PDC.

2. Clinical service encounters (doctor-patient history taking)

Unlike the conference presentation forms mentioned earlier, medical clinical encounters must employ a more delicate balance of power relationships, maintaining the authority of the doctor (or other medical professional) while maintaining the dignity of the patient and recognizing that one is offering a service to a customer.

A. Opening gambits

In my own classroom experience with 1st year medical students, there is a tendency to overlook the civility and courtesy of beginning a clinical encounter with a common greeting and the use of the patient's name (to establish a mutually respectful tone) in favor of immediately initiating a history taking. When 106 of my 1st year medical students were asked at the beginning of a communicative medical English course how they would open such a clinical encounter, only 6 responded with some type of interpersonal dimension, the others opting for a thoroughly informational opening ("What's wrong? What's the matter?"). Interestingly however, Glendinning & Holmstrom's (2011) first dialogue from the textbook 'English in Medicine', used in my own Communication English courses, begins a doctor-patient encounter (p. 92) as follows:

Dr: Good morning Mr. Hall. So, what's brought you along today?

Not only does this greeting and use of name establish an interpersonal dimension at the head of the speech event, the form of the opening 'present complaint' question extends this amicable tone. Other initially popular choices among students, such as, 'What's the matter?" or "What's wrong? appear somewhat stark and cold, perhaps even face-threatening.

b. Transitions

The use of explicit means of marking a transition in the discourse should also be noted. The use of 'so', as a discourse marker indicating the opening of the medical history speech event further serves as an interpersonal function, softening the transition from greeting/salutation to medical history taking, adding a degree of levity to the proceedings.

Abrupt changes in tone or topic without accompanying signals can confuse or alienate a patient. In the 'English in Medicine' sample dialogue cited earlier, the topical transition occurs after the doctor has proceeded through a series of history taking questions focusing on, among other things, duration, location, other symptoms. The transition then occurs as follows:

Patient: Well, the wife, my wife, she says that I seem to be getting a bit deaf.

Dr.: Oh! Well, Mr. Hall, at this stage I think I'd like to check your ears…

The doctor marks the transition from history taking to physical examination first with a summative, 'Oh!' The following item, 'well', indicates that the dialogue will now move from an interview format to a suggestion. The name of the patient is then used again, a further signal that the structure of the discourse is about to change. Finally, the explicit transition marker, 'I think at this stage', is used to usher in the beginning of the physical examination.

By marking the transition in such a way, the doctor ensures the cooperation and understanding of the patient. Once again, an easily overlooked feature of professional workplace discourse should be considered of great importance, both interpersonally and in terms of managing the encounter. Awareness of and utilization of forms as simple as these mark PDCs and should be inculcated among learners and young practitioners.

3. High-pressure workplace interactions (nursing discourses)

In order to help prepare our nursing students for possible practice or research abroad, during the years 2013 and 2014, I was actively researching how nursing English was actually used in hospitals around Asia. This included sponsored visits to hospitals in Singapore, Malaysia, and the Philippines. Many of the workplace encounters I observed involved high-intensity interactions as standard workplace speech events. Prominent among these were roll call (the pre-shift briefing given by a head nurse to the gathered team of nurses under his/her care) and handover (nurse to nurse briefings given as the shift and patient responsibility changes). For the purposes of our discussion, let's focus on discourse features noted in examples taken from each type of speech event.

a) Openings and transitions

In almost all of the high-intensity nursing workplace scenarios I observed, the roll call and handover speech events began with an decisive "Ok" followed by either a number (representing the bed number of the patient under discussion's) or some type of existential framing of data *("There is…", "We've got a…").*

Such truncated and stark openings, the hallmark of a busy workplace where time is limited, can be contrasted with the expectations of Japanese nurses, whose roll calls typically began with a formalized or ceremonial statement explicitly marking the beginning of the speech event, a feature widely associated with Japanese workplace discourse. One (translated) example I noted in a Japanese hospital was as follows:

"Everybody, thank you for your hard work. Now, if it's all right, I would like to start today's roll call. Is everyone prepared? Starting with room x…"

Japanese nurses expecting this type of elaborate opening in Southeast Asian workplace settings might be ill-prepared for the lack of any explicit opening gambit for such set speech events. With Indonesian and Philippine nurses now being employed in Japan and in other countries in the region, the norms and standards regarding openings, transitions, and the use of ellipsis and abbreviations – those elements that most emphatically mark the localized discourse – need to be understood by learners and young professionals in order to effectively participate within such a workplace.

Transitions in these high-intensity nursing workplace scenarios were markedly different from those noted in academic presentations, partially because these events were more dialogic in nature, but also due to time constraints and power considerations. Handover scenarios were often performed effectively using only 'so' as a turn-taking marker, a weak choice in an academic presentation but a very appropriate one in a one-on-one high-intensity scenario. In roll calls transitions were regularly marked by explicit requests for clarifying comments or further questions were typically initiated by more powerful of the speakers, usually indicating that they completed a turn *("So, unless anything else, that's all").*

Once again, for learners unfamiliar with the interactive norms of the workplace, an understanding of how transitions in discourse is signaled should be considered a central feature of active participation within that PDC.

b. Abbreviations and elliptical forms

Note the example below (taken from Guest & Nambu, 2011) of a roll call in the Philippines (with *x* representing a specific medical term):

Head Nurse: *Ok, 7- maintain x, avoid x, x removed, decrease x. 8, 9- on liquid diet,start IVM, 9- discharge expected PM. 10- x expected tomorrow, x tostart 4 pm, CBC 12, x positive. 11- ongoing IV, (number) minimum,ultrasound scheduled (time). 12- painkiller to follow x at same rate, x 1liter at 54cc per hour, may go ahead with contemplative surgery, loss ofblood, limited fluids at (number) per day. Post-partum (?), now prescribing x.*

Following the succinct opening 'Ok', the head of each subsequent utterance is headed by a number, immediately followed by the intense conveyance of data. On every occasion I observed, this data was

delivered in elliptical form, involving the widespread use of acronyms and abbreviations, as well as dropped the pronouns and prepositions often in the same forms discussed earlier in relation to the findings of the ACE and VOICE spoken English corpora.

Handover differed only slightly, largely due to the lack of a significant power differential between the participants. Below, also from Guest & Nambu (2011), is an example of handover from a hospital in Singapore in which the speakers were from a) Myanmar and b) China:

Nurse A: So, still radiating, now extending to lower leg. Hypertensivemeds. X stable. PTOP (?) was just now so just document it. And xwas restarted again.

Nurse B: So, so far no y. She already knows, yeah?

Nurse A: No, the y is still there. So today's review is x, tomorrow blood,and they'll do the x-ray. So far blister still isn't broken…

This exchange is marked by a significant degree of negotiation between two speakers of differing L1s. However, because they share the same nursing discourse protocols they are able to decode the intensive workplace data through a shared understanding of the rapid-fire nature, manifested in the abbreviated and elliptical forms, employed in this type of speech event. NNES nurses expecting a more formulaic discussion involving full and complete grammatical form might well struggle in such an encounter. The need to negotiate in abbreviated and elliptical forms is paramount, and once again represents a feature that deserves greater consideration when developing classroom materials or lessons.

3. SUMMARY AND CONCLUSIONS

In this paper I have outlined in brief some of what I consider to be the essential marks of participating within an English-speaking professional discourse community (PDC), particularly for the NNES Asian professional or student. Based on my research into both presentation and workplace discourse within the region, as well as my years of medical English teaching practice in Japan, it has become apparent that an ability to use appropriate opening and transitional phrases, both in academic presentations and within the professional workplace, is an essential marker of belonging to a PDC. Furthermore, the ability to deploy semi-formulaic academic phrases in professional-to-professional speech events such as conference English, and utilize abbreviated/elliptical forms in high-intensity workplace scenarios are common markers of PDC membership throughout the region.

However, these features are often under-appreciated by ESP teachers and trainers, even those who hope to foster in their learners skills that will enable them to actively participate within such PDCs. ESP curricula and course designers would do well to include these features and teachers should try to heighten learner awareness of them when formulating their lesson plans.

Moreover, it should be remembered and reinforced that mastering such skills does not require adherence to an Anglo-American standard or English nor does it imply any specific cultural milieu. While the Asian continent is host to a great number of distinct Englishes and differing micro-cultures, the forms and strategies used across to communicate in PDCs across the region can be taught and acquired as distinctly Asian norms and values, without a loss of local identity nor submission to an 'international standard' that ignores the identity of the individual learner.

Hamied (2012) has argued that for a country such as Indonesia, with its vast number of local languages and cultures and an intricate relationships both to the national Bahasa Indonesian language and English as well as the need among many working professionals and academics to speak in English, calls for competence in performance, not native-like proficiency in English, wherein English can still also be used as a means of expressing ones local identity.

This combination of reflecting the local while balancing the global (a phenomenon sometimes referred to as *glocal*) should represent a welcome direction for both ESP teachers and learners. ESP courses and classes can help foster skills that truly enable a learner to perform effectively within an international PDC without losing his or her local identity.

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