NEGOTIATION OF MEANING USED IN RECEPTIVE SKILLS BY BANGLADESHI MEDICAL STUDENTS

By

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A thesis submitted to the Department of English and Humanities in partial fulfillment
of the requirements for the degree of
B.A. in English

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Declaration

It is hereby declared that

1. The thesis submitted is my/our own original work while completing degree at Brac University.

2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.

3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.

4. I/We have acknowledged all main sources of help.

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Remarks of the reviewer:

1. 16,203 words are a lot for an undergraduate thesis
2. Too many issues are crammed in one paper

Approval

The thesis/project titled "Negotiation of Meaning Used in Receptive Skills by Bangladeshi Medical Students" submitted by

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Ethics Statement

The study participants were informed about the study, and their consent was collected before conducting the study. The participants' confidentiality was maintained strictly throughout the study.

Abstract

 The study explored medical students' perspectives towards the factors that hinder the negotiation of the meaning and strategies that help them overcome the challenges of receptive activities. The researcher adopted a qualitative multiple-case study approach and used snowball sampling technique to choose a cohort of eleven students and four teachers from different public and private medical colleges. Participants were requested to give the one-to-one semi-structured interview. This study has adopted Perfetti and Adlof's (2012) reading comprehension framework and Kramsch's (1983) framework of negotiating meaning. The transcribed interviews were coded and categorised for prominent themes through qualitative data analysis. Some notable factors for which medical students cannot negotiate the meaning are; schooling backgrounds did not include receptive skills tasks or assessments, large classroom sizes with fixed lecture time, and lack of English language skills including the lack of knowledge of grammar, weakness in pronunciation, vocabulary and terminologies. The results revealed that group study, integrating technology in learning, note-taking, background knowledge, diagrams, using L1 for clarification, repetition, elaboration, summarisation, and many more are the strategies that helped the students to overcome challenges. The current study is significant in filling the knowledge gap regarding incorporating meaningful negotiation strategies in medical classes in non-native ESOL context such as Bangladesh and other countries around the world.

Keywords: EMP Courses; Receptive skills; non-native ESOL contexts;

Dedication

My parents, my entire existence grew up in their shadow.

They are the ones whose love and sacrifices have been the cornerstone of my success.

Sara, to my sister, for every cup of coffee that fueled this journey

To my faculty and supervisor Dr. Sabreena Ahmed.

Her patience and hands-on guidance shaped my research journey. She inspires me, and I have always felt her motherly warmth.

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Chapter 1

Introduction

1.1 Background of the Study

Communication plays an important role in restoring global medical professionals together. In the field of medicine, English holds significance in communicating with patients and other global professionals, so in the medical institutions learning and teaching English is vital. The spread of the COVID-19 virus is a significant indicator of this as during the pandemic the shortage of doctors and treatment facilities were the scenario, and telehealth came as a rescue all over the world, for this patients and doctors needed communication (Ilkhombekovna, 2022). Empowered patients are more demanding from the medical professionals as they actively participate in treatment through effective communication. Indian multispecialty hospitals, patients are educated, conscious, and demanding in the era of patient-centered healthcare and they contribute to medical treatment by communicating effectively and supporting their treatment process (Singh & Dey, 2020). For providing patients with better healthcare comprehensive information is essential thus, study of English for medical purposes comes into account. Frank (2000) illuminated the study of English for medical purposes throughout the last 30 years. The medical profession in the United States has set a greater emphasis on communication. They found that offering patients' comprehensive details optimizes their treatment.

Regarding communication challenges, it is a global issue for medical treatment as professionals from diverse linguistic backgrounds commonly encounter language obstacles. Hsueh et al. (2019) informed, language accordance between patients and doctors reduces medical gaps for people with limited English proficiency. Significant public health focus is to deliver high-quality health care to increasingly varied patients'. However, limited English

Proficient (LEP) people face challenges in achieving good health. In this regard, Singh and Dey's (2020) study reveal that there is a vital deviation between patients and doctors due to ineffective communication, which leads to damaged patient-doctor therapeutic relationships and low medical quality. Similarly, Grigoriev and Rusalkina (2023) noticed professional communication mistakes hinder the efficient fulfillment of a doctor's responsibilities and have a detrimental effect on their career in Ukraine. Insufficient communicative competence is caused by a lack of communication knowledge and skills which creates disputes that limit medical personnel's ability to innovate. To ensure proper diagnosis and medication, medical professionals require precise and clear accents for understandable communication. The study of Baquiran and Nicoladis (2019) revealed that foreign-accented doctors face biases about their competence from their patients. Consequently, miscommunications arise in significant healthcare situations, placing patient protection and overall quality of care at vulnerability. According to patients and interpreters-navigators in Canada, Bowen and De Moissac (2018) informed that language barriers lead to poorer patient assessment, incorrect diagnosis or delayed medication, and insufficient understanding of patient condition. There are countless pieces of evidence frequently reported illustrating the risks linked to dependency on Google Translate, untrained translators, and many more such practices. That being the case, it is absolutely a necessity for medical professionals to possess competence in English language skills in order to improve the healthcare services.

Despite that, medical professionals do not hold language competence as they cannot negotiate the meaning. Even the EMP teachers face challenges while teaching at medical colleges in Saudi Arabia. They cannot understand the meaning of the medical lingo and fit English words in the medical context (Eligindi and Hoque, 2022). While analysing the types of negotiation of meaning done by medical students in Indonesia, Hamzah (2023) recorded that to understand the meaning they have to be super conscious, which obstruct the development

of their language quality. According to Yelovich's (2020) inquiry, the prevalent issue in clinical interactions is that patients struggle to follow the prescribed medication as they are incapable of negotiating the meaning. Due to the inability to negotiate the meaning of Bangladeshi students in the health science area, they cannot follow English lectures and cannot understand the questions resulting in the inability to answer properly (Sharmin (2020b).

1.2 Importance of the Meaning Negotiation skill

Negotiation of meaning represents a critical skill that facilitates the clarification and understanding of linguistic input. By effectively negotiating meaning, learners are better equipped to decode and comprehend complex texts and spoken discourse, rendering this skill indispensable in academic and professional environments (Gass et al., 2018).

Recent research highlights the importance of meaning negotiation in conjunction with the development of receptive language skills. Jiang (2019) indicates that learners who engage actively in meaning negotiation demonstrate enhanced comprehension and retention of reading materials. Furthermore, this skill is essential for improving understanding, as it permits learners to confirm their grasp of auditory input. Meyer and Ray (2020) assert that individuals who frequently engage in meaning negotiation during academic lectures or discussions are better prepared to navigate linguistic challenges, such as unfamiliar vocabulary or complex sentence structures. This is particularly pertinent for medical students, who must accurately interpret specialized terminology and instructions in their educational context.

Moreover, negotiation of meaning supports the development of important strategies, including self-monitoring and self-regulation, which are essential for effective learning.

Abdelhalim (2017) study noted that, learners who implement these strategies are more likely to identify gaps in their understanding and take corrective action, thereby enhancing their overall language proficiency.

1.3 Fostering Meaning Negotiation Strategies in the Medical Classroom

In medical education, fostering strategies for negotiating meaning is crucial for developing students' comprehension, especially as they navigate complex academic texts and scientific journals, often in a second language. According to Jiang's 2019 study, implementing meaning negotiation strategies in the classroom enables students to engage with linguistic input actively and enhances their understanding of specialised content (Jiang, 2019). This approach creates opportunities for students to participate in interactive tasks that promote meaningful clarification and feedback. For instance, peer discussions and problem-solving activities encourage students to seek clarification and confirm their understanding. This process not only facilitates language acquisition but also nurtures critical thinking and collaborative skills, which are vital for medical practice (Meyer & Ray, 2020).

Additionally, teachers can model effective negotiation strategies by providing explicit instruction on how to ask for clarification, summarise information, and use context to infer meaning. Abdelhalim (2017) emphasises the importance of creating a supportive learning environment where students feel comfortable negotiating meaning without fear of judgment. This approach not only improves language proficiency but also boosts students' confidence in using English in both academic and professional settings.

1.4 The Context of Bangladesh

In Bangladesh, English serves as a key medium of instruction in higher education and professional fields, such as medicine. Although Bangla is the national language, English is

widely utilised in academic institutions, including medical colleges, where students must achieve proficiency in English to succeed academically and professionally (Hasan & Akhand, 2019). However, many medical students struggle to comprehend receptive activities due to limited exposure to English in their pre-university education. This linguistic disparity can lead to comprehension difficulties, particularly when engaging with complex medical texts or lectures (Rahman et al., 2021). Moreover, the educational system in Bangladesh often emphasises teacher-centred instruction, limiting opportunities for interactive learning or negotiation of meaning (Chowdhury & Kabir, 2020). Incorporating interactive strategies such as group discussions, peer learning, and case-based learning can help develop meaningful negotiation skills, enhancing students' receptive abilities (Islam & Karim, 2022). The importance of addressing these challenges is highlighted by the global nature of the medical profession, where effective communication in English is essential. As medical graduates from Bangladesh increasingly seek employment and further education abroad, English proficiency becomes a critical factor in their success (Rahman et al., 2021). Therefore, fostering meaningful negotiation strategies within the medical education system in Bangladesh is essential.

1.5 Statement of the Problem

Proper medical care requires good communication between the patient and the medical professionals. Patients' trust relies heavily on a physician's capacity to communicate effectively, which ultimately leads to outstanding health services (Shanjeeban et al., 2023). Clinical interactions among nurses and doctors shape the quality of care and treatment patients receive while in the hospital (Pantha et al., 2023). By honoring patients' privacy, self-reliance, and encouraging comprehension by patients, doctors ought to aim for good communication, as stated by Folorunso (2022). A medical professional's duty, according to Rusalkina and Grigoriev (2023), is to be competent in communication which includes

speaking with patients and colleagues and attending meetings. Professional communication skills build the impression of an expert, establish the effectiveness of work, capacity to express opinions logically and develop relationships with colleagues, create positive social and psychological conditions in the team, and foster trust in patients, ensuring successful treatment accomplishments. In the opinion of Gopaldas et al. (2023), while the patient is in worse condition in the critical care units, clear communication is essential for minimising miscommunication and anxiety among family members and healthcare professionals. Communication is a skill that can be mastered, and it decreases the burden of moral clinical and authorized dilemmas in critical care.

However, due to less exposure to English and the native language being the medium of instruction, ESOL (English for Speakers of Other Languages), doctors also have communication issues, unlike other users. ESOL users worldwide frequently struggle to enhance their English language skills (AlKhsawneh, 2010; Garcia & México, 2012; Ibna Seraj et al., 2021), notably in the communicative domains. Unfortunately, in the context of Bangladesh, English is used as the medical language to obtain health services (Bhuiyan et al. 2019). But, due to a lack of successful communication techniques (Amin & Greenwood, 2022; Torky, n.d.), less exposure (Islam, 2021; Islam & Rahman, 2019), and the ineffectiveness of the textbook (Awal, 2023; Nayeen et al., 2020; Uddin, 2021) Bangladeshi students are not competent in English. For this reason, medical professionals and patients are also not competent in the English language and they have communication difficulties. As a medical language, English is an obstacle in terms of writing prescriptions, which affects the treatment process because of unclear medical language thus acting as a barrier to receiving health services (Bhuiyan et al. 2019).

Bangladeshi medical students face different challenges, according to the study of Sharmin (2020a) and Sharmin (2020b). Identified by Sharmin's (2020a) study, they have challenges

with productive skills, in terms of speaking fluently and accurately and in writing tasks. In the case of receptive skills, due to ineffective listening skills and inadequate vocabulary, they cannot comprehend class lectures and negotiate the meaning. There are similarities between Sharmin's (2020a) and Sharmin's (2020b) studies, both revealed inaccurate pronunciation, intonation, and stress as difficulties for medical students in Bangladesh. For instance, while talking to a friend from an English version background who is a student at a private medical college in Bangladesh, she informed the researcher that many of their classmates could not pronounce certain words in the first year, this difficulty is reduced before the final year, but still prevalent. Sharmin (2020b) pointed out that newly admitted medical students particularly, cannot comprehend English lectures as they cannot negotiate the meaning. While reading they are incapable of understanding the texts completely due to inadequate vocabulary and they do not have the practice of annotating meaning from articles. Simultaneously, due to insufficient receptive skills, they cannot comprehend the questions resulting in the inability to answer properly. For having insufficient listening and reading skills medical students and professionals in Bangladesh cannot enhance their level of language competency.

Studies have shown that much research has been conducted on the communication needs and difficulties of medical professionals in native-English-speaking contexts and the incorporation of EMP courses to assist them in improving their communication skills. However, there is a significant gap in the literature regarding, can the teaching of 'negotiation of meaning' to medical professionals help them succeed professionally and whether it improves their proficiency in receptive skills in an ESOL context. If the researcher wants to explore the reasons why medical professionals cannot negotiate the meaning while reading and listening activities and how do they overcome the challenges of learning to negotiate meaning, she must interview the medical students and teachers as it is necessary to identify

the factors that reduce their comprehension and strategies that help them overcome the challenges. Moreover, it is also important to know what the medical students think about the incorporation of the technique because if they think it is an ineffective strategy, they may not be actively participating thus, it will not add value in developing their receptive skills. Finally, EMP teachers must assess the technique to find out if the meaning negotiation was useful for the students to develop receptive skills so that it can be modified before being implemented in future EMP classes.

1.6 Central Research Objective

The study aims to find medical students' perspectives on the factors that hinder the negotiation of meaning in receptive activities and, if the strategies of negotiation of meaning, help them to overcome the challenges of meaning comprehension in receptive activities.

1.7 Research Questions

The following research questions have been formulated to achieve the purposes of the research:

1. Why are medical students unable to negotiate meaning when undergoing reading and listening activities?

2. How do the students overcome the challenges of learning to negotiate meaning in receptive skills?

1.8 Nature of the Study

This study employs a purely qualitative approach and does not incorporate any quantitative measures for data analysis. This methodology is particularly relevant given the focus on the participants' perspectives regarding the challenges medical students face in negotiating meaning during reading and listening activities and the strategies employed to overcome these challenges. The qualitative method is more effective for addressing these issues than quantitative.

Identifying the factors that participants believe hinder their ability to negotiate meaning is essential, as is evaluating whether the strategies for meaning negotiation assist them in overcoming obstacles associated with receptive activities. This examination does not necessitate numerical calculations. Additionally, gathering students' personal experiences, challenges, and reflections enhances our understanding of how they interpret and derive meaning from academic material. This participant-centered approach offers valuable insights into their strategies for comprehending medical content and negotiating meaning effectively.

1.9 Scope of the Study

The objective of this study is to thoroughly analyse how Bangladeshi medical students interpret meaning in their receptive skills during academic activities. The research will involve a sample of eleven medical students and four faculty members from various medical colleges. It will encompass both public and private institutions in Bangladesh to examine the influence of different institutional contexts and available resources on the negotiation of meaning within students' receptive skills. This qualitative research will employ interviews and observations to gather valuable insights aimed at identifying key strategies and themes. A carefully selected sample from medical colleges will ensure that data collection is practical and manageable within the existing resources. The study will maintain a focus on observable,

context-based practices that genuinely reflect academic challenges encountered by students. The project is planned to be completed within a timeframe of two semesters, commencing in spring 2024. This timeline encompasses the phases of literature review, data collection, data analysis, and the subsequent writing of findings.

1.10 Limitations of the Study

The study faced several limitations that affected the research process. One significant challenge was coordinating with medical students; their rigorous academic schedules and frequent exams made it difficult to secure their time and ensure active participation. The researcher attempted to adjust her schedule to accommodate the participants' availability for interviews. Additionally, connecting with medical college faculty posed difficulties, primarily because the researcher was not from the medical field, which may have hindered her access. Another limitation was the process of obtaining digital consent forms. Many participants, including both students and faculty in the medical field, were not sufficiently familiar with advanced technology. This technological gap resulted in delays and required extra effort to ensure proper consent. These factors collectively constrained the study and underscored the complexities of conducting research in such a specialised and demanding academic environment.

1.11 Significance of the study

In Bangladesh, no study has been conducted to inspect, whether the teaching of 'negotiation of meaning' to medical students helps them succeed professionally and whether it improves their proficiency in receptive skills in an ESOL context. This study will fill the gap of knowledge by highlighting do medical students face difficulties while negotiating the meaning in receptive activities. By focusing on the negotiation of meaning, the study

provides insights into the strategies students employ to comprehend complex medical information, thereby contributing to the fields of applied linguistics and English for Medical Purposes (EMP).

The study focuses on Bangladeshi medical students, highlighting their need for enhanced reading and listening activities. It aims to inform curriculum design and teaching methods by exploring effective negotiation strategies that improve comprehension. Incorporating these strategies can benefit medical students and teachers in ESOL countries and beyond, should the study yield positive results.

The study contributes to the ongoing discussion about language learning in specialized fields by offering a contextual perspective on how linguistic, cognitive, and cultural factors influence the negotiation of meaning. Its implications extend beyond the context of Bangladesh, serving as a reference for similar studies in other non-native English-speaking countries. The findings of this study will provide valuable insights for future research on lifelong learning skills and their implications for instructors worldwide. Other researchers can build upon this approach in their future studies.

1.12 Definition of Key Terms

EMP: English for Medical Purposes (EMP) was developed from English for Specific Purposes (ESP) to meet the unique communication needs of medical professionals in a globalised field. (ESP., 2023) termed English for Specific Purposes (ESP) as specific English instruction for use in different professions. While EMP is a category of ESP, it focuses specifically on medical contexts. English for Medical Purposes (EMP) is important as it highlights the specialised language skills essential for medical students to effectively negotiate meaning in their academic context.

ESOL: English Speakers of Other Languages (ESOL) refers to the students having a native language other than English. They learn the English language academically, reside outside of an English-speaking country, and use their native language prominently. The keyword *ESOL* is relevant to Bangladeshi medical students' negotiation of meaning in receptive skills.

Receptive skills: Among the four language skills; receptive skills are the processes of understanding and interpreting spoken and written texts (Harmer, 2008). These skills are essential for Bangladeshi medical students to engage meaningfully in academic contexts.

Negotiation of meaning: The mutually beneficial process by which speakers and listeners resolve misunderstandings or errors in communication in order to assure clarity and mutual comprehension is known as meaning negotiation (Long, 1996). For Bangladeshi medical students to enhance their English-receptive competencies and communicate effectively, this approach is essential.

Chapter 2

Literature Review

2.1 Introduction

The major focus of this study is to find out the factors that hinder the negotiation of the meaning of medical students in reading and writing activities. Additionally, this research aims to find out students' points of view regarding the strategies of negotiation of the meaning, and whether the strategies help them to overcome the challenges of receptive activities or not. This chapter discusses relevant concepts, scholarly works, theories, approaches and remarks associated with the meaning negotiation of medical students. While discussing so, this chapter seeks to track down a gap in the literature. Additionally, it seeks to

assert the significance of this research to fill that gap. The chapter is divided into five following parts:

2.2 Part 1: English for Medical Purposes (EMP) and its Importance

2.2.1 Concept of EMP

English for Medical Purposes (EMP) emerged from English for Specific Purposes (ESP) to fulfill the specific linguistic and communication requirements of medical professionals in the progressively globalised field of medicine. (ESP., 2023) termed English for Specific Purposes (ESP) as specific English instruction for use in different professions such as business or the field of science. While EMP is a category of ESP, that focuses specifically on the medical sector. EMP is the specialized application of English in medical contexts, such as interaction between medical team members, communication with patients, healthcare records, and many more. Incorporating EMP courses into medical education is a much-needed communicative skill for medical professionals.

2.2.2 Importance of EMP

The urgency of English in the medical profession is massive, particularly during world crises as English is the international language. This is exemplified in the work undertaken by Azzhrani and AlGhamdi (2020) on the value of English language proficiency during a global crisis like the COVID-19 pandemic and evaluated the efficiency of English courses in Saudi tertiary institutions through a survey of 315 medical professionals. The results revealed that medical professionals valued English competency highly, particularly during world crises. However, participants' dissatisfaction with ESP programs emphasised the necessity for in-depth ESP programs with an emphasis on medical English. Also, EMP courses should be incorporated and evaluated for communication in medical professional careers. Bharathi and

Thiruvengadam's (2022) study found medical students in India do not acquire specialised training in the English language; however, they learn the language for general purposes (EGP), which fails to assist them in their professional careers. For EMP, there is an entail to work on the needs assessment, discourse analysis, sufficient research in the field, and course design.

In medical professional careers, all four skills are essential but speaking skill is mostly used as doctors need verbal communication. Thereby Abugohar et al. (2019) discerned the level of essentiality of the four language skills of EMP learners. Therefore discovering speaking as the most crucial skill, that needed improvement. They intend to improve their speaking ability, which necessitates extensive effective drilling and practice of various oral aspects. Later, in terms of difficulty comes listening, writing, and reading respectively. Also, to be communicatively competent, it is necessary to consider English as a means of communication by employing certain practices. In this regard, Kuziev (2023) illustrated the necessity to stop thinking of English as a subject but as a means of communication as doctors need to communicate spontaneously. The author suggests improving the organisation of English teaching, more working time, and conducting elective courses for the English language by using a range of online sources. The teacher is encouraged to conduct lively conversations on which students have sufficient knowledge so they do not avoid discussion in English.

2.3 Part 2: Teaching English to Medical Students

2.3.1 Strategies for Teaching English to Medical Students

Certain techniques and strategies are followed by teachers for teaching English to medical professionals. For instance, D'Souza et al. (2021) created medical communication charts, and translated charts into commonly spoken languages for patients with poor English proficiency. The results revealed that the communication chart increased patient-doctors' satisfaction with

communication during the medical ward rounds. Doctors were pleased with the translation communication charts' effectiveness in boosting communication and recognising patients' ailments. However, it did not facilitate communication with proficient speakers. Thus, it is important to use multiple tools for all levels of communication. Turning now to Pavel (2021), focused on improving EMP classes by tailoring teaching methods to students' needs and difficulties through the answers to questionnaires. He has identified the following priorities for the course such as preparing students for real-life situations, developing skills through discussions and debates, terminology with emphasis on pronunciation and spelling, simulating communication with the patient in a simple manner, understanding a specialized text, and becoming familiar with terms describing medical equipment, tests, and investigations. Also, incorporating grammar and broad vocabulary exercises with explanations is beneficial and should be continued. For instance, Noprival et al. (2023) address the Language Learning Strategies (LLS) used by Indonesian pharmacy students to learn English with a focus on English for Medical Purposes (EMP). Five main themes were discovered: social interaction, vocabulary improvement, using online platforms, utilising web-based language learning, and having fun while learning. The students used language learning applications and websites, practiced using social media, and enjoyed language learning through music and movies. These techniques expanded their vocabulary and communicate with others.

Exposure to authentic contextual language and the chance to practice speaking is a necessity for medical students for implementing their skills. For example, Poedjiastutie and Puspitasari (2019) evaluated the needs of students and found that in medical classrooms the learning process should give students a chance to speak, a smaller classroom in EMP communication classes (ideally 15 students), and incorporating contextual learning for the students by using

interesting authentic materials will support them in implementing their skills while communicating with patients and colleagues.

For developing communication skills, interviewing skills are also required as they deliver learners with the methods and approaches, they require to conduct successful and informative communications. For example, Baniaghil et al. (2022), used the Calgary Cambridge model to assess the benefits of communication skills training on interviewing abilities among midwifery students. The findings revealed that communication skills training using the five steps of the Calgary Cambridge model (initiating the session, gathering information, building relationships, explaining, planning, and closing the session) greatly enhanced students' ability to inquire during interviews among students with poor interviewing skills. However, while introducing the teaching models, for successful teaching students' needs should be kept into consideration. Few communicative and real-life approaches should be incorporated to improve students' language learning outcomes and experiences.

The frequent shifting of identities illustrates how a sense of self is constantly addressed and modified. Al-Smadi et al.'s (2022) study provided analytical information about learning activities that the instructor created for an EMP (English for Medical Purposes) classroom. The teacher builds five prominent identities: expert, counselor, student, storyteller, and controller. During interactions with students, these identities shift and change spontaneously. In expressing different identities, medical students use a variety of communicative tools, such as stories and nonverbal hints.

For effective teaching of international medical students (IMS), their needs and language barriers should also be taken into consideration. Zou et al. (2023) came up with a solution to this, language barriers between international medical students (IMS) with Chinese patients resulting in the reduction of learning during clinical practice. To overcome challenges application of bilingual simulated patients (B-SPs) was embraced and it improved the

medical history collection ability of IMSs. Also, it improved students' clinical practice, facilitated clinical skills in history taking, and quality of teaching by providing methods for bilingual courses.

For professional teaching with the purpose of proficiency enhancement studies experimented with different models in medical institutions. For example, Rusalkina and Tomashevska (2022) suggest a model with multiple steps (motivating, engaging, communicative-teaching, and reflecting and evaluating) for English-language professional teaching in higher medical institutions that enhances students' language proficiency. The results highlight the significance of integrating professional and language abilities in medical education and provide evidence in favor of the claim that the experimental approach used has a good effect on students' English abilities.

2.3.2 Materials for Teaching English to Medical Students

The materials used by medical students should focus on their needs and professional medical aspects. In terms of Rubab (2020) in a survey of a hundred medical officers found that all language skills are equally important for medical students and professionals. According to the participants, EMP (English for Medical Purposes) courses should be introduced in the final year of medical college. Inclusion of communication skills (seminar and presentation), writing skills (prescriptions, case histories, research papers, and many more) is a must, and learning the language based on the practical medical-related context. Instead of learning general English, medical students should practice the usage of the English language by focusing on professional medical aspects. For successful teaching and learning the help of authentic materials can be taken. Sometimes demos from professional doctors can be used as material to make the students understand the interaction better. As discussed above, Rudy (2023) chose a YouTube video interaction between the doctor and the patient for a medical English Flipped classroom, as the study material. The doctor in the video guided doctor-

patient communication by reflecting on using plain language to make descriptions understandable, by making patients comfortable with the help of verbal and nonverbal communication. The doctor was explaining the condition of the patients with a positive tone. This video taught medical English students how a doctor should communicate adequately in front of a patient.

Language barriers cause miscommunication between medical providers and patients, to teach medical students and minimise null various applications can also be used as material. A well-known example of this is Shamsi et al.'s (2020) study that demonstrates how language causes miscommunication, resulting in lower satisfaction for medical providers and patients. MediBabble came as a saviour to solve the problems of translation and collecting information. It is an application created by medical students that offers translations for thousands of medical instructions and questions for a standard medical history. When the language barrier exists, it helps the physician make a diagnosis so the medical professionals and patients are highly satisfied with MediBabble.

2.3.3 Challenges of Teaching English to Medical Students

Numerous doctors learn English at the adult stage when the brain is less flexible to acquire pronunciation, accent, and a few other aspects of language. For instance, Kalola and Woldemariam's (2022) case has shown the communication challenges in English and, language needs of medical students and doctors. They face difficulties in reading English reports and memos, understanding lectures, voicing opinions, and comprehending classmates' and lecturers' English pronunciation. English for a special purpose (ESP) should be incorporated where teaching interactively in groups and problem-based learning should be adopted. All four skills are crucial, but speaking and listening abilities need more emphasis. Doctors have a hard time understanding the patient's accents, and pronunciation. They too need good speaking and listening skills like the medical students. Also, doctors require

familiarity with contextualized language for listening and speaking communication with patients. Instancing Lu (2020), points out the limitations in the speaking skills of Chinese doctors in intercultural communication in English with patients. The upshot revealed that Chinese medical students and professionals lack the skillful application of medical terminology and jargon, have less familiarity with contextualised language used by foreign patients, and need to focus on cultural differences to decrease communication barriers.

There is a demand for close reading skills in medical students as medical scientific articles and books are mostly published in English. While designing materials for teaching reading skills to dentists, Thiruvengadam and Bharathi (2023) arranged the topics hierarchically according to the most required to the least required. In spite of the necessities, they face difficulties in comprehending scientific articles in their second language. For example, Rostadmo et al. (2021) investigated whether it was more effective for doctors to read a scientific article in their first or second language. Results reveal that doctors who read the article in their mother tongue had more accurate answers. For comprehension, they had to read in a second language and then answer in their first language which resulted in longer processing times or higher error rates.

Reading anxiety negatively correlates with intercultural interaction competency, with specific impacts on attitudes, skills, awareness, and knowledge. In this regard, Chang and Huang (2022) examined the effects of reading anxiety on Taiwanese medical students perusing English-language educational texts on "intercultural communication." The correlation between the reading anxiety-related English Professional Materials Scale (RAEPMS) and the intercultural interaction Competency scale (ICCS). The findings show that anxiety about learning affects attitudes and skills, dissatisfaction with reading ability affects four ICC components (skill, attitude, awareness, and knowledge), and linguistic barrier affects knowledge, awareness, and skills.

It is noteworthy that writing skills are required for medical professionals but the purpose and format are a bit different from other English writings as a result it is difficult to teach the learners and the common mistakes tend to stay. As Pergjegji (2023) illustrated medical writing features in the scientific writing of books, medical research articles, and daily routine writing in the hospital. An ideal medical writing should be written in plain English so that it is understandable, efficient, clear, and simple. Additionally, the use of short sentences, active voice, and familiar words instead of long complicated sentences with awkward grammatical structures, passive structures, use of derived nouns from verbs instead of the verbs themselves, and medical jargon.

2.4 Part 3: Negotiation of Meaning and its Importance

The negotiation of meaning is essential and it works as an effective strategy for developing the language skills. For instance, Ahmed and Sultan (2023) spotted the impact of the method 'negotiation of meaning' in enhancing students' ability to learn English, in Iraq. It revealed that learners taught through negotiations following systemic and objective activity are better than learners taught by using the traditional methods. Negotiations aided curiosity for the exploration or discovery which aimed at solving the comprehension problem. It also helped to enhance students' participation and tactics for better comprehension and competency. Similarly, a study has found negotiation of meaning enhances learning output. It discussed effectiveness of the meaning negotiation in constructing speaking skills via online platform such as Google meet among students (Putri et al. 2022).

As the native language is the primary source of influence on English language, there are variations in the way word frequency impacts the meaning of non-native English learners. The study of Zhao and Huang (2023) investigated the effect of frequency on the meaning of words to determine the impact of frequency on language acquisition among Chinese learners. It revealed that Chinese and foreign learners have no significant differences in the languages

affecting the meaning of English words, indicating the mother tongue as the factor causing differences in the meaning acquisition of vocabulary. Learner types, language types, frequency, and part of speech of a word interact with the acquisition meaning of a word. Deficit recognition of English words creates trouble in understanding the meaning in every aspect, same in terms of clinical instruction. For example, Hezam et al. (2022) explored the challenges in reading comprehension that EFL learners encounter in an Intensive English Program and found that they have lacking in vocabulary and recognition of words, as a result they have complexity when trying to understand the meaning and general idea of the text. Likewise, non-medical people, medical professionals have adversity in adjusting English words and EMP teachers face challenges in teaching. Inaptitude to negotiate English meaning, patients' failure to follow the prescribed therapeutic regimen, is a common issue. Non-adherence in patients is a common problem in clinical interaction, thus developing the 'negotiation of meaning' skill became an important element in the medical field (Yelovich 2020). It is necessary to identify the challenges so that teachers can address those, which helps in improving medical professionals' performance. Eligindi and Hoque's (2022) case has shown the challenges of EMP teachers while teaching at medical colleges in Saudi Arabia. It revealed that EMP teachers face difficulties in adjusting English words in the medical context, pronunciation, and the meaning of the medical terminology. Regarding the failure to negotiate meaning is because of poor knowledge of the language, words, and grammar. A well-known example of this is Ulrica's (2020) study, which inspected students' mistakes while negotiating meaning in the language learning process from an interview in senior high school. Findings depict students made mistakes the most in grammar (74%), second place were pronunciation (17%), and barely in vocabulary (9%). Also, as they spoke spontaneously during the negotiation of meaning their awareness of correcting mistakes were low. Without a focus on the fundamental aspects of language, learners cannot provide much output. Counting

on a word-for-word translation strategy completely, did not help students with low vocabulary and grammar knowledge levels (Dardjito et al. 2023). Incompetent English users have barriers in extracting meaning through reading, which happens in the case of medical instructions too. Such as Dardjito et al. (2023) examined barriers to reading academic texts in an Indonesian University. The inquiry revealed they were struggling to comprehend articles as they did not have sufficient vocabulary, translation expertise, and language knowledge. However in some cases, the excessive focus on meaning negotiation hinders the development of language proficiency. Namely, Hamzah (2023) determined the medical students' perception through speaking tests by recording students' utterances and analysed the types of negotiation of meaning done by the speakers in Indonesia. Results revealed that in unfocused tasks, they focused more on the meaning and thus failed to get input for the development of their language quality.

Identification of the origins of terminology and morphological patterns of English medical discourse is necessary for revealing the meaning. In this regard, Savchuk (2022) audited the structural and semantic features of the origins of terminology in modern English medical discourse. The fact-finding disclosed that names were coined based on people's names or surnames, functional needs, borrowing terms from other languages, metaphorical transference, qualitative characteristics, body parts, and other features. In revealing the meaning, prefixes suffixes, and morphological patterns play an important role in extra linguistic information. The formation of new medical expressions can be divided into groups but the productive way is connecting natural language to its underlying logical form. As an illustration, Tkhor (2022) highlighted the component of language based on English medical words from the standpoint of a system-functional approach. The formation of new terms was divided into groups like a morphological way of word formation; syntactic formation of phrases, narrowing the meaning of commonly used words semantically, borrowing words

from other languages, and metonymic transfer of the former meaning. Discovering derivation as the most productive way to form English medical terms. Also, for understanding medical terminology it is important to understand the patterns following which words are formed. According to Xiaoqing et al.'s (2023) word-formation patterns are important for understanding medical terminology when reading medical English texts. It conducted the application of decompounding the word parts, by encompassing a word-formation pattern. Also, enabled readers to recognise prefixes, roots, and affixes of medical terminology. In the understanding of both medical terminology and medical English texts, it was useful thus highly improving learners' efficiency in remembering medical terms and in reading medical English texts. On the question of solving English meaning negotiation difficulties, a few strategies are incorporated which can be useful for medical students too. Maarif (2020) addressed the difficulties and strategies teachers implemented for students' interaction in pragmatic classes for the negotiation of meaning. The findings suggested that naturalistic semi-scripted models were effective learning tools for the majority of students. For the lack of vocabulary and limited mastery of grammar caused difficulties while applying meaning negotiation strategy.

Application L1 for providing examples, helped the students understand and to relate to the material. Moreover, besides verbal, gestures and body language add additional meaning to what a person wants to convey and are important in doctor-patient communication as they help to create affirmation and negotiate meaning. The demonstration is Van Tuyen et al.'s (2020) study, which explored the commonly used strategies among English-majored students for the 'negotiation for meaning while speaking' in Vietnam for English communication. The study identified strategies like, 'Nonverbal' as where students made eye contact and used body language, 'social affective' in which they tried to encourage themselves by giving a good impression, and 'attempting to think in English' by constructing the idea into English

sentences instead of thinking in L1. These are the most practical and effective ways to deal with meaning. Also, Lee et al. (2019) explicated the role of gestures formed with learners' hands and technology during second-language speaking tasks via Skype videoconferencing tools with the help of the theory of negotiation of meaning (Varonis). Gestures support forms of negotiation with a range of visual and embodied clues, establishing joint attention and negotiation of vocabulary. The implementation of mobile technologies was observed to transform and coordinate gestures in complicated ways. For successful meaning negotiation repetition, explanation, and validation strategies help learners to strengthen language skills and resolve communication obstacles. This is evident in the case of Putri et al. (2022), discussed the strategies teachers employed in meaning negotiation to construct speaking skills. The study revealed teachers enlisted repetition, clarification, and confirmation strategies that made the students understand what they were talking about and students could convey their ideas which worked as an effective tool in real situations. Thus for solving communication problems meaning negotiation worked as a good tool. As well in the medical English field, the repetition strategy confirms understanding and clarifies meaning in medical consultations. As evidence Ting and Cogo (2022) used a medical consultation video with a conversation analytic approach, considering both verbal and non-verbal elements in the interaction, and investigated the repetition strategy for the negotiating of meaning. The research revealed that in the medical English as a lingua franca (MELF) context, repetition contributed to meaning negotiation as it acts as confirmation of intelligibility and understanding, makes meaning clearer, and facilitates patients in describing symptoms.

In-depth knowledge of the negotiation of meaning is vital, explicitly in the medical field. Since it not only advances effective communication between healthcare providers and patients, but also leads to better results for patients, assurance, and overall quality of treatment.

2.5 Part 4: Bangladesh Context

2.5.1 English Learning Situation in Bangladesh

Learning English in Bangladesh has been challenging due to outdated teaching techniques and the failure of the implication of the CLT approach. According to Torky (n.d.), in Bangladesh's educational structure, teaching English became challenging. Despite the value of communication in ELT, the CLT approach is frequently blamed when English language teaching fails to deliver successful communicative techniques. Amin and Greenwood (2022) claim that since communication seems to be a crucial component of ELT in Bangladesh, the establishment of a CLT approach makes for a desirable scapegoat for failing to deliver adequate communicative strategies in English. The negligence of CLT in Bangladesh and the feasible memorisation of grammatical rules by following GTM, students cannot acquire strong basics in English resulting in the failure of the admission test which is also the case for students who are admitted to medical institutions. For example, Nijhum (2023) explored the factor behind the failure of English in the admission test of the D unit at Dhaka University even with remarkable board results. Investigation suggested that, for eligibility for admission tests HSC students must undergo 'double evaluation' as the same students that get the highest board result fail miserably in the university admission tests.

This inconsistency may be due to the ineffectiveness of the textbook used across Bangladesh's curriculum developed by NCTB. Hoque (2023) stated goal of the *English for Today* is to facilitate communicative competence and the tasks seemed to consistently promote a balance of activities approach. However, the research of Awal (2023) positioned *English for Today* as ineffective for students due to fewer interactive sessions, and ignorance of speaking and listening areas. Modification is required by integrating extra features to achieve the goal of the textbook. For the Bangla medium students, *English for Today* is the

only source of exposure to the English language while the book itself is ineffective resulting in the learner's failure to achieve communication skills. Similarly, the study by Uddin (2021) revealed *that English for Today (Classes nine-ten)* needs additional features to maximise the learning outcomes. Glossary, communicative activities on real situations, vocabulary, skill-based contents, and pronunciation practices for the basic English sounds need to be added for future editions. It has been reported that the communicative language teaching (CLT) approach has had little success in the Bangladesh curriculum accompanying the generation that lacks communicative competency—according to Nayeen et al., (2020) for higher secondary classes *English for Today* is a failure in meeting the objectives of the CLT approach. The lack of well-trained teachers, faulty examination system, poor infrastructure, inadequacy in good contents, large classroom size, and many more are the reasons for the failure of CLT for the students in the Bangladeshi context.

In the case of communicative competence, speaking skills are a vital component still the curriculum has inadequate attention to English speaking skills resulting in the inability to speak. For illustration, Islam's (2021) study identified the reasons behind the inability to speak fluently despite studying English for 12 years. Findings revealed that speaking activities are lacking in the classroom, and students are disinterested in speaking English as the curriculum does not have an English-speaking assessment. Due to the less exposure to English in Bangladesh, students are unable to speak and understand the language so they desire Bangla in their English classes. The study by Islam and Rahman (2019) illustrated attitudes among HSC-level students in urban Bangladesh toward using Bangla in the process of English language acquisition. Maximum students had positive attitudes towards using Bangla as a medium of instruction in their English classes. Most participants preferred learning English through the use of both Bangla and English. Students from the English version of education (EVE) get the opportunity to have exposure to English thus developing

English communicative competence, According to Roshid and Sultana (2023), the English version of education (EVE) is a balanced education system for emerging middle-class communities but in a developing country like Bangladesh only the middle class and upper middle class can afford it, it develops English communicative competence at an affordable cost. However, EVE is limited to metropolitan areas, thus marginalizing rural students, and creating educational divides.

In Bangladesh, most of the people are from the Bangla medium background so a significant proportion of them feel that the use of English as a medical language is a barrier. In this regard, Bhuiyan et al. (2019) examined the obstacle to obtaining health services in Bangladesh due to English as a medical language. It revealed that, in terms of writing prescriptions 44% of the participants chose English and 26% used a mixture of Bengali and English. In the case of understanding medical language, 78% believed it was affecting the treatment process, 30% could not understand and 48% opinioned that it was acting as a barrier to receiving health services.

Sharmin's (2020) and Sharmin's (2020b) study identified the challenges that Bangladeshi students in the Health Science area have. Both studies detected students need help with all English language skills. Sharmin's (2020) study identified they have difficulties in comprehending class lectures, speaking fluently and accurately, inadequate vocabulary, incorrect pronunciation, stress and intonation, problems in writing tasks, and many more. Similarly, Sharmin's (2020b) study identified hesitation in speaking, following English lectures particularly among newly admitted students, attempting to write, inadequate vocabulary while reading, not understanding the questions resulting in the inability to answer properly, and incorrect pronunciation, intonation, and stress as the difficulties of the medical students. To overcome challenges and enhance the level of language learning of medical professionals, thoughtfully designed objective-oriented tailor-made ESP materials are needed.

Sharmin (2020) stated that enthusiastic learning ESP courses should be comprised of health Science-related terms and situations as it motivates and helps the learners in learning. Likewise, Sharmin's (2020b) study reflects the way to develop English language materials focusing on the difficulties of medical students in Bangladesh. For implementing a successful tailor-made course to meet learners' needs fusion of medical terms and situations is required to ensure sound professional communicative competence.

2.6 Research gap

The existing scholarly literature reveals that there is an importance for English communication by medical professionals and students (Abugohar et al., 2019; Azzhrani & AlGhamdi, 2020; Bharathi & Thiruvengadam, 2022; Bhuiyan et al., 2019; Kalola & Woldemariam, 2022; Kuziev, 2023; Pergjegji, 2023; Rostadmo et al., 2021; Rubab, 2020; Rusalkina &Tomashevska, 2022; Thiruvengadam & Bharathi, 2023). However, promoting EMP courses to minimise communication barriers, emphasised the use of different strategies for medical professionals (Al-Smadi et al.,2022; Baniaghil et al., 2022; D'Souza et al., 2021; Eligindi & Hoque, 2022; Lu,2020; Noprival et al., 2023; Pavel, 2021; Poedjiastutie & Puspitasari,2019; Rudy, 2023; Shamsi et al., 2020; Sharmin, 2020a; Sharmin,2020b; Yelovich, 2020; Zou et al., 2023) and discussed the negotiation of meaning may help in developing communication skills (Ahmed and Sultan,2023; Putri et al.,2022a; Putri et al., 2022b; Savchuk, 2022; Ting & Cogo, 2022; Tkhor, 2022; Van Tuyen et al., 2020; Xiaoqing et al., 2023). A few authors such as Lu (2020); Poedjiastutie & Puspitasari (2019); Rubab (2020); and Rudy (2023) suggested teaching and learning the language based on a real life medical contexts. Some literature opinionated that all four English language skills are important (Abugohar et al., 2019; Kalola & Woldemariam, 2022; Rubab, 2020). Among them reading is quite important, there are difficulties in reading skills for the medical professionals (Chang & Huang, 2022; Kalola & Woldemariam, 2022; Pergjegji, 2023; Rostadmo et al.,

2021; Rubab, 2020; Sharmin, 2020b; Thiruvengadam & Bharathi, 2023; Xiaoqing et al., 2023) and scholars like Kalola & Woldemariam (2022) put an emphasis on listening skills. In this regard, Ahmed & Sultan (2023) and Putri et al. (2022) highlighted the negotiation of meaning in receptive skills solved medical professionals' communication problems.

To date, very few studies have been conducted on how teaching of 'negotiation of meaning' with the help of contextualised materials for Bangladeshi medical professionals can help them to improve their receptive language skills. The current study attempts to bridge this gap of knowledge and explore the reasons why medical professionals cannot negotiate the meaning while reading and listening in Bangladeshi context. In addition, most of the previous studies were set in contexts where the barriers to doctor-patient communication were examined in native-English-speaking contexts. That is why this study aims to explore the reasons why medical students and professionals who are taught in ESOL contexts such as Bangladesh, face difficulties in negotiating meaning in receptive skills.

2.7 The Conceptual Framework of the Study

The Theoretical Framework for this qualitative research to conduct the study is to find specific, contextualized data. The results in this paper are based on qualitative analysis and the targeted audience was Bangladeshi medical students from different public and private medical college. The targeted students were 11 medical students and 4 teachers who were interviewed to gain sufficient knowledge about the difficulties that medical students encounter while negotiating meaning in receptive tasks and ways that help them overcome the challenge. Their responses have been analysed qualitatively.

This study adopted from the framework by Perfetti and Adlof (2012) named "Reading Comprehension: A Conceptual Framework from Word Meaning to Text Meaning" and Kramsch's (1983) titled "Interaction in the Classroom: Learning to Negotiate Roles and Meanings" for meaning negotiation in reading and listening skills.

Prior to illustrating the framework by Perfetti and Adlof (2012), the term "Comprehension" is going to be discussed briefly. Meaning negotiation is required for the comprehension of texts. As they mentioned, Comprehension occurs as the reader builds one or more **mental representations** of a text message, and where understanding fails using a **clarification strategy** for comprehension allows the reader to **verify** their understanding and to make **repairs**. In this regard, this paper will adopt this broader vision into a specific perspective that concentrates on improving the receptive skills of Bangladeshi medical students.

Besides, in their paper, they used the word 'comprehension' and the researcher of this paper used this as "understanding/ grasping/annotating the meaning" because these are necessary for the meaning negotiation in the educational sector.
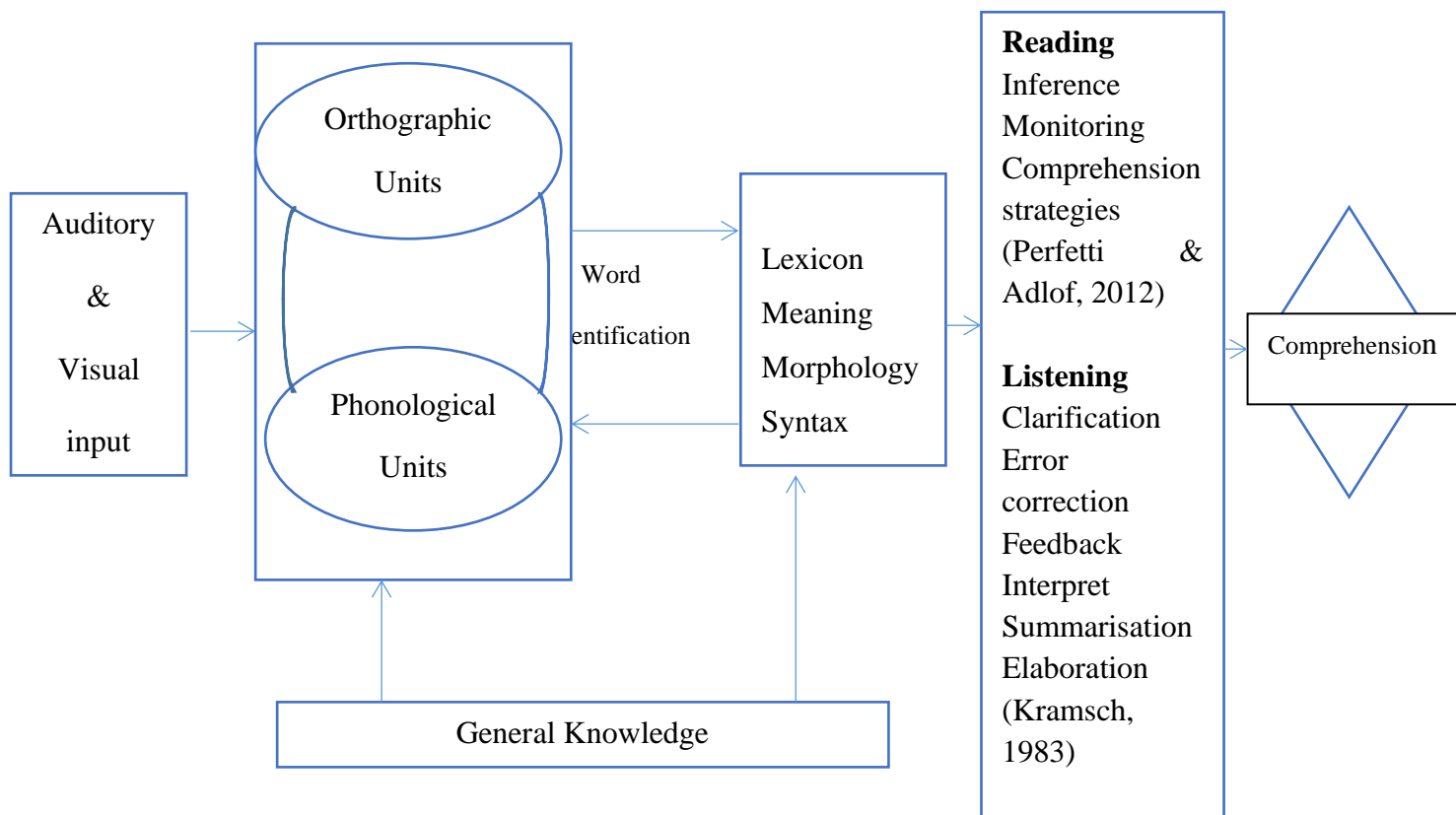
Fig 1: Comprehension framework for meaning negotiation in Receptive tasks

Let us now consider the actual framework given by Perfetti and Adlof (2012) as the guideline for learning the negotiation of meaning. In this research, the researcher chose a theoretical framework where specifically the components and techniques for grasping meaning are highlighted. To conduct this study, the model given by Perfetti and Adlof (2012) has been chosen to establish the key variables to collect data. First of all, they said that linguistic and conceptual knowledge sources are required in the process. The processes involve the identification of words (lower-level components) which are the critical first component of reading comprehension. But while any single component, including word identification skills, may be necessary, it may not be sufficient by itself for comprehension. In addition to that, the engagement of language-processing mechanisms that assemble words into messages by supplying context-appropriate word meanings and transforming sentence information into more complete representations of broadened text. Moreover, other knowledge sources contribute significantly to the improvement of these representations. The researcher attempts to focus on the challenges of Bangladeshi medical students and how they overcome the challenges in understanding the meaning of receptive tasks; therefore, the vision is specific to interpreting with their learning skills.

Following that, higher-level processes depend on the operation of the lower-level components. Higher-level comprehension components for instance meaning, morphology, and syntax are at work as the reader recognizes words, recovers their context-appropriate meanings, and builds phrases (parsing) from words. Inferencing, comprehension monitoring, and comprehension strategies are used in higher-level comprehension.

Inferences are the connections between textual elements or other supporting details that help readers understand a text by providing the structure necessary for

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understanding. Readers are more likely to reach findings that demonstrate coherence rather than those that solely elaborate. It helps the reader build a coherent mental representation of the text. Inferences are triggered by missing textual elements; a critical aspect of inference-making is the availability and accessibility of the background knowledge essential to drawing the inference. Also, monitoring comprehension is necessary as it allows the reader to verify his or her understanding and to make repairs where this understanding fails. Recovery of knowledge (from the text's memory or general background knowledge) is required in both inference and monitoring to determine whether a text is coherent and makes sense. Lastly, skilled readers implicitly use comprehension strategies which include modifications to reading procedures that reflect the reader's targets, the material's difficulty, or a combination of both. For instance, readers can slow down to increase their understanding of a text or speed up (i.e., skim the text) to find the necessary information.

Turning now to listening tasks, according to Kramsch (1983) for teaching meaningful negotiation skills usually teachers manage the topic, correct errors, clarify meanings, and suggest and reject interpretations. An ability to express, interpret, and negotiate meanings is required for communication.

Speakers and listeners engaged in natural conversation have to negotiate disorderly roles and tasks. Sometimes they may decide to be silent observers or take the initiative by helping others formulate their thoughts, summarising/organising/elaborating/ giving feedback and comments on what others have said. Seeking clarification through indications like showing that you understand, asking the other person if they have understood, and asking for their opinion are all part of efficient interaction.

2.8 Chapter Summary

The first part of the chapter introduced the concepts and importance of English for medical purposes (EMP). The second part has demonstrated strategies, materials, and challenges for

teaching English to medical students. The latter part presented the negotiation of meaning and its importance. The final part of the chapter demonstrated the English learning situation in the Bangladesh context, while doing so the gap in knowledge was found and highlighted.

Chapter 3

Methodology

3.1 Introduction

This chapter presents the adopted research method for conducting this study regarding the difficulties of the ESOL medical students in negotiating meaning, their challenges in learning receptive skills, and ways through which they overcome the challenges as stated earlier in chapters one and two. The first research question aims at determining the challenges that medical students face while learning receptive skills. The second research question explores the reasons why medical students cannot negotiate meaning while competing in reading and listening activities. The second research question aims to investigate their perspective or viewpoint regarding the ways to overcome the challenges of learning to negotiate meaning in receptive skills. The chapter additionally discusses the rationale of applying a qualitative multiplecase study methodology, the procedure of selecting participants and collecting data, the data analysis framework, and the measures taken in establishing the study's credibility.

3.2 The Qualitative Paradigm and its Philosophical Assumptions

Among all qualitative research paradigms, the researcher chose interpretivism worldview to find out the difficulties of the medical students studying in an ESOL context such as Bangladesh, their difficulties in negotiating meaning, challenges in learning receptive skills, and ways through which they overcome the challenges by conducting semi-structured

interviews. Thanh and Thanh (2015) mentioned in their paper that researchers interpret with the theoretical aspect which allows them to view the world through the perceptions and experiences of the participants. Moreover, to seek the answers for research, the interpretive paradigm uses those experiences to establish and interpret their perspective from gathered data.

Creswell (2018) agrees that interpretivists implement a comparative ontology, allowing for multiple interpretations of one event rather than a single measurement-based reality. The interpretivism perspective intends to gain a thorough understanding of a complex phenomenon and extend its interpretation (Pham, 2018).

Along with the above idea, Creswell and Poth (2018) indicate ontological, epistemological, axiological, and methodological assumptions or convictions as the "guiding philosophy behind qualitative research" (p. 19). The study's philosophical assumptions are described on the next page, in the table 3.1, it is adapted from Creswell's (2007) table of "Philosophical Assumptions with Implications for Practice" (p.17).

Research Paradigm	Philosophical Assumptions				
Interpretivism	**Ontological** The researcher reports the reasons why medical students cannot negotiate the meaning in receptive activities from multiple subjective perspectives of the participants'.	**Epistemological** The researcher relies on oral assessment reports derived from audio and video-recorded interview sessions , and relies on subjective evidence i.e. participants' quotes collected during interviews.	**Axiological** Along with the participants, the researcher is value-laden and biases are present in the study but while interpreting and narrating the study the researcher attempted her best to minimise the biases.	**Rhetorical** The third-person point of view has been adopted to narrate the study with an observational tone.	**Methodological** Qualitative Multiple Case Study Approach

Table 3.1: The Philosophical Assumptions of the Study

According to Creswell (2007), ontological assumptions refer to the way individual participants of a study perceive reality. The researcher analysed the audio recordings (see Appendix) the excerpts from the students' interview transcriptions showed their subjective performance in the meaning negotiation while competing in reading and listening activities (RQ1), and how they overcame the challenges of learning to negotiate meaning in receptive skills (RQ2). In this study, the reality is participants' varying challenges in learning receptive skills, meaning negotiation while competing in reading and listening activities, and their multiple views regarding their experience in overcoming the challenges of learning meaning negotiation in receptive skills derived from the recorded semi-structured interview.

Epistemological assumptions are where the researcher chooses different ways of getting involved in the research to establish a relationship with the issue of the study. As mentioned in the table the researcher considered subjective evidence collected from participants as knowledge. To gain that knowledge, she relied on audio and video-recorded interview sessions.

Axiological assumptions involve the role of values in a study and acknowledge that both the party's (the researcher and the participants) values and biases may emerge through the analysed data. Nevertheless, the researcher tried to lessen personal values and biases and placed herself in a neutral position while interpreting the findings. According to Pham (2018), researchers must prevent bias when examining individuals and events, as participants may have distinct views based on context and culture (Hammersley, 2013). (See researcher's role). In this study, the researcher believed that the interviewees shared their perceptions on possible factors responsible for their challenges in negotiating the meaning and strategies that helped them in overcoming the challenges as the researcher was not their direct teacher or someone from their field and used pseudonyms for each participant in this study.

Rhetorical assumption addresses the understanding of research language (Lincoln et al. 2011), and the researcher of the current study deployed the third-person narrative style to illustrate the study in an observational tone while presenting specifics of each participant. The qualitative multiple case study method works well for conducting such kind of research, as the researcher used both deductive and inductive procedures to evaluate the data collected for responses to the research questions and come up with a theory instead of trying to apply an existing theory to the data.

Finally, this chapter is going to mention the methodological assumptions, methods that the researcher adopted to conduct this research. According to Crotty (1998), methods

refer to the techniques used to collect and analyse data; the methods used for this study are stated earlier in the table (please see table 3.1).

The researcher's previously mentioned philosophical assumptions established the foundation for defining the researcher's viewpoint, and the researcher decided on "Interpretivism" as the paradigm for conducting the research. The reason for its selection is that interpretivism assists theoretical answers to human problems as a research paradigm in choosing and employing any suitable philosophical and methodological approaches or techniques that work best for the research problem (Delputte, 2013; Enoh, 1995; Tashakkori &Teddlie, 1998; Žukauskas et al., 2018). The problems addressed by the researcher are ESOL medical students' weakness in negotiating the meaning of listening and reading tasks and different challenges in learning about receptive skills. The actions taken by the researcher involved conducting one-to-one interview sessions with the participants to find out the practical challenges of different learners and how do they overcome the challenges of learning to negotiate meaning in receptive skills.

3.3 Research Design

This investigation on "Negotiation of Meaning Used in Receptive Skills by Bangladeshi Medical Students" employs a research design that is thoughtfully tailored to reflect the distinct characteristics of the research topic, the contextual complexities within Bangladesh, and the valuable insights gained from the provided resources. The approach adopted is consistent with the qualitative model, allowing for an investigation of the intricacies of the study's objectives. A key component of this study's design is the application of multiple case studies where each medical student and teacher is individual cases, which enables a detailed analysis of their points of view. The study was developed by acknowledging the existing literature and the research questions. Usually, the researcher of such a study goes back and

forth between the research questions and the data analysis process constantly (Creswell, 2007) to establish the perspective. Here, the interview sessions were the actions taken by the researcher and the participants' responses were the implications of that action.

The central objective of the research is to find out if medical professionals in the ESOL context such as Bangladesh face difficulties with comprehending the meaning of listening and reading tasks, then what are the possible factors that hinder their meaning understanding. It also explored how the students overcame the challenges. To address the issues, the researcher decided to choose a qualitative multiple-case study approach. Qualitative research revolves around finding out "people's attitudes, behaviors, value systems, concerns, motivations, aspirations, culture or lifestyles" (Verma, 2015, p.414). The following sections of the chapter include further discussion on various components of the research plan.

3.4 Multiple Case Study Approach

This qualitative study employs a multiple-case study methodology, characterised by empirical investigations of contemporary phenomena grounded in established knowledge and experience. Case studies involve comprehensive and intensive exploration of either single or multiple bounded systems, utilizing various systematic methods for data collection and analysis to elucidate the underlying operations of the system (Creswell, 2007, p.73; Farquhar, 2012, p.6; Gerring, 2016; Yin, 2009, p.18).

The rationale for selecting a multiple-case study approach lies in its suitability for educational research, as it effectively captures the diversity of experiences and strategies employed by individuals within similar yet distinct contexts (Creswell & Poth, 2017). By examining a cohort of 11 medical students alongside 4 medical college instructors, this study aims to identify the factors contributing to the challenges faced by medical students in negotiating meaning during reading and listening activities, as well as the strategies employed to

surmount these obstacles. This research design supports both literal replication—anticipating similar outcomes across cases—and theoretical replication—expecting varying outcomes contingent upon specific contextual factors (Yin, 2018).

Data collection was conducted through a series of semi-structured interviews, permitting participants to articulate their experiences and strategies for negotiating meaning within listening and reading tasks. Employing thematic analysis enabled the identification of patterns regarding meaning negotiation across the various cases. Each case was analysed independently to gain insights into the unique strategies utilised by both students and instructors. This comparative analysis bolsters the study's reliability and validity by offering a comprehensive understanding of how the negotiation of meaning is influenced by diverse contextual factors (Günes & Bahçivan, 2016; Yin, 2018).

The multiple-case study methodology enhances the research by delivering detailed, context-specific insights while facilitating the generalisation of findings to analogous educational settings. This approach is particularly advantageous in examining the negotiation of meaning in receptive skills, as it captures the interaction between individual strategies and the broader educational environment. Furthermore, it contributes to the formulation of practical recommendations for improving language instruction within medical education, especially in contexts where English is a second language (Creswell & Poth, 2017).

3.5 The Researcher's Role

The research involves regular consultations with a local MBBS doctor, who is also the father of the researcher's friend. Upon admittance to BRAC University in the English department, the doctor highlights the challenges faced by doctors in terms of English proficiency. He emphasises that overcoming these challenges is essential for professional communication, particularly in the medical field, where effective interaction is often

required. The present medical students are the future doctors the researcher identified working for the development of receptive skills, as the medical students in Bangladesh require receptive skills more, which could contribute to the development of the medical sector.

In qualitative research, the role of the researcher is integral to the data collection, analysis, and interpretation processes, as they serve as the primary instrument for gathering and analysing data (Creswell & Poth, 2017). In this study, the researcher took on multiple roles, including that of an observer, and interviewer, to explore negotiation of meaning used in receptive skills by Bangladeshi medical students.

The researcher conducted semi-structured interviews with 11 medical students and 4 teachers, allowing participants to articulate their experiences and challenges in negotiating meaning during receptive tasks. The interview questions were designed to be open-ended to facilitate rich, detailed responses. The researcher actively listened, prompted participants for clarification when necessary, and recorded the interviews for transcription and subsequent thematic analysis (Yin, 2018). Also, the researcher played a critical role in ensuring the ethical integrity of the study. Informed consent was obtained from all participants, and confidentiality was maintained throughout the research process. These ethical practices align with the guidelines for qualitative research and contribute to the ethical considerations of the study (Creswell & Poth, 2017). The researcher acknowledges the fact that the participants as well as the researcher are value-laden; therefore, there is a potential for biases in the study. However, the researcher has tried her best to be upright fair and unbiased, the researcher has adopted a third-person narrative style while interpreting and narrating the study to detach herself from personal biases that could affect the outcome of the study. Also, the themes of the analysed data were rated by an expert to make the data trustworthy (please see Appendix

E.1). Additionally the researcher shared no prior contact or relationship with any of the participants, which can cause prejudice or judgments.

3.6 Settings

My research is set in different public and private medical colleges from Dhaka, Bangladesh. Most of the medical students participants were first-year medical students For choosing 1st year medical students mostly as participants because, in the first year, they have the challenges the most. Some of the participants were final-year medical students so it was important to know how the challenges are less by the time they study into the final year of medical college. To cross-check the information the perspective of medical college teachers was also included. The main purpose of my study is to find out medical students perspective towards the factors that hinder the negotiation of the meaning and strategies that help them overcome the challenges of receptive activities, selecting participants from both public and private medical contexts served as a convenient site for this study.

3.7 Selecting the Participants

Snowball sampling was adopted to select the participants which are similar to convenience sampling (Bryman, 2016). The researcher initially communicated with a medical college from Bangladesh and then the researcher was redirected to the participants, who were relevant sources of information, eager to participate in speaking sessions and wanted to share their experiences and perspectives with the researcher.

3.8 Participants' profile

No	Name, (pseudonym)	gender	Year	Current institution (pseudonym)	Language Background	Medium of instruction up to high school
1	Rudmila Ahmed Niasa	F	Final year	Savar Dental College &	English Version	English

No	Name					
	(Radia)			Hospital		
2	Nusaiba Tahsin Binte Alam (Nafisa)	F	Final year	Union medical college and hospital	English Version	English
3	Md Ajmien Enkyad Jiasan (Jishan)	M	First year	Mohakhali medical college	Bangla medium	Bangla
4	Md Abid Ur Rahman Polok (Piyal)	M	First year	Mohakhali medical college	Bangla medium	Bangla
5	Lamia Jannat Nitisha (Natasha)	F	First year	Mohakhali medical college	Bangla medium	Bangla
6	Abu Yousuf Md. Shihab (Yahyah)	M	First year	Mohakhali medical college	Bangla medium	Bangla
7	Adiba Islam (Abida)	F	First year	Mohakhali medical college	Bangla medium	Bangla
8	Mehrab Hossain (Mahrab)	M	First year	Demra Medical College	Bangla medium	Bangla
9	Abdul Quayum Bin Kamal Anonn o (Aronno)	M	First year	Demra Medical College	English version	English
10	Sajid Alam (Shanjid)	M	First year	Demra Medical College	English version	English
11	Afsana Zakir Mim (Momo)(Rizwana)	F	First year	Holy Cross Medical College	Bangla medium	Bangla

No	Name,	designation	Current institution	Student's Language Background	Medium of instruction in class
12	Prof. Abu Bakar Siddiqu	Professor	Al-amin medical college	Mostly Bangla Medium Some from English background few foreigners	Always English few words in Bengali
13	Prof Sahera	Professor Former	Demra medical	95% from Bengali	English

		departmental head of Biochemistry	hospital Purbachal Medical College	medium 5% from English medium	
14	Dr.Nayeem ahmed	Lecturer	HA Medical College and Hospital	Bangla and English medium	English
15	Jackie Kabir	Vice principal and Head of the Department Community Medicine	Tania Memorial Medical College and Hospital	Mostly Bangla foreign students	English

Table 3.3: Profile of Participants

3.9 An overview of Data collection Procedures

The data-gathering procedure is essential in qualitative research. Researchers collect the information necessary to address their study questions and objectives. In this study, the data collection methods focus on exploring how the negotiation of meaning affects the receptive skills of Bangladeshi medical students. These techniques are carefully designed to provide a comprehensive understanding of the research topic.

3.9.1 Data Collection Method

The principal strategy entails conducting semi-structured interviews with a few participants, allowing for an in-depth study of their experiences and opinions. Insights from literary sources including Creswell's chapters on subjects, and Baxter and Jack's "Case Study Methodology" enrich these interviews. Pilot interviews are conducted to ensure the efficacy of our data collection. Throughout the data-gathering procedure, ethical concerns inspired by

lectures and literature are strictly followed, protecting the respect and anonymity of those who participate while safeguarding the accuracy of our study. This multifaceted approach to data collecting assures that our research has a thorough and ethical base.

3.9.2 Designing the Interview Protocol

An interview protocol is paperwork created by a researcher to collect specific information from participants in a study (Patton, 2015; Cresswell, 2007). It includes predetermined questions and guidelines. Jacob and Furgerson (2012) convey suggestions for novice researchers to develop effective interview protocols. The researcher developed an interview protocol following Jacob and Furgerson's (2012) guidelines for the participants of this research. The semi-structured interview protocol had been created employing the guidelines described below.

The research questions (RQs) were developed following the research, and the interview questions (IQs) lined up with the (RQs) (refer to Appendix). As Jacob and Furgerson (2012) stated, "Research should guide your questions". The researcher followed Jacob and Furgerson's (2012) guidelines for semi-structured interviews, asking open-ended questions that collect basic background data and allow participants to speak on relevant topics. The questions are set up in an easy-to-difficult order, and the phrase "tell me about…" is utilized to begin the conversation, as Jacob and Furgerson (2012) suggest. The researcher involved two quotes on the interview protocol: "You are allowed to improvise IQs" and "Be precise" as a reminder of Jacob and Furgerson's (2012) suggestions to make on-the-spot revisions while preventing making the interview lengthy. Furthermore, the researcher received feedback on IQs from an Associate Professor at BRAC University's Department of English and Humanities. Professional feedback is vital, as Patton (2015) draws attention to. By following the feedback, the researcher modified and added a few IQs. Finally, the

researcher undertook a pilot test of her IQs with her school friend, who is also a medical student, to make sure that her IQs were simple to understand, as recommended by Jacob and Furgerson (2012).

3.9.3 Pilot Interviews

The researcher performed pilot interviews before the major data collection phase of the study. These preliminary interviews were critical in improving the study's methodology and data-gathering techniques. Pilot interviews were prepared to assess the efficiency of the interview process and questions using guidelines from Jacob and Furgerson (2012) and advice from video courses on paradigms for research and theoretical frameworks. The pilot interviews were an excellent chance to detect possible problems, check the clarity of the research inquiries, and make sure the participants comprehended the study's aims. The researcher adjusted the interview process and question design by performing these interviews and integrating participant comments. This iterative method enabled the researcher to make the required changes to guarantee that the major data-gathering phase was more organised and productive. Overall, the initial round of interviews served as an important preparation step in the study.

3.9.4 Data Saturation

Achieving saturation of data is a vital part of the gathering information procedure in the research on the negotiation of meaning used in receptive skills by Bangladeshi medical students. Data saturation refers to the record where no new information or insights are revealed through additional data collection, as guided by insights from writing such as Baxter's and Jack's "Case Study Methodology" and practical expertise acquired from online seminars on research paradigms and theoretical frameworks. By grasping this notion and implementing it in the study, the researcher hopes to collect enough data to fully address our

research concerns. The saturation of data is critical to the level of accuracy and breadth of the research. It denotes a substantial dataset acquired that extensively investigates participants' experiences and viewpoints. The researcher is devoted to attaining this stage of data saturation in order to produce trustworthy and relevant conclusions in the study, with the help of literature and practical insights.

3.10 An Overview of Data Analysis Procedures

This section of the chapter will discuss the steps researcher had taken to analyse the data obtained from students' and teachers' interviews.

3.10.1 Data Analysis Framework

The research project grounds its data analysis procedure on a framework that enables effective data analysis following the research questions. The researcher employed qualitative thematic analysis to analyse the study's data. The researcher adopted the framework of Taylor-Powell and Rennar's (2003) data analysis framework where the authors state that "Getting to know data" and "Focusing the Analysis" are vital steps in the data analysis process. After collecting the data, the researcher must have a clear understanding of it. It is also necessary to observe how the participants responded to the questions.

Additionally, the researcher adopted four steps of data analysis and interpretation techniques for case studies. The initial step is category aggregation, which is the collection of details or examples from data to find issue-relevant views. The second step of analysis is direct interpretation, in this process, the researcher examines a single instance and derives meaning from it. In the third step, the researcher explores patterns or themes that appear while analysing the data. The last step of analysis is a naturalistic generalisation, that involves expanding the pattern of themes for similar situations.

As the researcher's study follows the characteristics of a multiple case study research design, the researcher have adopted a combination of Taylor-Powell & Rennar (2003) and Stake's (1995) data analysis framework. A thematic analysis was run across cases which is known as cross-case analysis (Yin, 2002). The overall analysis framework is given on the next page in Table 3.2:

Research Questions	Sources of Data ⟶	Data analysis		Discussion
		Coding ⟶	⟶ Creating categories and themes	Interpreting results in the light of existing theories and scholarly literature
RQ1 Why do medical students cannot negotiate the meaning while competing in reading and listening activities?	Interview audio Recording	Verbatim Transcription, Open Coding, In-vivo Coding, Constructed Coding.	Generating within-case and cross-case categories and themes	
RQ2 How do the students overcome the challenges of learning to negotiate meaning in receptive skills?		Verbatim Transcription, Open Coding, In-vivo Coding, Constructed Coding.		

Table 3.2: The Framework for Analysing Data of the Study

3.10.2 Analysing Interviews

For analysing students' interviews, the audio recordings of the interviews were transcribed verbatim by the researcher. The transcriptions were then coded with the seven-column coding template (Ahmad, 2017) by utilising open coding, in-vivo coding and constructed coding techniques in two cycles (Saldana, 2013). In the first coding cycle, the researcher coded the entire transcribed interview of each participant (see Appendix C). In the second cycle of coding, the researcher selected prominent codes from the transcripts and listed prominent categories (see Appendix D). The categories were then analysed to identify emerging themes in each case. All the themes of the multiple cases were then compared to create a thematic pattern for answering the research questions (see Appendix D.2 for sample theme generation template).

3.11 Ethical Considerations

The ethical issues of conducting the current study were taken into account before proceeding with the data collection procedures. Before conducting the interview, the participants were asked to read the "informed consent form" carefully (Appendix A) and sign it. The consent form outlined the responsibilities of the participants while being a part of the study. It also informed the participants that their responses in the interview sessions would be recorded. The participants were ensured that the researcher would maintain their privacy and in keeping the promise, s used pseudonyms for each participant in this study.

3.12 Trustworthiness of the Study

In qualitative research, trustworthiness refers to the credibility of the study, ensuring that the findings accurately represent the participants' experiences. To enhance the trustworthiness of this study on the Negotiation of Meaning Used in Receptive Skills by Bangladeshi Medical

Students, the following strategies were employed, aligned with established criteria of credibility, transferability, dependability (Lincoln & Guba, 1985).

To ensure credibility, the study incorporated multiple methods to ensure confidence in the findings and interpretation. Participants' triangulation was achieved by collecting data from diverse sources, including semi-structured interviews, observation and focus group discussions with Bangladeshi medical students. This approach ensured a comprehensive understanding of how Bangladeshi medical students negotiate meaning during receptive skill tasks, such as listening and reading comprehension (Shenton, 2004). Additionally, member checking was conducted by sharing preliminary findings with participants to verify the accuracy of the interpretations and ensure that their perspectives were accurately represented (See Appendix E.3). Also to enhance transferability, a thick description was used to provide detailed contextual information about the participants, the institutional setting, and the specific challenges faced by Bangladeshi medical students in developing their receptive skills. This detailed description allows readers to determine the applicability of the study's findings to their contexts (Merriam & Tisdell, 2016). An audit trail was maintained throughout the research process (See Appendix F). This included detailed records allowing for transparency and replication of the study if necessary (Lincoln & Guba, 1985). Inter-rater reliability was established by involving an associate professor with expertise in applied linguistics to review and code a sample of the data. The consistency between the researcher's and the professor's coding was analysed to ensure reliability and minimise potential bias in data interpretation (Miles et al., 2014).

By employing these strategies, the study ensures that its findings are credible, transferable, dependable, and confirmable, thus contributing to the trustworthiness of the research.

Chapter 4

Results and Discussion

4.1 Introduction

In this chapter, the researcher describes the response that she received during the interview from the students and teachers of the medical college in Bangladesh. Here, the participants shared their own opinions regarding the challenges they faced while negotiating meaning and the attitude they developed to learn to negotiate meaning while competing in receptive activities. This chapter will demonstrate the results and discussion of the study based on the following research questions:

1. Why are medical students not able to negotiate meaning while completing reading and listening activities?

2. How do the students overcome the challenges of learning to negotiate meaning in receptive skills?

The first section of the chapter describes the participant's responses regarding the factors for which negotiating meaning in reading and listening activities is challenging for medical students. Section two concentrates on perceptions of the strategies that helped the students overcome the challenges of learning to negotiate meaning in receptive skills. The sections will discuss the findings the researcher received from the student's and teacher's responses. For the convenience of presenting the data, the researcher has combined students' and teachers' perspectives in the following sections.

4.2Section One: Challenges while Negotiating Meaning in Receptive skills

4.2.1 Discrepancy in HSC level English curriculum and current study

Thematic analysis of students' and teachers' follow-up interviews generated a few themes for research question one, which inquired into students' and teachers' perceptions about the challenges in developing listening skills that influence academic performance or interactions with instructors.

According to Kalola and Woldemariam (2022), medical students face challenges in understanding the lectures. Particularly, medical students from Bangladesh have difficulties comprehending class lectures Sharmin's (2020) study reported, and pronouncing words correctly (Sharmin, 2020b). Most participants admitted that due to a lack of English Language skills academic performance is influenced. Mahrab particularly opined,

> *As there were no listening skills in the curriculum, in the medical sector*
> *understanding the lectures is difficult (DU MAH 579).*

The participant's opinion portrays Awal's (2023) study, it indicates the ignorance of listening areas. Natasha and Radia noted that they do not understand lectures. Jishan and Mahrab have difficulties understanding terms.

One of the main reasons for not understanding the lecture is the types of English between teachers and students do not match (DU SHA 745). While negotiating the meaning students make the second most mistakes in pronunciation (Ulrica, 2020). Sometimes students cannot understand teachers' pronunciation (Mahrab), and face difficulties pronouncing English words correctly (Rizwana & Natasha). Medical students struggle to comprehend their classmates' and lecturers' English pronunciation (Kalola & Woldemariam, 2022). Also, EMP teachers had difficulties teaching pronunciation at medical colleges in Saudi Arabia (Eligindi

and Hoque, 2022). For improving EMP classes, an emphasis on pronouncing the terminologies is significant (Pavel, 2021).

In Abida's words, she faced difficulties as her educational background was Bangla medium up to her HSC level (DU ABI 498). For the Bangla medium students, *English for Today* is the only source of exposure to the English language while the book itself is ineffective (Awal, 2023; Uddin, 2021) resulting in a weak basic in English (Amin & Greenwood, 2022; Islam, 2021; Nijhum, 2023). When they are admitted into medical colleges, in the EMP classes due to poor knowledge of the language, words, and grammar students fail to negotiate the meaning (Eligindi & Hoque, 2022).

Medical College teachers, Halder and Jakia think the students face challenges due to not having a focus on listening skills, and based on the student's location of origin (DU SEH 898). In this regard, Professor Halder confirmed that *remote-area students have more listening problems, while urban students have less problems (DU HAL818).* The challenges vary as remote-area students have less exposure to English.

To enhance students' language proficiency integrating professional and language abilities in the medical institutions is significant (Rusalkina & Tomashevska, 2022). Yet, in almost every medical college in Bangladesh, there are no classes/courses for the development of English skills. This is evident in Jakia's interview,

> *There are no classes for improving listening skills in the medical college (DU JAK 1100).*

The evidence from the participants shows us that the essentiality of listening skills is neglected and not incorporated into the curriculum. All students do not have opportunities to have exposure to English (Islam, 2021; Islam & Rahman, 2019) and due to insufficient

listening skills, medical students in Bangladesh cannot comprehend questions resulting in the inability to answer properly (Sharmin, 2020b) which influences their academic performance.

4.2.1.1 Students who do not face challenges in Listening activities

Though most participants think challenges in listening activities influence their academic performance, Yahyah, Aronno and Rizwana do not face difficulties. According to them English version background, the teacher's teaching techniques and background knowledge helped them in listening activities. For instances,

Aronno informed,

> *When the educational background is English Version, listening skills are not challenging ... (DU ARO 668)*

According to Rizwana,

> *Listening skills are not challenging as teachers show slides, talk in English and students read textbooks (DU RIZ 1030).*

Roshid and Sultana (2023) believe that the English version of education (EVE) develops English communicative competence. As Aronno studied in the English Version, he studied biological terms and all other subjects in English, so listening skills were not difficult for him. Also, the teacher's teaching techniques helped them to understand the listening activities easily.

4.2.1.2 Difficulties in understanding terms and meaning in Reading activities

This section discusses examples of situations where difficulties in understanding English materials affected the learning outcomes and the factors that hamper students' understanding of English materials.

Insufficient vocabulary (Hezam et al.,2022; Dardjito et al., 2023) creates complexity when trying to understand the meaning and general idea of the text (Hezam et al., 2022). Similarly, inadequate translation expertise and language knowledge cause barriers to comprehending articles (Dardjito et al., 2023). Most participants cannot understand English materials as they cannot understand the terminologies and meanings. Eligindi and Hoque's (2022) case exemplifies that EMP teachers had difficulties while teaching the meaning of medical terminologies. In this regard Jishan,

> *I failed the item examination and attended the supplementary exam as I could not understand the terminologies (DU JIS 135).*

In the medical education system, students must take item examinations on every topic. Combining the topics of a few item examinations, they appear in the card examination. Combining the syllabus of a few card examinations they attended term examinations. If they do not pass the item examinations, they have to retake the item examination. Without item clearance, they cannot attend the professional examination. When they cannot attend professional examinations they have to take a supplementary examination, for which they have a gap of six months. Students have to take supplementary examinations as they do not understand the texts' meanings.

In this regard, lecturers Nayeemul and Jakia think students' learning outcomes are affected as they have difficulties understanding terms and extracting meaning.

Jakia affirmed,

> *It is difficult for students to read and extract meaning, due to the high writing standards in books. (DU JAK 1102)*

As a medical language, English is an obstacle (Bhuiyan et al. 2019). All the books of the medical studies are published in English so the students find it hard to understand. Medical student Shanjid opinionated that, the medical *books are written in a complex way (DU SHA 753).* Professor Sahera and lecturer Nayeemul assured that *difficulties in understanding occur in the first and second years. However, the challenges are possible to overcome* (DU SEH 896, DU NAY948). To ensure sound professional communicative competence, Sharmin (2020b) suggests the fusion of medical terms and situations in the EMP courses. Also to solve the issue of insufficient vocabulary, Noprival et al. (2023) suggest using language learning applications, and social media to learn English with a focus on English for Medical Purposes (EMP).

4.2.1.3 Lack of English Language skills as a reason for not understanding English materials

As mentioned above, students cannot extract meaning as the books have high standards of writing. The reason for this is the lack of English language skills. Medical college teacher Jakia mentioned,

> *The answers in the guidebook are written in short form so students do not read the main book. For not reading the main book, they don't understand English questions. Teachers repeat questions in Bangla during exams and have to tell word meanings (DU JAK 1102).*

Medical professionals face difficulties comprehending scientific articles in their second language (Thiruvengadam & Bharathi, 2023). Students desire L1 in classes as they are unable to understand English. Thus students have less exposure to the English language as a result, they are unable to speak fluently in English (Islam, 2021). Professor Sahera's utterance demonstrates the scenario mentioned above, *in the oral exam, students could not express themselves in English and thus complete answers in Bangla (DU SEH 896).*

4.2.1.4. Students who are not affected by difficulties in understanding English materials

Aronno and Shanjid faced minimal challenges, but learning outcomes were not hampered by difficulties in understanding English materials. Regardless of the participants' opinions, the researcher observed their background of studies. The participants who were not affected by difficulties in understanding English materials were from the English Version Background. Shanjid, as a fresher used to take longer to understand the reading materials but now it does not affect studies anymore (DU SHA 751). In this regard Aronno said,

> *When there are difficulties we can use Google and ChatGPT so it does not hamper learning outcomes (DU ARO 674).*

Radia and Nafisa both affirmed " *I haven't faced any such difficulties*" *(DU RAD 46)* in understanding English materials.

As the reading materials of these participants were in English, Perfetti and Adlof (2012), the availability and accessibility of the background knowledge helped in inference-making. According to Hezam et al. (2022), Sharmin's (2020a) and Sharmin's (2020b) study, students are incapable of understanding reading materials due to inadequate vocabulary. Pavel (2021) and Noprival et al. (2023) suggest the incorporation of broad vocabulary exercises with

explanations for vocabulary improvement in EMP classes. The English Medium/ Version students read the terms in English and have sufficient vocabulary. So they do not face challenges in understanding English materials. Even if they do, they can cope with it very easily compared to other students.

4.3 Section Two: Strategies to Overcome Challenges of Negotiating Meaning

This section will answer research question 2, where the researcher will identify the strategies that helped the medical students overcome the challenges of negotiating meaning in Receptive tasks. The interviews of medical students and teachers revealed the answer to this issue which will be discussed simultaneously.

4.3.1 Techniques that helped students to overcome challenges

Students adapt their learning techniques by using the internet, google, YouTube videos, dictionaries, notes, reading textbooks, group study, and answering in English in the oral examinations and through the teacher's help they overcome the challenges.

4.3.1.1 Group study

Among the techniques, most participants considered group study to have helped them the most to overcome the challenges of negotiating meaning in receptive activities. As medical students struggle to understand English lectures, Kalola and Woldemariam's (2022) study suggests teaching interactively in groups and at the English for Medical Purposes (EMP) classes, Noprival et al. (2023) identified social interaction as a useful technique. Shanjid uttered, *to understand the reading materials we study in groups (DU SHA 759)*. Most of the

participants informed that to enhance their comprehension of receptive activities they study in groups, oral peer practice and get help from friends. In this regard lecturer Nayemul,

> *Students interact among themselves, one asks questions and the other gives*
>
> *answers thus they practise and perform (DU NAY952).*

Practising and performing help them prepare for the oral examination and clear out the topics they do not understand. Also, Pavel (2021) identified discussions and debates as vital for the EMP course. In the medical education system, *there are a lot of viva examinations (DU NAY954)*, and while voicing opinions in English, medical students face difficulties (Kalola & Woldemariam, 2022) so *the ability to present in the examination is important (DU NAY954).* Practising with study partners helps to overcome the challenges and improves receptive skills.

4.3.1.2 *Rereading to negotiate the meaning*

Rostadmo et al. (2021) study revealed that even doctors face difficulties comprehending scientific articles. The medical students had the same difficulties so when they did not understand the meaning of the text by reading it once, most of the participants reread the text to understand the meaning. When Piyal was asked about this he mentioned,

> *I read the text twice or thrice to understand the meaning (DU PIY 308).*

Perfetti and Adlof (2012) mentioned that comprehension occurs as the reader builds one or more mental representations of a text message, and for the comprehension of texts negotiation for meaning is required. When the participants fail to build mental representations of a text message by reading once, rereading helps the reader to build mental representations.

4.3.1.3 Integrating technology in learning

Radia, Jishan, Aronno, Shanjid, Yahyah, Abida, Mahrab and Professor Halder think that getting help from the internet helps to address challenges. Utilising web-based language learning and online platforms expanded the vocabulary and improved communication in English, for the Medical Purposes (Noprival et al., 2023). Most participants informed the researcher, they use Google when they have new words in the text. Jishan asserted that *when I do not understand a topic I use Google (DU JIS 141).*

Mahrab often uses translation tools from the internet (DU MAH 588), which provides relief while attending the viva examination (DU MAH 602). When the language barrier exists, to solve the problem of translation Shamsi et al. (2020) suggest MediBabble, as it offers translations for thousands of medical instructions. However complete dependency on the translating tools is not recommended for medical professionals, according to Bowen and De Moissac's (2018) study, there are countless pieces of evidence frequently reported by illustrating the risks linked to dependency on Google Translate, and untrained translators. YouTube videos helped Radia, Natasha, Rizwana, Jishan, Aronno and Shanjid to clear their understanding of lessons. For the medical English class, YouTube videos are useful study material (Rudy, 2023). Rizwana believes *the English lectures of the Indian lectures on YouTube are helpful (DU RIZ 1042)* and Aronno counts on *Bangla and Hindi language videos when fails to understand English lectures (DU ARO 678).*

4.3.1.4 Using Dictionary

According to Le and Miller's (2020) study, learning medical terminology developed from Greek and Latin morphemes is challenging for medical students. In medical studies, while reading students encounter a lot of new words. To address the issue, Jishan, Yahyah and Mahrab take the dictionary's help to understand words. For the medical terminology, Mahrab informed,

> *I use the Lippincott dictionary to understand medical terminology (DU MAH 588).*

Professor Halder remarked that *students use the dictionary* (DU HAL 828), and he added that *brilliant students use the medical dictionary as the word meanings are given with short explanations (DU HAL 838).*

4.3.1.5 Taking lecture notes, collecting notes and the teacher's help

The participants mentioned that remembering everything from the lecture is difficult so they take short notes while listening to the lecture, and they note down the non-understanding parts to clarify their understanding later. While a few of the participants record the lecture with the aim of listening to the lecture again at home to make notes. Students' methods and ability to note-taking, according to Salame et al. (2024) are positively correlated with their performance. Radia and Shanjid *collect notes and take help from notes* (DU RAD 56) to adjust their learning strategies. Effective concise notes help students organise information and understand the topic (Salame et al., 2024). Yahyah stated that *I note down non-understanding words so that I can search for the meaning (DU YAH 431)*. According to Salame et al. (2024), concise notes help students with their memory and allow them to retrieve information efficiently. Nafisa has highlighted that *long discussions are difficult to remember, but notes help to comprehend the meaning (DU NAF 59).*

According to Abida,

> *Students note down the problems and later ask the teacher (DU ABI 508).*

The teachers help the students when they do not understand. Nafisa said, to clear her understanding of the lesson she asked the teachers (DU NAF 54) and the teachers' help (DU MAH 590).

4.3.1.6. Inferencing

To find out whether students can infer meaning by reading texts, to simplify the question the medical students were asked if they could guess the meaning of lines from a text without knowing the meaning of every word. The opinions varied, most of the participants could guess the meaning of texts when they did not know the meaning of every word. A group of participants did not infer meaning and some of the participants opined that understanding every word is important to understand the meaning of texts.

Jishan, Piyal, Natasha, Abida, Shanjid, and Rizwana infer the meaning while reading texts. In this regard, Abida stated,

> *Sometimes we need more time to understand elaborately so we guess the meaning of lines (DU ABI 516).*

To draw the inference, Perfetti and Adlof (2012) highlighted the essentiality of the availability of background knowledge. Also, students with good annotation skills can infer the meaning easily. The practice of annotating the meaning of articles is essential to enhance the ability to infer meaning (Sharmin, 2020b).

The process of guessing the meaning of lines from a text without knowing the meaning of every word does not happen with Radia, Nafisa, Yahyah, Mahrab and Aronno.

Aronno expressed,

> *It is not possible to guess the meaning of sophisticated medical terms. To make sense of a sentence complete understanding is needed (DU ARO 684).*

Zhao and Huang (2023) stated that deficit recognition of English words creates trouble in understanding the meaning. When students are not familiar with terminologies, they cannot infer the meaning. According to some participants, it is necessary to understand every word

to understand the meaning of a sentence. Perfetti and Adlof's (2012) study has a similar opinion regarding this, identification of words (lower-level components) is the critical first component of reading comprehension. Meaning, morphology, and syntax (higher-level comprehension components) are at work as the reader recognises words, and recovers their context-appropriate meanings. Inferencing strategies are used in higher-level comprehension. So when the identification of words (lower-level components) is missing in reading comprehension, the higher-level comprehension strategies do not function.

4.3.1.7. Role of background knowledge in comprehending meaning

All the participants agreed that background knowledge is important for understanding the meaning of text and lectures. Without the availability of background knowledge inference-making is triggered (Perfetti &Adlof, 2012). As reported by Professor Halder, *background knowledge is necessary for the text to be clear (DU HAL 836)*. The study of Perfetti and Adlof (2012) identified that to determine the sense of the text, recovery of knowledge from the general background knowledge is required.

Mostly the background knowledge comes from Biology at the HSC level. In this regard Abida stated,

> *We can understand easily if the basics are clear as we learned most of these topics at the HSC level* (DU ABI 524).

While teaching Professor Sahera *asks questions about the student's background knowledge, and they answer from the HSC level* (DU SEH 904). Before introducing a topic when the students recall their background knowledge it helps them to understand the subject easily. Further, the background knowledge comes from previous lectures as topics are co-related. A good example is Rizwana's utterance,

> *Sequential learning is important as previous item examinations/topic helps to understand the lecture (DU RIZ 1050).*

When medical students know a case personally, they can understand the topic faster. Piyal and Shanjid portrayed good instances in the interview. Shanjid illustrated,

The topic of ectopic pregnancy is taught in medical colleges in the first semester. It is a case when the fertilised egg is implanted outside the main cavity of the uterus, most of the students find this topic difficult to understand. But as my relative faced the case, I learned the topic easily (DU SHA 769).

When students know an aspect from real life or authentically (without the purpose of studies), they can learn the topic better and find more interest when they read for textual purposes. That is why, for successful teaching and learning, Rubab (2020) suggests taking the help of authentic materials in EMP courses. By the same token, Poedjiastutie and Puspitasari (2019) exemplify incorporating contextual learning as a necessity in medical classrooms.

Medical college teachers suggest *doing some research before class (DU JAK 1114),* as *the advanced student reads topics before class for a better understanding of the subject (DU NAY958).*

4.3.1.8. Knowing the meaning of a word helps in negotiating the meaning of a similar word

All the participants consented that when the medical students comprehend the meaning of a word, it helps them while negotiating for the meaning of a similar word. Aronno had pointed out,

> *Knowing the meaning of a word helps understand similar words as the same suffixes and prefixes are used often in medical terms (DU ARO 694).*

Prefixes, suffixes and morphological patterns play an important role, Savchuk (2022) in revealing the meaning of extra-linguistic information. When the students know the meaning of a word, it helps them to negotiate for the meaning of another similar word. Learning through the method of 'negotiation of meaning' enhances tactics for comprehension (Ahmed & Sultan, 2023).

4.3.1.9. Techniques teachers use to teach word meaning

The medical college teachers were asked how they teach word meanings to their students, whether they provide a list of necessary vocabulary or they teach from essays. They informed the researcher that they do not provide any lists of vocabulary as *teachers have to follow the syllabus* (DU NAY984). Also, Professor Sahera informed that *telling the Bengali meaning to students is not useful. Instead, we have to explain the meanings of the essay by elaborating (DU SEH 922).* However, Professor Halder, Professor Sahera and Lecturer Nayeemul informed that while teaching they introduce and highlight the keywords to the students (DU HAL 862 & 864; DU SEH 922; DU NAY982, 984 & 986).

4.3.1.10. Role of the diagram in teaching and learning

Diagrams benefited the participants in different ways, all the participants believed that diagrams helped the students with learning. Most of them expressed that, the diagram helps to understand terms and text. Piyal uttered that *diagrams are a universal language as everyone can understand diagrams (DU PIY 316).* Also, some participants feel that *diagrams are easy to memorise (DU ABI 530).* Natasha explained the logic behind this*, diagram and flowchart summarise the topic, so by reading the diagram we can answer in viva examination (DU NAT 384*). Additionally, diagrams are easy to visualise. Rizwana affirmed *listening to the teacher and watching pictures simultaneously makes it easier to relate when we open the book (DU RIZ 1080).*

4.3.1.10. Repetition, elaboration, summarisation, and using L1 for clarification

For solving communication problems Putri et al. (2022) disclosed that teachers enlisted repetition, clarification, and confirmation strategies in meaning negotiation. Also to strengthen language skills for learners' explanation, repetition, and validation strategies are helpful (Lee et al., 2019). Additionally gestures support forms of negotiation with a range of visual and embodied clues and negotiation of vocabulary.

4.3.1.10. 1. Elaboration

Most of the participants including medical students and teachers informed that the elaboration strategy clarifies understanding in listening activities. Jishan voiced that *the teachers elaborate (DU JIS 165)*. Professor Sahera mentioned *elaboration is needed as there are new words (DU SEH 918).*

In spite of that, according to Shanjid and Abida *sometimes the teachers elaborate, but sometimes they do not (DU ABI 546)*. As the lecture time is fixed, *teachers do not give much time to problem-solving so they summarise (DU ARO 710).*

For meaningful negotiation skills, Kramsch (1983) suggests not only solely listening to the elaboration but also taking the initiative by helping others to elaborate and giving feedback. This happens when the students study in groups, they elaborate on the unclear part to help the study partners understand and other students who understand the topic give feedback when the elaboration is wrong. Incorporation of the strategy of explaining enhanced students' skills and learning outcomes in communication skills training (Baniaghil et al., 2022).

4.3.1.10. 2. Repetition

Most of the medical student participants informed that if they do not understand something in listening activities for clarification they ask the teachers to repeat it. Repetition strategies help learners resolve communication obstacles (Lee et al., 2019). Abida stated that the *teacher repeated, and gave us extra time* (DU ABI 534). Repetition contributes to meaning negotiation by clarifying meaning and confirming intelligibility (Ting & Cogo, 2022).

4.3.1.10. 3. Summarisation

When the students do not understand the topic, the teachers often summarise the topic. Lecturer Nayeemul enunciated,

We elaborate or summarise depending on the topic (DU NAY970).

Most students agreed that the teacher uses the summarisation technique for clarification. Aronno informed that *in most cases, the teachers summarise as lecture time fixed* (DU ARO 704). When the time is limited, making the students understand summarisation works as an effective strategy.

4.3.1.10. 4. Using the first language for clarification

Ideal medical writing should be written in plain English and familiar words should be used so that it is understandable, clear, and simple (Pergjegji, 2023). However, the participants in the interview informed the researcher that the writing in the book is complicated and a lot of unfamiliar words are used. For this reason, by reading English writing in a complicated manner they cannot understand the meaning. To solve the issue, teachers often give the lecture in Bangla to make the students understand and sometimes they translate the lesson in Bangla to make the lesson easier to comprehend. This scenario applies to doctors too, Rostadmo et al.'s (2021) study revealed that when doctors read a scientific article in their

mother tongue, they could give more accurate answers. The application of L1 by providing examples helps students to understand, relate to the material and negotiate the meaning (Maarif, 2020). Nafisa stated *to make us understand, teachers convert into Bangla from English (DU NAF 85).* Professor Halder and Professor Sahera informed they use Bangla in class, to make the students understand the lesson better (DU HAL846). Yet, counting on a word-for-word translation strategy did not help students with low vocabulary and grammar knowledge levels (Dardjito et al. 2023).

4.3.1.11. Teacher's feedback on listeners interpretation

The medical college teachers were asked in the interview, how do the teachers understand whether the listener understood the lecture or not. As a reply to the matter, they informed the researcher that when the students do not understand, they ask the teachers. Professor Halder said *teachers understand the probable problems of students (DU HAL844)*, as the teachers have experience in teaching, they can understand whether the student is understanding the lecture or not *from the body language, attentiveness, response and depth of questioning (DU HAL852).* Gestures and body language are crucial because they assist in negotiating meaning and add additional meaning to what a person wants to convey (Maarif, 2020).

When the medical students were asked, when they interpreted the information that the speaker was giving who gave the feedback on their interpretations. Most of the participants agreed that teachers gave feedback on the interpretation. According to Jishan, Piyal, Natasha, Abida, Mahrab, and Rizwana, *the teachers provide direct feedback (DU PIY 324)* and *they correct during the examination (DU NAT 388).*

The teacher's feedback and error correction make the learning engaging and effective. In this regard Professor Halder,

The monotonous lecture is not understandable and boring, communicative teaching is understandable and enjoyable for the students (DU HAL866).

For English-language professional teaching in medical institutions, Rusalkina and Tomashevska (2022) suggest communicative teaching methods to enhance students' language proficiency.

4.3.1.12. Breaking words into parts to understand the meaning

Decompounding the word parts is important for understanding and remembering medical terminology, when reading medical English texts (Xiaoqing et al., 2023). The interviews the researcher took revealed the same, all the participants agreed that breaking a word into parts to understand the meaning helps in remembering the meaning. In this aspect, Mahrab mentioned that *breaking down big terminologies is essential, it helps to correlate with another word (DU MAH 632).* In Professor Sahera's experience, *one of the biggest words in medical science is cyclopentanoperhydrophenanthrene. When this word was divided into four parts with meanings, students could memorise it in five minutes (DU SEH 920).*

Decompounding the word parts enables readers to recognise prefixes, suffixes and roots of medical terminology (Xiaoqing et al., 2023). In this regard, Aronno stated that *separating the main word, prefixes and suffixes helps to grasp the total meaning (DU ARO 712).* Knowing the meaning of suffixes and prefixes helps as they mean certain things and when students get the same suffixes and prefixes in another word, it helps them to negotiate the meaning of the new word.

Tkhor (2022) and Xiaoqing et al. (2023) declared that to understand medical terminology, it is important to understand the patterns following which English medical words are formed. According to Professor Halder,

> *Breaking down the Latin or Greek words with the meaning is required, so the whole meaning of the word is clear* (DU HAL860).

Borrowing terms from other languages (Savchuk, 2022; Tkhor, 2022) is one of the ways to the formation of English medical terms. Breaking these words into parts helps to remember, and comprehend the meaning of these words.

4.3.1.13. *The development of receptive skills depends on students*

Few participants enlightened that the development of receptive skills depends on the students, and teachers' teaching techniques donot have much contribution to this. There is a rationale behind this,

Natasha, Yahyah, and Shanjid informed the researcher that *most classes are conducted in Bangla (DU SHA 803)* as a result, *teachers do not have much contributions to improving receptive skills (DU SHA 803).* Also, *Professors have no time to teach meaning or language skills (DU YAH 475) and teachers do not have individual time (DU NAT 398)* for students as lecture time is limited.

Medical college student Aronno disclosed that there are 245 students in their batch. The lecture classes are conducted by the senior teachers in the lecture galleries, which accommodate the whole batch at a time. The tutorial classes on the other hand are conducted by junior teachers, in tutorial classrooms the whole batch is divided into groups of 30-40 students. The study of Poedjiastutie and Puspitasari (2019) suggested a smaller classroom in EMP communication classes (ideally 15 students) to meet the needs of students. While, in medical colleges in Bangladesh, even the tutorial class has 30-40 students which is more than twice the ideal classroom size. As the classroom size is huge and lecture time is limited teachers cannot give individual time to students, *so receptive skills depend on student's*

techniques, self-study, and group study (DU YAH 475). Students with less skills are suggested to read, listen and interact with others more (DU NAT 398).

Chapter 5

Conclusion

5.1 Introduction

This chapter intends to state the challenges that the researcher faced while conducting the study, and also discuss the implications and recommendations of the study. This study attempted to fill the gap of knowledge regarding the influence of the strategy 'negotiation of meaning' in improving the receptive skills of medical students in the Bangladeshi context. In addition, it explored the participants' perspectives towards their challenges and strategies that helped them overcome the challenges in negotiating the meaning of the receptive activities. The two research questions of the study were:

1. Why do medical students struggle to negotiate the meaning while competing in reading and listening activities?

2. How do the students overcome the challenges of learning to negotiate meaning in receptive skills?

5.2 Contribution of the Study

5.2.1 Implications

5.2.1.1 Implications for Knowledge

Current studies on how the negotiation of meaning influences medical students to improve receptive skills cover different aspects of the field such as the struggle to enhance their English language skills (AlKhsawneh, 2010; Garcia & México, 2012; Ibna Seraj et al., 2021). Some researchers highlight successful communication techniques can improve competency in English (Amin & Greenwood, 2022; Torky, n.d.), while some other scholars think more exposure (Islam, 2021; Islam & Rahman, 2019), and the effectiveness of the textbook (Awal, 2023; Nayeen et al., 2020; Uddin, 2021) can improve the English language skills of the students. Studies have shown the difficulties and communication needs of medical professionals, and to improve their communication skills the incorporation of EMP courses. However, there is a significant gap in the literature regarding, can the teaching of 'negotiation of meaning' to medical professionals helps them succeed professionally and whether it improves their proficiency in receptive skills.

Also, the study was set in the Bangladeshi non-native ESOL context, where the facilitator (the researcher) and the medical students and teachers from medical college (participants) were non-native speakers of English. It fills the gap of knowledge on why ESOL non-native medical students have difficulties competing in reading and listening activities in medical studies. It was found that the absence of receptive skills practice and evaluation in the curriculum in students' schooling and high schooling years, and lack of English language skills are the main factors for which ESOL medical students have obstacles negotiating meaning in receptive activities. Along with these factors, they lack knowledge of grammar,

vocabulary and terminologies, and weakness in making and understanding pronunciation. Also, due to large classroom sizes and fixed lecture time, teachers cannot focus on the improvement of the receptive skills of the students. Usually, scholarly articles inform that for medical professionals there are English for medical purposes (EMP) courses. However, in the context of Bangladesh, such courses for medical students are not implemented yet. This study emphasises that teachers must incorporate strategies that help the students negotiate the meaning of receptive tasks so that the students can improve their receptive skills.

5.2.1.2 Pedagogical Implications of the Study

In the global context, the medical language is English, and all four skills are equally required for medical professionals as communication between healthcare providers and patients takes place in English. In the Bangladesh context usually, medical students donot need to communicate in English with the patients during the practice in wards, as the patients are Bangla speakers rather medical students need proper and clear communication skills in Bangla. Medical students in Bangladesh need more focus on receptive skills as the study materials are in English and they have to understand English lectures. In the Bangladeshi teaching-learning medical education context, interaction-based learning is important, it is the most important element in a learning environment according to Zarrabi et al. (2024). It shifts the focus from passive learning to a more dynamic learning experience and helps to address gaps in comprehension, where students actively engage in clarification, elaboration, error correction, feedback, interpretation, and summarisation leading to more effective acquisition of knowledge (Putri et al., 2022). Teachers can foster this by incorporating strategies that encourage negotiation of meaning, such as group discussions, integrating technology in learning, a dictionary, note taking, diagrams, breaking words into parts and many more which

can facilitate a better understanding of medical terminology and improve listening and reading skills.

As the participants of the study are medical students and teachers who are English Speakers of Other Languages, the study result will be able to draw the attention of medical college teachers and medical students of ESOL countries as well as any other country towards the idea of improving both the reading and listening skills through promoting critical thinking and self-directed learning ultimately contributing to students' overall linguistic proficiency and academic success in a multilingual educational context.

5.2.1.3 Theoretical Implications of the Study

To the researcher's knowledge, this is the only study that examined the influence of 'negotiation of meaning' to improve the receptive skills of medical students in the Bangladeshi context. The result of the study has filled the theoretical gap of knowledge in the current literature. The conceptual framework of the study was created by considering the work of two different theorists. The researcher considered Perfetti and Adlof's (2012) framework named "Reading Comprehension: A Conceptual Framework from Word Meaning to Text Meaning" which emphasises the hierarchical nature of reading comprehension, where understanding moves from individual word meanings to constructing coherent text-level understanding, which is particularly crucial for comprehending medical texts filled with complex terminology. Also, Kramsch's (1983) framework titled "Interaction in the Classroom: Learning to Negotiate Roles and Meanings" was adopted for the research. the study demonstrates that the negotiation of meaning is not just about understanding linguistic content, but also about learning to navigate and negotiate roles in communicative interactions. The study demonstrates the meaning of negotiation as a central component of learning, classroom interaction deepens comprehension through negotiation, contributing to a

more collaborative and engaged learning environment. The research highlights how negotiating meaning during listening and reading tasks, not only improved their receptive language skills but also developed the ability to interpret and validate the information they encounter. As the study result has been positive, it can be deduced that the literary value or knowledge concerning the basis of the theories is still relevant and can be revived and applied to solve the modern-day teaching-learning issues in ESOL contexts. The conceptual framework will be a guide for future research. While working on similar studies, other researchers can replicate or adapt the framework or research plan of this study.

5.2.2 Recommendations

Referring to the findings of the study, the researcher would like to provide some recommendations:

- The policymakers and government should take adequate measures to include listening and reading activities and proper evaluation of the skills should be added in the curriculum.
- English for medical purposes (EMP) courses should be introduced in the medical colleges in Bangladesh with an emphasis on the development of communication skills and focus on language skills.
- Faculty members require professional development and training regarding how to facilitate meaningful negotiation in the classroom. This training must foster student participation and offer corrective feedback to improve receptive language skills.
- Further study should be executed to investigate how meaning negotiation works in multilingual contexts such as Bangladesh, where students are frequently expected to comprehend material in a second language. The following study initiatives must

concentrate on pinpointing strategies that assist medical students in managing

linguistic obstacles in clinical and academic environment.

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Appendix A

LETTER OF CONSENT FOR PARTICIPANTS

Dear participants,

My name is Sheikh Aysha Riyana, an undergraduate student, pursuing my major in Applied Linguistics and ELT at the Department of English and Humanities, Brac University. We have to complete a thesis as a part of our degree.

My research title is "How Negotiation of Meaning Influences Bangladeshi Medical Students to Improve Receptive Skills". The main aim of this study is to find out the possible factors that hinder the understanding of meaning in reading and listening tasks and help ESOL medical students overcome the challenges. Therefore, I would like to invite you to be a part of an interview session to share your experience regarding the use of English as a medical language.

The interview will be conducted via phone call/in person and it will be recorded. However, please note that your name will be kept anonymous and your experiences will be shared to analyse the data for the study (it will not be shared anywhere else).

If you are comfortable and ready to participate in this interview session, then please read the details given below and sign on to the mentioned section. Your contribution to this study will be appreciated.

Thanking you

Sheikh Aysha Riyana

Student of the Department of English and Humanities

Brac University, Bangladesh.

Mobile No: 01978182796

E-mail: sk.aysha.riyana@g.bracu.ac.bd

Research Participation Consent Form

Please read the following statements and tick the box.

	Statements	Agree
1	I have read the letter and understood the purpose of the study.	
2	I am voluntarily participating in the interview and sharing my personal experience	
3	I am allowing the researcher to record the interview session and use it for analysing the data.	

………………………..   ………………………….

Name   Signature

 Date:

Phone No:

Email address:

Appendix B

INTERVIEW QUESTIONS FOR PARTICIPANTS

Data for answering research questions 1 and 2 were collected by interviewing the participants

after the completion of the writing sample collection.

Interview Questions (IQs)	Background Info	RQ1	RQ2
Medical students			
1. Please tell me about your educational background. What was the medium of instruction in your school/high school?	X		

2. Tell me how reading was taught to you in the English class in school. Did you have the habit of reading English books or newspapers?	X		
3. Do you have a special habit of listening to English songs, or watching English movies?	X		
4. What language do the teachers usually use in the medical classroom?	X		
5. Tell me about the importance of effective communication in English for medical professionals.	X		
6. What are the new aspects of English words that you have discovered in medical English?	X		
7. Did any of your teachers introduce the term negotiation of meaning when you were in school/high school/the medical college here?	X		
8. In the medical college, are there any classes/courses for the development of English? Particularly reading and listening			
9. How do you think the challenges in developing listening skills influence your academic performance or interactions with instructors?		X	
10. Can you provide examples of situations where difficulties in understanding English materials affected your learning outcomes?		X	
11. Tell me about the issues you face to effectively understand meaning in reading and listening activities?		X	
12. How did you adapt your learning techniques to address these challenges?			X
13. Can you tell me about the adjustments that you made to enhance your comprehension in reading activities? How have these adaptations positively influenced your comprehension?			X
14. In reading medical texts, do you guess the meaning of lines from a text without knowing the meaning of every word?			X
15. What do you do to understand the meaning of the texts when you do not understand by reading once. (Do you re-read texts when you do not?)			X
16. Do you think background knowledge about a topic play a role in understanding the meaning of text and lectures well? Can you give me an example		X	

17. What do you do when you have a new word in the text? Give examples (When you know the meaning of a word does it help in understanding another similar word more easily?)			X
18. How does understanding a diagram improve your understanding of the text, and in what ways does it contribute to an effective understanding of a complex topic?			X
19. In listening activities if you do not understand something what do you do for clarification? (repetition, elaboration, summarisation)			X
20. How do you interpret the information that the speaker is giving you? Who gives the feedback on the interpretation?			X
21. Does the speaker elaborate when there is difficulty in understanding a topic or word?			X
22. Does breaking a word into 1/2/3 parts to understand the meaning help in remembering the meaning more?			X
23. What are the guidance/strategies that the teacher uses for improving students' ability to comprehend meaning?			X
24. How do they contribute to your development of listening and reading skills? Can you share experiences?			X
Teachers of Medical College			
1. Please tell me the educational background of your students? What was the medium of instruction in their school/high school?	X		
2. What language do you usually use in the medical classroom?	X		
3. Tell me about the importance of effective communication in English for medical students and professionals?	X		
4. In the medical college, do you offer any classes/courses for the development of English? Particularly reading and listening	X		
5. What are the new aspects of English words that create challenges for students in medical English?	X		
6. Do you introduce the term negotiation of meaning to the students in the medical college here?	X		
7. How do the challenges in developing the listening skills of the students influence their academic performance or interactions with instructors?		X	

8. Can you provide examples of situations where difficulties in understanding English materials affected the learning outcomes?		X	
9. What are the reasons behind students' cannot understand the meaning of reading and listening activities?		X	
10. How do the students adapt their learning techniques to address these challenges?			X
11. Do they make any adjustments to enhance their comprehension in reading activities? How do the adaptations positively influence their comprehension?			X
12. Do you think background knowledge about a topic plays a role in understanding the meaning of text and lectures better? Can you give me an example?		X	
13. What do the students do when you have a new word in the text? Give examples (When they know the meaning of a word does it help them in understanding another similar word more easily?)			X
14. Do you use diagrams to improve their understanding of the text, and in what ways does it contribute to an effective understanding of a complex topic?			X
15. In listening activities if the students do not understand something what do you do for clarification?			X
16. How do you understand whether the listener is understanding from the lecture or not? Do you give feedback on their interpretation/understanding?			X
17. Do you elaborate when there is difficulty in understanding a topic or word?			X
18. Does breaking a word into 1/2/3 parts to understand the meaning helps them remember the meaning more?			X
19. How do you teach word meanings to your students? (do you teach from essays or a list of necessary vocabulary)			X
20. How do the teaching techniques contribute to their development of receptive skills? Can you share experiences/examples?			X

APPENDIX C

Notational Conventions of the Interview Transcripts

	Notation	Meaning
1.	DU	Discourse Unit
2.	I	Interviewer
3.	[ ]	For showing action
		[Laughs]
4.	.	Small pause
5.	…	Long pause (if in the middle of the sentence)
		Incomplete sentence (if at the end of sentence)
6.	Umm/uh	Hedging in speech
7.	[ ]	Square brackets show where speech overlaps.
8.	( )	Unclear section
9.	{ }	translating/answered in Bangla
10.	DU ANI 49	DU <space> student name's first three alphabets
		<space> DU number
		DU ANI 49 refers to Anika's DU number 49.

Sample Interview of Mahrab (Pseudonyms)

DU	Participants	Questions and Answers
556	I	This is Sheikh Aysha Riyana I am interviewing. Mahrab from Dhaka medical college for the project. how negotiation of meaning. influences

		the receptive skills of Bangladeshi medical students. Please tell me about your educational background what was the medium of instruction in your school or High School?
557	Mahrab	Um I started. in Bangla version. in my SSC and HSC curriculum and also. previously in class 8 and 5 examinations and. then I can't send message in Dhaka Medical College and currently I am studying in English. all my education stuff in English. and that is it
558	I	Tell me how reading was taught to you. in the English class in school?
559	Mahrab	Mostly the English classes. were exam oriented.so reading was not that important. because we actually studied in a way. so that we can write. and understand the grammar and. other stuff that comes in our examination. so the exam oriented education does not allow us to practice. the reading. or the speaking that much. but we had the text books. that we read. In order to pass the examinations…
560	I	did you have the habit of reading English books. or newspapers …
561	Mahrab	yes I did..
562	I	do you have a special habit of listening to English songs or watching English movies?
563	Mahrab	yes I do..
564	I	What language do the teachers usually use in the medical classroom?
565	Mahrab	Usually they try to take the lectures in English. but. sometimes they also use Bengali in order to make understand the concept in a easier way but. most of the curriculum and. lectures are in English…
566	I	Tell me about the importance of effective communication in English for medical professionals?

567	Mahrab	It is really important because. not only we have to study the curriculum in English. but also. in the note taking. Or in communication with the doctors you have use English. understand the condition of the patient. understand disease. that is why we constantly use English in the medical wards and also. in the viva examinations of our medical curriculum…
568	I	What are the new aspects of English words that you have discovered in medical English?
569	Mahrab	the thing that I have found in medical education is that. the abundance of Latin language. Latin English. especially the name of different bones. Muscles. and other parts of the body. and so the Latin English we have to practice it specially. and. the elsewhere we have to use English that is. Standard English. umm that is it i guess..
570	I	did any of your teachers introduce the term negotiation of meaning. when you were in school or high school or in the medical college here?
571	Mahrab	may I know what do you. referred?
572	I	The term. it's a term which is called. known as negotiation of meaning. it's a term. did any of your teachers?
573	Mahrab	No no
574	I	Okay in the Medical College are there any classes or courses for the development of English?
575	Mahrab	ahh no there is no special class or courses that is a dedicated for English…
576	I	particularly reading and listening?
577	Mahrab	no
578	I	Okay how do you think the challenges in developing listening skills.

		influence your academic performance or interactions with instructor?
579	Mahrab	Ahh it is really vital to actually understand the English words. in medical sector. because if we miss out something then it will be. it might too very bad for the patient that I am dealing with. though the listening is something. that will have. we had to do in a very. understanding way. so I guess. the importance of it is undeniable and. the challenges that we find mostly is that. the curriculum that we (pay) in our Higher Secondary School or in the lower classes that. we did not learn the listening skill particularly. in the school or in the college. so. it (is very) difficult for us to understand in medical sector and from the doctors or even from the foreign. foreign Doctors or foreigners. who come to our country and diagnose patients..
580	I	can you provide examples of situations where difficulties in understanding English materials affected your learning outcome?
581	Mahrab	yes specially in the early months when I was attending viva exams. it was really difficult for me to understand the English from the teachers and. I had to practice it every night so that I can. prove better outcome in front of the teachers..
582	I	Okay. but do you have difficulties in understanding English books or English notes. the materials?
583	Mahrab	Usually I take help from the internet if I have any problems. but yeah. I do have some problems when I go through the books…
584	I	tell me about the issues you face to effectively understand meaning. in reading and listening activities. what are the issues that you face?
585	Mahrab	The issues that I mostly face is often. I. do not understand the

		pronunciation from the teachers or in lectures. then often it is difficult for me to understand the meaning. of some words that is written in the textbook. And even in the viva exams. the communication get often difficult. due to this problems
587	I	what techniques did you adopt to address these challenges?
588	Mahrab	Well I usually take help from the internet. I use Google Translate another translating tools and also there is a medical dictionary available in the internet so I use that. in order to understand the terminology the medical terminology. and I often take your help directly from my friends and teachers..
589	I	Can you give me the name of the medical dictionary that is you use?
590	Mahrab	Well in particular there is one. that is known as lippincott dictionary for medical terminology
591	I	Lippincott?
592	Mahrab	Yes lippincott
593	I	Okay. all the medical terminologies are there right?
594	Mahrab	Yes about. almost all
595	I	any other techniques that you follow?
596	Mahrab	ummm no
597	I	ok. can you tell me about the adjustment that you made. to enhance your comprehension in reading activities…
598	Mahrab	can you repeat please…
599	I	yeah. can you tell me about the adjustments that you made to enhance your understanding. in reading activities?

600	Mahrab	umm. the adjustments I made are. I usually. try to memorize the words from the dictionary. or I try to. use the English dictionary so that I can understand. or the translating tools in internet. in order to understand the lines. and the topic well…
601	I	ok. So how have this adaptations positively influenced your comprehension?
602	Mahrab	I guess if I talk about my recent situation. I am a more comfortable to attend the viva exams or. the listening or reading activities more. than I did. when I was in in the medical for the first few months. so if. the thing is improving I guess
603	I	ok. in reading Medical text. do you get the meaning of lines from a text without knowing the meaning of every single word..
604	Mahrab	no it is very difficult to.ah understand the lines. meanings of the line without knowing specific. reference of that word
605	I	ok so it doesn't happen to you right
606	Mahrab	No
607	I	Ok. what do you do to understand the meaning of a text when you do not understand it by reading once?
608	Mahrab	will I try to understand it through another text book. if the same topic is written in there. and also help from the internet and. the translating tools which help me understand the topic better..
609	I	do you re-read a text when you do not understand by reading once?
610	Mahrab	can you repeat please
611	I	yeah. do you re-read it a text when you do not understand it by reading

			once?
612	Mahrab		yes
613	I		Okay. do you think background knowledge about a topic play a role in understanding the meaning of text and lectures better. can you give examples?
614	Mahrab		yes obviously. because. the terminology in medical sector is (not always) the same. We have to face different terminologies in every lecture class. so if we prepare for the next lecture class the previous night. then it becomes easier for us to understand lectures. also if we read the summary of a large topic then it becomes easier for us to understand the topic. in general…
615	I		what do you do when you have a new word in a text give examples
616	Mahrab		if I find a new word in the text. normally I search it directly on the internet. [hmm] like I search it on the search engine Google. or in the (pink) and I also look for the word in the living conditionery. if it is related to the medical background and. otherwise I usually try to find it. out from the teachers or from my friends who already know. the meaning of it…
617	I		when you know the meaning of a word. does it help you in understanding another similar word more easily?
618	Mahrab		Yes. often it (proves) easier
619	I		How does understanding a diagram improve your understanding of the text and. in what ways does it contribute to an effective understanding of

		a complex topic?
620	Mahrab	it is very effective because. in medical field we have to deal with a real human body. so if we get that depiction in picture then it becomes easier for us to co-relate that with our body.or the living being. so we open use the medical Atlas. which is a collection of all kind of surgical manuver or surgical pictures. that help us understand. the words or the terms that we study in the textbook and we can visualise it. so it becomes easier for us to memorise it.
621	I	Ok. in listening activities if you do not understand something what do you do for clarification?
622	Mahrab	ah usually I. ask it again or tell the teacher or the lecturer to clarify it or. if I do not get the opportunity. then I search for it. in the internet. later on…
623	I	Ok when you ask the teacher to repeat. do they repeat?
624	Mahrab	yes. mostly they do…
625	I	At that time do they elaborate. or do the summarise the topic?
626	Mahrab	yes they do..
627	I	How do you interpret the information that the speaker is giving you. and who gives the feedback on your interpretation?
628	Mahrab	okay usually I try to discuss it with the teacher. and with friends who have done the lecture and so. I usually make a note. while the lecture is ongoing or the listening activities ongoing. and then I try to study it in my free time and also discuss it with the friends and then. they do give feedbacks and also if I find it very difficult to discuss with my friends then I go to the teacher directly and he/she helps me understand or

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		(proves) good feedback of my own notes…
629	I	ok. does the speaker elaborate when there is a difficulty and understanding a topic or a word
630	Mahrab	yes they do
631	I	ok. does breaking a word into parts. to understand the meaning. help in remembering the word. or the meaning more?
632	Mahrab	Yes. it is very essential. for the medical students because often the terminology is very big and. we have to break it down in 2 or 3 parts in order remember. and it also helps us to correlate another word. which also has the same kind of letters…
633	I	Ok. what are the guidance or strategies that the teacher uses for improving students ability to comprehend meaning?
634	Mahrab	well they usually tell us to follow the dictionary. also. they tell us to use the internet and. if we find something difficult they also give the opportunity to meet them in the free time.
635	I	ok. how do these strategies or guidance contribute to your development of listening and reading skills?
636	Mahrab	These strategy really help us in understanding the topic and the words that she or he told in lecture. and it improves the understanding of the topic. also…
637	I	Ok. thank you so much for your time..
638	Mahrab	Welcome…

Sample Interview of Professor Abu Halder (Pseudonyms)

DU	Participants	Questions and Answers
805	I	Today is 6th March. Professor **Abu Halder** is being interviewed by Sheikh Aysha for the project. How negotiation of meaning influences the receptive skills of Bangladeshi medical students. Please tell me the educational background of your students. What was the medium of instruction in their school or high school?
806.	Halder	Well, most of the students are from the Bengali medium. Some are from English background may be from English version or English medium and few are foreigners and having the English background.
807.	I	What language do you usually use in the medical classroom?
808.	Halder	Always English, but sometime uh, a few words in Bengali. But mostly English language are used.
809.	I	Tell me about the importance of effective communication in English for medical students and professionals.
810.	Halder	In my experience, I usually, uh, talk with uh, senior medical students, fourth year and fifth year medical students. I think by 3 or 4 years in medical profession, uh, they are most of them are adapted well in English language. In my experience, I didn't feel any constraint or problem in English language.
811.	I	Okay. In the medical college, do you offer any classes or courses for the development of English?
812.	Halder	Uh, in my institute, there is no special course in English, but in some

		cases, or the students are personally accustomed with, uh, English in different way, uh, from nets and from YouTube channel. Uh, but in my institute, there is no special course in English. Actually, it doesn't matter.
813.	I	What are the new aspects of English words that create challenges for students in medical English?
814.	Halder	Um. Aspect of English words that create challenges for students in medical English? Well, in first year and second year, I think some terminologies are there in medical science. Uh, it may create some problem initially, but with time, uh, students are overcome this problem. But initially it may be a problem. Actually.
815.	I	Do you introduce the term negotiation of meaning to the students in medical college here?
816.	Halder	Actually, negotiation, uh, doesn't require, uh, negotiation doesn't require, but I think some motivation or some course and that is enough. Negotiation is different terminology. You know.
817.	I	How do the challenges in developing listening skills of the students influence their academic performance or interactions with instructors?
818.	Halder	Yes. Uh, it could happen, uh, foreign students, because they are adept with the different types of listening skill. Uh, but with time they can cope with this. And some students came from, uh, remote area having some listening skill problem, actually. But the problem the students, uh, having uh, urban, uh, urban background, usually listening skill is less is less.
819.	I	Can you provide examples of situations where difficulties in

		understanding English materials or English books affected the learning outcomes?
820.	Halder	Definitely, when there is a difficulties in understanding, particularly in English materials, it's going to affect the learning outcome. Definitely it can affect the learning outcome. And sometime, uh, what happens there. What happens. The students are, uh, engaged with study repeatedly, repeatedly. And sometime, uh, they used to observe some videos in, uh, clear, uh, languages like this. So some understanding problem could happen there. Yeah.
821.	I	What are the reasons behind students cannot un understand the meaning of reading and listening activities?
822.	Halder	What are the reasons behind students? Okay. Cannot understand the meaning of reading and listening activities. Uh. At a question is not clear.
823.	I	Uh, okay. What what can be the possible reasons for which students cannot understand the meaning in reading and listening activities?
824.	Halder	Okay. Uh.
825.	I	Meaning? Reading and listening activities.
826.	Halder	The one reason is that the when the student is weak in English, the in previous classes it may be a cause. Number one. Number two. Uh, second cause related with teacher. If the teacher explain. Well, explain this, uh, task class lecture, then I think, uh, the problem will minimum. So problem is with students and problem is with teacher as well. Uh, when the, uh, expression uh, in English is poor, then it could be a problem. Otherwise not. Yeah. Okay. Yeah.

827.	I	How do the students adapt their learning techniques to address these challenges?
828.	Halder	Yes. Uh. When the situation arise. Uh, usually students ask teacher for explanation for further explanation, or students go through the task repeatedly reading, repeatedly listening from the, uh, lecture, uh, internet lecture repeatedly. And for when the some word is a problem. Then they used to go through the dictionary or like this. This is the way I think.
829.	I	Do they make any adjustments to enhance their comprehension in reading activities?
830.	Halder	Could happen.
831.	I	Okay. How do the adaptations positively influence their comprehension?
832.	Halder	Adaptation. Yes.
833.	I	Um. after these adjustments do they understand better ?
834.	Halder	Yes. Definitely. Definitely.
835.	I	Do you think background knowledge about a topic plays a role in understanding the meaning of text and lectures better?
836.	Halder	Obviously. Obviously without background knowledge the task text and the main theme could not be clear. So it's very important. Background knowledge is very important.
837.	I	What do the students do when they have a new word in a text? Give examples.
838.	Halder	Yes. Usually in medical perspective. the brilliant students usually go through the medical dictionary and search the medical dictionary and see the, uh, meaning of the word and explanation. In some medical

		dictionary there are some short explanation of the word and some people. Some students usually go through the medical terminology book. By this way, uh, they can, uh, understand the topic or, uh, words. Yeah.
839.	I	When they know the meaning of a word, does it help them in understanding another similar word more easily?
840.	Halder	Yes, of course, of course.
841.	I	Do you use diagram to improve their understanding of the text? And in what ways does it contribute to an effective understanding of a complex topic?
842.	Halder	No doubt. Diagram is very important. Uh, diagram. Uh, actually diagram is a picture. Picture, uh, is a story actually in the form of diagram, uh, or a poem in the form of diagram. So diagram is very important for clear the concept or clear the matter subject matter. So diagram is very important for teaching and learning as well. Yeah.
843.	I	In listening activities if the students do not understand something what do they do for clarification.
844.	Halder	Yes. Uh actually. During delivering lecture we understand what could be the problem for particular students. So in our native language or explanation of the theme, we make it clear for the students.
845.	I	Okay. But still, if they do not understand, do they ask to repeat the topic?
846.	Halder	Yeah, yeah, yeah. Sometime, uh, a few students, uh, ask uh, particularly in my class, I accept this. I encourage, encourage for repetition or explanation, uh, so that it, uh, make it clear, though some students

		annoyed, uh, for silly explanation. Still, I encourage, because I am the teacher of all the students. Not for a few. Uh.
847.	I	So at that time, do you elaborate the topic?
848.	Halder	Yeah. Elaborate. And. Yeah.
849.	I	Do you summarise?
850.	Halder	Yeah. Of course. Topic? Yeah
851.	I	Okay. Uh, how do you understand whether the listener, I mean, the students is understanding the lecture or not?
852.	Halder	Uh, it's a very easy body language. The attentiveness, the response, the, uh, depth of questioning. So all these things, uh, uh,
853.	I	do you give feedback on their interpretation or understanding?
854.	Halder	Yes, of course, of course.
855.	I	Uh, so when do you give the feedback in the class or during the Viva or.
856.	Halder	No, no, no, in the class. In the class. Yeah. The part of the class, first half of the class is a lecture and second half of the class, uh, is feedback from student side. Okay.
857.	I	Do you elaborate when there is a difficulty in understanding a topic or a word?
858.	Halder	Yes. Not only elaboration only, uh, I usually habituated to present and uh, pictorial presentation, graph diagram, picture and PowerPoint presentation and with some examples. So I think this is the way to make a thing understandable for the students. Yeah.
859.	I	Does breaking a word into one, 2 or 3 parts to understand the meaning helps them remember the meaning more.
860.	Halder	Yes, particularly for the Latin words or some Greek words it requires

		for, uh, breaking the word and uh, with its meaning, so that the whole, uh, meaning of the word is clear and memorisable for the student.
861.	I	How do you teach word meanings to your students? Do you teach from essay or you provide a list of necessary vocabulary?
862.	Halder	No no no. I personally I do usually and a word. Word meaning from its roots and origin of the word from where the word came so this origin and breaking the word. it clear the meaning of the word actually. yeah
863.	I	But do you teach meanings from essay or how do you select the words which you want to teach your students. Do you provide any vocabulary list based on important words.
864.	Halder	No no. during delivering lecture I usually mark or highlight the keywords keywords of the definition keywords of the theme keywords of the particular aspect of a discussion keywords are defined. and highlighted so its very important. yeah
865.	I	How do the teaching techniques contribute to the development of listening and reading skills . can you share your experience
866.	Halder	Teaching techniques [yeah] Yes. I think it's a bilateral issues. Not simply the teacher will deliver the lecture but and the student will just listen the lecture it's a monotonous. Its not understandable most of the cases and boring for the students to. so better participatory participatory modes of teaching is very important and its obviously bilateral from student and teachers side and participatory so that it is more understandable and more enjoyable too.

Sample Interview of Radia and Nafisa (Pseudonyms)

DU	Participants	Questions and Answers
1.	I	I am interviewing. uh final year medical students . for my thesis... one of the participant's name is Radia. she is from Sapporo Dental College & Hospital… Hello
2.	Radia	Hi
3.	I	And. the other partipant is. uh Nafisa… she is from .United medical college and hospital ...hi [Hello] So .Radia can you please tell me about your educational background .what was the medium of instruction in your school or college…
4.	Radia	Ok so. I was a student of Viqarunnisa Noon School and College. since class one. and like .my school .and then. I also attended Viqarunnisa Noon College as well. and the medium of my studies was English. I was a student of English version …
5.	I	Uh. now.we are going to Nafisa… Can you please tell me about your Educational background. and . what was the medium of instruction. in your school .and. or college

6.	Nafisa	I was a student of Viqarunnisa Noon School and College. as well. and .my Umm ki
		[My medium]
		My medium was English Version. and we used to have our classes in English as well …
7.	I	Okay. so Radia .can you tell me. how reading was taught to you in English. class in school… like. did you have the habit of reading English books or Newspapers...

8.	Radia	Well .in school we used to be uh. more dependent on the like the..umm like. for literary studies we used to be more dependent on the textbooks. mostly. but .I .I did have a habit of reading English books and newspapers as well. mostly English books .story book …
9.	I	Okay. what about you. Nafisa ?
10.	Nafisa	We also used to have our classes conducted in English as well. all the time.. and we also used to practice. speaking English .in English classes specifically .and .I didn't had that many habits of reading English books or Newspaper
		[Okay But]
11.	I	Back in your school days .how reading were taught to you .right uh. the teachers. did the teachers helped you in reading?

12.	Nafisa	In specifically English classes or other classes?
		[Yeah, in English classes]
		in English classes. yes. they used to help us a lot…
13.	I	So Nafisa. do you have a special habit of listening to English songs or watching English movies ?
14.	Nafisa	Of course. my first preference is actually. Uh. mane. I use. I like a lot of English movies and English stuffs. and and. (that's about it)
15.	I	Okay. Radia. Can you please tell me your habit of listening English movies or songs?
		[yes]
16.	Radia	I do watch English movies and listen to English songs. a lot and yes. these are my first choice. if I ever like wanna watch a movie or listen to a song I would go for like .movies in English and English songs as well
17.	I	Ok do you think these habit improved your listening skills?
18.	Radia	(I've) yes. Um I would say that. It. helped me develp my English speaking skills and listening skills both at the same time.
19.	I	Ok Radia Can you tell me what's the medium of language or the. what language does the teacher usually use. in your medical classroom?

20.	Radia	Well. the teachers deliver their lectures in English. but uh. most of the times when they are explaining something to us suppose a disease or how we would treat the patient or how we will handle the patient. you know these things are. said out in bangla. most of the time [okay] uh in so that everyone can understand. as not all the students from our class are from English version and they don't understand English that well.so. in order to. like make it you know. understandable for everyone. they like. choose bangla as a medium of conversation between us.
21.	I	Okay Nafisa can you tell me what. what's the scenario in united medical college like do they. what's the medium of language or lecture deliver in your medical classroom?
22.	Nafisa	I think. Like. how Radia said. everything like. matches.and the teachers actually prefer to say the lecture in English because we need to study. the books. which are all English based. so. they deliver the lecture in English but for our better understanding they always convert every single words those are hard medical words into Bangla so that we. the other students can actually listen. and understand…
23.	I	So Radia can you tell me about the importance of effective communication in Engllish for medical professsionals?

24.	Radia	Well. in our sector of studies we don't actually communicate in English that much. because we get patients. Ah. we have to practice. on patients. now a days. so when we are interacting with patients we use Bangla mostly. mostly {na} like all the time. we have to communicate with them in Bangla in order to understand. like what they are going through. or. if they like. you know. in order to take the medical history and everything. so yeah. we don't have to use English that much…
25.	I	But. do you think that (you have) you need the. there is a need of English. in your reading and listening activities?
26.	Radia	Yes. I do think it's important. and we do have to communicate in English with our. like teachers. and whenever we get like you know foreign. like there are some students from. like foreign. I have some students from Nepal and Iran. like we have to communicate with those classmates in English but other than that. no.. it's not that important. other than studies. it's. like. you know studying. and like receiving our education other than that it's not that important…
27.	I	So {mane} you want to say that for the practical field you don't need the. English that much but. in studies. there is a importance. right? [Yes] Nafisa can you state your opinion regarding this?

28.	Nafisa	I would like to state the same thing. that. even our Medical College does not have any foreign student so even our teachers and not obligated to deliver their lectures fully in English so they also use a lot of Bangla and during our communication with our teacher and students as well we always. Like. we prefer. {mane joto easily bola jay sob kichu. so tokhon English ta} doesn't come first. Bangla comes first. and yeah practically. we always need to speak in Bangla. with our patients. so .we need to practice the medical terms as well in Bangla because we need to make our patients understand what we are trying to get the information from them. so. we also. {mane}. just for reading and studying. we choose English as a base. but for every other thing. for for every other clinical part. we always prefer Bangla..
29.	I	So Nafisa what are the new aspect of English words that. you have discovered in medical English?
30.	Nafisa	Like.um. the medical in. the general English we always practice in school is too much different from Medical English because. in medical English we. need to know the terms. specific term. which indicate the specific thing. about the lesson that we know like. anterior posteriors and. Lateral medial these things that we. actually from English version we actually got to catch those words meanings very easily but {amader je bangla students. bangla medium students} they actually had to learn those sentences or words for specific classes like.we had in our beginning 1st year we had. two or three classes based on only English medical words that they had to actually learn. and. memorize in their head what actually that meant. but coming from English

		base. I actually did n't had to face that problem. that much but the other Bangla based students they actually had to learn for two three classes and they had a very elaborate class about all the medical English words…
31.	I	so there is a special course or special class for medical English [Its not like a course]
32	Nafisa	Its just like a introduction part. Like. we are introducing medical English to you and you need to learn this words because this are used everywhere every single time. Like in every single text you need to know these words and. {etar jonno e} like it's necessary a lot. that's why…
33.	I	So the teachers are helping the students to understand the meaning of words. Okay radia can you ah tell. what's the scenery in your medical college?
34.	Radia	Aee well. I would like to state the same thing as Nafisa said. and yeah there are some different words and like new words that I have learnt. in medical. in my medical field. and yeah they are quite different and there are some stuff that. ah that was like helpful for me (there) were some words that was like. easy for me . as I am a student from English version. but yeah some students face some problems and difficulties and. we help them out the teachers help them out like it was a. like. you know. we did it all together. no one had to like. go through this phase alone of learning things. you know.

35.	I	Okay. so did any of your teachers introduce the term negotiation of meaning when you wear in School. college or Medical College here. negotiation of meaning
36.	Radia	this term?. negotiation of meaning. [yeah. yeah] Uhh no
37.	I	Okay. So. Nafisa? Can you [I'm]
38.	Nafisa	also an aware of this. Part.
39.	I	Okay. so how do you think the challenges in developing reading and listening skills influence your academic performance?
40.	Radia	it helps me to understand my lessons better. Like.ah I. I catch my. Like. whatever the teachers ah. you know teach us. and like deliver the lecture and everything. it's easy for me to catch them. and it's easy for me to understand and memorise them and keep them in my head and to remember them. so yeah I think. Like. you know. having a background of English version and like. you know having. more knowledge about. Like. English words and everything it has helped me a lot.and like. it has. helped me. like you know. overcome the fears that others have.ah. like regarding. the medical sector and learning new terms. it. it's not this that difficult for me… So I think yeah (it has developed me)

		[so you think that]
41.	I	challenges in these skills may impact the academic performance negatively/
42.	Radia	Yeah. if you are having problems. understanding. like. your lectures and like studies and everything. Yes. I think it's gonna hamper and if you can overcome all these difficulties then its gonna better for you.
43.	I	Nafisa can you say your opinion regarding this?
44.	Nafisa	Absolutely like. reading and listening skills are very important. first because when I listen to my teachers words I can actually go home and memorise those more easily. and like. connect with my lessons more easily because I know and remember that my teacher actually say that. and when I read and listen to my teacher simultaneously it also helps me to memorize my text more easily…
45.	I	so can you provide examples of situations where difficulties in understanding English materials affected your learning outcome or interactions with instructors?
46.	Radia	No. I haven't faced any such difficulties yet…
47.	I	Ah. Nafisa what about you?

48.	Nafisa	I also did not face any type of problems understanding the English materials as well…
49.	I	Okay. so tell me about the issue you face. to effectively understand meaning in reading and listening activities related to your medical studies?
50.	Radia	Ah. yes.my. there. I do face some difficulties in understanding stuff when it's hard for my teacher to explain it. because even. there are some lecturers I am going to say the professors. but there are some lecturers who find it difficult to deliver their speech in English and. I think. we face some miscommunication. during that time. and yeah. other than that. I don't think I faced any kind of difficulties so far…
51.	I	Nafisa what about you?
52.	Nafisa	yes I would like to say the same thing that. when our teachers sometimes the lecturers they can. {mane}. they can be a little tuff on the pronunciations and we cannot catch them properly and at that time and also it sometimes boundaries them. like. limits them to express their actual words what they actually want to say.so sometimes the misunderstanding actually occurs a lot… with the lectures…
53.	I	so how to you adopt your learning techniques to address the challenges?
54.	Nafisa	Well. we used to go to our teachers for follow ups like. when we (didn't use) learn or understood the lesson. we used to go. we go to our teachers actually. and ask them about it with our. um text books. and. actually the text books have brief lessons. So. after reading them we actually get our

		misunderstanding removed as well..
55.	I	Radia.?
56.	Radia	I agree with Nafisa. this is what I do as well. whenever I face problems and I also take help. from my notes. and the notebooks. and like text books and everything. to overcome these challenges…
57.	I	So can you tell me about the adjustments that you made to enhance your comprehension in reading activities?
58.	Radia	so whenever I face difficulties and have problems understanding something. I. prefer. like. (search) looking it up. in Google and. in order to understand it better. there are lots of. ahh. instructive videos on YouTube. and like. I can go and watch them.and like you know learn about the stuff and like go through the topic once more…
59.	Nafisa	But sometimes we also like.um. when there is a very brief description about something. and it's so huge that I cannot take it [slightly laughing] in my mind. then. I make notes. very easy notes that I can comprehend on my own. and. that's how I actually overcome those problems…
60.	I	Okay. so in reading medical text. do you guess meaning of lines from a text without knowing the meaning of every word?
61.	Radia	Well no. this doesn't happen with me…

62.	Nafisa	this doesn't happen with me either because. when you are not understanding a single word as well. you cannot understand the meaning of the whole sentence you need to know the meaning of every word so that you can actually know what the person actually wants to say to you or the (vocal) actually wants to deliver…
63.	I	well. but sometimes what we do is. ah. without knowing every single word we can just. annotate the meaning of a sentence or a paragraph like what it's saying about. we can just make a picture or we can. just get an idea that what's the. ah. text is trying to say so does it happen in medical English?...
64.	Nafisa	Um no [Well no]
65.	Radia	because most of the things in our. in our sector of studies we have to memorize them. thoroughly we have to understand them. we have to memorize them. we have to keep them in our mind. so if you don't understand what. the thing. like whatever you are studying if you don't understand what it's trying to say to us. how are we gonna treat our patients and how are we gonna diagnose whatever our patients. patient is going through. so yes we have to understand. whatever we are studying. and. we have to keep it in our mind as well.
66.	I	Ok. Does your background knowledge about a topic help you to understand the text better?
67.	Radia	Well. yes it does. it does …

68.	I	Nafisa?
69.	Nafisa	yes it does.
70.	I	It helps you right [Of course] Okay. does less background information makes the understanding of meaning of text or the lecture seems to be more difficult?
71.	Radia	Yes. it does seem difficult. and then we have to do through research and like. you know. talk to our friends about it or go to our teachers for better understanding. and. there is always Google [laugh]. there is always You Tube. and there is always a lecture. video. on. regarding those topics. there are. like you know. I can just look it up and. for better understanding…
72.	I	Ok. So. when you know the meaning of a word does it help. in understanding another similar word more easily?. give examples…
73.	Radia	Uh. suppose there is a word. which Nafisa have said a while ago. um. anterior. which means forward. ah. in front.so yes. I knew the similar meanings. so we don't use forward. in front. in medical. we use. the word anterior. posterior. lateral. (buckle. labeal) {hae}. we use this terms. so as I knew. the synonyms of these words. it was easy for me to catch them. so whenever my teachers says. in the anterior region of the mouth. so I know that the teacher is talking about the. like. the front portion of my mouth. so it's easy for me to understand the lecture better. that way…

74.	I	Uh Nafisa?
75.	Nafisa	(But) even though. the words can be similar. but they can have different meanings. so. we always need to counter. check. that. actually what I am thinking. is actually correct or not. because if you are thinking about a wrong meaning. then you are totally mis-reading everything. (your) reading it wrong. you are answering wrong to your teacher. so you always need to confidently know. and check. in Google. that.. what you are thinking is actually correct or not. so…
76.	I	So how does the understanding of a diagram. like the diagrams which are in your books improve your understanding of the text and in what way do the visual representations contribute to more effective understanding of complex information?
77.	Nafisa	well of course there are lot of diagram that actually help us. in medical. because. there are so many flowcharts. and so many cycles that we need to memorise. and we need to actually deliver them to out teachers in front. during item times. and there are. medical is mostly based on vivas. so. diagrams are actually the ones that help us. to remember what comes next from one step to another. because in paragraphs you cannot actually visualise the Paras. because they are look all the same. but the diagram are so differentiating. that when you are delivering a. um um item. to a. or viva to a teacher. and answering the question it actually help to visualise and give the answer properly…

78.	I	Ae Radia?
79.	Radia	well yes diagrams and pictures of different.. ah. things. in the text books do help us. suppose ah. we are. we learnt about a disease okay .so yeah. I memorised what. what the clinical features are. or. what might be the complications. what. what might the complaints of a patient. and what. what might be the history of it. but when I see the. the pictures in the text book while reading. so when I. after that whenever I see a patient with that certain problem. so it's easy for me to understand ok so this was the problem that the. this was the disease that I learnt about earlier. so this is the problem this. Ah ah. patient is facing and like. these are the treatments I can give them. so yes. so diagrams are very important and like. visual (for more) better understanding. and visual understanding…
80.	I	So in listening activities if you do not understand something what do you do. for clarification?
81.	Radia	I mostly. Um. ask my teachers. about. ah what that specific topic meant. and. if there is no way of asking or communicating to my. with my teachers. I just. use the internet…
82.	I	Ok. so when you ask your teacher. do they elaborate. or do they repeat?
83.	Radia	yes. they do elaborate (that). the thing. they make us understand it in a better way. and it's easy for us to. like. get that. when they. like. explain it to ask once more…
84.	I	Um Nafisa?

85.	Nafisa	(I would) like to say the same thing. that. mainly they. convert the English into Bangla. and then say it to us so that can understand. at the end…
86.	I	ok. so how. how do you interpret the information that the speaker is giving you. and who gives the feedback?
87.	Nafisa	how I interpret…
88.	I	the information that the speaker. like a speaker (is giving you like this speakers speaking to you) [when our teachers are giving the classes.]
89.	Nafisa	I actually make short notes. and then when I. ah study. for any exam I make elaborate notes. So um. all the things that I need to actually know. so when the speaker is saying. or. taking the class I actually take note the main things. because I cannot copy the voice to voice or voice to text. properly. so. I do that. or sometimes I even record the classes and here them at the end of the class or at the end of the day when I am studying. by myself. and make the notes. and then read them. until I memorise. fully…
90.	I	um. Radia?
91.	Radia	well. I do the exact of opposite of Nafisa. [laugh] I. ah. I tend to listen on my teachers more. and record the classes and when I'm. like home. back home and. when I am studying ah the topic once again. I just. you know. play the recording. and. then I make notes. so. you know I. ahh. like I get to get to study the same topic twice. by listening to the recording that I made. while.

		the lecture classes were. like. you know. going on…
92.	I	well. do you think understanding reading materials help you to develop your skill of making good sentences or it. it might improve the overall language skills…
93.	Radia	Ahh yes it does. you know. we. even though we have to memorise most of them staff. so when we read a lot and like you know learn a lot of new staff. we can't. like. we can't always remember the exact words from textbooks sometimes we have have to. yeah. the idea is the same. the gist of the answer is the same but. sometimes we have to .like. you know make makup words. because we don't want always remember everything. Okay. so yes. I do thing reading and like. you know. listening to my teachers and like. ah going to the textbook and notebooks does help me make good sentences and like. you know. form better sentences…
94.	I	Nafisa?
95.	Nafisa	I would also like to say the same. that. if I do not understand the topic. Umm. I cannot make the sentences that I want write. on my return exams. so. yeah. reading (material). reading skill actually. I need them…
96.	I	what are the guidance or the strategies that the teachers uses for improving students ability to negotiate meaning?

97.	Radia	the teachers usually repeat like we have tutorial classes. so after the lecture class we have tutorial classes and our lectures tend to repeat the. our studies and the items that. um. you know. the professors delivered to us. earlier. to for better understanding and. even though we don't get enough chances to communicate with our professors while they are delivering in the lecture. we get to talk. and like you know. communicate with our lecturers even more. and. and as I said. we. often we group study. and self-study. and that help a lot as well…
98.	Nafisa	the guidance that our teacher uses actually is. to make the lecture more easier for us to understand. and yeah. using the diagram that I said in our previous questions. I. like. they use those stuff and make their lectures more easier for us. and then that way. we can actually understand. and have better abilities for negotiating with our teachers. about the lecture…
99.	I	okay. so. the strategies that the. your teachers are using. what do you think. how do they contribute to your development in receptive skills?
100.	Nafisa	they actually help a lot. because. ah. umm. the teachers are the one that delivers the topic at first. like. we are so unknown about the topic but the teachers are the ones. the teachers that make the topic that much easier. we are more eager to learn that topic and the ones [they also correlate the things] correlate the things. and they first introduce us to the topic so when we get a better idea about the topic first which is delivered by the teacher mainly so. we

		are more interested to learn about it and. study more about the topic. and get. it takes less time to study [So how do you]
101.	I	so how do you think that. it. it improves your receptive task. like listening and reading. like it takes [I can correlate]
102.	Nafisa	like when I go home. I can corelate the topic. that the teacher actually introduced for the first time i can relate to it that no this is not the topic that I heard first. my teacher actually said it first. so I can relate…
103.	I	Radia. do you want to add something?
104.	Radia	Uhh yes. I think it's easy for me to understand and like you know . receive ah. the lectures better. when I have. like. you know these are. these things are new but when the teacher you know explain it to us and when i reread the staff all by myself. it's not that hard. it's easy…
105.	I	okay thank you so much. to both of you. for your valuable time…
106	Nafisa	Thank you.

APPENDIX D

SAMPLE OF CODING TEMPLATE BY THE RESEARCHER

The Full Coding Template for Radia

Coding of Radia's Interview						
Interview Questions (1)	Subordinate key word of question (2)	Subordinate main point from conversation (3)	Elaborated examples from verbal evidence to support the subordinate main point (4)	Occurrence of main idea transferred into the form as key word(s) (5)	Frequency of occurrence (6)	Ordering of discourse unit (7)
How do you think the	Challenges in listening	*problems understanding lectures	"if you are having problems. understanding. like. your lectures and like	* problems *better when overcoming challenges	1	DU RAD 42

challenges in developing listening skills influence your academic performance or interactions with instructors?	skills academic performance	and studies <mark>gonna hamper</mark> <mark>* overcome difficulties</mark> <mark>then better</mark>	studies and everything. Yes. I think it's gonna hamper and if you can overcome all these difficulties then its gonna better for you."			
Can you provide examples of situations where difficulties in understanding English materials	Difficulties understanding English materials	* No *difficulties yet	"No. I haven't faced any such difficulties yet…"	* No difficulties	**1**	DU RAD 46

affected your learning outcomes?						
Tell me about the issues you face to effectively understand meaning in reading and listening activities?	* issues *understand meaning * reading and listening	* difficulties *No difficulties * not understanding lecturers * difficulty in understanding teacher's English speech delivery *miscommunication with lecturers.	" I do face some difficulties in understanding stuff when it's hard for my teacher to explain it. because even. there are some lecturers I am not going to say the professors. but there are some lecturers who find it difficult to deliver their speech in English and. I think. we face some miscommunication. during that time. and yeah. other than that. I don't think I faced any kind of difficulties so far…"	* difficulties * not understanding lecturers * difficulty in understanding teacher's English speech delivery *miscommunication with lecturers.	**2** **1** **2** **1** **1**	DU RAD 50

Interview Questions (1)	Subordinate key word of question (2)	Subordinate main point from conversation (3)	Elaborated examples from verbal evidence to support the subordinate main point (4)	Occurrence of main idea transferred into the form as key word(s) (5)	Frequency of occurrence (6)	Ordering of discourse unit (7)
How did you adapt your learning techniques to address these challenges?	adapt learning techniques to address challenges	* problems * help * notes. *notebooks * text books * overcome *challenges	"whenever I face problems and I also take help. from my notes. and the notebooks. and like text books and everything. to overcome these challenges…"	*problems *I take help * from notes. notebooks. and text books *to overcome *challenges	1 1 1 1 1	DU RAD 56

Can you tell me about the adjustments that you made to enhance your comprehension in reading activities? How have these adaptations positively influenced your comprehension?	adjustments made to enhance comprehension in reading activities	* difficulties *Search *Google *understand better * instructive videos *YouTube *once more	"I face difficulties and have problems understanding something. I. prefer. like. (search) in Google and. in order to understand it better. there are lots of. instructive videos on YouTube .and like learn about the stuff and go through the topic once more…"	* difficulties *Search *Google * in order to understand it better * instructive videos on YouTube * go through the topic once more	1 1 1 1 1 1	DU RAD 58
In reading medical texts, do you guess the meaning	guess meaning of lines without	* no * memorise	"no. this doesn't happen with me…" "because most of the things we have to memorise them. thoroughly we have to understand them. memorise them. keep	* no * memorise	1 2	DU RAD 61 DU RAD 65

of lines from a text without knowing the meaning of every word?	knowing meaning of every word	*understand * studying * patients	them in our mind. so if you don't understand whatever you are studying what it's trying to say to us. how are we gonna treat our patients and diagnose whatever our patients. patient is going through. so yes we have to understand. whatever we are studying. and. we have to keep it in our mind as well."	By understanding * studying * patients	2 3	
Do you think background knowledge about a topic play a role in understanding the meaning of text and lectures better? Can you give me an example	background knowledge play a role in understanding meaning	* yes * it does	"Well. yes it does. it does …"	* yes * it does	1 2	DU RAD 67
When you	does	* knew	"suppose anterior. which means forward.	* knew	2	DU RAD 73

know the meaning of a word does it help in understanding another similar word more easily? Give examples	knowing meaning of a word help in understanding another similar word	* similar * meanings * anterior * synonyms * easy *understand	ah. in front.so yes. I knew the similar meanings. so we don't use forward. in front. in medical. we use. the word anterior. posterior. lateral. (buckle. labeal) {hae}. we use this terms. so as I knew. the synonyms of these words. it was easy for me to catch them. so whenever my teachers says. in the anterior region of the mouth. so I know that the teacher is talking about the. like. the front portion of my mouth. so it's easy for me to understand the lecture better. that way…"	* similar * meanings * anterior means forward * synonyms * easy *understand	1 1 3 1 1 1	
How does understanding a diagram improve your understanding of the text, and in what ways does it contribute to	does understanding a diagram improve your understanding	* yes * help *memorised *reading * easy *understand *Problem *disease * earlier.	"well yes diagrams and pictures of different.. ah. things. in the text books do help us. suppose ah. we are. we learnt about a disease okay .so yeah. I memorised what. what the clinical features are. or. what might be the complications. what. what might the complaints of a patient. and what. what might be the history of it. but when I see the. the	* yes * help *memorised *reading * easy *understand *Problem *disease * earlier	1 1 1 2 1 3 3 2 1	DU RAD 79

an effective understanding of a complex topic?		*treatments * diagrams *important * better understanding	pictures in the text book while reading. so when I. after that whenever I see a patient with that certain problem. so it's easy for me to understand ok so this was the problem that the. this was the disease that I learnt about earlier. so this is the problem this. Ah ah. patient is facing and like. these are the treatments I can give them. so yes. so diagrams are very important and like. visual (for more) better understanding. and visual understanding"	*treatments * diagrams *important * better understanding	1 2 1 1	
In listening activities if you do not understand something what do you do for clarification? (repetition, elaboration,	what do you do for clarification	* teachers * meant * internet	"I mostly. Um. ask my teachers. about. ah what that specific topic meant. and. if there is no way of asking or communicating to my. with my teachers. I just. use the internet…"	*ask teachers * use the internet	1 1	DU RAD 81

summarisation)						
How do you interpret the information that the speaker is giving you? Who gives the feedback on the interpretation?	How do you interpret informationt he speaker is giving	* listen * record * studying * notes	" I tend to listen on my teachers more. and record the classes and when I'm. like home. back home and. when I am studying ah the topic once again. I just. you know. play the recording. and. then I make notes. so. you know I. ahh. like I get to get to study the same topic twice. by listening to the recording that I made. while. the lecture classes were. like. you know. going on…"	* listen on my teachers more * record the classes * re studying the same topic by playing recording * I make notes	2 3 2 1	DU RAD 91
Does the speaker elaborate when there is difficulty in	Elaboration during difficulty in understanding	*Elaborate *understand	"they do elaborate (that). the thing. they make us understand it in a better way. and it's easy for us to. like. get that. when they. like. explain it to ask once more…"	*Elaborate * understand it in a better way	1 1	DU RAD 83

understanding a topic or word?						
What are the guidance/strategies that the teacher uses for improving students' ability to comprehend meaning?	teacher's guidance/strategies for students' ability to comprehend meaning	* repeat *communicate *professors * lecturers * group study * self-study * help a lot	"the teachers usually repeat like we have tutorial classes. so after the lecture class we have tutorial classes and our lectures tend to repeat the. our studies and the items that. um. you know. the professors delivered to us. earlier. to for better understanding and. even though we don't get enough chances to communicate with our professors while they are delivering in the lecture. we get to talk. and like you know. communicate with our lecturers even more. and. and as I said. we. often we group study. and self-study. and that help a lot as well…"	* repeat * don't get enough chances to communicate *with professors *communicate with our lecturers even more * group study. *self-study. *help a lot	2 1 1 1 1 1 1	DU RAD 97

How do they contribute to your development of listening and reading skills? Can you share experiences?	How the strategies contribute to development in receptive skills	*yes *easy *reread *explain	"Uhh yes. I think it's easy for me to understand and like you know . receive ah. the lectures better. when I have. like. you know these are. these things are new but when the teacher you know explain it to us and when i reread the staff all by myself. it's not that hard. it's easy…"	*yes *easy *reread *explain	1 2 1 1	DU RAD 104

Coding of Halder's Interview

Interview Questions (1)	Subordinate key word of question (2)	Subordinate main point from conversation (3)	Elaborated examples from verbal evidence to support the subordinate main point (4)	Occurrence of main idea transferred into the form as key word(s) (5)	Frequency of occurrence (6)	Ordering of discourse unit (7)

How do the challenges in developing the listening skills of the students influence their academic performance or interactions with instructors?	challenges in listening skills influence academic performance	* Yes * could happen * foreign students * different types listening skill * with time can cope * remote area students * have listening problem * urban students * listening problem less	"Yes. Uh, it could happen, uh, foreign students, because they are adept with the different types of listening skill. Uh, but with time they can cope with this. And some students came from, uh, remote area having some listening skill problem, actually. But the problem the students, uh, having uh, urban, uh, urban background, usually listening skill is less is less."	* Yes * could happen * foreign students * different types listening skill * with time can cope * remote area students * have listening problem * urban students * less listening problem	**1** **1** **1** **1** **1** **1** **1** **1** **1**	DU HAL 818
Can you provide examples of situations where difficulties in understanding English materials affected the learning outcomes?	difficulties understanding materials affected learning outcomes	* Definitely * students re- read *watch videos	"Definitely, when there is a difficulties in understanding, particularly in English materials, it's going to affect the learning outcome. Definitely it can affect the learning outcome. And sometime, uh, what happens there. What happens. The students are, uh, engaged with study repeatedly, repeatedly. And sometime, uh, they used to observe some videos in, uh,	* Definitely * difficulties in understanding * students re- read *watch videos	1 1 2 1	DU HAL 820

			clear, uh, languages like this. So some understanding problem could happen there. Yeah."			
What are the reasons behind students' cannot understand the meaning of reading and listening activities?	issues in understanding meaning in reading and listening	* weak in English * **lecture deliver of teacher improperly** * problem with both students and teacher * poor English * could be a problem	"The one reason is that the when the student is weak in English, the in previous classes it may be a cause. Number one. Number two. Uh, second cause related with teacher. If the teacher explain. Well, explain this, uh, task class lecture, then I think, uh, the problem will minimum. So problem is with students and problem is with teacher as well. Uh, when the, uh, expression uh, in English is poor, then it could be a problem. Otherwise not. Yeah. Okay. Yeah."	*students weak in English * inefficient lecture deliver of teacher * poor expression in English creates problem	**1** **2** 1	DU HAL 826

13

Coding of Shanjid's Interview

Interview Questions (1)	Subordinate key word of question (2)	Subordinate main point from conversation (3)	Elaborated examples from verbal evidence to support the subordinate main point (4)	Occurrence of main idea transferred into the form as key word(s) (5)	Frequency of occurrence (6)	Ordering of discourse unit (7)
What techniques did you adapt to to address these challenges?	adapt learning techniques to address challenges	* spoke with friends * following YouTube channels * collecting notes	"I started following at first I spoke with my friends. I asked them what they do for that and then I started following YouTube channels and I also Started collecting notes from the senior as well…"	* spoke with friends * following YouTube channels * collected notes	1 1 1	DU SHA 755
Can you tell me about the adjustments that you made to enhance your comprehension in reading activities? How have these adaptations positively influenced your	adjustments made to enhance comprehension in reading activities	* earlier used to study book only * did not help much * now read book * identify problems * discuss with friends * friends discuss	"so what I did was earlier I used to only study the book and then go for the exam but that did not help me much so after that I first read a book then. I used to I used to identify the problems then I. sat with my friends and.ah and. discuss my problems with them and they also discuss their	* earlier used to study book only * did not help much * now read book * identify problems * discuss with friends * friends discuss problems	1 1 1 1	DU SHA 757 DU SHA 759

| comprehension? | | problems too
* solve problems
* give own concepts
* group study
* for understanding study materials
* depend on memorisation before
* can revise faster now
* can explain in Bangla now | problems and then we would sit for a long time to solve our problems. we would give our own concepts like. I think it should be like this and he thinks that it should be like that. and so on. and in that way we. made. we used to solve our problems. ah at the end of the day we. switch to group study for understanding the study materials…"

"Ah. well earlier.. I used to I had to depend much on memorisation. although I still have to memorise a lot now but. at least. when I have to. when I have to revise these topics again. I can. I can revise them faster because. now I know the concept fully. now I can even explain it in Bangla as well so this is. this is the. benefit I am having from my adaptation…" | too
* solve problems
* give own concepts
* group study
* for understanding materials
* depend on memorisation before
* can revise faster now
* can explain in Bangla now | 1
1
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1
1
1 | |

In reading medical texts, do you guess the meaning of lines from a text without knowing the meaning of every word?	guess meaning of lines without knowing meaning of every word	* Sometimes * it's possible * check meaning afterwards * don't come to conclusion	"Sometimes we do that. but. we. we check the meaning afterwards. we don't come to a conclusion ah. instantly.." "sometime it's possible"	* Sometimes * it's possible * check meaning afterwards * don't come to conclusion	1 1 1 1	DU SHA 761 DU SHA 763
What do you do to understand the meaning of the texts when you do not understand by reading once? (Do you re-read texts when you do not?)		*re- read *when don't understand meaning * read other books * YouTube * Google	"I read it again and again if. if I still don't understand the meaning then I try to. I try reading some other books. I try to read the same topic from some other book to see if I can understand it. and if I still don't. then I go to YouTube or search on Google to understand meaning. it works most of the time…"	*re- read *when don't understand meaning * read other books * YouTube * Google	1 1 2 1 1	DU SHA 767
Do you think background knowledge about a topic play a role in understanding the meaning of text and	background knowledge play a role in understandin	* Yes. it helps * ectopic pregnancy * baby implanted in any part other than uterus	"Yes. it helps actually. so.. I can tell you about ectopic pregnancy so. this. this is a case when the baby is implanted in any part of the body other than the uterus.so it	* Yes. it helps * ectopic pregnancy * baby implanted in any part other than uterus	1 1 1	DU SHA 769

lectures better? Can you give me an example	g meaning	* taught in first semester * students unaware *so would not understand easily * my relative faced it * I learned easily	is a topic taught in the medical colleges in the first semester so. a lot of the students are unaware about it. but I. so is common that most of them would not understand it easily when taught first but I. was aware of it because a relative of mine. has already faced it. so I learned that pretty easily …"	* taught in first semester * students unaware *so would not understand easily * my relative faced it * I learned easily	1 1 1 1 1	
What do you do when you have a new word in the text? Give examples (When you know the meaning of a word does it help in understanding another similar word more easily?)	does knowing meaning of a word help in understanding another similar word	* ask reading partner * Google * sometimes it does * Yes	"Okay. so when I. find a new word. Usually it's when I'm studying at at the college campus so. I ask my reading partner to see if he knows the meaning. and if he doesn't know the meaning then. then i Google it to check the answer. to check the meaning…" "sometimes it does. Yes.."	* ask reading partner * Google * sometimes it does * Yes	1 1 1 1	DU SHA 771 DU SHA 773
How does understanding a diagram improve your	understanding a diagram	* diagram mostly in Anatomy	"Ahh ah. we find the use of a diagram mostly in Anatomy. so in Anatomy when	* diagram mostly in Anatomy	2	DU SHA

| understanding of the text, and in what ways does it contribute to an effective understanding of a complex topic? | improve understanding | * study diagram before studying text

* can relate directions

*without pictures face problems

* two anatomy

 books

* one book theory with few diagrams

* another book concise writing but many diagrams

* 3 or 4 diagram for single organ

* very beneficial

* study diagram from book containing diagrams

*another book for theory

*without diagram 4 to 5 | we use a diagram. we. when we study a diagram before studying the text. we can relate with the directions. the positions more better but. if a picture is not given then we have to face many problems while studying like. I can tell you. we have two books for anatomy. two main books so. one book has too much theory but. ah. only a few diagrams. but another book has a very concise writing but. it has many many diagrams. like it presents it presents the. more than 3 or 4 diagram for a single organ so that's very beneficial. so what we do is. we study the. we study the diagram from the book containing the diagrams. and then study the book for theory. so if I can give. if I have to give you an example. when we were studying the thoracic cavity. so we are studying. we did not know much about that. at first. so we were studying which only had the theory more. | * study diagram before studying text

* can relate directions

* face problems without pictures * two anatomy

 books

* one book theory with few diagrams

* another book concise writing but many diagrams

* 3 or 4 diagram for single organ

* very beneficial

*we study diagram from book containing diagrams

*another book for theory

*without diagram could not understand

* could not relate

* book containing diagram | 1

1

1

1

1

1

1

1

1 | 775 |

| | | hours study still could not understand
* could not relate
* book containing diagram took less time to understand | So I had to study for like 4 to 5 hours but could not understand anything. I could not relate anything. but when I studied the book. the other book containing more diagram it took me less than an hour to understand the whole topic…" | took less time to understand | 1

1

1

1
1 | |
| In listening activities if you do not understand something what do you do for clarification?
(repetition, elaboration, summarisation) | what do you do for clarification | * replay
* friends
* google
* ask teacher
* During class if don't understand English word
* ask student seating beside
* ask teacher
* sometimes teachers | "At first. I replay the part a few times. if that. that does not work. I take the help from my friends. or I use google or sometimes if I am not satisfied with either answers. i ask my teacher about it…"<br>"During the class if I don't understand any English word. then I. ask the student seating beside me or seating in front of me. and if that's not possible. I ask the teacher" | * replay
* friends
* google
* ask teacher
* During class if don't understand English word
* ask student seating beside
* ask teacher
* sometimes teachers repeat
* sometimes don't repeat | 1
1
1
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DU SHA 779

DU SHA 781 |

		repeat * sometimes don't repeat *they elaborate *they summarise	"I take help from the student seating beside me. if that's not possible. but if he doesn't know the answer. then after the class ends. I ask my teacher. if she knows the answer" "sometimes they do. but sometimes they don't. if they are in a hurry.." "Yes. they do…."	*they elaborate *they summarise	1 1 1	DU SHA 783 DU SHA 785
How do you interpret the information that the speaker is giving you? Who gives the feedback on the interpretation?	How do you interpret information the speaker is giving	* reading partner * seniors	"yeah yeah. Actually. the if I am right or wrong. my reading partner always gives me the feedback" "mostly my reading partner. sometimes people from my. people from my section. and sometimes I ask the seniors as well…"	* reading partner * seniors	1 1	DU SHA 789 DU SHA 791

Does the speaker elaborate when there is difficulty in understanding a topic or word?	Elaboration during difficulty in understanding	* sometimes * not always	"yes sometimes but not always. But. yes they try. but they don't always succeed here."	* sometimes * not always	1 1	DU SHA 793
Does breaking a word into 1/2/3 parts to understand the meaning help in remembering the meaning more?		* yes * it does	"yes it does"	* yes * it does	1 1	DU SHA 795
What are the guidance/strategies that the teacher uses for improving students' ability to comprehend meaning?	teacher's guidance/strategies for students' ability to comprehend meaning	* real life examples * in Bangla * <mark>gag reflex</mark> * fisherman * alive fish entered throat * unconscious * vomiting continuously * Language in book * very hard for us	"Umm. they mostly what they do is. they use more diagrams and they give real life examples in Bangla for us to understand the meaning…" "okay so there was a case when we are learning about the gag reflex gag reflex what happens when something enters through the throat. you automatically vomit. so our teacher told us about a case that. once a person. he is a fisherman. he went for fishing but he got caught in a	* real life examples <mark>* in Bangla</mark> <mark>(gag reflex</mark> Fisherman, alive fish entered throat, unconscious, vomiting continuously) * Language in book * hard for us * because we were first semester	1 1 1 1 1 1 1 1 1	DU SHA 797 DU SHA 799

		* because we were first semester * teacher's teaching style * teacher's easy teaching style with example helped	storm. then a alive fish entered into his throat. But he did not know about it because he had become unconscious from the water. so when he was in the hospital. as soon as he woke up he started vomiting continuously. So. what was the problem. no one could diagnose. and. finally the doctor checked his throat and. found a moving fish. so from that we understood that. gag reflex. So the language in the book. it was very hard for us and that time because we were still. in the first semester. but the way he taught us about it. it helped us remember it…"	* teacher's easy teaching style with example helped	1 1 1 1	
How do they contribute to your development of listening and reading skills? Can you share experiences?	How the strategies contribute to development in receptive skills	* not much contribution *of teachers * in English * in improving receptive skills * most classes in Bangla	"Actually. overall okay. in English. English there is not much contribution. in improving the listening and reading because. we have to. we still attend most classes in Bangla. like there are. there are 4 classes in a day. If there are ten a classes in a week. only one or two class maybe in	* teachers do not have much contribution * in English * in improving receptive skills * most classes in Bangla * foreigners studying are	1 1 1	DU SHA 803

		* foreigners studying are having problems ***our** Bangla listening is improving * classes are concise * one hour * we need attentiveness in class *otherwise we lose track	full English and the rest are in Bangla. so the foreigners studying with us here are having much problems at this. but. in if we. talk about listening and reading in Bangla. so listening in Bangla is improving for us here because. the classes are very concise like in one hour we have to. the lectures here are of one hour duration so. the lecture covers what we are going to study for a whole exam. so we have to be very attentive in the class if we miss even. a small part of it. we get lost from the track."	having problems ***our** Bangla listening is improving * classes are concise * one hour * we need attentiveness in class *otherwise we lose track	1 1 1 1 1 1 1

APPENDIX D.2

Sample Theme Generation Template

Research question 1

Research question1:	Why do medical students cannot negotiate the meaning while competing in reading and listening activities?										
Interview question	How do you think the challenges in developing listening skills influence your academic performance or interactions with instructors?										
Radia (C1)	Nafisa (C2)	Jishan (C3)	Piyal (C4)	Natasha (C5)	Yahyah (C6)	Abida (C7)	Mahrab (C8)	Aronno (C9)	Shanjid (C10)	Rizwana (C11)	Themes
problems understanding lectures and studies (DU RAD 42)	Listening to teacher helps to memorise and connect with lessons (DU NAF 44)	cannot understand terms and express in English (DU JIS 131)	Performance is proportional to English skill (DU PIY 204)	don't understand Lectures in English (DU NAT 355)	Not challenging as have background knowledge (DU YAH 423)	Difficulties due to Bangla medium background (DU ABI 498)	understanding in medical sector is difficult as no listening skill in curriculum (DU MAH 579)	Not challenging due to EV background (DU ARO 668)	challenging as types of English between teacher and student doesn't match (DU SHA 745)	Not challenging as teacher's show slides, talk in English and we read books (DU RIZ 1030)	Lack of English Language skill No Challenge (EV, Background knowledge, teacher's show slides, talk in English and we read books) Do not understand

											lecture
											Do not understand terms
											Difficulties as BM background
											<mark>types of</mark> English doesn't match

Appendix E.1

Rating for Students' Interview by Rater 1

Negotiation of Meaning Used in Receptive Skills by Bangladeshi Medical Students

Please respond to the following themes by choosing "Agree" or "Disagree". You can also suggest new themes in the comments column.

RQ. 2. How do the students overcome the challenges of learning to negotiate meaning in receptive skills?						
Theme	Main ideas	Discourse unit	Verbal support	Inter-Rater		Comments/Suggestions
				Agree	Disagree	
Internet, Google. dictionary	learning techniques to address challenges	DU JIS 141	"When I don't understand a topic I use dictionary, Google…"	\		
Noting Down Google Dictionary		DU YAH 431	"I note down non understanding words than Google, dictionary"	\		
Discuss with study partner (Group Study)	adjustments made to enhance comprehension in reading activities	DU PIY 304	"Discuss and share opinions on topic with study partners"	\		
		DU SHA 759	"Identify problems peer discussion and problem solving…"		\	Add problem solving and peer discussion

Inferencing	guessing the meaning of lines from a text without knowing the meaning of every word	DU PIY 306	"Yes, I do"	\		
		DU NAT 371	"Guess the meaning often"	\		
Re-reading	to understand the meaning of non-understanding part	DU PIY 308	"read it twice or thrice"	\		
		DU SHA 767	"I Re- read. When I don't understand meaning, read other books"	\		
Background knowledge helps in understanding meaning	background knowledge play a role in understanding the meaning of text and lectures	DU RAD 67	"Background knowledge plays a role in understanding meaning"	\		
		DU PIY 310	"Easier to understand with background knowledge. Example: knew a case of cerebral edema"	\		

Name of the Rater: Dr. Sabreena Ahmed

Associate Professor

Department of English and Humanities

2

BRAC School of Humanities and Social Sciences
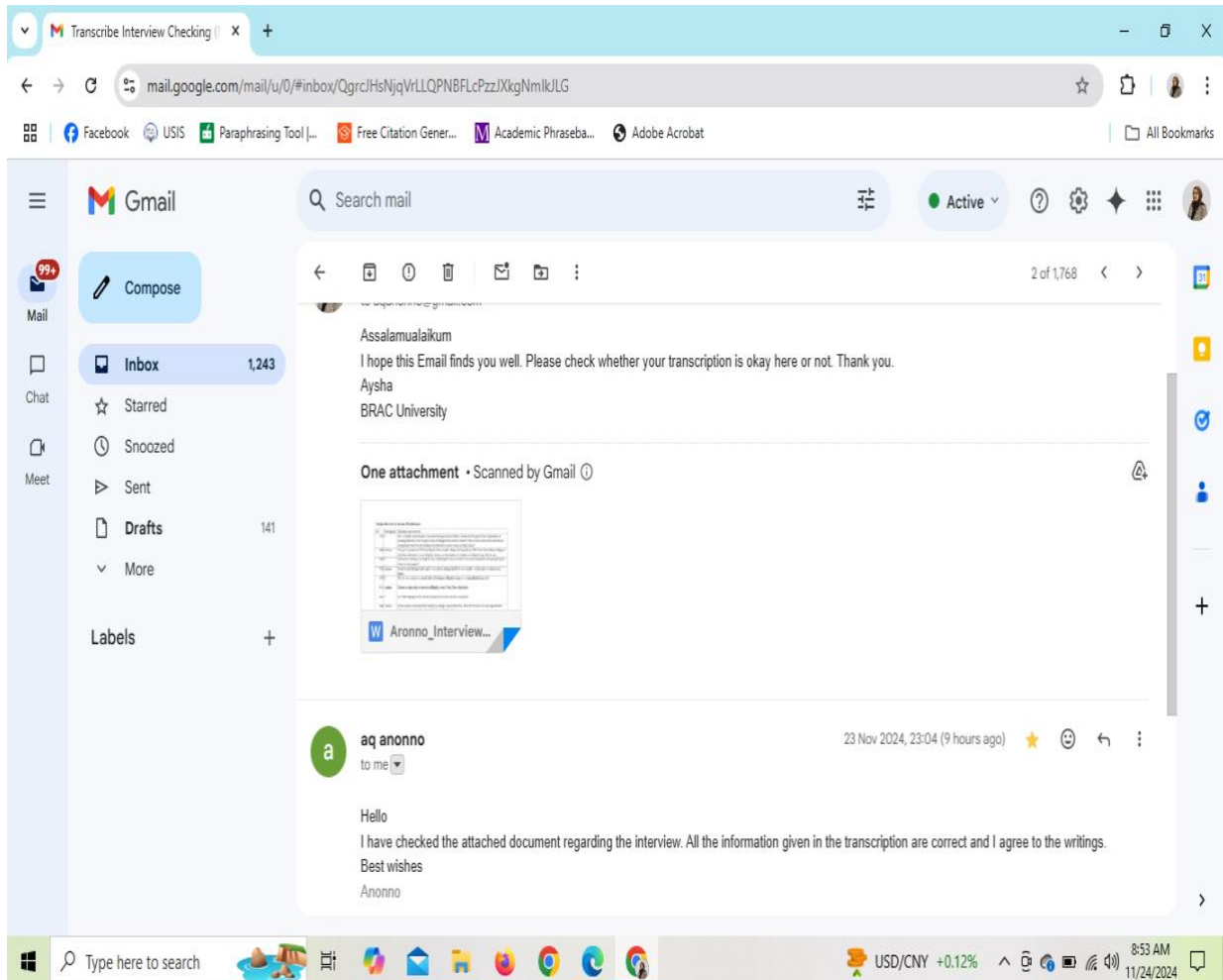
BRAC University

Date: 23.11.2024

Appendix E.2

Inter-rater reliability Calculation for Students' Interviews

	Percentage of agreement (Total number of agreement/Total number of responses)x100
Inter-rater 1:	(9/10) x100 =90%
Average	(9/10) x100 =90%

Appendix E.3

Sample of Email for Member Checking

Appendix F

Audit trail of the study

Date	Activities	Records
5th January 2024	Conducted initial literature review on ESP	initial literature review
10th January 2024	Proposed a tentative topic at BRAC excel sheet which was regarding ESP	tentative topic
25th January 2024	Conducted an in-depth review of theories on communication strategies, and negotiation of meaning.	in-depth review of theories
2nd February 2024	Identified medical students in Bangladesh requires receptive language skills the most and they have difficulties, selected to work with EMP which is a branch of ESP	Narrowed down the topic
15nd February 2024	Approval of topic by the supervisor after finding out the research gap.	Approval of topic
22th February 2024	Prepared the research significance, research questions and methodology.	Proposal Development
10th March	Synthesized findings to establish the theoretical framework.	established the theoretical framework
25th March	Drafted data collection instruments, interview	Proposal Development

	protocols and simultaneously started looking for participants from medical field.	
2nd April 2024	Submitted ethical consideration approval request and gained approval for data collection	ethical consideration submission and approval
18th April 2024	Prepared the semi structured interview questions for both the medical students and teachers. After that took approval of the IQ from the supervisor	Prepared interview questions (IQ) and approval of the IQ's from the supervisor
5th May 2024	Coordinated with medical students and teachers in Bangladesh for participation and permissions.	Coordinated with the participants
16th May	Conducted offline and online interviews to understand participants' perspectives.	Conducted interviews
15th June	Transcribed recordings and coded data	Transcribed and coded data
9th July	Identified prominent themes from the data	Theme generation
28th July	Wrote the findings and discussion from the data	findings and discussion
25th August	Revised the whole thesis document and ended with writing the conclusion	Revised and wrote the conclusion

28th September	Submitted the final thesis to the academic committee	Submitted thesis to the academic committee
8th October	Prepared for the oral defense of the thesis, presented findings and addressed committee questions.	oral defense of the thesis
6th November	Incorporated feedback from the defense committee.	Incorporated feedback