DISCOURSE ANALYSIS OF SPEECH ACTS AND INSTRUCTIONAL STRATEGIES EMPLOYED DURING BEDSIDE TEACHING SESSIONS IN PUBLIC SECTOR HOSPITALS IN IRAQ

By

SUZAN SALIH MOHAMMAD

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DEDICATION

This work is dedicated to the souls and the memories of my kind father and eldest brother, to my dear mother, and my supportive siblings.

I dedicate this work to all people who were the reason and support for me to be here.

This work is dedicated to all my teachers from the start up to date. I am strongly grateful to them all.

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Chairman : **Associate Professor Shamala a/p Paramasivam, PhD**
Faculty : **Modern Languages and Communication**

Previous research has found that bedside teaching is an effective and commonly used teaching method in medical education. However, few studies have analysed the language and instructional strategies used during real-life interactions during bedside teaching sessions. Past research investigated the effectiveness of bedside teaching methods from medical instructors' and students' perspectives and the influences of the relationships between instructors and students on the success of this teaching method. This study attempted to fill the gap in the literature mentioned above by shedding more light on the discourse of bedside teaching in Iraqi hospitals from a linguistic perspective. The focus of the study was on conducting discourse analysis to investigate the use of a number of speech acts and instructional strategies and their roles in enabling students' understanding, improving the transfer of knowledge to students, and facilitating the organisation of students' activities. The data were collected qualitatively in the form of 26 video recordings of 13 medical instructors and 48 medical students in interactions in two public hospitals in the Kurdistan region of Iraq during bedside teaching sessions. The recordings were transcribed, coded, and analysed using a mixed-mode technique. Speech act theory and various analytical frameworks such as those of Todd (1983), Nilsson et al. (2010), and Ramsden (2003) were included in the theoretical framework of the study.

The findings revealed that five types of speech acts, namely, questions, reactives, statements, directives, and answers, were the most frequently performed by the instructors. This reflected the instructor-centred nature of bedside teaching sessions in Iraq's Kurdistan region. The findings also revealed that these types of speech acts achieved various pragmatic functions. Furthermore, findings revealed that seven instructional strategies associated with various pragmatic functions were employed by the instructors, including questions and answers, piloting, prompting, supplementing, lecturing, intervening, and demonstrating. The question and answer strategy was the

most frequently used followed by the piloting and prompting strategies. Moreover, the current research concluded that these actions play essential roles in promoting students' understanding and knowledge, motivating them to participate in medical discussions, and helping them to focus more on the diagnosis and treatment of the patients. These findings imply that the use of proper speech acts and effective instructional strategies that suit communicative medical events would have an impact on the understanding, expectations, and situational needs of medical students. These findings have many pedagogical implications relevant to the fields of medical education and applied linguistics. For instance, the knowledge of various types of speech acts and instructional strategies would assist medical instructors to carry out more effective bedside teaching sessions. Despite the limitations, this study represents a pioneering attempt to analyse bedside teaching sessions in an Iraqi context. It could therefore form a basis and starting point for future research in the fields of medical education and applied linguistics.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

ANALISIS WACANA BAGI LAKUAN PERTUTURAN DAN STRATEGI PENGAJARAN YANG DIGUNAKAN SEMASA SESI PENGAJARAN SISI KATIL DI HOSPITAL-HOSPITAL SEKTOR AWAM DI IRAQ

Oleh

SUZAN SALIH MOHAMMAD

Julai 2021

Pengerusi   : **Profesor Madya Shamala a/p Paramasivam, PhD**
Fakulti   : **Bahasa Moden dan Komunikasi**

Penyelidikan terdahulu mendapati pengajaran sisi katil ialah kaedah pengajaran yang berkesan dan lazim digunakan dalam pendidikan perubatan. Walau bagaimanapun, beberapa kajian telah menganalisis bahasa dan strategi pengajaran yang digunakan semasa interaksi kehidupan sebenar dalam sesi pengajaran sisi katil. Penyelidikan terdahulu menyiasat keberkesanan kaedah pengajaran sisi katil dari perspektif tenaga pengajar dan pelajar perubatan, serta pengaruh hubungan antara tenaga pengajar dengan pelajar terhadap kejayaan kaedah pengajaran ini. Kajian ini bertujuan untuk mengisi jurang dalam literatur dengan memberikan lebih banyak pencerahan terhadap wacana pengajaran sisi katil di hospital-hospital Iraq dari perspektif linguistik. Fokus kajian ini adalah untuk mengadakan analisis wacana bagi menyiasat penggunaan beberapa lakuan pertuturan dan strategi pengajaran serta peranannya dalam membolehkan para pelajar faham sebanyak mungkin, menyebarkan pengetahuan kepada pelajar, dan mengatur aktiviti pelajar. Data dikumpulkan secara kualitatif dalam bentuk 26 rakaman video interaksi 13 tenaga pengajar perubatan dan 40 pelajar perubatan di dua hospital awam di wilayah Kurdistan, Iraq, semasa beberapa sesi pengajaran sisi katil. Rakaman tersebut ditranskripsikan, dikodkan, dan dianalisis menggunakan teknik mod campuran. Teori lakuan pertuturan dan pelbagai kerangka analisis seperti yang diterapkan oleh Todd (1983), Nilsson et al. (2010), dan Ramsden (2003) digunakan sebagai kerangka teori kajian.

Hasil kajian menunjukkan bahawa lima jenis lakuan pertuturan, iaitu soalan, reaktif, pernyataan, arahan, dan jawapan telah digunakan. Lakuan pertuturan soalan, reaktif, arahan, dan pernyataan paling kerap digunakan oleh tenaga pengajar. Keadaan ini mencerminkan sifat sesi pengajaran sisi katil yang berpusatkan tenaga pengajar di wilayah Kurdistan, Iraq. Hasil kajian turut mendapati bahawa jenis lakuan pertuturan ini mencapai pelbagai fungsi pragmatik. Selain itu, kajian mendapati bahawa tujuh strategi pengajaran yang dikaitkan dengan pelbagai fungsi pragmatik telah digunakan

oleh tenaga pengajar tersebut, termasuk soalan dan jawapan, membimbing, mendorong, melengkapkan, mengajar, campur tangan, dan menunjukkan. Strategi soalan-jawapan paling kerap digunakan, diikuti oleh strategi membimbing dan mendorong. Di samping itu, penyelidikan terkini menyimpulkan bahawa lakuan-lakuan ini memainkan peranan yang penting dalam meningkatkan pemahaman dan pengetahuan pelajar, memotivasikan mereka untuk mengambil bahagian dalam perbincangan perubatan, dan membantu mereka untuk lebih fokus terhadap diagnosis dan rawatan pesakit. Hasil kajian ini menunjukkan bahawa penggunaan lakuan pertuturan yang tepat dan strategi pengajaran berkesan yang sesuai dengan peristiwa perubatan komunikatif akan memberikan kesan terhadap pemahaman, jangkaan, dan keperluan pelajar perubatan mengikut situasi. Hasil kajian ini mempunyai banyak implikasi pedagogi yang berkaitan dengan bidang pendidikan perubatan dan linguistik terapan. Sebagai contoh, pengetahuan tentang pelbagai jenis lakuan pertuturan dan strategi pengajaran akan membantu tenaga pengajar perubatan untuk menjalankan sesi pengajaran sisi katil dengan lebih berkesan. Walaupun ada batasan, kajian ini mencerminkan usaha perintisan untuk menganalisis sesi pengajaran sisi katil dalam konteks Iraq. Oleh yang demikian, kajian ini dapat menjadi asas dan titik permulaan bagi para penyelidik masa depan dalam bidang pendidikan perubatan dan linguistik terapan.

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This thesis was submitted to the Senate of the Universiti Putra Malaysia and has been accepted as fulfilment for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

Shamala a/p Paramasivam, PhD
Associate Professor
Faculty of Modern Languages and Communication
Universiti Putra Malaysia
(Chairman)

Ramiza binti Darmi, PhD
Senior Lecturer
Faculty of Modern Languages and Communication
Universiti Putra Malaysia
(Member)

Normala binti Ibrahim, PhD
Professor
Faculty of Medicine and Health Science
Universiti Putra Malaysia
(Member)

ZALILAH MOHD SHARIFF, PhD
Professor and Dean
School of Graduate Studies
Universiti Putra Malaysia

Date: 8 December 2022

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I hereby confirm that:
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Signature: _____   Date:_____

Name and Matric No: Suzan Salih Mohammad

Declaration by Members of Supervisory Committee

This is to confirm that:
- the research conducted and the writing of this thesis was under our supervision;
- supervision responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) were adhered to.

Signature:

Name of Chairman
of Supervisory   Associate Professor
Committee: Dr. Shamala a/p Paramasivam

Signature:

Name of Member
of Supervisory   Associate Professor
Committee: Dr. Ramiza binti Darmi

Signature:

Name of Member
of Supervisory   Professor
Committee: Dr. Normala binti Ibrahim

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LIST OF ABBREVIATIONS

Ins.	Medical instructor
St.	Principal student who presents the case in a bedside session
S.	Other students in the bedside session team
Ss.	Medical students in a group (when answering or making make a comment)
Pt.	Patient
CC	Chief complaint
SNAPPS	Summarize, narrow, analyse, probe, plan, select
BST	Bedside teaching
CA	Conversational analysis
DA	Discourse analysis
CT	CT scan

CHAPTER 1

INTRODUCTION

1.1   Introduction

This chapter introduces the present study. It starts with the background of the study in which the importance and need for investigating the bedside teaching (henceforth BST) sessions is explained and justified. Then, this chapter presents and explains the research problem in which the practical, theoretical, and methodological gaps are highlighted. Next, the research objectives and related research questions that guided the present study are provided. After that, the conceptual framework is illustrated and explained. This is followed by explaining the scope of the study then the significance of the study and definitions of key terms. The chapter ends with a summary.

1.2   Background of the Study

Medical education has been recognized globally as an essential criterion for the progress and development of the medical health sector. It is however paramount that the level of progress of any country can be evaluated based on how it has incorporated and implemented the field of medical education into their curriculum and also in their everyday life as a society. Hence, this can affect the healthcare that is provided by health professionals to the citizens. Public hospitals and other medical institutions inculcate knowledge, medical skills, values and professional ethics in medical students through clinical instructors.

Graham and Dornan (2013) asserted that effective interaction in teaching increases instructors' and medical students' understanding and support of effectively delivering the knowledge, skills, values and norms of the medical profession. Hence, it is of essential importance to consider the selection of a particular method of study for BST sessions. Sir William Osler (1849-1919), who is regarded as one of the world's most significant physicians commented, "To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all" (Stone, 1995).

Osler's teaching method and principles are still valued by the medical community all over the world. The value of BST was recognized by Sir Osler more than a decade ago in combination with traditional medical education. Seventy-five percent of teaching time was specified for BST in 1964; however, this fact has unfortunately witnessed alternation (Ahmed, 2002).

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Teaching in medical education is an instructional method used to benefit medical students through providing them with opportunities for practice in order to improve their future medical performance (Al-Swailmi et al., 2016; Gray et al., 2017; Peters & Ten Cate, 2014; Shahriari, 2014, Narayanan & Nair, 2020). Teaching in clinical settings such as BST sessions is a very daunting, complicated and sometimes frustrating task given its various demands on the individual who acts as both a physician and an instructor at the same time. Furthermore, teaching in this context demands the involvement of both patients and the medical students who are simultaneously seeking greater attention from the instructors during the sessions, thereby increasing the excessive pressure on the instructors (Piquette et al., 2015). Harden and Crosby (2000) postulated that physicians who served as instructors in BST sessions have engaged in several responsibilities like being the information provider, resource material creator, curriculum and course planner and implementer, role model, assessor, and facilitator. It is therefore necessary that medical instructors possess teaching skills suitable for the easy transfer of information.

Such a teaching method shapes the medical students' interpersonal skills so they become able to communicate effectively in various medical encounters and with various types of patients (Kianmehr et al., 2010). Each BST session involves a conversation between two types of interlocutors: medical instructors and their medical students. The typical session involves one instructor and a number of medical students, who meet at the patient's ward. In the BST sessions, the relationships between interactants, namely, the instructors, the medical students, and the patients, is asymmetric. The interaction is in a hierarchical form of expert-novice exchange. Right from the opening of sessions, the instructors have the authority to initiate talk, close turns, and move from one part of the discussion to another. This is due to the hierarchy of instructional position, expertise, rank, and age. This is also true for third parties in the setting comprised of the patients, become involved in interactions when questions are directed to them or when they undergo clinical examination as required by the instructors.

Thus, in the BST setting, interactants play different roles and have different plans and objectives. The instructors' role entitles them to provide the students with the necessary knowledge, skills, and experiences and communicate them to the students smoothly and effectively. The instructors also monitor the students' performance and practices and measure their knowledge of patients' cases. The instructors' main objective is to enhance the students' understanding of the medical content to become successful doctors in the future. To achieve these purposes, instructors usually use certain instructional strategies during the sessions so that the teaching sessions benefit the students and enrich their knowledge and experience (Indraratn et al., 2013).

Medical students, on the other hand, play different roles from those played by their instructors. First, they receive knowledge and benefits from the instructors. Second, they have to demonstrate understanding of patients' medical cases and communicate with them appropriately and effectively (Indraratna et al., 2013). Although the interaction in the BST sessions takes place in the patient's ward with the presence of

the patient, and the instructors and their students have different objectives and play different roles, which might cause constraints in interaction and communication, the purpose of such interaction is educational. Accordingly, it can be said that the interaction during a BST session is typically considered institutional. An institutional discourse refers to the interaction that takes place in an institutional setting, such as a school, hospital, or company. Such interaction requires interactants to use verbal and non-verbal strategies to communicate their pre-determined plans or objectives. What makes the institutional discourse different from everyday interactions are the pre-determined objectives, the variance of the interactants' roles in conversations, and the types of constraints that appear during the interactions (Freed, 2015). In the present study, the BST sessions were typically institutional because the interactants were instructors and students who had different roles and pre-determined objectives. Furthermore, the interaction took place in the patient's ward with its specific constraints and procedures.

In such an institutional discourse, the purpose of a BST session is to enhance the students' knowledge, skills, and experience in order to improve their future medical practice. However, what makes the teaching in BST different from other teaching settings in education, such as the classroom, is the fact that the BST session is conducted in real-life situations with the presence of real medical cases. Such authentic situations provide a chance for students to ask relevant questions related to the history of a medical case, to develop physical examination skills in a sympathetic manner and to model professional behaviours, skills and attitudes (Al-Swailmi et al., 2016; Aljabarti, 2018; Gray et al., 2017; Holla et al., 2015). The authenticity of the setting is obtained through the presence of the patients. Patients play a significant role in the setting in that the discussions are totally related to their ailments. Patients are thus facilitators for imparting knowledge and skills. However, in the present study, patients were not involved in the analysis procedures. The medical context in Iraq in terms of interaction is similar to that in other parts of the world. This makes the BST an excellent opportunity to provide active learning in a real context that helps instructors observe students' skills, increase students' motivation and professional thinking, and encourage problem solving and decision-making (Chapman et al., 2014) while allowing direct feedback from the patient, which strengthens learning (Williams et al., 2008).

In the 1980s, which can be described as the golden period, Iraqi medical education was one of the best educational systems in the region. Unfortunately, by the end of the 1980s, the educational system suffered from deterioration and decline in its academic curriculums and teaching techniques because of many factors including wars, financial sieges, corruption, religious conflicts, and lack of strategic plans. As a result, Iraq (except the Kurdistan region, which was under Kurdish control) was isolated from the outside world, which led to graduations of medical students with inadequate training (Al Shamsi, 2017; Amin, & Khoshnaw, 2003; Barnett-Vanes et al., 2016; Jawad et al., 2020; Hameed, 2018). Medical education is free in Iraq in the public universities, and students' selection for studying medicine is based on high school grades. After enrolling in a college of medicine, medical students go through a six-year British curriculum, totally in English. The students in the first year have a course in English as

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a foreign language; however, accuracy and fluency depends on the students' competence in English. Therefore, mistakes are expected, and correcting English grammar is not one of the main tasks of the instructors. Yet, some instructors do corrections. For complicated points or communication with the patients and their relatives, the local language is used. The traditional mode of teaching is still followed in lectures, basic sciences, laboratories, and clinical sessions. Learning is teacher-centric in its approach, where the instructors have total control and authority over the content of the courses and methods of presentation. The modern approach of student-centred and learning-centred through which students play a greater role has not yet been incorporated into the medical education (Bradley, 2016; Lafta, et al., 2018). Consequently, the whole system needs to be reformed based on a new curriculum and teaching methods in accordance with international guidelines for better professional development for both learners and instructors (Barnett-Vanes et al., 2016).

For the first three years, the assessment mode is written examinations, then in the following clinically oriented years, written assessment is accompanied with oral assessment. Medical graduate students are required to spend two years in residency training practicing different branches of medicine and surgery in rural areas and remote cities before they are allowed to pursue their postgraduate studies. In July 2005, the Council of Ministry of the Iraqi Kurdistan Region founded Hawler Medical University (through which data for the present study was collected). The university includes six colleges: the College of Medicine, College of Dentistry, College of Pharmacy, College of Nursing, College of Health Sciences, and the Medical Research Centre. Generally, the main objective of the university has been the improvement of medical education in the Kurdistan region.

In the case of the present study, the instructors were non-native Kurdish instructors, whose first language was either Kurdish or Arabic. However, when the instructors taught during the BST sessions, they usually used English as the language of communication and instruction because it is the language of the medical books used during the students' university studies as well as the language of medical journals. Teaching is achieved via a variety of instructional actions such as delivering content material, managing the classroom interaction, and evaluating the students, and these actions are mainly accomplished through language. A review of related literature revealed that many studies have been conducted to examine instructional actions and strategies performed by teachers and students in educational settings such as classrooms, including research on requests, questions, directives, openings and closings, politeness, apologies, and interruptions (Sert, 2019; Ivana Swastiana et al., 2020; Ahmad et al., 2019; AL-Rojaie, 2003; Saleem, 2021) as well as doctor-patient interactions during medical visits (Piquette et al., 2015; Jiang et al., 2020; Parker et al., 2001).

Commonly, during the BST sessions, instructors perform a number of speech acts, such as requesting, asking questions, and answering, among others. The use of these speech acts can carry the meaning and functions of the medical content as intended and as seems appropriate and necessary to communicate by the instructors to their medical

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students. To the knowledge of the researcher, not enough studies have been accomplished on the clinical settings of BST sessions. Therefore, the aim of this study is to fill this gap in the literature, particularly regarding the Kurdistan region of Iraq, from the teaching and learning perspectives. The researcher therefore explored the field of medical education to conduct a thorough investigation analysing the speech acts used by medical instructors in BST, through which knowledge, skills, values, and experiences are imparted to medical students. Examining the performance of speech acts, although necessary, is not enough to understand the BST sessions. Thus, other instructional strategies important to achieving the objectives of teaching were also studied. These strategies are deliberate actions that have associated purposes, settings, forms and consequences and are used mainly to structure and manage the sessions so that educational input is delivered effectively and smoothly. It is worth mentioning that the instructors used these instructional strategies through involvement of the major and subcategories of the speech acts. These strategies are categorized based on Nilsson's (2010) classification.

Hence, the central idea of this study encompasses a discourse analysis (DA) that explores how the use of language through performing speech acts and instructional strategies was employed by the instructors during BST sessions in the Kurdistan region of Iraq. The focus of the study was on analysing the speech acts and the instructional strategies in order to understand how the teaching occurred, knowledge and experiences were transmitted, and students' activities were organized during these sessions.

1.3 Statement of the Problem

Previous studies in the medical field mostly focused on the medical language of written discourse such as medical reports, progress reports, admission notes, medical journals, case reports, and note taking (Salager-Meyer, 2001; McMacarthy & Reilly, 2000; Hung et al., 2020; Rn & Res, 2007; Wright & Kouroukis, 2000) rather than oral discourse (Hobbs, 2004; Roberts & Sarangi, 2005; Waitzkin, 2008). Furthermore, the literature shows that the focus on patient-physician communication has received great attention (Beaulieu et al., 2011; Cegala & Broz, 2002; Kalitzkus & Mathieson, 2012; Mikel et al., 2013; Olson & Windish, 2010; Paternotte et al., 2015).

In institutional discourse, the focus of earlier research was on the description of the typical sequential interaction between teachers and their students in the classroom environment (Berliner, 1988; Shamim & Allen, 2000; Cazden, 2001). With any number of students, the typical pattern of classroom interaction was the teacher-led, three-part sequence of initiation and response followed by feedback or evaluation (IRF, IRE). Therefore, the teacher was in control of the classes and elicited responses from the students.

Classroom interaction has been a fundamental concern in the teaching and learning process in the areas of language teaching, language acquisition, teacher talk, student response, and the actions and strategies utilized in the interactions. In light of this fact, a number of studies have been accomplished (Ellis, 1991; Larsen-Freeman & Long, 1991; Swain, 2000; Liski-nasih, 2016; Maolida, 2013; Walsh, 2011).

Moreover, many researches have been conducted to investigate the practical nature of teachers' behaviours and actions in classroom interaction. Past researches on speech acts were accomplished in different contexts and for various languages. Predicting the functions of these acts enables participants to bridge the gap between them, particularly regarding different languages and helps interactants to be aware of pragmatic failure, as well, in order to manage difficulties in communication (Darweesh & Al-Aadili, 2017; Fatma et al., 2019; Gardner, 2019; Sharqawi & Anthony, 2019; Sundari, 2017; Xu & Yang, 2019).

A survey of the literature, especially for the last two decades, showed an inclination toward studying different types of speech acts and their highlighted strategies. Scholars and researchers were interested to study these speech acts and strategies in the EFL, ESL and ESP domains on a wide range of linguistic features. The most frequently explored speech acts were those called "dis-preferred acts" such as disagreement, refusal, repair, interruption, request, apology, gratitude, suggestions, and other strategies like politeness (Ali & Pandian, 2016; Al-Momani et al., 2017; Boland et al., 2017; Christianto, 2020; Coates, 2015; Elham, 2017; Flores-Salgado & Castineira-Benitez, 2018;)

To the knowledge of the researcher, research in medical education related to interaction during the BST sessions has been relatively neglected. There have not been enough studies that identified these particular educational skills that help in achieving the goals of medical teaching for undergraduate medical students. Previous research in medical education (Aldeen & Gisondi, 2006; Chapman et al., 2014; Haber & Lingard, 2001; Indraratna et al., 2013; Salam et al., 2011; Williams & Surakanti, 2016) showed that BST is an effective teaching method that is vital in medical education. The available studies that were conducted in this area of research focused on three main aspects of exploration. The first aspect focused on eliciting the medical students' perspectives on the effectiveness of the BST method (Al-Swailmi et al., 2016; Alam et al., 2020; Gray et al., 2017; Khan 2020; Kianmehr et al., 2010; Shahid et al., 2020). The second aspect attempted to find the reasons behind the decline of BST (Peters & Ten Cate, 2014; Salam et al., 2011). The third aspect focused on understanding the relationship between the instructors and their students (Shammin et al., 2020). Although these aspects are necessary to explore, the actual interactional discourse between instructors and medical students in the BST has nevertheless received less analytical discourse attention and remained scarce.

The foundation of teaching is that teaching is important for learning. The way teachers teach is a powerful factor in student learning. The practical nature of teaching has been investigated in the context of maths, science and English language (Apriliyanto et al., 2018; Koçak et al., 2009), where the interactions between teachers and students in the class discussion were examined. There is a lack of studies about the practical nature of teaching from the linguistics perspective during the BST. Consequently, there is a need to understand the practical nature of teaching in the medical context as the current study intends. A BST session usually starts with presentation of a case by a principal medical student who has previously interviewed the patient to obtain detailed information about the case. During presentation, the instructor may interrupt for any purpose such as asking a question, making an explanation for a medical aspect, or lecturing among other actions. In any institutional setting, teaching is accomplished through a range of instructional actions such as presenting content matter, leading the classroom discussion, assessing students' understanding, correcting students, redirecting students' understandings, and managing student participation, among others. These actions are mainly accomplished through language.

Speech act performance can play important discourse roles in carrying the interaction during BST sessions. In addition, ignoring the role of speech acts such as questions, answers, reactives, and directives, among others, would not help describe how these sessions are delivered in terms of communicating knowledge, skills, and experiences to medical students. It was therefore important in the present study to fill this gap in medical education by investigating aspects of language use and illustrating how speech acts function as instructional strategies. Analysing these aspects of language use and practices would contribute to better understanding of how such usage improves the teaching process.

Further, by reading through the literature about BST sessions, it appeared that previous research was limited to identifying the communication strategies used by the instructors, such as "asking patients' permission, establishing ground rules, setting time limit, introducing the team, diagnosing learner and patient, diagnosing patient, conducting focused teaching, using simple language, asking patient if there is any question, closing with encouraging thanks, and giving feedback privately" (Salam et al., 2011, p. 2). In their study Roger and John (2020) showed general strategies for training in BST sessions like SNAPPS one-minute preceptor and mini-presentations to foster learning conditions that construct the abilities and skills of medical students. However, little has been said about the use of the main instructional strategies, such as question-answer, lecturing, piloting, prompting, supplementing, intervening, and demonstrating. In fact, these strategies are at the heart of any teaching process and analysing them as used by instructors for the purpose of teaching is vital to understanding the purposes, settings, forms, and consequences of these strategies (Krussel et al., 2004). Analysing such strategies can also help to determine how instructors manage teaching sessions to achieve successful and effective educational input for their students and describe how such deliberate actions are adopted by the instructors to facilitate the teaching discourse, as well, during the sessions.

There is common agreement among researchers on the effectiveness of using BST in medical education (Al-Swailmi et al., 2016; Aljabarti, 2018; Gray et al., 2017). Nevertheless, it has been reported that this method of teaching has been declining during the last two decades (Peters & Ten Cate, 2014; Roger & John 2020; Salam et al., 2011). Several reasons were reported as motivating such decline. Peters and Ten Cate (2014) mentioned three main reasons that possibly caused such decline, including the "increased patient turnover in hospitals, the assumed violation of patients' privacy and an increased reliance on technology in the diagnostic process" (p. 77). Although Peters and Ten Cate stressed the importance of the BST sessions in the medical educational process, they came up with these reasons through surveying the literature without providing practical empirical evidence collected through first-hand analysis of the actual practices of instructors or students. Analysing BST sessions in terms of the use of language would provide more practical evidence of the strategies used. Therefore, studies such as this are an attempt to revive the strengths of this method of teaching (i.e., BST).

To conclude, the intent of this study was to fill the gaps in the literature on bedside teaching by providing an in-depth analysis of the speech acts and instructional strategies performed by instructors to teach medical students.

1.4   Research Objectives

The general purpose of the present study was to investigate the BST session as a type of institutional discourse occurring between medical instructors and medical students. Such an investigation would shed light on the use of English language at the speech act level and the instructional strategies used by instructors in the medical encounter. Specifically, this study sought to:

1) Determine the speech acts performed by medical instructors during the BST sessions.
2) Identify the instructional strategies employed by the instructors during the BST sessions.
3) Explore how the use of speech acts and instructional strategies helped the instructors to teach medical students.

1.5   Research Questions

Building on the above-mentioned objectives, the following are the research questions.

1) What are the speech acts performed by instructors and medical students during the BST sessions?
    a. Types and frequencies of speech acts performed during the BST sessions
    b. Pragmatic functions achieved by the performance of speech acts during the BST sessions

2)   What are the instructional strategies employed by the instructors during the BST sessions?
    a.   Types and frequencies of instructional strategies employed by the instructors during the BST sessions
    b.   Pragmatic functions achieved by the use of the instructional strategies by the instructors during the BST sessions

3)   How do the speech acts and instructional strategies help the instructors to teach the medical students?

1.6   Definitions of Key Terms

Before going further in the present study, it is important to define the key terms used throughout the thesis. In the following subsections, the main terms used in the study are introduced. The list includes the terms 'institutional discourse', 'bedside teaching sessions', 'speech acts', and 'instructional strategies'.

1.6.1   Institutional Discourse

Habermas (1984) and Levinson (1992) stated that institutional discourse is a kind of strategic discourse in the sense that it is goal-oriented in its nature and in that it requires mutual comprehension between participants across discursive positions, which in turn are usually marked by power asymmetry.

1.6.2   Bedside Teaching Sessions

The bedside teaching session is a vital module of medical education conducted in the presence of patients. In these reliable situations, medical students are able to use all their senses (i.e., hearing, vision, smell, and touch) to obtain additional information about patients' ailments (Salam et al., 2011). In other words, it is simply a type of teaching method employed in the presence of the patients.

1.6.3   Speech Act

Schmidt and Richards (1985) state that "speech-act theory has to do with the functions and uses of language; so in the broadest sense we might say that speech acts are all the acts we perform through speaking, all the things we do when we speak" (p. 101). For this purpose in the present study, the interactants use of speech acts was identified based on Todd's (1983) five categories of speech acts used to accomplish the objectives of teaching and learning.

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1.6.4   Instructional Strategies

Instructional strategies are defined by Mortimore (1999) as referring to any conscious action designed and practiced by a person to boost learning in another. In this thesis, instructional strategies refer to the deliberate actions, methods, and procedures performed by medical instructors in using language to accomplish certain pragmatic functions. The identification of the instructional strategies was based on Nilsson et al.'s (2010) classification of seven instructional strategies. The analysis included determining the frequency and pragmatic functions of these strategies, as well. These strategies comprised question-answer, lecturing, demonstrating, piloting, intervening, prompting, and supplementing. The analysis of these strategies was done in association with the speech acts employed.

Lastly, the analysis of the BST sessions was meant to determine the roles of the speech acts and instructional strategies employed from the teaching perspective in improving students' understanding, transmitting of instructors' authoritative content, and organizing students' activities (Ramsden, 2003).

1.7   Conceptual Framework

This study was conceptualized under institutional DA. It was designed to analyse the spoken discourse, interaction, and language of medical instructors and students during the BST sessions. A number of linguistic and communication concepts, such as speech acts, instructional strategies, students' understanding, transmission of authoritative content, and organization of students' activities were investigated.

Figure 1.1 schematically illustrates the relationships among the concepts investigated in this study in order to provide a context for interpreting the study's findings to answer the research questions. As can be seen in the figure, the teaching process during the BST sessions was analysed at three levels. At the first level, the speech acts performed by the instructors and their students were analysed in terms of their types, frequencies, and functions, which answered the first research question. For this purpose, the interactants' use of the speech acts was compared to five categories of speech acts as proposed by Todd (1983) including, questions, answers, reactives, directives, and statements.

At the second level, the institutional discourse of the BST sessions was analysed for the instructional strategies employed by the instructors. For this purpose, this study followed Nilsson et al. (2010), who proposed seven instructional strategies employed in medical interaction. These strategies include question-answer, lecturing, demonstrating, piloting, intervening, prompting, and supplementing. The analysis of these strategies was made in terms of their major types, specific linguistic forms, and functions.

At the final level, the analysis of the BST sessions was to determine and show the role of the speech acts and instructional strategies from the teaching perspective in improving students' understanding, transmitting of instructors' authoritative content, and organizing students' activities.

Institutional Discourse of
Bedside Teaching Sessions

Speech Acts
(Todd, 1983)

Instructional Strategies
(Nilsson et al., 2010)

Statements

Questions

Answers

Reactives

Directives

Question-answers

Lecturing

Demonstrating

Intervening

Piloting

Prompting

Supplementing

Role of Speech Acts and Instructional Strategies

(Nilsson et al., 2010)

Improving students'

Transmitting of instructors' authorities

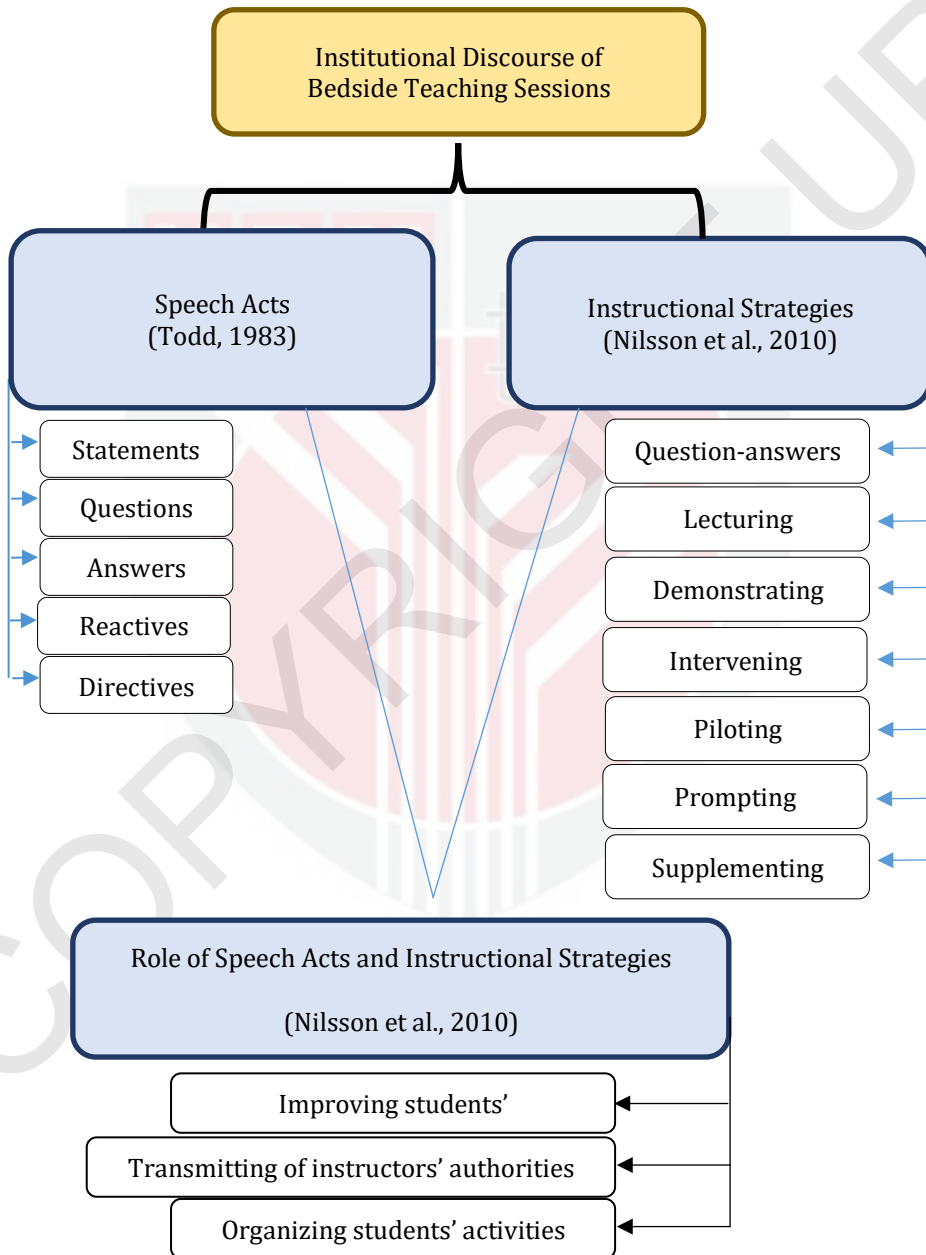Organizing students' activities

Figure 1.1 : Conceptual Framework

1.8   Scope of the study

The general purpose of the present study was to explore the BST session as a type of institutional discourse that occurs between medical instructors and medical students. Such an investigation would shed light on the use of English language at the speech act level and the instructional strategies used by instructors in the BST medical encounters in order to accomplish the objectives of the teaching-learning process. The scope of this study is limited to the medical education and healthcare sectors with a special emphasis on interaction between medical instructors and their medical students. Emphasis is on the discursive interactions that take place during BST sessions. Iraqi medical teaching has been chosen as a case study for this research as no prior study to the knowledge of the researcher has ever been conducted within the given context.

The study was conducted in the Kurdistan region of Iraq, Erbil city. Kurdistan is located in the north of Iraq. It is a self-ruled region comprised of four governorates. The data collection procedure began in August 2014 and continued for six months. The procedure started after the researcher had returned to her country and a new term of clinical courses had started during the summer holiday for the final year students. Data collection would have taken less than that period, but due to medical students' decision to stop attending clinical sessions as an indication of rejecting some unfair rules and systems related to medical students' enrolment in private universities and colleges, the data collection was stopped for approximately two months.

Forty-eight level six students of Hawler Medical University were selected for the study and 13 medical instructors, as well. They were selected based on convenience sampling depending on the availability of the participants (Creswell, 2013). It is worth mentioning that in this study, no female instructors participated due to fact that they were not available to teach. The study was conducted in two selected public hospitals. These were Hawleri Ferkari Hospital and Rezgari Hospital. The number of sessions recorded were 18 sessions in Rizgari Hospital and eight sessions in Hawleri Ferkari Hospital with a total number of 26 BST sessions involved according to instructors' schedules and until the saturation of data collection was obtained. Moreover, the two public hospitals were selected in Erbil city based on the facilities on the grounds, the fact that most patients were referred to these hospitals from different public hospitals within the region, and they were both located in the residential area of the researcher.

The theoretical framework of the study was based on Todd's (1983) classification of speech acts (RQ 1), Nilsson et al.'s (2010) classification of instructional strategies (RQ 2), and Ramsden's (2003) model of teaching and learning in higher education, thus comprising three domains of consequences from the teaching perspective (RQ 3). These three levels were selected for the framework because they fit appropriately into the analysis of the data.

1.9 Significance of the Study

A review of the literature showed that very few studies have been conducted to investigate the teaching and communication practices during BST sessions. The review of the literature also showed that no study has been conducted to investigate such practices in the Iraqi medical context. This study is significant as it fills this gap in the literature by analysing BST sessions in the Iraqi medical context. Such an analysis will help to identify and describe the current practices of Iraqi medical instructors and students and suggest improvements, accordingly.

Furthermore, studies concerning professional socialization in classroom environments have been conducted widely in other disciplines such as engineering, law and other social science fields. However, BST has received little analytical discourse attention. This study distinguishes itself by analysing the professional socialization and interaction in the field of teaching medicine during the BST sessions. By focusing on this medical area of teaching, more light is shed on how instructors conduct these sessions.

Besides, previous research on BST sessions has mainly investigated communicative and emotional aspects of interaction such as students' and instructors' perceptions, reasons of profession decline, and other communicative behaviours and skills used to improve the sessions. These studies suggested in detail that instructors should use certain communicative strategies and skills without pointing out how these strategies and skills are formed and implemented. This study differs from past studies by addressing the larger question of how language is used through performing a number of speech acts. In addition, the research closely analysed the methods used for communicating the meanings and content of medical learning through applying a number of instructional strategies. The findings of such an analysis will add a building block to the body of linguistic, pragmatic, and educational research, especially on the Iraqi medical setting. This study is significant in the field of linguistics and more specifically, pragmatics in terms of illustrating the unequal relationships between the three parties in the BST interactions, particularly those between the instructors and the medical students, in the practice of various types of speech acts and instructional strategies. This suggests the idea that if the performance and functions of these acts are realized properly by the instructors and the students, the communication will be more effective, the asymmetric relationships will not be preserved, and there will be a tendency toward reducing the hierarchy. This can be achieved through conducting more studies in this concern, especially in the medical context. The significance of the study is in raising awareness of the practical nature of BST from the perspective of discourse with regard to specialized actions and strategies used by doctors in their instructional interactions with students.

Finally, it is hoped that the findings of the study will benefit medical instructors and medical students by improving their understanding and practices in BST discourse. It is also hoped that the findings of this study will help future researchers, especially the

Iraqi ones, to build on the findings of this study to further explore other aspects of interaction in BST sessions.

1.10   Thesis Organization

This study is organized into five chapters. In the first chapter (Chapter 1), the study is set in its context. In this chapter, the background of the study, research problem, research questions, and research objectives are first set forth. This is followed by defining the key terms used in the study and introducing the conceptual framework and scope of the study. The chapter ends with showing the significance of the study and a chapter summary.

Chapter two discusses the relevant theories and reviews past studies that are supportive of the present study. In the third chapter (Chapter 3), the methodology of the study is explained and justified. The chapter starts with introducing the research design in which the methods used for data collection and data analysis are briefly introduced. This is followed by explaining the participants, setting, and context of the study. The data collection instrument and procedures are then explained in detail. Next, the data analysis instrument, procedures, and frameworks are explained. The chapter then reports the findings of the pilot study. The chapter closes with a summary of the chapter.

In the fourth chapter (Chapter 4), the analysis and findings are reported. The findings are presented according to the methodological procedures discussed in Chapter 3 to answer the three research questions. The findings are reported in the form of tables, figures, and examples extracted from the actual talk of the participants. In the last chapter (Chapter 5), the summary of major findings is presented followed by the implications of the present research. It also presents the limitations and recommendations for the future researchers.

1.11   Chapter Summary

The purpose of this chapter was to set the study in its context. It first introduced the background of the study in which a brief explanation of the main concepts was provided. This was followed by explaining the research problem and the related research objectives and questions. Next, the conceptual framework showing the relationships among the variables examined in this study was presented and explained. The chapter ended with the definitions of the main concepts and terms, the scope and significance of the study, and a summary of the chapter. In the next chapter, Chapter 2, the theoretical perspective is introduced as well as the past research that was conducted in similar areas to the present study.

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