

## Conducting Interviews in the EFL Classroom

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### Introduction

The following is an account of a relatively simple task that integrates, through a number of activities, production and reception skills in the English language classroom. In the task the students, who are studying medicine, interview, in English, a number of volunteers who are already qualified in this field. The interviews are followed by the production of a written report. The task has considerable impact on the students' attitudes to language learning and interacting with foreigners. It also throws light on the needs of students, on some of their problems in using English and how a teaching curriculum can be altered to meet those needs.

### Background

The aim of most language teaching is to prepare students for communication and language use outside the classroom: at work, on vacation, in the street, at customs and immigration, in meetings and giving presentations, in some other place loosely defined as the 'real world'. A notable exception would appear to be English for examination taking, but for the students on the receiving end of this teaching, examinations are very much the real world. In order to facilitate this learning, teachers and text-books breakdown, simplify and present language and skills. Most language in the classroom is produced under somewhat artificial conditions and teachers must, therefore, bridge the gap between this artificial use of language and use and usage outside the classroom, and try to replicate or simulate the conditions in the unstructured, yet contextualised, world beyond the school environment. To further this end, elements of the real world—realia—are often brought into the classroom.

Realia is anything that has not been specifically designed for language learning and comes in many forms: photographs and pictures, videos and recorded dialogues, newspapers and magazines, documents and forms, pop songs, children's toys, and even clothes and other props. A student's response to realia is usually very positive as it serves to remind him or her that studying a second language is not an abstract process: almost any class will have its interest piqued and will respond more positively to a real bottle of champagne than to a mere picture of one; photographs of the student's family will make questions about family members considerably more meaningful; a request for permission to smoke, perhaps followed by a polite refusal, will seem more fun, and more memorable, if the speaker is holding a pack of cigarettes in his or her hand. Inviting guest speakers into the classroom is a use of 'human realia' that evokes even greater excitement and can have a profound impact on the students in their language use, their motivation and their knowledge of the world.

Allowing people who are not formally involved in the education process into the classroom may be viewed with suspicion by some, particularly those not directly involved in teaching. In the more informal atmosphere of a private language school there may be many opportunities to invite native English speakers, visiting friends and family, but in an academic institution, with a more structured curriculum, visits have to be planned more carefully, and yet can be exploited more thoroughly. Convincing the students of the relevance of this kind of activity is, however, easy and, with some preparation and follow-up, the activity will appear valid for those with a more traditional view of language teaching.

The task meets all the criteria laid out by Nunan (1) as to what constitutes a 'communicative task'. It may be broken down as follows:

- Goals:
- i. Motivating students in language study and use
  - ii. Obtaining information
  - iii. Experiencing a special subject and cross-cultural differences
- Input:
- i. Biographical articles
  - ii. 'Human subjects'
- Activities:
- i. Reading for specific information
  - ii. Interviewing
  - iii. Exchanging information
- Teacher: Monitor and Facilitator
- Learner role: Interviewing and instructing peers

Setting: Classroom; groups of five or six.

In the case of this task, I would also include another element:

Follow-up: students write-up their findings in a report.

In the present teaching context, perhaps the main reason for carrying out a communicative task such as this is its effect on motivation. There are always a few students even in a medical school class who need reminding that studying English is an active process with direct applications rather than the passive learning that they may have excelled at in high school. Those students who are more enthusiastic about speaking the language find the opportunity to apply their skills very satisfying. In a follow-up questionnaire, over 95% students described the interviews as 'Enjoyable' while over 90% said the interviews were 'Useful'.

Research cited by Harmer (2) suggests that 'an interesting course' is the most important factor in classroom language study; the teacher has an obligation to keep students interested and motivated.

The activity is also useful in that students are active rather than reactive in their use of language. Although they have been able to prepare questions, in the interviews they find that the doctors' understanding of a question is not always what had been intended and questions often have to be rephrased to be more focussed. Students have to draw upon the strategies they have practised for asking for repetition, clarification and explanation.

The interviews are conducted in the students' second year while they are just embarking on medical studies proper and many of them are eager to discuss medicine. The interviews provide more practice in medical English in ways not dissimilar from the way they, as junior doctors working with foreigners in Japan or as research fellows in the USA or Europe, will have to interact with English speakers. This element to the interviews could be given more weight and provide reason enough for carrying out the interviews, but for the students in this stage of their studies the ESP element is secondary.

The final element, and of considerable importance for these students, is the experience of cross-cultural exchanges. For some of the students, it is the first opportunity to meet foreigners who are not English teachers; for many it is the first chance to talk to foreigners who themselves use English as a second language; and for the majority it is their first opportunity to meet people from Africa, South Asia and South America.

The interviewees do not have to prepare anything for the interviews. For their part, the doctors volunteering their time rightly feel they are helping the students and are pleased to have the opportunity to do so.



## Procedure

As in any classroom task or activity, it is essential students know exactly what is expected of them, without clear instructions an activity can be wasted; indeed, it can be argued that new kinds of activities which are successful should always be repeated in one form or another as the amount of time invested in them is doubly repaid. Therefore, the interview is preceded by a similar activity, although one using a different medium, in which information has to be first acquired and then shared with others.

The first part of the task is a standard group jig-saw reading and information exchange. Students are divided into groups of five or six and each group is given a text containing biographical information about a well-known movie star. This text is broken down into five shorter texts: each one is made up of the introductory paragraph plus one other from the main text. The new texts are short, as this exercise is as much about sharing information and learning the technique as about developing reading skills. The papers are labelled P,Q,R,S, and T, so it is less obvious what the order of the papers would be than if they were A, B, C etc., and all students in any one group get the same paper. Each paper also contains a number of questions, about 16, which the students have to answer. The questions require short information-type answers which are embedded in the text. Students are told that they will not be able to answer all the questions, as no single one has all the information, but must answer as many as possible.

Having answered the questions, the students can consult with other members of their group and they have to agree on their answers.

After several minutes of discussion the groups are re-arranged, with a member from each group P,Q etc forming new groups. Each group now contains one member from P group, one from Q group, one from R, etc., and together, the members have the information necessary to answer all the questions. Students now ask and answer questions and share all the data. Once they feel that they have adequate answers to all questions, the new groups disband and the original groups are reformed; students again discuss answers to check that they all have the same information. The answers are checked in open class with students answering questions from the teacher; attention is shifted from the group back to the class. The activity has taken about forty minutes and required students to practise a number of skills: extracting information from a text, asking for data, answering questions, checking information, and organising group dynamics.

Before doing the task thought should have been given to how students are assigned to the groups as later, in the subsequent lesson, these groups will be interviewing the

visiting doctors. It may be better to have the strongest students in one group and the weaker ones in another to ensure that the groups are not dominated by more self-confident members. It may also be felt appropriate that an all-female group be created: members may feel more relaxed about asking questions pertaining to the position of women doctors or medical experts, medical problems women face, etc. in the doctors' respective countries.

After the jig-saw reading and information exchange, the students are told that the exercise is to be repeated in the following lesson, but that instead of reading, the same kind of information will be obtained through interviews with several of the college's foreign doctors. Once the buzz of excitement has subsided, students are asked to choose a captain for their group and then one of the following subjects: i. Home country, family and background; ii. Daily life and medical school in home country; iii. Living in Japan; iv. Medical I; v. Medical II. The subjects are self-explanatory; those relating to medicine can cover any aspects of the field that interests the students, and there will probably be an overlap each between each one.

The teacher may wish to manipulate the subject assigned to each group: weaker groups can be given easier, more general subjects; groups with older or more mature members may be better able to ask questions about medical or ethical subjects. The role of the captain is to ensure that, in the interviews, all members are given chances to ask questions. For the rest of the lesson the students discuss their subjects and formulate questions to be asked. Some groups may need some directing or initial prompting, and it is useful to help students reformulate some questions that may seem intrusive or could put an interviewee on the defensive.

The name of each group along with the subject to which it has been assigned is put on the board, as are complete instructions for the procedure. At the end of the class, students leave to finish preparing their questions for the following lesson.

The interviews are usually conducted with three doctors. As the classes are 100 minutes in length, each doctor spends a little over 15 minutes with group. The doctors have been given no briefing except to speak clearly, be helpful, ask for clarification of the questions if necessary, to avoid answering with platitudes and to decline to answer questions they might regard as inappropriate. It may be acceptable to ask for a person's age in Japan but in many cultures it is thought to be irrelevant if not intrusive.

During the interviews the teacher should be unobtrusive, merely monitoring the groups. If the teacher finds a group that should be asking a Brazilian doctor questions about medical subjects is actually asking him about football in his country then the teacher



should resist interfering: the interviews must be allowed to develop in a way that is interesting to the students, and the desire for knowledge is the most motivating factor in any exchange. However, the teacher may feel it appropriate to intervene if the questions become too superficial and, to the interviewee, irrelevant, for example, a string of questions about whether he or she can eat certain kinds of Japanese food.

At any time, two of the groups are not conducting interviews; this time is important for the students to discuss the answers they received or how to change their questions to get the information they want. This is a good time for the teacher to ask about progress, and give advice about changing tactics or questions. Less than three interviewees leaves too much time doing nothing.

In the class following the interviews, students discuss the answers they received; they then change groups. In the new groups information is given out by one member about a doctor's home country while another member will recount the same doctor's experiences in adapting to Japan, while yet another will talk about the doctor's comments on medical technology, bedside techniques, etc. Each member of the group takes notes so that he or she is able to build up a portrait of the interviewees. For reasons of time, it may be desirable to limit discussion to only two of those interviewed, but whenever this has been suggested it has been opposed by the students themselves as, by this point, they are genuinely interested in hearing what their fellows have learnt during the interviews.

Following completion of the interview and discussion of the information, all students are required to write a report. For many students, the report is seen as the main reason for having conducted the interviews as it is the part that resembles most what they would regard as 'real work': important though it is, the interaction with English-speaking medical professionals of different races and cultural backgrounds is more so. Another aspect of the follow-up is the questionnaire that all students are asked to complete anonymously: it includes questions about how interesting or useful the interviews were, whether there were any problems with accent, suggestions for improving the interviews, etc.

The procedure for conducting the interviews and exchanging information is simple and yet can be fine-tuned. The outline presented here is with a group of about 26 members in lessons of 100 minutes; the total class-time covers a little over three and a half hours, with more time out of class preparing questions and writing. It must be added that the layout of the classroom makes the activity possible; neither seats nor tables are bolted to the floor and so students, teacher and visitors can move freely about the room and, when students form or re-form groups, they can move chairs and tables so that their groups have

a physical structure separate from the others

### Benefits for the Students

From a language teachers point of view, one of the most important benefits students derive from a task such as this is use of the target language. The functions and structures that have been practised during the course have to be used in a realistic way that cannot be duplicated in common classroom role-plays, pair work or simulations; it is truly communicative, and yet not completely uncontrolled, as the students have prepared their questions.

However, the greatest effect this activity will have is on the students' motivation. They are presented with an opportunity to meet and discuss a range of subjects with a foreigner for which English is necessary: the language becomes a tool for obtaining information and sharing it. This use of language has a relevance and immediacy quite different from the abstracted language practised in many of even the most communicative classroom activities, and far removed from the learning English for its own sake that many students have experienced.

Some of the medical students already have some experience of the world beyond Japan, indeed a few may even speak better English than the doctors they are interviewing. In contrast, for some students, this may be the first time to communicate with a foreigner who is not a teacher, and for many it may be the first opportunity to meet foreigners who are not from North America or Europe. In the follow-up reports, surprise is always expressed at some of the accounts they have heard. A common comment in the follow-up questionnaires is that somebody who looks so different, referring to a doctor from sub-saharan Africa or one from the Indian sub-continent, can be so easy to talk to or have so many similar problems to themselves in becoming a doctor; equally, surprise is expressed at the fact the doctors from China have a different cultural background even though they often look the same as the Japanese. Students quickly find that many of their preconceptions about Africa or South America are erroneous. The students have their assumptions and stereotypes challenged, are able to compare conditions of medical care, the position of women, the way young people enjoy themselves, etc. between Japan and the doctors' own countries, and between those countries themselves. The myth of the Japan-'abroad' dichotomy dissolves in the face of accounts which may be completely different from both the ways familiar to the students in Japan and what they have heard about foreign countries, i.e., the USA.



It is useful, too, for students to hear the reactions of these well-educated people to the things that they take for granted in Japan; hearing a new perspective on their own culture and environment can prove enlightening, providing the students do take time to think about them.

A native English-speaking teacher working in Japan provides a model of language that reflects his or her own background, yet it is important to use other models from different countries: a British teacher may wish to play taped materials using mainly American accents, for example, and vice versa. The doctors, from so many countries, bring in a wide range of accents and remind the students that English is not restricted to the UK, USA or Australasia, that more people in the world speak it as a second or foreign language than as a native tongue, and that, working in the future as doctors in Japan or abroad, these students will be at least as likely to communicate in English with the non-native speakers. Some of the doctors interviewed do not always have a perfect grasp of English, and pronunciation and accents are not always entirely clear; when students realise that it is not just Japanese speakers who have problems learning English, and these problems are small relative to those of some other language speakers, then they feel more confident.

The interviews are conducted during the students' second year, either in the first semester or the second. At these points in the medical course the students have barely begun to study medicine proper, but are still doing pre-medical subjects. The opportunity to discuss medicine, to ask questions about the research work being done in the college hospital and about clinical practice in Japan and abroad is motivating for their studies other than English.

### **Effects on the Curriculum**

When this activity was first devised it was intended as a way of giving students an opportunity to use their English in a truly communicative manner and to learn something about other countries and different medical perspectives. However, it has had a strong backwash effect on the curriculum by affecting the skills, language and subjects studied in the classroom.

The first difficulty students encounter is asking for clarification and repetition: although these are activities often practised in the classroom, there is little that can be done to overcome reticence and shyness stemming not from lack of confidence in language but rather from having to talk to strangers and foreigners who are perceived as being of a high



status. However, students are noticeably more relaxed, and more prepared to control the discussions, by the time they have to interview their third subject. This is partly a result of practise and partly from the sympathetic responses they get from the doctors.

The structures used by the students are familiar and they have had much practice in using them. However, at times it becomes clear that questions are not always eliciting the kind of information expected. This may be partly because the questions are based on the students own assumptions, or, more likely, they are too broad and unfocussed. A question like "What do you think of Japanese people?" cannot really be answered as it is too general. The questions have to be reformulated or a clear context has to be provided. Context can also be used to provide balance to the questions: "Please tell us about AIDS in your country," neither gives indication of what kind of information is required — numbers of victims, methods of treatment, strains of virus, or whatever — nor is it very diplomatic. Students realise, or should be told, that the same question preceded by, for example, "In Japan, the problem of AIDS has recently been very much in the news but many people are still reluctant to face the issues...", will certainly receive a more sympathetic response.

Activities can be devised to give students practice with these kinds of functions earlier in the course. One that has proved useful is to have students work in pairs and ask each other to explain certain Japanese concept for which there is no direct equivalent in English, and which cannot adequately explained without reference to wider aspects of society, examples being, 'family service', 'family registers', 'cherry-blossom viewing', etc.: one student gives the explanation while the other acts as a foreigner, demanding a complete explanation of the concept with constant how and why questions. Finding balance in questions can be practised by having students find similarities between each other rather than differences or just neutral information: "I was in the baseball club at high school, how about you?"

As well as making their questions more focussed students must be aware of the use of generalisations, which become particularly striking once they reach the written report. Examples that have occurred include: "The weather in Africa is not hot but cool and dry"; "In Peru, children work all day and have no time to study"; and "American people carry guns so the patients have gun injuries". Generalisations such as these may have three possible sources: mishearing the interviewee, mistakes in the group exchange or some confusions caused by the semantic differences between the student's first language and English. If they occur for the first reason then it may be understandable that the students do not wish to query what has been told them. If, however, they arise for the second

reason then some students are obviously not thinking the about content of the writing and not processing the information: perhaps they are not taking the activity seriously or perhaps their educational experience has not paid sufficient attention to analysis of information or argument. First language interference should not be dismissed; the unqualified statement may not convey such a strong, absolute meaning in Japanese as it does in English; further research into this area is required.

The English course now includes an activity to sensitize students to the use of generalisations, and how to qualify sentences to make them more realistic. Students are given a quiz which contains a number of sentences like; 'American people have guns' or 'English men are gentlemen' which they have to mark as True or False. There are ten such sentences, all are over-generalisations and, as they stand, not true; in each class only one or two students actually feel any sense of confusion and start querying the sentences with, "It depends..." or "Does this mean all Americans?". Interestingly the students who do notice that they are being tricked are always those whose English is better because they have spent time studying at school abroad: this may support either the linguistic explanation or the lack of emphasis given to questioning and analysis in secondary education. Having chosen their responses — usually True — and discussed them briefly, and with some humour, in open class one of the students is asked to visit the adjacent classroom to ask the American teacher if she has a gun: her response is negative, off course. It is now obvious to the class that the sentence 'American people have guns' does not carry the same degree of certainty as the example, 'Today is Thursday'; The class is given a list exponents that can be used to qualify the sentences and make them true: 'Some...', 'It is believed that...', 'Compared to .....', etc.

As well as teaching the students to avoid the use of generalisations in their own work they should be conscious of when others may over-generalise: the interviewees, naturally, wish to give a good impression and may be inclined to exaggerate. If they suspect this then they are instructed to qualify their reports with, "We were told..", "The doctor said ...." etc.

The English course was initially designed to develop oral and aural skills but the interviews and the subsequent reports have demonstrated other areas in which students needs exist. In the curriculum, less emphasis is now placed on aural skills work, while more encouragement is given to make use of self-access materials, and relatively more weight is given to written production, and the ability to present ideas, both orally and on paper, logically and coherently. The written reports often show gaps or errors in sequence,



cause and effect and process that indicate the student's experience of writing, and reading, has focussed on vocabulary and structure rather than overall meaning. Class work now includes more activities that integrate and practise these speaking and writing skills, and for the latter, focus on the process, as well as the product, and the intended reader.

The student questionnaire provides feedback beyond the short, open-class discussion that follows the activity and it has shown that, on the whole, students enjoy the interviews, find them useful, would like more time with each doctor and, even, would welcome the chance to drink coffee in the classroom while holding the interviews!

## Conclusion

It has been shown how a relatively simple activity can highlight gaps in students knowledge and competence, and yet prove highly motivating. Interaction, motivation and relevance are essential for effective learning and the teacher has a responsibility towards the students to provide these elements in the curriculum. Studying and learning without interaction can amount to little more than memorizing and precludes comprehension; intrinsic motivation, from interest or enjoyment, provides the impetus to persevere with learning yet without relevance to the students' needs it may be little more than entertainment. The activity has been successful in meeting these needs and highlighting others.

As Japan's status in the world and in the world of medicine develops, more foreigners will be coming to this country to do research, study or teach. The young Japanese who are currently studying will almost inevitably have to work closely with foreigners either in Japan or abroad. It is hoped that the activities outlined here will contribute to the students' skills, confidence and understanding of different cultures and make their cooperation with English speakers, from whatever culture, smoother and of greater mutual benefit.

## References

1. Nunan, D., *Designing Tasks for the Communicative Classroom*. CUP, 1989
2. Harmer, J., *The Practice of English Language Teaching*. Longman, 1983

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