Nurse Education in Practice 38 (2019) 52–58

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/locate/nepr

Original research

Professional development for teachers of nursing students for whom English is an additional language: A reflection on practices

Caroline Havery[a,*], Lisa Townsend[b], Anna Johnson[b], Anna Doab[b]

[a] Academic Language and Learning, University of Technology Sydney, PO Box 123, Broadway, NSW, 2007, Australia
[b] Faculty of Health, University of Technology Sydney, PO Box 123, Broadway, NSW, 2007, Australia

ARTICLE INFO

Keywords:
Academic writing
English as an additional language
Professional development
Culturally and linguistically diverse students

ABSTRACT

The increasing linguistically and culturally diverse cohort of university students in nursing degree programmes has resulted in a plethora of approaches to address issues related to English language, academic writing and professional communication. Approaches that integrate language development within core nursing subjects are usually regarded as effective, as they offer students opportunities to be socialised into the language of their specific discipline areas. However, developing and implementing an integrated model can be challenging and many discipline academics feel unprepared to address language issues within the curriculum. This paper discusses a pilot project where we, a language academic and a group of nursing academics, adopted a clinical supervision model to problematise subject content and pedagogic practices. The aim was to enable English as additional language students better transition to Australian university studies by integrating an explicit focus on language development within the subject content. The paper outlines the model and draws on our reflections to discuss outcomes. These included changes to subject content and pedagogic practices, as well as increased confidence of nursing academics to teach in ways that have been found to be effective for English as additional language students.

1. Introduction

The increasing linguistically and culturally diverse cohort of university students in nursing programmes has resulted in a plethora of approaches to address issues related to English language, academic writing and professional communication. Some approaches are specific to health care disciplines, for example, programmes that focus on clinical communication (e.g. Hussin, 2009; San Miguel and Rogan, 2009). Other initiatives address the development of English language proficiency within the area of academic reading and writing and are broadly applicable across disciplines. These initiatives include the early use of post enrolment language screening (Glew et al., 2015) and language focused initiatives via an integrated model which are offered within degree programmes (San Miguel et al., 2013; Hillege et al., 2014; Müller et al., 2015; Salamonson et al., 2010).

Models that address academic language development within discipline content draw on social views of language and learning, including situated learning (Lave and Wenger, 1991), communities of practice (Wenger, 1998), and second language socialisation (Duff, 2010), according to which, students are apprenticed into particular communities, including the specific discourses of those communities. An explicit focus on the academic practices of reading and writing in subjects allows students to be socialised into the specific practices of their discipline areas (Arkoudis and Doughney, 2014; Wingate, 2006). However, EAL students experience a 'double socialization' (Roberts, 2010, p. 211), as they are socialised not only into the specialised discourses and practices of their discipline but also 'the specific language and cultural practices that realise these discourses'. Integrated models that are specifically for EAL students allow academics to pay more attention to the disciplinary language and cultural practices that may be unfamiliar to EAL students, which, in turn, may help students better understand subject content (San Miguel et al., 2013).

Despite the recognised benefits of integrated academic language development (e.g. Baik and Greig, 2009; Mort and Drury, 2012), many language development programmes in healthcare degrees remain outside core disciplinary subjects (Fenton-Smith and Frohman, 2013). These programmes rely on students seeking help in their spare time, often through university language centres, which can be burdensome for students, who may already be struggling to manage study and workloads. Furthermore, generic models do not take into account the

* Corresponding author.
E-mail addresses: Caroline.havery@uts.edu.au (C. Havery), Lisa.townsend@uts.edu.au (L. Townsend), Anna.johnson@uts.edu.au (A. Johnson), Anna.doab@uts.edu.au (A. Doab).

https://doi.org/10.1016/j.nepr.2019.05.012
Received 14 February 2018; Received in revised form 12 March 2019; Accepted 26 May 2019
1471-5953/ © 2019 Elsevier Ltd. All rights reserved.

situated nature of language learning and it has been argued that these so called 'study skills' programmes should be dismantled due to their ineffectiveness Wingate (2006).

One of the reasons for the limited uptake of integrated models is that they are challenging to develop and implement. Integrated models require teachers who can effectively work with both discipline content and language, and therefore programme development usually relies on cross-disciplinary collaboration, drawing on experts from different parts of the university. In some cases, faculties employ their own language specialist teachers to deliver language programmes within particular areas (Müller et al., 2015) or draw on staff from university language, or teaching and learning centres, to deliver language development programmes (Hillege et al., 2014). However, Wingate and Dreiss argue (2009, p. A-21) that 'to offer students truly embedded and effective writing support, the involvement of subject tutors and the integration of academic writing into the time-tabled classroom activities are needed'. Many university tutors, however, do not feel prepared to address language issues within the curriculum, and little has been done across the university sector to provide staff development in this area (Briguglio, 2014). This paper is a reflective study of our own attempts to find a model of professional development that involved cross disciplinary collaboration between us, a language academic and a group of nursing academics. The paper presents an evaluation of the outcomes of the programme.

2. Background to the project

At least one third of the nursing students at the large metropolitan university where this project was carried out are from linguistically and culturally diverse backgrounds. The nursing degree includes a comprehensive programme related to language development and this project is one part of that programme. On entering university, students are encouraged to undertake a post enrolment language screening so that those who need further language development can be directed to appropriate language development opportunities. Results from the screening since 2012 indicate that approximately 100–120 students each year (from approximately 600 who complete the screening) fall within the lowest band of the screening (internal reporting data), which indicates that they may benefit from significant development of academic language. The majority of students with this low level of language are from EAL backgrounds. As widely acknowledged in the literature, strategies need to be developed that can support these students to succeed in their degree (e.g. Choi, 2016; Hillege et al., 2014; San Miguel et al., 2013).

In a previous paper, we described a model of responding to students with low levels of English language proficiency that focused on tutorials that were 'streamed' for these students within core subjects to better help those students transition to university (San Miguel et al., 2013). The streamed tutorials have been offered for six years as a strategy to help EAL students transition to university study by focusing on academic practices and language development. Usually four tutorials are offered, each capped at 25 students, which is up to five students less than the standard tutorial size. Students can 'opt in' to these tutorials (see San Miguel et al., 2013 for further description of the tutorials). Tutorials are taught by a team of permanent and experienced casual tutors. What is notable about these tutorials is that the tutors need to adapt already existing content to better suit the needs of the EAL students.

This model relies on academics in the discipline working with EAL students to integrate language development into a nursing subject, rather than employing language specialists to teach these tutorials. A previous evaluation of these tutorials for EAL students showed that the tutor is important in creating a positive experience for students (San Miguel et al., 2013). In particular, students thought the streamed tutorials were most beneficial when tutors created opportunities for interactive class participation by engaging them in small group discussions, providing them with the opportunity to practise the language of the discipline. However, not all tutors provided this experience. Furthermore, as new tutors began to teach the EAL tutorials, there was a need to provide professional development to ensure students' positive experiences across all streamed tutorials. This paper focuses on how we implemented professional development that aimed to enable nursing academics to teach core nursing content in ways that were effective for EAL students, that is to develop what Lucas et al. (2008, p.363) call 'linguistically responsive teachers'. Such teachers are aware of the challenges faced by students and can respond to those challenges in a timely and effective way.

3. Clinical supervision as professional development

In working together, in our roles as language academic and nursing academics, we wanted to draw on each other's expertise to adapt subject teaching materials and our own practices to enable EAL students to gain access to 'the ways of understanding, interpreting, and organizing knowledge that is practied in the subjects and disciplines of the academy' (Bergman, 2016, p. 516-1). The framework we adopted for this professional development drew on the concepts of a 'third space' and 'clinical supervision'. The third space helped frame the cross disciplinary collaboration. It refers to the space 'where academics from different disciplines come together to explore teaching and learning ideas and combine knowledge and skills from their different specialisations to create new ideas, strategies and activities that would be difficult, if not impossible, for each to create in their own 'space'' (Briguglio, 2014 p. 27). In order to create this space, we adopted a model of clinical supervision, which is used in health care settings to promote professional support and learning amongst peers (Brunero and Stein-Parbury, 2008). During regular discussion meetings, peers use reflection to think back on clinical experiences, in order to increase understanding and identify areas for improvement. Clinical supervision has been found to be effective in achieving outcomes in areas of professional accountability, skill and knowledge development, and collegial support (Brunero and Stein-Parbury, 2008). In implementing a clinical supervision model in an education setting, we wanted to use peer discussion to deepen our knowledge and understanding of challenges EAL students faced in reading and writing subject content. We aimed to expand our skills and deepen our knowledge by drawing on our classroom based experiences and our differing areas of expertise. The model of peer education in a safe space (Brunero and Stein-Parbury, 2008) also offered possibilities of providing collegial support to increase confidence in teaching in ways that responded to the linguistic diversity of the students. The key tool in clinical supervision is reflection (Brunero and Stein-Parbury, 2008). Although reflection is widely used in education as a way of researching one's own practice, for example, action research, this peer based model does not seem to be used widely in education. One study where a similar model was used in a higher education setting is referred to as a 'research circle' which is described as a 'method and a meeting place for knowledge-building and professional development', which 'gives time and space for collective reflections … opportunities that are not often given in sporadic workshops and credit courses for staff' (Bergman, 2016, p. 517).

4. Method

Five out of the six academics who participated in the professional development programme agreed to participate in the evaluative component. The four nursing academics included a permanent subject coordinator, two permanent staff members and a casual staff member who had been regularly employed at the university for a minimum of three years and was experienced in teaching this subject. The fifth member was a language educator who had worked closely with the Faculty for at least ten years and had collaborated with nursing staff in developing the subject that was being adapted for EAL students. All members of the

group were committed to improving the experiences of EAL students.

The meetings were held on campus for one hour a week for eight weeks. Each meeting, we discussed classroom experiences from that week's tutorial, and planned the following week's tutorial.

The study used a qualitative design, broadly situated within reflective practice (Schön, 1983) to investigate our experiences and evaluate the outcomes of the professional development programme. In researching our own practices, we were engaging in 'self study' (Bullock, 2012; Mukeredzi, 2014), a research methodology arising out of reflective practice (e.g. Schön, 1983) and action research (e.g. Kemmis and McTaggart, 2014) which is used in teacher education to help educators deepen their understanding of their practices. Self study was an appropriate methodology as it is improvement aimed and helps participants 'develop an articulated knowledge about practice (Loughran, 2005 p. 10). Self study also shares similarities with noticing (Mason, 2002) whereby the same person monitors their own participation. Mason (2002, pp. 200-201) argues that the validity of such research lies in 'the development of ways of working which enable others to take up and try something similar for themselves'.

To capture the outcomes of the professional development meetings, we collected several forms of qualitative data. All participants kept reflective journals in which we documented our experiences of the EAL tutorials topics discussed in the weekly meetings, outcomes from meetings, any changes we made to our practice, and any events from the EAL tutorials that we wished to discuss with colleagues. However, these topics were set as a guiding framework. The diary reflections were unstructured and academics could add topics if they wished. Participants were asked to write in their diary at least once a week. Diaries were collected at the end of the teaching session. One participant chose to handwrite; others kept computer logs. We also collected emails exchanged after the weekly meetings and teaching resources developed as a result of the meetings. The emails usually summarised the meetings and clarified actions to be taken. These data formed the basis of this paper.

The diary entries, emails and resources were analysed using interpretive description (Thorne, Kirkham & MacDonald-Emes, 1997) to identify thematic patterns. Two of the participants (CH and LT) read the data individually to identify key themes. The two participants then compared themes, resulting in further discussion and analysis, before agreeing on a final list of themes. Themes were then grouped into major themes with sub-themes under each theme. In writing our reflections, analysing the data, and writing this paper, we are participating in three phases of reflection, as summarised by Rolfe (2001). He related these three stages to nursing education but we are using them in relation to professional development. Firstly, we immersed ourselves in the experiences of the 'messy complexities' (p. 27) of teaching. Secondly, we reflected on our practice; and finally, in writing this paper, we relate our experiential knowledge to propositional knowledge and theory. This latter is an important component of self study in that it makes visible for other educators otherwise hidden knowledge of teaching practices (Mukeredzi, 2014).

Ethics approval was received for this study by the University's internal ethics committee and all participants consented to being part of the project by way of written consent.

5. Findings

The major themes identified in the data focused on challenges faced by academics teaching the tutorials and the responses to those challenges that were developed in the team meetings. The three main challenges were covering the content of the subject, responding to students' learning styles, and tutors' lack of confidence in teaching classes of EAL students. These challenges and the responses are summarised in Table 1. The table shows what the responses were, and where applicable, how we achieved them.

One of the key challenges was the need to cover the required content, at the same time as including activities to help students understand and engage with the content. In EAL tutorials, tutors found that they were unable to complete all class activities, as students required more time to understand and discuss the pre-class reading/learning materials, and tutors needed to spend more time explaining unfamiliar sociocultural content. In response to this challenge, a decision was made in the team meetings to focus on 'essential' content (see below). Tutorial activities were then adapted and resources developed to include a focus on vocabulary development and unfamiliar sociocultural content.

Essential content was identified through a questioning process. The role of the language academic was key to this process. As an 'outsider' to the discipline (Jacobs, 2005), the language academic was able to 'think like a student' and raise questions concerning what students were supposed to learn each week. The key questions discussed for preparation of each week's tutorial were:

- Which of the weekly readings were essential for students to complete?
- Which sections of the essential readings were students required to read (e.g. the whole reading or only one or two sections)?
- Which readings added depth but were not essential?
- Which tutorial activities were essential?
- How could those tutorial activities be adapted to focus on unfamiliar content and language for EAL students?

Discussion in the teaching team resulted in a reduced number of readings for students to complete and the development of student reading guides. The purpose of the reading guides was to provide students with activities to help them understand the readings. The guides incorporated activities that related to nursing content, academic practices, and language development (see Appendix 1 for a sample reading guide). During weekly meetings, the language academic questioned the nursing academics to identify the key points in the weekly readings, and to develop questions that students could answer based on the readings. The language academic then wrote the guides, integrating activities that focused on academic practices related to reading and using evidence. The guides also introduced students to unfamiliar specialist terminology and sociocultural knowledge, for example, many of the EAL students were unfamiliar with the Australian medical system, or the geographical differences within Australia that can impact healthcare. Similarly, a scaffolded template was developed to assist students to engage with their written assignment question (see Appendix 2 for template). The work involved choosing their topic of focus, summarising a key reading in their own time and then interacting with another student or small group in the class to share understanding.

Finally, tutors recognised the large amount of new vocabulary for students. Vocabulary was identified that might be unknown to students but that was essential to the subject. Again, the role of the language and learning academic was key in identifying this vocabulary. As the subject was not part of her disciplinary knowledge, she was readily able to read like a first-year student and identify unfamiliar terminology. The nursing tutors' knowledge, however, was essential to decide whether this was terminology that students needed to know. Sample key vocabulary included the social gradient, advocacy, equitable access, and social exclusion. Activities were developed to encourage students to learn vocabulary. For example, at the beginning of a tutorial, each student was given a key word or phrase from previous readings and asked to explain it to a partner, to gauge whether they actually understood the key word or phrase.

A second challenge discussed in the meetings was how academics could adjust their pedagogic practices to respond to students who were not necessarily familiar with the style of learning expected. In particular, nursing tutors were concerned about the lack of student participation in class. Tutors reported that when they tried to engage students in teacher led large class discussions, many students did not

Table 1
Pedagogic challenges of EAL classes and the teachers' responses to those challenges.

Identified challenges	Responses	
	What	How
Covering the content	• Adaptation of content	Clarified essential content through peer review Reduced number of readings
	• Development of resources to help students understand the content	Developed weekly reading guides Developed activities to scaffold the assessment tasks Developed vocabulary activities
Learning styles of students	• Development of teaching strategies	Planned sequence of activities from understanding core concepts and vocabulary to discussion on the topics Adapted tutorial plans to incorporate more small group activities Incorporated time for student questions into tutorials
	• Changes to teaching style	Spoke more slowly Became aware of slang Became aware of culturally specific information Took time to check students had understood
Lack of tutor confidence	• Sharing concerns • Sharing expertise	

participate. Additionally, even though students were encouraged to ask questions, tutors observed that students would often wait behind after class concluded, and ask their questions when they were alone with their teacher.

In response, tutorial activities were adapted to move away from large class discussion to activities that required students to work in small groups. Furthermore, rather than asking students to discuss a topic generally, activities were redesigned so they had a clear focus and a task that students needed to complete (see Appendix 3). Small group activities ensured that all students participated. Small group work also allowed the tutor to move between groups, monitor students' understanding of topics, and answer questions.

A second response was to adapt teaching styles. Tutors reflected on how they became aware of the need to speak more slowly and to explain idiomatic use of language when used. They also noted that they learned to develop ways of 'checking in' with students regularly to establish whether students understood the content being discussed.

A third challenge for academics was a lack of confidence in teaching groups of EAL students. Academics discussed their uncertainty in how best to respond to students, and how to focus on language. However, as a result of sharing experiences and expertise, academics noted how throughout the meetings their confidence in teaching EAL students was increasing. They also reported that they had begun to transfer some of the skills and knowledge developed through the meetings to their other, non-streamed, tutorials.

6. Discussion

Our reflections discussed above demonstrate that this form of professional development led to changes in the subject, pedagogy and in our own skills, knowledge and confidence. This model provided a space in which academics had opportunities to discuss the challenges of integrating academic language development for EAL students into discipline subjects, and to find solutions by drawing on expertise from both nursing education and language learning pedagogies. This type of peer professional development demonstrates how universities might respond to EAL students in a culturally responsive way (Jeong et al., 2011; Wang et al., 2008) by enabling academics to change pedagogic practices and adapt the content of their subjects to help EAL students better transition to university study. What was important in bringing about these changes was the collaboration between academics with domain knowledge of nursing, and an academic with knowledge of academic writing and EAL teaching and learning, and the peer model of clinical supervision that led to learning from our own reflections.

Academics concern about managing the subject content load, whilst at the same time integrating language development, is one that has previously been cited as an impediment to integrating language development into discipline content (Göpferich, 2016). Unlike much of the literature that focuses on developing sustainable models for teaching academic writing or developing English language proficiency, the focus of our clinical supervision meetings and the changes made were not so much about the explicit teaching of writing or English, but was rather about how we could develop practices that ensured students understood the content of the subject. As noted in a large-scale research project in Australia that investigated the ongoing English language development of international students in Australia, a key component of academic success for EAL students is to develop a deep understanding of content knowledge (Rochecouste et al., 2010). Integrating language development can increase students' understanding of the content (San Miguel et al., 2013; Göpferich, 2016).

The peer discussion embedded in the clinical supervision model permitted us to have conversations about the usefulness of the content and to challenge the 'pedagogical status quo' (Black and Yasukawa, 2013, p. 585). Essential to these discussions was the notion of working in the third space, as discussions depended on expertise in nursing content and in language. For example, the reduction in the amount of readings and the development of activities that focused on language drew on the role of the language academic as an 'outsider' (Jacobs, 2005) to the discipline, helping nursing academics reflect on why they had chosen particular readings and what students were supposed to gain from the readings. Similarly in addressing the level of difficulty of the readings, the language academic was able to readily identify terminology and concepts that were unfamiliar to her – and would most likely be unfamiliar to students. The reading guides that were introduced as a response to students' challenges with the readings aimed to help students understand key terminology, unfamiliar sociocultural concepts and academic practices. This process of identifying the language demands of the subject and developing resources to scaffold the reading process (Wood et al., 1976) helped academics become linguistically responsive teachers (Lucas et al., 2008), that is teachers who can adjust the content to respond to the students' level of English language.

Improving students' understanding of core readings is an important step in improving their writing. Although there is little research on the challenges of reading for EAL students, the few studies undertaken have found that students struggle with discipline-specific vocabulary, complex language and unfamiliar concepts (Reid et al. 1998 cited in Rochecouste et al., 2010). As Rochecouste et al. (2010) argue, focusing on reading development for EAL students is important, as readings that are beyond students' capabilities can lead to plagiarism, as students rely on copying the written text (rather than paraphrasing, summarising or synthesising) due to their lack of understanding.

The second major challenge, adapting to different learning styles, is also frequently discussed in literature, particularly in relation to international students (Wang and Greenwood, 2015). Rather than adopting a deficit model, by focusing on what was wrong with students' learning styles (e.g. students are 'rote learners' or 'passive learners'), which Black and Yasakawu (2013, p. 577) describe as 'the process of 'blaming the victim'', our solutions focused on changing teaching strategies and styles. Tutors can play a major role in creating a learning environment where students feel comfortable to participate (San Miguel et al., 2013). Nursing academics in the group quickly realised that holding class discussions as a large group did not work. The solution of incorporating small group work into tutorials had multiple benefits. It offered more opportunities for students to participate and to negotiate meaning, which meant using the language of the discipline to explain core concepts to each other. These activities recognise the classroom as a social learning environment and provide opportunities for students to communicate with each other, which develops their English language for this particular discipline area (Lucas et al., 2008; Rochecouste et al., 2010). The opportunity to interact frequently in pairs or small groups also helped foster relationships between students and establish a classroom with minimal anxiety about speaking in English, which is important, as EAL students often feel anxious about speaking up (Lucas et al., 2008; Wang et al., 2008).

A further change in teaching strategies that nursing academics adopted in response to the challenge of teaching students with differing learning styles was to build in opportunities to ask questions. Rochecouste et al. (2010) found that many students feel too intimidated to ask questions and suggest teachers set aside time for questions in class. In our project, academics built opportunities into class time so that they could walk around the room, talk to small groups as they worked on an activity, and answer any questions.

Finally, the changes teachers made to their teaching style by adopting a slower speaking pace, and to explain slang when they used it are accordance with recommendations in the literature (Lucas et al., 2008; Rochecouste et al., 2010).

Our approach to developing strategies and resources to enable EAL students to understand subject content reflect a view that learning occurs through social interaction, and that students can be guided by an expert other to be socialised into the practices and language of their discipline (Duff, 2010). The focus on language provided explicit guidance for students to participate in the academic practices of first-year nursing. As Duff (2012, p. 578) notes, 'without explicit socialization … students may invest large amounts of time with relatively little payoff in terms of … success'. The resources developed and the adaptations made to tutorial activities helped scaffold students' learning by providing explicit information in context.

The findings demonstrate that the nursing academics in this study have to some extent become what Lucas et al. (2008, p. 364) refer to as linguistically responsive teachers. In particular, the academics created opportunities for social interaction, created a 'safe, welcoming classroom with minimal anxiety about performing in a second language', identified the language demands of the subject, and provided resources to scaffold students' learning. The language academic gained a richer understanding of the particular language and practices that students needed to learn within this subject in order to succeed.

The final challenge focused on the academics themselves rather than the challenges students faced. Similar to other studies (Briguglio, 2014), the nursing academics in this project expressed initially a lack of confidence in teaching EAL students. Regular group meetings where participants could share concerns and draw on each other's expertise resulted in a growth in confidence in the weekly meetings, which translated to the classroom.

What seemed to contribute to changes to subject, practices and teachers is that all participants of the group were committed to advocating for EAL students. As Lucas et al. (2008) argue, linguistically responsive teachers value linguistic diversity and have an inclination to advocate for English language learners. The adoption of the group supervision model helped create an equal partnership between the language academic and the nursing academics. This equal partnership enables pedagogic practices to be 'challenged as both teachers [content teachers and language and learning teachers] explore how best to meet the needs of the students' (Black and Yasukawa, 2013, p. 584).

This clinical supervision model for professional development presents one way of responding to the increased number of linguistically diverse students in nursing degrees. There are, however, several limitations to the model. At the time of the pilot project, only one team member was a casual staff member, who was paid to attend meetings. With the increased casualisation of staff in Australian universities, it may be challenging to fund increased numbers of casual staff to participate in professional development, and to find meeting times that suit all. A further challenge is that this group of teachers willingly came together to work on the project and had a history of working together for a number of years. This type of collaborative work may require teachers who share 'a particular pedagogical disposition' (Black and Yasukawa, 2013, p. 584). The intention of this research was not to produce outcomes that could be generalised to other situations but rather to investigate whether clinical supervision might serve in higher education as a potential model for professional development. Although the findings here seem to suggest the potential benefits of this model, further research is required with larger groups of academics, including ones where there may be resistance to pedagogical change, to further understand the benefits and challenges of this model in higher education settings.

7. Conclusion

All students need to adjust to the academic language and literacy demands of tertiary level study but this adjustment can be even more challenging for linguistically diverse students. This paper illustrates a potential way of working that can develop the skills, knowledge and confidence of tutors 'at the frontline' who can help EAL students transition by providing learning experiences that have been found to develop students' confidence in using disciplinary language and literacy in interactive face to face tutorials.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Declarations of interest

None.

Conflicts of interest

There is no conflict of interest.

There were no funding sources for this study.

Ethical approval for this study was granted by the University's internal ethics committee. All participants consented to participation.

Appendix 1. Reading Guide: [Name of subject] Week 4

This week's reading is a chapter from an edited book.

- The editors of an edited book are responsible overall for the book but the chapters are written by a range of different authors.
- The editors usually write an introduction to the book and may also write some of the chapters.
- Make sure you know how to reference a chapter in an edited book – check on the library website, [hyperlink to university library website referencing guide]

**make sure you know how to reference it in text and in the reference list.

Read the section with the sub-heading 'The social gradient'

1. What is the social gradient?
2. What suggestions have been made as to why the social gradient affects health outcomes?
3. Read the second paragraph of this section. It lists some research that considered the kinds of jobs people do and their relation to health outcomes. The jobs are classified from Class 1 to Class V.
   a) What kind of jobs have you done in the past? How would you classify them?
   b) What kind of job would you like in the future. How would you classify that job?
4. Look at Table 11.1
   a) Is your country of origin listed? If not, find out what the life expectancy in your country of origin is.
   b) Using the concept of the social gradient, can you explain what factors might contribute to that life expectancy?
5. Look at Figure 11.3.
   a) Explain this graph in one or two sentences to help you explain the social gradient to somebody who doesn't understand what it means.
   b) If your country of origin is not listed in this graph, find out where it should be and write it on the graph.

Paraphrasing

Rewrite the following quote from page 194. Include the in-text reference.

'Better health depends on changing setting and social structures that produce inequity and exclusion'.

Appendix 2. Preparation for assessment

Your answers to these questions should be brought to class with you in week 3 (week starting xx).

1. What is your topic (childhood obesity, domestic violence or tobacco addiction)?
2. How might social determinants of health (SDH) impact the topic that you have chosen?
3. Which three or four SDH are most relevant to your topic?
4. Why are these most relevant?
5. Why is it important to know about the social determinants of health in relation to nursing practice?

AFTER Week 3 CLASS (AT HOME): Find the folder of articles that relate to your topic and read one article. From the article that you have read, what have you learnt about your chosen topic? Make a paragraph summary of this information and get ready to share this with your peers in week 4 (the following week).

Appendix 3. Adapting tutorial activities to better suit EAL learners

Ice breaker activity

In groups of three of four students, spend 10 min talking about the following questions. Write down key points to share with the class:

- What do you know about Australia's history?
- What did you learn/see/hear about Aboriginal Australia in your country of origin (what images have you seen?)?

Groups share their responses with class

Myth busting activity.

Myth busting activity- jigsaw style.

- Class splits into 5 groups
- Each group takes one myth to 'bust' (students access resources in class to find statistics and facts related to their myth about Aboriginal people)
- Regroup so that in the new groups there is a person from each of the 5 original groups. Each person has to teach the others what their 'myth' was and provide the evidence of how it was busted.

Fact checking: tutors walk around and listen in to make sure students are on the right track.

Follow up writing activity.

- Students choose one of the myths and in 10 min write down a paragraph beginning with the following"
- A common myth about Indigenous Australians is …
- However …

References

Arkoudis, S., Doughney, L., 2014. Good Practice Report - English Language Proficiency.

Baik, C., Greig, J., 2009. Improving the academic outcomes of undergraduate ESL students: the case for discipline-based academic skills programs. High. Educ. Res. Dev. 28 (4), 401–416.

Bergman, L., 2016. Supporting academic literacies : university teachers in collaboration for change. Teach. High. Educ. 21 (5), 516–531.

Black, S., Yasukawa, K., 2013. Beyond deficit models for integrating language, literacy and numeracy in Australian VET. J. Furth. High. Educ. 37 (4), 574–590.

Briguglio, C., 2014. Working in the Third Space: Promoting Interdisciplinary Collaboration to Embed English Language Development into the Disciplines. Office for Learning and Teaching, Sydney.

Brunero, S., Stein-Parbury, J., 2008. The effectiveness of clinical supervision in nursing: an evidenced based literature review. Aust. J. Adv. Nurs. 25 (3), 86–94.

Bullock, S.M., 2012. Creating a space for the development of professional knowledge: a self -study of supervising teacher candidates during practicum placements. Stud. Teach. Educ. 8 (2), 143–156.

Choi, L.L.S., 2016. A support program for English as an additional language nursing students. J. Transcult. Nurs. 27 (1), 81–85.

Duff, P.A., 2012. Second language socialization. In: Duranti, A., Ochs, E., Schieffelin, B. (Eds.), Handbook of Language Socialization. Wiley- Blackwell, Malden, MA, pp. 564–586.

Duff, P.A., 2010. Language socialization into academic discourse communities. Annu. Rev. Appl. Ling. 30, 169–192.

Fenton-Smith, B., Frohman, R., 2013. A scoping study of academic language and learning in the health sciences at Australian universities. J. Acad. Lang. Learn. 7 (1), A79.

Glew, P.J., Hillege, S.P., Salamonson, Y., Dixon, K., Good, A., Lombardo, L., 2015. Predictive validity of the post-enrolment English language assessment tool for commencing undergraduate nursing students. Nurse Educ. Today 35, 1142–1147.

Göpferich, S.E., 2016. Writing centres as the driving force of programme development: from add-on writing courses to content and literacy integrated teaching. J. Acad. Writ. 6 (1), 41–58.

Hillege, S.P., Catterall, J., Beale, B.L., Stewart, L., 2014. Discipline matters: embedding academic literacies into an undergraduate nursing program. http://www.sciencedirect.com.ezproxy.lib.uts.edu.au/science/article/pii/S1471595314001279 14, no. 6.

Hussin, V., 2009. Facilitating success for ESL nursing students in the clinical setting: models of learning support. In: Bosher, S., Pharris, M.D. (Eds.), Transforming Nursing Education: the Culturally Inclusive Environment. Springer, New York, NY, pp. 363–386.

Jacobs, C., 2005. On being an insider on the outside: new spaces for integrating academic literacies. Teach. High. Educ. 10 (4), 475–487.

Jeong, S.Y., Hickey, N., Levett-Jones, T., Pitt, V., Hoffman, K., Norton, C.A., Ohr, S.O., 2011. Understanding and enhancing the learning experiences of culturally and linguistically diverse nursing students in an Australian bachelor of nursing program. Nurse Educ. Today 31, 238–244.

Kemmis, S., McTaggart, R., Nixon, R., 2014. The Action Research Planner. Springer, Singapore.

Lave, J., Wenger, E., 1991. Situated Learning: Legitimate Peripheral Participation. Cambridge University Press, Cambridge.

Loughran, J., 2005. Researching teaching about teaching: self -study of teacher education practices. Stud. Teach. Educ. 1 (1), 5–16.

Lucas, T., Villegas, A.M., Freedson-Gonzalez, M., 2008. Linguistically responsive teacher education. J. Teach. Educ. 59 (4), 361–373.

Mason, J., 2002. Researching Your Own Practice: the Discipline of Noticing. Routledge,

New York.
Mort, P., Drury, H., 2012. Supporting student academic literacy in the disciplines using genre-based online pedagogy. J. Acad. Lang. Learn. 6, A15.
Mukeredzi, T.G., 2014. 'Creating space for pre-service teacher professional development during practicum: a teacher educator's self-study'. Aust. J. Teach. Educ. 40 (2), 125–145.
Müller, A., Arbon, P., Gregoric, C., 2015. A school-based approach to developing the English proficiency of EAL university students. J. Acad. Lang. Learn. 9 (2), A78.
Roberts, C., 2010. Language socialization in the workplace. Annu. Rev. Appl. Ling. 30, 211–227.
Rochecouste, J., Oliver, R., Mulligan, D., Davies, M., 2010. Addressing the Ongoing English Language Growth of International Students. Australian Learning and Teaching Council, Sydney.
Rolfe, G., 2001. Reflective practice: where now? Nurse Educ. Pract. 2, 21–29.
Salamonson, Y., Koch, J., Weaver, R., Everett, B., Jackson, D., 2010. Embedded academic writing support for nursing students with English as a second language. J. Adv. Nurs. 66 (2), 413–421.
San Miguel, C., Rogan, F., 2009. A good beginning: the long-term effects of a clinical communication programme. Contemp. Nurse 33, 179–190.
San Miguel, C., Townsend, L., Waters, C., 2013. Redesigning nursing tutorials for ESL students: A pilot study. Contemp. Nurse 44 (1), 21–31.
Schön, D.A., 1983. The Reflective Practitioner. Basic Books, New York.
Thorne, S., Kirkham, S.R., MacDonald-Emes, J., 1997. Interpretive description: a non-categorical qualitative alternative for developing nursing knowledge. Res. Nurs. Health 20 (2), 169–177.
Wang, C.C., Greenwood, K.M., 2015. Chinese nursing students' culture-related learning styles and behaviours: a discussion paper. Int. J. Nurs. Sci. 2 (3), 253–258.
Wang, C., Singh, C., Bird, B., Ives, G., 2008. The learning experiences of Taiwanese nursing students studying in Australia. J. Transcult. Nurs. 19, 140–150.
Wenger, E., 1998. Communities of Practice: Learning, Meaning and Identity. Cambridge Univeristy Press, Cambridge.
Wingate, U., 2006. Doing away with study skills. Teach. High. Educ. 11 (4), 457–469.
Wingate, U., Dreiss, C., 2009. Developing students' academic literacy: an online approach. J. Acad. Lang. Learn. 3 (1), A25.
Wood, D., Bruner, J., Ross, G., 1976. The role of tutoring in problem solving. JCPP (J. Child Psychol. Psychiatry) 17, 89–100.