HOW TO RAISE AWARENESS OF TEXTUAL PATTERNS USING AN AUTHENTIC TEXT

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1. Introduction

When reading and writing, not only vocabulary and grammar but also text structure, systems, networks and patterns, are important tools to process a text because they help to navigate the readers (Coulthard, 2000). This paper aims to explore how knowledge of these could be utilized effectively in order to help our students to understand a text better. In this paper, the focus will be on how text patterns guide learners to acquire better reading and writing skills.

Any written text, just as spoken language, bears an interactive nature; the reader interprets it, 'the meaning being a matter of negotiation between the reader and the writer' (Coulthard, 2000:9). Regarding its interactive nature, all discourses need to be placed in social contexts where we as members of that society or as individuals can construct their meaning (Coulthard, 2000). This aspect also would help EFL students learn how to read and interpret a text. In this paper I will examine how an authentic text could operate in terms of raising students' awareness of text patterns with lexical elements which function as signals, guide students to develop logical thought, through the use of signalling words, as well as to process the text and develop their own understanding by means of pre-knowledge concerning the content or society. As McCarthy (2001:76) states, 'inability to understand [discourse-organising words] or misinterpretation of them could cause the problem' if they are seen as a signal of the author's intent. At the same time, through analyzing the patterns of an authentic text by characterizing its type, one realises how lexical elements are related to one another in constructing the text, which would enable teachers to find clues to lessen students' difficulties in reading and writing in English.

First, I will define and explain three text patterns mentioned in a target topic question, taking into account the benefits of text pattern knowledge in reading and writing and

secondly, in an authentic text (Appendix I) I have chosen for the target students in order to raise awareness of text patterns and signaling lexical elements. Diagram presentation of the text patterns employed in the authentic text is shown in Appendix III. Considering this analysis I will discuss what activities can be used for raising students' awareness of such text patterns.

2. Text patterns

There are three major common text patterns such as the 'Problem-Solution', the 'General-Specific' and the 'Claim-Counterclaim' patterns, which another commonly developed pattern is that of 'Question-Answer' (Hoey, 1994, Coulthard, 1994, McCarthy, 2001).

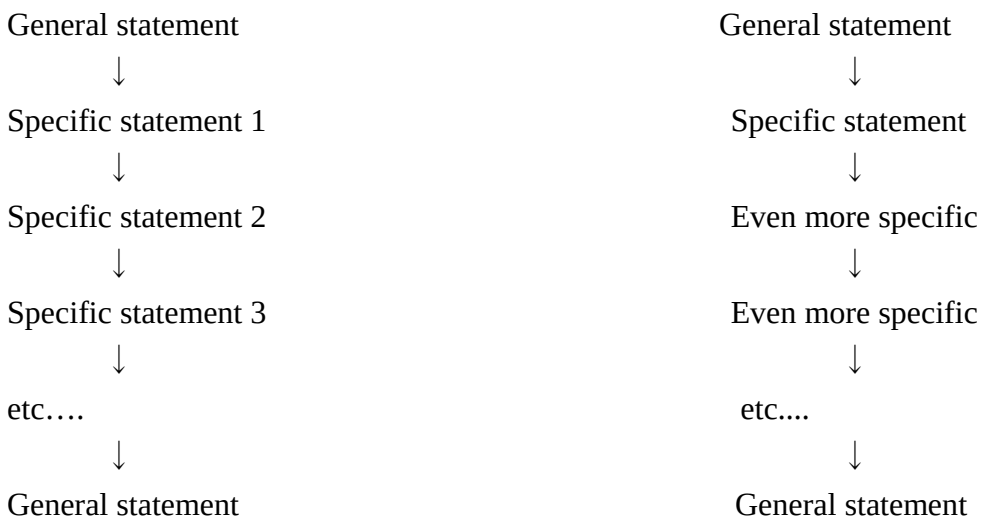
2.1. 'Problem-Solution'

This pattern has been commonly identified as important during among the several linguistic scholars although they did not clearly label it (Hoey, 1994). Hoey (Ibid.:27) mentions Grime's analysis which concludes that both the plots of fairy tales and the writings of scientists are built on a response pattern, and have in common the problem and solution to the problem in configuration. However, most of the details of how this relationships have been left unanswered. Winter first developed techniques for analysing the Problem-Solution structure (Ibid.). This pattern is comprised of Situation (Where did the event occur?), Problem (What requires attention in the situation?), Response (How did the characters/author respond to the event?), Evaluation/Result (How successful was this response?) and Solution (How was the problem addressed?). The 'Problem-Solution' pattern is a typical pattern of discourse and is frequently found in advertising texts which aim to convince consumers to solve their problems through the purchasing of the said

products (McCarthy, 2001).

2.2. ‘General-Specific’

This pattern, in which a general description is followed by more detailed descriptions with specific information, is characterized by the following macro structure.



(McCarthy, 2001:158)

2.3. ‘Claim-Counterclaim’

Often found in rebuttal letters or letters-to-the editor ‘where a series of claims and contrasting counterclaims is presented in relation to a given issue’ (Coulthard, 2000:23), this pattern is also referred to as the ‘hypothetical-real’ (McCarthy, 2001). When the writer needs to show some doubt or uncertainty, he indicates this through signs of hypotheticality (Ibid.). McCarthy cites Jordan’s list of signaling words used in ‘claim –counterclaim’ pattern such as *according to, appears, arguably, might, estimated*…and so on (2001, 80).

The pattern contains at least three elements: ‘claim’, ‘counter-claim’ and ‘common ground’ which reveals similarity or what is in common between the two opposing assertions.

Each element makes use of specific lexical items to signal its message:

Claim: *argue, assertive, state, view, etc*.

Counter-claim: *contest, reject, etc.*

Common ground: *accept, admit, agree, similarity, etc.*

2.4. Roles of text patterns

For the improvement of reading skills, merely learning new vocabulary and one's knowledge of grammar are not sufficient to understand the text. Reading rather, is 'constructing' meaning through the combination of 'top-down strategies'. Involving the activation of 'schemata' of text pattern guided by signaling words, 'bottom-up' strategies that are text-dependent should work. (Brown, 1987, Richards, 1992 and Ur, 1998). Considering this, text patterns stand in a unique position because they can be used in the service of 'top-down' and 'bottom-up' strategies. Knowledge of text patterns can function in the 'bottom-up' direction in the literal decoding of the text since they guide readers with signaling words, and at the same time, in the 'top-down' direction guiding readers to an expected structure for constructing logical thought. This shows two kinds of schemata: 'content and formal' (McCarthy, 2001).

In writing, knowledge of text patterns allows the writer to satisfy her reader with a natural English text structure, expected to be familiar and the norm for the reader. Hoey (1983:178) states 'culturally approved patterns greatly simplify the reader's task in seeking a linear path through a non-linear network'. Thus, the role of approved text patterns is to enhance learner's writing ability through lexical and grammatical knowledge.

3. Clause relations

A clause relation is also the cognitive process whereby the choices we make from the

grammar, lexis and intonation in the creation of a sentence or group of sentences made in the light of its adjoining sentence or group of sentences. Hoey (1983:19).

Winter labelled the major clause relations: the 'Matching sequence relation' and the 'Logical sequence relation' (1994:50). Defining text patterns as larger patterns in the text, clause relations function in the same way as a smaller scale and are also signalled by lexical and grammatical devices (McCarthy, 2001). Let us take a look at these two relations in further detail.

3.1. Matching relation

According to Winter, this relation is composed of the element of repetition (constant) and difference (variable), emphasising the significance of being different which could lead to contrast (Coulthard, 2000). With respect to their similarities and differences, worthy of note is that compatibility can be expressed through unspecific matching semantics (Winter, 1994:50).

3.2. Logical relation

Winter (1994) suggests that there are several types of logical clause relations. One example is the Cause/ Consequence relation which is both temporal and causal in its sequence. Additionally, Winter identifies the relations of instrument/achievement, condition/consequence, denial/correction (hypothetical/real), basis/conclusion, concession and cause relations as well (Coulthard, 2000).

3.2.1. Logical clause relation signals

The logical sequence relation is signaled by the use of three types of vocabulary:

Vocabulary 1 (*after, although, however, in addition to* =Subordinators), Vocabulary 2 (*at any rate, moreover, up to now* =Co-ordinators) and Vocabulary 3 (*truth, result, contradict, compare* =Lexical items: Nouns, verbs and adjectives), according to Winter (cited in Carter, 1998).

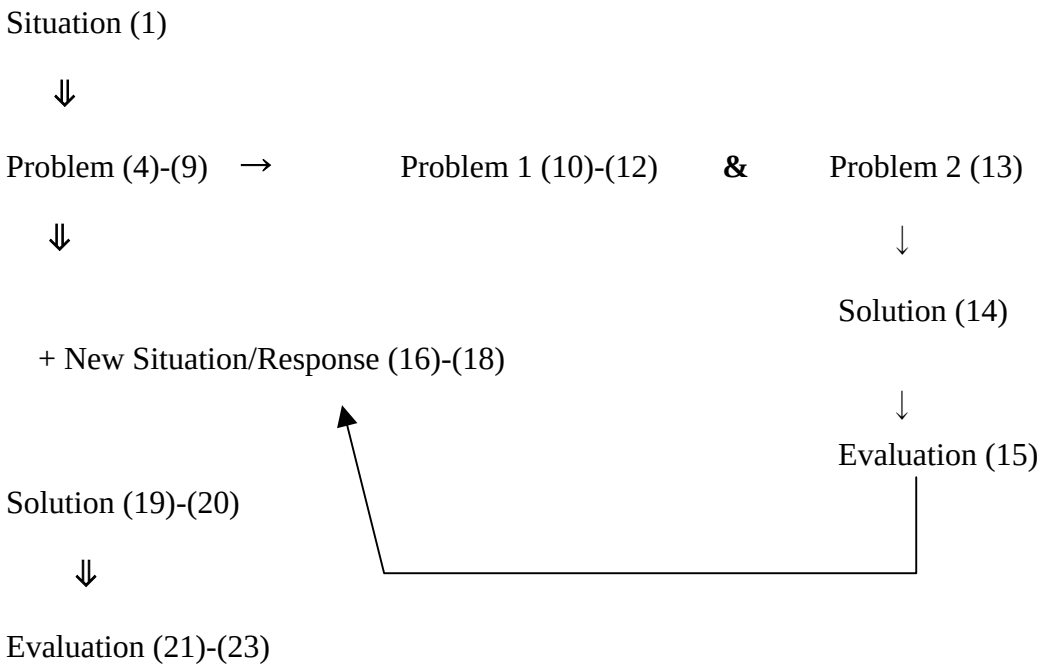
Hoey (1994) notes that items from the above three can frequently be used to paraphrase, for instance, *by –ing, thus and instrumental*, because the first two vocabularies are have closed-system features, while on the other hand, Vocabulary 3 seems to share qualities of both the open-system and the closed-system. At the same time, Winter warns of the existence of some cases, lacking any conjunction or lexical phrases, but which nevertheless illustrate 'weak logical sequence', implying that we should examine such text carefully (1994:53).

4. Analysis of an authentic text

The text chosen was taken from TIME magazine, March 24, 2003, (Appendix 1) and deals with medical errors which have also been reported at times in Japan. The students in class were familiar with this topic and it follows that they had some form of pre-knowledge. When choosing the authentic example, the following were taken into consideration: (i) the length of the text, (ii) the level of vocabulary and (iii) the grammar structures. I found this sample to be suitable for their reading. Next I will move on to an examination of its textual patterns.

4.1. Overall text patterns and signaling devices

The text seems to fall into the 'Problem-Solution' pattern. * *Numbers in parentheses refer to sentence number of the text.*



4.1.1. Situation

The problem is the occurrence of a Medical accident: the *wrong* heart and lungs were given to a 17-year-old patient. Sentence 1 functions to identify the Situation. The term '*wrong heart and lungs*' and '*mistake*' clearly signal a situation where a problem has occurred. Furthermore, *by all accounts* and *unusual mistake* signal that this is a rare accident at a *prestigious* hospital while at the same time implying that medical errors are widespread and prestigious hospitals cannot be the exception. The latter part of sentence 1 signals one element of the medical problem, namely that medical errors can occur anywhere. Therefore, sentence 1 denotes the Situation and part of the Problem.

4.1.2. Problem

Medical errors are often not disclosed to patients. Sentences 2-9 can be identified as constituting the Problem.

(2) *Even rarer* implies that this is unusual, which stresses the problem that most doctors do not make sincere apologies. *Even* and the comparative form *rarer* signals this case is quite

unusual among the rare. (3) *that sort of thing doesn't happen often enough* signals that it is rare for doctors to make sincere apologies, and implies the problem that medical professionals do not clarify their error or apologise. (4) *While we can pretty sure, less clear, voluntarily, own up, their mistakes* states the contrast between us the patients and the doctors which runs through until the end of this text.

(7) *why the disconnect* indicates the writer has an insight into this problem via the 'question-answer' style (McCarthy, 2001). (8) is an analysis of the negative and pessimistic sided of this problem. In (8), *fear, damage, awkwardness* (nouns), are being near synonyms, are used for repetition to signal doctors' problem as negative. (9) indicates the writer's hope for positive attitude to this problem signaled by *Indeed, tell you, emotionally devastated, mistakes, wish, more open, with their patients* .

4.1.3. Problem 1

Different definitions of medical errors. (10)-(12) <Specific>

This specific problem is obtained by a detailed analysis of the general problem embedded in the medical errors. It defines the medical errors in terms of different sides to be analysed patient vs doctor). (10) starts by raising the question of how to define errors: *But, may, also, something to do with*, (11) states how patients define errors: *define, much more broadly,* while (12) mentions how physicians understand them*: on the other hand, define errors, quite narrowly.* The contrast between the antonyms *broadly* and *narrowly* quite efficiently illuminates the difference in the error definitions between the two sides. Grammatical forms in (11) and (12) show the parallelism in 'the subject + define+ adverb', underlining the comparison or contrast between these two groups (McCarthy, 2001). This analysis shows the list of different views in contrast.

4.1.4. Problem 2

Discrepancy in understanding how to react to errors <Specific> (13)

This is another specific problem revolving around differing definitions.

At the beginning of sentence 13, *any error, cause, harm* as near synonyms, and *potentially* signal what the patients' side want to know concerning errors, while on the other hand, *whereas,* contrasts the other side, and *exceptions, trivial, not* describe the doctors' side. These contrastive markers make it easier to follow the text. In particular, the use of *whereas* puts the reader on alert for an opposing view.

4.1.5. Solution to Problem 2

Apologies and agreement <Specific> (14)- (15)

(14) *As far as, both, agree, good* signal, with a condition, that apologies could be a possible solution to the problem, agreeable to both parties.

4.1.6. Negative Evaluation to the above Solution

Doctors' risk of liability <Specific>

(15) *however, worried, sorry, legal liability* describe that this solution cannot yet remedy the problem to the benefit of both parties. This negative evaluation introduces the attendant problem that doctors might have legal liability if they admit their errors and apologise to their patients. The occurrence of this statement here seems to illustrate that 'a recursive structure may occur where the Evaluation of the Response (Solution) is 'New Problem' (Hoey, 1994:41). The structure system utilised seems to be that of a multilayering system illustrated by Hoey (1983:83). (Appendix IV)

4.1.7. New Situation and Response

Changes in medical environment (16)- (18)

(16) *Despite* signals that the author is moving to new situation where *attitudes…to change*

(17) *gradual loosening* functions as a near antonym to *keep a cautious tongue* which is

stated in sentence 18. *(17) disclosure* and (18) *rather than instructing physicians to be spin doctors and keep a cautious tongue, more and more, letting them be, human, make mistakes* are also used as near antonyms or opposing ideas to mentioned in the previous paragraphs, signaling a New Situation.

4.1.8. Solution

Speak up to medical error. <General> (19)-(20)

In (19), *most, important, message, should,* are used for offering a solution. (20) makes another suggestion for a solution signalled by *Don't be afraid, speak up, advises* .

4.1.9. Positive Evaluation and Negative Evaluation

Doctors' duty of providing information and its difficulty in providing context <Specific for doctors> (21)

(21) *Most, are committed to* function as a positive response to the patients' courage to speak up. On the other hand, (21) *but, struggle with,* signals that the practice of the doctors' duty of disclosure is not so simple.

4.1.10. Overall Positive Evaluation

Nonetheless communication is better than nothing (22*)* (23)

initiates, conversation, often, helps, open, communication, always, healthier, alike, signal that the general solution is overally evaluated positively on the whole for both of the patients and doctors alike.

From the above analysis, we can safely concur that this text falls into a 'Problem-Solution' pattern. The fifth paragraph seems to be a good example showing that each Problem can be accompanied by both positive and negative Evaluation. (14) has *As far as* for

condition/consequence clause relation which is logical sequence relation and (15) indicates contrast by the lexical elements *narrowly/ broadly*. From a different point of view, a set of negative and positive evaluations to Problem 1 and 2 also could be taken to function as 'Claim-Counterclaim' between the patients and doctors. A positive response to one side could be seen as negative to the other side. Taking a look at the signaling devices in particular, sentence 14 has *both, agreed and good* signalling a 'common ground' for the 'Claim-Counterclaim' pattern as well. This may stem from the fact that the author of the text intends to strike a balance in his conclusions by stating both sides' views, trying to keep the discussion fair and comprehensive. Thus he seemed in conclusion to aim late balanced evaluation.

While this may be true, this text fundamentally makes use of the 'Problem-Solution' pattern. Additionally, it provides a 'General-Specific' sequence embedded within the structure of the text: General problems are followed by detailed analysis of the problem and specific problems 1 and 2.

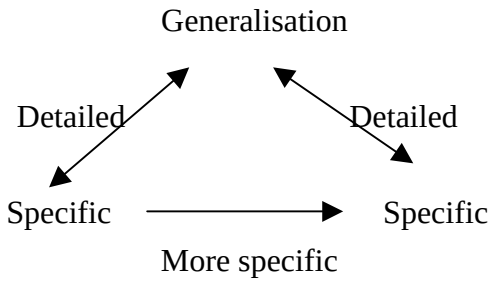
4.2. Subordinate patterns

The Situation precedes the General Problem followed by Problems 1 and 2 which are specific as the result of an analysis of the Problem. This General Problem functions as superordinate to Problem 1 and 2. These problems are hyponyms being illustrated by analysis, to the superordinate general problem. The General problem seems to be supported by pieces of several evidence through the markers such as *(3) According to a study (4) a survey reported (5) in a study (6) a separate study conducted.* As for Problem 1, Sentence 10 *may have something to do with how …* indicates the author is beginning to look into the problem specifically. *(11) concluded that patients…more broadly than their doctors* and *(12) physicians, on the other hand,…* illustrate specific differences between the patients and

their doctors. *(13) In the new survey, want to know, whereas, think a patient might not…want to know* signal a more specific display of their differences in reaction to medical errors supported by a new survey. By adding a new situation (*Despite, change, loosening, more and more* in sentences16-18) the author seems to go back to the General Problem followed by the General Solution and Evaluation.

The text takes as its subordinate structure the 'General-Specific' pattern as subordinate: General (sentence 1 in Situation)→General (sentences 2-9 in Problem)→ Specific (sentences 10-12 in Problem 1) → Specific (sentence 13 in Problem 2) → Specific (sentences 14 and 15 in Solution to Problem 2) → General (sentences 19 and 20 in Solution) → Specific (sentence 21 in Evaluation) →General (sentences 22-23 in Evaluation).

The following diagram illustrates this more clearly.



4.3. Relationship between the overall and subordinate patterns and clause relations

The structure of 'Matching relation' connects the authentic text throughout. The first two paragraphs make use of *(2) rarer and (3) not often* and *(4) less clear (5) not fully* which can illustrate repetition using near synonyms. *(4) while* can be regarded as showing contrast (see 3.1.). The fourth and fifth paragraphs seem to indicate clearly an incompatibility in a 'matching relation', being indicated by *(11) broadly, (12) narrowly and (11) on the other hand, (13) whereas,* where the Problems have been constructed well (Winter, 1994). 'As far as' in sentence 14 can be regarded as indicating 'logical sequence relation' of 'condition-consequence' as 'common-ground' for a claim and its counterclaim, however,

this can be also seen as a part of ‘matching relation’ functioning to describe similarities between these two incompatible positions. These examples illustrate that ‘a relation may either be signalled as complete in itself or carry within it evidence of being part of a larger set of relations’ (Hoey, 1983). In the sixth paragraph, there seems to be ‘matching relation’ *(16) Despite* and *(16) change* contrast to the previous and usual doctors’ attitude, and *(17) loosening* and *disclosure* are treated like synonyms for reiteration. Finally, *(21) providing information, (22) open channels of communication* and *(22) conversation* can replace one another for repetition. Thus, on a micro level this ‘Problem-Solution’ pattern can be strengthened by a ‘General-Specific’ pattern, used to display a detailed analysis, and on a micro level ‘Matching relations’ throughout the text strengthens this connection between the whole and the subordinate patterns.

5. Target subject

The students which served as subjects were members of an Upper Intermediate Reading Class, mainly composed of high school students (Year 10-12). They have been learning English for more than 3 years and have a sound knowledge of English grammar and vocabulary. For high school students, this class is supposed to provide the students with ample reading and guide them to acquiring level of reading ability, particularly for university entrance. I have chosen this reading class as my experimental group for this topic, taking into consideration their problems in reading stated below.

5.1. Problems in reading

They are often exposed to different types of genre such as scientific articles, essays, and editorials concerning social issues. It seems that they have few problems in understanding line by line, whole on the other hand, in the end they sometimes seem lost in their understanding of the text as a whole and its main message. Most of ordinary reading

classes are expected to submit fully, detailed translations from the English into Japanese and explanation of the grammar systems and analysis of the text. I have observed that students tend to believe that they have fully understood the whole text, while at the same time, feeling eventually uneasy about the message they have acquired from the text.

This study arose from the question of whether misunderstanding a text could stem from simple insufficient reading ability in general which is personal, or whether any method of teaching English could alleviate this discrepancy. Some students with a fair amount of vocabulary and grammar knowledge at times fail to interpret the message in the text, while other students with less vocabulary succeed in interpretation. Although this difference might be influenced by the presence or lack of outside knowledge, to some extent, the difference between understanding and non-understanding could be bridged by some awareness of text patterns and their signaling devices such as conjunctions, noun, verbs, adjectives and adverbs because these elements play important roles in showing how the structure has been constructed and eventually how the whole message is presented.

6. Class exploitation of the text

6.1. Purposes of Tasks

The text, taken from Time March 17 2003, (Appendix I) consists of seven paragraphs whose order was scrambled these paragraphs with several ‘signaling’ words omitted in clauses.

Task 1 Only the first paragraph is untouched and all the other paragraphs are scrambled. In the process of unscrambling the paragraphs, the students will begin to feel they need to find linkage between paragraphs. This sorting out activity will raise the students’ awareness of links between paragraphs in the content. (Appendix II -a)

Task 2 With a sense of linkage between paragraphs obtained in Task 1, the process of choosing vocabulary for each blank will encourage students to narrow down the right one which should 'signal' the oncoming phrase. The activity of selecting will raise the students' awareness of signaling and discourse-organizing words. (Appendix II -b)

Task 3 Question-Answer aims to help readers interact with the author in the interpretation of the text (McCarthy, 2001). Sentences (1) and (2) read 'unusual mistake' and 'Even rarer in some ways was the frank public acknowledgement of error by the hospital, followed by a sincere apology from her doctor.' *Why* can the author describe this incident as an 'unusual mistake'? *Why* is a frank public acknowledgement of the error with a sincere apology 'even rarer'? Answering these questions will enhance comprehension of the text through the operation of a dialogue-like activity with the author. In this sense, 'the processing of [these] two segments could be seen as analogous to the creation of an exchange in spoken discourse' (McCarthy, 2001:28). (Appendix II -c)

Task 4 By comparison with the original text, the students are expected to confirm their comprehension. Showing them the right answers, they will feel secure, realize how signaling lexical elements are allocated, and understand how such elements can help them to follow the text. Eventually the students might come to understand the text pattern and its signaling words as signposts. (Appendix II -d)

6.2. Teaching methodologies employed in tasks

The tasks mentioned in the above sections are of task-based and self-taught approaches. Through the tasks mentioned above, the students will be encouraged to look at signaling words and find the text pattern, so that they can find linkage between sentences and understand the message embedded in the text. Furthermore, tasks are sequenced in order to provide a display of logical learning pathway (Nunan, 1989). In light of their independent learning habit, they will gradually raise their consciousness in how to read a text, where

C-R ‘can be seen as guided problem solving’ (Willis and Willis, 1996:64).

6.3. Schema theory

Schema theory can facilitate the readers to comprehend a text since ‘a new experience is understood by comparison with a stereotypical version of a similar experience held in memory’ (Cook, 1994:9). Knowledge in interaction with a text is provided by the notion of ‘schemata’ (Ibid.). Hence, knowledge of textual patterns and signaling devices can be regarded as schema in the comprehension of a text.

7. Conclusion

> *[The] recurrent features of textual patterning may be exploited in vocabulary teaching/learning as a top-down phenomenon: once conscious of a larger text-pattern, the learner can be brought to an awareness of the rich vein of vocabulary that regularly realizes it* (McCarthy, 2001:81).

Beneficial features of text patterns for reading and writing have been discussed in the previous sections. Additionally, most of the students in the above class are observed to learn vocabulary through bilingual dictionaries or the review of a glossary of vocabulary and phrases in the appendix of the textbook or workbook. Independent vocabulary learning seems to prevent the students from reaching a high level of interpretation of the text because they tend to decode word by word and not read. In light of this problem, text patterns and their signaling devices can enhance learning vocabulary in a contextual way since the analysis of discourse can be a useful way of relating language to the context in which it is used (McCarthy, 1990).

Further study of genre and its textual patterns should be also considered in order to pursue

relationships between such patterns and their signalling words, with which students could extend their vocabulary. Providing different genre dealing with the same topic would be beneficial in terms of reading different text patterns since more exposure to such patterns and their signaling words will train students towards better comprehension of the text. Thus, for both learners and teachers, text patterns could be a powerful vehicle for SLA with its role as both ‘top-down’ and ‘bottom-up’ strategies. Designing activities for raising students’ awareness of such textual patterns and signaling words is one of the most beneficial methods of fostering TEFL/TESL.

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APPENDIX I

When M.D.s Mess Up

(Time, March 24 2003)

(1) The Blood-Typing 17-year-old Jesica Santillan's being given the wrong heart and lungs was, by all acoounts, an unusual mistake for the prestigious Duke University Hospital. (2) Even rarer in some ways was the frank public acknowledgement of error by the hospital, followed by a sincere apology from her doctor. (3) According to a study published earlier this month in the Journal of the American Medical Association, that sort of thing doesn't happen often enough, especially for patients who desperately want more information about what's happening to them-both good and bad.

(4) While we can be pretty sure that medical errors occur with some frequency-nearly 100,000 U.S. deaths a year are caused by such errors, a survey reported-it is less clear that doctors or hospitals will voluntarily own up to their mistakes. (5) In a study published in 1991, 76% of the doctors surveyed said they had not fully disclosed a serious error to one of their patients. (6) And a separate survey conducted last year found that only 30% of patients affected by a medical error had been informed of the problem by the health-care professional responsible for the mistake.

(7) Why the disconnect? (8)In part, it has to do with familiar pressures: fear of malpractice suits; potential damage to a hard-earned reputation; the awkwardness of admitting you were wrong. (9) Indeed, doctors will tell you they are emotionally devastated by their mistakes and wish they could be more open with their patients.

(10) But the communication breakdown may also have something to do with how patients and doctors define medical errors. (11) After studying 52 patients and 46 physicians, Dr. Thomas Gallagher, an assistant professor of medicine at the University of Washington in Seattle and the lead author of the J. A. M. A. paper, concluded that patients define errors much more broadly than their doctors, including not just adverse medical outcomes but also substandard service and deficient interpersonal skills. (12) Physicians, on the other hand, define errors quite narrowly, counting only clear deviations from accepted standards of care.

(13) In the new survey, patients said they wanted to know about any error that could potentially cause harm, whereas physicians said that they would make exceptions when the harm is trivial or they think a patient might not understand the error or want to know about it. (14) As far as apologies go, both patients and physicians agreed they were a good idea in principle. (15) Doctors, however, were worried that saying "I'm sorry" could imply legal liability.

(16) Despite all these concerns, attitudes toward medical errors are starting to change.

(17) Gallagher says there has been “a gradual loosening” among hospital administrators in charge of managing risk about the disclosure of medical errors. (18) Rather than instructing physicians to be “spin doctors and keep a cautious tongue, more and more hospitals are letting them be what they are: medical doctors who are human sometimes makes mistakes.

(19) The most important message is the one patients should take home. (20) “Don’t be afraid to speak up if you think there has been a medical error,” advises Gallagher. (21) “Most doctors are committed to providing information but sometimes struggle with how to provide context,” he says. (22) When a patient initiates the conversation, that often helps open the channels of communication. (23) And that’s always healthier, for patients and doctors alike.

APPENDIX II – a

TASK 1

This article consists of seven paragraphs. Unscramble these paragraphs into right order.

When M.D.s Mess Up

1: The Blood-Typing 17-year-old Jesica Santillan's being given the wrong heart and lungs was, by all accounts, an unusual mistake for the prestigious Duke University Hospital. [a] in some ways was the frank public acknowledgement of error by the hospital, followed by a sincere apology from her doctor. According to a study published earlier this month in the Journal of the American Medical Association, that sort of thing [b], especially for patients who desperately want more information about what's happening to them-both good and bad.

A: [c] the communication breakdown may also have something to do with how patients and doctors define medical errors. After studying 52 patients and 46 physicians, Dr. Thomas Gallagher, an assistant professor of medicine at the University of Washington in Seattle and the lead author of the J. A. M. A. paper, concluded that patients define errors much more [d] than their doctors, including not just adverse medical outcomes but also substandard service and deficient interpersonal skills. Physicians, [e], define errors quite narrowly, counting only clear deviations from accepted standards of care.

B: [f] all these concerns, attitudes toward medical errors are starting to change. Gallagher says there has been "a gradual loosening" among hospital administrators in charge of managing risk about the disclosure of medical errors. Rather than instructing physicians to be "spin doctors and keep a cautious tongue, [g] hospitals are letting them be what they are: medical doctors who are human sometimes makes mistakes.

C: The most important message is the one patients should take home. "[h] speak up if you think there has been a medical error," advises Gallagher. "Most doctors are committed to providing information [i] sometimes struggle with how to provide context," he says. When a patient initiates the conversation, that [j] helps open the channels of communication. And that's [k] healthier, for patients and doctors alike.

D: While we can be pretty sure that medical errors occur with some frequency-nearly 100,000 U.S. deaths a year are caused by such errors, a survey reported-it is [l] that doctors or hospitals will [m] own up to their mistakes. In a study published in 1991, 76% of the doctors surveyed said they had [n] a serious

error to one of their patients. And a separate survey conducted last year found that only 30% of patients affected by a medical error had been informed of the problem by the health-care professional responsible for the mistake.

E: In the new survey, patients said they wanted to know about [o] that could potentially cause harm, whereas physicians said that they would make exceptions when the harm is trivial or they think a patient might not understand the error or want to know about it. As far as apologies go, both patients and physicians agreed they were a good idea in principle. Doctors, [p], were worried that saying "I'm sorry" could imply legal liability.

F: Why the disconnect? In part, it has to do with familiar pressures: [q] of malpractice suits; potential [r] to a hard-earned reputation; the awkwardness of admitting you were wrong. Indeed, doctors will tell you they are emotionally devastated by their mistakes and [s] they could be more open with their patients.

APPENDIX II - b

TASK 2 *Fill in right vocabulary from the choices.*

Each paragraph in the text has a few blanks and the students are instructed to choose the right vocabulary from each three choices. Most of blanks are for the words which 'signal' clause relations.

Each blank choices: *words in [ ] are right answers.

(a) [Even rarer], As usual, Even more frequently
(b) happens often enough, [doesn't happen often enough], happens sometimes
(c) Therefore, [But], Otherwise
(d) [broadly], narrowly, freely
(e) in the same manner, and, [on the other hand]
(f) [Despite], But, While
(g) [more and more], less and less, more or less
(h) Be careful to, [Don't be afraid to], Never
(i) but, thus, [therefore]
(j/k) rarely/ hardly, sometimes/ a little, [often/ always]
(l) more clear, [less clear], obvious
(m) [voluntarily], reluctantly, never
(n) fully disclosed, ignored, [not fully disclosed]

(o) an error, [any error], the error
(p) hence, [however], accordingly
(q/r) report/ result in, [fear/damage to], expenses/interest in
(s) deny, believe, [wish]

APPENDIX II-c

TASK 3

Answer the questions in each paragraph below.

First Paragraph

What happened?
What does not happen often enough?
Why can the author describe it ‘unusual mistake’?

Paragraph A

How do the patients define medical errors, while the doctors do narrowly?

Paragraph B

What is starting to change?

Paragraph C

What is the most important to do?

Paragraph D

Who are we?
Is it probable that doctors or hospitals will voluntarily own up to their mistakes?
If not, why?
What is the survey result?

Paragraph F

What is the disconnect?

List up differences between doctors and patients in Table.

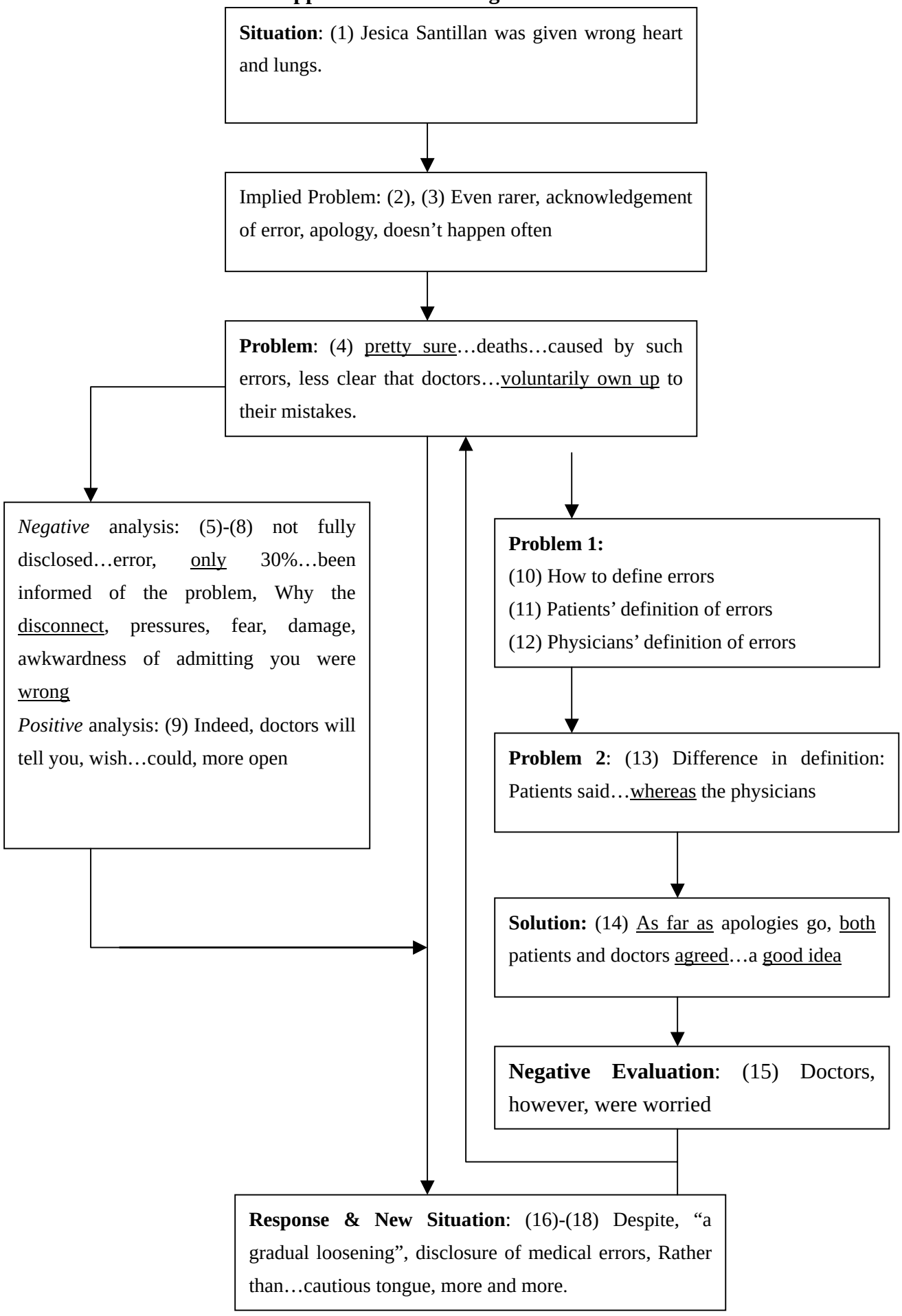
Patients	Doctors

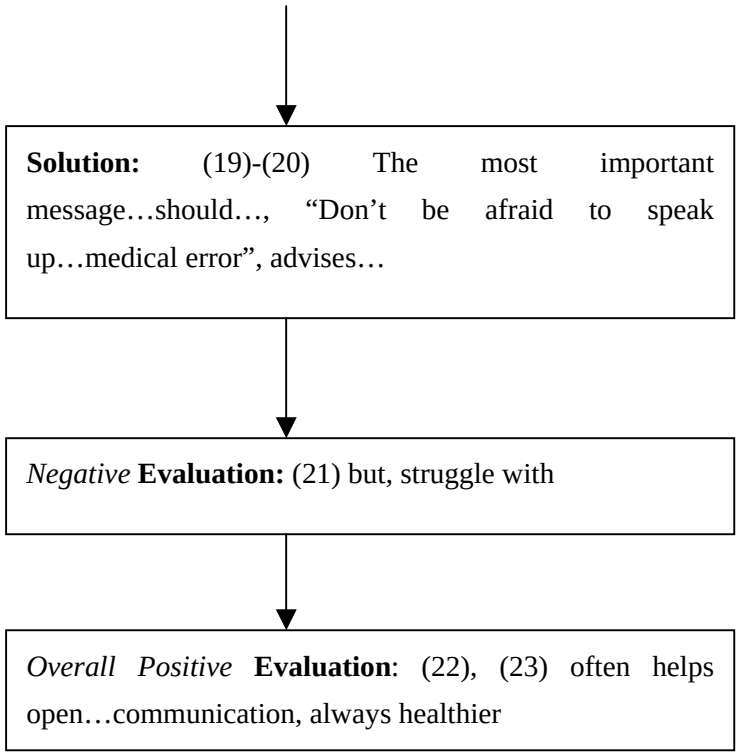
APPENDIX II-d

TASK 4 *Compare the authentic text with your unscrambled text*.

Each student is given the perfect original text for correcting each student answers.

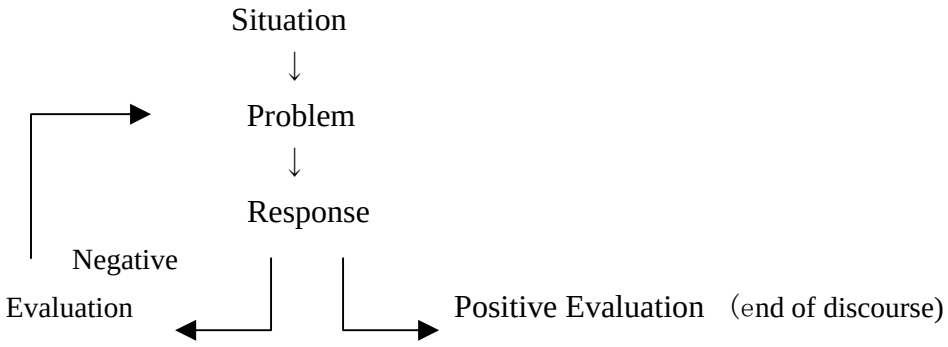
Appendix III Diagram




Solution: (19)-(20) The most important message…should…, "Don't be afraid to speak up…medical error", advises…
Negative **Evaluation:** (21) but, struggle with
Overall Positive **Evaluation**: (22), (23) often helps open…communication, always healthier

APPENDIX IV

Multilayering



(Hoey, 1983:83)