## **Contents**

## Acknowledgements — V

Introduction	on: MELF and ELF —— 1				
1	Introduction: Distinctives of medical English as a lingua				
	franca — 1				
2	Potential: Being misunderstood — 7				
3	Conceptualizing MELF within ELF —— 13				
3.1	ELF and MELF: A backdrop —— 14				
3.2	Toward a definition of medical English as a lingua franca — 17				
4	Conclusion —— 18				
Chapter 1					
Healthcare	e communication and MELF —— 20				
1.1	Healthcare professional migration —— 20				
1.2	Medical communication and migration of healthcare				
	professionals —— 22				
1.3	Interprofessional communication and medical migration —— 29				
1.4	Medical communication and English as a lingua franca —— 31				
1.4.1	Social and individual dimensions of MELF —— 32				
1.4.2	ELF and norm-development —— 33				
1.4.3	ELF and centrist perspectives —— 36				
1.5	Summary —— <b>39</b>				
Chapter 2					
Tools for a	nalysis: Framing MELF —— 40				
2.1	Introduction —— 40				
2.2	Community and medical English as a lingua franca —— 41				
2.3	Communities of practice and medical English as a lingua				
	franca —— <b>43</b>				
2.3.1	Communities of practice and ELF —— 44				
2.3.2	Communities of practice and medicine —— 45				
2.3.3	MELF as a community of practice —— 46				
2.4	A socio-cognitive approach to MELF —— 58				
2.4.1	Medical consultation as an activity type —— 67				
2.5	Social network theory and MELF —— 70				
2.6	Conclusion — 72				

Chapter 3					
-	chers, the research, and the research setting — 73				
3.1	Introduction — 73				
3.2	Research context — 75				
3.2.1	Lingua francas in the State of Qatar — 75				
3.2.2	Research context: Institutional setting — 80				
3.3	Tracing MELF: An emerging understanding — 80				
3.3.1	Intelligibility in MELF — 81				
3.3.2	MELF in simulation training — 88				
3.4	Practical considerations for data collection: Simulation				
	research —— <b>95</b>				
3.4.1	Inside simulation scenarios — 97				
3.4.2	Simulation data analysis — 101				
3.5	MELF in interprofessional healthcare communication —— 105				
3.6	Limitations in simulation research for understanding				
	MELF —— 108				
3.7	Summary —— <b>112</b>				
Chapter 4					
-	for MELF communication —— 113				
4.1	Introduction —— 113				
4.2	Pre-emption strategies —— 116				
4.2.1	Repetition and collaborative repair — 116				
4.2.2	Allo-repetition and reformulation —— 119				
4.2.3	Spelling — 124				
4.2.4	Other-initiated repair — 126				
4.2.5	Playback and non-verbal communication — 129				
4.3	Summary —— 132				
Chapter 5					
Finding con	nmon ground in MELF —— 134				
5.1	Introduction: Health assessment as an activity type —— 134				
5.2	Lexical simplification, biomedical summaries, and answer-				
	offering — 136				
5.3	Playback, queryback and recipient design —— 140				
5.4	Sociocognitive approach (SCA) — 145				

Healthcare providers and linguistic home territory — 147 Biomedical think aloud and common communicative 5.4.2 ground —— **150** Summary —— **154** 5.5

5.4.1

Cha	pter	6
Ciia	ptei	v

Implication	s and conclusion: Healthcare education in MELF contexts —— 15
6.1	Introduction —— 155
6.2	Social context and language use —— 157
6.3	Language matters: Implications for patient safety —— 158
6.3.1	Language errors in ELF and MELF —— 160
6.4	Multimodal resources to support effective MELF
	communication —— 164
6.4.1	Multimodality in simulation training and ESP —— 168
6.5	Implications for healthcare communication training in MELF
	contexts — 170
6.5.1	Teaching listening for MELF contexts —— 171
6.6	Closing remarks —— 181

Appendix: Transcription Glossary —— 183

References — 185

Index —— 217