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Exploring Bilingual Ideology and Identity of EMI Medical Teachers and Students in China's Mainland

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ABSTRACT

This qualitative research-in-progress investigates the bilingual ideology and identity of EMI (English-medium-instruction) teachers and students at a Chinese medical university. The study aims to enrich the understanding of bi/multilingualism in the context of EFL (English as a Foreign Language) from domestic stakeholders' perspectives. The researcher conducted a series of semi-structured interviews with Chinese medical content teachers and students throughout an academic term. Supplementary research materials include texts, such as lecturers' PowerPoint slides and institutional documents. The preliminary findings suggest that the teachers and students present diverse

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ideological stances towards bilingualism and that they perform an ambivalent identity: privileged, yet unable to fulfil the expected bilingual identity by self and others, due to ideological and practical constraints. The discussion and potential implications are given in the summary.

Keywords: China, English-medium-instruction, medical education, identity, ideology

INTRODUCTION

With the internationalization of higher education (HE), EMI (English-medium-instruction) in HE has become a growing phenomenon worldwide. According to Dearden's (2014, p. 2) definition, EMI refers to "the use of the English language to teach academic subjects in countries or jurisdictions where the first language (L1) of the majority of the population is not English". In China's mainland, EMI has been promoted as a critical strategy to improve the teaching and learning efficiency of the English language in the tertiary sector since 2001 (Ministry of Education, 2001, 2005, 2007). The past two decades witnessed the development of EMI and the opportunities it has brought; meanwhile, due to the top-down manner of implementation, EMI micro-level stakeholders (teachers and students) have encountered many challenges and even questioned the existing educational practices and learning outcomes (Hu, 2019; Macaro et al., 2019; Rose et al., 2019). In addition, recent studies on bilingual education (e.g., EMI and CLIL) have criticized the default monolingualism ideology and appealed to adopt a multilingual paradigm (Fang, 2018b; García & Li, 2014; Macaro et al., 2019). As a typical EFL context, China's mainland has faced this ongoing ideological debate, swaying between a traditionally default monolingualism ideology and an emerging multilingualism as approaches to EMI. Further, it is problematic to adopt "one-size-fits-all" across different disciplines in EMI education, which requires researchers to contextualize their nuanced investigation for deepening understanding of particular disciplines (Kuteeva & Airey, 2014).

Since there is little research on EMI clinical medicine education under the multilingualism paradigm, the purpose of this study is to explore the plural language ideologies of Chinese teachers and students regarding their bilingual

practices and the construction of their identities in EMI medical education so that we could better understand and support the micro-level agents in EMI medical education.

LITERATURE REVIEW

Existing research on EMI stakeholders' perceptions of language practices suggests that English plays various roles, such as course delivery and assessment, and as an asset for competing in the global market. At the same time, it sets up a language barrier for understanding content knowledge and potentially causes educational inequality (Dafouz & Smit, 2016; Fang, 2018b; Rose et al., 2019). The native language plays a part in bilingual teaching and learning practices, such as content explanation, classroom management, and collaborative and individual learning strategies. Meanwhile, the native language can be a language barrier to maximizing input and English use (Cook, 2001; Lin, 2015; Tong et al., 2020).

Regarding research on identity, prior literature suggests that EMI teachers and students frequently distinguish themselves from EFL teachers and learners – highlighting disciplinary expertise (Jiang et al., 2019; Macaro et al., 2019). Also, participation in EMI education could lead teachers and students to (critically) examine their understanding of internationalization and to (re-) construct cultural and language identity (Fang, 2018a; Gu & Lee, 2019). However, given the complexity of EMI developmental landscapes with regard to disciplines, universities, and regions/countries, it is essential to contextualize, revisit and discuss micro-level stakeholders' ideologies and identities.

THEORETICAL CONSTRUCT

Theoretically, the study draws on the Model of Investment by Darivn and Norton (2015), which portrays the fluid power flows amongst contiguous spaces: ideology, identity, and capital for what the writers call investment in or divestment from particular language and literary practices. Specifically, inspired by Bourdieu's (1991) works, this model provides a sociolinguistic framework to investigate the interaction amongst language learners and society. It recognizes the changing and competing nature of ideologies and identities and the capacity of capitals to reproduce and transform power flows in or out of agents' investment. As previous studies on language education and identity suggest (de Costa & Norton, 2016; Norton & Gao, 2008), teachers and students influenced by particular ideologies can exercise their agency to obtain or transfer valued capitals for investing in their (imagined) identity. At the same time, due to the control imposed

by predominant ideologies, some valued capitals may be challenging to attain or maintain, which constrains the agents' investment. In this study, this framework will be applied to unfold and discuss the language ideology and bilingual identity construction of the Chinese medical micro-level agents in EMI education under the multilingualism paradigm.

RESEARCH METHOD

The research participants in the study were 5 EMI teachers in three medical subject courses: Medical Microbiology, Regional Anatomy, and Pathophysiology at a key provincial medical university in southwestern China. In addition, 12 EMI students majoring in Clinical Medicine were recruited from the corresponding courses given by the teacher participants and were divided into three focus groups based on class units. Another six senior students (mixed-up 4th to 6th year) formed a one-time focus group for sharing their opinions regarding their previous EMI learning experience and its impact on their current studies. In total, 23 Chinese teachers and students participated in interviews three times (April - July 2020), discussing various topics related to the bilingual practices in their EMI courses, such as bilingual choice and use in lectures and assessments, and their views on "ideal" bilingual courses (Dörnyei, 2007). All interviews were audio-recorded and transcribed by the researcher for qualitative analysis on what and how they said reflects their bilingual ideology and identity (Block, 2000; Talmy, 2010). Also, the interview dataset was combined with other written materials, such as lecturers' PowerPoint slides and institutional documents, provided by participants and faculty members at the focal university. These written materials, like PPT slides, visualized some bilingual teaching episodes when participants recalled their bilingual practices, and like institutional documents, offered needed information for contextualizing the research context.

PRELIMINARY FINDINGS

Two key findings emerge from the dataset. Firstly, the teachers and students presented diverse ideological stances towards bilingualism. Specifically, the participants perceived English (also Latin) as medical vocabulary/term-focused, supplementary to Chinese instruction, often constrained in written modality, and instrumental-oriented. Meanwhile, the Chinese played a primary role – widely utilized in academic and everyday discourses. In terms of the ideological orientations towards bilingualism, many participants perceived bilingual practices as a natural process that could become a potential resource for

improving the EMI learning outcomes. On the contrary, a few regarded bilingual practices as a problem, wishing to pilot English-only and maximal use of English. However, due to the medical disciplinary nature - keeping in line with (western) medical development and meeting practical needs in the local area, the Chinese EMI stakeholders agreed that the bilingualism paradigm was rooted in their teaching and learning process and goals, regardless of which ideological stance they took or claimed.

Secondly, the teachers and students performed an ambivalent identity: privileged, yet unable to fulfill the expected bilingual identity by self and others, due to ideological and practical constraints. Having been qualified by the university, the teacher participants showed their expertise in teaching medical English vocabulary and phrases. At the same time, many of them perceived their general English language skills as insufficient, especially oracy, which constrained them to approach what they thought the bilingual teacher should be. Also, the insufficient follow-up professional development training and traditional monolingualism concept of bilinguals and English intensified their feeling of incompetence. Yet, some teachers demonstrated a broadened mindset of English varieties and being English users in intercultural communication. As for the students, they positioned themselves as more competitive candidates in future studies compared with their CMI counterparts. On the other hand, owing to their failure in developing bilingual learning skills and emphasis on exam-oriented learning, they showed resistance to the tag “elite” that was assumed by the university and teachers. Further, some students considered English as owned by foreigners, which aggregated their feeling of being incompetent English learners. Interestingly, the students regarded China English as a part of their repertoire and exemplified this in a neutral and relaxed tone. Subsequently, an interdependent relationship between English and Chinese emerged, which helps enhance students' imagined identity as competitive medical students and professionals in the future.

DISCUSSION AND SIGNIFICANCE OF THE STUDY

As the Model of Investment proposes, the predominant ideology of bilingualism influenced the micro-level stakeholders’ ideological stances and imagined identity construction. Meanwhile, they evaluated the working conditions and practical needs to reposition themselves and modify the investment in bilingual practices. In turn, this negotiation gave space to the alternative perspective that embraces dynamic bilingual practices to compete with the predominant ideology

of monolingualism in EMI education. Through unveiling the language ideology and the identity construction of the medical teachers and students, the researcher suggests that dynamic bilingualism serves as an alternative lens for reducing ideological constraints, like self-assumed incompetence, caused by the prevalent monolingualism stance. Also, dynamic bilingualism may increase the micro-level stakeholders' awareness of biliteracy for academic and practical uses in clinical medicine studies.

One possible implication to policymakers and planners is that it is crucial to provide sustainable support to teachers and students for upgrading their existing capitals for further investment in EMI education. Otherwise, those existing capitals may be devalued, which, in turn, could intensify the ambivalence and cause their divestment in EMI teaching and learning. In brief, this research-in-progress aims to provide a nuanced and multi-layered description of bilingual ideology and identity of Chinese medical teachers and students, which would enrich understanding of (dynamic) bi/multilingualism in the EFL context from the domestic HE stakeholders' perspectives. More importantly, this study gives a voice to EMI domestic teachers and students who are also indispensable agents in the internationalization of HE, which could diversify the perspectives on the existing knowledge of EMI programs in the medical discipline.

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