

Do Online Self-Study Language Courses Help You Speak the Language Better?

This article addresses one of the key criticisms levelled at self-study language courses, namely that they don't help learners to speak the language.

The article starts by looking at how we learn languages – your first language then a second language – firstly, by building up receptive skills and an understanding of the different components of language, such as vocabulary, pronunciation, and structure, and then secondly, putting this understanding into practice, starting with very simple sounds and words, before gradually becoming more complex and sophisticated over time.

The article then examines how these language learning patterns can be effectively integrated into self-study course design, so learners are successfully prepared to use them in practice. It also looks at face-to-face classes and how they compare with self-study. Finally, it focuses primarily on vocational or technical language courses, where learners need to learn specific sets of language to perform effectively at work and where accurate communication is typically a primary objective. It looks at how self-study integrates with real practice.

Author's note: we use Medical English as our main example, as this is a particular interest. The language is a fascinating mix of technical, academic, slang and scenario-specific English, which often exists in highly charged interactions with colleagues, patients, and patients' families and friends. Effective communication is clearly vital to patient care.

Learning a first language

We all learnt our first language by listening to the sounds of others, gradually working out words, phrases, grammatical patterns and meanings in our mind, before trying them out in practice. We didn't need instant feedback from a teacher, but rather plenty of models to follow and then real feedback, i.e. did the person you were communicating with understand what you were saying, or not.

Building up receptive skills is therefore essential to understanding what a language consists of and how it works in practice. You then develop your productive skills, namely speaking and, later on, writing, based on what you have learnt, as you put language into practice. You sound out the words and phrases you have listened to, iterating and reiterating as you discover what works, with your language becoming increasingly complex and nuanced over time.

Learning a second language

When learning a second language, these receptive skills include reading as well as listening. Reading is essential to accelerating your learning journey. It allows you to see new language in context, as well as to reflect and think through language you have seen before. It allows you to examine longer pieces of language and see how the different parts fall together, how it all makes sense. Working on receptive skills creates a base for speaking (and writing), and then an on-going input, enabling learners to use new words, structures, sounds and intonation patterns.



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Not only do you add reading to your learning armoury when learning a second language, you also add all the study skills you have acquired. You've learnt how to spot patterns, to record and memorise new information, to experiment and learn from feedback. You also know why you're learning and can target what you do more effectively. If you're learning Medical English because you're working in theatre in a London hospital, you're not going to prioritise learning how to write a business report, understand Shakespeare, or how to arrange to meet someone at the cinema at the weekend.

Self-study course design

An effective self-study course is premised upon this richer learning process described above. Language is introduced through listening and reading. Students mark stress and intonation patterns so they can say the words correctly. This language is then be contextualised in meaningful scenarios, so learners listen to dialogues, watch videos and read texts which show how new language works in reality – so whether it goes with a specific preposition or adjective, for example, or is said in a certain way.

Contextualised language also shows how new language connects with that the learner already knows. It may also introduce new items of language that the learner can guess the meaning of through the context. In this way, the learning process is scaffolded as the language becomes more sophisticated. Inputs are media-rich and practice exercises varied, thus giving the brain plenty of learning touchpoints and reflecting the multiple linguistic inputs the world around us generates.

The power of contextualisation in vocational language courses

This process is particularly important for vocational or technical language, such as Medical English, where context is everything. The learner can prepare themselves to practise the language and then get feedback from the people they work with as to how well they have communicated – whether it be a colleague, patient or relative. In Medical English, this is the real test of successful learning – more so than lessons with a teacher who does not know either Medical English or understand the practical scenarios a learner uses the language in.

Putting language into real practice

The ability to test out your learning is important. Without practice, learning a language becomes an academic exercise. However, the great thing about vocational English is that people learn it specifically to be able to communicate at work. They are driven by need. And studying a language in depth enables the learner to acquire the vocabulary, expression, grammatical structures, pronunciation and intonation required to give them the confidence and knowledge to put it into reality. They develop the skills to notice how language is used by others and build the platform from which they can develop their language further.

What about face-to-face lessons?

Face-to-face lessons are great things in many ways. Teachers introduce language in a clear way, explain how it works, facilitate relevant practice tasks, and provide expert feedback in what is hopefully a fun and motivating environment.



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However, face-to-face lessons do have their drawbacks. Firstly, learners typically wait for the teacher to tell them what to do. This is problematic in a vocational language course - such as Medical English - unless the teacher has professional experience, such as a background in nursing or care and therefore knows what language really counts for the learners. Most teachers do not have this background. General English teachers can help develop General English skills, but do not fully understand medical terminology, abbreviations, procedures or culture, for example.

Secondly, face-to-face courses which take place once or twice a week have been shown to be problematic, as learners associate their language learning with those lessons and not outside them. They therefore are fine in classes, but easily switch off and revert to old language habits outside them. The fact that homework is often not until 5 minutes before a lesson is symptomatic of this.

Missing a face-to-face lesson may also mean a 2-week gap in attendance, which can be demotivating, especially if happens more than once. Part-time face-to-face courses are notorious for their dropout rates, with classes of 12 students often falling to 3 or 4 after a few weeks.

How self-study makes a difference

In self-directed courses, on the other hand, the learner can control their learning, selecting the content and the order they want to study, and deciding when and where they want to learn. A well-designed self-study course will consist of plenty of variety with short, focused exercises, which mean that even 10 minutes waiting for a bus should allow for a meaningful input to take place. In this way, learners can do something regularly, making the course motivating and enjoyable, building their receptive skills and knowledge of Medical English, ready to practice it at work where it has real impact.

So, does self-study help you speak?

To put it simply, yes. And especially for vocational language study, such as Medical English, where communicating effectively is the primary objective of any course. A well-designed self-study course provides you with the tools to understand and practice language – terminology, phrasing, pronunciation, structures, how it's used by those working in a specific sector – so you then produce it in real situations. Naturally this may not be perfect production at first. Vocational language is tough, full of specific and technical demands, after all. However, you will have a platform from which to make yourself understood, as well as understand others. Not only this, you will notice how others use the language you have learnt and how they extend and use it in fresh scenarios, and you will learn from this. Taking a strong self-study course is therefore excellent preparation in the journey to real world fluency.

About the Author

Chris Moore is Managing Director of [Specialist Language Courses](#) (SLC), an international technical language training consultancy. SLC works with content specialists to create online Medical English courses or arrange face-to-face Medical English training.

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