CHAPTER – III
CLASSROOM DECISION-MAKING

3.1. Introduction

In the previous chapter, a part of psychotherapy, i.e., counselling, was conducted to identify the problems of the learners at the entry level. This chapter focuses on how physiotherapeutic training strategies are adapted from Susan B. O’Sullivan’s chapter on “Clinical Decision Making” in his book entitled Physical Rehabilitation, to train the learners in developing their English language skills. For clear understanding, definition of physiotherapy, diagnostic strategies in physiotherapy, patient management in physiotherapy, differences between the procedure in physiotherapy, higher education and Psycho-physiotherapeutic strategies, process of classroom decision-making must be known.

3.2. Definition of Physiotherapy

As Charted society of Physiotherapy explains, “Physiotherapy helps restore movement and function when someone is affected by injury, illness or disability” (“What is physiotherapy”). Merriam Webster Dictionary defines physiotherapy as “therapy for the preservation, enhancement, or restoration of movement and physical function impaired or threatened by disease, injury, or disability that utilizes therapeutic exercise, physical modalities (such as massage and electrotherapy), assistive devices, and patient education and training — called also physiotherapy” (“Physical therapy”). Physiotherapy is a paramedical division where physical medicine and rehabilitation specialty that are used by mechanical force and movements
remediates impairments, and promotes mobility, function, and quality of life through examination, diagnosis, prognosis, and physical interventions.

3.3. Physiotherapeutic Approach

There are various approaches in the medical field. The physiotherapeutic approach focuses on the problem, prevention and minimization of the expected complication. It is rightly pointed out by Jayant Joshi and Prakash Kotwal: “The approach of a physiotherapist should basically problem oriented, to prevent or minimize the expected complications” (16). In the same way, it would be better for an English language trainer to focus on the language problems of the learners and to prevent the students from committing mistakes in English language communicative skills.

3.4. Diagnostic Strategies in Physiotherapy

In physiotherapy, the physiotherapist, to diagnose the problems of the patient and to establish a plan of care, gets the history of the patient from the reports of the physicians, who treated the patient earlier, and through physical examinations. If needed, the therapist includes the laboratory results and imaging studies like X-rays, CT-scan, or MRI scan findings.

3.5. Physiotherapy Management

In English Language Teaching, there are different approaches, methods and techniques. In the same way, in physiotherapy, there are many patient management modalities and procedures. Physiotherapy management commonly includes prescription of or assistance with specific exercises, manual therapy and manipulation, mechanical
devices such as traction, education, physical agents which includes heat, cold, electricity, sound waves, radiation, assistive devices, prostheses, orthoses, and other interventions. In addition, Physiotherapists work with individuals to prevent the loss of mobility before it occurs by developing fitness and wellness-oriented programmes for healthier and more active lifestyles, providing services to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. This includes providing therapeutic treatment in circumstances where movement and function are threatened by aging, injury, disease or environmental factors.

The procedural stages in Physiotherapy, Higher Education and proposed Psycho-Physiotherapeutic Strategy evolved by the researcher are tabulated as follows:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>The procedural stages in Physiotherapy</th>
<th>The present procedural stages in higher education</th>
<th>ELT procedure through Psycho-Physiotherapeutic Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A patient is directed to Physiotherapist by a neurologist or an Orthopedician, who instructs the patient to follow the treatment and training process and prescription of the physiotherapist.</td>
<td>A student is directed/suggested/guided by the teacher or parents to go for higher studies.</td>
<td>A student is directed by the teacher or parents to go for higher studies.</td>
</tr>
<tr>
<td>2.</td>
<td>The patient meets the physiotherapist with the previous medical history and reports.</td>
<td>The student enters the higher educational institution with the previous class mark statement without any previous learning history.</td>
<td>The student enters the higher educational institution with the previous class mark statement without any previous learning history.</td>
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<td>S. No.</td>
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<td>The present procedural stages in higher education</td>
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<tr>
<td>3.</td>
<td>The physiotherapist has a counselling cum interview with the patient to identify or diagnose the problems and difficulties of the patient at the entry level of the physiotherapeutic treatment or training programme.</td>
<td>This procedure is not followed in Higher Education.</td>
<td>A teacher/language trainer has a counselling cum interview with the student to identify and diagnose the problems and difficulties of the learner at the entry level from the learner’s point of view. The observed facts are documented by the trainer.</td>
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<tr>
<td>4.</td>
<td>A holistic understanding of the patient is focused and a rapport is built between both the physiotherapist and the patient by checking the patient’s physical abilities and inabilities at the entry level.</td>
<td>This procedure is not followed in Higher Education.</td>
<td>A holistic understanding of the learner is focused and a strong rapport is built between both the teacher trainer and the learner by practically through the LSRW skills in English at the entry level.</td>
</tr>
<tr>
<td>5.</td>
<td>Clinical decision-making is done and the treatment or the training course is planned with already existing modalities and training programme.</td>
<td>Curriculum and course books are already planned and designed according to the teachers’ previous experiences and beliefs.</td>
<td>Classroom decision making is done and the English language teaching or the training course is planned with already existing books and training methods.</td>
</tr>
<tr>
<td>6.</td>
<td>Interventions are done to help the patients to continue the training programme without losing confidence in the programme and the therapist.</td>
<td>Planned curriculum is executed without any interventions in the curriculum by completing the portions.</td>
<td>Interventions are done to help the slow learners and the fast learners to continue the course without losing confidence and interest in the learning process and on the teacher trainer.</td>
</tr>
<tr>
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<tr>
<td>7.</td>
<td>Frequent oral feedback on the training unit packages are received from the patient and accepted and adopted in the training programme if necessary. Otherwise, explanations are given to the patient to continue the same.</td>
<td>Formative assessments are done without any autonomy on the part of teacher.</td>
<td>Frequent oral feedback on the training units are received from the learner and accepted and adopted in the training programme if necessary. Otherwise, explanations are given to the learner to continue the same.</td>
</tr>
<tr>
<td>8.</td>
<td>Psychological motivation and oral feedback are given to the patient by the physiotherapist.</td>
<td>Stress or pressure on the part of the student to complete the internal components is executed.</td>
<td>Frequent oral feedback and psychological motivation are given to the students by the teacher trainer wherever it is needed.</td>
</tr>
<tr>
<td>9.</td>
<td>Rest time is also planned and executed to the patients by the physiotherapist. A pause in the training programme gives extra energy to move on to the target physical movement level without pain and frustration.</td>
<td>Student is not the centre to design the course. Material and time duration are taken to execute the English language teaching programme in the higher educational institutions.</td>
<td>Pause is also planned and executed in the process of Psycho-physiotherapeutic strategies by the teacher trainer. This gives the learner to gain psychological energy to proceed towards the target language acquisition.</td>
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</table>

### 3.7. Classroom Decision-Making Process

Classroom Decision-Making is a multi-dimensional process that involves a wide range of cognitive skills, and in which language trainer processes information, reaches decision and determines the course. Classroom Decision-Making forms the
basis of learners’ management. A number of factors influence the classroom decision making process. The language trainer’s goals, values and beliefs, psycho-social factors, knowledge base and expertise, problem-solving strategies and procedural skills have impact on clinical decision-making. Classroom Decision-Making is also influenced by students’ characteristics (goals, values and beliefs, psycho-social, education and cultural factors) as well as environmental factors (classroom practice, environmental factors, overall resources, time, level of financial support, level of social support).

3.8. Planning Effective Strategies to Teach

Planning effective strategies involve stating objectives and framing the elements of learners’ management. The sub-categories: Examining, Evaluation, Diagnosis, Prognosis, Inventions and Outcomes are planned.

3.9. Objectives in Classroom Decision-Making

1. To describe the key steps in the classroom decision-making process.

2. To define the major responsibilities of the language trainer in planning effective course for the students.

3. To identify potential problems that could adversely affect the language trainer’s classroom reasoning.

4. To analyze and interpret learner data, formulate realistic goals and outcomes and develop a plan of course/training programmeme with care, when presented with a classroom case study.
3.10. Elements of Patient Management Leading to Optimal Outcomes (qtd. in Susan B. O’Sullivan 5)

**Diagnosis**
Both the process and the end result of evaluating examination data, which the physical therapist organizes into defined clusters, syndromes, or categories to help determine the prognosis (including the plan of care) and the most appropriate intervention strategies.

**Evaluation**
A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. This process also may identify possible problems that require consultation with or referral to another provider.

**Prognosis**
( Including the Plan of Care) Determination of the level of optimal improvement that may be attained through intervention and the amount of time required to reach that level. The plan of care specifies the interventions to be used and their timing and frequency.

**Examination**
The process of obtaining a history, performing a systems review, selecting and administering tests and measures to gather data about the patient/client. The initial examination is comprehensive screening and specific testing process that leads to a diagnostic classification. The examination process also may identify possible problems that require consultation with or referral to another provider.

**Intervention**
Purposeful and skilled interaction of the physical therapist with the patient/client and, if appropriate, with the care of the patient/client, using various physical therapy methods and techniques to produce changes in the condition that are consistent with the diagnosis and prognosis. The physical therapist conducts a reexamination to determine changes in patient/client status and to modify or redirect intervention. The decision to reexamine may be based on new clinical findings or on lack of patient/client progress. The progress of reexamination also may identify the need for consultation with or referral to another provider.

**Outcomes**
Results of patient/client management, which include the impact of physical therapy interventions in the following domains: pathology/pathophysiology (disease, disorder, or condition); impairments, functional limitations, and disabilities; risk reduction/prevention; health, wellness, and fitness; societal resources; and patient/client satisfaction.
3.11. Elements of Student Management leading to the optimal outcomes in English Language Teaching and Learning Process (Adapted from Susan B. O’Sullivan 5)

**DIAGNOSIS**
Both the process and the end result of evaluating examination data, which the trainer organizes into defined methodology or categories or course to help and determine the prognosis and the most appropriate intervention strategies.

**EVALUATION**
A dynamic process in which the trainer makes education judgment based on data gathered during the examination. This process also may identify possible problems that require discussion, consultation with or referral to another language trainer.

**PROGNOSIS**
Determination of the level of optimal improvement that may be attained through intervention and the amount of time required to reach that level. The plan of course specifies the interventions to be used and their timings and frequency.

**EXAMINATION**
The process is of obtaining a history, performing a relevant systems review and selecting and administering tests and measures to obtain data about the learner. The initial examination is a comprehensive screening and specific testing process that leads to a diagnostic classification. The examination process also may identify possible problems that require discussion, consultation with or referral to another language trainer.

**INTERVENTION**
Purposeful and skilled interaction of the trainer with the learner and, if appropriate, with other individuals involved in care of the learners, using various teaching methods and techniques to produce changes in the condition that are consistent with the diagnosis and prognosis. The trainer conducts a re-examination to determine changes in learner status and to modify or redirect intervention. The decision to re-examine may be based on new classroom findings or on lack of learner progress.

**OUTCOMES**
Results of learner management which include the impact of teaching interventions in the following domains: Psychology functional limitation, error analysis, construction, LSRW skills and learner satisfaction in learning English language.

Classroom decision-making involves a series of inter related steps that can enable the trainer. Classroom decision-making introduces a frame work for learner management that can assist in organizing and prioritizing data and in planning an effective course compatible with the needs and goals of the learner and the teaching faculty/department.

3.13. Steps in Learner / Student Management

Step 1: Examination
Step 2: Evaluation
Step 3: Diagnosis
Step 4: Prognosis and plan of the course/training
Step 5: Interventions
Step 6: Training outcomes

3.13.1. Step 1: Examination

Examination involves identifying and defining the learners’ problem(s) and the resources available to determine appropriate intervention.

3.13.1.1. Examine the Learner

This step involves identifying and defining the learners’ problem(s) and the resources available to determine appropriate intervention. It consists of three components:

a) Learner’s history
b) A review of relevant systems
c) Specific tests and measures.
Assessment begins with Learner referral or initial entry and continues as an ongoing process throughout the course (training programme). Re-examinations allow trainers to evaluate progress and modify interventions as appropriate.

(a) History

Information about the learners’ past history and current knowledge on the language is obtained from a review of the mark statements and personal interviews. The mark statement provides (detailed) report from earlier teachers or evaluators; processing of these reports requires an understanding of learners’ difficulties in the acquired language skills in English, processes, educational terminology, differential diagnosis, language lab, diagnostic tests and educational management. The use of resource material or professional consultation/discussion can assist the novice language trainer.

The types of data that may be generated from a learners’ history are presented below:

(i) General Demographics

- Age
- Sex
- Race/ethnicity
- Primary language
- Education

(ii) Social History

- Cultural beliefs and behaviours
- Family and caregiver resources
- Social interactions, social activities and support system
(iii) **Employment / Work (Job / School / Play)**

- Current and prior work (job/school/play), community, and leisure actions, tasks, or activities

(iv) **Growth and Development**

- Developmental history
- Language dominance

(v) **Living Environment**

- Devices and equipment (e.g. assistive, adaptive, protective, supportive)
- Living environment and community characteristics
- Projected outcomes

(vi) **General Language Status (Self-Report, Family Report, Care-Giver Report)**

- General language perception
- Language functions (e.g. Listening, Speaking, Reading, and Writing)
- Psychological function (e.g. memory, reasoning ability, depression, anxiety)
- Role function (e.g. community, leisure, social, work)
- Social function (e.g. social activity, social interaction, social support)

(vii) **Social / Language Habits (Past and Present)**

- General language perception
- Language functions (e.g. Listening, Speaking, Reading, and Writing)
- Psychological function (e.g. memory, reasoning ability, depression, anxiety)
- Role function (e.g. community, leisure, social, work)
- Social function (e.g. social activity, social interaction, social support)
(viii) **Family History**

- Familial language use

(ix) **Language Learning History**

- Direct method
- Bilingual method
- Audio lingual
- Total physical response
- Psychological
- Community language learning
- Suggestopedia
- Silent way
- Cooperative language learning

(x) **Current Condition(s) / Chief Complaint(s)**

- Concerns that led the students/learners to seek the services of a language trainer
- Concerns or needs of students/learners who requires the services of a language trainer
- Current language training interventions
- Learner/student, family, significant other, and caregiver expectations and goals for the language training interventions
- Previous occurrence of chief complaint(s) in language learning
- Prior language training interventions

(xi) **Remedial Course**

- Remedial Course for current language condition
- Remedial Course previously undergone for current language condition
- Remedial Course for other language condition
(xii) Other Academic Tests

- Formative and summative tests

- Review of available mark statements

The interview is an important tool used to obtain information directly from the learners. The trainer should ask the learner to provide general information including past and present educational conditions. Data should be obtained include the learners’ primary complaints, the history of the language learning, past and present level in his/her English language, technique of learning knowledge of the educational condition, personal goals, testing, expectations and motivation.

Information should be obtained about premorbid experiences including language habits, training likes and dislikes and frequency and intensity of regular language activity. Typically, the student will describe his/her difficulties in terms of functional limitations or disabilities. Pertinent information about the learner’s family or care given at home, and home and social/environments also should be gathered. The learners should be sensitive to differences in culture and ethnicity that reveal how the learner responds during the interview or examination process.

For example, different beliefs and attitudes toward learning the language may influence how cooperative the learner is. During the interview, the trainer should listen carefully to what the learner says. The learner should be observed for any physical manifestations that reveal emotional context such as slumped body posture, grimacing facial expression, poor eye contact and so forth.

Finally, the interview should be used to establish rapport, effective communication and mutual trust. Learners’ cooperation serves to make the trainer’s observations
more valid and becomes crucial to the success of any language training programme. Sample interview questions are given below.

Sample interview question derived from the Documentation Template for Physical Therapist Patient / Client Management in the Guide to Physical Therapist Practice:

I. Interview questions designed to identify the nature and history of the current problems?

a) What language problems have brought you to learn English language?

b) When did you realize the problem first?

c) How are you trying to overcome the problem?

d) What makes you feel the problem better?

e) What makes you feel the problem worse?

f) What are your goals and expectations for English language learning class/course?

g) What is your expectation to solve the problem?

II. Interview questions designed to identify the desired outcomes in terms of essential functional activities:

a) What language activities do you normally do at home/work/school?

b) What language activities are you unable to do?

c) What language activities are differently and how are they different (like: extra time, extra effort, different strategy)?

d) What are the language activities for which you need help to perform or do them by yourself?

e) What leisure activities are important to you?

f) How can I help you to be more independent in using English language skills?
III. Interview questions designed to identify the environmental conditions in which learning activities typically occur:

a) Describe your home/school/work environment.

b) How do you communicative with your family members at home?

c) How do you communicate when you move around areas in community (i.e. workplace, school, grocery store, shopping centre)?

d) How safe do you feel to communicate in English language?

IV. Interview questions designed to identify the available social supports:

a) Who communicates with you in English?

b) Who assists you in your daily English communication activities?

c) Who helps you with the communication activities that you want to do?

d) Are there activities that you have difficulty with and that would benefit if they are with additional assistance?

V. Interview questions designed to identify the learners knowledge of potential inability risk factors

a) What are the language problems that might be anticipated in the future?

b) What can you do to eliminate or reduce the anticipated language problems in the future?

(b) System Review

The use of brief diagnosing tests allows the language trainer to quickly find the language system of the learner and determine areas of weakness like grammar, vocabulary, sentence structure, etc.
The data generated relates to specific skills in the language and cognitive/psychomotor dysfunction. Screening examinations indicate the areas of defect in language skills and the situations where more detailed assessments and interventions are warranted. They also allow the trainer to determine if the learner’s problems are outside the scope of training the language. Thus, the learner presents with signs and symptoms of a significant language condition that would be suggested or referred for further process. During a system review, preliminary data concerning cognition, communication ability and learning style also can be obtained.

(c) Specific Test and Measures

More definitive assessments are used to provide objective data to accurately determine the degree of specific language function and dysfunction (e.g. listening test, speaking test, reading test, comprehensive test, etc.) Adequate training and skill in organizing specific tests and measures are crucial in ensuring both validity and reliability of the test. Failure in organising examination procedure will lead to the gathering of inaccurate data and the formation of an inappropriate plan of course.

A language trainer should resist the tendency to gather excessive and extraneous data in the mistaken belief that more information is better. Unnecessary data will only confuse the picture rendering classroom decision-making more difficult, and unnecessarily raising the cost of course.

3.13.2. Step 2: Evaluation

The data gathered from the initial examination is analysed and organised. The language trainer considered a number of factors while evaluating the data including the level of self-confidence, the ability to listen, speak, read and write, the number of
grammatical mistakes committed, the willingness to learn, learning environment and the overall language using level. This multi-dimensional evaluation by the language trainer about the trainer, becomes an important parameter that decreases the difficulty of shaping the classroom decision making.

The researcher has used the terms like functional limitations of the learner and inability, to describe the language status. These terms can be used to categorise classroom observations, systematically. Some signs are directly observable while others serve as a measurable evidence of language disabilities. Direct disabilities are the result of psychological structure or function. For a student, inability of speaking is the result of lack of oral practice. Second disability that originate from other systems which can result from pre-existing inabilitys that occurs with prolonged inactivity, lack of strategies, an ineffective plan of course or reinforcing interventions. Examples of indirect abilities include lack of grammar, lack of vocabulary, lack of structure, lack of oral skills like pronunciation, stress, pause, and intonation.

Functional limitations could be defined as restriction of ability to perform a task or activity in an efficient, and typically expected or competent manner. Common functional limitations that might affect a learner with inability to speak are fear, and shyness in basic communication of day-to-day life. Thus functional limitations occur as a result of the inability to perform language tasks, and activities that constitute the usual communication for learners.

The term ‘inability’ refers to “societal rather than individual functioning. It is defined as an inability to perform or a limitation in the performance of actions, tasks and activities usually expected in specific social roles that are customary for the individual are expected for the person’s status are role in a specific socio-cultural
context and physical environment” (qtd. in Sullivan 8). Data obtained from functional examinations allows the language trainer to determine the functional limitations and theabilities of the learner’s language skills. Fred Genesse and John A. Upshur in their “Classroom based Evaluation in Second language Education” remark, “one of the first and most important steps in evaluation is to assess the adequacy of course objectives relative to students’ needs, background characteristics, and goals” (20).

3.13.3. Step 3: Diagnosis

A language skill diagnosis refers to the identification of language problems or language disabilities or conditions by evaluating the history of the learners’ examination results and learning environment, diagnostic test results, and LSRW skills of the learner. It is identified primarily at the entry level. The language trainer uses the term ‘diagnosis’ to identify the impact of language conditions on functioning level of the language system (especially the communicative system). Thus, the term takes on a different meaning and is used to identify the body of knowledge in language training and the role of language trainer in language training. The diagnostic process includes integrating and evaluating the data obtained during the examination to describe the learners’ condition, that would guide the prognosis, the plan of training and intervention strategies. This process is necessary to develop a prognosis (including a plan of language training course) and is a prerequisite for language training. Here, for the language trainer, diagnostic process is a mechanism by which discrepancies and consistencies between the learners’ decision and level of language function and the learners’ capacity to achieve that level of language function are identified.
3.13.4. Step 4: Prognosis and Plan of Course

The term ‘prognosis’ refers to “the predicted optimal level of improvement in function and amount of time needed to reach that level” (qtd. by O’Sullivan 11). It also means “a judgement about how something is likely to develop in future” (Oxford advance learner’s dictionary). Fred Genesee and John A. Upshur write “A serious mismatch between student needs and course objectives would call for a revision” (20). Therefore, while planning the language training course, it is obligatory to consider the students’ needs and the course objectives.

An accurate prognosis may be determined for some students. For other students with extensive disability to use English language skills and for very weak students, a prognosis or prediction level of improvement can be determined only during the course of English language training. Predicting optimal levels of achieving language skills and time frames can be a challenging process for the inexperienced language trainer. The accuracy of the prognosis is based on

1. Familiarity with the students’ level of the English language skills.

2. A thorough knowledge of the process and time-frames of training language skills.

3. Experience in training learners.

4. Knowledge of the efficiency of tests and measures and language training interventions.

Plan of Course is an integral part of Prognosis. The language trainer must integrate the data obtained from the learner’s history and examination to determine diagnosis, prognosis, and appropriate interventions. This process requires skills in both interpretation and integration of data, as well as classroom reasoning. The
essential components of the plan of the language course include: (1) objectives and outcomes, (2) specific interventions, (3) duration and frequency of the interventions, and (5) planning specific summative assessment.

3.13.5. Step 5: Interventions

To enhance effective communication, Ludo Verhoeven and Anne Vermeer say, “Strategic competence involves the mastery of verbal and non-verbal strategies to compensate for breakdowns and to enhance the effectiveness of communication, by paraphrases, gestures, feedback and topic switch, etc.” (163). Here, topic switch is taken as an intervention in the language training programme to psychologically strengthen the communicative competence of the learners to break the monotony.

The next step is to determine the specific interventions to achieve the goals and outcomes. Components of the classroom language teaching interventions include

1. Co-ordination, communication and documentation.
2. Teacher-student related instructions.

3.13.5.1. Co-ordination, Communication and Documentation

The language trainer is the co-ordinator of classroom language training and teaching programme/course, and the trainer must continuously communicate verbally and through written documentation with all the individuals involved in the language training programme. The language trainer co-ordinates the programme with other professionals or with the students regarding the specific approach or intervention in the language training programme.
3.13.5.2. Teacher-Student Related Instruction

The language trainer plays the role of educator, facilitator and motivators. Student education spans all three domains of learning: the cognitive, affective and psycho-motor domains. Education ideally begins during a students’ initial contact with the language trainer. Learner related instruction is the means by which a trainer helps a student learn how to become better by becoming an active participant in the language training process. To be an effective learner educator, a language trainer must possess an understanding of the process of learning, which is most often directed toward learning or adapting the language skills. The language trainer must also be able to recognise the learners’ learning style, implement effective teaching strategies and motivate a student to learn new skills, adhere to an exercise programme or change language related behaviours.

3.13.5.3. Procedural Intervention

Procedural intervention could be understood as any purposeful interaction a language trainer has, and it is directly related to the students’ language development. There are three broad areas of intervention that occur during the course of language development of the students. They are:

(a) Restorative intervention

(b) Compensative intervention

(c) Preventive intervention

(a) Restorative Intervention

Restorative interventions are directed towards remediating or developing the learners in terms of functional limitations and recovery of the functional language.
Interventions aim at restoring or optimising function and modifying the procedure to have the positive outcome.

(b) Compensative Intervention

Compensative interventions are directed towards promoting optimal language function using residual language abilities. The activity or task is adopted in order to achieve language skills, and the uninvolved segments are targeted for intervention. Environment adaptations are also used to facilitate re-learning of language skills and optimal performance. Compensatory interventions can be used in addition to restorative interventions to maximize language functions or when resolutions are unrealistic or unsuccessful.

(c) Preventive Intervention

Preventive interventions are directed towards minimizing mistakes, language skill limitation, and to maintain the language skills which have already been acquired. It is important to identify all possible interventions early in the process, to carefully weigh those alternatives, and then to decide on interventions that have the best probability of success.

3.13.6. Step 6: Outcomes

The last step involves re-examination of the learners and determination of the efficiency of English language training course. The progress report summarizes re-examination findings, and evaluation of the students’ abilities in terms of the anticipated goals and expected outcomes set forth in Plan of the course (POC). A determination is made to find out whether any reasonable progress is made from the learners’ diagnosis level. If the learner attains the desired level of competence for the
stated language target, revisions in the Plan of the course are indicated. If the learner attains the desired level of competence for the expected outcomes, the higher level language course is recommended.

3.14. Conclusion

An organized process of classroom decision-making allows the language trainer to systematically plan effective language training strategies. The steps indentified in the student management process are to:

1. Examine the learner, and collect data through history, system review and specific tests and measures.
2. Evaluate data and identify the problem.
3. Determine the diagnosis.
4. Determine the prognosis and plan of course.
5. Implement the plan of course.
6. Pre-examine the patient and evaluate the outcomes of the language training course.

Patient participation in planning is essential for ensuring successful outcomes. Evidence-based practice allows the language trainer to select interventions that can provide meaningful changes in the learners’ language development. The language trainer’s success in this process includes an appropriate knowledge base and experience, cognitive processing strategies, self monitoring strategies and communication and teaching skills.