การพัฒนาทักษะการสื่อสารทางด้านการพูดของแพทย์ประจำบ้านชาวไทยโดยเน้นการพูดเป็นจังหวะตามแบบภาษาอังกฤษโดยใช้สถานการณ์ รูปแบบจำลองในวิชาชีพด้านการแพทย์: กรณีศึกษา

Enhancing Oral Communication Skills of Thai Medical Residents Focusing on English Rhythm through Medical-Profession Simulations: A Case Study

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บทคัดย่อ

ประเทศไทยมีเป้าหมายที่จะกลายมาเป็นจุดหมายปลายทางอันดับ 1 ของนักท่องเที่ยวในตลาดอุตสาหกรรมการท่องเที่ยวเชิงสุขภาพของโลกปีภายในปี 2572 ด้วยพื้นฐานทางการแพทย์ที่โดดเด่นรวมทั้งการให้บริการทางการแพทย์ที่ยอดเยี่ยมและมีแพทย์ผู้เชี่ยวชาญในการรักษาที่มีคุณภาพสูงหลากหลายสาขารวมไปถึงมีโรงพยาบาลที่ได้รับการยอมรับระดับนานาชาติมากมายในประเทศและการบริการทางด้านการแพทย์ของประเทศไทยมีชื่อเสียงเป็นที่ยอมรับทั่วโลกในด้านการดูแลผู้ป่วยที่เต็มไปด้วยการให้เกียรติและการเอาใจใส่ดีเป็นเลิศประเทศไทยจึงมีสถานภาพที่เหมาะสมที่จะเป็นศูนย์กลางการแพทย์ของเอเชียในการที่จะบรรลุเป้าหมายนี้การสื่อสารทางด้านการพูดภาษาอังกฤษของแพทย์ชาวไทยจำเป็นจะต้องมีการปรับปรุงอย่างเร่งด่วนเพราะคนไทยมีปัญหาในการสื่อสารเป็นภาษาอังกฤษ

เนื่องจากลักษณะที่แตกต่างกันอย่างมากระหว่างภาษาไทยและภาษาอังกฤษ ดังนั้นงานวิจัยนี้จึงจัดทำขึ้นเพื่อพัฒนาการสื่อสารทางด้านการพูดของแพทย์ประจำบ้านที่กำลังทำงานและศึกษาอยู่ในมหาวิทยาลัยขอนแก่นในภาคการศึกษาที่ 2 ของปีการศึกษา 2559

โดยเน้นการพูดเป็นจังหวะตามแบบภาษาอังกฤษโดยใช้สถานการณ์รูปแบบจำลองในวิชาชีพด้านการแพทย์ผลการวิจัยแสดงให้เห็นว่าเกือบจะทั้งหมดของแพทย์ประจำบ้านสามารถพัฒนาทักษะทางด้านการพูดได้อย่างดีหลังจากจบงานวิจัย ผู้เข้าร่วมวิจัยสามารถพูดสื่อสารเป็นภาษาอังกฤษที่ทำให้ผู้ฟังเข้าใจได้มากยิ่งขึ้น เพราะพูดภาษาอังกฤษได้คล่องและเป็นธรรมชาติมากขึ้นพร้อมทั้งมีความตระหนัก มีความมั่นใจ มีทัศนะคติและแรงบันดาลใจมากขึ้นในการพูดภาษาอังกฤษที่มีจังหวะที่ถูกต้องตามแบบเจ้าของภาษา

คำสำคัญ : ทักษะการสื่อสารด้านการพูด, แพทย์ประจำบ้านชาวไทย, จังหวะในการพูดภาษาอังกฤษ, สถานการณ์รูปแบบจำลองด้านการแพทย์

Abstract

Thailand aims to become the 1st of top destinations as a world leader of medical tourism by 2025.With its outstanding medical foundation including premium medical services, qualified healthcare specialists and various internationally accredited medical facilities especially its medically renowned worldwide or global reputation services for graceful and attentive services, Thailand is well-positioned to be a Hub of Wellness and Medical Services of Asia. To reach this aim, Thai medical doctors' English oral communication skills need to be improved urgently since most Thai learners have great difficulty in orally communicate in English due to different features between Thai and English pronunciation. This research focused on improving oral communication skills emphasizing English rhythm via professional simulations for Thai medical residents studying at Khon Kean University in an academic year 2016. The findings showed almost all of the medical residents' oral communication skills did appear to improve significantly reflected through a higher level of intelligible connected speech as being more fluent and natural at a higher level of awareness of, confidence in, attitudes to and motivation for properly producing English connected speech with English rhythm.

Keywords: Oral communication skills, Thai medical residents, English rhythm, Medical-Profession Simulations

Introduction

Thailand is confident in its outstanding foundations in the medical field with internationally recognized standards of human resources for world widely renowned Thai medical services. Thus, the Thai government aims to turn Thailand into an affordable medical hub for both Thais and foreigners by 2025. Such readiness and potential to become an international medical hub involves meeting the demand of international clients and the associated rapid growth in health tourism and related industries like Thai herbs, spa and massage. Therefore, the focus of the Thai government initiatives are in four major areas: medical treatment, health promotion, traditional Thai medicine & alternative medicine, and health products, especially Thai herbs. Thailand also aims at improving their services to higher standards among the 256 private hospitals and the 33world class classified spas all over the country as key players in the health tourism industry and related industries such as rehabilitation centers, hospitals, health food producers, medical tool manufacturers and pharmaceutical businesses.

To achieve these objectives, there are a number of requirements: supporting medical hub policy, strengthening Thai public health systems to keep abreast with and to be ahead of other competitors like Singapore, Malaysia and Korea and a medical staff development in terms of English oral communication. Particularly, the latter requirement is clearly reflected by Dr. Nithiwat Gusriurai, the deputy director of Bangkok Hospital who stated that the advantages of Thailand compared to Singapore and Malaysia in terms of the price and hospitality resulting in Thailand as a major tourist destination. However, one of the biggest weaknesses is the English language as Thailand has less English-speaking people compared to Singapore and Malaysia (Nithiwat, 2017). Moreover, the Health Economics Research Director, Viroj

Naranong also confirmed that it was essential to train new generations of Thai medical doctors, especially in teaching hospitals, to meet the increasing demands of foreign patients; this approach alights with the approach to strengthen Thailand's medical industry through skilled medical staff with high qualifications (Naranong, 2018).

Those signify an urgent need to solve the language problem especially in improving English oral communication skills of Thai medical staff whose main causes of ineffective oral communication is the lack of English practice and use for daily communication as Thailand is monolingual society which English is one of foreign languages including the differences between Thai and English. For example, English is "a stress- timed language or isochronous which stresses occurs at regular intervals within connected speech, it is claimed the duration of utterance is more dependent upon number of stresses than the number of syllables" while Thai is considered "a syllable- timed language which a syllable timed language is spoken with no strong pattern of stress although some syllables are still stressed without a regular pattern while the language of syllables and the quality of vowels are maintained in the speech:" (Kelly, 2000, p. 70). These differences mean most Thais are less likely to speak English naturally and fluently but with a strong Thai accent resulting in less effective oral communication due to unintelligible English connected speech.

In fact, the ineffective oral communication problems of Thai learners have been clearly reflected in a various studies. For instance, Nokaew and Ruanklai (2010) revealed the lack of knowledge of English sound and opportunity to practice speaking among Thai learners resulting in different speech productions of intonation including stress and rhythm from the norms of speech produced by English native speakers causing intelligible speech. This ineffective oral communication is strongly confirmed by Maurice (1986)

and Aoki (1999) reflecting a low level of English speaking performance of Thai students particularly in speaking skills especially on stress and rhythm. Indeed, various research studies have tried to solve this problem ranging from word stress to an individual sentence to connected speech. For instance, Sumdangdej (2007) exposed primary schools children to realistic, authentic and comprehensible input in the form of a CD recording the voices of two English children in the same age of the target learners to solve the problems of Thai learners producing unintelligible English speech by mispronouncing the clusters, deleting the final sound of English words, and pronouncing incorrect stress placement in disyllabic and multi- syllabic English words. The findings showed the great improvement in those problems reflected through their intelligible English speech through natural language acquisition. Also, Taweepon and Chalauisaeng (2017) found that implementing a series of self-recorded video conversation tasks focusing on rhythm significantly facilitated English speaking ability entailing listening skill improvement of RMUTI students. Nevertheless, the former study did not cover the connected speech while the later focused on general English not English for specific purposes to directly address the needs of the target groups of learners such as professional medical staff.

Consequently, to solve the problem of ineffective oral communication skills of Thai medical staff, this study implemented medical profession simulations focusing on English rhythm to improve the English oral communication skills because rhythm is a prominent feature in producing English connected speech especially in a naturally fast which covers most of the main features of connected speech such as word and sentence stress, intonation, weak and strong forms, assimilation, linking and deletion (Kelly, 2000) or rhythm is a close relation between stress and unstressed syllables with regular pauses in speech,

or the contrast of stressed and unstressed syllables (Celce-Murcia and Olshtain, 2000 and Brown,1990). This is one of most difficult tasks for Thai learners of English as English is a stressed time language while Thai is a syllable –time language without any stress or rhythm but just tone. Accordingly, the problem of English intelligible connected speed needs to be urgently solved especially for medical staff as it directly affects the goal to turn Thailand to be a medical hub at a regional and international level.

In addition, in order to directly serve the present needs of the medical staff, medical professional simulations were employed as they were closely related to their real life or the real world situations in order to benefit their interpersonal relations and social interactions (Tompskins, 2011). Simulations also stimulate the process of decision making and application for real life communication with authentic language (Konetes, 2010) and also encourage learners' creativity and confidence as language learners and users through freely learning and using the language (Tantiwong, 2009) as well as creating fun or enjoyable learning atmosphere. (Lyu, 2006).

More importantly, in tem of a research gap, there has never been any empirical research study to understand, measure and manage the particular problems of oral communication skills of the medical residents at the target situation i.e. Srinagarind Hospital, Faculty of Medicine, Khon Kaen University, so this present research study arises to fill this gap with the following main objectives.

Objectives of the Research

These two main objectives are based on the problems and rationale of the study mentioned earlier. The study aimed:

1. To enhance oral communication skill of Thai medical residents at Srinagarind Hospital, Faculty of Medicine, KhonKaen University, Thailand focusing on English rhythm via medical - profession simulations,

2. To raise the awareness of the target subjects to develop their own oral communication skills through self-assessing own performance throughout the course.

The design of this study was based on this conceptual framework.

Conceptual Framework

To directly serve the objectives of the study, the design of this study is based on a main conceptual framework covering three major aspects i.e. identified problems of the learners' oral communication skills, the concept of English connected speech focusing on rhythm, simulations with relevant principles of second language acquisition presented as follows:

The findings from a conversational semi-structured conversational interview at the beginning of the study showed that almost all target learners had neither been properly trained how to pronounce English vowel and consonant sounds nor connected speech naturally and fluently due to limited practice and use of connected speech in a daily life. This causes intelligible connected speech among most of them except, for one or two who used to take a short medical training course aboard.

As English is a rhythmical language if learners are to be able to sound more natural and fluent. English rhythm is influenced by a stress and other various features of connected speech: that is, stressed and unstressed syllables or schwa including intonation, weak and strong forms and pauses are major characteristics of spoken English with rhythm making English a stress-timed language with a roughly equal amount of time between each stress in a sentence

(Kelly, 2000). While a sentence stress itself is an important factor in fluency, the wrong rhythm is more likely to cause unnatural speech with wrong meanings. As rhythm is considered as a product of sentence stress and what happens to the words and sounds between the stresses, English rhythm is both a feature and product of English phonological structure. Thus, in order to preserve rhythm for natural, fluent and intelligible, connected speech consists of its common features such as weak forms of grammatical and some lexical words like preposition and contractions, assimilation, linking and elision. (Bowler, Cunningham, Moor, and Parminter, 2000; Kelly, 2000).

Hence, it is essential for Thai learners of English to realize the stress-timed nature of English and its interrelated components of connected speech because they particularly cause a certain problem for Thai learners whose mother tongue is a syllable-timed language diametrically opposed to English as a stress-timed language. Besides, Thai speakers of English need to realize that English is continuously spoken in groups of words, not in isolation, with appropriate pauses. A regular stress pattern causes rhythm in fast connected speech influencing speakers' fluency.

As phonology is a system; thus, any learner who wants to achieve a natural rhythm in speech needs practice. Hence, medical profession simulations for practicing listening and speaking with an authentic listening text via videos and CDs was introduced as a model of connected speech with English rhythm for the learners to acquire it both naturally and intentionally to achieve effective oral communication skills. Above all, the most prominent advantage of simulations is they are so closely related to the real world situations that they help stimulate the process of decision making and application for real life communication with authentic language (Tompskins, 2011, Konetes, 2010, Tantiwong, 2009; Taylor and Walford, 1972). Also, simulations do not only

facilitate teachers to test the learners' language product but also the process of their language use reflects how they appropriately used their language and how they solved problems in a real life communication (Davis, 1995). Moreover, simulations effectively benefit learners both in interpersonal relations and social interactions through a fun or enjoyable learning allowing them to freely learn and use the language simultaneously encouraging their creativity and confidence as language learners and users (Taylor and Walford, 1972; Tompskins, 2011; Lyu, 2006 and Tantiwong, 2009).

As a result, the implementation of both authentic texts via simulations is hoped to enhance the target learners' oral communication skills based on relevant assumptions of second language acquisition such as Input and Learning and Affective Filter Hypotheses advocating comprehensible input and stress free learning (Krashen, 1981). Likewise, simulations as interactive learning activities provide a chance for practicing and using the needed language as "Learners need opportunities to use language to try to achieve communicative outcomes" (Tomlinson and Masuhara, 2009, p. 665), and "if they are participating in interaction, they are also being pushed to clarify and elaborate and are also likely to elicit meaningful and comprehensible input from their interlocutors" (Swain, 2005 cited in Tomlinson and Masuhara, 2009, p 666). In sum, the conceptual framework reflects the causes of intelligible speech of Thai speakers of English due to the lack of knowledge English pronunciation, so medical- profession simulations is employed to enable the learners to achieve natural and intentional language acquisition of connected speech with English rhythm through active and enjoyable involvement.

Methodology

Participants and Research Instruments

62 participants in 2 classes taught by the researcher herself were purposively selected from 127 population in all 4 classes. They were 1st year medical residents taking Technical English for Medical Residents: 411 725 in the first semester of the academic year 2017 for 45 hours. Seven research instruments used are presented in sequence as shown in this diagram.

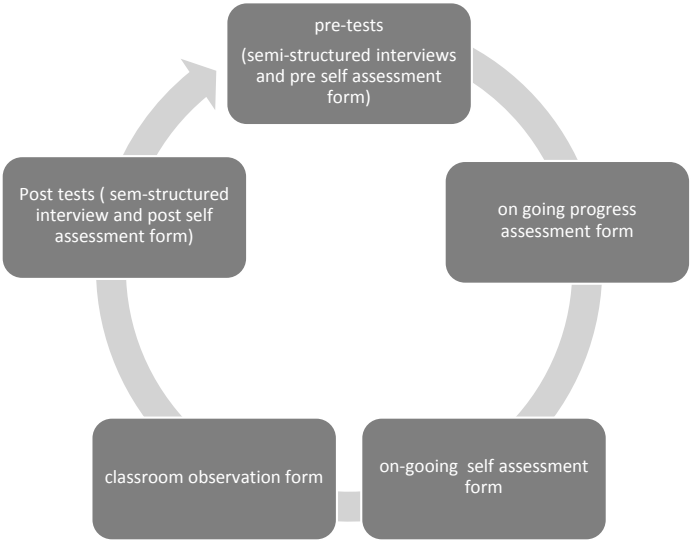

Figure 1. Sequences of seven research instruments

A semi-structured conversational interview as pre/posttests by the researcher and the pre self – assessment by the learners were conducted at the beginning and the end of the study to measure the learners' oral communication skill improvement while on-going progress assessment form

and the class observation sheet by the researcher and a native speaker as inter-raters for checking their progress throughout the course with these criteria adapted from those of Celce-Murcia and Olshtain (2000).

Table 1. Criteria for assessing learners' oral communication skills

Criteria for semi- structured interview	Criteria for on-going progress assessment	Criteria for on-going self-progress assessment
1 = The connected speech is rarely intelligible without any English rhythm. 2 = The connected speech is rather intelligible with some English rhythm. 3 = The connected speech is averagely intelligible with average English rhythm. 4 = The connected speech is fairly intelligible with noticeable English rhythm. 5 = The connected speech is intelligible with complete English rhythm.	1 = S/he needs more work on this. 2 = S/he is rather confident in the area. 3=S/he is averagely confident in the area. 4= S/he is fairly confident in the area. 5 = S/he is confident in this area.	1 = I need more work on this. 2 = I feel rather confident in the area. 3= I feel averagely confident in the area. 4= I feel fairly confident in the area. 5 = I feel confident in this area.

In addition, the material used is a course book: "Good Practice: Communication Skills in English for the Medical Practitioner" (McCullagh and Wright; 2008) with a listening practice CD and "English pronunciation" (Kelly; 2000) including other related Youtube videos from related internet websites and an online Cambridge pronunciation dictionary. Through medical profession simulations, the learners practiced different medical professional English conversations reflecting oral communication skills for the patient encounters covering twelve language functions ranging from receiving the patient, presenting the complaint, requesting past medical and family history, enquiring into social history and telephone consultations, examining a patient, giving results, planning treatment and closing the interview, dealing with sensitive issues, breaking bad news, communicating with challenging patients, communicating with the elderly, and communicating with children and adolescents.

Research design and Data collection

The research was one group pre and posttest design as a case study with mixed methods of both quantitative and qualitative methods. All of the data drawn from seven research instruments were analyzed and presented quantitatively and qualitatively in the form of means, standard deviation and descriptive narration respectively.

Analytical design

The research analytical design of this study adapted from Edward Tufte's Visual Explanations (Tufte, 1997) reflects the causes of the learners' oral communication skills problems and the effects of the research intervention in the form of medical profession simulations as in figure 2.

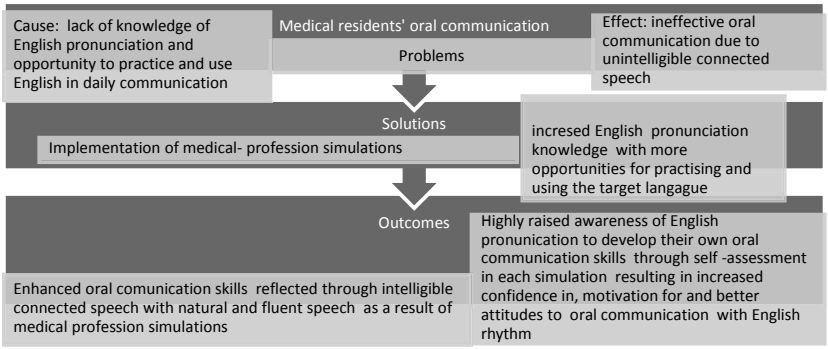

Figure 2. The diagram of causes & effects of Thai medical residents' oral communication skills

From Figure 2, it is clear that the lack of English pronunciation knowledge and inadequate opportunities to practice and use English in daily communication is the main cause their ineffective oral communication due to unintelligible connected speech before taking the course. However, with the effects of research intervention in the form of medical profession simulations to practice and use the target language, the learners had gained adequate knowledge and skills in English pronunciation resulting in their improved oral communication skills reflected through intelligible, natural and fluent connected speech with English rhythm. This also raised their awareness of English pronunciation and increased their confidence in, motivation for, and better attitudes to speak English with rhythm in connected speech.

Results

The research intervention in the form of the medical - profession simulations has yielded all positive outcomes for all target learners as shown through the findings from each research instrument.

1. The pre/post semi-structured conversational interviews

The overall findings of the learners oral communication skills in the form of their intelligible connected speech from the pre semi-structured conversational interviews before the study clearly showed that more than half of the participants (65%) were rated at level 2 of the criteria demonstrating their connected speech is rather intelligible with some English rhythm. A few of them (15%) were ranked at level 3 representing their connected speech is averagely intelligible with average English rhythm. While a small number of them (7%) were graded at level 4 reflecting their connected speech is fairly intelligible with noticeable English rhythm, a very few of them (3%) were rated at level 5 signifying their connected speech is intelligible with complete English rhythm. Nevertheless, there were still some (10%) who were also graded at level 1 reflecting their connected speech is rarely intelligible without any English rhythm.

By way of contrast, from the post interviews after the study, the oral communicative skills of most learners (60 %) were rated at level 4 signifying their connected speech is fairly intelligible with noticeable English rhythm compared to only 7% before the study. Also, the percentage of the ones whose connected speech was intelligible with complete English rhythm at the beginning of the study increased five folds from 3% to 15% at the end of the study. Similarly, the percentage of the ones whose connected speech was rated as averagely intelligible with average English rhythm at the beginning of the study rose from 15% to 23%. More interestingly, only 2% compared to 65% of the target learners whose connected was rated as rather intelligible with some

English rhythm and there was no one whose connected speech was regarded as rarely intelligible without any English rhythm.

2. The on- going progress assessment

The language performance of randomly selected two pairs of average participants based on the results of the pre semi-structured conversational interviews was assessed through a series of six medical profession simulations throughout the course. This was rated by the researcher as a teacher herself with almost 9 years studying in English speaking countries i.e. Singapore, Scotland and England for her higher degrees in Applied Linguistics and English study. The overall findings reflected the positive trend through the means at 3.67 and 3.83 including S.D at 1.03 and 1.17 with the statistical significance at 0.17. Their gradually developed oral communication skills were presented in Table 2.

Table 2 The statistical means of six medical profession simulations

Performance of randomly-selected participants	$\bar{x}$ Simno1	$\bar{x}$ Simno2	$\bar{x}$ Simno3	$\bar{x}$ Simno4	$\bar{x}$ Simno5	$\bar{x}$ Simno6	Total $\bar{x}$	S.D	Sig
A performance of a pair of learners from class 1	2	3	4	4	4	5	3.67	1.03	0.17
A performance of a pair of learners from class 2	2	3	4	4	4	5	3.83	1.17	

**p < 0.05

Moreover, to gain higher reliability of the findings, those six randomly selected simulations were later assessed by a native speaker as an expert in English through the recorded conversations. The results from two raters showed positive correlations indicating their consensus on the learners' improved oral communication skills as presented in Table 3.

Table 3 The comparison of statistical means of randomly selected samples by two inter-raters

Inter-raters	$\overline{x}$ Sim. no1	$\overline{x}$ Sim. no2	$\overline{x}$ Sim. no3	$\overline{x}$ Sim. no4	$\overline{x}$ Sim. no5	$\overline{x}$ Sim. no 6	Total $\overline{x}$	S.D	Sig
An English native speaker	2.00	3.00	4.00	4.00	5.00	5.00	3.83	1.17	0.36
A Thai native speaker	2.00	3.00	3.00	4.00	4.00	5.00	3.50	1.05	

**p < 0.05

Table 3 presented the comparison of the learners' performance in six simulations rated by an English native speaker and a Thai native speaker through the means at 3.83 and 3.50 including S.D. at 1.17 and 1.05 with the statistical significance of .036 ($p < 0.05$). The results obviously indicated a close correlation between inter-raters reflecting the significant improvement of the target learners' oral communication skills.

3. The pre/post self-assessment

The results of the pre/post self-assessment represented their perceptions of their own language progress in terms of oral communication skills

before and after the study as a result of the research intervention i.e. medical profession simulation as shown in Table 4.

Table 4 Samples of pre and post self-assessment form

Before the study	Area to be assessed	After the study
1 2 3 4 5	1. Greeting patient appropriately by introducing my role and obtaining the patient's preferred form of address	1 2 3 4 5
1 2 3 4 5	45. I am confident with my connected speech with English rhythm. etc.	1 2 3 4 5

The findings showed that before the study, more than half of the participants (65%) assessed their oral communicative skills at level *2* demonstrating '*rather confident* in the area'. A few of them (15%) evaluated their oral skill at level *3* representing '*averagely* confident' while a small number of them (7%) rated their performance at level 4 reflecting '*fairly confident'* which is similar to the percentage (10%) of the ones rating themselves at level 1 stating '*I need more work on this area*.' Few of them (3%) stated that 'I feel confident in this area.'

By way of contrast, after the study, most of them (60%) assessed their oral communicative skill at level 4 signifying feeling *fairly confident* in this area compared to 7 before the study. Also, the percentage of the ones *feeling confident* in this area has increased fivefold from 3% to 15% at the end of the study. The percentage of the those *feeling averagely confident* in a certain area has risen from 15% to 23%.More interestingly, only 2% compared to 65% rated

themselves *feeling rather confident* while no one stating "I need more work of this area."

4. The class observation

The overall findings form the class observation reflected the performance of the learners in class. In general, at the beginning of the study, nearly all of the participants appeared not to fully understand English connected speech and could not produce intelligible connected speech naturally and fluently. Thus, the teacher as a researcher facilitated their understanding by identifying all prominent features of connected speech starting from English vowel and consonant sounds to word and sentence stresses, intonation, weak and forms, assimilation, elision, linking. This directly resulted in raising the awareness of English pronunciation which in turns helped them gain more knowledge and skills to adjust and improve their ways of speaking with English rhythm for intelligible connected speech. Simultaneously, their listening skill was also developed. Later, in the middle of the course, through more opportunities for practicing connected speech with close supervision as well as individual feedback after each simulation, all of them were gradually familiar with English connected speech with higher awareness and understanding of the main features of English connected speech resulting in skillfully producing natural and fluent connected speech with higher confidence entailing more enjoyable learning atmosphere. At the end of the study, it was clear that all of the learners could improve their oral communication skills to differing degrees with the ability and skill to confidently produce more natural, fluent and accurate connected speech with English rhythm. This undoubtedly reflected the positive and direct effects of the medical profession simulations on their oral communication skills.

Conclusion and Discussion

Through close observation in general, it seemed that most of the medical residents seemed to rather overestimate their connected speech performance before the study which might have been from their generally high self-confidence. However, the findings were more likely to prove that the medical- profession simulations focusing on English rhythm as the research intervention did appear to help the learners to confidently produce intelligible connected speech more naturally, fluently and accurately with highly raised awareness of English pronunciation. Apparently, almost all of them had shown significant improvement within a limited time of the study. This might have been from their strong determination and great efforts based on the nature of medical doctors in general.

In focus, the findings in the forms of language development were strongly supported by a variety of second language acquisition-learning hypotheses. For instance, the improvement of their oral communication skills was the expected outcome of frequent exposure to comprehensible authentic input with ample opportunities for practicing and using the language with enjoyable simulations facilitating sub-conscious language acquisition with less or without anxiety. All these outcomes were strongly confirmed by Krashen's Input and Affective Filter Hypotheses (Krashen, 1981). Similarly, the medical profession simulations which directly met their present and future needs did facilitate not only fun learning process but also actually provided opportunities for learners to practice and use the target language in attempt to reach effective communication (Tomlinson and Masuhara, b2009). In addition, through interactive participation like in these simulations, learners are driven to clarify and elaborate messages for successful communication through eliciting meaningful and comprehensible interlocutors' input resulting in effectively natural language acquisition (Swain, 2005).

Indeed, the findings were in line with previous studies' findings of Sumnugnod and Chaluaisaeng (2015) whose specific self-initiated simulations based on learners' oral communicative needs significantly helped develop their oral communication skills to a higher level of learning satisfaction. Likewise, these findings also agreed with the ones of Taweepon and Chalauisaeng (2017) proving that implementing a series of self-recorded video conversation tasks focusing on English rhythm greatly facilitated Khon Kaen RMUTI students' English speaking skills with higher awareness of connected speech and better listening skill. Also, the findings were consistent with those of Sumdangdej (2007) representing positive effects of correct and comprehensible and authentic input on Thai primary students' intelligible English speech through natural acquisition focusing on pronouncing English initial and final clusters, the final sounds and word stress in disyllabic and multi- syllabic words.

In sum, the findings conclusively indicated the successful implementation of medical profession simulations which positively and directly affected student language learning achievement entailing significantly increased awareness of proper English pronunciation, higher confidence in, attitudes to and motivation for successfully producing natural and fluent English connected speech with English rhythm.

Suggestions and Implications

For further study, in order to be successful in enhancing oral communication skills through simulations with better motivation and collaboration, the focus should directly address learners' either immediate or present or future needs in their certain fields of study or work with individual, friendly immediate personal feedback for specific mistakes to reinforce an individual knowledge and skill of English pronunciation. This closely links to

significant implication for practice in the forms of an effective and committed teacher as a model for the learners in producing intelligible connected speech as a teacher is an agent of change. S/he is a crucial factor for inspiring the learners' success in improving oral communication skill, so teacher training focusing on English pronunciation especially at the level of connected speech is needed to well prepare a highly qualified Thai teacher of English language with knowledge and skill in order to teach Thai learners to be highly proficient in English. Also, as effective classroom management is directly correlated with learner achievement, so it is imperative for a teacher to foster good rapport between a teacher and learners in terms of empowering learners to actively participate in all steps of learning from planning to deciding their own simulations in terms of choices of topics, partners and styles based on their need and creativity.

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