

Class Research on Learning Methods in Movie-based Computer Assisted Language Learning

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This study investigated the effectiveness of computer assisted language learning (CALL) utilizing the Synchronized Multimedia Interactive Learning Environment for Multi-mode Education (SMILE for ME) program for improving students' English skills. Based on the perspective gained from our classroom research in 2003, which involved an analytical review of student test scores and feedback and discussion among teachers, we modified the 2004 course to focus on improving listening competence. In the present study, we employed three different methods of teaching. One class used a movie but not the SMILE for ME program, one class used SMILE for ME only at home for preparation, and one class used SMILE for ME in the classroom. The group in which we combined SMILE for ME with traditional substitution drill exercises as well as dramatization activities showed the highest posttest scores in listening competence. We discuss here evaluation outcomes and the way in which we integrated CALL tasks into interactive class activities.

Keywords

CALL, listening, interaction, classroom research

1. Introduction

The focus of English education in the fields of medicine, nursing, social welfare and other service industries should be on the acquisition of practical English skills that students can immediately use in real situations. Therefore, helping students become used to listening to natural speed English is one of the important steps in English teaching. The use of movies in English language education offers one way for students to experience authentic rhythm and intonation in conversation. In an attempt to provide effective language education using movies, we combined the use of movies with an interactive computer English program called "Synchronized Multimedia Interactive Learning Environment for Multi-mode Education (SMILE for ME)," which was developed by one of the authors (T.A). Our goal was to improve English computer assisted language learning (CALL) classes

through action research.

We discuss here the results of using SMILE for ME in classroom research conducted in 2003 and 2004. The SMILE for ME program was introduced into our interactive CALL classroom teaching in 2003 and provided listening exercises involving a digitized movie that incorporated issues of medical ethics (Figure 1). The research of 2003 led us to conclude that SMILE for ME provided students with plenty of time to listen to natural speed English at their own pace and contributed to improving their listening skills and deepening their awareness and understanding of medical ethics issues (Yamamoto & Okura 2004). In 2004, we applied the same approach to a new class of students in order to confirm whether the system did in fact meet the students' learning needs. Based on a review of the 2003 course, we made the program less difficult for the 2004 course, where we instead focused on the concept of comprehensible input (Terrell & Krashen 1983), or receptive language that is slightly ahead of the learner's current state of grammatical knowledge referred to as "i+1". In addition, we wanted to ensure in our teaching that, as Ellis (1994) maintained, "second language acquisition takes place when learners have access to

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input in the second language.” We evaluated our classroom research in 2003 to promote more extensive activities of meaning negotiation among students using the SMILE for ME program.

2. A review of classroom research in 2003

2-1 Subjects

First-year students from one English language class were the subjects for the classroom research carried out in 2003. The total number of the students who participated in the study was 22.

2-1 Survey results

In 2003, we used the SMILE for ME program (Figure 1, Appendix 1) for the first time with nursing students in Niigata, Japan, as previously described (Yamamoto & Okura 2004). The main objective of the project was to deepen the students’ awareness and understanding of medical ethics. The objective was met through having students watch a movie and helping them listen repeatedly to scenes related to the medical ethics in a CALL program.

As mentioned in Section 1, the CALL program was found to be effective in promoting the students’ awareness of medical ethics as well as their listening skills of English. However, after observing classes and surveying the students’ impressions of the 2003 CALL program, the authors identified the need to improve

computer facilities, the presentation of the computer programs used, and the manner in which the classes were conducted. Irrespective of how good the computer programs were, English teachers would not be able to rely on them alone. How to strike a good balance between self-study activities using the CALL system and classroom instruction has been one of the matters of concern for English teachers, as spending too much time on individual activities using CALL might lead to a lack of interaction among students and between the teacher and students. Focusing on the CALL system may increase individual study time, but in a classroom situation, students and the teacher should have real interaction.

The opinions of the freshmen students of 2003 were elicited by a questionnaire. The responses were categorized as either positive, combined positive and negative, or negative based on key words used. (cf. Appendices 2 and 3 for detailed responses, where key words are shown in bold.)

Question 1: Do you want to continue using SMILE for ME in your English class?

(cf. Appendix 2 for detailed responses)

Positive responses 15 (68%)

Combined positive and negative responses 6 (27%)

Negative responses 3 (13%)

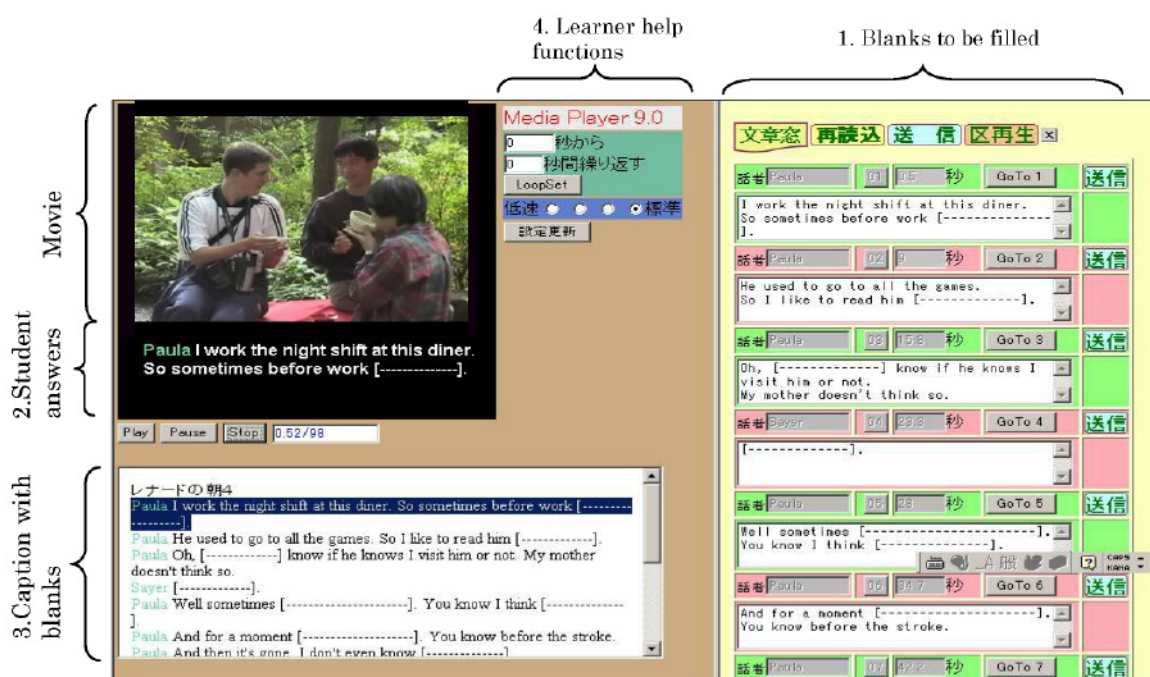


Figure 1 SMILE for ME interface

Question 2: Do you think your listening skills have improved?

(cf. Appendix 2 for detailed responses)

Positive responses 7 (32%)

Combined positive and negative responses 13 (59%)

Negative responses 3 (13%)

Question 3: How long do you think the CALL activities should be?

(cf. Appendix 2 for detailed responses)

(Not all students answered this question)

90 minutes 1 (5%)

60 minutes 11 (50%)

45 minutes 1 (5%)

30 minutes 4 (18%)

After extracting the key words and phrases from the students' comments, we categorized them as positive or negative words and phrases as follows.

Positive words and phrases

like/ fun/ enjoyable/ interesting/ meaningful/ useful/ want to continue/ challenging but effective/ concentrated/ repeatedly/ brush up/ learn both English and nursing/ gradually understand/ want to do it on my own

Negative words and phrases

too difficult/ complicated operation/ too long/ boring/ never did well/ no evaluation/ arbitrary/ slips my mind/ want more speaking exercises/ short practice time

2-2 Analysis of the survey results

The result of question 1 showed that the majority of students wanted to continue the SMILE for ME program because they either found it effective or potentially effective. Most of the students stated that if they continued the program, they would improve their listening skills. As for question 2, the majority of the students did not feel their listening skills had improved even though the test results showed that they had actually improved (Yamamoto, Okura 2004). This is probably because the materials for the listening practice were not supported adequately; written materials to help them understand the English phonetics should have been provided.

In terms of the key words in combined positive and negative responses, key phrases such as "I want to do it

on my own", "practice time was short", and "I want to continue" indicated that the students felt they would gain more if they could work longer on CALL on their own.

Negative key phrases, such as "too difficult" and "never did well" showed that exercises were too difficult for some of the students. Acquiring listening skills to understand movie English would not occur even if the students were able to study at their own pace.

Some students experienced difficulty learning how to operate the computer programs. Those students asked the same questions about computer operation every time, while other students never asked any questions about operation. We observed a big difference between those who could learn quickly and those who must spend a long time to learn. We sought to minimize this problem to prevent the slower learners from becoming discouraged and losing interest in the CALL study. Although we gave them paper-based manuals in almost every class, these were not sufficient to help several students.

With regard to the comment that the time students had to spend waiting for our instruction cut into their precious studying time, this was clearly an important issue to be addressed in the 2004 course.

Another notable point raised by some students was that they wanted to do more speaking exercises. Although we scheduled time to have students discuss medical ethics issues in English, that time was limited. Also, the combined use of the textbook and movie-based CALL activities did not work well. Sometimes we spent too much time on CALL, resulting in very little or no time at all to practice speaking. One of the problems of CALL is that the activities themselves are individual and do not allow human-to-human interaction. Some students pointed out that they wanted to have more communication while still learning through CALL.

Another negative comment was that the CALL program was taught arbitrarily and that "little feedback was given". We did evaluate the students' listening skills, but there were few chances to provide feedback to them on how well they did. Appropriate instructions, immediate feedback and encouragement after the listening exercises would improve their skills as well as their motivation to do well the next time.

Based on this review of the 2003 course, we felt the

need to determine which aspects of the course needed to be improved in order to maximize the effectiveness of the SMILE for ME program. For this purpose, we created three different types of classes and amended shortcomings of the 2003 course.

The three groups were the Movie Group, the CALL Group, and the Self-Study Group. The three groups used the same paper materials to aid understanding of the movie. The Movie Group did not use SMILE for ME, but studied in a language laboratory (LL) using the LL's traditional tape-recording systems. The CALL Group used SMILE for ME, an individualized computer language learning system, with teacher's guidance in the classroom. The Self-study Group used SMILE for ME outside the classroom, so teacher's guidance was not readily available (they asked questions when necessary at school).

Modified aspects of the course based on the 2003 research were as follows.

- To aid CALL learning, systematic lessons on phonetics were introduced. Each lesson was given immediately prior to the listening practice of that specific phonetic lesson. (All three groups)
- Based on the results of each listening practice and the students' feedback that CALL listening tasks were too advanced for their English level, medical words and phrases that were considered unfamiliar to the students were changed to multiple choice questions. (The Self-study Group and the CALL Group)
- To allow for more interactive activities in each CALL activity, we created the CALL interactive cycle (Figure

2) and applied this to the teaching of the Movie Group and the Self-study Group. To assess competence and to increase interactive activities, we introduced peer evaluation among students as well as evaluations by the teachers, and offered opportunities to put the learning into practice by letting the students try performing in a group dramatized scene after the CALL activities. Students used some scenes they had studied and wrote a short script to perform in front of the other students. Materials we used for the three groups are shown in Appendix 4. Also, to focus on improving listening skills, we dropped the conversation textbook used in the previous year as well as the composition session after the CALL activities. Both of these activities had previously been used to increase the student's awareness of medical ethics. (The Movie Group and the CALL Group)

- To make the operation of the programs more understandable to all students, we showed each process on a big screen so that the students can understand the operation visually. (The Self-study Group and CALL Group)

- Some students wanted to use the SMILE for ME at home in 2003. In order to see if learning at home will be feasible or not, one class was assigned tasks using SMILE for ME at home. (Self-study Group)

3. The 2004 classroom research

3-1 Subjects

Students from three English language classes were the subjects for the action research carried out in 2004

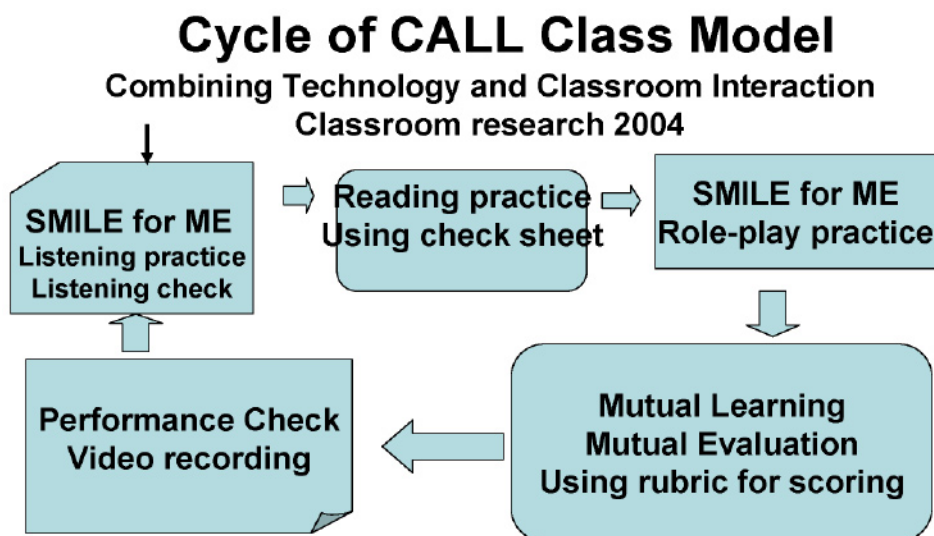


Figure 2 Cycle of CALL class model

for the comparative study of the effectiveness of the SMILE for ME listening program in English classes. The total number of the students participating in the study was 97 and all were freshmen majoring in nursing in Gunma and Niigata prefectures. Students were divided into three groups as follows.

Movie Group: 39 students were enrolled in the first term of 2004. The class was held in a traditional LL classroom without access to computers. In class, students watched the movie *Awakenings* and used our original paper-based materials that matched the SMILE for ME program. These materials were designed to facilitate the students' CALL activities. They could also use the audio recordings of the movie at any time outside class for practice.

Self-study Group: 38 students were enrolled in the second term of 2004. The class was held in an LL classroom without access to computers. SMILE for ME was used exclusively for self-study at home. In class, paper-based materials were used and the results of self-study were reviewed.

CALL Group: 20 students were enrolled in the second term year of 2004. The class was held in a computer assisted LL classroom. In class, students made extensive use of SMILE for ME on computers and used paper-based materials. They had no access to the SMILE for ME program outside the classroom.

The Movie Group and the Self-study Group were held at a college in Gunma, where one of the researchers worked and both classes were held in a traditional LL classroom due to the lack of a computer facility. The CALL Group was held at a college in Niigata where all students could use PCs in the computer information room.

Three groups were used in order to determine how each group performed in different learning environment. By having each group engage in a different type of learning style and by checking the difference of improvement of each group, we tried to identify the ideal learning style.

3-2 Methods

To assess improvement in the students' listening competence, standardized tests for general listening competence were used. The tests were given before

and after the program. We used the 32nd JACET Basic Listening Comprehension Test Form A as a pretest and Form B as the posttest. Students were informed of the action research and gave informed consent for the anonymous use of the test results in this research. A paired t-test was used to determine statistical significance of differences between the groups.

3-3 Procedure

The Movie Group did not use SMILE for ME on a computer but instead received instruction using the same material and the same dialogues through traditional LL practices for one semester. In other words, the students in the Movie Group watched the movie video and used an audio tape to record the soundtrack during the 90-minute classes. Students could take the audio tape of the selected dialogue home for self-study or listen at their convenience in the LL.

The Self-study Group used the SMILE for ME at home as an independent self-study tool after learning each unit in the traditional LL for one semester. Classroom activities were conducted in the same manner as those for the Movie Group. Those who did not own a computer at home (three students) borrowed a laptop computer from school and practiced at home as the other students did.

The CALL Group used only the SMILE for ME in CALL during lesson time, and not at home. Appendix 4 shows an example of the lesson material for one lesson. Class time was divided into two halves; the first half was used for listening practice with LL or CALL, and the second half was used for checking the created material, focusing on comprehension of the story, vocabulary and idiom identification. This activity's focus was on expressions from each segment. Other activities included role play of each dialogue as a pair or group activity, a selected topic for class discussion or debate, and finally dramatization by the students.

3-4 Ethical considerations

It is important for teachers to address ethical considerations of any research (Burnes 1999). Thus, for each class, we explained the aims, objectives and procedures of our study in their first language so that the students could clearly understand the purpose of the study. We also provided them with test results and other feedback on their improvement as frequently as possible. The questionnaire was administered

anonymously. We encouraged oral feedback on the study and ensured that any comments or evaluations on the study from the students had no negative effect on their grades.

3-5 Results of listening comprehension tests

To assess improvements in the students' listening competence after the use of SMILE for ME, we compared the mean score of the posttest with that of the pretest for each group using the paired t-test. Results are shown in Figure 3. The most significant improvement in listening competence was observed in the posttest of the CALL Group, followed by the Movie Group. The CALL Group showed the highest mean

posttest score of 55.6 ± 10.03 ($p \leq 0.01$), compared to the mean pretest score of 51.4 ± 8.39 . The Movie Group had the second highest posttest score of 51.1 ± 9.0 , which also indicated a statistically significant difference with the pretest score of 48.6 ± 8.3 ($p \leq 0.03$). There was no statistically significant increase in the posttest mean score of the Self-study group, although there was a slight increase in its posttest score compared to the pretest score ($47.3 \pm 6.6 \rightarrow 49.1 \pm 9.1$). Thus, the CALL Group that extensively used the SMILE for ME listening activities showed the biggest improvement in listening competence among the three groups. As the Movie Group also showed a statistically significant improvement, we can conclude that the use

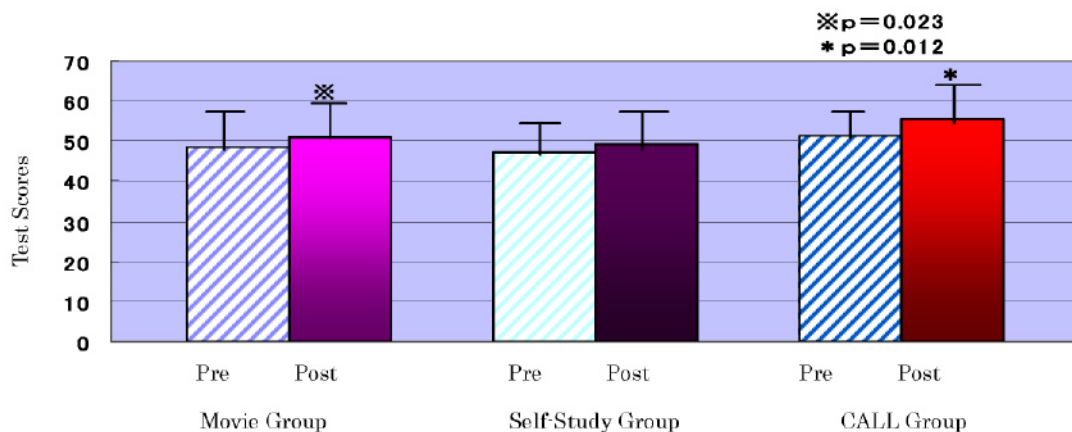


Figure 3 Results of listening comprehension test (2004 research)

Table 1 Self-created questionnaire results (1)

Questionnaire Results of Movie Class and CALL Class		
Question Items	Movie Group Spring '04 Mean Score (use of <i>Awakenings</i> in LL)	CALL Group Spring '04 Mean Score (use of <i>Awakenings</i> and SMILE for ME)
1. Difficulties	3.7	3.6
2. Improved listening comp	2.7	2.2
3. Usefulness of writing chat board	2.1	2.4
4. Reason for the improvement #1: Repetitious learning was good, #3(3) Key points for listening were instructed	#(10) & 3(3)	#(10) & 3(3)
5. Positive comments	76%	50%
specific comments	Fun, interesting, good, easy to learn, repeated listening practice was good	Felt listening competence was improved, it was like a game, got used to listening to a natural conversation
6. Part positive, part negative comments	0%	30%
specific comments		Not sure if listening competence was improved
7. Negative comments	24%	20%

of the movie and audio recordings and related materials improved listening competence to a certain extent.

3-6 Questionnaire results for self-study using the SMILE for ME program

Table 2 shows the result of the questionnaire completed by the Self-study Group on the use of the SMILE for ME for self-study at home. (For more details, see Appendix 2) (Not all students gave comments)

Question: What are your comments on the use of SMILE for ME at home?

Positive Comments 15 (38%)

Negative comments 24 (62%)

- 1) PC problems (15)
- 2) Problems with exercises (5)
- 3) Assignment Problems (4)

In general, the Self-study Group did not perceive their learning positively since they felt a heavy burden of using SMILE for ME at home; 62% of the students' comments were negative. They said some PC problems discouraged them from using the program, they did not know what to do when the program stopped in the middle of their study, and so on. Their feedback indicated that this program was not user-friendly for students with beginner-level computer skills. As we believe that students' self satisfaction of learning and learning style play important roles in implementing CALL, the system must therefore be made more user-friendly.

Given that all groups showed some improvements in the mean posttest scores, with the Movie Group and the CALL Group showing statistically significant improvement, the use of the movie material (*Awakenings* in this case) was effective overall in

improving students' listening competence and was particularly effective when combined with our CALL system using the SMILE for ME program. Moreover, it is considered to be most effective when the students are always provided with technical support by the teacher.

4. Discussion

On average listening ability of all three groups was improved to different extents, although among the three groups the CALL Group, which used the SMILE for ME most extensively in the classroom setting, showed the most significant improvement in their listening skills. The Movie Group that did not use the SMILE for ME program on a computer but practiced the focused dialogue extensively by watching the movie *Awakenings* in the LL also showed a remarkable improvement. We therefore consider that the use of the movie was helpful and the combination of the movie with the CALL system was particularly effective. To clarify the effectiveness of this CALL system using SMILE for ME, a larger number of students and evaluation over a longer time period of time would be beneficial.

Some students in the CALL Group provided negative feedback of the 2004 SMILE for ME class (Table 1). However, the Satisfaction Rate Survey conducted by the Faculty Development Committee of the Nursing College for this particular class at the end of the year was high at 4.6 points on a scale of 5.0. This represents a jump from 3.3 points for the previous movie-based CALL class of 2003. (The survey was not carried out for students in the other two groups.) The candid evaluations of the students of the previous year had

Table 2 Questionnaire results for self-study with SMILE for ME using the movie *Awakenings*

Significant question items		Results
1. Average study time with SMILE for ME at home		3 times / per week 2 hours / per month
2. Free comments on the use of SMILE for ME at home & <i>Awakenings</i> in English class		
Positive Comments		15 (38%)
Negative comments		24 (62%)
Breakdown	1) PC problems	15
	2) Problems with exercises	5
	3) Assignment problem	4

therefore been extremely helpful to us in our efforts to improve the class activities for the 2004 course.

The Self-study Group, which was assigned to study at home, also showed some improvements in their listening skills, although the result was not statistically significant between pre- and posttest scores. The exercises using a computer required students to follow certain procedures. Questionnaire results showed that some students in this Self-study Group experienced some difficulty in terms of the technology employed. We answered the students' questions on technical problems when we met them in class, but they still needed more assistance than they could receive when studying in the classroom together with the teacher.

Studying at home was assigned as preparation for the lesson to determine whether working on the CALL system at home was feasible for students. Unfortunately, not all students were eager to do this since some regarded this task as an extra homework that was not assigned to other classes. While some students enjoyed this extra workload, it lowered the motivation of other students.

Studying at home using a computer can be considered a good way to increase the exposure to materials and to train listening skills, yet the students' comments suggest that the program itself should be modified to be more user-friendly, so that a novice computer user can use it easily. As long as there are technical problems with the programs that the students cannot solve on their own, introducing self-study programs for students may be somewhat premature. Nevertheless, we plan to allow optional use for those students who have adequate computer skills to use the self-study program and to provide it to novice computer users in the future when the technical problems are solved.

5. Conclusion

Our classroom study sought to determine the ideal combination of CALL activities and classroom interaction. Our results indicate that the improvement in students' performance in the CALL group was not entirely due to the technology employed but to the interaction between students and teachers. To continuously improve the CALL system and activities, we must put students' feedback to good use and develop activities that give maximum satisfaction to students in

terms of how they learn and how much they learn. In our future CALL classes, we will continue to improve our teaching methods by reviewing the outcomes of past courses through evaluation and discussion among teachers. Technological advancement continues to offer new opportunities for student learning. While the use of technology is appealing, Pusack & Otto (1997) notes that, "nevertheless, the glitzy bells and whistles that seem so attractive to the casual observer are no substitute for solid pedagogical design and content." We must therefore keep in mind that multimedia technology must be evaluated and reviewed carefully to promote effective learning and to be combined with interpersonal communication.

From the 2004 CALL project we conclude that the use of the movie material and the SMILE for ME Listening program was helpful in improving students' basic listening comprehension. Comparison of the three groups indicates that having the opportunity to use the SMILE for ME to listen to natural speed English conversation freely on their own at their convenience did help some students improve their English listening skills.

We confirmed that a reflective analysis of the way we conduct our classes leads to a deeper understanding of classroom situations and eventually to a better curriculum design. It is important to continue identifying problems in students' learning and discussing possible solutions through careful observation of students' performance and consideration of the classroom structure.

Acknowledgement

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AWAKENINGS (DVD) (1990). Written by Dr. Oliver Sacks, M.D., directed by Penny Marshall, Columbia Pictures Corporation

Appendix 1

The main features of the SMILE for ME system are as follows.

- Students fill in the blanks in each line (gap-fill) using window 1.
- Their answers will be reflected in window 2 and captions are displayed in a separate window 3.
- Captions with blanks can be synchronized with the movie, giving students the chance to make sure their answers are correct while listening to the movie at their own pace.
- Window 4 shows the functions that allow students to choose (i) speed of the speech using the speed control function and (ii) repetitive listening using the loop function. Thus, students can train their listening skills at their own pace and according to their English level.
- They can also choose a scene from several scenes to concentrate on, enabling them to maintain their levels of interest. Also, after concentrating on their scene of choice, they can pause, store a record of activity to date, then resume the activity later from where they left it.

Appendix 2

Question 1: Do you want to continue using SMILE for ME in your English class?

Positive responses 15 (68%)

I **want** to use CALL **every time**./ Using a multimedia program and listening to natural speed English is the **best way** to improve English./ I think this computer program is so **interesting**./ Studying using an English movie is very **enjoyable**./ As the theme is related to nursing, I can learn both nursing and English in an **interesting way**./ I want to continue studying using this computer program because I can have **fun** and **learn** English at the same time./ I can learn both **English and nursing** using this computer program, so

I think this way of learning is **effective**./ If I continue learning English this way, I will be able to **brush up** my English skills./ **I want to continue to improve** my listening skills./ Using the computer was **challenging**, **but** I can **learn** a lot, so I **want to continue**. / I **like** this method, because using a computer, I can **find out my weakness** in listening clearly./ This helps me **improve listening skills**, so I **hope to do it at home**, too./ I **cannot do it well**, **but** I think it's **meaningful** to use such a computer program.

Combined positive and negative responses 13 (27%)

Listening practice using a computer program is **OK**, **but I want to do something new** using the knowledge we've learned./ I think we **spent too much time** on computer study./ I **got tired of computer study** when movie English was **too difficult** to catch./ I like this program, but I want to do some **text-based activities**, too./ I understand when I learn the answer, but what I learn **slips my mind** after the class.

Negative responses 3 (13%)

CALL was **conducted arbitrary**, so I cannot improve my listening skills well./ Computer learning is **overwhelming** because I find it **very hard to master how to operate the computer**./ **The operation procedure was so complicated** and cut into the study time.

Question 2: Do you think your listening skills have improved?

Positive responses 7 (32%)

At first, listening was relatively easy, but it got more and more **difficult**. So I **concentrated** a lot. Gradually, I **began to understand** the movie without subtitles, and this was a **great joy** for me./ I **got used to** native speaker's pronunciation and rhythm as I listened to the sound **repeatedly**. The speed is **very fast**, **but I gradually began to catch** English when I understood **weakening sounds and linking words**, etc./ I **understand how "a" or "the" are pronounced in authentic English**, so it was **helpful**./ I **don't know for sure**, but I think my listening skills have **improved**. **Probably**, my listening skills have improved./ I became able to **catch English songs and speeches** by President Bush./ SMILE for ME practice helped me **get more interested in listening** to English in my daily life than before. So I feel my

English listening ability got better.

Combined positive and negative responses 13 (59%)

I am not sure because **we have not done that much listening activity.** / **I learned the importance of practicing** listening to English. / I got interested in listening, so I will continue to train my ear **on my own.** / My listening skills will improve **provided I continue this kind of exercise every day.** / I learned that a **long message in Japanese could be expressed in a few words.** / I am **more motivated** to listen to English than before. / **The amount of listening is so small** that I really don't know.

Negative responses 2 (9%)

I **never did well** in this CALL practice. I don't understand news English at all, either. Movie English was **too difficult** for me. / We **didn't do anything to check** whether our English **listening skills** have improved or not.

Question 3: How long do you think the CALL activities should be?

(Not all students answered this question)

90 minutes 1 (5%)

I want the whole class to be used for CALL.

60 minutes 11 (50%)

I think **60 minutes** would be appropriate. / Computer learning becomes boring if it lasts too long.

45 minutes 1 (5%)

30 minutes was **too short.** / I want to do it longer.

30 minutes 4 (18%)

30 minutes was **OK**, but the rest of the time should be used for **speaking.** / A 30-minute period **should not include the time to start and end the program** and the time to correct difficulties.

Appendix 3

Question: What are your comments on the use of SMILE for ME at home?

Positive Comments 15 (38%)

First felt worried about using a PC but it was unexpectedly easy to handle and comprehend. / Innovative, I don't hate it. / Good to be able to do a drill

while watching the movie. / Good to be able to listen and practice as many times as possible. / Enjoyable study watching a movie. / Good to do it at my own pace. / Good, enjoyable. / Could watch the scene with concentration. / Good to learn each scene of the movie. / The button was useful to return to the scene whenever necessary. / I don't hate it since it was a movie. / Good to practice listening to spoken expressions. / Could memorize the actual lines which seemed to be useful.

Negative comments 24 (62%)

1) PC problems (15)

Didn't know how to use a **computer** and it was hard to use it. / Need more instructions and slow guidance on the use of **PC.** / Need more consideration for people who don't have a **computer** at home. / Those who don't have a **PC** with DVD player have difficulty studying with this. / It was inconvenient and hard for those who don't have a **PC** at home or don't know how to use a computer. / Sometimes troublesome when the **PC** did not work properly but I enjoyed doing this kind of homework rather than traditional homework. / It took me more time to fix the computer when the **PC** didn't work than the actual study time for SMILE for ME, so I did all the work all at once. / Need a **better PC.**

2) Problems with exercises (5)

Need more multiple choice exercises. / Better to study it during each lesson. / Even I could listen to the lines, but sometimes I couldn't type it in since I wasn't sure of the correct spellings. / Too fast to comprehend.

3) Assignment Problems (4)

Didn't like it since I felt forced. / Envy the other class because they didn't do it. / Was hard since I don't have a basic English skill. / Troublesome because we had to study at home.

Appendix 4

Original material: a script with exercises

Note: this is a shortened version.

Lesson 1

[The hallway of the hospital, Dr. Sayer and Anthony enter.]

[Exercise]

Vocabulary Exercises

Match the words on the left with those on the right.

1. X-ray a. syndrome

- 2. staff b. school
- 3. medical c. room

Vocabulary Definitions

Match the following words with the definitions.

[1. myelin 2. applicants 3. diagnosis 4. patient 5. earthworm]

() a. The identification of a disease from its signs and symptoms

() b. A soft white somewhat fatty material that forms a thick insulating sheath around the core of large nerve fibers in vertebrate animals

Idiomatic Expressions

Choose the appropriate expression for each line in the movie.

1. Good morning, Bainbridge Hospital. [a. Shall b. May] I help you? Oh, Dr. Horowitz, can you [a. hold the line b. keep a line]?

2. I can [a. write a memo b. take a message] or you can call back [a. in b. for] about forty-five minutes.

3. Well, I'm here to [a. apply for b. see] a research position in your neurology lab.

Comprehension

1. Where did this story take place?

- a. In New York b. In San Francisco c. In Europe
- 2. What happened to the boy?
 - a. He cut his hand. b. He fell down. c. He became sick.
- 3. What was the name of the boy who seemed to be in trouble?
 - a. Robert b. Leonard c. Albert



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映画利用CALLにおける学習方法に関する研究

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この論文はCALL (computer assisted language learning) と英語映画教材を結びつけた指導方法と二年間にわたる看護大学の一年生を対象にして行った実践を論じ、クラスルームリサーチの成果についてまとめたものである。実社会で通用する英語力を身につけさせるため、SMILE for MEというCALLシステムを利用して、できるだけナチュラルスピードの英語のインプットを多くし、学生の興味・関心を高め、意欲的に英語学習に取り組ませた。2003年度の実践では、リスニング能力テストでは一定の効果が得られたが、医療倫理についての意識を高めるためライティングをさせたり、看護学生用英会話テキストを併用したりしたため、CALL学習の目的が分散してしまい学習者の十分な満足を得られる事ができなかった。2004年度の実践では、この反省を生かし学習者相互のInteractionを意識的に増やすため、学習者相互・学習者と教師との双方向での伝達情報量を増やすことを主目的とした。また、自宅学習を取り入れた学習者グループとCALLを利用しない学習者グループ、CALL学習グループに分けそれぞれのグループについてリスニング能力の検証を行った。

キーワード

CALL, リスニング, インタラクション, クラスルームリサーチ

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