

Bangla for Specific Purposes

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Introduction

In July and November 2001, new English Language textbooks¹ for upper school students were published by the National Curriculum and Textbook Board, Bangladesh as a component of an ELT project funded by the Government of Bangladesh and the Department for International Development of the UK². The materials were developed by a team of local teachers – none of whom had any previous experience in textbook writing. I was Project Manager for the textbook writing component. In late 2000, I was approached to lead another DFID funded programme in Bangladesh (Strengthening the Role of Nursing) and asked by the Team Leader, Anji Roques, if I could lead a textbook writing project for her. This was an interesting and especially challenging project for me as it was not in my direct field of expertise, namely ELT, but in nursing. I was asked to design a project to develop six nursing textbooks as well as a Nursing Glossary that was to be used for the training of nurses in Bangladesh on their 4-year courses at nursing colleges. The six textbooks consisted of the following: The Principles of Nursing Practice, the Principles of Midwifery Practice, Surgical Nursing, Medical Nursing, Orthopaedic Nursing and Paediatric Nursing. Each book was to have an accompanying Teacher's Guide. Throughout the project I was able to work closely with Anji Roques and I was to rely heavily on Anji for her knowledge and expertise in the field of nursing. This paper tells the story of the project.

The nursing context in Bangladesh

The Bangladesh Ministry of Health and Family Welfare had requested a review of the then current Senior Registered Nurse Syllabus as one of the measures to support the improvement of the quality of nursing across the country. Although not dated, the current syllabus was thought to have been written in 1987 or 1988 (CNTR 98/5549 7th Quarterly Report: 3). In the decade preceding this syllabus, health care requirements of Bangladesh had changed considerably: new standards and systems for the management of the delivery of higher quality health care had been introduced. It was seen that there was a need to link the new curriculum to current nursing practice: there was too much theory and not enough practice. Nursing courses were all delivered in English. Field visits by SRN consultants highlighted the 'very poor level of English amongst nurses.' The few textbooks available to students were written in English. Subject matter was dictated in English and was subsequently memorized by students with 'questionable understanding during that process.' It was discovered that many teachers of the nurses did not have sufficient English themselves to fully understand what they were reading and meant to teach (CNTR

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¹ National Curriculum and Textbook Board, Bangladesh. English for Today 9-10.. 2001.
National Curriculum and Textbook Board, Bangladesh. English for Today 11-12.. 2001

² ELTIP: The English Language Teaching Improvement Project

98/5549 7th Quarterly Report : 113). As rote learning is a poor means of preparing a nurse to be able to apply nursing theory to patient care, the issue of whether the curriculum and materials should be in English or mother tongue Bangla was considered. In a 'premier' nursing college in Bangladesh up to 65% of students could fail the nursing examinations on first sitting, citing lack of understanding English as the main reason (CNTR 98/5549 7th Quarterly Report: 114). Those books available in colleges were also mainly designed for a UK curriculum and were not appropriate for Bangladeshi students of nursing, never mind being appropriate for the delivery of nursing care in the country. The books were also out of date. It was decided that a new set of textbooks should be prepared and written in Bangla. The work on the new textbooks began in February 2001.

Terms of reference

Although experienced in textbook writing projects in Tanzania, Morocco, Russia as well as Bangladesh, I had never worked in the health field before. Nor did I speak Bangla. All I had to draw on in this new venture was my past work in the field of education, ELT and previous project management experience. This new project was a challenge. It meant that I would have to trade my experiences in ELT - for instance, developing vocabulary enriching activities, considering a method to use in teaching a dialogue or deciding on an effective way to help a learner with grammar problems – for perhaps new ones in the field of health care. I soon discovered that I would need to come to terms with brand new sets of procedures

Procedure for nurses after the death of a patient that included:

Last offices

The purpose is to reduce the family's distress when viewing the body and to prevent distortions in the body's appearance ...

After the pronounced death by a doctor

1. Contact any person involved in organ procedures (except AIDS patients)
2. Remove hairclips
3. Replace dentures.

Alava. 1995: 31.

Reviewing some of the literature in my new field such as in the example cited above brought home to me the magnitude of the task ahead. It made me muse over the relative importance of issues in ELT that I had previously thought to be of great consequence. Literally, life-and-death issues became tangible.

On accepting the challenge of this project, the first decision I took was that the materials would be written by a team or teams of Bangladeshi nursing practitioners, as my belief was that only nurses can fully understand their own subject and the needs of their own student nurses. I set out to help empower the nurses to create their own materials within a

principled framework which we would design collaboratively. Although Dudley-Evans and St. John state that ‘... only a small proportion of good teachers are also good designers of course materials...’ (1998: 173) my experience, and the experience of my colleagues at Marjon on textbook writing projects in, for example, Ecuador, India, Morocco, Romania, and Russia, is different. I have seen how novices to writing can be helped if provided with guidance, support, and training as well as confidence -building.

I also believe that a large team approach, in which writers work in groups that are ‘there for each other’ and who inspire each other with ideas, energy, enthusiasm and peer editing skills, can be profitable and rewarding. In the Bangladesh English textbook project, I had worked with a team of eight teachers who successfully went on to write two books for secondary schools and to see their work recognised through publication. This team had first undertaken a 10-week Textbook Writing Course at Marjon before they began writing. In this new materials writing project, I was to work with 28 writers. One of the key criteria in choosing the writers was geographical – we ensured that all regions of Bangladesh were represented. However, as the nurse-writers spoke little English, the training and any related materials needed, had to be in Bangla. We had neither the luxury of time nor the finances for a long-term training programme for the new writers. I first needed to select and train a team of textbook writer trainers. This part was relatively easy: I already had a team of writers who had been trained in textbook writing and had a successful track record in writing textbooks for the Bangladeshi context, albeit in English. I chose six of the most competent writers and these became the *Team Leaders*. We worked closely as a team, using our combined skills and local knowledge.

My next task was to begin gaining an understanding of the contextual background of nursing by undertaking a series of orientation visits to a selection of nursing institutes as well as hospitals and reviewing the curriculum along with current nursing textbooks. I had much to learn in all of this. I then needed to plan and lead an intensive 1-week training programme for the Team Leaders so that they in turn could train and then support the writers. My responsibility there was to help plan and oversee a series of textbook writing training sessions led by the Team Leaders before we moved on to the other stages of the writing process. For the next 2 years, I continued to ‘manage’ the writing process by meeting the teams on a regular basis, reviewing progress, ensuring that the work was proceeding to an agreed timeframe and agreeing on future actions. My ‘outputs’ were to be the establishment and development of a cohesive, knowledgeable team of Team Leaders and textbook writers, an action plan that met all target dates, the production of early texts for piloting and, finally, the published materials themselves. At the materials writing stage, I had to rely on my Team Leaders to read, proof-read and question the content validity of the new materials. I also had to ensure that a team of medical personnel (senior nurses, nurse teachers, doctors and Ministry of Health experts) were available to check the new materials.

Trainer Development: transferability of skills

Before the nurse writers could begin their work, it was important to brief and to train the Team Leaders who would, in turn, help train and support *them*. The trainer development course designed for the Team Leaders had the advantage of being able to draw on the experience, knowledge and skills the team had gained from their Marjon training.

The course at Marjon had provided the Team Leaders with:

- exposure to different learning styles and an understanding of teaching methods that lead to a greater transfer of learning
- experience of participant-centred, exploratory and problem-solving approaches to learning
- practice in group process co-operation with colleagues through the sharing of ideas and materials
- opportunities to understand, reflect on, and develop the skills, as well as confidence, needed to work effectively in a process-oriented way
- a chance to develop an awareness of themselves, their own beliefs and principles through a process of reflection and a collaborative social exchange of ideas
- exposure to a writing process that involved engagement with their own 'deep professional principles' (Allan 1997: 57)
- guidance on how to manage change and the related stress and uncertainty
- practice in planning, drafting and evaluating materials in groups through providing opportunities in which *shared* knowledge helped extend the knowledge of each individual
- insights into the processes at work within a classroom
- opportunities for learners to practise and apply the skills taught in whole class, small group and individual settings
- an exposure to a wide variety of reading and writing texts and analysis of different types of text
- practice in setting and supervising relevant projects as well as conducting workshops
- awareness-raising of the need at all time of the writing project for trainees' life experiences to be recognized and affirmed, regardless of gender, place of origin, religion, ethnicity, cultural and linguistic background, social and economic status, sexual orientation, age, and ability.

The process they experienced during their training at Marjon, along with the skills developed and used during their trainer development course in Bangladesh, helped them to develop further skills that they could use with the nurse writers. The intensive textbook writing course at Marjon which the Team had undergone included practical sessions on materials evaluation, needs analysis, devising a framework for materials development, developing tasks and rubrics, formulating house styles and guiding principles, an examination of different approaches to teaching and learning. The course had been participant-centred and based on a reflective practice model. This all fed into the Team Leader programme which was constructed around a five-day, 30-hour, trainer development course, which I led.

Trainer training: training the Team Leaders

The working atmosphere of the trainer development programme was busy and professional yet largely informal – everyone knew each other. The course began with sessions on team-building and leadership. This I thought important because during the writing of the ELT books, there had been some quite serious arguments and fall-outs between members. This element of the course was built around tasks. One such activity involved the team having to work together and produce a sketch of the course venue with an accompanying quiz that was to function as a guide to help a newcomer take a tour of the premises in a 15-minute period. The group had to decide on who would do what in the task, e.g. who would lead the group, draw the sketch, write up the quiz and so forth. On completion, they were required to hold a process meeting during which they analysed what each - collectively as well as individually - had done. This task helped them appraise each other's strengths and weaknesses through discussion. Another activity introduced them to the importance of listening to other's opinions while keeping their own thoughts and opinions to themselves. The team-building exercises proved to be valuable – they helped bind the team together – as well as enjoyable. They also provided ideas that the Team Leaders could use when they were working with teams of writers.

The group also discussed different models of teacher training and explored these in the Bangladeshi context. Their own personal exposure to reflective practice at Marjon was helpful here. The group went on to decide that the approach they would adopt in working with the nurse writers would be participant-centred, based on discovery methods with an underpinning of experiential, reflective practice.

In the final days of the course, the Team Leaders and I worked out a detailed plan for the next phase of the writing project and during this we prepared the first workshop for the nurse writing team. We also had to agree on the writing process as well as an approach that would underpin the new books.

The writing process

We established that our approach to supporting the writers and developing the new textbooks would be 'bottom-up,' participant-centred, collaborative and democratic. This approach was innovative in the Bangladesh context, in a working culture more generally accustomed to an authoritarian, top-down management orientation. The materials were to be new, it was agreed, in terms of content (they had to be new - why write more of the same type of materials already in the country?); this included a move away from rote-learning of theory and knowledge to a practical, experiential syllabus based on the real needs of Bangladeshi nurses. A new approach was also needed (a move away from a lecture-based, 'applied science' model.). In our initial planning, we had at all times to be mindful of the dangers of innovation. Sridhar (1994: 801), Holliday (1994a, 94b) and Prabhu (1987), all suggest that many of the methodologies which have come from countries such as England and which have dominated teaching have been ineffective in many parts of the world where teacher educators tend to dominate and yet fail to meet indigenous needs with more appropriate theories and methodologies (Liu, 1998). We needed to be alert too to the fact that our writers were nurses and not trained teachers – they did not have a background in teaching methodology. The new materials were going to be written by practising nurses. We wanted a 'home grown' book in the belief that "A

'home-produced' coursebook, if it is well-produced, stands a much greater chance of success locally simply because the authors are more aware of the needs of the learners in that context, and are able to design materials in a way as to fit with their own learning and teaching traditions, and with the conceptual world of the learners." (Jolly and Bolitho in Tomlinson 1998: 111)

In the Team Leader training course, we had agreed that all decisions on the organisation, the topics, the writing of the materials, on font and font size, layout, colour and so forth would 'emerge' from our early sessions with the writers. The approach to underpin the new books would also become visible through discussion and agreement.

By the end of the trainer development course, the Team Leaders had developed as trainers and trainers of writers. They were now confident and competent professionals with high motivation.

The nurse writers' programme

The training programme for the nurse writers was developed by the Team Leaders and myself. The programme consisted of a number of activities including 'warm-ups' introduced to the nurse writers during their initial training and which, they felt, should become an integral part of the materials; different approaches to teaching and learning; deciding on an approach to underpin the new materials; textbook evaluation; syllabuses; practice writing and micro-teaching (an activity that the nurse writers enjoyed as most of them had never done any teaching before).

We also agreed on a common set of guiding principles which would support us in the writing of the materials. These included the belief that materials to help student nurses become professional practitioners would need to be based on an experiential, student-centred, problem-solving, discovery- and task-based approach rooted in *use* and *practice* while aiming to be user-friendly, useful and fun.

Our first step with the nurse writers was to raise awareness that there was a problem i.e. that student nurses were currently unable to understand their course materials and that there was a need for the creation of new materials written in Bangla. Together we then explored how we might meet the needs, brainstorming what type of topics might be appropriate, what practical skills nurses needed and the level of student at which the new materials needed to be directed. This helped give us initial ideas for our content and helped us think about the working context in which to place our work. Pedagogical ideas were explored – we discussed appropriate activities and exercises, and how we might create appropriate instructions. Later in the programme we began to think about production of materials and this included consideration of layout, type size, font, visuals and so forth.

As stated above, we had been asked to produce six books with accompanying teacher's guides. We decided that each book would be developed by a separate team, each group comprising up to six writers. Each team would be supported by a Team Leader. Each team would also have responsibility for providing key lexis relating to their specialist field, along with explanations, for the Nursing Glossary. A smaller team would later collate these words near the end of the project. The teams were to meet on a regular basis for 10-12 day residential workshops in Dhaka where they would write in their teams and take part in

regular confidence-building plenary sessions that were led by the Team Leaders, myself or the nurse writers themselves.

During this phase, I was able to witness how the skills the Team Leaders had acquired during their training as ELT practitioners in Plymouth were put to use in a nursing context. They employed a variety of teaching modes that made the presentations interesting and this clearly was helping maintain the morale and motivation of the nurse writers. The sessions were mainly group work-based and contained a wide variety of student-centred, problem-solving learning activities. This example of good practice helped bring about the approach that would underpin the new books i.e. a Problem Based Learning orientation. The nurse writers were encouraged to reflect on and to articulate their own beliefs and principles. They were involved throughout in decisions concerning planning, drafting and evaluating materials in groups.

Textbook breakdown and approach

It was jointly decided that each book would be centred on 10 key topics e.g. *Fractures*. Each topic would consist of two Blocks; each Block would investigate two key areas of the topic and would include sub-topics such as 'The Rickshaw Accident.' Each block would be no more than four pages in length, which meant that each book would be up to 100 pages with introduction, list of contents, acknowledgements and so forth. This in turn helped us work to a budget.

Choosing an approach to underpin the materials posed a problem. As the writers were from a non-ELT background, we could not automatically assume that they knew of, for example, *traditional, communicative, learner-centred or active learning* approaches to learning. We faced this problem by designing activities that helped the nurse writers reflect back on the type of teaching they had experienced when they themselves were students. The nurse writers were mostly critical of the approaches their teachers had used, which were of the very traditional lecture-centred, knowledge-based variety. The writers also reported that this approach was still currently dominant in the nursing colleges and there was common agreement that a new orientation was needed for the new materials. The writers said that they were happy with the approach to training they themselves were currently undergoing and we began to analyse what was happening in the training. From this there emerged a set of principles which were first drafted on to posters by the writers working in small groups. The whole team then agreed upon a set of common guidelines which were again written up in poster form. This poster then became a kind of contract between us all and remained in the main writing room, and typed-up versions were copied for each individual. The principles consisted of the following:

The new materials should

- be **curriculum-based** – with the syllabus clearly linked to the Ministry of Health statutes
- be written in such a way to have **impact** on their student users – they need to have attention-grabbing content, include a wide variety of activities, have novelty value, and be presented in an attractive way

- be **user-friendly** for teachers and learners as the less anxious the learner, the better learning can proceed. Relaxed, comfortable learners can learn more and in a better way in shorter periods of time
- help build up teacher and learner **confidence** – relaxed, self-confident learners learn better and teachers teach better
- be **useful** – what is taught should be seen by teachers and, especially, by learners as being something that is relevant to the students, in the first instance with their nursing studies and then in providing them with the expertise and skills necessary to help them offer good nursing care. Teaching points would therefore need to be related to interesting, challenging work-based tasks
- be **interactive and participant centred** – with emphasis on the practical with students *doing* rather than talking about doing and activities designed to stimulate interaction
- be **authentic** - they should provide authentic problems and situations that occur in the Bangladeshi nursing context
- at all times take into consideration the fact that the student nurses have different **learning styles** which may include visual, auditory, kinaesthetic and experiential orientations
- encourage students to **develop learning skills** which will help them continue their own development after the course has finished.

Adoption of a Problem-Based Learning approach

The principles helped to point us towards an approach that would underpin the writing. We introduced the term *Problem-based Learning* (PBL) to the writers as we felt there was a need to give our approach a label. This approach seemed to fit with the principles which were emerging. We also demonstrated how a PBL approach was being used in nurse training in countries such as Australia (Alavi. 1995). We felt that a PBL approach was appropriate for the following reasons:

- it offers a more tentative view of knowledge. Knowledge is not regarded as finite or, indeed, as being the only or most important aspect of learning
- it regards knowledge as evolutionary and therefore not therefore fixed
- it still allows for learning of knowledge but is concerned with the *process* of acquiring important knowledge
- it allows for a discovery approach and this is at the centre of good nursing practice
- relevant content-specific, Bangladeshi-based problems can be judiciously chosen as the topics for the new materials

- it allows a clear focus in regard to an area of study which provides space for practice and theory to produce understanding and action
- it allows for a different kind of teaching approach which is not lecture-based. Each Unit and Block of the new materials can begin with an authentic problem in an authentic context which has to be thought through by the trainee nurses and dealt with in interactive manner
- it enables the teacher to become a facilitator of students' learning
- it helps students develop their own analytical inquiry skills by encouraging them in processing information in an active way. They are no longer passive recipients of knowledge.

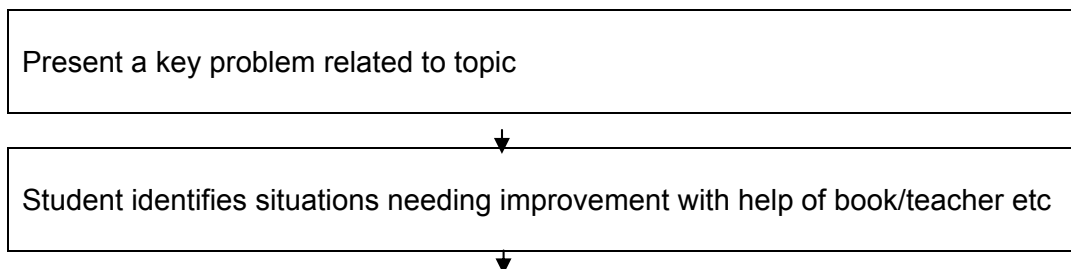
The principles and the decision to adopt a PBL approach helped the group begin to view the new materials not as *textbooks* but as learning packages. Each learning package was developed to comprise a set of problems, with accompanying resources that included teacher's guides. The packs could consist of texts, photographs, hospital admission sheets, floor plans, clinical files, X-ray, pathology reports and so forth.

The Nursing Textbook PBL Model

The PBL model then took shape (see Figure 1 below). The nurse writers agreed on a series of questions that they could ask themselves and which would help them keep in focus the PBL approach. These were:

1. *Is there a (nursing) situation in need of improvement?*
2. *What is the situation in need of improvement?*
3. *What are your possible explanations for this situation?*
4. *What do you need to know in order to confirm or otherwise these explanations?*
5. *Where might you find what you need to know?*
6. *How will you best organise yourselves to discover what you need to know?*
7. *How does the knowledge you have gathered help you to confirm or otherwise your hypotheses?*
8. *Do you need further information, help or advice?*
9. *Where can you get this information, help or advice?*
10. *What is the best way to act to improve the situation?*

The Nursing Textbook PBL Model



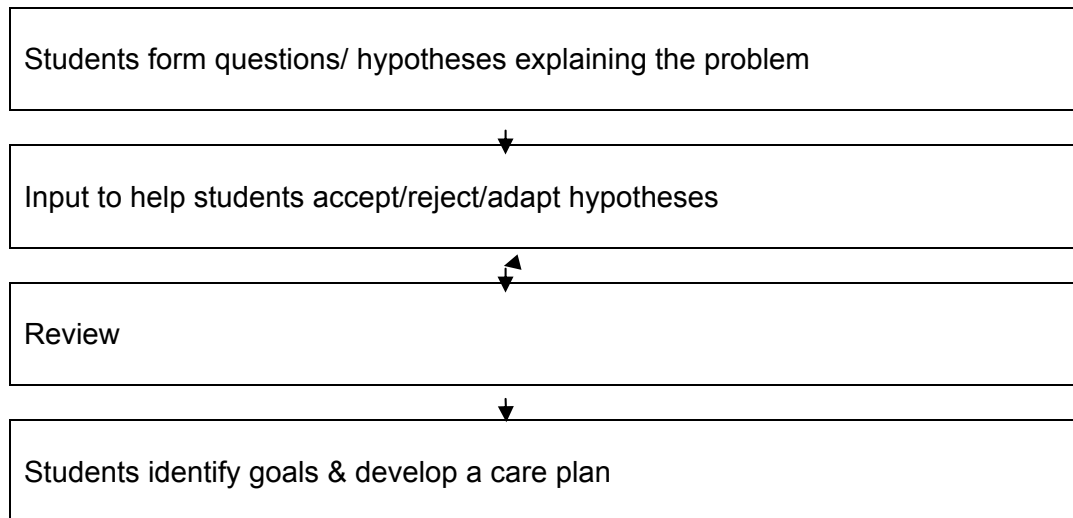


Figure 1

The materials were all initially hand-written as the majority of the writers were not familiar with word processing. As each batch of materials was written during the workshops, they were photocopied and taken back by the writers to regional nursing colleges where they were trialled.

Piloting of the materials

At the beginning of each subsequent workshop the results of the trialling of the materials in the regions were presented in plenary to colleagues for discussion. On the basis of these exchanges, any necessary adjustments and re-writes were carried out. The nurse writers in their report-back talked enthusiastically about reactions from themselves and colleagues who were using the materials. They talked about how the participants had reacted in a positive way towards the wide variety of activities available and the attractive way in which they were presented. The participants could see that not only was the content clearly based on the Ministry of Health Nursing Curriculum, but what was being taught was relevant to what they would have to do in the real world of nursing. The activities and tasks were authentic – they represented problems and situations that occur in real life. The students liked the practical work they were being engaged in. They appeared relaxed and seemed to enjoy the sessions.

The nurse writers cited numerous examples including comments such as

- *the new materials have provided inspiration in the dark sky of the nursing profession;*
- *the books are like a lamp showing the way; a new trend in writing.*

One presenter – a very experienced and highly respected senior nurse – vividly described an incident she had seen in a rural hospital. A female student nurse (with very low status in the Bangladeshi hospital hierarchy), who had just attended a session that included the use of pilot materials from the Surgical Nursing book, bravely and unusually

challenged a doctor (with very high status in the pecking order) about forgetting to wash his hands before touching a patient.

This is unheard of in Bangladesh., the nurse writer said. No-one, especially a student nurse, would have dared to speak in front of a doctor unless spoken to first, never mind to offer what was a criticism. The student nurse had great confidence. She had been empowered.

The doctor acknowledged that the student was right and promptly washed his hands. Reports such as these from the regional piloting were indicators that suggested that teachers as well as student nurses appeared to like the materials and that the materials were effective. They could see how the topics, and the activities they were engaged in through the materials, linked with the nursing curriculum and good nursing practice.

Problems and setbacks

Things did not always run smoothly. Half-way through the project we ran into a major problem. The six Team Leaders began to feel the pressure as they took on more responsibility for leading the production of each book: they had to lead, to motivate, to evaluate materials and to provide feedback. They also began to experience pressures from their main jobs – the Team Leaders were working in schools and universities – and their part-time work in the writing project was taking up much of their time. The pressure came to a head one day when, suddenly, the Team Leaders unanimously decided that they were no longer able to commit themselves to the intensive, residential workshops. We agreed to a parting of the ways. In some ways, this came as a blessing. As we got more into the re-drafting of the materials and pressure was building up on the writers, there was need for a more experienced team, experienced in leadership as well as in the latter stages of textbook production. We were able to appoint a smaller, highly experienced, well-qualified and respected group comprising three Team Leaders, each of whom took responsibility for supervising the production of two books each. Their experience, calm personalities and the authority they brought with them injected a maturity to the project which helped to bring us successfully to the publication of the books.

Publishing decisions

The materials were to be published locally. Local publishers were vetted and interviewed, the chosen publishing company acting more as a printing house as we wanted to maintain control over the way the books would look. The team agreed on a common house style that would run throughout each of the books. The authors thus had to take on the job of page, unit and book layout with, together with the Team Leaders, sharing responsibility for proof-reading and dealing with corrections. All final manuscripts were carefully written to the agreed style and, after editing by the Team Leaders, were submitted to the publisher.

Each writing team had responsibility for choosing illustrations and photographs. We suddenly moved from working in a world of creativity to that of important yet humdrum practical nitty-gritty – detail became important and significant amounts of time were spent discussing, arguing and finally agreeing on such things as colours, cover page formats and acknowledgements. Money suddenly became an obstacle: was there enough left even to include the authors' names? In such a climate, we agreed that a mix

of illustrations and photographs would feature in the textbooks, with approximately 40 photographs in each, and we budgeted for a maximum of 250 photographs to feature in all the books. Up to two photographs and six illustrations could be used in each Block. Approximately 120 illustrations could be used in each book to a maximum of 750. For the cover page illustrations and not photographs would be used – they were too expensive. The illustrations would be designed so that they clearly depict the subject area e.g. Paediatric Nursing. Multiple images would be used (four illustrations would depict the specific subject area) and the title would be placed at the bottom of the page. The four illustrations would feature in a square with a light backlight. This was time-consuming but important detail that had to be discussed and dealt with.

Towards publication: but what happens afterwards?

As the books neared completion, discussions began that, with hindsight, should have taken place right at the beginning of the project. We began talking about monitoring, evaluating and the world of examinations. A number of meetings were held with Ministry of Health officials. All agreed that it was important to have follow-up to see how the books were used in the nursing colleges. Agreement was reached that the teachers who would be using the new materials would need an orientation to them as well as training. The training was carried out by one of the Team Leaders throughout the country over a period of months before the launch of the materials. Alas, neither a follow-up to the training nor an evaluation of how the books were received by teachers was ever conducted. There was, sadly, no money left to fund this.

The Completion of the Books

On a happier note, the final preparation of the manuscripts was completed over a series of smaller workshops, teams meeting with their respective Team Leaders to modify and get copy ready for the publisher. We missed our intended deadline. Proof-reading proved to be more time-consuming than anticipated. There were delays with the publishing house and we had to ask for some of their work to be re-done. However, the books were at last published in July 2003. They are now being used in nursing colleges throughout Bangladesh. We will not know for some time about how they fare. In fact, we may never know unless funds are made available for much-needed follow-up work. However, one thing we do know is that the project has in many ways achieved much beyond what we had first envisaged. The books were produced, yes. The books and their content were approved by a panel of health and nursing experts, yes. The books are now being used in nursing colleges throughout the country, yes. However, I believe that the project has resulted not only in the provision of quality materials but also a high-quality developmental experience for everyone involved. Bangladesh now has a team of trainers who have developed high level skills in training teachers to write English language textbooks. This team has gone on to demonstrate how the skills they had developed in writing English Language textbooks were transferable to another field, the field of nursing. Bangladesh has been enriched in now having a team of nurse writers who can continue to create materials on their own and without external help. New professional horizons have opened for them – they have been introduced to and have begun to understand new methodologies for teaching and learning. They have skills in textbook evaluation and in creating materials.

The 28 nurse writers have returned to their workstations, the Team Leaders have gone back to their teaching institutions, Angi Roques was now able to give more attention to other aspect of her nursing work in Bangladesh and I have returned to my other duties and on to a position in Ethiopia. The writing team has broken up. The final parting was an emotional one. Here are some of the comments that were made in the various closing speeches on the final day:

from a nurse writer:

We are very sad today. Our writing team breaks up. But we are also happy and proud, very proud with what we have produced. At the beginning, when Pat talked to us, I have to be frank, I didn't believe him. I never believed we could ever write these books.

another said:

I go away feeling confident and respected. I am now, at last, an author!

from a Team Leader:

I have learned many things during this writing experience. About people management, about book-writing. I'm a changed person.

another said:

The way forward in Bangla nursing textbook writing was not always smooth, as the work was the first of its kind in a tradition-ridden nursing education system in Bangladesh. But our collective experiences in developing these books steered the writing project to a big success.

finally:

The first time I met you was a shock for me. I don't know why but I expected to meet a lady named Pat. So, when I saw you, with the beard you had at the time, I was taken aback. You have been sympathetic and understanding, never very critical, of this country, of my people, of our shortcomings.

Conclusion

Before the project began, I never imagined that I would ever find myself leading a materials writing project in a field and a language that seemed, at first, so remote from my area of expertise and knowledge. I believe that it was the process-based methodology we embraced that helped guide us towards successful completion. It helped to forge a genuine partnership that included collaboration, consultation and learning from each other. Mutual trust and respect were key principles in the early stages of our work. The process approach that underpinned our work allowed us to re-tune and refine, as well as reorganize, the time frame to suit the changing needs of the project. Change was at the heart of our work: a change was needed in both the content of the nursing materials and in the methodology used to deliver this content. For that a shift in attitude was needed. The completed materials were written by practising nurses for nurses in practice. They were written by Bangladeshis for Bangladeshis. The skills gained by both the Team Leaders and the nurse writers have put in place an institutional, logistical and human resource framework that has strengthened capacity within the Bangladesh Health Sector.

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