Book review:
M. Gregory Tweedie and Robert C. Johnson. Medical English as a Lingua Franca. 2022. De Gruyter Mouton, 220 pp.

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QHC Qualitative Health Communication

As a closing remark to *Medical English as a Lingua Franca*, M. Gregory Tweedie and Robert C. Johnson assert their vision that English as a Lingua Franca (ELF) "will be considered a potential frame for analysis not just by applied linguists but by healthcare communication researchers, and that insights from ELF will therefore be taken on board for achieving the primary goal of healthcare research: improvement in quality of patient care and medical practice" (p. 182). Affirming this vision through proposing medical English as a lingua franca (MELF) as a new research domain is why the authors produce this monograph. I believe the book will be of interest to applied linguists (in ELF), health communication researchers and educationists, and practitioners in English for Special Purposes, who strive for enhancing interpersonal communication in healthcare.

The authors of this monograph Tweedie and Johnson are not medical practitioners, nor researchers in ELF, (a field that examines) communication among speakers of different first languages using English as a common language but often not the first language (Mauranen, 2018). They are English language teacher-researchers instructing nursing students migrating from different geographical regions to work in the State of Qatar, where ELF is used for intraprofessional (e.g., nurse-nurse), interprofessional (e.g., nurse-doctor), and patient-provider communication. In preparation for their work, the authors found gaps in research and educational material in health communication. They point out that extant research on multilingual, multicultural health communication mostly investigates 'language barriers' in English-speaking countries where patients are the 'outsiders', or international medical graduates practising in these English-dominant contexts. Scant research, also in English for Special Purposes, attends to (future) healthcare professionals communicating in contexts where most of their colleagues and patients speak English as a lingua franca but not as a first language. Concurrently, they found, in applied linguistics, the field of ELF which has yet to explore the healthcare context. These gaps, in conjunction with their real-world experience as teachers and patients in ELF contexts, led them to construct MELF as a novel interdisciplinary research domain.

Since the development of MELF is ongoing, Tweedie and Johnson define MELF tentatively as "any use of English in a healthcare setting" (p. 1) among professionals, including allied health professionals, and patients, and not limiting to the Western biomedical context. So, as long as the communication is conducted in ELF, the framework of MELF would be applicable even to practices regarded by Western biomedicine as complementary and alternative, such as traditional Arabic and Islamic medicine, Ayurvedic medicine, Chinese medicine, etc. The authors spend seven chapters showcasing the significance of MELF in deepening our understanding of ELF interactions, strengthening health communication, and enriching healthcare education.

In *Introduction: MELF and ELF*, the authors first expound the distinction between MELF and ELF research. They then clarify that despite their proposal of MELF, they do not advocate for the dominance of English in international health communication. In addition, they account for their methodological pluralism adopted in the book, before moving onto establishing a conceptualisation of MELF within the ELF framework. This is followed by *Chapter 1 Healthcare communication and MELF*, where they present a background for the need of MELF, with special regard to international medical migration and the intricacy in interprofessional communication among migrant workers in healthcare. The authors also describe their understanding of how studies of healthcare communication and ELF converge and diverge from each other, hence highlighting in what aspects MELF could be distinct from other ELF

research contexts. Whereas these two chapters could be challenging for readers without an ELF research background to digest, they help readers understand a potential theoretical framework to be used for health communication research.

In *Chapter 2 Tools for analysis: Framing MELF*, Tweedie and Johnson explicate three methodological frameworks to research MELF communication, specifically in migrant destinations. The two receiving the most attention are Community of Practice (Lave & Wenger, 1991), and the socio-cognitive approach in pragmatics (Kecskes, 2008, 2010), with particular attention given to the notion of 'common ground' (ibid.) and 'activity type' (Levinson, 1992). The third framework the social network theory (Milroy, 2004). The chapter is helpful in providing a methodological guide for readers interested in researching MELF interactions.

In *Chapter 3 The researchers, the research, and the research setting*, Tweedie and Johnson detail the context behind their MELF studies: the complex use of languages in Qatar; the institutional setting of their data collection – a Canadian university in Qatar; their shifting research foci; the data they are presenting – nurse-nurse and nurse-patient communication in ELF recorded in simulation training, such as health assessments; and other methodological issues. They demonstrate the evolving conceptualisation of MELF, as well as in which other healthcare settings and geographical locations MELF research could be conducted.

In *Chapter 4 Strategies for MELF communication* and *Chapter 5 Finding common ground in MELF,* the authors display the outcome of analysing their data through a typical ELF approach, and the perspective of activity type and common ground, respectively. Various communication strategies were employed by the nurse participants to pre-empt non-understanding, especially in team-work, and to affirm accuracy. All strategies could safeguard patient safety. Also observed to be important for achieving mutual understanding are non-verbal elements, which, the authors deem, are hitherto under-explored in both health communication and ELF research. The two chapters illustrate it Is worthwhile to incorporate those communication strategies and non-verbal resources in healthcare education. Further, they exhibit how MELF research could be conducted, and how findings of MELF research would contribute to both ELF in applied linguistics and health communication.

In *Chapter 6 Implications and conclusion: Healthcare education in MELF contexts,* the authors underscore the value of examining non-conformity to Standard English (categorised as "language errors" from some perspectives) and the use of multimodal resources in the context of MELF, as deeper understanding of these two elements would inform health communication training. Finally, as teacher-researchers, they offer practical recommendations to fellow colleagues by illustrating five types of listening tasks, inspired by Rost (2016), that practitioners in English for Specific Purposes in MELF contexts could conduct with their students. Tweedie and Johnson restate their awareness of the antipathy in the field of medicine to suggestions made by outsiders to improve practice (Leape & Berwick 2005: 2387). Nonetheless, as they elucidate throughout the monograph, the ELF perspective has great potential to expand our understanding of interpersonal healthcare communication. This, in turn, would inform healthcare education, and ultimately benefit different stakeholders, especially healthcare professionals and patients, interacting in an ELF context.

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