Learning Mandarin and Cantonese in Health Communication Contexts -
Materials development process
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Background

If students in the San Francisco Unified School District (SFUSD) are to learn the Chinese language, how do they start? According to the website of SFUSD[1], 75% of students indicated Cantonese as their home language. Thus, the Chinese immersion curriculum in the SFUSD teaches Cantonese K-5 as a starting point, and then transitions to Mandarin during 6-8. The SFUSD recognizes the importance of learning both Chinese languages: Cantonese, being the home language a lot of students speak, is believed to enhance students' reading proficiency as a starting point. This foundation will finally help students learn Mandarin, which is the official language of China spoken by close to a billion people.

This Cantonese-first idea has important implications for Mandarin and Cantonese curriculum development:

1. Students' Cantonese proficiency will accelerate their learning of Mandarin.
2. Language programs should provide different tracks to cater the needs of a diversified language background.
3. When Cantonese speakers learn Mandarin (vice versa), they enjoy abundant transferable knowledge, yet they also suffer from tricky exceptions. In professional contexts such as health communication, this problem is more acute. Accurate language is essential.

The BLC Project

Against this background of Chinese learning in the Bay Area, this project seeks to develop Chinese learning materials that will:

1. Highlight the non-transferrable or unpredictable areas between Mandarin and Cantonese, which will be useful for unbalanced Mandarin/Cantonese bilinguals.
2. Highlight the formal words, which will be useful for heritage speakers who mainly speak informal Mandarin and Cantonese at home, but need to develop advanced vocabulary in professional contexts.
3. Incorporate the highlighted areas in (1) and (2) within health communication contexts, in which students may encounter situations using Mandarin and/or Cantonese to tell symptoms, give commands, request service, conduct surveys, discuss treatments, debate about practices, and disseminate information.

The Process

1. Spreadsheet: I start collecting phrases from books, websites, or personal experiences that are useful for my project. For each phrase, I created an entry in a spreadsheet. For each entry, there

are roughly 10 columns, including English, Mandarin, Cantonese, pronunciation highlight, syntax highlight, cultural notes highlights, etc.

2. Phrase book: Using the entries in the spreadsheet, I attempted to create a phrase book that contains phrases highlighting the non-transferrable and unpredictable areas between Mandarin and Cantonese. On each page of the phrase book, there are three sections: First, the English translation of the phrase, which are usually expressions about body parts, symptoms, commands. Second, the comparison between Mandarin and Cantonese. This section is straightforward and students are able to learn how to articulate the same concept in Mandarin and Cantonese. Third, the tips section. This section aims to highlight nuances, common mistakes, and tricky areas that Mandarin speakers who learn Cantonese (or vice versa) often face.

3. Language textbook: I attempted to create a language textbook that provides a more comprehensive training in Mandarin and Cantonese. Similar to traditional language textbooks, every chapter contains a main text and core vocabulary. Different from traditional language textbooks, however, the language textbook is designed to equip students with both Mandarin and Cantonese input. Vocabulary is organized to highlight the non-transferrable areas between Mandarin and Canntonese, as well as the formal words (such as terminologies) that are commonly used in health communication contexts.

Implications
My suggestions for language lecturers are:

1. We can start from gathering the little ideas and store them in a place that we can sort and search, such as spreadsheets.
2. The idea gathering process could take long, sometimes we may look around and revisit our storage and stock-take what we need.
3. We may make different 'dishes' based on what we have.
4. The 'dish' that we make may be tailored to the pressing need. For example, the need of using accurate language in health communication contexts.
5. Apply for the BLC fellowship!

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