The Commonwealth Department of Immigration and Ethnic Affairs allocates funds to the N.S.W. Adult Migrant Education Service development.
The purpose is to enable research, piloting and evaluation of significantly innovative courses and programs.

This report, written by the project teachers, evaluates the outcomes of an approved project and contains a range of findings and recommendations.

As such, the report is best used as a resource document for teachers involved in course planning, in-service activity and materials development and for administrative staff in planning future program provision.

J. Wynhausen
Superintendent.
COURSE REPORT

The following course report is intended partly as a justification and proof of the need and value for the course which I ran from September to November 1985 at Parramatta, partly as a descriptive assessment of interest to anyone desiring to know more about ESP courses or to be involved in a similar course themselves. I have not included here any description of the pre-course organisation.

I have added a few appendices: I. Organisation of a three hour session.

II. A Course Outline (description of content)

III. A list of course resources

IV. Student evaluation of the course.

V. Some of my own materials.
TARGET GROUP

On the 27th of November, Royal North Shore Hospital held an open day to encourage former nurses to return to the profession. We attended this and were told during tours of different wards that there were vacancies in every section of the hospital, both full and part-time, and also for every shift.

In bringing together a group of 20 migrant nurses, my aim was to give these migrant women the confidence to go out and get these jobs.

The 20 students selected, had a level of English 1.5-2.0+ (N.S.W. A.M.E.S.) and demonstrated personal initiative, or the potential to gain initiative and confidence, either through their activities in the past, their realistic awareness of their present situation, and/or their realistic plans for the future.

STUDENT PLANS

1. Latin American: Saquie (Spanish/Arabic) will get work as a nurse's aide in 1986.
   Paz. Still feels she needs more English before approaching the Nurses' Registration Board.
   Theresa. Because of financial difficulties she took a job as a cleaner with Telecom.

2. Polish: Krystyna B. Already training at Concord hospital.
   Wanda. A sister at Blacktown hospital. Given time off by matron to do course.
   Antonina. Still feels she needs more English after only 4 months here.
   Elizabeth. I am confident she will be placed in a hospital in 1986.
   Krystyna F. Will also probably be placed in a hospital in '86.
   Ursula. Accepted by Concord hospital for training but needs to wait for Permanent Residency visa to come through.
   Halina. Still feels she needs more English.
   Iwona. Accepted by Blacktown hospital for training next year.

   Betty C. Was not a nurse but wants to get work in a hospital. Will have no difficulty finding employment. (Hong Kong Chinese).
   Betty K. Returned to Hong Kong. (H.K. Chinese).
   Pei Hua. (Shanghai). Will probably get placed in a hospital next year.
   Hoa Thi. (Vietnamese). Will probably find work as a nurse's aide in the coming year.

4. Turkish: Havva. Will probably find work in a nursing home.
   Nuray. Found job in nursing home.
5. Other: Rafat. (Iranian). Has already started training at Concord hospital.

Observations
Of the 19 nurses listed (a 20th was not listed since she gained employment at Liverpool hospital early in the course), 1 was already employed in a hospital, 3 were accepted for training, a further 1 will be accepted when her P.R. comes through, and 1 found work in a nursing home. I am confident that a further 5 will gain employment in hospitals in 1986.

2. LENGTH OF COURSE AND INTENSITY

This was a standard 10 week course with classes being held for 3 hours every day. The students appreciated the intensive English, and the daily contact also gave them a very real chance to gain positive feedback both from me and from each other, which boosted their confidence - often the only crucial missing element.

3. OBJECTIVES (See Course Outline: Confidence vs Competence)

The main objective of the course was 1. to improve the students' level of English within the area of their profession, so that

   2. they would then gain enough confidence to approach the NRB, nursing homes and hospitals and be able to present themselves as very possible candidates for employment.

4. COURSE DESIGN (See Course Outline for description of content of the 10 weeks).

Since the course content is adequately dealt with in the Course Outline, I will draw attention here only to activities which proved of particular value when teaching English to nurses.

Language of drugs (use of prepositions/phrasal verbs)

An introduction to the language of drug-taking: 'He's on valium', 'She's addicted to...', 'He's giving up...', 'She's dependent on...', involved a discussion of the use of prepositions. (e.g. see attached worksheet)

Starting a conversation

As the students got to know each other, they were reminded that one of a nurse's most important duties is to talk to the patients and that they therefore needed to develop strategies for starting a conversation (for this we used 'Conversation Starters' from Notions in English.)
Explaining and Reassuring (includes understanding expressions of distress)

The functions of explaining and reassuring are also vital when the patient has only just been admitted to hospital. Survival English proved a good basic text for the teaching of all functions, but in many cases, as in this case, I would first ask the nurses to suggest what they would say from their own experience. I found that drawing on their own experience gave them the confidence to speak.

Talking on the telephone (Reporting/taking/leaving a message, asking for permission, apologising)

The aim here was to give the students confidence when talking on the telephone. I had noticed when speaking to the students myself on the phone before the course how nervous, abrupt and therefore rude they seemed. In order to get them to use the phone a bit during the course, I stipulated that they ring me or leave a message for me if they were unable to come at any time. The same rationale applied to telling me in advance if they needed a day off; or apologising for being late. At work, I pointed out, they would have to be able to deal adequately with all these situations, and only by practising them in the classroom could they gain confidence for real life!

In the context of being able to report phone messages, a lot of time was devoted to listening (here authentic hospital dialogues from RMIT's English for nurses.) where the students were required to take the message or report important information. These listening activities proved very popular and were followed up by listening clozes.

Taking a message also involved an ability to report, so we concentrated on reported speech in the following sessions. (Here Grammarwork 3 and 4 was a help).

Handovers (taking notes)

Using tapes from the S.A. self access course for nurses we started simple handovers in the context of the Children's ward. Since these handovers were very simple, the students could concentrate on the standard format of the handover and on how to effect the transition from the spoken to the written format. Thus:

'This is David Whitely. He's 10 years old. He's under Dr Concannon. He's admitted for bronchitis. He's on fluids.' became:

Name: ...... Age: ...... Dr: ...... Admitted for: ...... Diet: ...... etc.

In this context we also looked at report writing which also uses this short hand note form.
Use of student initiative: talking about past work experience/discussions

The programming of the course was arranged so that the first half of the course was oriented towards input, the second towards drawing on student initiative. Getting the students to prepare a written resume of their past work experience and then talking about this experience in small groups, was a way of using student input and also encouraging student exchange of experience - something which proved to be a very valuable part of the course.

Another very successful session where student initiative was required, was in a discussion on SUGAR. Each group of 4 students came forward with what they knew on the subject and collectively we all learnt a lot. The discussion was then followed up by listening to a radio talk on sugar (from RMIT material) and then answering questions on the talk.

Requesting and suggesting

These functions were only dealt with towards the end of the course.
1. Requesting help, advice, time off work, better hours, a change of shift - the kind of requests that can only be handled when one is feeling confident of one's English.
2. Suggesting came in the form of listening to a group discussion by nurses (S.A. English for Nurses, Unit 9) of a problem patient. The sister here was asking for suggestions and the nurses were each offering suggestions. The discussion also included forms of disagreeing, interrupting etc.

Summing up during last week of course

During this week the students discussed their plans for next year and made their own comments about how the course had helped them. (See appendix). This final week also included a video session of the film Caddie, which, centring on a series of very personal issues - divorce, a child in hospital, unemployment, hard times - seemed to somehow sum up and cover the kind of language so useful to the nurse: handling grief, distress and difficult times. It was a perfect way to end this course.

5. METHODOLOGY

Equal Teacher-Student Exchange

An ESP course necessarily involves synthesising two areas: here, the nursing knowledge and skills of the students, and English language skills.
Thus student and teacher are in the classroom as equals. For example, a class reading session used as its input an account one of the students had written about her experiences as a midwife in Turkey. It was a most moving story and gave rise to a lot of discussion.

**Teacher Input**

Necessary teacher input was confined to:
- provision of materials
- structuring of the learning environment (group work, pair work, class discussion, choice of topic)
- monitoring of progress

**6. EVALUATION**

The results of such a course are on-going and cannot be monitored instantly. I have asked all the students to keep in touch with me and contact me as soon as they gain employment. (For personal comments re course see appendix)

At the conclusion of the course I asked for suggestions for the following course. There was a general request for more medical English: terminology, hospital abbreviations, etc. I had steered away from these for fear of boring the students! Apart from this they expressed total satisfaction with the course.

**7. VALUE AND BENEFIT TO OTHER PROGRAMMES**

**Personal Advantages**

My course was intended not only as a language extension, but also as a confidence booster, so that the students would gain something of personal value out of the whole experience. With this aim in mind, I arranged a lot of 'socialising' in the form of morning teas to which staff were invited; invited guest speakers; had excursions to Parramatta VSB and to hospitals; and generally aimed at giving the students a well-rounded course where language learning was the focus but definitely not the only focus.

This approach was very effective for a profession-oriented course and many students who had entered the course withdrawn and lacking confidence in what they had to offer, became more confident and reassured. I made a point of reassuring them and indicating what confidence (not false) I had in them and this paid off. I did not expect my confidence-boosting to be so effective.
7.

Student-Student Feedback

The students gained a lot from meeting each other, exchanging experiences, and advising and helping one another, which included encouraging each other and giving confidence to each other. This kind of feedback was very strong in the class and in itself made the course and my bringing together of this group of nurses worthwhile.

Listening

A 'by-product' of this course was in my noticing how valuable listening exercises are for the language student. I did not require the students to go in cold and understand the authentic dialogues. Instead, I presented them with key expressions, ideas and questions, so that they, like the native speaker, were listening within a ready-made context. Listening allowed the students to attune their ears to Australian accents and voices. We also did a lot of exercises where the students were asked to make a note of key words and stressed words. All listening exercises proved very popular.
ENGLISH FOR NURSES

ORGANISATION OF THE THREE HOURS

9 - 9.15 RECALL of previous day's work (e.g. dialogues, functions, expressions)

9.15 - 10 INTRODUCTION OF TOPIC - i.e. CASUALTY, HANDOVERS, PHONE MESSAGES, NOTE-TAKING, FORM-FILLING etc.

plus learning activities e.g. group work, pair work, class discussion

10.00 5 minutes break

10.05- 11.00 or 11.15 LISTENING to authentic dialogues relating to the topic introduced.

- activities include predicting what will be said, filling out information sheets, taking notes, filling in forms, clozes

COFFEE BREAK 15 minutes

11.15- 12.00 This final time slot is devoted to a different but not unrelated topic e.g. listening to number dictation or common hospital abbreviations; drilling a structure such as reported speech ('the doctor told me to stop smoking'); discussion in groups.

i.e. Each day will include some form of drill, an introduction to something new, writing practice, listening to authentic dialogues, class discussion and recalling or recapping work already covered; conversation practice will take place mainly in groups or pairs.
ENGLISH FOR NURSES

COURSE OUTLINE

APPROACH

- All language will be presented in the context of nursing—in this case the hospital context. In this way the students will be starting from a common focus which has two advantages; first, the students will be instantly aware of how the language is relating to a concrete situation thus helping them to retain what they learn; second, they will have the confidence of knowing they have the skills and the knowledge of nursing which will help them in taking the initiative when faced with a language difficulty.

BASIC 'TOOLS' OF THE LANGUAGE OF NURSING

- at the beginning of the course, language acquisition will develop from a familiarity with some basic tools relevant to the language of nursing i.e.

  Medical terminology and abbreviations commonly used in hospital
  Filling in hospital admission forms (includes asking questions)
  Taking a phone message
  Understanding a handover
  Reassuring a patient in distress
  Explaining a procedure
  Persuading a patient to do something (also advising and suggesting)
  Reporting
  Asking someone to repeat information

- using authentic hospital dialogues as back-up and listening practice, the students will be encouraged to take their own initiative with these 'tools' and to move from a passive understanding to an active use of these language skills e.g. in problem solving in the nursing context, in giving instructions, in asking questions, in speaking over the phone.

CONFIDENCE VS COMPETENCE

- from the beginning students will be encouraged to develop confidence ahead of perfectly correct English. They will be encouraged to seize opportunities outside
the classroom to use what they have just learnt e.g. on the phone, when speaking with other students. This will help to give them a sense of getting somewhere which in turn will motivate them further to improve their language competence.

STRUCTURE OF THE 10 WEEKS

The course will have as its framework the 10 units of the course for nurses designed by TAFE S.A. but this will be heavily supplemented by authentic listening materials from RMIT's course for nurses, by materials produced by AMES in Tasmania in conjunction with the Royal Hobart Hospital, and with my own resources on the language of drugs, drug-taking, giving blood, smoking, health and lifestyle problems.

WEEK 1 - ADMISSIONS

- filling in forms
- asking questions
- articles of clothing
- filling in a menu (DIET)
- explaining and reassuring

WEEK 2 - WORKING IN A GENERAL HOSPITAL

- medical terminology
- taking and giving a phone message
- tests; the E.C.G. machine, blood tests, injections (explaining and reassuring)

WEEK 3 - WORKING IN A CHILDREN'S WARD

- typical dialogues from Hobart hospital
- this unit includes handover procedures (authentic dialogues from RMIT will be used) i.e. use of instructions and note-taking

WEEK 4 - WORKING FOR RETARDED AND ELDERLY PEOPLE

- this week will be devoted to conversation strategies e.g. cheering up, persuading, insisting, listening skills
WEEK 5 - CASUALTY

- this involves a lot of intensive nurse-patient contact: questioning, explaining, reassuring

WEEK 6 - PRE- and POST-OPERATIVE CARE: WORKING IN A MEDICAL WARD

- giving and receiving instructions
- medical jargon

WEEK 7 - MIDWIFERY

- note-taking
- authentic dialogues from RMIT
- dialogues from the Royal Hobart Hospital: A New Baby; Visiting

WEEK 8 - PROBLEM SOLVING in the nursing situation

- persuading
- complaining (e.g. about problems at work)
- gaining information
- at this stage the students will be asked to take the initiative a bit more

WEEK 9 - RADIO INTERVIEWS, DISCUSSIONS, WORK EXPERIENCE?

WEEK 10 - SUMMING UP and general COURSE EVALUATION

EXCURSIONS: DURING THE COURSE EXCURSIONS WILL BE MADE TO WESTMEAD HOSPITAL WHERE

THE NURSING EDUCATOR MAUREEN SAMPSON WILL TAKE GROUPS OF STUDENTS ON

TOURS OF DIFFERENT SECTIONS OF THE HOSPITAL.

- also a meeting will be arranged between hospital interpreters and students

so students can find out about the Australian hospital system in their own language, and discuss any problems.

VIDEOS: These will only be used as 'stimulus' for discussion e.g. a video provided by the School of Nursing at RNSH deals with Nursing as a Career: what does this involve?

ASSESSMENT: Principally individual assessment through take-home work, work experience and talking to students individually.
APPENDIX III

EXCURSIONS: 1. General tour of Westmead Hospital.
2. Tour of Intensive Care at Westmead.
3. Attendance at Royal North Shore Hospital open day.

GUEST SPEAKERS: 1. Joyce Hitchen to talk about
2. Sue Hogan to speak about her training and experiences as a nurse.

PRINCIPAL MATERIALS: 1. RMIT Self-Access English for Nurses (available from RMIT)
2. South Australia English for Nurses (available through CHAMES).
3. "Carmen, a hospital cleaner" (available through CHAMES).
4. Royal Hobart Hospital: dialogues (available through CHAMES).
5. Sounds and Silents Grammarwork
6. Last but not least my own materials prepared over the years, prepared during or inspired by the course, developed as a reference to the above materials 1., 2., 3., 4., and 5. (see Appendix IV.)
APPENDIX IV

Evaluation on the basis of spontaneous remarks from students

"Your course is fantastic" (Antonina)

"I'll never forget this course. I've learnt so much" (Rafat who has started training at Concord).

"I wish I'd done this course when I was doing my training" (Wanda, sister at Blacktown)

"I've been looking for a course like this for a long time" (Saquie, 2 years in Australia)

Formal Written Evaluation

"More excursions to hospitals" (Ursula) - we only had 3.

"I feel so much more positive after this course". (Halina)

"Listening to dialogues and handovers was the most helpful...This course has given me a lot" (Krystyna)

"I enjoyed this course a lot, not only for the English but also for myself. It made me more relaxed and happy." (Saquie)

"I could hardly thank enough for the teacher had helped me." (Hoa)

"I think this course was great!" (Betty)

N.B. Only Paz who came straight from an OA class felt she should have been in a 'lower' course. I did not agree with her. She lacked not English, but confidence.
APPENDIX V

MATERIALS PREPARED DURING COURSE: A SAMPLE
GIVE SYMPATHY, ENCOURAGEMENT AND SUPPORT (!) TO PEOPLE IN THE FOLLOWING SITUATIONS:

1. I FAILED MY NURSING EXAMS AT THE END OF THE PRE-REGISTRATION COURSE.

2. I LOST MY JOB AND I'VE BEEN WORKING THERE FOR 4 YEARS.

3. I HAD A CAR ACCIDENT ON THE WAY TO WORK.

4. I HAVE TO GO INTO HOSPITAL NEXT WEEK.

5. THE INTERVIEW WENT REALLY WELL, I THOUGHT, BUT I DIDN'T GET THE JOB.

6. I HAD A ROW WITH MY BOSS/ FRIEND/ HUSBAND/ WIFE.

7. MY HUSBAND/WIFE HAS LEFT ME!
WHEN YOU ARE TRYING TO ENCOURAGE SOMEONE OR TRYING TO GET THEM TO DO SOMETHING, YOU OFTEN SAY SOMETHING LIKE: "IF YOU DO THIS, THEN YOU'LL..." E.G.

1. IF YOU STUDY ENGLISH, THEN YOU WILL FIND IT EASIER TO GET A JOB.

2. IF YOU STUDY HARD EVERY NIGHT THIS WEEK, THEN YOU CAN GO OUT ON THE WEEK-END.

3. IF YOU DO A SIX MONTH TRAINING COURSE IN HOSPITAL, THEN YOU MIGHT GET A JOB IN THE SAME HOSPITAL.

4. IF YOU GO TO THE NURSES REGISTRATION BOARD, THEN YOU'LL FIND OUT IF YOUR QUALIFICATIONS ARE ACCEPTED IN AUSTRALIA.

5. IF YOU FEEL MORE CONFIDENT, THEN YOU WILL DO BETTER IN YOUR JOB INTERVIEW.

6. IF YOU TAKE THESE TABLETS, YOU'LL GET BETTER MORE QUICKLY.

7. IF YOU DON'T TAKE THIS COURSE OF TREATMENT, THEN YOU WON'T GET BETTER.

8. IF YOU DO MORE EXERCISE, THEN YOU'LL FEEL BETTER AND LOSE WEIGHT.

9. IF YOU STAY IN HOSPITAL JUST A LITTLE BIT LONGER, THEN YOU'LL FEEL BETTER WHEN YOU GET HOME.
SYMPATHISING

A. A: HELLO! HOW ARE YOU?
   B: NOT TOO BAD. BUT I HAVE TO GO INTO HOSPITAL NEXT WEEK.
   A: WHAT'S THE MATTER? WHAT ARE YOU GOING IN FOR?
   B: TWO DAYS AGO I SAW MY DOCTOR AND HE SUGGESTED I HAVE AN OPERATION FOR MY GALL BLADDER.
   A: I'M SO SORRY. BUT WHAT ARE YOU SO WORRIED ABOUT?
   B: I KNOW THIS IS A SIMPLE OPERATION. DON'T WORRY. I'M SURE YOU'LL GET BETTER AGAIN VERY QUICKLY.

(WANDA)

B. A: WHAT'S THE MATTER? YOU DON'T LOOK WELL.
   B: I'M UPSET ABOUT MY EXAMS. I FAILED MY NURSING EXAMS.
   A: THE EXAM IS REALLY HARD.
   B: OH, BUT IT IS VERY IMPORTANT FOR ME.
   A: YOU WORKED VERY HARD. YOU COULD TRY IT AGAIN.
   B: I'VE LOST MY CONFIDENCE.
   A: NO, YOU WERE AN EXPERIENCED NURSE IN YOUR COUNTRY. YOUR PROBLEM IS ENGLISH. SO WHY DON'T YOU IMPROVE YOUR ENGLISH FIRST AND THEN YOU CAN TRY IT AGAIN.

(PEI HUA, HUA, HALINA)
1. EXPLAINING AND REASSURING

A: I'M GOING TO GIVE YOU AN E.C.G.

B: WHAT'S AN E.C.G.?

A: IT'S AN ELECTROCARDIOGRAPH. THE MACHINE MEASURES THE RATE OF YOUR HEART.

B: DO YOU THINK THERE'S ANY PROBLEM WITH MY HEART?

A: I DON'T KNOW YET, BUT IT'S NOTHING TO WORRY ABOUT, I'M SURE.

B: WHEN WILL I GET THE RESULTS?

A: IT WON'T TAKE LONG. PROBABLY NEXT WEEK.

(HALINA, BETTY, ELENA, PEI HUA, TRAN HOA)

NURSE: MRS SMITH , I'M GOING TO GIVE YOU AN INJECTION.

PATIENT: WHAT ARE YOU GOING TO DO? I'M A BIT SCARED.

N: I'M GOING TO GIVE YOU A PENICILLIN INJECTION BECAUSE YOU HAVE A BIG INFECTION. THIS MEDICINE WILL RELIEVE THE PAIN.

P: YES, THAT WILL BE GREAT.

N: ARE YOU ALLERGIC TO PENICILLIN BY THE WAY?

P: NO, DON'T WORRY.

N: COULD YOU TURN ON YOUR RIGHT OR LEFT SIDE PLEASE? ...DON'T BE AFRAID... IT'S OVER. DID YOU FEEL ANYTHING?

P: NO. THANK YOU.

(IWONA)

P: GOOD MORNING.

N: GOOD MORNING. HOW ARE YOU TODAY?

P: I'M FEELING BETTER THAN A WEEK AGO.

N: NOW I'M GOING TO GIVE YOU A BLOOD TEST TO HELP US WITH DIAGNOSIS. I'LL take only A LITTLE BLOOD. YOU'LL FEEL A SMALL PRICK.

P: BUT I AM A LITTLE SCARED.

N: DON'T WORRY. ALL WILL BE WELL. GIVE ME YOUR ARM...ARE YOU READY?

P: YES, I AM. ...OUCH!

N: I'VE JUST FINISHED. TAKE THE COTTONWOOL AND PRESS IT WITH YOUR FINGER.

O.K. THAT'S IT.

P: THAT WASN'T TOO BAD AFTER ALL. THANK YOU VERY MUCH.

(URSULA, PAZ)
HANDOVER

NAME: TERRY COTTON
AGE: 7
DOCTOR: FISHER
ADMITTED FOR: STOMACH PAINS AND PYREXIA (HIGH TEMPERATURE)
DIET: LOW RESIDUE
MEDICATIONS: NONE
ANY SPECIAL INSTRUCTIONS: NONE
GENERAL CONDITION AT TIME OF HANDOVER: QUITE GOOD

NAME THE SPECIALIST:

A HEART SPECIALIST IS A
A FAMILY DOCTOR IS CALLED A
A SKIN SPECIALIST IS CALLED A
A DOCTOR WHO ADMINISTERS ANAESTHETICS IS A
AN ALLERGY SPECIALIST IS A
A PERSON WHO TAKES X-RAYS IS A
A DOCTOR WHO SPECIALISES IN BLOOD DISEASES IS A
A DOCTOR WHO OPERATES IS CALLED A
IF YOU BREAK YOUR ARM YOU SEE A
IF YOU ARE GOING TO HAVE A BABY YOU SEE A
A DOCTOR WHO TREATS PSYCHOLOGICAL PROBLEMS IS A
AN EYE DOCTOR IS CALLED A
A CHILDREN'S DOCTOR IS A
A PERSON WHO TREATS FOOT PROBLEMS IS CALLED A
PERMISSION

ASK PERMISSION TO:
1. SMOKE IN THIS ROOM
2. SIT HERE
3. make a phone call/use someone's phone
4. PARK YOUR CAR IN THE CARPARK
5. use someone's pen
6. LEAVE SCHOOL/WORK EARLY
7. COME LATE TO WORK/SCHOOL
8. HAVE A DAY OFF.

QUESTIONNAIRE

WHEN YOU COME TO ENGLISH CLASSES, WHICH ACTIVITIES HELP YOU MOST TO IMPROVE YOUR ENGLISH:

1. writing
2. listening and answering questions
3. discussions in small groups
4. class discussions
5. conversations in pairs
6. reading aloud
7. reading and answering questions
8. dictations
NURSE REASSURING AND EXPLAINING TO A PATIENT ABOUT AN OPERATION (TAPESCRIP)

NURSE: WELL, THAT WAS GOOD NEWS WASN'T IT?

PATIENT: MNN... ABOUT GOING HOME WAS BUT I'M NOT TOO KEEN ON THE IDEA OF BEING OPERATED ON.

N: WELL, THE DOCTOR SAID ONLY IF IT'S NECESSARY.

P: YES, BUT I'M 92!

N: A VERY FIT 92. YOU HEARD THE DOCTOR SAY THAT.

P: ISN'T IT DANGEROUS FOR OLD PEOPLE TO HAVE ANAESTHETICS?

N: THE DOCTOR DOESN'T SEEM TO THINK IT'D BE DANGEROUS FOR YOU. HE WOULDN'T HAVE SUGGESTED IT OTHERWISE.

P: WELL...

N: HE MUST THINK YOU'RE FIT ENOUGH TO HAVE SURGERY. THAT'S WHY HE'S ASKED THE SURGEON TO SEE YOU NOW.

P: I REALLY DON'T THINK IT'S WORTH ALL THE BOther HAVING AN OPERATION AT MY AGE. WHY DON'T YOU JUST LET ME DIE?

N: OH, YOU DON'T REALLY MEAN THAT DO YOU? IF YOU HAD ANOTHER ATTACK LIKE THE LAST ONE, IT COULD BE REALLY SERIOUS FOR YOU. IT'D BE MUCH BETTER THEN, IF THEY OPERATED AND REMOVED THE GALL STONE. YOU'D GET OVER THE OPERATION MORE QUICKLY THAN IF THEY TRIED TO SHIFT THE STONE LIKE THIS TIME AND YOU WOULDN'T HAVE THE TROUBLE AGAIN.

P: OH, I SUPPOSE THERE'S THAT about it.

N: ANYWAY, WHY DON'T YOU SEE WHAT THE SURGEON HAS TO SAY WHEN HE COMES. YOU COULD ASK HIM ABOUT THE OPERATION TOO.

NOTICE HOW THE NURSE EXPLAINS TO THE PATIENT USING "IF...THEN ...". ALSO HOW SHE FINISHES THE CONVERSATION WITH A HELPFUL SUGGESTION "ANYWAY, WHY DON'T YOU...

VOCABULARY
I DON'T THINK IT'S WORTH THE BOTHER = TROUBLE.

YOU DON'T MEAN THAT DO YOU?

GET OVER AN OPERATION= RECOVER FROM AN OPERATION

WHY DON'T YOU = A SUGGESTION
NURSE REASSURING AND EXPLAINING TO A PATIENT ABOUT AN OPERATION (TAPESCRIPT)

NURSE: WELL, THAT WAS GOOD NEWS WASN'T IT?

PATIENT: MNN... ABOUT GOING HOME WAS BUT I'M NOT TOO KEEN ON THE IDEA OF BEING OPERATED ON.

N: WELL, THE DOCTOR SAID ONLY IF IT'S NECESSARY.

P: YES, BUT I'M 92!

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NOTICE HOW THE NURSE EXPLAINS TO THE PATIENT USING "IF...THEN ...". ALSO HOW SHE FINISHES THE CONVERSATION WITH A HELPFUL SUGGESTION "ANYWAY, WHY DON'T YOU..."

VOCABULARY

I'M NOT TOO KEEN ON THE IDEA OF BEING OPERATED ON.
EXPLAINING AND REASSURING

NURSES HAVE TO DO A LOT OF EXPLAINING AND REASSURING: THEY HAVE TO EXPLAIN TO THE PATIENT WHAT IS GOING TO HAPPEN AND THEN THEY HAVE TO REASSURE THE PATIENT.

Now, think about how you would explain to and reassure a patient about:

a) giving an E.C.G.

b) taking blood

c) giving an injection

d) a major operation the patient has to undergo?
NURSE SPEAKING TO PATIENT:
A. WHAT'S THE MATTER? YOU DON'T LOOK WELL.
B.
A. WHAT ABOUT?
B.
A. OH! IS THAT ALL?
B.
A. DON'T WORRY ABOUT IT.

NURSE SPEAKING TO ANOTHER NURSE:
A.
B:
A:
B:
A:
B:
EXPLAINING AND REASSURING

NURSES HAVE TO DO A LOT OF EXPLAINING AND REASSURING: THEY HAVE TO EXPLAIN TO THE PATIENT WHAT IS GOING TO HAPPEN AND THEN THEY HAVE TO REASSURE THE PATIENT.

Now, think about how you would explain to and reassure a patient about:

a) giving an E.C.G.

b) taking blood

c) giving an injection

d) a major operation the patient has to undergo?
COMPLETE THESE SENTENCES WITH IN OR ON

1. YOUR APPOINTMENT IS __ MONDAY.
2. YOU HAVE TO COME __ THE MORNING.
3. WHAT TABLETS ARE YOU __?
4. HE'S __ CASUALTY. __
5. THE PATIENT IS __ A DRIP.
6. AFTER THE ACCIDENT SHE WAS __ A COMA.
7. THEY WERE INVOLVED __ A CAR ACCIDENT.
8. THE TRIAGE NURSE GIVES PRIORITY TO THE PATIENTS DEPENDING __ HOW CRITICAL THE CASE IS.
9. YOU CAN REACH ME __ EXTENSION 439.
10. CONTACT HER __ 899 3484.
11. THE PATIENT IS __ A LOW FAT DIET.
12. WHERE CAN I FIND INTENSIVE CARE? IT'S __ LEVEL 1, __ WARD 16.
13. COULD YOU COLLECT YOUR TABLETS __ HALF AN HOUR?

ONE OF A NURSE'S MOST IMPORTANT DUTIES IS TALKING TO THE PATIENTS. HOW WOULD YOU START A CONVERSATION WITH A PATIENT:

1. ABOUT THE WEATHER
2. ABOUT HOW THE PATIENT IS FEELING
3. ABOUT HOW MANY VISITORS THE PATIENT IS GETTING
4. TO CHEER THE PATIENT UP

CONVERSATION STARTERS
"SHOCKING WEATHER, ISN'T IT?"
"LOVELY WEATHER, ISN'T IT?"
"IT'S COLD FOR THIS TIME OF YEAR ISN'T IT?"
"FANTASTIC WEATHER ISN'T IT?"
"TURNED OUT NICE AGAIN HASN'T IT?"
TOPIC FOR DISCUSSION

EACH STUDENT MUST PREPARE A 5 TO 7 MINUTE TALK ON THEIR WORK EXPERIENCE IN THEIR OWN COUNTRY. THEY WILL GIVE THIS TALK TO SMALL GROUPS OF THREE OR FOUR OTHER STUDENTS. EACH STUDENT MUST ALSO WRITE OUT A COPY OF THE TALK THEY WILL GIVE FOR ME TO CHECK. WHEN YOU GIVE YOUR TALK YOU WILL NOT BE ALLOWED TO READ BUT YOU CAN USE NOTES. REMEMBER, WHEN YOU TALK ABOUT YOUR PAST EXPERIENCE YOU MUST USE THE PAST TENSE!
DRUGS

WE ALL KNOW WHAT DRUGS ARE. THERE ARE THE DRUGS WE ALL TAKE EVERY DAY: COFFEE, TEA, TOBACCO, ALCOHOL AND ASPIRIN. THERE ARE THE SO-CALLED 'SOFT' DRUGS LIKE MARIJUANA AND THEN THE 'HARD', DANGEROUS DRUGS LIKE LSD. THE PROBLEM WITH DRUGS IS THAT THEY ARE HABIT-FORMING. WE CAN QUICKLY COME TO DEPEND ON A DRUG. IF WE ARE UNLUCKY, WE BECOME ADDICTED. DRUG ADDICTS LIKE TO REPEAT THE WONDERFUL EXPERIENCE OF BEING 'HIGH', BUT THIS IS USUALLY FOLLOWED BY THE FEELING OF BEING VERY 'LOW'. IT IS VERY DIFFICULT TO GIVE UP DRUGS, EVEN SOMETHING HARMLESS LIKE A CUP OF COFFEE IN THE MORNING!

VOCABULARY

1. problem 2. unlucky 3. high 4. soft 5. of 6. addicts 7. give up
8. habit 9. depend on 10. take 11. by 12. in 13. experience 14. of
15. hard 16. addicted 17. low

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