UNIVERSIDAD DE COSTA RICA

SISTEMA DE ESTUDIOS DE POSGRADO

FIRST AID ENGLISH: A SURVIVAL ENGLISH FOR SPECIFIC PURPOSES COURSE FOR NURSING STUDENTS

Trabajo final de investigación aplicada sometido a la consideración de la Comisión del Programa de Estudios de Posgrado en la Enseñanza del Inglés como Lengua Extranjera para optar al grado y título de Maestría Profesional en la Enseñanza del Inglés como Lengua Extranjera.

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Ciudad Universitaria Rodrigo Facio, Costa Rica

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Dedicatoria

“If the fire in your heart is strong enough, it will burn away any obstacles that come your way.”

—Suzy Kassem

To all those who supplied fuel for our fire.

Agradecimientos

We would like to thank and dedicate this project to all those who accompanied us throughout this process:

Our students for their commitment, hard work, and passion for knowledge.

Our professors, who patiently guided us through this path.

Our families for their understanding, encouragement, and unconditional support.

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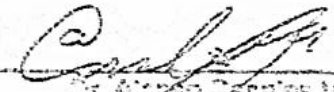

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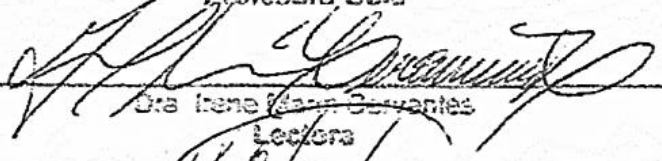

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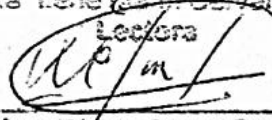

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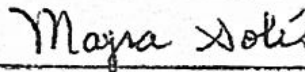

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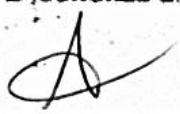

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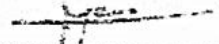

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Table of Contents

Resumen

El aprendizaje de idiomas basado en tareas toma el concepto de tareas de la vida real como el aspecto central de la enseñanza de idiomas. Esto está profundamente relacionado con el énfasis dado por los enfoques ESP a las necesidades específicas del lenguaje de un grupo particular de estudiantes. Una fusión de estos dos puntos es la génesis de un plan de estudios en el que cada tarea dentro del ciclo de tareas se enfoca en las habilidades clave del lenguaje necesarias para completar con éxito el objetivo. Los estudiantes de inglés que se especializan en Enfermería deben dominar el vocabulario y las estructuras gramaticales relacionadas con este campo de estudio, no solo para cumplir sus tareas como estudiantes, sino también para proporcionar un servicio de salud de alta calidad a los pacientes de habla inglesa que necesiten su ayuda durante su labor como enfermeros y enfermeras. Este estudio examina a un grupo de estudiantes principiantes e intermedios matriculados en un curso de inglés con fines específicos para estudiantes de enfermería en la Universidad de Costa Rica. Se aplicó un cuestionario, entrevistas personales y una prueba de diagnóstico antes del diseño del plan de estudios del curso. Se utilizaron observaciones, hojas de conteo y rúbricas para recopilar datos sobre la efectividad de las tareas previas una vez que se realizó el curso. Los resultados de este estudio muestran que eventualmente las tareas previas demostraron ser efectivas para preparar a los estudiantes para tareas orales en términos de vocabulario y estructuras gramaticales, independientemente del nivel de competencia de los estudiantes. Después de un análisis a profundidad de los resultados, también se presentarán algunas recomendaciones para promover la adquisición de estructuras de gramática y vocabulario en contextos ESP.

Palabras clave: Aprendizaje basado en tareas, ESP, vocabulario, estructuras gramaticales, tareas previas, tarea principal, tarea de evaluación oral

Abstract

Task-Based Language Teaching considers the real-life task to be performed by learners as the core aspect of language teaching. This is deeply related to the emphasis given by the ESP approaches to the specific language needs of a particular group of learners. A fusion of these two views is the genesis of a curriculum in which each task within the task cycle targets key language skills necessary to successfully perform the desired outcome. English students majoring in Nursing need to master salient field-related vocabulary and grammar structures not only to fulfill their role as students but also to be in a better position to provide a high quality health service to English-speaking patients likely to require their assistance during their nursing careers. This study examines a group of beginner and intermediate students enrolled in an English for Specific Purposes course for Nursing students at the University of Costa Rica. A questionnaire, personal interviews, and a diagnostic test were applied prior to the design of the course curriculum. Observations, tally sheets, and rubrics were used to collect data about the effectiveness of pre tasks once the course was taking place. The results of this study show that eventually pre tasks proved to be effective to prepare students for oral tasks in terms of vocabulary and grammar structures regardless the students' proficiency level. Following an in-depth analysis of results, some recommendations for promoting vocabulary and grammar structures acquisition in ESP contexts will be also presented.

Keywords: Task-based teaching, ESP, vocabulary, grammar structures, pre tasks, main tasks, oral assessment tasks

List of Tables

List of Figures

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For the last twenty years, the Master's program in Teaching English as a Foreign Language from the University of Costa Rica has graduated professionals in the field of English teaching. As a requirement to graduate from this program, students have to develop a graduation project that allows them to apply knowledge gathered during the previous ten courses taken. This project of applied research is divided into two courses: Course Design and the Practicum. During the first course, students create a completely original course adapted to the population assigned to each group of student teachers; during the Practicum, they teach the course and conduct research based on the results of the implementation of it. However, in order to design the course, a needs analysis must be conducted first. This needs analysis gathers results on the students' needs, lacks, and wants in terms of English applied to their specific academic and professional field. Moreover, the results from a diagnostic test are contrasted with this information in order to tackle on the linguistic aspects most needed by students.

For this project, the population assigned is nursing students. Although previous English for Specific Purposes courses for nursing students have been taught as part of this Master's program, no two groups of students are the same. Experience, age, specialization, learning interests, and learning techniques change the way a course is designed. For this reason, a thorough study of the students' profiles and language needs is required to take the most advantage of an ESP course. This report gathers a needs analysis of the population under study, the syllabus designed based on those needs, and an assessment of the effectiveness of the course in terms of grammar and vocabulary.

Chapter I: Needs Analysis

According to Graves (2000), needs analyses represent “a dialogue between the teacher and the learners and among the learners” (p. 98). This dialogue is what makes a needs analysis relevant because it not only includes suggestions and perceived needs from stakeholders (teachers and coordinators) but also gives students the opportunity to identify their own abilities, attitudes, and necessities. The integration of all these data from both sources is reflected in the careful selection of feasible and well-focused goals that this specific group of nursing students should achieve by the end of the course.

Furthermore, for nurses and nursing students, learning English is paramount since it contributes to their academic research and expands their future job opportunities. In terms of research, nursing students at UCR have access to *Science Direct*, a database that gathers articles about health sciences. Specifically for nursing, this database allows them to access 90 different journals. However, only four of them are in Spanish, and 83 are written in English (Elsevier, 2019). If students have not developed reading skills in English, they may be at a disadvantage because their sources of information would be very limited. In addition, the medical and wellness field in Costa Rica has been experiencing drastic changes due to the growth of medical tourism. Because of the quality of professionals and the affordability of treatments and surgeries, many foreigners choose Costa Rica as their medical destination. In fact, 48,000 tourists visited this country for medical purposes in 2001, and this type of tourism generated 20,000 jobs (Ministerio de Salud, 2013). Because of this new trend in tourism, nurses who

have an excellent command of English may have more opportunities in terms of their future jobs.

In order to design a specific course for nurses that are embedded in the aforementioned context, the following needs analysis has the purpose of defining specific language needs for nursing students to improve their performance in both their academic and professional lives.

A. General Description of the Field

The assigned population corresponds to students from the Nursing School at the University of Costa Rica. According to the American Nurses Association (2019),

> Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; facilitation of healing; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, groups, communities, and populations. (n.p.)

Therefore, the tasks that nurses have to conduct are numerous but mostly related to safeguarding public health. As stated by the American Nursing Association (2019), nurses have to integrate “objective data with subjective experience of a patient’s biological, physical and behavioral needs” (n.p.) in order to offer the best possible care to any patient.

The specific tasks that nurses perform vary according to each type of nurse, but in general, they play a major role during the assessment, diagnosis, planning,

implementation, and evaluation of treatment in both inpatients and outpatients. Their functions may go from basic tasks such as changing bandages, checking vital signs, making sure that patients are comfortable, well fed and hydrated to more advanced functions such as performing physical exams and health histories, administering medications and other interventions, coordinating care with other professionals, treating and diagnosing illnesses, as well as providing health promotion, counseling, and education (American Nurses Association, 2019, n.p.).

In the case of nursing students at the University of Costa Rica, they are trained to analyze and understand health issues at a national, regional, and local level. They must conduct research about health issues and their possible solutions within a community or institution. In addition, they must treat patients as holistic individuals by providing them with nursing care during all stages of their life cycle. Finally, they must administer health services as part of the national health system (Escuela de Enfermería, 2016, n.p.). After students finish their *Licenciatura* program, they can choose one or more specializations by enrolling in the different master's programs that the Nursing School offers. According to UCR's Sistema de Estudios de Posgrado (2016), students may choose their specialization among eight options that correspond to one academic master's program and seven professional ones: Nursing Sciences; Oncology Nursing; Obstetric, Gynecologic, and Neonatal Nursing; Occupational Health Nursing; Mental Health Nursing, Pediatric Nursing; Surgical Nursing; and Child and Adolescent Nursing.

Many ESP studies (Alfaro Alpízar & Ross, 2017; Freihat & Al-Makhzoomi, 2012; Kemp, Jiménez Aguilar, & Ortega, 2007; Saragih, 2014; Rosenzweig et al.,

2012; Leonhardes Hernández et al., 2006) have offered valuable insight into the possible communicative tasks that nurses are likely to perform in English. They include conducting patients' admission, interviewing patients (introductions, small talk, taking patients' medical history), educating the patient (explaining laboratory tests, explaining surgical and care procedures before, during, and after them, reading pathology reports to patient, explaining drug interactions), and calming a patient (responding to their feelings, showing empathy, talking to family members). They would need language functions that include giving advice, giving instructions, checking understanding, restating information provided by a patient, clarifying information and summarizing information. For these tasks, nurses may require certain texts such as registration forms, patients' medical histories, and written instructions before, during and after the treatment. Most of these tasks are done face to face, but some nurses have to communicate through phone calls. In Costa Rica, they would perform such tasks in some hospitals (CIMA, Hospital Clínica Bíblica, Clínica Católica, to name a few) that admit foreign patients and are known for attracting medical tourists to the country.

Furthermore, nurses must develop several competences. According to the Oncology Nursing Society (2012), three of these competences are caring, effective communication, and emotional intelligence. Hence, nurses must learn to communicate their ideas in a clear way when explaining procedures, treatments, and medication in order to avoid confusion or compromising a patient's life because of sloppy or inaccurate instructions. Moreover, nurses must go beyond verbal communication; their facial expressions, gestures, and tone of voice must

show solidarity, understanding, and empathy towards the patient. Since nurses deal with delicate issues about people's lives and health, they must express their ideas and feelings in the most polite and respectful manner.

B. Methods

This section describes the process that was used to collect data and analyze information in the search to define students' needs. In order to achieve this goal, this section is divided into four subsections that provide details about a) context, b) participants, c) the data collection instruments and how they were administered, and d) data analysis procedures. Prior to describing the subsections mentioned above, it is necessary to define the approach followed in this project. According to Creswell and Clark (as cited in Cameron, 2014), a mixed methods research project is one that employs philosophical principles to guide the collection and analysis of data. Creswell and Clark (as cited in Cameron, 2014) highlight that in mixed methods research the "central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems that either approach alone" (p. 4). In line with this definition, the present analysis follows a mixed-method approach that combines the averages obtained from the questionnaire responses as well as the perceptions stakeholders and students have about their needs, wants, and lacks of the language. Cross-checking the quantitative data obtained in the survey with the opinions and perceptions that learners expressed in the open-answer questions as well as in later personal interviews aid to collect more accurate details about the students' real needs.

1. Context

Data for this needs analysis was collected from nursing professors and students who are enrolled in the Nursing Bachelor and *Licenciatura's* program as well as in any of the Nursing Master's programs offered at the main campus of the University of Costa Rica located in San Pedro, Costa Rica. The Nursing School is currently located at the "Ciudad de la Investigación," and it was founded on March 1st, 1917 (Escuela de Enfermería, 2016, n.p.). Since 1917, thousands of students have obtained their Nursing degree at this site, and the population for this needs analysis belongs to this higher education institution.

2. Participants

Data was collected from 2 nursing professors and 24 students. The two professors offered their insights on their students' needs since both hold positions as coordinators of different nursing programs at UCR. Both are experienced nurses and have been professors at this institution for more than 20 years.

In the case of students, they were chosen by convenience. According to Alvi (2016), convenience sampling or opportunity sampling is used when the researcher chooses participants who are easy to approach and represent a broad category; in this case, the target population was nursing students from any program or specialization available at UCR. Emails with information about the course were sent to the Nursing School, and three posters were placed around the Nursing building. After two days, over 35 students showed interest in taking the course. However, only 24 were selected because they completed the mandatory questionnaire and diagnostic test.

Students' ages range from 18 to 34 years old. However, the majority (38.10%) are between 21 to 23 years old. Sixteen students are part of the B.A. and Licenciatura in Nursing and eight of them study in a master's program either in Obstetric, Gynecologic and Neonatal Nursing, in Mental Health Nursing, or in Occupational Health Nursing. Additionally, 70.83% of the participants are not currently working while 29.17% work and study at the same time. From this percentage of students who are currently working, five of them work at different hospitals from the Costa Rican Public Health System (CCSS for its acronym in Spanish) and one of them works in a field not related to health. In terms of students' previous background in English, 60.87% of them have not received any English class after high school. Only seven students have taken English lessons during a period of three months to a maximum of two years. However, one student highlighted that she has not taken English lessons for over six years. Other students mentioned that they have been independent learners of English and have practiced it informally with friends, family members, or Internet resources. Although this small sample is not representative of nursing students at UCR, it provides variety in terms of students' age, experience in the major, and specializations.

3. Instruments and procedures

a. Interviews with stakeholders

The analysis of learners' needs entails a process of asking the correct informants the correct questions. Through this questioning process, Hutchinson and Waters (1987) point out that "it is obviously necessary to obtain answers to the questions from a variety of sources and then try to negotiate . . . a satisfactory

compromise" (p. 60). This means that learners are not the only source of information to take into consideration when trying to specify learners' needs. In agreement with Hutchinson and Waters' claim, Jordan (1997) affirms that ESP course designers should analyze the needs of "the sponsor, the subject specialists, the language course designer and teachers, and the students" (p.15). Parallel to the previous statement, Graves (2000) argues that *perceived needs* are "the way the needs are viewed by the teachers, the institution and other stakeholders" (p. 38). From these authors' contributions, it can be concluded that nursing specialists and the nursing major stakeholders can certainly provide valuable insights to reinforce the understanding of learners' needs.

The reflection above leads to the design of the first instrument, which consisted of a semi-structured interview with a total of 8 questions (See Appendix 1). The usefulness of a semi-structured interview relies on what Cohen, Manion and Morrison (2004) underline as one of the main traits of this kind of survey: it "sets the agenda but does not presuppose the nature of the response" (p. 248) since this was an exploratory phase. Additionally, McKay (2006) explains that in an "*interview guide approach* the interviewer designs a series of questions to ask each participant in order to make certain that the same topics are covered with everyone" (p. 52). Considering the advantages of having a clear set agenda to cover with the different stakeholders but not limiting the kind of responses they could provide, the semi-structured interview was conducted with two professors from the Nursing School: the coordinator from the Master's program in Oncology Nursing and the director of Postgraduate Nursing Studies. They were contacted by

means of their secretary, and they willingly accepted to meet. The meetings were conducted on March 29, 2019 and lasted about 40 minutes each. The purpose of these interviews was threefold. First, stakeholders were informed about this project and its possible benefits to the population. Then, they provided background information about the major, the courses that all graduate students have in common, and the functions most nurses perform. Finally, they specified the different needs and skills that their students must develop in English to be successful in the nursing field.

b. Questionnaire for learners

An informative questionnaire was devised with the objective of gathering information from the potential students (See Appendix 2). The questionnaire consisted of five main sections with a total of 17 questions, and it takes approximately 15 minutes to complete it; each section was intended to collect specific information related to the learners' needs. Section A was meant to collect personal information about the learners' age, the nursing program in which they were enrolled, their labor status, and their motivations to participate in the English course. Section B gathered information about the previous knowledge of the English language the potential learners have. Section C was intended to collect data about the nursing students' current needs of the language. Embedded in this section, participants were also requested to provide information about their lacks in the language by answering questions related to the areas and skills that represent higher difficulty to them. Section D was focused on the learners' future needs for the language once they get a position in any health care institution. Finally, Section

E was designed to shed light on the learners' wants and expectations of the English course as well as to obtain general information about the potential students' learning preferences.

The questionnaire was administered to the nursing students who had shown interest in enrolling the English course. An email with the description of the course and the purpose of the questionnaire was sent to each student's email address. This email provided a link for students to access the online form and reply with their responses. This informative questionnaire was completed by 37 students from the Nursing School. Responses were gathered during a period of five days and after this period, the information was compiled in order to be analyzed.

c. Follow-up interviews with learners

After administering the questionnaires, some patterns were perceived in the results that needed confirmation. In line with this, Graves (2000) states that "needs assessment is a systematic and ongoing process of gathering information about students' needs and preferences" (p. 36). This ongoing process ends up being also cyclical in nature because after interpreting the information originally gathered, the researcher may require going back to collect new or further information needed to reach a deeper understanding of students' needs (Graves, 2000). For this reason, a follow up interview was conducted (See Appendix 3). These interviews took place after the oral segment of the diagnostic test, and they lasted about six minutes. Seven people were selected for this follow-up because either they had chosen the most common answers, or they selected an unexpected one. Hence, the questions asked to each participant were personalized; however, most of them

focused on confirming and expanding the tasks that they are likely to perform in English. Most questions were related to the context, topics, frequency, and other key factors. The combination of these answers provided valuable insight to understand the context that surrounds the use of English in students' lives.

d. Checklists for written documents

According to Dudley-Evans (2000), "the texts used in particular specialist environments . . . have particular characteristics that distinguish them from other texts and from the generalized summaries of linguistic features that arise from an approach to text analysis that uses a corpus of differing texts (p. 2). For this reason, it is necessary to analyze its particularities in detail in order to prepare students to deal with such specialized texts. In order to approach nursing-specific texts, two different instruments were developed. They consisted of a checklist for two different text genres. The checklists for scientific articles (See Appendix 4) and for medicine instructions (See Appendix 5) consist of a list of common moves and steps as well as linguistic features such as lexicon, grammar, register, and cohesive devices (Dudley-Evans, 2000). The different text samples provided by the stakeholders and students were analyzed based on the specific parameters of each genre as stated in their correspondent checklist.

4. Data Analysis Procedures

The gathered data was analyzed following the chronological order in which the instruments were applied. The first information available was the responses from the interviews with the stakeholders. Since these were semi-structured interviews that lead to varied responses, student teachers got together to

summarize the main aspects and analyze all relevant data that needed consideration or further confirmation. Once the salient aspects from the interviews were examined, attention was focused on the learners' questionnaire responses. In accordance with a mixed-methods research approach, the questionnaire incorporated quantitative and qualitative items. In regard to quantitative data, responses were grouped and the means and percentages that each question represented were calculated. Aiming at facilitating the procedures, each student teacher was in charge of computing the results of one different section of the questionnaire. When the information was organized in percentages, means, averages, and figures, the three students teachers worked together to extract the most relevant elements that could be deduced from the obtained numbers. Regarding the qualitative data analysis, sections were also divided among the three student teachers; nevertheless, the process to interpret the results varied from the one applied for quantitative data. Referring to qualitative data analysis, McKay (2006) argues that this type of analysis "is deductive, using the data gathered to arrive at general conclusions rather than making hypotheses during the initial phase of the study" (p. 8). In accordance with this statement, the entire corpus of participants' responses was analyzed for general themes. This analysis was done following an inductive approach since the main categories emerged after revising the main patterns from the data. This analysis process shed light on the students' needs, wants, and lacks.

Finally, it is worth mentioning that triangulation of data collection instruments and researchers was used in order to ensure objectivity. McKay (2006) indicates

that two ways in which researchers can achieve credibility when using qualitative data is by “the use of various sources of data and research methods in their study” (p. 13), and by using “peer debriefing or discussions with peers about the research” (p. 13). Following these considerations, three different data collection instruments were devised and used in order to obtain reliable information, and perspectives from each of the three student teachers were discussed in order to achieve credibility.

C. Results and discussion

1. Interests of stakeholders

The meeting with the stakeholders provided concrete results in terms of their perception of students’ language needs and their interests as coordinators of postgraduate programs.

Reading: Both stakeholders agreed that reading has to be the main priority, if not the only one, during the course. The reason behind this request lies on the emphasis that most master’s programs at UCR give to research. For instance, students must read the most updated articles from international nursing journals. Unfortunately, this information is rarely translated into Spanish, so students must read the articles in English because at least 50% of texts are written in that language. In fact, in some courses, all readings are in English. This becomes an obstacle for students who are not proficient in the language. In addition, the stakeholders stated that students usually read articles in English about the following areas, which are found in all nursing programs: epistemology,

epidemiology, healthcare management, nursing governance, preventative health care, primary care, and self-care.

Listening: In terms of listening skills, students do not often go to conferences and lectures in English. Most audiovisual materials are not in this language either. For this reason, the stakeholders do not consider listening as an important skill to develop, unless it is linked to speaking. This means that students are more likely to listen to patients during their spoken interaction than through any other means or situations.

Speaking: Although both professors were emphatic on the fact that the course should be about reading, they consider that teaching some basic speaking tasks related to the patient's care process would be beneficial for their students. These tasks should include greeting the patient, asking for their symptoms, asking for basic needs (sleeping, eating, bowel/bladder needs), asking for the types of pain and interpreting expressions of pain, explaining basic procedures such as wound care and administration of medicine. In addition, nurses should be able to clearly explain to the patient the position that they must take (Trendelenburg's position, reverse Trendelenburg's, and lateral position). In the end, they consider it important to include speaking tasks simulating those basic patient-nurse interactions mostly because a few students already work at private centers where they deal with foreign patients on a daily basis. In fact, according to the Oncology program coordinator (personal communication, March 29, 2019), seven students from Oncology Nursing work at Hospital CIMA, Hospital Clínica Bíblica, and Hospital la Católica.

Writing: According to both stakeholders, students never write in English. Thus, writing tasks should not be a goal in this English course.

2. Group profile

a. Current and potential participants' positions

Out of the seven participants who are currently working, six of them hold the position of auxiliary nurse at health centers such as Hospital del Trauma, Hospital Calderón Guardia, Hospital San Rafael de Alajuela, Hospital de Niños, and Hospital Metropolitano, which is a private health center. However, in the future, nursing students could have any of the possible eight nursing positions. According to Colegio de Enfermeras Costa Rica (1989), these nursing positions are general nurse, nurse unit manager, specialized nurse, nurse supervisor, assistant nursing director, nurse director, head of nursing in regional institutions, and head of nursing at national institutions (p. 3). In addition to these positions, nursing students can work as company nurses, home nurses, school nurses, instructors, or researchers.

b. Students' needs

i. Immediate needs for nursing students

When students were asked to rank the frequency with which they perform certain tasks in English, most of them showed a consistent pattern which is explained below for each macro skill. Figure 1 shows students' responses in this respect.

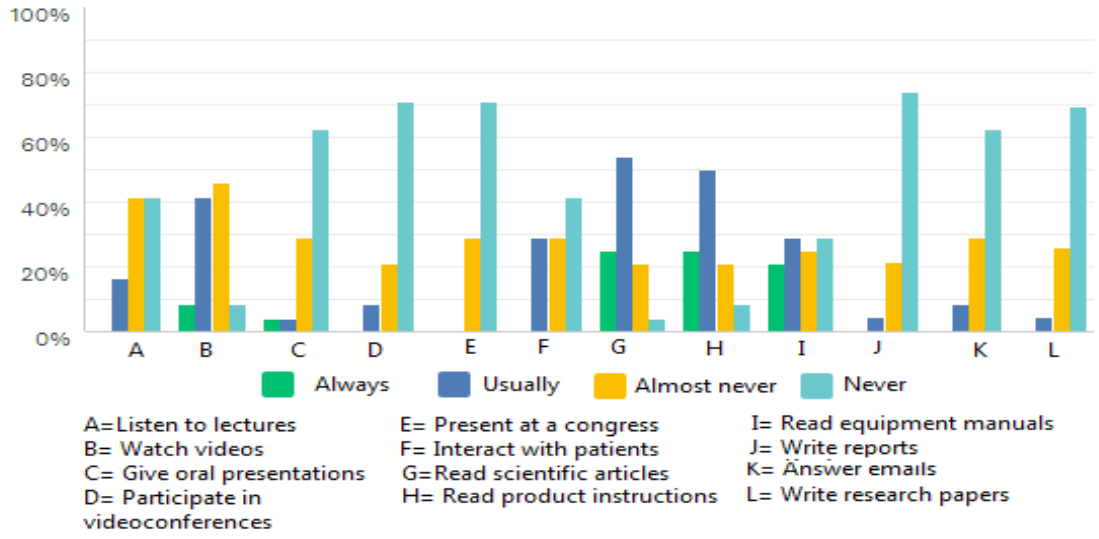

Figure 2. Frequency of nursing-related tasks performed in English according to students

Listening: Most students claimed that they never (41.67%) and almost never (41.67%) listen to lectures or conferences in English; in addition, 45.83% claimed that they almost never watch videos about nursing. For this reason, listening tasks are not considered crucial students' needs.

Speaking: In the case of students' present speaking needs, four possible tasks were given as options: videoconferences, presentations in congresses, class presentations, and interaction with patients. The first three tasks were rated negatively among students since 70.83%, 70.83%, and 62.5%, respectively, claimed that they have never performed such tasks in English. Interestingly, oral presentations in class were marked by two students as common tasks. When asked to corroborate this information, they mentioned that during any nursing presentation in Spanish, they must read quotes in English as a requirement; hence, for a few seconds, they must use English to provide evidence of their

claims. Additionally, 29.17% participants mentioned that they usually interact with patients in English to provide evidence for their claims. Although most students are not working, they take part of clinical rotations where they may face an English-speaking patient. On the other hand, most students who are currently working shared their experiences interacting with patients. For instance, one participant worked for Hospital Clínica Bíblica for a year, and she had to interact with foreign patients on a daily basis. Another one interacted with an Australian patient, and she had to explain medication and the injections that the patient needed. One participant mentioned that she once assisted a Jamaican woman that was in labor. However, most situations were brief interactions with patients in the Emergency Room. When asked about their performance, participants mentioned feeling scared and embarrassed since the message was not always transmitted accurately, and on most occasions, it consisted of mainly gestures.

Reading: The tasks that were ranked as the most common ones are in the category of reading. Participants claimed that the most common task in English is reading scientific articles since 25% said they always do it and 54.17% usually do it. These articles are either mandatory readings, assigned readings to present in class, or reference material to conduct their own research. Topics are diverse since they are related to any of the nursing classes from their licenciatura and master's programs. Because of the different functions of these articles, participants may just read their abstracts, read the entire article to get the gist, summarize the article in Spanish, or fully understand all details presented in them. Other two reading tasks were marked as frequent by most participants. In the case of instructions of

products, 25% marked it as always and 50% as most of the time. Some participants claimed to have read instructions for medication about breathing problems such as Spiriva or Atrovent as well as different types of antibiotics. They must read these instructions in English to check application, dosage, and side effects and share this information with their patients in Spanish. Finally, at a lower percentage, participants stated that they have to read manuals in English all the time (20.83%) and most of the time (29.17%). These manuals are essential for nurses since they must use equipment such as laparoscopic towers or monitors to check vital signs and anesthesia.

Writing: On the other hand, students ranked writing tasks such as writing emails, reports, and research papers as the most unlikely activities to perform in English. For instance, 73.31%, 62.50%, and 69.7% of the 24 participants respectively said that they never write the aforementioned documents in any other language different from Spanish. For this reason, writing tasks do not reflect a need for this group of students.

ii. Delayed needs for future nurses

In addition to their present needs, students were asked to predict the way they could use English as future professional nurses. All four main skills were ranked with a frequent use. In terms of listening, 62.5% indicated that they will perform listening tasks very often. This same percentage applies for speaking. Students stated that they are most likely to combine these two skills in order to interact with the great number of foreign patients that are coming to Costa Rica. They see themselves using listening to learn about their symptoms and ailments

and providing them clear instructions about procedures and self-care. Moreover, a few students mentioned the possibility of participating in exchange programs in which they will be completely immersed in an English-speaking medical context. In the future, participants still consider reading as a key skill since 62.5% stated that they will read in English very often. Participants are fully aware of the need for the most updated knowledge and lifelong learning, so they must continue reading the newest research articles from their field. Finally, writing is also considered an important skill in the future. The majority of the students (45.83%) stated that they will use writing very often to write down instructions for patients and, for those who want to develop in the field of research, to write their research articles.

Based on the results, a few trends are evident. First, students' priority is reading scientific articles in English. This task was chosen by both students from the master's and *licenciatura's* programs since this is a common activity throughout their major. However, as we move toward more advanced students, they start acknowledging the need for English to perform several more tasks, which involve reading instructions and interacting with patients. These three tasks represent the immediate needs of nursing students; however, a quick glimpse at their future needs shows consistency with the tasks that students are most likely to perform as professional (spoken interaction with patients and reading of scientific articles). Hence, reading two different types of texts and the combination of listening and speaking mark the main needs of this group of students.

As mentioned before, scientific articles (See Appendix 6) represent students' main need in terms of reading. According to Pierre (2015), "academic journals

serve as a way for nurses to present new information or provide a fresh insight to different perspectives for a particular academic or scientific debate, research, or problem going on in the nursing community" (p. 2). Due to their particular aim, scientific articles exhibit highly specialized nursing terminology since its audience is nursing students, professors, researchers, and professional nurses. Another feature of this genre, based on the observation and comparison of several samples, is the use of statistics, tables, and figures. Moreover, Pho (2008) stated that this genre is characterized by the following features:

Variety of grammatical subjects:	These include objects of research, expletives, and self-referential pronouns and nouns.
Verb tense and aspect:	Most verbs are written in simple past. Present perfect verbs may also be common.
Voice:	Both passive voice and active voice are widely used but in different segments; for instance, the methods section uses the passive voice abundantly.
Modal auxiliaries and semi-modal verbs (may, could, can)	Some modals are used to show assumption or refer to the author's hypothesis. Others are used to reduce definiteness of a claim and take the responsibility off the researcher.

Epistemic adjectives, adverbs, and nouns	For instance, likely, possible, probably, generally, assumption, tendency, need.
Attitudinal adjectives, adverbs, and nouns	For instance, important, significant, surprisingly, importance, significance.
Reporting verbs	For instance, suggest, claim
That-complement clauses	For instance, it was hypothesized that . . . or the results indicated/showed that . . . (pp. 235-242)

The choice of cohesive devices is another key characteristic of scientific articles: paragraphs are short, ideas are stated concisely, and transitions within paragraphs are present; however, researchers prefer to use headings and subheadings to organize the text. As stated by Pierre (2015), “nurses tend to further structure the content in a neat and organized manner instead of clumping an abundant amount of information into a standard well-written essay” (p. 3).

These features were present in the selected articles from the two main nursing journals (*International Journal of Nursing Studies* and *International Journal of Nursing Sciences*) suggested by the stakeholders. Such articles exhibit a similar pattern in terms of organization and macro structure. For instance, articles from these journals usually start with its title followed by the author's credentials. After that, an abstract is necessary; nevertheless, nursing abstracts vary from the ones used in other disciplines because they are not written as a one-block paragraph. These abstracts consist of at least four small paragraphs with their heading

(background including the research aim, methods, results, and conclusions). Some other journals include more detailed headings such as objectives, design, setting, participants, and data sources. These particular headings enable readers to overview the article faster since they might just be looking for studies with a specific method or population, and this layout allows them to localize it immediately. Additionally, some journals include two segments after the abstract: what is known about the topic and what this paper adds. These segments written in bullet points contextualize the reader and synthesize the main results and conclusions. The body of the article goes in line with Huang's (2013) analysis of moves in medical research articles. These moves include an introduction that comprises background knowledge, past research and available niches, insight of experimental methods, and the research purpose; the methods section describes study materials, provides inclusion criteria, describes procedures, and presents the analysis of the experiment. Then, articles include the results and discussion, conclusions, and limitations.

Finally, the last type of text most nursing students read during their major and professional practice is medicine instructions (Appendix 7). Participants stated that they look for medicine information in two databases "Enfermería al día", which provides most product information in English, and "Uptodate". In those sites, they search for any medication, and they will find its description and instructions. Unfortunately, most of this information is only in English. Medicine instructions will usually follow a common set of moves that have been analyzed on medical leaflets by Ghaemi and Sheibani (2014). These moves include the following components

although the names could vary from company to company: Composition, pharmacodynamics and pharmacokinetic properties, indications, dosage and administration, contraindications, special warnings and precautions, interactions, side effects, pregnancy and lactation, drivers and machine users, overdose, effect when treatment is stopped, storage condition and shelf life, and packs (p. 52). In the case of medicine instructions from “Enfermería al día”, an additional section called “Nursing Implications” is available. This section comprises specific information that nurses must consider before educating the patient about the medicine: assessment, potential nursing diagnoses, implementation, patient-family teaching, and desired outcomes.

Ghaemi and Sheibani (2014) also highlighted the use of headings as one of the main specific features from this genre since patients and health professionals should be able to navigate throughout the text easily. Moreover, this type of text is characterized by its lack of complete sentences since only a few of them are found. However, noun and verb phrases or just words are present throughout the document. In addition to this telegraphic speech, special emphasis is given to time phrases and conditionals. Some other linguistic features observed by Clerehan and Buchbinder (2009) include the alternation between the second person and imperative statements, use of technical vocabulary without explanation of the concepts, abundance of modal auxiliaries to indicate obligation (should-must), and the dominance of nominals in comparison with other parts of the speech.

c. Students' wants

Hutchinson and Waters (1987) highlight the paramount role that students' wants and wishes play in the design process of an ESP course by stating that "there is little point in taking an ESP approach, which is based on the principle of learners involvement, and then ignoring the learners` wishes and views" (p. 58). This means that during the needs analysis process, instructors must seek to understand the learners' expectations and wants with the objective of catering as many of the students' needs as possible. However, the purpose of identifying students' wants goes beyond the design aspect. Hutchinson and Waters (1987) also stated that listening to learners' wants can have a greater impact on their language acquisition process by "bearing in mind the importance of learner motivation in the learning process, learner perceived wants cannot be ignored" (p. 53). Therefore, addressing students' wants can increase the level of motivation students display during the classes, and hopefully, a highly motivated environment aids to increase learners' attendance and participation during class time.

Following Hutchinson and Waters (1987) recommendations to address learners' wishes, students were asked about what they consider relevant to be included in an ESP course designed for nurses, and their responses revealed a wide range of skills, language functions and topics. In regard to the four language macro-skills, speaking is the one that students consider the most relevant. 87.5% of the participants directly stated that they want to improve their speaking skills in order to be able to keep conversations with patients. Also, 29.16% expressed that they want to feel more confident and 20.83% want to be more fluent when

speaking with patients or colleagues. In line with the previous assertion, 25% of the participants said that they want to learn the correct pronunciation of medical terms, so they can better express their ideas and understand what others say to them. Reading was rated as the second macro-skill that students want to work on in class. A total of 54.16% of the population explicitly indicated that they want reading activities to be part of the course, and the students' main reason to practice reading is to be able to use academic and scientific articles as sources for their projects and /or dissertation thesis (37.51%). In the third place, 37.5% of the students considered that listening is also important for their academic and professional achievement, so they want the English course to include listening training. When referring to the kinds of listening tasks that they want to participate in, the most highlighted aspect was that they want to develop strategies for *active* listening. Although active listening was not part of the options provided in the questionnaire, it was stated that it is important for nurses to be able to demonstrate active listening skills. Therefore, it is necessary to understand what active listening means for nurses. Levitt (as cited in Weger, Castle, Minei, & Robinson, 2014) defines active listening "as a therapeutic micro-skill involving listening attentively and responding empathically so a client feels heard" (p. 14). Expanding on that definition, Weger et al (2014) hold that "an active listening response theoretically communicates empathy and builds trust by indicating unconditional regard and by confirming the other's experience" (p. 14). From these descriptions of what active listening involves, it can be deduced that displaying active listening skills during the initial interactions between nurses and patients can have a great impact on the quality of the service provided to patients. Then, it is understandable that some

learners highlighted that they want to develop this skill in English in their questionnaire responses. Finally, only 16.66% of the students manifested interest in practicing writing; specifically, one participant wants to be able to write quick recommendations for patients, and one participant wants to know how to write reports. In overall terms, participants' responses revealed that they want a course focused on speaking, reading, and listening.

In relation to other language aspects, 37.5% of the population wants to increase their knowledge of the medical vocabulary and expressions they may need to interact with patients and to understand the information presented in academic and scientific articles. Furthermore, 20.85% also wants to know the correct pronunciation of those terms.

The previously stated results are consistent with the reasons students provided as their motivation to enroll in the course. The main reason why students want to take the English course is to be able to use data in English for their projects or dissertation thesis as expressed by 66.6% of the participants. The second reason is their want to better function at workplace as expressed by 62.5% of the participants. Learners' desire to take advantage of English sources is consistent with the 54.16% of participants who want reading to be a focal aspect of the course. Similarly, learners' desire to better function at their workplace is consistent with the 87.5% of the respondents who want to devote class time to improve their speaking skills to be able to assist patients in their native language.

d. *Students' lacks*

Knowledge regarding the learners' necessities is not sufficient information to design an ESP course; hence, course designers need to evaluate the command of the language potential students already have and contrast that command with the proficiency level they require to successfully function in the target context (Hutchinson & Waters, 1987). Through the study of learners' proficiency level and the desired outcomes, instructors can draw a conclusion about the learners' lacks. These lacks are defined by Hutchinson and Waters (1987) as the gaps between the target proficiency and the existing proficiency of the learners. Once the course designers have gathered enough information about learners' necessities, wants, and lacks, an in-depth analysis of the learners' profile can equip them better to make the right decisions when selecting the course's focus and designing the class tasks and materials.

Aiming at the above assertions, through the questionnaire and follow-up personal interviews, students were asked to describe the areas in which they are aware of the gaps between what they are expected to do as nursing students and actual nurses working in the health care institutions and what they are able to do using English. In general terms, students acknowledge their lack of preparation to be able to successfully perform different tasks in English. This lack of preparation is confirmed by the fact that the syllabus for the Bachelor and *Licenciatura's* Program in Nursing does not include any mandatory English course. In the fifth year of the major, students have the option to enroll an elective course for which they are allowed to choose between the courses LM-1030 Reading Strategies in

English and CI-0101 Introduction to Microcomputer Processing (Escuela de Enfermería, 2016). Nevertheless, since this is an elective course, those students who decide not to enroll LM-1030 never receive any formal training in the language as part of their academic formation. Consequently, students feel they are not ready to properly function if they are required to perform any task in English. These feelings of lack of preparation are reinforced by the answers provided in the questionnaire. For instance, 89.47% of the population stated that they have a *Very Basic* level of speaking skills, 73.68% selected *Very Basic* as their proficiency level in listening, 57.89% of the participants indicated that their reading skills are also *Very Basic*, and 73.68% rated their writing skills as *Very Basic*. These results demonstrate that students lack the necessary knowledge, skills and strategies to be able to successfully perform at their workplace or study field if they need to use English.

Additionally, students also provided details about the specific tasks they are unable to perform in English. In the highest level of difficulty, students rated *Participating in major-related conversations* (37.50%) and *Describing medical procedures* (37.50%). Both tasks have connection to the speaking macro-skill. In the second place students rated *Delivering oral presentations* and *Understanding oral instructions given by doctors* with 29.17% each one. Once again, students are unable to perform tasks that are related to speaking and listening. Finally, in the third place, students rated *Locating specific information in nursing texts* with 16.67%. In the aforementioned description of students' needs, participants identified reading as one of the skills they use more frequently as nursing students;

however, in the description of their lacks, participants pointed out that they usually struggle when trying to read nursing texts. To sum up, students identify their main lacks in tasks that require the speaking and reading skills.

D. Diagnostic Test

In order to contrast students' perceived language lacks with their actual performance in English, a diagnostic test that tackles on the four macro skills was designed and applied to them. The following section summarizes the procedures and main highlights from this test.

1. Validity and Reliability Principles

According to Brown (2004), "a diagnostic test is designed to diagnose specific aspects of a language" (p. 44). In addition, Brown (2004) stated that "diagnostic tests should elicit information on what the students need to work on their future" (p. 45). Additionally, this author reinforced the importance of applying the evaluation principles of validity and reliability. According to Brown (2004), "by far the most complex criterion of an effective test-and arguably the most important principle- is validity" (p. 21). Gronlund (as cited in Brown, 2004) defined validity as "the extent to which inferences made from assessment results are appropriate, meaningful, and useful in terms of purpose of the assessment" (p. 21). In order to comply with Brown's principle of validity, the diagnostic test was designed so that each of the four sections of the exam targets one of the four English macro-skills. Also, the diagnostic test was designed in a way in which learners' proficiency could be measured without interference from any other skill. Brown also reinforced the principle of reliability. Brown (2007) stated: "a reliable test is consistent and

dependable" (p. 19). To comply with this principle, the student teachers made sure to apply the test to similar populations and same conditions by making sure that all the students had the same profile in terms of age and major as well as making sure that the amount of time and the environment was similar for both test administrations. To meet the test administration reliability, the student teachers selected a room with the best conditions for the test application. Brown (2007) stated that "unreliability may result from the conditions in which the test is administered" (p. 20). Therefore, the first test application was done in a classroom from the Nursing School at the University of Costa Rica. The student teachers confirmed there was no street noise that could have affected the administration of the listening section of the exam. In addition, they were also careful that the lighting and the quality of the photocopies were appropriate so the principle could be fulfilled. The same guidelines were followed during the second application of the test in the auditorium at the School of Modern Languages. Furthermore, nursing students had tight class schedules and other college responsibilities, so the student teachers decided that a very lengthy test would prevent students from finishing it. Therefore, to comply with test administration reliability, student teachers decided to design a 90-minute test, which was considered an appropriate amount of time for a reliable measure of performance. Brown's principle of inter-rater reliability was also taken into consideration by the student teachers for test application and scoring. According to Brown (2007), "low inter-rater reliability occurs when two or more scores yield inconsistent scores of the same test" (p. 20). To avoid inconsistencies in the productive items of the test, each of the student teachers evaluated the participants using the speaking and writing rubrics

explained below; then, a crosscheck between all three teachers was done in order to give an overall score for each section of the test.

2. Diagnostic Test Rationale and Assessing Parameters and Rubrics

This diagnostic test was designed to evaluate the English level of nursing students. The test consisted of four sections that represent the four macro skills of English. Students were given 1 hour and 10 minutes to complete the sections of reading, listening, and writing. After the written test, they were given 20 minutes to carry out the speaking section of the exam. The sections of reading and listening were assigned a total number of 15 points, and the sections of writing and speaking were assigned 20 points to be able to comply with Brown's principle of practicality. As stated by Brown (2004), "to be practical, a test should have a scoring/evaluation procedure that is specific and time efficient" (p. 19). By having a 90-minute test with a total number of seventy points, the student teachers could ensure that participants did not get tired during the exam, and that it was easier to grade them.

Reading was the first macro-skill to be evaluated. Based on the results gathered from the need analysis, students stated that reading is the English macro skill in which they feel the most comfortable with. Therefore, the student teachers decided to start the diagnostic test with this macro skill to help students earn confidence and feel comfortable before evaluating the other macro skills (Coombe, Folse, & Hubbley, 2007). The reading section of the test included three tasks: one multiple-choice exercise and two true/false exercises. The first reading task had five points assigned, and students had to identify different elements of an operating

room setup. Based on the diagram, students had to select the correct answer for each of the questions. In addition, the following exercises were the true/false exercises of five points each. According to Emery (as cited in Buck, 2001), “we can ask test-takers to show that they have understood either by evaluating the truth of the statement, or by comparing two statements and saying whether they mean the same thing or not” (pp. 79-80). Taking this statement into consideration, the student teachers decided to include two true/false exercises since these exercises allow teachers to be able to measure the level of comprehension of the student's by applying techniques such as implying and judging information. In the second and third exercise, the students had to demonstrate comprehension of two articles through a true/false or not implied exercise. In terms of macro and micro-skills been assessed, these exercises aimed at confirming if students were able to recognize rhetorical forms, identify communicative contexts, and make inferences. The exercises also assessed students’ skills related to looking for main ideas and supporting details. To be able to determine the students’ reading proficiency level concerning these skills, the student teachers decided that students who scored from 1 to 5 points will be defined as beginners, students who score from 6 to 9 points will be defined as low-intermediates, and students who score from 10 to 15 points will be ranked as mid-intermediate learners.

The American Council on Teaching Foreign Languages (ACTFL) Can-Do Statements were used as parameters to determine the potential proficiency level of the nursing students in the specific diagnostic test tasks. Each of the reading passages targets one of the levels of proficiency stated in the ACTFL guideline:

novice, low-intermediate, and mid-intermediate. The student teachers decided to use the ACTFL guidelines since the descriptors of the Can-Do Statements were useful to describe the different tasks that were evaluated in the diagnostic test. In addition, the difference between levels proposed by the ACTFL guideline fits the proficiency levels that the student teachers wanted to evaluate.

For the exercise with the diagram of the operating room, a multiple-choice format was applied. According to Coombe, Folse and Hubbley (2007), “the format is well-suited for testing the ability to distinguish between main ideas and supporting details. Reading experts believe that recognizing levels of generality is crucial to comprehending the interrelationship of ideas in a reading text” (p. 208). This exercise was used to determine the proficiency level of the students based on one ACTFL descriptor of what a novice or beginner student can do. According to the ACTFL descriptor:

> Novice-level readers are able to get a limited amount of information from highly predictable texts in which the topic or context is very familiar . . . Readers at the Novice level may rely heavily on their own background knowledge and extralinguistic support to derive meaning. (American Council, 2015, p. 24)

Therefore, the first reading task was created to determine if nursing students were able to identify very basic elements such as numbers, prepositions, and vocabulary related to a familiar hospital context.

For the second reading task the “Post- Operative Notes and Orders” article by the World Health Organization was used. A True/ False/ Not Implied exercise was applied, and it was designed to measure if the nursing students were able to carry out a reading task at a low-intermediate level according to the ACTFL guidelines. Based on the ACTFL Can- Do Statements:

> Intermediate-level readers are able to understand texts that convey basic information . . . These texts are not complex and have a predictable pattern of presentation. The discourse is minimally connected and primarily organized in individual sentences and strings of sentences containing predominantly high-frequency vocabulary. (American Council, 2015, p. 24)

The article included several guidelines that nurses need to follow after a surgical procedure. In this case, the format of the article and its difficulty complied with the parameters stated by the ACTFL guideline in terms of the level of proficiency a low-intermediate student should have. This reading fulfills the parameters established by the ACTFL descriptor since the reading consists of different sets of noun phrases and imperative sentences about the procedure nurses need to follow before a patient leaves the hospital. Also, the reading has as characteristic a predictable pattern and it is formed by sentences, which is describe in the ACTFL statement. In addition, to make sure that the level of difficulty was within the parameters, the student-teachers used Coombe, Folse and Hubbley’s (2007) guidelines stating that “you can use the NG [not given] option for reading as long as students can refer to the text, so you do not test memory” (p. 208). Therefore,

the NG or not implied option was used to guarantee that only reading comprehension, and not memory, was being measured.

The third reading exercise was created based on an authentic article published by *The Nursing Times* named “Respiratory Procedures: Use of a Nebulizer”. A second True/ False/ Not Implied exercise was applied in order to target students with an intermediate mid-level of English proficiency. According to the ACTFL- Can Do Statements:

> At the intermediate mid sublevel, readers are able to understand short, non-complex texts that convey basic information and deal with basic personal and social topics to which the reader brings personal interest or knowledge, although some misunderstandings may occur. Readers at this level may get some meaning from short connected texts featuring description and narration, dealing with familiar topics. (American Council, 2015, p. 24)

This text included several guidelines with technical information on how to use a nebulizer. To be able to understand the text, students had to comply with these Can-Do Statements to reach the mid-intermediate level of proficiency. In terms of the diagnostic test, this means that students needed to achieve from eleven to fifteen points in this section of the test.

Once students had finished the reading component of the exam, listening was the second macro-skill to be evaluated. For this section, three different exercises of five points each were created. One exercise was in a short-answer format, another one in a cloze format, and the last one in a multiple-choice format.

The idea of having different types of exercises was to determine if the students were able to listen to, takes notes, and discriminate main ideas and details of the audios by either writing short answers or just selecting the best option. For these exercises, three different audios related to nursing tasks were used. In addition, Buck (as cited in Coombe, Folse & Hubbley, 2007) recommends that "if you are assessing main ideas, input should be heard once, and if you are assessing details, input should be heard twice" (p. 352). Taking into consideration the length of each of the three recordings and the fact that participants also had to infer information from the audios, the student teachers played the aural texts three times; hence, students had enough opportunity to carry out the tasks. In terms of macro and micro skills been assessed, the tasks were designed to determine if students could understand main ideas and details, make inferences, and take notes. To be able to determine the students' listening proficiency level, the student teachers decided that students who scored from 1 to 5 points will be defined as beginners, students who score from 6 to 9 points will be defined as low-intermediates, and students who score from 10 to 15 points will be ranked as mid-intermediate learners.

For the listening section, the ACTFL Can-Do Statements were also used as the parameters to determine the proficiency level of the nursing students when listening to main ideas, specific details, making inferences, and note-taking. Each of the listening exercises targets one of the main levels of proficiency stated in the ACTFL guidelines: novice, low-intermediate, and mid-intermediate.

The first listening exercise consisted of an interview to an oncology nurse about the importance of nursing students learning how to treat patients that needed palliative care. To assess listening, a short answer question format was applied. Coombe, Folse and Hubbley (2007) pointed out that “teachers can use short answer question formats to assess listening, provided that the question is short and straightforward” (p. 354). Therefore, the questions in the diagnostic exam meet this requirement. In addition, according to the ACTFL Can- Do Statements:

> At the novice low sublevel, listeners are able occasionally to recognize isolated words or very high-frequency phrases when those are strongly supported by context. These listeners show virtually no comprehension of any kind of spoken message, not even within the most basic personal and social contexts. (American Council, 2015, p. 24)

Accordingly, in the first listening exercise, students had to listen to the interview and provide short answers to show understanding of isolated words from basic nursing contexts such as vital signs check out, and post-operative conversations.

For the second listening exercise, students listened to an interview from *St. Jude Spotlight* by the St Jude Hospital in Memphis, Tennessee. This exercise used an objective format, specifically, multiple-choice questions, and it was designed to target intermediate proficiency. According to the ACTFL Can- Do Statements:

> At the intermediate level, listeners can understand information conveyed in simple, sentence-length speech on familiar or everyday topics. They are generally able to comprehend one utterance at a time while engaged in

> face-to-face conversations or in routine listening tasks such as understanding highly contextualized messages, straightforward announcements, or simple instructions and directions. Listeners rely heavily on redundancy, restatement, paraphrasing, and contextual clues. (American Council, 2015, p. 18)

Taking this into consideration, this exercise was designed in order to find out if students could understand main ideas, complete sentences, and highly contextualized conversations at the intermediate level.

The last listening exercise consisted of a description of a nurse daily tasks in which a cloze format was applied. According to Coombe, Folse and Hubbley (2007), “in a listening cloze, students listen to a passage while referring to a written transcript of the text in which several words have been deleted. Students are asked to fill in the blanks while listening” (p. 354). Following these guidelines, students were given a transcript of the audio, and they had to fill it out while listening to the recording (See Appendix 8). According to the ACTFL guidelines, for students to reach the mid-intermediate level, they need to “understand simple, sentence-length speech, one utterance at a time, in a variety of basic personal and social contexts. Comprehension is most often accurate with highly familiar and predictable topics although a few misunderstandings may occur” (American Council, 2015, p. 18). Thus, this exercise was created to determine if students could perform a listening task designed for a mid-intermediate proficiency level and their ability to complete cloze items.

Writing was the third macro-skill to be evaluated. Students were asked to write an email to the director of the Nursing School at UCR offering to deliver a conference to English-speaking patients on how to treat patients that need palliative care. Based on the results from the needs analysis, two students ranked writing emails as a task that they frequently perform, and 39% of them have done it on a few occasions. Although this percentage is not significant, writing emails represented the most common task among the other two writing tasks. In addition, the prompt of a conference on how to treat patients that need palliative care was selected taking into consideration that students had received input about this topic in one of the audios from the listening section of the exam.

In regard to the assessing criteria, since writing is a productive response item, an analytic rubric was used. According to Mertler (2001), “the degree of feedback [of an analytic rubric] offered to students and to teachers is significant” (p. 134). Accordingly, Mertler (2001) stated that “it is possible to create a ‘profile’ of specific students’ strengths and weaknesses” (p. 134). Moreover, O’Malley and Valdez Pierce (1996) explained that “analytic scales separate the features of a composition into components that are each scored separately” (p. 144). Based on these assertions, the analytic rubric was designed with the following elements: content, organization, structure, and vocabulary (See Appendix 9). All of them together added twenty possible points that students could achieve, specifically five points per construct as the highest score. To be able to determine the students’ writing proficiency level, the student teachers decided that students who scored from 1 to 6 points will be defined as beginners, students who score from 7 to 12

points will be defined as low-intermediates, and students who score from 13 to 20 points will be ranked as mid-intermediate learners.

As Hyland (as cited in Coombe, Folse & Hubbley, 2007) stated, “the second essential part of any test of writing is the writing prompt” (p. 267). Parallel, Hyland (as cited in Coombe, Folse & Hubbley, 2007) defines the prompt as “the stimulus that the student must respond to” (p. 267). Aside from the prompt, students were also given three different descriptors that also functioned as guidelines for them to carry out the task and for the teachers to determine the language proficiency according to the elements of organization, structure, and vocabulary. The objectives of the descriptors were to evaluate students’ level of understanding of the prompt as well as their strengths and weaknesses.

The last macro-skill to be evaluated was speaking. During the needs analysis, nursing students mentioned that speaking was the skill in which they felt they needed to work the most and the one in which they felt less comfortable. Taking this into consideration, this skill was evaluated at the very end of the exam so students could build confidence through the other skills being assessed before carrying out the speaking section. For the speaking component, students were given two different scenarios that resembled conversations that they would have when talking with patients during the post-operative process. As stated by Coombe, Folse, and Hubbley (2007), “when testing this skill, we want to stimulate real-life situations in which students engage in conversation, ask, and answer questions, and give information” (p. 367). Additionally, Hughes (as cited in O’Malley & Valdez Pierce, 1996) stated that “the activities or tasks should elicit

performance that provides a valid picture of your students' abilities and can be scored reliably" (p. 58). Taking these arguments into consideration, the speaking section of the diagnostic test consisted of a role-play in which students were required to mimic a nurse-patient interaction that resembled a real-life situation likely to occur in the target context. This task was worth 20 points in total. Similarly to writing, an analytic rubric was used to determine the students' language proficiency (See Appendix 10). Since speaking is a responsive skill, the constructs of this task included content and vocabulary, grammar, pronunciation, and delivery as recommended by Folse's (2006) speaking rubrics. Folse (2006) proposed these constructs to ensure that students' proficiency level could be measured accurately. The content category was used to determine the amount of knowledge that the students had in regard to the topics or scenarios provided; this category included the use of proper vocabulary. Accordingly, student teachers decided to include the evaluation of vocabulary as part of the construct of content since students will need to use vocabulary related to the nursing field while elaborating their conversations and content. The grammar construct was incorporated to determine the students' ability to share their ideas with accurate grammar structures. In the pronunciation section of the rubric, student teachers measured the students' ability to produce sounds and pronounce words appropriately for overall clarity and intelligibility. Finally, through the delivery construct, student teachers were able to determine students' ability to speak clearly and fluently while utilizing paralinguistic and extralinguistic features (De Grez, Valcke, & Roozen, 2012). To be able to determine the students' speaking proficiency level, the students teachers decided that students who scored from 1 to 6 points will be defined as beginners, students

who score from 7 to 12 points will be defined as low-intermediates, and students who score from 13 to 20 points will be ranked as mid-intermediate learners.

It is noteworthy that each of the parameters and rubrics mentioned above were created taking into consideration Brown's principles of practicality. According to Brown (2004), "an effective test is practical. This means that it is not excessively expensive, stays within the appropriate time constraints, is relatively easy to administer, and has a scoring/evaluation procedure that is specific and time-efficient" (p. 18). To comply with this principle, the parameters and rubrics were created to design a test that was easy to administer and that had an evaluation system that is easy to score. Therefore, both receptive tasks were created with similar parameters and number of points, and the productive tasks were scored with rubrics following the ACTFL guidelines and the same number of points for writing and speaking.

3. Test Results and Discussion

a. Test results analysis

The diagnostic test helped to determine students' proficiency level in both a specific level, according to each macro-skill, and at a general level combining the results of the four macro-skills. In addition, the diagnostic test also worked as a tool to decide and define the level and the goals of the course.

After analyzing the overall results of the diagnostic test, 31% of nursing students performed within the parameters of beginners, 58% performed within the parameters of low-intermediate students, and finally, 11% performed within the

parameters of mid-intermediate learners in relation to the specific nursing tasks of the test.

The percentages portrayed in the figure above are important since by knowing the proficiency level of the students, the instructors can design a course with tasks that are better aligned to the students' level. Students who performed as beginners represent 31% of the class. This is an important factor to take into consideration when looking for tasks and authentic materials to use during the course because the teachers need to ensure that students understand and learn key concepts for the future. In addition, working with a majority of students (51%) that performed as low-intermediate learners is an advantage since the student teachers will be able to select more varied and challenging tasks to develop in class. Additionally, taking into consideration the 11% of students who performed at a mid-intermediate level, teachers can also favor specific types of assessment to create the ESP course.

As mentioned above, the diagnostic test included the four English macro-skills to be able to determine the students' proficiency level in each one of them as represented in Figure 2

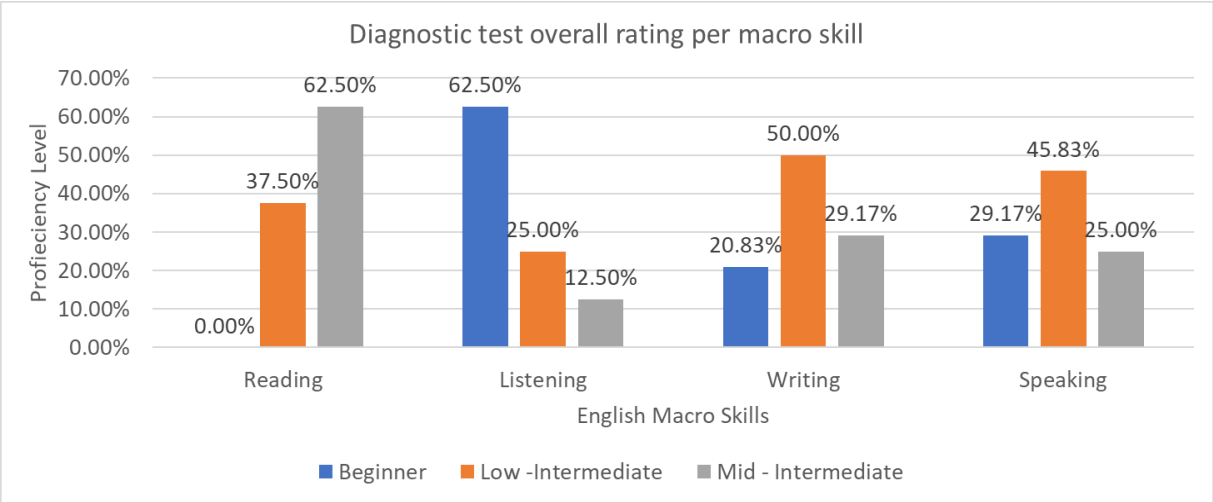

Figure 2. Diagnostic test overall rating per macro skill.

As stated in the information gathered during the needs analysis, nursing students are actively using the receptive skill of reading during their classes because their professors constantly use resources in English. In addition, the majority of the academic bibliography in the field of nursing is also written in English. Thus, when carrying out research projects, students are forced to use this receptive skill; this trend matches the results from the diagnostic test because reading was the macro-skill that had the biggest percentage of advanced students with a 62.5%. On the other hand, the receptive skill of listening was the one with the biggest percentage of beginner students with a 63%. These results also match the information from the need analysis since students stated they need to develop this skill. In terms of productive skills, writing and speaking show the biggest percentage of students who performed as low-intermediate with 50% and 46% percent accordingly. These skills are the least used by the students. However, the percentage of mid-intermediate level students show that participants have learned to use them as they are required sometimes in their daily tasks.

In addition, when analyzing the diagnostic test results for each of the macro-skills, the following results were obtained. A breakdown per macro-skill based on the rating scale has been included in the figure below.

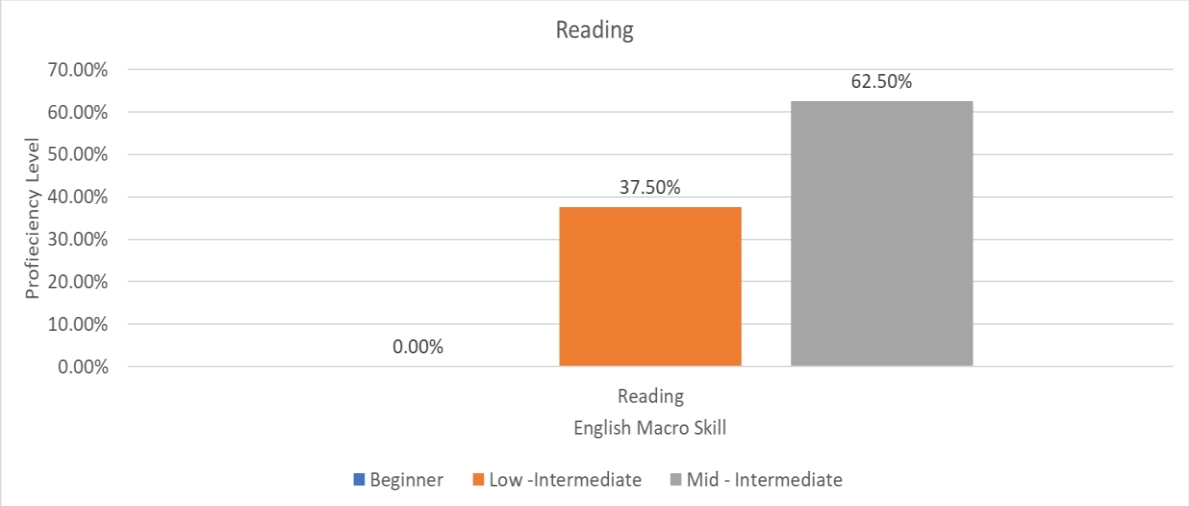

Figure 3. Diagnostic test reading results

Reading was not identified by the students as their main future academic need. However, it is identified as a current need since several of their classes and research projects require students to use resources written in English. For this specific macro-skill, no students were rated as beginners. Instead, 37.50% of the students performed as low-intermediate, and 62.50% were rated as mid-intermediate as shown in Figure 3. Considering this, the student researchers designed a syllabus which includes a great number of reading sources to enable the class flow and start working on developing other macro-skills.

In addition, the diagnostic test provided particular results as shown in Figure 4 for the listening macro-skill.

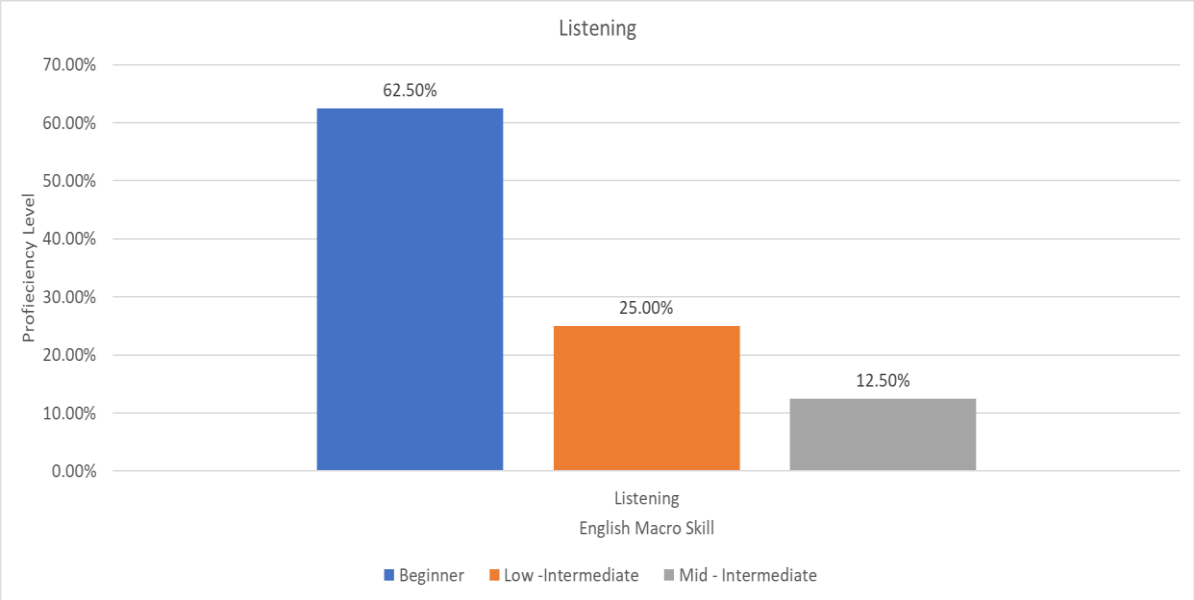

Figure 4. Diagnostic test listening results.

Listening was not identified by the students as a current academic need. However, it is identified as a future need since both, students and teachers, agreed that nursing students should be able to understand an English-speaking patient if needed. Figure 5 shows that for this specific macro-skill, 62.50% of the students performed as beginners, 25% as low-intermediate, and 12.50% as mid-intermediate. Considering this, the syllabus was designed using audios and tasks that allow the students rated as beginners and intermediate to develop their listening skills. In the same way, students rated as mid-intermediate can reinforce their skills.

Students' proficiency level for productive macro-skills was also measured. Figure 5 shows the results for the proficiency level in the writing macro-skill

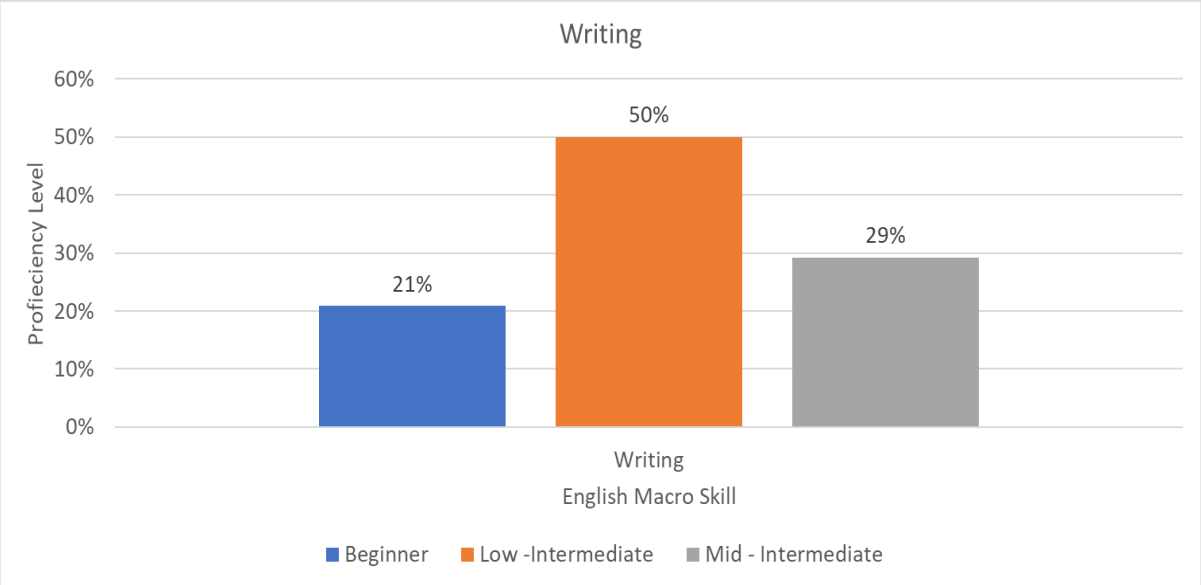

Figure 5. Diagnostic test overall writing rating

In terms of priority, students ranked writing as the last macro-skill they need to be successful academically and professionally. In addition, stakeholders also agreed with the fact that students almost never make use of this skill. Figure 6 shows that for this specific macro-skill, 21% performed as beginners, 50% of the students as low-intermediate, and 29% as mid-intermediate. Considering the diagnostic test results and the needs of the students, student teachers should focus on creating a few or no writing tasks for students to practice this skill. However, if included, writing tasks will not be the focus of the course.

Finally, students' proficiency level for the productive skill of speaking displayed the following results as shown in Figure 6.

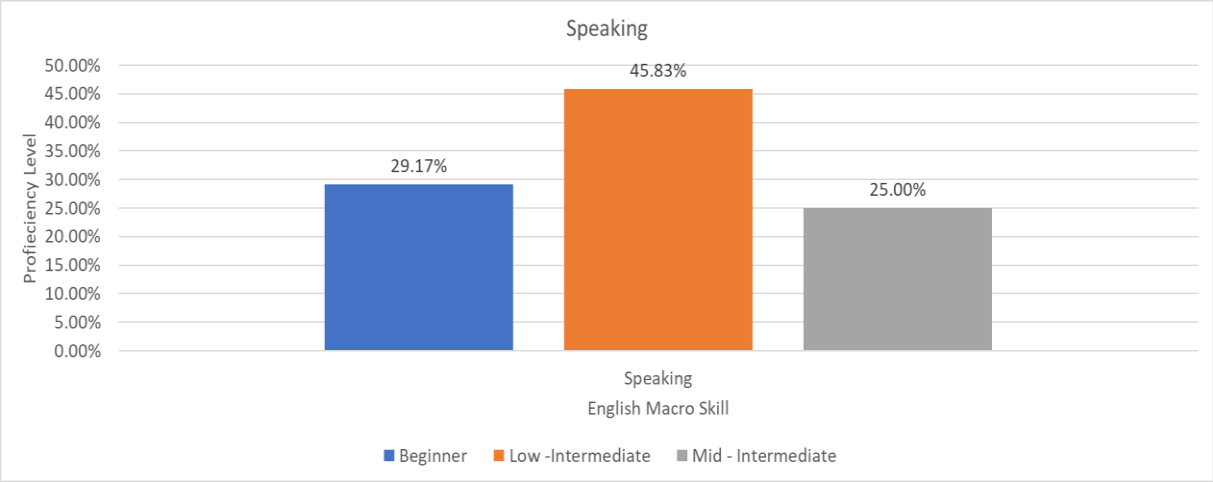

Figure 6. Diagnostic test overall speaking rating

Speaking was identified as one of the most relevant macro-skills that students need for their future occupational needs. Nursing students stated that they needed to improve their speaking skills to be able to establish a conversation with a patient. Similarly, the stakeholders also agreed that speaking is a necessary skill for students once they are working. For this macro-skill, 29.17% of the students were rated as beginners, 45.83% of the students were rated as low-intermediate, and 25% of the students were rated as mid-intermediate as shown in Figure 6. Considering this, student teachers designed speaking-related activities and assessments in the syllabus to satisfy both the students' needs and lacks as it will be explained in the following chapter.

b. Student lacks and limitations

After analyzing the results from the diagnostic test, the student teachers were able to determine different students' lacks and limitations per skill. As mentioned before, 62.50% of the students performed at a mid-intermediate level in

the reading tasks. However, 35.5% performed at a low-intermediate level. Student teachers determined that students have some limitations in terms of making inferences and identifying rhetorical patterns. In terms of the listening skill, student teachers determined that students were at a lack when identifying main ideas and details. In addition, during the listening tasks, students also performed note-taking exercises with a strong limitation since most of the students were not able to take notes or discriminate key words and phrases from the audios. For the writing section of the exam, 50% of the students scored as low-intermediate. In this section, students had limitations to carry out the task of writing an email. However, students know the general email structure, several were limited when structuring a sentence or composing a paragraph. Finally, 45.83% of the population was designated as low-intermediate for the speaking skill. For this skill, students have lacks in content and pronunciation. The student teachers were able to identify that the students have a limitation in terms of content since their vocabulary is very limited, which does not allow them to perform tasks related to the nursing major such as giving medicine instructions or explaining a procedure. In addition, students also have a limitation in pronunciation since they have issues pronouncing the ending of words, for instance.

These results were paramount in order to design a nursing course that meets this group of 24 students' current and future needs. The following section describes the different elements and principles of the decision-making behind the course syllabus.

Chapter II: The Syllabus

As stated by Hutchinson and Waters (1987), “one of the main purposes of a syllabus is to break down the mass of knowledge to be learnt into manageable units” (p. 85). The following chapter gathers the different views of language learning and teaching that are behind the choice of goals, distribution of tasks, methodology, and assessment for an ESP nursing course. This syllabus was distributed following a “functional task-based” criteria as mentioned by Hutchinson and Waters (1987). A brief student-friendly version of this course syllabus will be given to the nursing students during the first week of classes (See Appendix 11).

A. Course Logo

Nursing students attend the university every day to be trained on how to provide the best assistance to patients while treating them. They will eventually work at different medical centers or locations that will require them to put into practice everything that they learned throughout their major including knowledge, compassion, and science. The logo created for this course represents these three concepts. The nurse hat represents the knowledge nurses have acquired during their major. The heart in the logo represents the compassion that nurses need to have while doing their job. Finally, the Rod of Asclepius represents the science involved within the profession.

B. Course Name

The name of the course will be *First Aid English: A Survival English Course for Nurses*. This name was inspired by one of the roles that nurses play since they are the ones who offer patients their initial care once they arrive at any medical center; for this reason, they are in charge of providing patients with first aids at the Emergency Room or at the admission desk. Parallel to this allusion of being the first contact that patients have, the course attempts to provide basic linguistic knowledge to help students to survive when they perform their most common tasks in English.

C. Course Description

First Aid English is an ESP course intended for nursing students at the University of Costa Rica. By the end of the course, the students will be able to comprehend texts associated with the medical field and to communicate successfully performing tasks that could reach up to a low-intermediate English level within their field for academic and work-related purposes.

The class will be team-taught by three student teachers who are language instructors. They will develop a task-based methodology throughout the course. This class will meet once a week on Mondays from 5:00 p.m. to 7:50 p.m. for a period of fourteen weeks. This course of approximately 40 hours will be taught as a

requirement of the Master's program in Teaching English as a Foreign Language from the UCR; every lesson will be supervised by one of the professors from this graduate program.

D. Goals and Objectives

1. Goal I

By the end of this unit, nursing students from the UCR will be able to successfully demonstrate comprehension of scientific articles needed for academic purposes in their coursework by analyzing abstracts and the article components (justification, methodology, and results) and selecting specific information relevant for their projects.

General objectives:

1. By the end of the lesson, students will be able to effectively discriminate between useful and not useful articles by locating specific data in the abstracts of scientific articles.
2. By the end of the lesson, students will be able to precisely locate specific information within a scientific article by using the strategies of skimming and scanning to find and highlight key phrases and terms.
3. By the end of the lesson, students will be able to successfully report results from the scientific articles by filling out a graphic organizer.

2. Goal II

By the end of the unit, nursing students will be able to appropriately interact with potential English-speaking patients by role-playing scenarios involving the discussion of symptoms, levels of pain, and basic medical history.

General objectives:

1. By the end of the lesson, students will be able to successfully identify patients' symptoms by listening to videos from authentic patient-nurse interactions.
2. By the end of the lesson, students will be able to appropriately interview the patient during the pain and vital signs assessment by using verbal and non-verbal means of communication.
3. By the end of the lesson, students will be able to accurately complete forms of patient's history by asking questions and listening to responses about patient's previous medical conditions and family background.

3. Goal III

By the end of the unit, nursing students will be able to successfully instruct the patient about medication and treatments by grasping key information from medicine instructions and reporting them to the patient.

General objectives:

1. By the end of the lesson, students will be able to successfully show understanding of the side effects and respective dosage for specific medicines by completing a medicine form.
2. By the end of the lesson, students will be able to accurately inform the patient about potential side effects and dosage instructions by role-playing a debriefing session after the patient's medical appointment.

3. By the end of the lesson, students will be able to appropriately explain relevant postoperative information as well as the dosage and medication procedures to follow by role-playing a session to educate the outpatients' relatives on how to take the medications at home.

E. Methodology

1. Task Based Language Teaching

According to Richards (as cited in Shehadeh, 2005), "TBLT is an educational framework and an approach for the theory and practice of second/foreign language (L2) learning and teaching, and a teaching methodology in which classroom tasks constitute the main focus of instructors" (p. 241). Therefore, classes will be organized based on a particular task. As defined by Shehadeh (2005), "a classroom task is defined as an activity that is (1) goal-oriented, (2) content-focused, (3) has a real outcome, (4) reflects real-life language use and language need" (p. 241). Taking these statements into consideration, the syllabus for the course will have specific emphasis on carrying out tasks where students can integrate meaning with an assigned goal in order to achieve an outcome related to real-life situations, which will help them to learn the foreign language and fulfill the language needs they have.

The choice of the Task-based approach to teach this nursing course is based on Nunan's (2004) TBLT principles:

> A needs-based approach to content selection, an emphasis on learning to communicate through interaction in the target language, the introduction of authentic texts into the learning situation, the

> provision of opportunities for learners to focus not only on language but also on the learning process itself, an enhancement of the learner's own personal experiences as important contributing elements to the classroom learning, and the linking of classroom language learning with language use outside the classroom. (p. 1)

Therefore, TBLT is characterized by its interactional view of language, use of authentic texts and tasks, and selection of content, vocabulary, grammar points, and functions based on specific students' needs. For these reasons, TBLT is the ideal method to accompany a course based on the particular needs of a group of nursing students.

Furthermore, since TBLT is based on performing different tasks, a lesson will consist of a cycle of tasks that includes preparation activities along with reflection and expansion segments. Ellis (2006) explained the phases of this cycle: a) Pre-task stage: this stage could include framing the activity, providing planning time, and doing a similar task. b) During task: tasks could have a strict time limit. c) Post-task stage: it focuses on conscious-raising activities and possible repetition of the main task. (p. 80)

Additionally, Richards and Rodgers (2001) stated that, "it is in the planning stage of the TBLT cycle that "[the teacher] goes around to advise students on language, suggesting phrases and helping students to polish and correct their language" (p. 239). Taking this statement into consideration, TBLT also benefits students since it has a clear emphasis on clarity, organization, and accuracy, which

allows the learners to confirm if they have been using the language accurately to complete the task and improve their language proficiency.

a. Classroom dynamics

For this ESP course, there are three student teachers that will conduct the class. To be able to have a better management of the classroom, each of the student teachers will have a specific role throughout the different sessions. One of the student teachers will be in charge of leading the class, and the other two student teachers will support the leading student teacher. The leading student teacher will be in charge of greeting students, giving main instructions, managing materials, and assigning the tasks in which the other two student teachers will provide support. The supporting student teachers will confirm that all the materials are ready and will also help with their distribution among the students. In addition, the supporting student teachers will aid with other classroom tasks such as setting up the projector or modeling the tasks. Supporting student teachers will also have the responsibility to closely monitor students' work and assist students if they need help or have questions. These tasks will be rotated every week to guarantee equal participation of the three student teachers in the leading or supporting roles. This rotation will reset every three lessons.

b. Tasks and Techniques

This course will favor collaborative-learning techniques. According to Olsen and Kagan (as cited in Richards & Rodgers, 2001), "learning is dependent on the socially structured exchange of information between learners in groups and in which each learner is held accountable for his or her own learning and is motivated

to increase the learning of others" (p. 192). For this reason, the different tasks will be completed in pairs or in small groups to maximize interaction, enhance students' confidence, and promote a stress-free environment since attention will be given to overall group performance. In addition, students may take further advantage of the course by exploring their ideas together with other students with different specializations and field experience.

Embedded in this collaborative environment, students will perform tasks that simulate what they do in the real world. As stated by Nunan (as cited in Richards & Rodgers, 2001), these tasks "are designed to practice or rehearse those tasks that are found to be important in a needs analysis and turn out to be important and useful in the real world" (p. 231). Going back to the main results from the needs analysis, 25% and 54.1% of participants stated that they read scientific articles all the time or most of the time, respectively. Moreover, 25% and 50% of them have to read medicine instructions all the time and most of the time before educating their patients. Additionally, 62.5% of the students ranked interacting with patients orally as their main future need. Therefore, all the tasks completed during the course will aid the student to meet these three needs.

One of the main types of tasks will deal with role-plays. Students will perform different tasks that include listening to different patients and identifying their symptoms, interviewing patients during vital signs assessment, completing medical history forms while interviewing the patient, and explaining relevant details about medication and postoperative care to the patient. Following Willis and Willis' (2007) task requirements, these tasks are engaging since students are recreating

common work scenarios in a collaborative manner. These tasks also focus on meaning, not form, have a clear outcome, and the success of this outcome is measured based on the completion of the task. In this case, students have to use all their linguistic and non-linguistic resources to communicate their message to the patients. Furthermore, each task should be completed as a priority because a patient's life and overall health could be in jeopardy if nurses are not able to accurately inform them about medication and self-care. Finally, these tasks resemble everyday tasks since they simulate what nurses do daily, and they imitate the way nursing students learn during their classes (Willis & Willis, 2007).

On the other hand, students will be able to interact with both academic articles and product instructions by showing understanding of the texts while performing tasks such as recognizing main ideas, highlighting key information, and completing graphic organizers. These reading tasks also go in line with Willis and Willis' (2007) task characteristics because students need to face texts about topics that are familiar to them; hence, they feel motivated and connected to the content of the class. However, they need not only to read these texts but also to select and organize information, so they are able to clearly see the purpose and outcome of each task. These reading tasks resemble what students need to do with every scientific article that they encounter during their academic life.

Additionally, grammar, vocabulary, and pronunciation will be taught with the purpose of providing students the necessary tools to perform each task successfully. In the case of grammar, the specific uses of structures were based on Frodesen and Eyring's (1997) classification of tenses.

2. Role of the learners

According to Richards and Rodgers (2001), learners in a TBLT context are "group participants, monitors, risk takers, and innovators" (p. 235). At First Aid English, students are expected to actively participate in groups and to experiment with the language. They must go beyond replicating patterns of language; instead, they should notice key language features and progressively incorporate them into their daily speech. By doing this, students from this course are expected to comply with the roles specified by Richards and Rodgers (2001). In addition, Dudley-Evans and St John (1998) point out the role of consultant. Due to the ESP nature of the course, students become the specialists in terms of content knowledge. For this reason, they can suggest topics, provide materials, and guide the instructors and other classmates in terms of technical nursing information. Thus, learners have a more active role than in other EFL classrooms.

3. Role of the teachers

Because learners play a more active role in the language class, the roles of the teachers vary from the traditional perspective. Based on Richards and Rodgers (2001), in a TBLT context, teachers play the role of selector and sequencer of tasks. Teachers are in charge of designing the entire course; accordingly, they have to carefully choose the most appropriate tasks that will ensure learner's completion of the goals and objectives. In addition, they must look for the best way to organize these tasks in order to take the most advantage of them. In order to select and sequence tasks, facilitators must take into account students' main needs, wants, lacks, as well as language skills in order to develop a course that

appeals to students and helps them to improve their skills. Together with the role of course and task developer, ESP facilitators must design their own materials in order to fulfill the course goals since commercial materials about nursing are available, but they do not directly respond to the results from the needs analysis performed to this group of students. Another key function of facilitators is preparing the learners for tasks. According to Richards and Rodgers (2001), teachers should carefully select pre-tasks that truly prepare students to complete the task; they must "introduce the topic, clarify class instructions, help students learn or recall useful words and phrases to facilitate task accomplishment, and demonstrate task procedures" (p. 236). Thus, as described by Richards and Rodgers (2001), instructors play a key role during the planning and implementation stage of each lesson. Furthermore, teachers will be consciousness raisers. During classes, facilitators will not explicitly teach grammar and pronunciation aspects, but they will focus learners' attention on certain forms by providing highlighted material, parallel texts, and other resources. This goes in line with Dudley-Evans and St John (1998) who pinpointed that teachers' main role is to be a language consultant. They are not the "font of all wisdom;" they mainly provide opportunities for learning, manage the class, and suggest certain language patterns to be used.

F. Assessment

During the last decades, language teaching has evolved to more student-focused processes in which the key aspect of the instruction is what learners *can do*, and *how to* fill the gap between what they can currently do and what they are expected to do in the target language. Accordingly, assessment procedures have

also changed its focus and methodology to fit into the new language learning approaches. Taking into consideration the widely known assessment principle claiming that learners must be evaluated only on those elements that have been taught (Graves, 2000), the student teachers have decided to test learners following a Task-Based Language Assessment approach. According to Ellis (as cited in Shehadeh, 2005), the assessment tasks are "devices for eliciting and evaluating communicative performances from learners in the context of language use that is meaning-focused and directed towards some specific goal" (p. 157). In this regard, the assessment tasks will replicate the kinds of authentic tasks that have been implemented during the instructional classes, which in turn, will reflect the kind of authentic tasks the learners must perform in real-life contexts.

1. Formal assessment

Ketabi and Ketabi (2014) offer a clear definition of formal assessment by stating that "formal assessments are systematically planned and designed to get information about students' achievement in predetermined times" (p. 436). These assessments are meticulously planned and applied to learners in specific predefined times during the course. Moreover, students' achievement is labeled with grades that represent the extent to which they were able to reach the objective. The aforementioned description of formal assessment goes hand in hand with the purpose behind summative assessment. Graves (2000) holds that summative assessment "is done at the end of the course and provides information about the students' overall achievement as well as the overall effectiveness of the course" (p. 208). Hence, any kind of systematic and planned test or quiz that

measures what learners have learned and know at the end of a unit or the entire course can be categorized as a formal summative assessment.

2. Informal assessment

With the implementation of TBLT classes, informal assessment has gained more recognition. Brown (2004) contends that “informal assessment can take a number of forms, starting with incidental, unplanned comments and responses, along with coaching and other impromptu feedback to the student” (p. 5). This means that throughout the course students can receive feedback on their progress, on what they are doing well, and on what needs improvement. As pointed out by Dudley-Evans and St. John (1998), some of the benefits of informal assessment for the teaching-learning process include that it “can be based on work carried out over a period of time and is more flexible and formative; the learner may have some say in what the assessed task will be and can use additional resources to complete the work” (p. 211). Based on the premise that in the TBLT approach emphasis is given to helping learners develop the skills they need to successfully perform real-life tasks, informal assessment can result in great benefit since it focuses on the process students undergo to develop the needed skills. Moreover, continuous assessment provides students with the opportunity to identify and work on their weaknesses before they are assessed on the overall achievement of the outcome. For these reasons, the student teachers consider that informal assessment plays a pivotal role in the design and implementation of the syllabus. It was previously stated that in a TBLT classroom, *performance* is the key; therefore, student teachers want to prioritize formative and authentic assessment throughout the course. In pursuance of that objective, the student teachers implement

formative feedback sessions throughout the course, so learners can evaluate their progress and identify those areas where there is room for improvement.

3. Assessment tasks

The syllabus has been divided into three units. Unit 1: *Read the signs* works with reading tasks, and its goal is to aid students in the process of selecting academic articles as sources for their projects. Therefore, the first assessment will be a simulation in which students are given a specific topic related to their major for which they have to do a research project. In order to do the review of literature, they are provided with a variety of authentic scientific articles. Students must follow the analysis process practiced in class to select only the two or three articles that best fit their topic. Graves (2000) asserts that students must be assessed according to what has been taught based on the class objective. Then, since Unit 1 deals specifically with reading skills, the assessment task addresses only this macro-skill. This task also reflects the principle of authenticity because nursing students are frequently required to use articles written in English as part of their coursework and as part of their research projects.

The second assessment is a role-play. Unit 2: *Listen to your heartbeat* works with listening and speaking tasks, and its objective is that students will be able to properly interact with English-speaking patients understanding spoken information about symptoms, levels of pain, and medical history. Graves (2000) defends that “a comprehensive assessment plan includes activities which are designed for the specific purposes [of the course]” (p. 213). Moreover, among the authentic tasks that she mentions, role-plays are included (Graves, 2000). In line

with Graves' assertions, the student teachers agreed on assessing students through role-plays situations in which students have to simulate authentic interactions with patients during the first stage of nurse-patient contact in the ER or during the admission process. As described by Dudley-Evans and St John (1998), one advantage of using role-plays for assessment is that "spoken tests are actually assessing spoken interaction, that is, both speaking and listening, as they are interactive" (p. 227). In this regard, a role-play caters students' needs to keep interactive communication with patients.

The third assessment is also a role-play. Unit 3: *Keep it healthy* integrates reading, speaking and listening skills. The main objective for unit 3 is that students will be able to educate the patients about treatments and medication based on the information nurses read in the medicine instructions. These role plays simulate the interaction between nurses and patients before they are released from the health center. For this purpose, students are given the medicine instruction pamphlet, they must review it quickly, and based on the information described, they educate the patient on how to take the medication, and the possible side effects they may present. Shehadeh (2005) claims that following an *external rating* approach "involves a holistic measure (scale) or an analytic measure (scale) of linguistic ability" (p. 158). This author refers to these scales as external rating because they allow the evaluator to provide a more subjective measurement in which the students' responses are not labeled as wrong or right; instead, learners are assessed on their overall linguistic ability to perform a variety of tasks in which the students' success is determined according to different achievement levels usually represented by checklists (Shehadeh, 2005). Consequently, the student teachers

agreed on assessing learner performance levels during each role-play presentation using an external scale or checklist. Additionally, following Shehadeh's (2005) recommendations, the students teachers use real-world criteria elements to define the descriptors in the scale so that assessment focuses on learners' performance on tasks directly related to the tasks nurses must perform in real life. Graves (2000) highlights that our "goals and objectives for the course provide a guide for what [to] assess" (p. 210). On that account, student teachers based the assessment parameters on the course goals and objectives.

In addition to the three formal authentic assessments described above, learners are required to create and keep a personal vocabulary log. The student teachers decided to include this assessment task in agreement with Stahl, Brozo, Smith, Henk, and Commander (1991) who claim that "there are times when students must master a corpus of predetermined words to fulfill programmatic requirements" (p. 25). Furthermore, Ellis (2005) highlights the usefulness of learning formulaic expressions or chunks because they allow learners to learn the language as native speakers do: focusing on meaning and fluency rather than on grammar structures, which can be analyzed later. Nurse-patient interactions usually follow a systematic course in which nurses need to gather very similar information from patients or in which they need to educate patients about standard post-treatment cares; consequently, creating a vocabulary log can serve as a tool to keep high frequency words and expressions or chunks handy. Stahl et al. (1991) specify that in plain sense, vocabulary logs are personal dictionaries composed of terms that students take from their content area. In line with this, students are requested to include only those terms and expressions they find highly useful for

their performance as nursing students and/or as nurses at the workplace. Newton (2001) also points out a paramount aspect that the student teachers want to emphasize. He points out that within a communicative approach “vocabulary logs encourage learners to take responsibility for their learning by allowing them to choose the words they will revise, and the way they will do this” (p. 36). Hence, by building a record of words and formulaic expressions they may constantly encounter, students can actively work on their lexis acquisition.

In order to create their personal logs, students are required to divide the log into two parts. The first segment will be used to add isolated terms they consider useful to keep handy, while the second segment will be used to add language chunks that students consider can facilitate their communicative skills when interacting with patients. Learners must work on adding entries to their logs every week after each class; however, the logs must be submitted for revision by the teachers only at the end of each unit. At the end of the course, students must hand in the final version of their logs to obtain the final grade.

4. Distribution of assessment tasks

Table 2 shows the four assessment tasks to be used during the First Aid English course for nursing students along with the distribution of percentages per task. Additionally, the table also describes at what time during the course each assessment is carried out

Table 1
First Aid English Assessment Plan

First Aid English Assessment Plan

What	How	Percent of grade
Reading project	1 at the end of Unit 1	30%
Nurse-patient role-play	1 at the end of Unit 2	30%
Nurse-patient role-play	1 at the end of Unit 3	30%
Vocabulary/expressions log	1 throughout the course	10%

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G. Contents

During the fourteen-week course, the student teachers will develop three units that will incorporate the following content areas.

1. Unit 1: Read the Signs

Goal: By the end of this unit, nursing students from the UCR will be able to successfully demonstrate comprehension of scientific articles needed for academic purposes in their coursework by analyzing abstracts and the article components (justification, methodology, and results) and selecting specific information relevant for their projects.

General objectives

1. By the end of the lesson, students will be able to effectively discriminate between useful and not useful articles by locating specific data in the abstracts of scientific articles.

2. By the end of the lesson, students will be able to precisely locate specific information within a scientific article by using the strategies of skimming and scanning to find and highlight key phrases and terms.
3. By the end of the lesson, students will be able to successfully report results from the scientific articles by filling out a graphic organizer.

General Objective	**Tasks**	**Skills**	**Language Focus**	**Strategies**	**Time allotted**
1	Discriminating useful against not useful information by locating specific data provided in the abstracts of scientific articles.	R W S L	**Vocabulary**: words related to common components of scientific articles e.g.: review of literature, results, methods **Grammar**: The simple past to express general ideas, relationships,	Predicting Looking for main ideas and specific details	1 lesson

			and truths (regular verbs) e.g.: 9.8% did not clean exposure area immediately, 18.0% squeezed out the wound, and 71.1% used antiseptic solution for cleansing a puncture wound. **Pronunciation**: -ed ending		
2	Locating specific information within a scientific article	R W S	**Vocabulary**: Action verbs e.g: work, perform research, find, develop, test, and conduct.	Skimming Scanning	1 lesson

	by using the strategies of skimming and scanning to find and highlight key phrases and terms.		**Grammar**: The simple past to express general ideas, relationships, and truths (irregular verbs) e.g.: The three most common areas of impact were anxiety (57.7%), stress (24.2%), and insomnia. 39.1% of operating room nurses wrote a report and sent this to the occupational health center.		

			Pronunciation: Key words from articles e.g.: Injuries, health, painkillers, decreased, research, wounds		
3	Reporting results from the scientific articles by filling out graphic organizers.	R W S	**Vocabulary**: Common transition words e.g: Nevertheless, in addition, meanwhile, although, in order to **Grammar**: Passive voice in simple past to focus on the recipient of the action as used in	Filling graphic organizers	1 lesson

			reporting research procedures. e.g.: Twenty (20) nurses were recruited for this pilot observational survey study. In addition, 11 out of the 20 nurses were observed during heel prick to evaluate what and how interventions were done. Standard pain management interventions used by nurses during heel prick were		

			evaluated by means of a questionnaire. Results were synthesised into a conceptual model of engagement. **Pronunciation**: review of -ed endings		

This project incorporates all lesson plans and materials. (See Appendix 26).

2. Unit 2: Listen to Your Heartbeat

Goal: By the end of the unit, nursing students will be able to appropriately interact with potential English-speaking patients by role-playing scenarios involving the discussion of symptoms, levels of pain, and basic medical history.

General Objectives:

1. By the end of the lesson, students will be able to successfully identify patients' symptoms by listening to videos from authentic patient-nurse interactions.

2. By the end of the lesson, students will be able to appropriately interview the patient during the pain and vital signs assessment by using verbal and non-verbal means of communication.
3. By the end of the lesson, students will be able to accurately complete forms of patient's history by asking questions and listening to responses about their previous medical conditions and family background.

General Objective	**Tasks**	**Skills**	**Language Focus**	**Strategies**	**Time allotted**
1	Identifying patients' symptoms when listening to recorded patient-nurse interactions	L S W	**Vocabulary:** general symptoms described by patients during the admission stage. e.g.: difficulty to breathe, cough, fever **Grammar:** Question formation in simple present	Note taking Identifying para linguistic features	1 lesson

			e.g.: What´s your level of pain from 0 to 10? When did the cough start? **Pronunciation:** Common symptoms that are checked by nurses e.g.: pain, fever, cough, phlegm, ache		
2	Interviewing the patient during the pain and vital signs assessment	L S W	**Vocabulary:** words related to levels of pain and vital signs e.g.: blood pressure, temperature	Use of visual mimicking Showing empathy	1 lesson

			Grammar: Modal auxiliaries for requests e.g.: Could you lie on the stretcher, please? **Pronunciation:** rising intonation for Yes/No questions and falling intonation for Wh- questions e.g.: Do you feel pain here? ↗ When did the pain start? ↘	Confirming information	
3	Completing medical history forms by asking		**Vocabulary:** Words related to diseases, treatments, and family members/	Clarifying information	1 lesson

	questions and listening to responses about medical conditions and family background.		medications e.g.: gastric cancer, diabetes **Collocations:** suffer from, allergic to **Grammar:** Review of question formation e.g.: Are you allergic to any medication? **Pronunciation:** pronunciation of common chronic diseases e.g.: diabetes, cancer, hypertension	Confirming information	

3. Unit 3: Keep It Healthy

Goal: By the end of the unit, nursing students will be able to successfully instruct the patient about medication and treatments by grasping key information from medicine instructions and reporting them to the patient.

General Objectives:

1. By the end of the lesson, students will be able to successfully show understanding of the side effects and respective dosage for specific medicines by completing a medicine form.
2. By the end of the lesson, students will be able to accurately inform the patient about potential side effects and dosage instructions by role-playing a debriefing session after the patient's medical appointment
3. By the end of the lesson, students will be able to appropriately explain relevant postoperative information as well as the dosage and medication procedures to follow by role-playing a session to educate the outpatients' relatives on how to take the medications at home.

General Objective	Tasks	Skills	Language Focus	Strategies	Time allotted
1	Completing a graphic organizer (medicine	R W	**Vocabulary:** Side effects e.g.: dizziness, drowsiness, fatigue,	Looking for specific details	1 lesson

	form) with key information from product instructions	S	constipation, nausea, headache, blurred vision, urinary retention, seizures, muscle stiffness **Grammar:** First conditional e.g.: If you feel dizzy, lie down for 15 minutes. If you can't swallow the pill, take it with half glass of water. **Pronunciation:**[z] and [ʒ]	Summarizing information	

2	Role-playing a debriefing session with patient	R L S	**Vocabulary:** Verbs e.g.: Swallow, increase doses, chew, reduce, take, avoid, suspend, eliminate, resume Time phrases e.g: within a week, every 8 hours, for 5 days, from 3-4 days, at bedtime **Grammar:** Imperative sentences to provide instructions e.g.: Take 2 pills with food for 5 days.	Clarifying information	1 lesson

			Pronunciation: Sentence stress		
3	Explaining post-operative instructions to patient's relatives	R L S	**Vocabulary:** To show order e.g.: First, after you take, then, finally **Grammar**: Modals of advice and obligation e.g.: have to, must, should You must complete the treatment. You have to wash his/her wound twice a day.	Using paralinguistic and extra-linguistic communication Confirming information Clarifying information	1 lesson

			Subordinate clauses e.g.: When cleaning the wound, you should… **Pronunciation**: Word stress in words with suffix -ary e.g.: urinary, cardiopulmonary, desinflamatory, complementary, temporary		

H. Evaluation

Assessment design is a parallel process of course design due to the fact that students need to be evaluated on what has been taught to them. Taking into consideration that an ESP course for nursing students is focused on the real students' needs, the standardized tests do not assess and measure students' achievement properly. Consequently, designing assessment instruments based on

the curriculum objectives, as well as on the purpose of the course and the teacher's role in a TBLT approach, becomes of paramount relevance to ensure the validity and reliability of the assessment tasks. Furthermore, considering that, as mentioned in previous sections, a TBLT course emphasizes the process students undergo to be able to perform a task, the assessment instruments should also focus on authentic tasks that give emphasis to formative feedback throughout the course to complement the formal summative tests that provide students with their overall achievement level at the end of each unit and at the end of the course. Keeping these principles in mind, the following assessment instruments were designed to evaluate three main aspects of the course First Aid English: students' performance, course effectiveness, and the teachers' performance.

1. Students' Performance Evaluation

The first unit of this ESP course focuses on teaching nursing students different reading techniques that will help them develop their reading skills. During the needs analysis, nursing students had stated that they feel comfortable with reading in English, and they are used to applying this macro skill because the majority of the authors required for research are English speakers. These statements were confirmed with the diagnostic test since 37.50% of the students performed the reading tasks of the diagnostic test at a low intermediate level, and 62.50% of the students performed this reading section of the exam at a mid intermediate level. Taking these results into consideration, the student teachers decided that the first unit of the ESP course should be about helping students develop the reading macro skill. In this way, student teachers will be able to review

several reading subskills as well as reading techniques that will be useful for the nursing students' current and future needs. Reading is considered an interactive skill. According to Coombe, Folse, and Hubbley (2007), "reading is widely regarded as an interactive skill in which the background knowledge or schemata that the reader brings to the task is constantly interwoven with the new material" (p. 199). Taking this statement into consideration, it can become a complex task to assess reading. Alderson (as cited in Coombe, Folse, & Hubbley, 2007). argues that "the place to start is the target skills we want our students to develop" (p. 199). Therefore, the student teachers decided to create a reading project as part of the students' performance assessment instruments for this ESP course (see Appendix 12).

The purpose of this instrument is to measure the nursing students' ability to apply different reading techniques that they would learn in the first unit of the ESP course. Coombe, Folse, and Hubbley (2007) state that "most language teachers assess reading through the component subskills. Since it is not possible to observe reading behavior directly, we can only get an idea of how students actually process texts through techniques such as think-aloud protocols" (p. 199). Therefore, the purpose of this reading assessment is to measure major reading skills such as understanding main and supporting ideas and establishing the overall organization of a passage. In addition, this reading assessment project intends to assess minor reading skills such as understanding vocabulary at a sentence level and recognizing discourse markers at an inter-sentence level.

The format of this assessment is an authentic reading project. Student teachers decided that the best way to assess all the major and minor reading skills

learned during unit 1 from the ESP course would be to create a reading project. This reading project is designed to cover all the necessary steps for students to successfully select an abstract that will work as a source for a specific research topic. Student teachers also decided to create this assessment taking into consideration Brown's principle of authenticity. Bachman and Palmer (as cited in Brown, 2007) defined authenticity as "the degree of correspondence of the characteristic of a given language text task to the feature of a target language task" (p. 27). This assessment portrays one of the most common tasks nursing students need to carry out since during the needs analysis they stated that their nursing teachers had them create at least one research project per course. Additionally, Brown (2004) states that authenticity may be present in the following ways:

> The language in the test is as natural as possible, items are contextualized rather than isolated, topics are meaningful (relevant interesting) for the learner, some thematic organization to items is provided, such as through a story line or episode, and tasks represent or closely approximate, real-world tasks. (p. 27)

Consequently, student teachers decided that the reading project would replicate this common research task that nursing students must carry out. For this reading assessment project, student teachers would provide nursing students with a research topic. In addition, students will also receive a handout with the assessment instructions and three different authentic abstracts to carry out the task. This handout will include several instructions each of these instructions will correspond to a step in the successful selection of an abstract that works as source for the assigned research topic. In addition, each of these steps will also be related

to a major or minor reading subskill. This assessment project is worth 30% of the students' final grade. Therefore, the total number of points of the project will be distributed among the different steps of the assessment task.

2. Course Evaluation

As stated by Dudley-Evans & St John (1998), "evaluation and review does not apply only to learners. The course itself and your own performance as teacher should be evaluated and reviewed using formal feedback procedures (for example, questionnaires) and informal discussion" (p. 155). For this reason, in addition to students' performance assessment of each unit, both teachers and the course itself need to be evaluated. Graves (2000) states that course evaluations serve multiple purposes. For instance, this evaluation helps teachers to reconsider what was effective and to change what does not meet with students' needs, it provides students with the opportunity to verbalize their opinions, and it assesses the achievements of the course. Therefore, a questionnaire was designed to evaluate goals and objectives, course content, organization of the course, materials, methods, and assessment (Graves, 2000). This questionnaire (See Appendix 13) includes both closed and open responses. Closed responses were chosen because they are relatively easy to answer and to interpret objectively; however, they narrow the possibility of gathering sufficient information from participants; for that reason, open responses were added in order to explore the dimensions of particular issues (Brown, 2005). The latter consists of three short-answer questions and the closed response questions correspond to a Likert scale. According to Brown (2005), Likert scales are "effective for gathering respondents' views,

opinions, and attitudes about various language-related issues" (p. 40), which complies with the purpose of this evaluation instrument.

3. Teacher Evaluation

As previously stated, teachers' performance should also be included in the course curriculum since it would allow the instructor to adjust and improve any teaching aspect necessary to achieve the ultimate goal of students' learning (Dudley-Evans, & St John, 1998). Following this assertion, a teacher evaluation form was designed (See Appendix 14). Danielson and McGreal (2000) list within the main purposes for teachers' evaluation aspects such as "provid[ing] constructive feedback to individual educators, recogniz[ing] and help[ing] reinforce out-standing service, provid[ing] direction for staff development practices" (p. 8). Therefore, aiming at obtaining constructive feedback, reinforcing the good teaching practices, and identifying the direction of the course, the student teachers decided to ask students to evaluate each teacher's performance twice. The first evaluation will be applied in the middle of the course, so the instructors can reinforce or adjust salient aspects, while the second evaluation will be carried out at the end of the term in order to evaluate the teachers' overall performance throughout the course.

Regarding the teacher evaluation components, Danielson and McGreal (2000) highlight four main domains of professional practice that need to be addressed when evaluating the teachers' performance. The planning and preparation domain includes "comprehensive understanding of the content to be taught, knowledge of the students' backgrounds, and designing instruction and assessment" (Danielson & McGreal, 2000, p. 23). The classroom environment

domain “addresses the teacher’s skill in establishing an environment conducive to learning, including both the physical and interpersonal aspects of the environment” (Danielson & McGreal, 2000, p. 23). In the third place, the instruction domain “is concerned with the teacher’s skill in engaging students in learning the content, and including the wide range of instructional strategies that enable students to learn” (Danielson & McGreal, 2000, p. 23). Finally, the professional responsibilities domain “addresses a teacher’s additional professional responsibilities, including self-assessment and reflection, communication with parents, participating in ongoing professional development, and contributing the school and district environment” (Danielson & McGreal, 2000, p. 23). From this last domain, due to the nature of the ESP course for nursing students, only the self-assessment and reflection aspect of the domain was considered when designing the evaluation form.

The teacher evaluation form also includes a Likert-Type Scale Response chart that addresses the four aforementioned assessment domains. Students will be required to evaluate each student teacher’s performance by selecting one option from the four options given according to the level of agreement scale provided by Vagias (2006). Finally, at the bottom of the form, students will be provided with a small space for them to freely note any recommendation they consider useful to point out.

I. Conclusions and Recommendations for Course Design

Taking into consideration the information gathered through the needs analysis and the results obtained from the diagnostic test, the student teachers

have come up with the following conclusions and recommendations for the design of the ESP course for the nursing students. The majority of the population for the ESP course performed as intermediate students in the diagnostic test. Therefore, it is important to create tasks that students can carry out while using authentic materials to ensure that the students can understand and learn key concepts related to their field. When designing the tasks, students who performed within the beginner and mid-intermediate parameters should also be taken into consideration to guarantee that all the students can achieve the course goals and that the students are always motivated. In addition, the course design should be done in accordance with the needs and the lacks found during the data gathering stage. A strong emphasis on the speaking and listening macro-skills must be ensured since both of these skills were marked as a need and a lack, and in some cases also as a learners' want. In addition, reading and writing should also be addressed to make sure that the students could comply with the needs that they, as well as the stakeholders, stated.

Finally, it is of paramount relevance to keep the principle of a learner-centered environment as the starting point for any teaching practice or decision making during this ESP course for nursing students. Accordingly, a constant reflection on the course goals, the teaching procedures, and the assessment results will make a successful outcome possible for all the participants in this process.

Chapter III. Course Evaluation Report

Although the Task-based Language Teaching (TBLT) approach has been studied for several decades (Ellis, 2003; Nunan, 2004; Willis, 1996), it still holds the interest of numerous researchers. Many have questioned the effectiveness of such approach in the acquisition of vocabulary and grammar (Fotos, 1994; Park, 2002; Kim, 2008, Kim, 2013). Nevertheless, many queries remain unanswered. This research project poses one more question and offers results drawn from a small sample of nursing students taking an English for Specific Purposes (ESP) course.

This study explores the role of pre-tasks to prepare nursing students to successfully perform a speaking task. Specifically, it deals with teaching of key vocabulary, useful expressions, and crucial grammatical structures and their impact on students' gradual improvement in terms of their speaking ability at the time of performing a role-play based on real life job-related scenarios. In order to analyze this impact, the following research question and sub questions were posed:

A. Research Question:

To what extent did the pre-tasks in an ESP course for nursing students effectively prepare these learners for the oral main tasks in terms of vocabulary and grammatical structures?

B. Sub-questions:

1. To what extent did the students successfully apply the vocabulary taught in the pre-task phase in the main task of units 2 and 3?

2. To what extent did the students successfully apply the grammatical structures taught in the pre-task phase in the main task of units 2 and 3?

3. To what extent did the nursing students improve the number of lexical items and grammar structures used in unit 2 compared to the ones used in unit 3?

The following sections gather the state of literature in terms of TBLT, ESP, and focus on form studies. The researchers also explain the methodology used to collect and process data as well as the discussion of results gathered from this English course for nurses. Finally, some conclusions and recommendations are given to contribute to the ESP field and help future researchers and teachers.

C. Literature Review

The studies reviewed in this section show some of the outcomes of Task-Based Language Teaching in English courses. These studies are divided into two groups: the first group deals with the principles of this approach and some of its applications in ESP courses; the second group describes various results of pre-task planning and its effect on students' production in tasks. Our examination was necessary in order to illustrate the scenario of TBLT in a real-world context and to find a niche that has not been fully analyzed in previous studies in order to offer a contribution to the EFL research field. Nevertheless, before going any deeper into the subject, a brief description of the theoretical foundation of TBLT is required.

1. Task Based Language Teaching

Language is a phenomenon in constant evolution; consequently, language teaching is also a process in constant change. This changing process moves accordingly with the language needs people face while performing their daily tasks.

The premise behind Task-Based Language Teaching is that each real-life task within its specific context demands that people know and apply specific and differentiated language skills. Therefore, the concepts of *task* and *language* correlate to define a teaching approach that takes into account real-life tasks to design the language teaching methods. Indeed, Richards and Rodgers (2001) define TBLT as “an approach based on the use of tasks as the core unit of planning and instruction in language teaching" (p. 223). Since this definition highlights tasks as the cornerstone of the teaching practice, the task itself must be clearly understood. In this regard, Candlin (1987) states that “a task is one of a set of differentiated, sequenceable, problem-posing activities involving learners and teachers” (p. 19). This means that a task should be an activity that represents a *problem* that learners must overcome in real-life. On the other hand, Willis (1996) goes further into the language instruction by explaining that tasks are “activities where the target language is used by the learner for a communicative purpose (goal) in order to achieve an outcome” (p. 28). Hence, tasks must be carefully designed so that students can learn the skills that will allow them to replicate those tasks and achieve a successful outcome in real life just as they do in class with the teacher’s guide.

Researchers within the TBLT approach assert that tasks provide the best opportunity for students to learn and use the language as they will need to use it in real life. Hence, the purpose of the task is to prepare learners to cope with the out-of-class challenges more effectively. Willis (1996) indicates that “within the TBL framework, tasks and texts combine to give students a rich exposure to language and also opportunities to use it themselves” (p. 101). In other words, tasks must

provide learners not only with sufficient input but also with a fair number of opportunities for them to use the target language to communicate and solve problems. Taking into account that tasks are the core of TBL instruction, instructors must keep in mind the task throughout the whole process of language teaching including planning, instruction, and evaluation (Nunan, 2004). In short, TBLT takes the *task* as the basis for syllabus design, for classroom instructions, and for assessment procedures considering the real-life task as the model for language learning.

2. English for Specific Purposes

Along with the development of the task-based approach, English for Specific Purposes (ESP) has gained popularity in the language-learning field as it accurately targets the language needs of a learning population. Dudley-Evans and St John (1998) point out that “ESP has been referred to as applied ELT as the content and aim of any course are determined by needs of a specific group of learners" (p. 3). Then, an ESP course seeks to cater to the specific needs of a similar group of students who share a common background, and whose goals in terms of language use are very much alike.

ESP, as a language-teaching field, proposes a series of characteristics that differentiates this approach from a general English teaching approach. These characteristics are divided into two main categories: the absolute features and the variable features. Among the absolute features, ESP focuses on meeting the specific learners’ needs, using underlying methodology and activities taken from the subject matter discipline, as well as focusing on the variety of language

features that are required to perform those subject matter activities (Dudley-Evans & St John, 1998). In addition, a set of variable ESP characteristics has been defined including features such as its relationship with specific study fields, the use of methodologies different from the ones normally used for general English teaching, and its attempt to cater to the needs of learners at an intermediate or advanced proficiency level (Dudley-Evans & St John, 1998). All these features combine to offer language learners the opportunity to learn English while focusing on the linguistic competences they need to be able to carry out actual tasks.

3. Pre Tasks

The first phase of task-based instruction is the pre task phase. As part of the TBLT approach, pre tasks play an important role in learners' preparation. The pre task phase is an introductory step in task-based instruction that aims to prepare learners to comprehend a text or the communicative task better. Dörnyei (2001) states that "revealing the purpose of the task in advance also serves as motivator" (p. 117). Willis (1996) argues that "the goal of pre-task activities is to explore the topic" (pp. 41-42). In addition, Ellis (2018) states that "the framing of the task plays an important role before implementing the task since it informs learners about the outcome of the task and what they are supposed to do to fulfill the task" (p. 246). Therefore, the aim of the pre-task phase is to make students aware of how to carry out the task in ways that will enhance learning: these tasks are regarded as an entry to the topic and the main task.

Considering the importance of this phase, researchers have conducted the study to determine how to guide learners through this phase. Ellis (2018) argues:

> Pre-task planning studies distinguish ‘guided planning’ where learners are directed to pay attention to some specific aspect of language (i.e. form or meaning) or even some specific grammatical feature and ‘unguided planning’ where they are left to decide for themselves what aspects they plan. (p. 85)

Following this idea on guided planning, pre tasks can be seen as an opportunity for teachers to implement focus on form strategies that will help the learners later on while performing the communicative task (Ellis, 2018).

To take advantage of the pre-task phase to prepare learners on strategies and communicative skills, a variety of studies has provided insight to understand the advantages that this phase has for teachers and learners. Therefore, the advantages of pre task planning in the learning experience have been widely discussed. According to Ellis (2018), one benefit for the learners is that “when learners’ proficiency is weak . . . pre-teaching the target form may help learners to attend to it while communicating and may also facilitate learning” (p. 78). In addition, Ortega (as cited in Ellis, 2018) states “the provision of time for learners to plan is a pedagogical manipulation assumed to induce learners to focus on whatever formal and systemic aspects of language are needed to accomplish a particular task” (p. 75). Considering the previous statements, another advantage is that by allowing learners to plan, they are able to activate existing linguistic resources in working memory, which allows them to have the resources ready by the time they need to perform the task (Ellis, 2018). Another advantage, for both teachers and learners, is that students can have a better conceptualization (i.e. deciding what to say), which enables the learners to pay greater attention to

formulation (i.e. accessing the lexical and grammatical features needed to encode what is to be said) during the production of the main task (Ellis, 2018). Thus, pre tasks result in numerous advantages for both learners and instructors.

Due to the many benefits outlined before, several researchers (Khorasani, Pandian, & Ismail, 2012; Piti, Barati, & Ketabi, 2012; Mohammad & Ashari, 2012; Yuan & Ellis, 2003) have tested the implementation of pre tasks and their impact on their language classes. For instance, Khorasani, Pandian, and Ismail (2012) worked with both oral and written skills in a TBLT class. The authors analyzed the effect of un-guided planning on accuracy in learners' oral and written narrative production. Sixty undergraduate Iranians majoring in English were divided into two groups: a control group with no planning time and an experimental group that could plan their task. Both watched an episode of a British sitcom, but the control group had 14 minutes to write their narration based on the episode while the other group had ten minutes to think about their production first. This group also had 14 minutes to write at least 200 words. For the oral production, both groups had five minutes to talk about the episode. The results showed that learners with planning time produced a more accurate outcome in both tasks than the control group; however, these results did not show a significant statistical difference.

The following two studies deal with the effects of pre-task planning on accuracy, fluency, and complexity in written tasks. Piti, Barati, and Ketabi (2012) conducted their research on a group of 45 Iranian learners of English for translation and literature who performed a narrative task based on a series of six pictures. The group that could use pre-planning strategies had fifteen minutes to prepare to write a two-hundred-word story while the on-line planning group had unlimited time to

write. After analyzing the results, the researchers concluded that pre-task planning affected fluency but did not drastically modify complexity or accuracy.

On the other hand, Mohammad and Ashari (2012) worked with two groups: a control group that had no planning time and a group that was granted ten minutes to plan their writing either in small groups, in pairs, or individually. The authors concluded that students who could plan before their task were much more accurate in terms of grammar than the control group. Also, they noticed that students who planned in pairs and small groups outperformed the individual planning group.

Another study conducted by Yuan and Ellis (2003) analyzed the influence of pre-task planning and on-line planning in an oral narrative task. They found that pre tasks impact fluency and complexity positively. There were 42 participants divided into three groups (no planning, pre-task planning, and on-line planning), who were given an oral task that consisted of narrating a story based on a set of pictures. The first group (no planning) started right after reading instructions and had five minutes to complete the task. The group that used pre-task planning spent ten minutes thinking about content, organization, and language. Their notes were removed before the task. The third group did on-line planning, which is planning while performing the task. They did not have a time limit to finish the story. Their results showed that pre-task planning did not produce a significant increase in terms of fluency. However, it showed influence in grammatical complexity while accuracy was not strongly affected in terms of clauses and verb forms.

As these studies show, regularly, pre task planning positively influences task outcomes. These studies focus on providing learners time to plan and think, which

usually benefits their fluency and complexity of ideas and structures; nevertheless, none of them point out any improvement in terms of grammatical accuracy or focus on the effects of pre-teaching specific items during a pre-task phase. For these reasons, it seems critical to invest time pre-teaching vocabulary and grammatical structures during the pre-task phase to promote learners' awareness of form and the subsequent incorporation of it during the task planning stage. The studies in the next two sections examine the effects of vocabulary and grammar teaching on language learners.

4. Vocabulary

Vocabulary has become one of the main pillars of second language learning. On a daily basis, second language learners find themselves with the necessity of acquiring new vocabulary to be able to communicate. Richards and Renandya (2002) state that "vocabulary is a core component of language proficiency and provides much of the basis for how well learners speak, listen, read, and write" (p. 255). Moreover, Dudley-Evans and St John (1998) created two categories to explain the technical vocabulary that learners need to use when speaking. The first category is vocabulary that is used in general language but has a higher frequency of occurrence in specific and technical description and discussion. The second category is vocabulary that has specialized and restricted meanings in certain disciplines and which may vary in meaning across disciplines. As stated by Nation (2001):

> Where technical vocabulary requires specialist knowledge of the field, teachers should be training learners on strategies, which will help them

> understand and remember the words. Much technical vocabulary will only make sense in the context of learning the specialized subject matter. (p. 19)

As stated above, instructors need to take into consideration not only teaching vocabulary but also the type of vocabulary that they are teaching. Differentiating between general and technical vocabulary is key to provide a successful learning experience since there might be situations in which context needs to be provided for learners to successfully acquire a new word.

Some authors have stated the relevance of taking into account the frequency of words before deciding what to teach. For instance, Nation (2001) states that “the high frequency words of the language are clearly so important that considerable time should be spent on them to get attention over the span of a long-term programme” (p. 16). Considering Nation’ s statement, teachers will need to invest more time during the pre-task phase to guarantee that learners get acquainted with the vocabulary, whether they promote planned meetings with the words or explicit teaching of them. Although spending more time on pre tasks may result in shorter time to develop the main task, the noticeable improvement and preparation exhibited by students may compensate for the additional time invested in pre tasks.

The aforementioned authors have also noticed additional positive effects of teaching vocabulary beforehand. As stated by Nation (1997):

> The positive effects of vocabulary teaching are that it can provide help when the learners feel it is most needed. This is particularly true for vocabulary teaching that occurs in the context of message-focused activities involving

> listening, speaking, reading, and writing, and where the teaching deals with items that learners see as being very relevant for the activity. (p. 2)

In relation to Nation's quote, another benefit of pre teaching vocabulary is the increase of confidence among learners in the class. Pre tasks not only allow learners to have more time to plan the structures they will use during the communicative tasks, but they also allow learners to understand different words that they will encounter in the main tasks and that they will be required to use in a more accurately. As stated before by Nation (1997), learners feel comfortable using new words when the vocabulary is taught beforehand since it allows them to be successful when performing the main task.

Implementing pair or group work at the pre task stage may also enhance the learning experience since students can learn from each other (Nation, 1997). As an example, Kim (2008) contrasted collaborative tasks to promote vocabulary learning versus individual tasks. In order to conduct this study, one group of participants were exposed to language related episodes that they solved by negotiating in pairs while the other group of participants was exposed to the same language samples but solved them individually following a thinking-aloud protocol. After the treatment, the group that performed tasks collaboratively obtained better results than the individual tasks group in the posttest. Hence, this study supports that learners acquire more vocabulary by interacting with their peers in meaningful contexts.

5. Grammar

According to Long and Robinson (as cited in Park, 2002), grammar in TBLT is usually taught by following one of these three ways: first, by frequent exposure to

target lexical and syntactic structures. By repeating these structures, learners notice them and incorporate them. Another technique is using negative feedback to draw attention to form. Usually, this technique is preferred when students continue producing erroneous structures during a task, so the instructor, based on these errors, can spend some time addressing and correcting them. Finally, the authors recommend implementing implicit negative feedback in the form of recasts, which are reformulations of the intended message in order to redirect speakers' attention to form.

Additionally, Long and Robinson (as cited in Park, 2002) list four maxims of grammar teaching:

1. Learners need to be exposed to rich authentic samples of language.
2. Both learners and teachers should not expect that target structures will be acquired once learners have been drilled in them.
3. Learners should be encouraged to explore the functioning of grammar in context through inductive learning experiences.
4. Target language forms should recycle, so that learners encounter target language items in an increasingly diverse and complex range of linguistic and experiential environments. (p. 10)

Taking these maxims into account, different researchers (Park, 2002; Fotos, 1994; Córdoba & Navas, 2009; Kim, 2013) have tested the effects of grammar in the TLBT approach.

Park (2002) studied language focus activities within the TBLT approach that tackle both meaning and form. Some of the different techniques consisted of exploring different meanings and usage of particles such as suffixes to vary the

meaning of words, comparing two grammatical sentences, unscrambling jumbled sentences, completing gap tasks, and expanding news headlines with verbs and particles. Park (2002) concluded after the thorough description of techniques that the best one depends mainly on students' cognition, learning style preferences, prior experiences, and cultural contexts. Hence, although this study does not show a conclusive result, it provides researchers with an array of techniques to test on their particular group of participants.

Furthermore, Fotos (1994) analyzed the effectiveness of integrating grammar consciousness-raising tasks in order to develop accuracy in terms of form. The author compared students' performance and negotiation of meaning in three common grammar teaching scenarios such as teacher-fronted instruction, communicative tasks lacking grammar content, and grammar tasks. Three task cycles of three weeks each were developed in order to teach students different aspects about word order by using mostly gap tasks and reaching a solution through discussion and collaboration. Fotos (1994) highlighted that students who were exposed to grammar consciousness-raising tasks improved their performance and were more successful in the subsequent communicative use of structures.

Another study conducted in Costa Rica by Córdoba and Navas (2009), with staff from the Computer Center at the University of Costa Rica, investigated how effective TBLT is to teach grammar inductively. They taught superlatives by showing students how to notice features after performing their tasks. In this study, they described the method used in one of their lessons. For the warm-up, students used cards to ask each other questions about how to use pieces of equipment.

Then, for the pre-task stage, they read ads related to computers and then brainstormed other useful phrases present in ads that clients tend to use. The main task was based on the reading of ads, which consisted on a true or false exercise. Learners had to underline some information and discriminate between true and false statements. In addition, the students were required to read the ads for a second time to notice the recurrent use of superlatives. The researchers noticed that students unconsciously acquired this structure while performing useful work-related tasks since for the last stage of the lesson students had to use the superlative form to create sentences of their own and they were able to do it.

Finally, Kim's (2013) research study explored the effects of exposing students to pre task modeling of three specific tasks in order to confirm whether this type of pre-task strategy motivated learners to pay attention to form and facilitated the development of question formation. Forty-five participants were divided into two groups. One of the groups was given unguided planning time while the other one was exposed to two-minute modeling videos before planning their task. In these videos two professors negotiated meaning as a model for students. These interactions included examples of question formation and corrective feedback between the speakers. To gather data, students were recorded during planning time (following a thinking aloud protocol) and during the task interaction. A key aspect of this research is that although students had previously studied question formation following a traditional, structuralist method in other classes, they still were not able to incorporate the correct forms during oral tasks. Hence, it was essential to improve learners' awareness and attention to form. Kim (2013) concluded that "task modeling was a useful guided-planning condition to facilitate

learners' attentional resources to a target structure and to promote reflection time prior to task performance" (p. 31). In addition, the author concluded that planning time was not enough to develop students' grammar structures, so new strategies should be implemented in class to reinforce this aspect during oral tasks.

The previous studies shed light on the importance of the pre-task phase within the TBLT approach when teaching grammar. Several studies point toward the need to go beyond just providing planning time for learners to prepare for the tasks; the pre-task stage must incorporate activities related to developing awareness of form. In terms of vocabulary teaching, building learner's confidence and improving their sense of preparedness are some its many advantages. Nevertheless, Kim (2008) asserts that interaction is key in order to acquire vocabulary meaningfully. In regard to structures, Park (2002) experimented with several techniques to teach grammar; however, Fotos (1994) pointed out that consciousness-raising activities allow learners to use these structures in context more easily. Additionally, Kim's (2013) research provided valuable insight; nevertheless, the use of a model to teach grammar might be questioned since it could limit learners' creativity. Thus, it is still necessary to explore other pre-task planning strategies. For this reason, a niche that can be addressed through this study is the impact that several vocabulary and grammar pre tasks have on the oral performance of a group of nursing students during role-play tasks.

D. Methodology

This section outlines the methods, instruments, and procedures followed in order to evaluate how effectively pre-tasks prepared students to perform oral tasks.

1. Research Approach

This research project followed a mixed approach. According to Dörnyei (2007), “a mixed methods study involves the collection or analysis of both quantitative and qualitative data in a single study” (p. 163). Thus, this method analyzes quantitative information using “descriptive and inferential statistics” and qualitative data through “coding and thematic analysis” (Riazi, 2016, p. 189). For this study, a quantitative approach was used to determine the frequency in which students used structures and the incidence of mistakes; on the other hand, a qualitative approach was followed in order to identify deviations from standard structures and other relevant trends in the data. Thus, the combination of these two approaches made a comprehensive analysis of the object under study possible.

2. Context

Data for this study were gathered during six lessons in a 14-week English course for nursing students at the University of Costa Rica. Each lesson lasted two and a half hours and was taught by a team of three students from the Master’s in Teaching English as a Foreign Language. This course had an ESP focus and taught nursing students different skills necessary for their academic and professional lives, which included grasping key information from academic journals and role playing situations during the admission and post-operative care stages.

3. Participants

Nine students took part of this research study, seven undergraduate students from the nursing major and two postgraduate students from Master’s in Oncology Nursing. Their age ranged from 20 to 38 years old and two of them were

working as professional nurses at the moment of conducting the study. In terms of their English level, four of them performed tasks at a lower beginner level, but the rest of them performed tasks as high intermediate speakers; thus, this group of participants exhibited a significant contrast in terms of language proficiency. Additionally, the participants of this study were not selected by any procedure since they volunteered to take this course and participated actively in their role as research subjects. The only condition that they had to meet was being an active student from the School of Nursing at the University of Costa Rica.

4. Instruments

Data were gathered making systematic observations, using tally sheets and rubrics**.** Observations were chosen as the main technique to collect information since they allow researchers to "see directly what people do without having to rely on what they say they do. Therefore, such data can provide a more objective account of events and behaviors than second-hand self-report data" (Dörnyei, 2007, p. 185). In order to ensure this objectivity, at least two observers were present during each class: the leading student teacher and one or two student teacher assistants.

Additionally, as stated by Dörnyei (2007), a "structured observation" may be more effective since it has a "specific focus and concrete observation categories" (p. 179). For this reason, two tally sheets were designed to systematize these observations. One tally sheet focused observers' attention on the use of lexical items (See Appendix 15). This instrument tracked down the number of lexical units or word categories previously taught during the pre-task stage and used by

students during the main task. In addition to the number of times students used them, the observers marked how many times these words were pronounced correctly, if they conveyed the precise meaning of the word, and whether they were used in an appropriate context. Regarding the correct pronunciation of words, observers based their decisions about correctness on the definition of intelligibility. Derwing and Munro (2015) define intelligibility as the "degree of match between a speaker's intended message and the listener's comprehension" (p. 5). Therefore, even if there were some minor errors related to the accurate production of some sounds, if the message was understood and the idea was clear, the pronunciation of the lexical unit was labeled as correct. This practice is in agreement with Derwing and Munro's (2015) assertion indicating that "intelligibility is the most fundamental characteristic of successful oral communication" (p.1), and they go beyond by claiming that "without this property, there cannot be genuine communication" (p. 1). Therefore, considering the learners' proficiency level and the context of this course, accurate pronunciation was defined in terms of the extent to which the message was intelligible.

The second tally sheet focused on two grammar structures per class (See Appendix 16) and the number of times students used a specific structure during the main task. Observers also checked if the structures followed the correct form, showed the intended meaning, and were used correctly within its context based on the recommendations provided by Celce-Murcia (1985) indicating that in order to provide efficient focused-on-form instruction, teachers need to integrate form, meaning and content. Both tally sheets were event sampling since they represented an accurate description of the frequency in which specific vocabulary

and grammar structures were observed during the role-plays of the main tasks. One advantage of event-sampling is that the reports on the events can "be filled out immediately after the event" (Ohly, Sonnentag, Niessen, & Zapf, 2010, p. 84); accordingly, the observers completed the tally sheets while students were performing the tasks. Even though the instruments addressed very specific linguistic aspects, observers were encouraged to comment on any other issue that occurred during the main task since this might have been an important factor affecting the students' overall performance during the main task. In addition, all role-plays were voice recorded and then transcribed into text in order to corroborate information and add more details about students' main strengths and weaknesses while the end-of unit assessment role-plays were video recorded.

Designing a rubric to define the level of success reached by the learners was the next step to assess the students' performance. This rubric went beyond providing a grade about learners' overall performance, because it established the parameters to determine whether the learners were able to successfully use the lexical units and grammar structures taught and rehearsed during the pre-task phase. It was previously stated that words are the basic blocks upon which language is built (Zhuang, 2008). Therefore, since one of the aims of this project was to provide learners with enough field-related vocabulary, the researchers decided to observe students' implementation of vocabulary taught in the pre-task phase. In order to do that, vocabulary was divided into two categories: words and expressions. The former referred to simple words related to the nursing field such as *incision, allergies*, and *tablets*, while the latter referred to formulaic expressions such as *every ___ hours* and *on an empty stomach*. Additionally, in order to

generalize the use of both categories, the term *lexical units* was used to refer to the observed vocabulary. Regarding grammatical structures, the same term was applied to all grammar forms covered in class. Once this was defined, the instruments to assess learners needed to be devised. Mertler (2001) asserts that "the bottom line for classroom teachers is that they must find a system of conversion that works for them and fits comfortably into their individual system of reporting student performance" (p. 4). Based on this recommendation, two sets of parameters, one for vocabulary and one for grammatical structures, were developed to report on the students' achievement considering the context and the objectives of this study. The first set of parameters (See Appendix 17) helped to determine the extent to which learners were able to recall and use the vocabulary items that were taught throughout the pre tasks. *Poorly applied, Satisfactorily applied,* and *Successfully applied* were defined as the three possible levels of achievement that students could reach in each of the main tasks observed. Genesee and Upshur (1996) point out that before conducting any assessment task, the evaluators should "identify the features or qualities of good answers" (p. 208). Consequently, student teachers created this rubric to set the limits of what to consider a good use of vocabulary during the tasks taking into account the time and context learners had to complete the task. The time students had to carry out the task as well as the context or type of real-life task they were role playing were two key aspects taken into consideration when designing the assessing indicators. Regarding time, based on the class schedule and dynamics, learners had from two to four minutes in the during-class role plays and from four to six minutes approximately in the assessment role plays to complete the task which usually

consisted of a set of steps such as asking for the patient's personal information, getting the symptoms or checking the vital signs. In terms of the type of real-life task they were role playing, the participants' interactions were not free conversations. Instead, they had to follow the order of procedures established as the protocols for nurse-patient interactions at the health care centers. To exemplify, if the task was to complete the patient's medical history, learners had to start by confirming some personal information details, then asking for the patient's medical records, and finish by checking the patient's relatives' medical history. Therefore, the interactions were restricted by the allotted time and the type of task to perform. As a result, the levels of achievement in the assessing rubrics were designed to fit the number of lexical items or categories that students needed to use in order to complete the specific task required within the time provided as previously recommended by Genesee and Upshur (1996).

As stated above, the indicators to measure learners' achievement regarding vocabulary use were labeled using three categories. *Poorly applied* referred to students who were able to use only one or two lexical units or categories during the main task. All ten words or categories pre taught in the pre-task stage were part of the vocabulary nurses needed at some point of the interaction with patients. Therefore, if the students used only one or two out of the ten, it reflected a lack of variety in vocabulary and that probably some information was missing while carrying out the task. *Satisfactorily applied* referred to students who were able to incorporate from three to five different lexical units/categories while developing the main task. This meant that with that number of word categories, students could have been able to obtain sufficient information to complete the task. On the other

hand, *Successfully applied* referred to students who were able to incorporate six or more different lexical units/categories into their speaking task. Using six or more out of the ten pre-taught word categories meant that students were able to obtain sufficient information to provide a detailed description of the patient's condition or that they were able to explain in detail a condition or procedure to the patients considering that the pre-taught words covered different stages of the nurse-patient interaction protocol. Additional to the number of word categories such as level of pain learners were able to use, these indicators also gave emphasis to the intelligibility principle explained at the beginning of this section. Following Derwing and Munro's (2015) theory, learners' use of the pre-taught vocabulary was labeled as successful or satisfactory even when they presented some minor pronunciation errors that did not disrupt communication or interfere with understanding. Indeed, Celce-Murcia et al. (2010) assert that "teachers need to redefine the goal of the pronunciation class as comfortable intelligibility rather than perfect accuracy" (p. 18). Finally, it is noteworthy that a second indicator's rubric was designed to measure the vocabulary achievement level obtained by learners in the final assessment tasks carried out at the end of units 2 and 3 (See Appendix 18). This second rubric considered all the same principles explained above; however, since the final assessment task covered lessons 2 and 3 of each unit, the number of lexical units/categories was doubled. Thus, the *Poorly applied* indicator referred to students who used from one to four words out of twenty, *Satisfactorily applied* referred to students who incorporated from five to nine different words out of twenty, and *Successfully applied* referred to students who were able to incorporate ten or more words out the twenty words pre taught in the pre-task phase and,

therefore, were more effective in that particular component of the task. Then, the main difference between *Satisfactorily* and *Successfully* applied relied on the fact that the former was an acceptable level regardless the students' lack of variety in vocabulary use and some minor pronunciation errors, and the latter was a more effective level in which learners applied a variety of words with few or no errors.

The second set of parameters (See Appendix 19) that was designed consisted of a rubric to determine the extent to which learners were able to apply the grammar structures taught in the pre-task phase during the main task of each lesson and the final assessment tasks of units 2 and 3. Considerations were also taken into account to choose the indicators of success for grammar (Mertler, 2001). First of all, as stated by Dudley-Evans and St John's (1998), some people usually consider that ESP does not deal with grammar; however, the student teachers decided to embrace these authors' claim expressing that "where students have grammatical difficulties that interfere with the essentially productive skills of speaking and writing, or the essentially receptive skills of listening and reading, it is necessary to pay some attention to those difficulties" (p. 74). Hence, some of the most frequently used grammatical structures that nurses need to use while interacting with patients were included in the pre tasks aiming at increasing the learners' accuracy. The number of times students used those grammar structures during the main tasks was also tracked down to measure the impact of pre teaching grammar on the accuracy of these learners' production.

The parameters to assess learners' grammar achievement were divided into three categories. Firstly, *Poorly applied* referred to learners who were able to use the grammar structures under study one or two times during the main task. As

stated before, the structures presented to the learners were high frequency structures that nurses need to use skillfully; then, if students applied those structures once or twice during the completion of a whole task, it meant that some information was missing or that some steps of the tasks were not fulfilled. It is relevant to clarify that since task completion was out of the scope of this study, if students substituted the lexical units and grammar structures taught during the pre-tasks for different words or structures they already knew, the results of the study were not affected because the aim of the study was to measure the learners' achievement of the item covered in the pre-task phase rather than task completion or compensation strategies. For instance, in order to complete the patient's admission form, nurses needed to ask a large number of questions, so if the structure under study was question formation in simple present tense, asking one or two questions was not sufficient to label the use of the structure as successful. Secondly, *satisfactorily applied* referred to learners who were able to incorporate the pre-taught grammar structures from three to five times during the main task. Using the structures three to five times meant that they were able to collect a fair amount of basic information from the patients; nevertheless, considering the amount of information required to complete the patient's form, the medical history or to explain a procedure, incorporating the grammar structures from three to five times provided insufficient evidence of a successful command of the structures. Finally, *Successfully applied* referred to learners who were able to incorporate the structures six or more times during their interaction in the main task. At this point, students would had been able to maintain a functional conversation that could

provide sufficient information for the nurse to complete the task, so the application of the grammar structures could be labeled as successful.

Going beyond the number of times each structure was used, elements such as the context of use and the level of correctness were included in the rubric. Regarding the context of use, researchers evaluated if the grammar structure applied was appropriate for the context of the task. Modal auxiliaries can be used to illustrate this point. Dudley-Evans and St John (1998) indicate that in an ESP context, modals are very useful to express *hedging* (a phenomenon that refers to the intention of distancing the speaker from the statement), as well as to demonstrate a higher level of politeness. Accordingly, the grammar rubric took into account that the context in which the learners inserted the structures was the appropriate one for the specific form being used. On the other hand, in relation to the level of correctness, the student teachers agreed that minor structural errors that did not interfere with communication and meaning were going to be labeled as properly applied. Li and Chan (1999) explain that structural errors are “more amenable to correction, whereas ‘hard-core’ grammatical errors such as misuse of tenses and articles are less likely to be quickly corrected” (p. 83). Therefore, minor errors that could be easily corrected by the teacher or the learner itself were not penalized as to be considered unsuccessful use of the structures. As an example of a structural error, students were taught to use complete grammatical questions with their proper auxiliaries; however, if during the main task a student said “and what about your family history?” instead of using a complete question such as “what can you tell me about your family history?”, it was accepted as correct since meaning was not affected and the patient could still comprehend the kind of

information required by the nurse. As stated by Skehan (1998), in task-based instruction, “meaning is primary ... the assessment of the task is in terms of outcome” since this method is not “concerned with language display” (p. 98). In short, the parameters to assess the successful use of grammar structures were based on the frequency of use, the appropriate context, and the degree to which the intended message was not disrupted by structural errors. Finally, the parameters to measure leaners’ achievement in the end-of-the-unit assessment tasks were doubled since the tasks evaluated the structures taught in lessons 2 and 3 (See Appendix 20). Thereby, *Poorly applied* meant that the students used the grammar structures from one to four times, *Satisfactorily applied* meant that the students used the structures from five to nine times, and *Successfully applied* meant that the structures were used ten or more times during the assessment task.

A last relevant point to consider was the definition of effectiveness that this study sought to fit. The main objective of this project was to measure how effective pre tasks were to help students use the vocabulary and grammar structures taught in the pre-task phase; thus, the researchers needed to define what outcome could be considered as effective. Cameron (2015) asserts that “effectiveness is a construct that is grounded in the values and preferences of evaluators” (p. 1). This is true considering the wide variety of contexts in which effectiveness can be measured according to the specific conditions under study. However, for this study the student teachers adhered to the definition provided by the *goal model* claiming that “effectiveness means accomplishing goals” (Cameron, 2015, p. 1). Consequently, since the desired outcome was for students to *use* the vocabulary and grammar structures taught in the pre tasks during the main tasks,

effectiveness was labeled based on the students' actual *use* of the target language and forms in the main tasks being observed.

5. Procedures

In order to collect and then analyze the information through the instruments, a series of steps were followed. This process was done in a cyclical way, which means that after each lesson and unit, the same steps were repeated. Data were collected only for the second and third unit of the nursing course since these units were focused on speaking, which was the skill being evaluated.

The first step to follow was during the planning of each class. Every lesson consisted of five to six pre tasks that explicitly taught vocabulary, formulaic expressions, or grammar features. Some of these pre-tasks also focused on content or strategy training. Based on the content intended to be taught in all the pre-tasks and used during the main task, the three student teachers selected two grammatical structures and up to ten vocabulary elements, such as side effects, allergies, and types of medications to be observed during class. Only ten words per class were selected based on the considerations offered by authors such as Nation and Newton (1997), McCarten (2007), and Nation (2013). These authors agree that only a reduced number of words can be effectively learned per class. McCarten (2007) claims that "there are limits to how much vocabulary anyone can absorb for productive use in one lesson" (p. 23), and for this reason, teachers should introduce a few words at a time, starting with the most frequent words necessary to carry out the communicative task. Nation and Newton (1997) add to this by holding that a good vocabulary exercise addresses only useful words that

are needed for immediate communication. Finally, Nation (2013) points out that "the immediate learning return for most vocabulary activities is rather low with about three to four out of ten words studied being remembered soon after" (p. 360). Accordingly, the student teachers decided to focus each class on the observation of ten frequent words that were repeatedly addressed during each pre-task. Nevertheless, considering that the nursing students were exposed to a series of vocabulary activities rather than only one, the parameters were designed to expect a higher return level due to the constant repetition of words in different tasks. The same principle was applied to the selection of the two grammar structures. Aiming at reducing the learners' working load, only two structures were given emphasis in each class. During each class, the student teacher assistants took notes of students' overall performance and recorded the role-plays that were part of the main tasks for further analysis.

The following step consisted of transcribing into text the students' utterances during the role-plays and completing the tally sheets based on the audios and field notes taken during class. After the three student teachers had completed their tally sheets, they proceeded to compare and contrast the results by identifying patterns in learners' production. First, they counted the total number of times a structure, word, or lexical unit was uttered by each pair of students during the entire main task phase. To complement these results, the researchers looked for different trends, for instance, the most frequently used words, grammar structures that were the most troublesome, or any other recurrent error perceived in students' speech. This information was necessary in order to tackle major problems during the following class.

The same process was repeated for a total of four lesson cycles: two for each unit. Data were represented into two tables per task: one that tracked down lexical units and another one that showed the number of grammatical structures used by pair of students. Nevertheless, data gathered across the four different lessons were not numerically compared since the number of pairs who performed the main tasks was not consistent per lesson.

In addition to analyzing data from four task cycles, the researchers collected more information from two end-of-unit assessments. While performing the assessment, all role-plays were video recorded to be re-watched by the three student teachers. Although the students worked in pairs, one as the patient and the other one as a nurse, they were evaluated only when playing the nurse's role unlike the previous tasks that grouped data based on pair performance. For this reason, the number of structures and lexical units displayed in each end-of-unit assessment table corresponds to individual students; in fact, codes going from S1 to S9 were assigned to each of the learners. After tracking down the number of words and structures that students used, performance was evaluated using the rubrics in order to classify students' application of grammar and vocabulary as successful, satisfactory or poor. Then, the overall results from each end-of-unit assessment were contrasted in order to measure the level of improvement showed by the leaners in terms of vocabulary and grammar structures use. Finally, some task samples recorded during the diagnostic test conducted six months prior to the final assessment of the course were contrasted to students' final oral performance in order to measure improvement by comparing the number of lexical items and grammatical structures used during the tasks.

F. Results and Discussion

Larsen-Freeman (2000) asserts that pre-tasks are essential in the task cycle since they provide learners with the necessary language to complete a task. Because of their relevant role on the task cycle, this research study focuses on the impact that pre-tasks have in terms of lexical items and grammatical structure use when planning each lesson of the English course for nurses, the number, type, and focus of every pre-task was carefully crafted. The following section presents the outcomes of carrying out these pre-tasks during the second and third units of the course, specifically in terms of grammar and vocabulary use. The results will be presented and discussed per unit.

1. Results of Unit 2

Unit 2 deals with to the integration of listening and speaking, and its goal was for students to appropriately interact with potential English-speaking patients by role-playing scenarios involving the discussion of symptoms, levels of pain, and basic medical history. In order to achieve this goal, four lessons focused on developing the necessary skills to complete the task. The first lesson dealt with understanding symptoms; the second one involved asking for vital signs; the third one consisted of completing a medical history, and the fourth one was a review lesson that ended up with the oral assessment. The first lesson of this unit was not observed since the main task focused on listening, not speaking. Thus, data were gathered from lessons two, three, and the end-of-unit oral assessment.

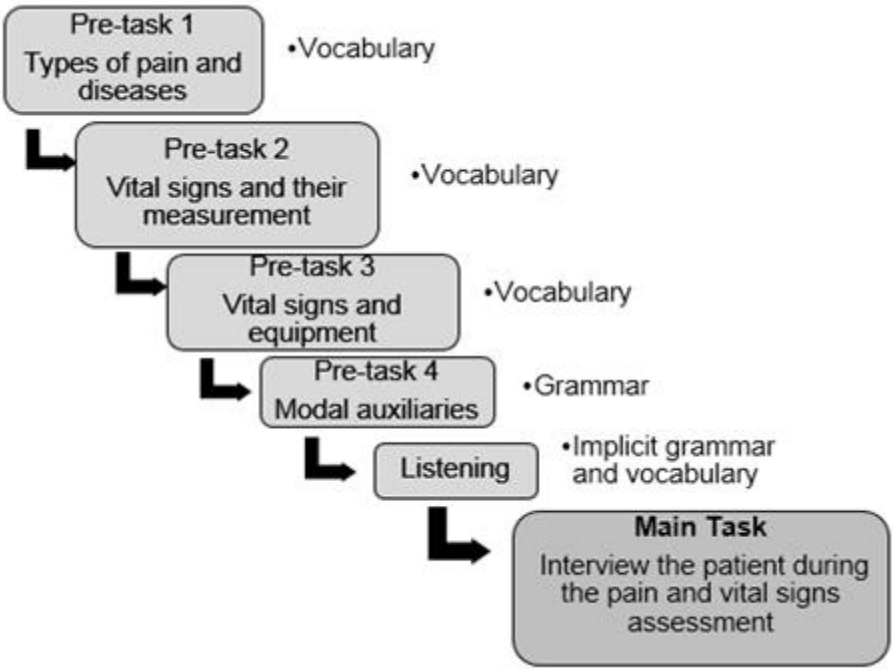

Figure 7. Distribution of activities in the second lesson of unit 2

Figure 7 describes the order of pre-tasks and their emphasis in lesson 2, unit 2. As it is shown, that lesson consisted of five pre-tasks. Nation (2001) states that "the high frequency words of the language are clearly so important that considerable time should be spent on them to get attention over the span of a long-term programme" (p. 16). Therefore, three of the pre-tasks of the lesson plan explicitly taught students key vocabulary needed to carry out the main task. Additionally, one of the pre tasks explicitly covered grammar structures. The last pre-task showed students a model of the main task which showcased pre-taught vocabulary and grammar. In the same line, Zhuang (2008) asserts that since "words are basic building blocks of language" (p. 50), they are usually part of any language instruction and testing. Additionally, Willis and Willis (2007) claim that when trying to promote meaning in tasks, "the teacher helps by providing the odd

vocabulary item" (p. 8), and they also assert that when trying to focus on grammar "many lessons begin by isolating one or two forms for study" (Willis & Willis, 2007, p. 16). Following these ideas, the pre tasks were organized to emphasize key or unknown (odd) vocabulary and reinforce one or two grammar structures.

Other authors such as Richards and Rodgers (2001) mention that "lexical units are central in language use and language learning" (p. 227) especially in TBLT. In addition, Ellis (2005) asserts that "formulaic expressions may also serve as a basis for the later development of a rule-based competence" (p. 211). Hence, TBLT emphasizes meaning over form since students require these formulaic expressions to communicate before understanding and applying grammar rules. Considering these authors' assertions, the pre-tasks were organized to cover vocabulary in all the stages and one or two grammar structures in only one or two stages. This sequence of pre-tasks is in accordance with Candlin's (1987) claim indicating that tasks are differentiated and sequenceable. From those pre-tasks, ten-word groups and two grammar structures were selected based on the criteria for a manageable number of words to learn to avoid cognitive overload. Those words corresponded to different categories such as levels of pain (mild, acute, severe, moderate, worst pain), vital signs (blood pressure, heart rate, respiration rate), equipment (digital monitor), and diseases. In terms of grammar structures, modal auxiliaries were selected along with question formation, which was studied in the previous lesson.

During the main task, three pairs of students presented their role-play (See Appendix 22), which consisted of an interview to find out the symptoms and vital signs that the patient presented. For that reason, students needed to use at least

one word to characterize their level of pain, to mention at least two of the four vital signs, and to make reference to three or more diseases or symptoms. Thus, in order to successfully complete this task, students had to use six or more of these pre-taught terms to cover these three main categories. Additionally, to conduct the interview, students had to gather enough information through both yes/no questions and wh-questions. Many of these questions required the use of modal auxiliaries to maintain the formality of the situation through polite requests. Hence, the indicators of success also included using these structures six or more times within the correct context and without structural errors that could disrupt communication.

Based on the indicators established above, the results from students' performance reveal that pre-tasks related to vocabulary were insufficient but proved to be effective in terms of grammar. Vocabulary-wise, the average number of words recalled by students were 3.6, which corresponds to a satisfactory level. Table 2 summarizes the number of words retrieved by pair of students along with the categories included. As it can be observed, the first pair only recalled one word, *blood pressure*, which evidences a poor application of key vocabulary. On the other hand, Pair 2 included not only one word above the required standards but also referred to the main categories to be covered during a vital sign assessment interview. Furthermore, none of the students made reference to any piece of equipment used to measure vital signs or to the other three vital signs covered in class. In terms of vocabulary about diseases and symptoms, participants recalled seven of them: *dizziness*, *nausea* (two times), *breathing difficulties*, *headache* (two times), and *migraine*. All of these terms had been discussed during that same

lesson; nonetheless, one student used the term *Broca's area*, which had been taught three weeks earlier. This means that the participant was able to recall and successfully use a term from previous lessons without further instruction.

Table 2

Number of Lexical Items Used by Pair of Students in Lesson 2 Unit 2

Pair Number	Number of Words	Word Categories
Pair 1	1	Vital signs
Pair 2	7	Levels of pain, vital signs, and diseases
Pair 3	3	Levels of pain and diseases
Average Number of Lexical Items	3.6	

Regarding grammar, the average number of structures used by pair was 7.6, which reflects a successful application of structures during a one-to-two-minute interview. As shown in Table 3, students asked an average of 5.3 questions and included 2.6 modals. It is important to clarify that although all modal auxiliaries were used in a question, structures were counted separately since they respond to different parameters of acceptability. A student in Pair 2 provided an example of this differentiation; she said "May you describe your symptoms?" This question follows a correct form and it is comprehensible; however, based on its standard uses, it exhibits an incorrect use of the modal *may*. Some other examples of structures that were included since they did not disrupt the message are "Can you tell me why are you here?", "When do [did] they tell you that you have this problem?" and "They have [Have they] examined everything?". The first example

refers to an embedded question which is beyond students' grammar knowledge; the second one corresponds to a change of tense; however, students had been working with questions in simple present up to that point. Finally, the third example shows a non-standard word order, but since intonation was used appropriately and these types of questions are common in their everyday life and work environment, it was considered acceptable. Noteworthily, the first pair, who poorly incorporated vocabulary during the task, was the one who used most grammatical structures since the nurse asked six questions and included five modal auxiliaries. Thus, the pair was able to compensate their lack of vocabulary with multiple questions necessary to complete the interview. This could imply that although the role of vocabulary is vital in the task-based approach, the chosen pre-taught words did not necessarily determine whether students were able to communicate their ideas. These words could improve the accuracy of the message, but the use of questions together with nurses' background knowledge might be enough to carry out a preliminary patient assessment in a real-world situation.

As these results show, during the first role-play performed, participants exhibited a poor command of vocabulary given the low number of key terms included despite the emphasis given to vocabulary during the pre-tasks. However, students produced sufficient statements and questions with modal auxiliaries and were able to ask patients intelligible questions. Despite their limited vocabulary and occasional grammar mistakes, participants were able to ask for the required information in order to successfully complete the task. The results described above are in agreement with the data obtained by Khorasani, Pandian, and Ismail (2012); and Mohammad and Ashari (2012). These studies provided evidence that showed

a significant correlation between task planning and accuracy. As well as in those two studies, the data collected in this research indicated that students were able to form question with an acceptable level of accuracy.

Table 3

Number of Grammatical Structures Used by Pair of Students in Lesson 2 Unit 3

Pair Number	Number of Questions	Number of Modal Auxiliaries	Structures
Pair 1	6	5	*could* and *can* 5 times the auxiliary *do,* once
Pair 2	4	2	*can* and *may* 2 times
Pair 3	6	1	*can* once
Average Number of Grammatical Structures	5.3	2.6	7.6 structures in total

In addition, Figure 8 shows the format of the third lesson of unit 2. This lesson also consisted of five pre-tasks in order to complete a medical history interview. Three pre-tasks explicitly covered key vocabulary, and one of them explicitly went over a grammar structure. In addition, pre-task 4 shows students a model of the main task, which incorporates vocabulary and structures that had been previously taught during the lesson. The fifth pre-task is about strategy training, but it includes questions and grammatical structures covered previously; thus, it offers students more implicit practice on grammar. This repetition of vocabulary and grammar throughout the pre-task sequence goes in hand with Nation's (2001) recommendations for teachers to spend time on salient words or

language aspects in order to “get attention over the span of a long-term programme” (p. 16). The ten vocabulary items under observation during the main task corresponded to food allergies, medicine allergies, pain killers, antihistamines, antibiotics, alternative medicine, over-the-counter medication, prescribed medicine, and diseases or conditions expressed by the students. Regarding grammar structures, researchers focused on six verb/adjective phrases common in medical history interviews such as *run in*, *related to*, *know about*, *allergic to*, *result in,* and *suffer from*. Moreover, question formation was also part of the observation because this grammar topic had been practiced since the beginning of the unit, and during pre-tasks, it was practiced implicitly, for instance, during the application of confirmations and clarification strategies.

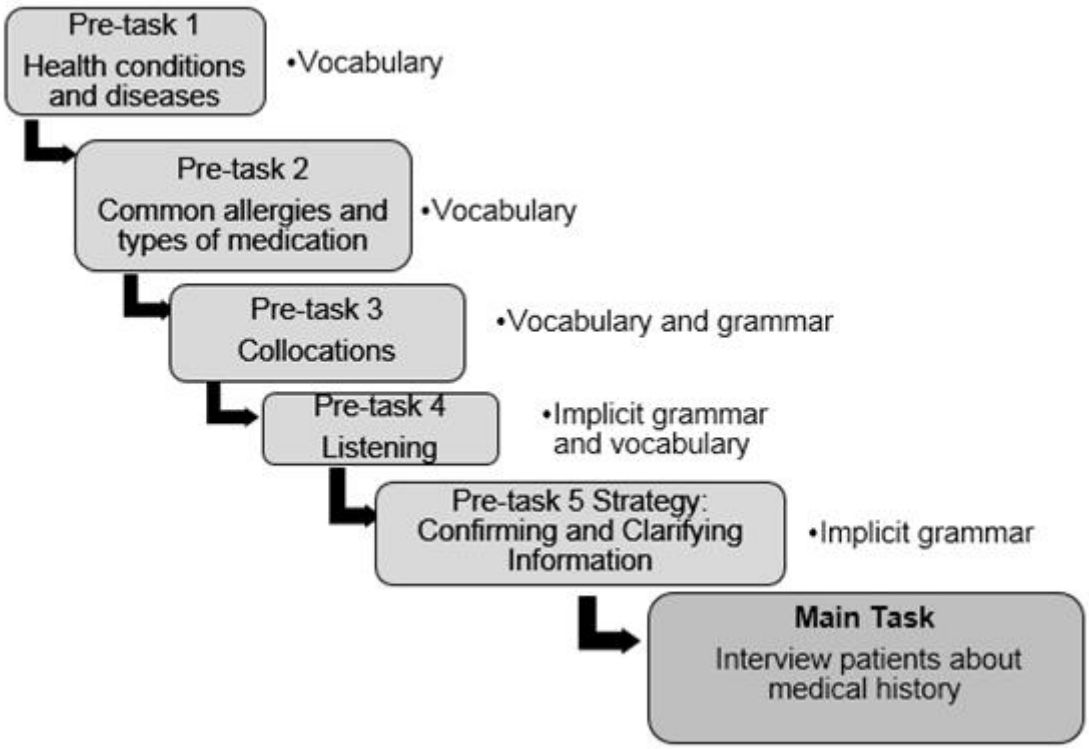

Figure 8. Distribution of activities in the third lesson of unit 2

In order to complete this task, students had to follow different steps during the medical history interview. First, they had to gather some biographical data from the patient. Then, they had to ask for any type of condition as part of their personal health history. This part of the interview also included health habits, allergies, and their surgical history. Additionally, nursing students had to collect information about the patients' family history as well as the use of any treatment or medication. To track this information, students used a form to guide their interview, which included a number of 28 diseases or conditions. Students selected the ones who were more relevant based on the information provided by the patient. Thus, students were required to mention at least two allergies, make reference to two types of medicine which included antibiotics, antihistamines, painkillers or any other type of alternative, prescribed or over-the counter medication. Additionally, they had to mention at least four conditions or diseases. Thus, a number of six keywords under these categories represented a successful application of pre-taught vocabulary. Nurses had to retrieve these necessary words by asking the right questions. For that reason, question formation corresponded to the main grammar component to determine the success of grammar teaching. Since it was an interview which went over different steps, it was decided that students had to ask at least six different questions, which were appropriate for the context and with no or few structural errors that could disrupt communication. To complement the language requirements of this task, students were expected to use at least three collocations with the correct use of prepositions.

According to the aforementioned task requirements, the only pair that was able to role-play this situation, as it will be explained in the following paragraph,

exhibited a successful application of both vocabulary and grammatical structures covered in class (See Appendix 22). They could recall 33 words from all main categories: two food allergies, one prescribed medication, and 30 diseases and conditions. Although these students did not comply with the expected number of medication-related words, they were able to refer to a significant number of diseases, some of which were not included in the form. A noticeable trend was the personalization of these conditions. To offer an example, when one participant asked the other about their family history, she asked about the presence of cancer in the family, and the student playing the patient role added that her maternal grandmother had lung cancer and then, another relative had thyroid problems. Hence, students were not only acknowledging conditions, but expanding on them, which shows comprehension of key vocabulary. Indeed, the fact that learners were able to personalize the pre-taught vocabulary suggests that the continuous exposure to vocabulary students had during the pre-tasks provided them with opportunities to use it themselves as supported by Willis (1996), who claims that in a TBLT approach, tasks should provide rich exposure to input so learners have the chance to acquire it and use it in their contexts. Regarding grammar, this pair of students demonstrated a good use of both yes/no questions and wh-questions since the student playing the nurse's role asked 30 questions. However, in terms of collocations, the pair only used "allergic to". Although this collocation had the correct form, participants did not take full advantage of the other five collocations that were taught. Even though the pair did not incorporate pre-taught vocabulary, and most importantly, collocations, the students were able to successfully complete the task.

However, data gathered from this task is not reliable since it does not offer a sufficient sample of students' performance. The reason why only one pair was observed was due to time constraints. Students spent a lot of time learning vocabulary, grammar, and speaking strategies during the pre-task phase. Additionally, the task segment included over ten minutes of planning and about twenty minutes of rehearsal; however, when it came to perform the task in front of the class in order to collect data, only one pair had time to show their capacity to complete this specific nursing task. For this reason, even though results turned out to be positive, the data gathered during this lesson cannot be used to describe the group's overall performance and evolution throughout the course.

The last task performed for this unit was for the end-of-unit assessment. This task consisted of a full patient interview which combined the two previous tasks. In order to complete this interview, students playing the nurse's role had to gather biographical data, ask for the patients' main ailment, level of pain, and symptoms, pretend to take some vital signs, and finally, ask about their health, medicine, family, and surgical history. Students worked in pairs during this evaluation, but their performance was only assessed while playing the role of the nurse. The nine students conducted this interview during a three-to-four-minute role play and were evaluated by three instructors. However, the grade from this evaluation included aspects such as content, delivery, and pronunciation that go beyond the scope of this research. Thus, only vocabulary use and grammar were thoroughly analyzed under the following parameters: The student playing the nurse's role had to retrieve ten or more lexical items distributed throughout the categories of pain levels, vital signs, symptoms, medicines, allergies, and diseases

or conditions. As mentioned above, these words ensure that students could refer to the main steps in order to conduct a complete interview in English. Additionally, for this task to be considered successful, students had to use all pre-taught grammatical structures (modal auxiliaries, questions, collocations) and mention them more than ten times with no or few structural errors that did not affect communication.

Based on these parameters, students performed at a successful level in terms of grammar but obtained a satisfactory level in regard to vocabulary use. Table 4 summarizes the number of structures and lexical items taken from students' role-plays during the end-of unit assessment for the second unit. The average number of words recalled during the task was 7.44. Although S1 and S4 successfully incorporated key vocabulary, the majority of students (6) performed at a satisfactory level. Only one student could not use any lexical item under observation, which shows her inability to complete the task. In addition to the number of terms, none of the students were able to mention words from all main categories. For instance, S3, S5, S7, S8, and S9 did not mention any adjectives to refer to the patient's level of pain. Additionally, only four out of nine students asked for types of allergies, and five referred to medicine-related words. However, the categories of vital signs, symptoms, and conditions were recalled by eight of the nine students. In fact, S1 and S4 asked for the four vital signs. On the other hand, students used an average of 14.5 grammatical structures throughout the tasks. As shown on Table 4, the majority of structures corresponded to questions although many of these questions included modals such as *can*, *could*, and *may*. The main lack in terms of grammar was collocations. The five students who mentioned them

made reference to only one example from the six collocations taught in class. The most common one was *allergic to* since four out of the five students mentioned it. This number of collocations does not include the phrase *related with* used by one student since it does not reflect the correct preposition that was persistently mentioned in class. Overall, in terms of grammar, seven out of nine students could successfully conduct this type of medical interview since they were able to guide the patient through the various questions. The other two students were classified as handling grammar structures satisfactorily (S9) and poorly (S8). In the case of S8, her syntactic ability is at a telegraphic stage; hence, the student could not produce complete sentences (e.g. “Okay, yellow...okay.”) while the other participant (S9) regularly produced incomplete statements. One of these students went as far as overgeneralizing the structure of questions and fronted simple statements into questions (“Yes, do you have fever.”).

The results from this end-of-the-unit assessment show that despite the persistent emphasis on vocabulary, and the notorious comprehension of lexical items by students during the pre-task stages, most students were not able to retrieve this vocabulary during speaking tasks. In addition, most students were able to incorporate questions and modals to their speech more successfully even though pre-tasks have mainly focused on vocabulary, not grammar. However, pre-tasks in general had provided students with models, lexical items and basic structures to eventually complete this type of task during their work life.

Table 4

Number of Grammatical Structures and Lexical Items Recalled during End-of the Unit Assessment (Unit 2)

Student Code	Grammatical Structure	Lexical Items
S1	22 (20 Questions)	12
S2	16 (13 Questions)	9
S3	13 (12 Questions)	9
S4	17 (12 Questions)	10
S5	19 (16 Questions)	5
S6	13 (10 Questions)	9
S7	20 (16 Questions)	7
S8	3 (3 Questions)	0
S9	8 (8 Questions)	6
Average Number	14.5	7.44

Note: The number of grammatical structures refers to the times each student used one of the three structures under study for the third unit. The number of lexical items refers to the use of one of the 20 pre-taught words/ categories.

2. Results of Unit 3

Unit 3 integrated the three macro skills that had been developed throughout the course: reading, listening, and speaking. The goal of the unit was for students to successfully instruct patients about medication and treatments by role-playing a debriefing or education session. In order to achieve this goal, participants were exposed to four lessons. During the first one, the students learned to retrieve key information from a medical leaflet to be used during the second lesson in which they had to explain the dosage, indications, side effects, and contraindications of

specific medicines to patients. The third lesson consisted of thoroughly explaining the procedures of post-operative care to patients, and the fourth one was a review lesson that ended up with the oral assessment. The first lesson of this unit was not observed since the main task focused on reading, not speaking. Thus, the data were gathered from lessons two, three, and the end-of-unit oral assessment.

Figure 9 introduces the order of pre-tasks and the content covered in lesson 2, unit 3. Following previous patterns, this lesson also included five pre-tasks; two of them explicitly focused on vocabulary and one of them on grammatical structures; the last two pre-tasks provided students with models of the task while incorporating key vocabulary and structures covered in the first pre-tasks. Kim (2013) concluded in one study that modeling was a useful strategy to use during the pre-task phase when aiming to focus students' attention towards a specific structure before performing a task. Accordingly, the nursing students were provided with models in which they could see and listen to nurses doing a task similar to the one they were about to perform. Based on those pre-tasks, ten word groups and two grammar structures were selected to be observed during the main task. Those words corresponded to different categories such as side effects, medicine formats (*pill, tablet, drops*), verbs (*take, swallow, squeeze*), and lexical units derived from instructions (*every ___, for ___ days, on an empty stomach*). The grammatical structures selected for the main task were imperatives, which have been covered implicitly, and time phrases, most of them including prepositional phrases (for 2 days) or noun phrases (3 times a day).

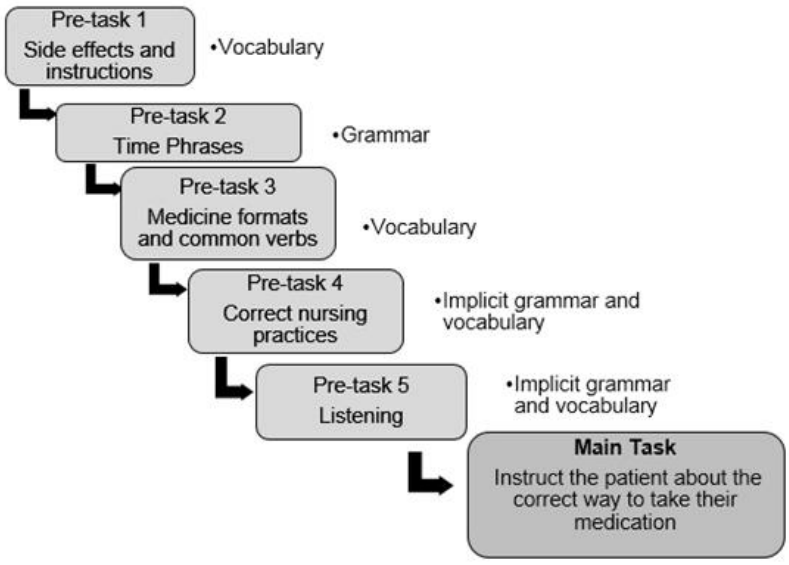

Figure 9. Distribution of activities in the second lesson of unit 3

The following results come from two role-plays during the main task stage (See Appendix 23). For this task, the students worked as a team of nurses who instructed the patient, played by a teacher assistant, on how to take two different medications. Working in teams was proven to be effective to acquire vocabulary in a meaningful way in the research study conducted by Kim (2008). In the case of this research project, learners were able to successfully interact when educating the patient, but it is important to clarify that only four students attended that lesson. To consider this task successful, students had to mention at least two side effects, refer to the format of the medicine (*pills, drops, tablets*), use at least one verb to give instructions on how to ingest the medicine, and finally use at least two lexical units to complement the indications. Hence, for this task to be completed, students needed to recall six or more lexical units taught in the pre-task phase with an intelligible pronunciation. Furthermore, in order to explain the indications, contraindications, and warnings of the medicine, students had to produce

imperative sentences; additionally, they had to be very careful with prepositions when referring to noun and prepositional phrases to indicate how to take the medicine. Thus, at least six structures with their correct order, form, and context covering these two categories were necessary to consider that the task exhibited a successful application of grammar

Contrary to previous results, the two pairs successfully recalled the words covered during the pre-task phase. Both pairs of students mentioned eight different words as shown in Table 5. These words corresponded to most categories established above since they made reference to side effects, specific verbs, time phrases, and in the case of Pair 2, one medicine format. To offer more specific information, students mentioned a total of nine different side effects (*cognitive impairment, hypertension, suicidal thinking, impulse disorder, psychosis, convulsions, confusion, depression, addiction*). The use of these words showed how students could easily understand a written text with specialized terminology and recall most of these side effects without further complications; in addition, one pair used the term *pill* and *drops* when mentioning the format of the specific medication that they were explaining. The last pair substituted the word *pill* or *tablet* for the hypernym *medication*. Although this student failed to use one of the keywords from the third pre-task, this lack of specific vocabulary was barely noticed since the participant took advantage of compensation strategies, and the idea was easily understood. In addition to medicine formats, students failed to incorporate a wider variety of verbs such as *squeeze* or *swallow* to provide clearer instructions. They decided to use the most common word *take* and not specify the exact way in which patients must ingest the medicine. In fact, the word *take* was

used ten times during the role-plays. However, one student incorporated the term *apply* when describing a procedure that included q-tips to introduce the medicine into a patient's eyes. Finally, in terms of lexical chunks, participants used set expressions five times. These expressions were *every evening, three times a day, two times a day, twice a day*, and *once a day*. The use of lexical items during this task shows that students incorporated new words to their repertoires when they considered them necessary such as time expressions and side effects, but most of them preferred to use more general terms to describe medicine formats or verbs; thus, since they can be understood by using the words *medicine* and *take*, little relevance was given to new precise terms to offer very specific instructions.

Table 5

Number of Lexical Items Used by Pair of Students in Lesson 2, Unit 3

Pair Number	Number of Words	Word Categories
Pair 1	8	Side effects, verbs (*take*), time phrases
Pair 2	8	Side effects, verbs (*take*), medicine formats (*pill, drops*), time phrases
Average Number of Lexical Items	8	

Moreover, this task was also considered successful in terms of grammar application since the students used an average of 7.5 structures from both infinitives and prepositional/noun phrases. Table 6 shows that both pairs were able to reach the minimal number of structures that was required for this task. Related

to prepositions, it seems that the consciousness-raising activities implemented in the pre-tasks were important to allow participants to effectively use them in context as supported by Fotos (1994). In addition to time phrases, students used the preposition *with* in a correct context on two occasions when they instructed patients to "take the medication with water." On the other hand, when using imperative sentences, students were still exploring this structure since two out of the total five imperative sentences produced by students included the pronoun *you* as in "you take the pill." The other four times, students started their sentences with the verbs *use, take, wash* and *dry* without the explicit subject. However, it was noticed that students still preferred to use indicative sentences such as "you need to…" used once or "you have to …" mentioned four times. Hence, students are transitioning into a new mood (imperative), and this necessity to go back to familiar structures exemplifies the process of acquiring new ways of expressing similar thoughts.

Table 6

Number of Grammatical Structures Used by Pair of Students in Lesson 2 Unit 3

Pair Number	Number of Infinitive Statements	Number of Prepositional and Noun Phrases	Observations
Pair 1	2	4	
Pair 2	3	6	
Average Number of Grammatical Structures	2.5	5	7.5 structures in total

Furthermore, Figure 10 illustrates the sequence of pre-tasks completed before the main task of the third lesson of unit 3. In this occasion, the warm-up is included because of the relevance it had for vocabulary teaching since the main keywords to complete the task were included at this stage. In point of fact, Willis (1996) contends that pre-tasks can be used to explore the topic; accordingly, in the warm-up, students were required to explore their knowledge about wound-care instruments. In addition to this explicit source of vocabulary, throughout the pre-tasks, students were exposed to sequencers and words derived from instructions such as verbs and adverbs. Furthermore, none of the pre-tasks focused on teaching grammar structures explicitly but provided plenty of language models for students to acquire structures implicitly. The ten words selected for observation were *wound* and its synonym *incision*, instruments such as *gauze pad, dressing,* and *stitches*, wound reactions, particularly *swelling* and *discharge*, two main verbs, *wipe* and *put on*, and one adverb *outwards*. Most of these words were introduced during the warm-up, and they were recycled in all pre-tasks considering that Nation (2001) alleges that high frequency words of technical vocabulary should be given considerable time for learners to notice and practice them. Moreover, modal auxiliaries were identified as key structures when giving instructions together with subordinate clauses which were often used in the written and auditory language models covered in class.

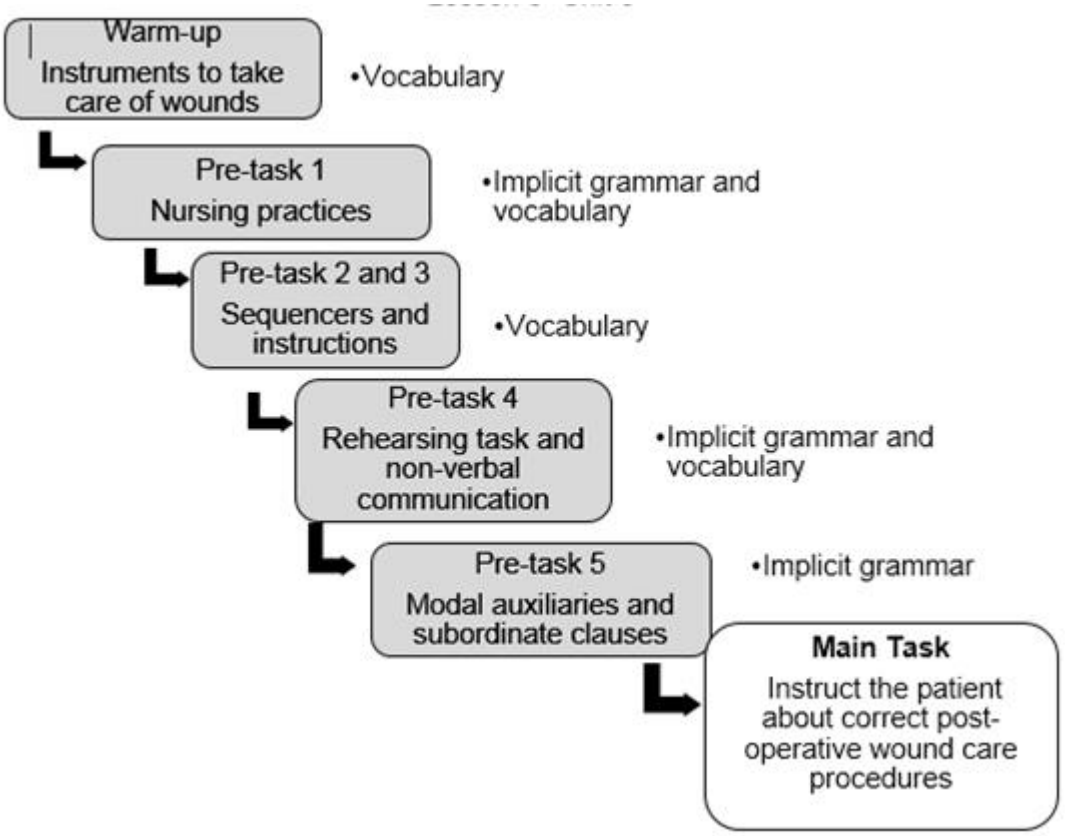

Figure 10. Distribution of activities in the third lesson of unit 3

This task aimed at simulating a post-operative education session focused on wound care. In order to complete this task, students were requested to list the necessary instruments and to explain the procedures that patients must take in order to remove the dressing, clean the incision, and place new dressing on a wound. If they wanted patients to understand these vital instructions, they had to mention at least one of the terms to refer to the wound (incision), one of the instruments, one alert sign, two key verbs, and the adverb “outwards”. Therefore, the students were expected to recall a minimum of six terms to complete the task successfully. Additionally, students had to include modal auxiliaries to convey advice and obligation together with subordinate clauses.

The results obtained from this lesson are derived from four different role-plays (See Appendix 24). This was the first time in which the majority of students successfully performed the main task in terms of both grammar and vocabulary use. As illustrated in Table 7, the average number of words was six and corresponded to the main categories mentioned above. In fact, Pair 3 included all the expected categories within those seven words. The only pair whose performance was not successful but satisfactory in terms of vocabulary was Pair 2. This pair only mentioned the terms *wound*, *gauze*, *discharge*, and *swelling*. Nevertheless, these vocabulary samples exhibit a successful incorporation of words during the main task since students used a great deal of vocabulary from pre-tasks, in appropriate contexts, and with few relevant pronunciation deficiencies. These results related to vocabulary support Ellis' (2018) idea indicating that pre tasks help students to better conceptualize what to say in the task. In this specific case, participants were able to use a great variety of terms and expressions most likely because they were repeatedly exposed to them in the pre-task cycle.

Table 7

Number of Lexical Items Used by Pair of Students in Lesson 3 Unit 3

Pair Number	Number of Words	Word Categories
Pair 1	6	Instrument, wound-related words, adverbs (*outwards*)
Pair 2	4	Wound-related words, instruments
Pair 3	7	Wound-related words, instruments, alert signs, verbs and an adverb.
Pair 4	7	Wound-related words, instruments, verbs and an adverb.
Average Number of Lexical Items	6	

In terms of grammar, Table 8 shows that participants mentioned an average of 8.75 different structures. Their tasks reflected a similar number of both modal auxiliaries and subordinate clauses. Although modals were only covered incidentally during this lesson, they had been explicitly taught in two previous ones. Therefore, students were able to recall past structures and combine them to provide instructions that emulated real-world interactions, which can be considered the main goal of pre tasks as claimed by Willis (1996). The other structure under observation was subordinate clauses, which were used 17 times during the four role-plays. Out of those 17 times, three times it followed a clause with “when,” two times with “after,” and twelve times with “if”.

Table 8

Number of Grammatical Structures Used by Pair of Students in Lesson 3, Unit 3

Pair Number	Number of Modal Auxiliaries	Number of Subordinate Clauses	Structures
Pair 1	5	7	*Have to* 4 times; *can* once; *should* once
Pair 2	7	3	*Will* 5 times; *have to* once; *can* once
Pair 3	2	5	*Must* and *will* once
Pair 4	12	2	*Have to* seven times and *must* five times
Average Number of Lexical Items	6.5	4.25	The total number of structures was 8.75

Both results from grammar and vocabulary use were positive. The task was easily completed by students, who proved themselves able to recall lexical items and complex structures during an unscripted role-play. So far, this had been the most successful task because students were not only able to transmit a message and explain all the different procedures in terms of removing old dressings, cleaning the wound, and putting on a new gauze pad, but they also could employ specific grammar and vocabulary effectively. The success of this task reflects the treatment received by students during the pre-tasks. For grammar, students were able to rely on already acquired structures and to imitate language models, while for vocabulary, students faced new terms from the very beginning of the class; these terms were highlighted and recalled several times, and students were prompted to make use of them during all pre-tasks. Once again, these results

reinforced the theory that pre tasks enable students to pay greater attention to formulation by making the lexical items and grammatical structures more accessible for learners at the moment of speaking as held by Ellis (2018).

The improvement in terms of grammar and vocabulary goes in line with students' performance on the end-of-unit assessment since they achieved a successful level on the application of lexical items and grammatical structures. For this final task, students had to synthesize content from their last two tasks; thus, they conducted a post-operative education session to inform their patients about both medicine indications and wound care. This means that they had to mention indications, contraindications, warnings, side effects about at least one medication and briefly explain how to change wound dressings and clean incisions together with the alert signs to be considered. In order to cover the steps that a post-operative session must follow, students should recall ten or more different lexical items taught in the previous lessons with an intelligible pronunciation. Moreover, they must use imperative sentences, modal auxiliaries, subordinate clauses, and prepositional/noun phrases. For this reason, a successful application of grammar would correspond to the production of these four structures at least ten times with no or few structural errors that could affect communication.

Based on the parameters defined above, the students complied with the requirements of the task in terms of grammar and vocabulary by applying both lexical items and grammatical structures successfully. This is evidenced in Table 9, which summarizes the number of words and structures produced by every student playing the role of the nurse during the end-of-unit assessment. Regarding vocabulary, the average number of words recalled by students is 10.6. In fact, six

of the nine students incorporated pre-taught vocabulary successfully while only three students reached a satisfactory level by recalling from seven to eight words. Noteworthily, only two categories were not mentioned by all students. These correspond to two verbs (*wipe* and *put on*) and the adverb *outwards* which were recalled by five out of the nine students. However, all students made reference to at least two side effects, one medicine format, either pills or drops, one verb (*take* or *squeeze*), at least one time phrase, one alert sign, one instrument, and one word to refer to wounds (seven students mentioned *incision* and three mentioned *wound*.

Table 9

Number of Grammatical Structures and Lexical Items Recalled during the End-of the Unit Assessment (Unit 3)

Student Code	Grammatical Structure	Lexical Items
S1	32	12
S2	16	12
S3	26	13
S4	12	8
S5	40	14
S6	20	12
S7	33	8
S8	10	7
S9	15	10
Average Number	22.6	10.6

Note: The number of grammatical structures refers to the times each student used one of the four structures under study for the third unit. The number of lexical items refers to the

use of one of the 20 pre-taught words. Each student mentioned an average of 5 side effects, but only one was taken into consideration under the side effects category.

Regarding grammatical structures, the average number of structures produced by students was 22.6, which doubles the number expected in order to reach a successful level. In fact, all students were able to incorporate grammar successfully. Imperatives were the most common structure since students produced from two to 18 imperative statements. The other categories of modal auxiliaries and noun/prepositional phrases were also mentioned by all students; however, S8 and S9 were the only ones who did not refer to any subordinate clause throughout the role-play since they still produce simple sentences to communicate. Nonetheless, the results from this task show a major improvement from the second unit, in which students did not express the most accurate terminology. Based on the previous information, it can be asserted that pre-tasks for unit 3 were not only relevant for students but also proved to be successful in developing an authentic conversation that resembled nurses' every-day tasks. Therefore, as Dudley-Evans and St John (1998) have noted, the main objective of the TBLT approach was achieved since learners should be able to reproduce the in-class tasks in their real-life tasks.

3. Comparison Units 2 and 3

For this research study, at least two or three pre tasks from the teaching cycle were focused on providing students with lexical items that they will be able to use later. In Table 10, the number of lexical items used by each participant is organized so the results can be compared between units 2 and 3.

Table 10

Comparison of Lexical Items Recalled in Unit 2 and Unit 3 End of Unit Assessment

Students' Codes	Assessment Unit 2 Lexical Items	Assessment Unit 3 Lexical Items	Individual Improvement
S 1	12	12	0
S 2	9	12	+3
S 3	9	13	+4
S 4	10	8	-2
S 5	5	14	+9
S 6	9	12	+3
S 7	7	8	+1
S 8	0	7	+7
S 9	6	10	+4
Average Number	7.44	10.66	+3.2

When comparing the results from both end-of unit assessments in terms of vocabulary, only one out of the nine students showed a decrease in the number of lexical items that were recalled. However, the decrease was from ten to eight lexical items, which still falls into the satisfactorily applied indicator. In addition, one

out of nine students was consistent with their vocabulary performance and was able to recall the same number of lexical items taught during the pre-task phase and apply them during the main task of the lesson. Hence, this student was able to recall 12 lexical items for each end-of-unit assessment, which also falls into the successfully applied indicator since it exceeds the ten units that the student teachers had assigned as a benchmark. Additionally, seven out of nine students were able to improve their performance in vocabulary since the comparison between both assessments prove that the nursing students were able recall more than four new words in comparison with the first assessment that they carried out. In addition, another means for the student teachers to confirm pre task effectiveness was the students' production in the role-plays. The students' production also confirmed vocabulary acquisition since students transitioned from producing short dialogues with the use of only four to five keywords to more complex dialogues where the students recycled lexical items learned from the three units of the course. After analyzing the results from both, the number of lexical items that the students recalled and their assessment' performance, it can be stated that there was a significant improvement in vocabulary acquisition when comparing assessment 2 against assessment 3.

In terms of grammar evaluation, the student teachers also took into consideration grammatical structures when designing the lesson plan. For units 2 and 3, at least one of the pre tasks of each lesson was completely focused on teaching a grammatical structure that students could use when carrying out their assessment. For units 2 and 3, the grammatical structures that were selected as key elements for the nursing students to acquire were collocations, imperatives,

prepositions for time phrases, and subordinate sentences. Moreover, a specific focus was given to modal auxiliaries and question formation since these two grammatical structures are elemental factors while carrying interactions with their patients. Table 11 shows the scores obtained by students in the grammar construct of each unit assessment.

Table 11
Comparison of Grammatical Structures Recalled in Unit 2 and Unit 3 Final Assessments

Students' Codes	Assessment Unit 2 Grammatical Structures	Assessment Unit 3 Grammatical Structures	Individual Improvement
S 1	22	32	+10
S 2	16	16	0
S 3	13	26	+13
S 4	17	12	-5
S 5	19	40	+21
S 6	13	20	+7
S 7	20	33	+13
S 8	3	10	+7
S 9	8	15	+7
Average Number	14.5	22.6	+8.1

This table evidences that only one out of the nine students showed a decrease on the amount of grammatical structures that were recalled when comparing both assessments. However, the decrease was from 17 to 12 grammatical items, which still falls into the successfully applied indicator. In the case of this student, the number of grammatical structures decreased since she used only two imperative verbs while most of the other students used imperatives up to 20 times; even though the student incorporated other resources to complete the task, their structure choice did not reflect an application of most grammatical components taught in previous lessons. Moreover, eight students were able to improve their performance in the grammatical component since the comparison between both assessments proved that the nursing students were able to recall and use more than six new grammatical structures in comparison with the first assessment that they carried out. Through students' production, improvement in terms of grammar use can be confirmed since students transitioned from recalling only a few grammatical structures in their speech to use several grammatical structures, which allowed them to successfully carry out the vital sign assessment interview and the post-operative care guidelines explanation in the assessment for unit 3. After analyzing the results from both units, it may be confirmed that the number of grammatical structures applied by the students and their performance in terms of the interview and procedure explanations was a significant improvement in grammatical structures acquisition when comparing assessment 2 against assessment 3.

4. Diagnostic test versus Assessment 3 Comparison

Student teachers compared the diagnostic test with the final assessment from unit 3 to determine the effectiveness of pre tasks when preparing students for the oral main task. During the first stage of this research project, the student teachers designed a needs analysis survey to have a better understanding of the interests and needs of the nursing population. The survey results concluded that the biggest interest of the nursing students was to improve their speaking skills. In addition, the student teachers also designed a diagnostic test to measure the nursing student's proficiency in all four English macro skills. For the speaking section of the test, the nursing students needed to carry out a patient-nurse interaction with a scenario provided by the test administrators. The results of the speaking assessment demonstrated that these nursing students needed to strengthen this macro skill because they had difficulties establishing a conversation. They also had issues with question formation and struggled to use vocabulary related to medicine and nursing fields in English.

Taking these areas of improvement into consideration, the student teachers designed units 2 and 3 from the English course in a way in which each pre task helped the learners to acquire vocabulary and grammatical structures that later on they could recall and use to establish longer patient-nurse interactions. During the last assessment, nursing students had to carry out a role play where the goal was to provide outpatients with post-operative care instructions and guideline while recalling lexical units and grammatical structures learned from the past units.

The nursing students showed great improvement in the final assessment performance task in comparison with the one from the diagnostic test (See Appendix 25). Nursing students were able to produce a greater number of lexical units and grammatical structures for the assessment for unit 3. This resulted in more complex and complete patient-nurse interactions with a variety of lexical units and grammar structures. Therefore, the nursing students proof complex interactions, which enhanced their task performance since it was more complex and closer to real life interactions that the students will face in their jobs.

E. Conclusions and Recommendations

To answer the questions posed at the beginning of this research project, pre-tasks proved to be effective when preparing the learners for a successful use of lexical items and grammatical structures in a nursing ESP course. Specifically, the nursing students satisfactorily recalled the vocabulary taught in the pre-task phase in the respective main tasks of units 2 and 3. Additionally, it can be stated that nursing students successfully implemented the grammatical structures taught in the pre-task phase in the main task of units 2 and 3, which in combination with the vocabulary learned in previous units allowed the students to perform nursing daily tasks such as interviewing a patient and providing post-operative care guidelines to outpatients and their family members at satisfactorily level.

The use of words within the categories of level of pain, symptoms, diseases, and medications allowed the nursing students to satisfactorily carry out a patient assessment interview and a post-operative care guideline explanation. It is important to highlight that the student teachers also noticed the nursing students'

ability to recycle vocabulary from unit 1 to use it during the lessons and main tasks of units 2 and 3. Therefore, the time devoted in the pre tasks to expose students to relevant lexical items had a positive impact on learners' oral production.

Moreover, this research project has attempted to present evidence about the effectiveness of pre tasks to improve the learners' accurate use of grammatical forms. Regarding this aspect, the nursing students were also able to effectively use grammatical structures when simulating patient-nurse interactions. The assessment for unit 2 as well as the one for unit 3 were based on real-life tasks that nurses must face on a daily basis. Therefore, it was extremely important for the learners to be able to carry out the tasks while effectively using different grammatical structures. Most nursing students were able to successfully apply most of the selected grammatical structures during their assessment in at least one occasion. However, there is still room for improvement in terms of question formation since there were a few instances in which students would forget to include one component of the question, for example, subject, auxiliary verb, or complement.

Limitations

The first limitation for this research project is the lack of resources, in specific authentic videos available, to use during the pre-task face. Student teachers taught different interview procedures and common nurse-patient interactions during the course. However, they encountered a challenge when looking for videos that portrayed the interactions been taught in the course to be able to enhance the students' learning.

One limitation of this research project is the lack of consistency in terms of the number of pairs that presented their role-play each lesson. Because of time constraints, the number of participants varied from one observation to the other; on one occasion, only one pair could present while most observations included the performance of two or more pairs. Additionally, students paired differently from one lesson to the other, which obstructed the possibility to track students' individual progress during class tasks. Due to these variations, the data that could be compared was the average number of words and grammatical structures retrieved by the group of students.

Another challenge that the student teachers faced was in terms of time management. For lesson 2 in unit 2, the student teachers were able to observe only one role-play since time did not allow for more pairs to present their work. In addition, when carrying out the respective assessment for unit 2 and unit 3, the student teachers also had to ask the nursing students to focus on specific sections of the patient-nurse interactions instead of role playing the whole interaction process, so all of the pairs were able to complete the assessments and the student teachers were able to collect enough information to triangulate and analyze the results.

Recommendations

The following recommendations are provided for future researchers who wish to contribute to the ESP teaching field:

1. Researchers should ask students to record themselves at all stages of the class. For this research, student teachers only recorded the

nursing students during the main tasks and final unit assessments. However, sometimes this did not allow to have enough data or observed all the participant's progress. Therefore, by asking students to record themselves at all stages of the class, participants will be able to keep better records of their progress and the researchers will be able to gather more data to analyze and compare at the end of the research.

2. Researches also recommend for future studies to carry out a comparison between the explicit and implicit teaching of lexical units and grammatical structures of the ESP course. This comparison will provide researches with a clearer understanding of the most suitable approach to enhance the learning of the students.
3. Researchers should also carry out an analysis of the different strategies available to teach vocabulary and grammar and apply them to the ESP course. Later, researchers should also make a comparison of the strategies used and determine the most effective ones to help the second language learners acquire vocabulary and grammar.
4. Researchers should also identify the key vocabulary words during the planning phase of the class and make sure to include them during the pre-task phase. Later during the pre-tasks implementation, researchers need to dedicate at least one or two of the pre-tasks to the previously selected key words so students can practice and

acquire them to be able to successfully recall them during the whole task cycle.

5. Researchers should identify the grammatical structures they want the participants to acquire during the planning phase of the class and include them during the pre-task phase. Later during the pre-tasks implementation, researchers should dedicate at least one of the pre-tasks to teach and practice the grammatical structure and make sure that students are able to successfully apply it during the main task or the assessment.

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Appendices

Appendix 1: Interview with Stakeholders

Name: _____

Position at UCR: _____

Email: _____ Phone number: _____

The purpose of this interview is to gather information about the needs and skills nursing students have from their professors' point of view.

1) What is nursing?
2) In which areas are your students likely to work?
3) Which tasks and functions are graduates from this program likely to perform?
4) Where do your students work? How many students work at private health centers?
5) What are their English needs as students of this program?
6) What are their English needs as professional nurses?
7) Based on you experience as head of postgraduate programs, what must your students learn in an English course designed specifically for them?
8) What are your expectations of this course?

Appendix 2: Needs Analysis Questionnaire

Universidad de Costa Rica
PF-0309 Diseño de Práctica Profesional
Acosta, Cedeño, Fonseca

Análisis de necesidades

El siguiente cuestionario tiene como propósito recolectar información necesaria para diseñar un curso de inglés dirigido a estudiantes de enfermería con base en sus necesidades. Este proyecto forma parte de la Maestría de la Enseñanza del Inglés como Lengua Extranjera. Las respuestas aquí incluidas se tratarán de manera estrictamente confidencial y solo se usarán para cumplir con los objetivos de este proyecto.

PARTE A. Información personal

1. Nombre: _____
2. Correo electrónico: _____
3. Número de teléfono: _____
4. Edad:
   - □ 18-20
   - □ 21-23
   - □ 24-26
   - □ 27-30
   - □ Otra: _____
5. ¿Cómo prefiere que se le contacte?
   - □ Por teléfono
   - □ Por correo electrónico
6. ¿De cuál programa forma parte?
   - □ Bach. y Lic. En Enfermería
   - □ Maestría Área de especialización: _____
7. ¿Trabaja actualmente?
   - □ Sí ¿Dónde? _____
   - □ No

8. ¿Cuáles razones despertaron su interés por llevar un curso de inglés para enfermería?
   - Mejorar mis destrezas en el trabajo
   - Hacer pasantías fuera del país
   - Llevar un doctorado fuera del país
   - Poder usar bibliografía en inglés para mi proyecto de graduación o tesis
   - Otras: _____

PARTE B. Conocimiento previo del inglés

1. Aparte de las clases en primaria y en secundaria, ¿alguna vez ha estudiado inglés?
   - Sí
   - No
2. Si la respuesta anterior es afirmativa, por favor seleccione las opciones que apliquen para usted:
   - He recibido tutorías privadas
   - He estudiado por cuenta propia
   - He aprendido de manera informal (con familiares, amigos, recursos en línea, etc.)
   - He tomado cursos. ¿Por cuánto tiempo? _____

PARTE C. Uso actual del inglés

1. Como estudiante universitario, ¿qué tan seguido realiza las siguientes actividades en inglés? Seleccione la opción que refleje de manera más precisa su situación.

	Siempre	**A veces**	**Casi nunca**	**Nunca**
a. Escuchar conferencias				
b. Ver videos relacionados con su área de estudio				
c. Hacer presentaciones (por ejemplo, explicar procedimientos o tratamientos)				
d. Participar en video conferencias				
e. Presentarse en congresos o simposios				
f. Interactuar con pacientes en clínicas				
g. Leer artículos, libros o revistas científicas				
h. Leer las instrucciones de uso de ciertos productos				
i. Leer manuales de operación de equipo médico				
j. Escribir informes				
k. Responder correos				
l. Escribir trabajos de investigación				

2. Lea las siguientes descripciones de diferentes niveles de competencia en el idioma inglés*. Para cada habilidad, marque con una x el nivel en el que usted se ubique.

	Nivel muy básico: Puedo entender y usar algunas palabras, expresiones comunes y frases muy básicas relacionadas con la condición de los pacientes y procedimientos de enfermería. Puedo interactuar de una manera bastante simple con personas que me hablen despacio y claro y estén dispuestas a ayudarme en caso necesario.	**Nivel básico:** Puedo entender oraciones y frases frecuentes relacionadas con las áreas de mayor relevancia inmediata (por ejemplo, síntomas de los pacientes, descripción de procesos médicos, etc.). Me puedo comunicar en tareas sencillas y rutinarias que requieran intercambios de información simples y directos con pacientes o personal médico.	**Nivel intermedio bajo:** Puedo entender las ideas principales de temas recurrentes en el trabajo o la universidad. Puedo producir discursos o textos simples y coherentes sobre temas que aparecen de manera frecuente en el trabajo o la universidad (por ejemplo, discutir el historial médico de pacientes, explicar el procedimiento para pruebas de laboratorio, etc.)	**Nivel intermedio alto:** Puedo entender las ideas principales de textos complejos y discusiones técnicas en mi área de especialización. Puedo interactuar con un nivel de fluidez y espontaneidad suficiente para llevar a cabo interacciones regulares. Puedo producir textos claros y detallados y explicar problemas de enfermería enfocándome en las diferentes opciones y sus ventajas y desventajas.	**Avanzado:** Puedo entender una mayoría de textos complicados y largos. Me puedo expresar de manera fluida y espontánea usando el lenguaje de manera flexible y eficaz para propósitos académicos o profesionales. Puedo producir textos bien estructurados y con un buen manejo de organización de ideas, conectores y recursos de cohesión.
a. Habla					
b. Escucha					
c. Lectura					
d. Escritura					

3. *Adaptaded from the CEFR: Principles of good practices. https://www.cambridgeenglish.org/Images/126011-using-cefr-principles-of-good practice.pdf

3. Clasifique del 1 al 4 las siguientes habilidades del lenguaje con base en el nivel de importancia que tienen para su desempeño o desarrollo como estudiante. (1 representa la más importante y 4 la menos importante)

____ Escritura ____ Habla

____ Lectura ____ Escucha

4. Indique cuál es el nivel de dificultad que tienen para usted las siguientes tareas en inglés. Marque con una X el nivel que identifique a cada tarea.

	Su evaluación			
Tareas en inglés	**Muy fácil**	**Fácil**	**Difícil**	**Muy difícil**
a. Pronunciar palabras relacionadas con mi carrera				
b. Hacer presentaciones orales				
c. Participar en conversaciones relacionadas con mi carrera				
d. Hacer preguntas a pacientes				
e. Describir procesos relacionados con la enfermería				
f. Entender instrucciones de los doctores				
g. Entender gestos y señas al interactuar con pacientes de habla inglesa				
h. Entender las ideas principales de las presentaciones orales				
i. Leer textos sobre enfermería en inglés				
j. Encontrar las ideas principales de textos sobre enfermería				
k. Encontrar información específica en textos sobre enfermería				
l. Inferir el significado de palabras desconocidas con base en el contexto				
m. Deletrear palabras correctamente				
n. Estructurar oraciones completas				
o. Expresar mis ideas por escrito				

Parte D. Necesidades de trabajo a futuro

¿Con qué frecuencia requerirá hacer uso de las siguientes habilidades en su campo de trabajo en el futuro? Indique algunas situaciones en las que podría necesitar del inglés.

	Frecuente-mente	Algunas veces	Pocas veces	Casi nunca	Posibles situaciones
1. Escucha					
2. Habla					
3. Lectura					
4. Escritura					

Parte E. Expectativas del curso de inglés

1. ¿Cuáles son las principales destrezas que espera aprender en un curso de inglés dirigido a estudiantes de enfermería?

a. _____

b. _____

c. _____

d. _____

Gracias por su tiempo.

Fuentes

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Appendix 3: Follow-up Interview

Name: _____ Year_____

(for Licenciatura students only) Possible specialization: _____

1. Where would you like to work after graduation? Why?

2. Have you used English to contact your patients? Can you tell us about that experience?

- what was the situation?
- what did you say to your patient?
- where was the patient from?
- how did you feel?

3. In the questionnaire, you marked that you always/usually do the following activities in English. Please provide details.

❑ Listen to conferences
- Where?
- How often?
- For which courses?
- What are the topics?

❑ Deliver presentations
- Are the presentation entirely in English?
- Where do you present?
- For which courses or academic activities?
- What are the topics?

❑ Reading medical equipment operation manuals
- What type of equipment?
- In which context?

❑ Reading product instructions
- What type of products/medicine?
- In which context?

❑ Reading textbooks and scientific articles
- Are the articles/textbooks part of your mandatory readings?
- Are the articles part of your research/presentations?
- In which courses do you have to read in English?
- What topics?
- How much time do you spend reading articles in English?

4. Do you have any recommendations for the course?

Appendix 4: Checklist: Scientific articles

Write a checkmark if the text samples showcase these characteristics.

1. Moves and steps (Adapted from Huang, 2013)

- ❑ Title
- ❑ Authors and their credentials
- ❑ Abstract
  - ❑ Internal abstract headings
- ❑ Introduction
  - ❑ Presents background knowledge
  - ❑ Presents past research and point out missing information
  - ❑ Provides brief insight of experimental methods
  - ❑ Identifies research purpose
- ❑ Methods
  - ❑ Describes study materials
  - ❑ Provides inclusion criteria
  - ❑ Describes procedures
  - ❑ Presents the analysis of the experiment
- ❑ Results
  - ❑ Reports data/findings
- ❑ Discussion
  - ❑ Discusses data
  - ❑ States the limitations
  - ❑ Provides conclusions
- ❑ Reference list

Additional moves/sections: _____

_____

2. Linguistic Features

- ❑ Short concise paragraphs
- ❑ Abundant headings and subheadings
- ❑ Formal/academic register
  (Adapted from Pho (2008))
- ❑ Past tense
- ❑ Abundant passive voice
- ❑ Modal auxiliaries to convey possibility
- ❑ Modal auxiliaries to reduce definiteness of a claim
- ❑ Epistemic adjectives, adverbs, and nouns
- ❑ Attitudinal adjectives, adverbs, and nouns
- ❑ Reporting verbs
- ❑ That-complement clauses

Appendix 5: Checklist: Medicine Instructions

Write a checkmark if the text samples exhibit these characteristics.

1. Moves (Adapted from Ghaemi and Sheibani (2014))

- ❑ Composition
- ❑ Pharmacodynamics and pharmacokinetic properties
- ❑ Indications
- ❑ Dosage and administration
- ❑ Contraindications
- ❑ Special warnings and precautions
- ❑ Interactions
- ❑ Side effects
- ❑ Pregnancy and lactation
- ❑ Drivers and machine users
- ❑ Overdose
- ❑ Effect when treatment is stopped
- ❑ Storage condition and shelf life
- ❑ Packs
- ❑ Nursing implications (optional)
    - ❑ Assessment
    - ❑ Potential nursing diagnoses
    - ❑ Implementation
    - ❑ Patient-family teaching
    - ❑ Desired outcomes

2. Linguistic features (Adapted from Clerehan and Buchbinder (2009))

- ❑ Incomplete sentences
- ❑ Imperative sentences (giving instructions)
- ❑ Use of second-person pronoun
- ❑ Headings and subheadings
- ❑ Chemical names of products
- ❑ Medical and pharmaceutical terminology
- ❑ Modals should-must

Additional features:

_____

Appendix 6: Sample: Scientific Article

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Research brief

Nurses' practices regarding procedural pain management of preterm infants☆

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ABSTRACT

Background: It is well known that preterm neonates can feel pain which can be expressed through specific behaviors and signs. Repeated and untreated pain has consequences for the preterm neonates such as hypersensitivity to pain, as well as important repercussions on their motor and intellectual development. The use of non-pharmacological interventions for pain management by nurses is imperative to prevent these consequences in the NICU. The aim of this study is to survey neonatal nurses' interventions for pain management of preterm neonates.

Methods: Twenty (20) nurses were recruited for this pilot observational survey study. Standard pain management interventions used by nurses during heel prick were evaluated by means of a questionnaire. In addition, 11 out of the 20 nurses were observed during heel prick to evaluate what and how interventions were done.

Results: All infants (n = 11) received at least one pain management intervention during heel prick. Heterogeneity in pain management practices used by nurses is considerable. For 95% (19/20) of nurses, sucrose is a standard intervention reported in the survey but observations showed that it not always applied (64%). Positioning is more used (64%) by nurses than reported in the survey (45%). Swaddling also was also reported as a standard intervention by 45% of nurses, but it does not appear to be adequately performed (36%).

Conclusion: According to the results, it would be essential to review nurses' knowledge and skills regarding standard pain management interventions, during painful procedures, as the quality of these practices is questionable. Homogeneity of the standard of care is particularly important in research to allow an appropriate comparison between study groups and prevention study bias.

1. Introduction

It is well known that preterm infants can feel pain and express it through specific signs and behaviors. Even if the number of heel pricks done to preterm infants has decreased over the last decade in neonatal units, it still remains as high as almost once a day (Johnston, Barrington, Taddio, Carbajal, & Filion, 2011). Repeated and untreated pain leads to consequences for preterm infants' neurodevelopment since neurological maturation occurs in the last trimester of pregnancy (Kenner & McGrath, 2011). Among these consequences, major repercussions on motor and intellectual developments are reported at 8 and 18 months of age (Grunau et al., 2009) and hypersensitivity to pain may be observed until 7 years old in infants born preterm (Crozier et al., 2016). The use of non-pharmacological interventions by nurses for pain management is imperative to prevent these consequences in the neonatal intensive care unit (NICU) (Pillai Riddell et al., 2015). For instance, sucrose, non-nutritive sucking (NNS), skin-to-skin contact, swaddling, breastfeeding, rocking, positioning, music, hand containment can easily be performed by nurses. Sucrose associated with NNS and breastfeeding is considered a gold standard for procedural pain management in preterm infants (American Academy of Pediatrics, 2016). The current study was nested within a pilot study assessing feasibility, acceptability and the effects of an olfactive pain management intervention (De Clifford-Faugère, Aita, Héon, & Le May, n.d.). Furthermore, nursing practices on pain management interventions during preterm infants' heel prick were assessed to provide essential information on methods for the planification for an ulterior full-scale RCT.

☆ Conflicts of interest: all authors have nothing to declare.

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2. Methods

2.1. Design

Pilot observational survey study with a single group.

2.2. Participants and setting

A convenient sampling of 20 nurses was recruited. The study was conducted from March to April 2017 in a level-III NICU in Canada with a capacity of 65 infants. The nursing staff consists of approximately 200 nurses. Inclusion criteria: nurses had to: a) have at least 6 months of experience in the NICU, b) speak French or English. This NICU offers an informative document to guide nurses in using non-pharmacological pain management interventions during preterm infants' painful procedures. The administration of sucrose is a standard intervention in this NICU, performed systematically during painful procedures.

2.3. Procedure

Recruitment began after ethics approval from the ERB of the tertiary pediatric university health center where the study was conducted. Nurses (n = 20) who participated signed a consent form. Nine (9) worked evenings and 11 worked nights. Night nurses (n = 11) did a heel prick at 6 AM on preterm infants (n = 11) and were observed during the procedure by the PI. After heel prick, nurses completed a self-administered questionnaire about the pain management intervention(s) they had carried out in the morning (see Table 1).

2.4. Questionnaires and observations

Standard pain management interventions used by nurses during heel prick were evaluated by self-administered questionnaire. Nurses were required to respond to a multiple-choice questionnaire developed by the PI assessing routine pain management interventions they used during heel prick: NNS, skin-to-skin contact, breastfeeding, rocking, positioning, music, swaddling, sucrose, hand containment, others. In addition, the 11 nurses were observed during preterm infants' heel prick to evaluate which and how pain management interventions were done. These 11 nurses completed the same questionnaire with an additional question: What pain relief interventions did you use during the heel prick that you performed this morning?

2.5. Statistical analysis

Descriptive statistical analyses (frequencies, percentages and means) were used to analyze nurses' standard pain management interventions during heel prick for questionnaires and observations.

Table 1
Pain management interventions chosen by evening and night nurses (n = 20).[a]

Pain management interventions	Evening nurses (n = 9)	Night nurses (n = 11)
Sucrose	8	11
Swaddling	7	5
Positioning	1	5
Hand containment	4	1
Music	1	2
Non-nutritive sucking	1	2
Breastfeeding	0	0
Skin-to-skin	0	0
Rocking	0	0

[a] The same nurse could choose more than one intervention.

3. Results

3.1. Standard interventions according to nurses

Interventions considered as standard by nurses (20) are shown in Table 1. Results show that 95% of the nurses considered sucrose as a systematic pain management intervention, but sucrose would not be combined with NNS (15%). As reported by nurses, pain management interventions involving parents such as breastfeeding and skin-to-skin contact are infrequently done in their NICU. In this study, no parent was present.

3.2. Observations done during heel prick

Observations were made at 6 AM during heel-prick, 5 min before and after the heel prick. The observer was beside the preterm infant incubator (less than a meter). Overall, seven pain management interventions were performed by the 11 nurses during the heel pricks: sucrose, positioning, swaddling, NNS, music, speaking with a reassuring voice and hand containment. Sucrose was given to 63% (7/11) of the preterm infants. Paradoxically, only 30% of nurses mentioned that positioning was a standard pain management intervention that they systematically performed, whereas it was done in only 64% of preterm infants during heel pricks (lateral positioning).

3.3. Discrepancies between nurses' responses and real pain practices

We observed important discrepancies between nurses' responses to the survey on pain management and their real pain practices during infants' heel prick. For instance, eight nurses reported that they administered sucrose before heel prick when only seven actually did (see Table 2). In addition, there was a difference between the interventions that nurses claimed to perform systematically for pain management and those actually observed in practice. Main differences were observed when nurses used positioning, swaddling and sucrose. Positioning appeared to not be a standard care performed in the NICU for pain according to the nurses' survey. However, observations showed that positioning was as often as sucrose corresponding to seven of the 11 preterm infants having a heel prick.

Two nurses (18%) answered that they swaddled preterm infants systematically whereas it was observed that they only placed a blanket over their thorax. All nurses who did the heel prick considered sucrose as a systematic pain management intervention but 37% did not administered sucrose before preterm infants' heel prick. In addition, 91% of nurses answered that they administered sucrose with a pacifier for NNS, whereas it was only done in 27% of the cases.

4. Discussion

In this study, standard pain management interventions performed by the nurses in the NICU were evaluated by questionnaire and observations, highlighting important differences between interventions considered as standard practice and those really done in clinical practice. It is important to note that all infants received at least one pain management intervention during their heel prick: one (n = 2) or several pain relief interventions (n = 9). Sucrose was considered as a standard pain management intervention by 95% (n = 20) of nurses but was not observed as systematically used in practice (64%). Moreover, in this study, sucrose was never combined with NNS, while Stevens, Yamada, Ohlsson, Haliburton, and Shorkey (2016) recommended this combination to increase its efficacy. In practice, positioning was used (64%) more than what was reported by nurses in their questionnaire (45%). Swaddling was also reported as a systematic intervention by 45% of nurses but it was not adequately performed (36%) to be considered as an effective intervention. These results confirm that the application of non-pharmacological pain management interventions is not

Table 2
Pain management interventions classified by night nurses (n = 11).

Pain management interventions	Interventions generally considered as systematic by nurses	Interventions nurses reported doing during heel pricks	Interventions nurses have really done during heel pricks (confirmed by observation)
Sucrose	11	8	7
Swaddling	5	6	4
Positioning	5	6	7
Hand containment	1	2	1
Music	2	1	1
Non-nutritive sucking	2	3	3
Breastfeeding	0	0	0
Skin-to-skin	0	0	0
Rocking	0	0	0

always optimal in NICUs (Pillai Riddell et al., 2015).

Other effective pain management interventions requiring the presence of parents, such as skin-to-skin contact (Johnston et al., 2017), were not be performed by nurses. This can be explained by the fact that blood samples are schedule at six o'clock AM, and that it may not be possible for parents to be present so early in the NICU. It appears essential to improve nursing practices by encouraging the administration of sucrose combined with NNS and skin-to-skin contact during painful procedures in order to prevent the consequences of repeated and untreated pain. Research could focus on interventions to promote involving parents in care, inform them of the times of painful procedures, and evaluate their presence. Breastfeeding has been less investigated in premature infants, although it is an effective pain management intervention for term newborns (Shah, Herbozo, Aliwalas, & Shah, 2012). Other interventions such as mother's presence and voice, odors, music and massage should be further investigated in premature infants to support their use to the NICU and promote parental involvement (Pillai Riddell et al., 2015). Moreover, qualitative research could investigate barriers to the use of sucrose by nurses. Considering the current limitations in the application of effective interventions, the development of innovative interventions which are easily achievable in practice should be a priority for researchers.

Differences in performing standard pain management interventions could induce bias in neonatal research when pain management interventions are not homogeneous for all preterm infants, thus altering their response to pain. Considering the application of pain management interventions in nurses' practice, it would be essential to revise the standard interventions applied in painful procedures, particularly within a research protocol. This step would ensure that the conditions are similar between the experimental and control groups, allowing for an appropriate comparison between study groups. Discrepancies between interventions reported and those observed could indicate a social desirability by nurses, when responding to the questionnaire, i.e. to provide expected answers or wishes compared to what is really achieved in practice (Polit and Beck, 2012).

The results of this study raise questions about the assessment of procedural pain by health care professionals. Polkki et al. (2010) explored nurses' perceptions of pain assessment and pain relief in the NICU and found that nurses believed they could assess pain without using a reliable tool. Future research could focus on the use or implementation of standardized pain measurement tools to assess the effects of interventions performed. In addition, the development and evaluation of training programs on preterm infants' pain management could be investigated as training of professionals may improve nursing practices related to the pain relief of pain in preterm infants.

4.1. Limitations

Three main study's limits can be identified. First, we recruited nurses with a convenience sampling, which means that only available nurses were included in the study. Second, we did not collect sociodemographic data to explain the results obtained as the number of participants was too small to perform statistical analyses. Third, this study took place in one center, limiting the generalization of these results to other neonatal units.

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Appendix 7: Sample: Medicine Instructions

cyclobenzaprine (sye-kloe-ben-za-preen)

Amrix, Flexeril

Classification

Therapeutic: skeletal muscle relaxants (centrally acting)

Pharmacologic Profile

Indications

Management of acute painful musculoskeletal conditions associated with muscle spasm. Unlabelled uses: Management of fibromyalgia.

Action

Reduces tonic somatic muscle activity at the level of the brainstem. Structurally similar to tricyclic antidepressants. Therapeutic Effects: Reduction in muscle spasm and hyperactivity without loss of function.

Pharmacokinetics

Absorption: Well absorbed from the GI tract. **Distribution:** Unknown. **Protein binding:** 93%. **Metabolism and Excretion:** Mostly metabolized by the liver. **Half-life:** 1–3 days.

Time-Action Profile

(skeletal muscle relaxation)

ROUTE	ONSET	PEAK†	DURATION
PO	within 1 hr	3–8 hr	12–24 hr
Extended release	Unk	unk	24 hr

†Full effects may not occur for 1–2 wk

Contraindications and Precautions

Contraindicated in: Hypersensitivity; Should not be used within 14 days of MAO inhibitor therapy; Immediate period after MI; Severe or symptomatic cardiovascular disease; Cardiac conduction disturbances; Hyperthyroidism. **Use Cautiously in:** Cardiovascular disease; ***Geriatric:*** Appears on Beers list. Poorly tolerated due to anticholinergic effects; ***Obstetric: Lactation:***

Pediatric: Pregnancy, lactation, and children <15 yr (safety not established)**.**

Adverse Reactions and Side Effects

CNS: dizziness, drowsiness, confusion, fatigue, headache, nervousness. **EENT:** dry mouth, blurred vision. **CV: a**rrhythmias**. GI:** constipation, dyspepsia, nausea, unpleasant taste**.GU:** urinary retention

Interactions

Drug-Drug: Additive CNS depression with other *CNS depressants*, including alcohol, antihistamines, *opioid analgesics*, and sedative/hypnotics. Additive anticholinergic effects with *drugs possessing anticholinergic properties*, including antihistamines, antidepressants, atropine, disopyramide, haloperidol, and phenothiazines. Avoid use within 14 days of *MAO inhibitors* (hyperpyretic crisis, seizures, and death may occur). **Drug-Natural Products:** Concomitant use of kava-kava, valerian, chamomile, or hopscan ↑ CNS depression.

Route and Dosage

Oral (Adults): *Acute painful musculoskeletal conditions*—**Immediate-release:** 10 mg 3 times daily (range 20–40 mg/day in 2–4 divided doses; not to exceed 60 mg/day); **Extended-release:** 15–30 mg once daily. ***Fibromyalgia***—5–40 mg at bedtime (unlabeled).

Availability (generic available)

Tablets : 5 mg^{Rx}, 10 mg^{Rx} **Cost:***Generic*•5 mg $10.00/90, •10 mg $10.00/90
-

Extended-release capsules (Amrix): 15 mg^{Rx}, 30 mg^{Rx} C**ost**:•15 mg $974.98/90

Nursing Implications

Assessment

• Assess patient for pain, muscle stiffness, and range of motion before and periodically throughout therapy.

• *Geriatric:* Assess geriatric patients for anticholinergic effects (sedation and weakness).

Potential Nursing Diagnoses

Acute pain (Indications)

Impaired physical mobility (Indications)

Risk for injury (Side Effects)

Implementation

• **Oral:** May be administered with meals to minimize gastric irritation. Swallow extended-release capsules whole; do not open, crush, or chew..

Patient/Family Teaching

• Instruct patient to take medication as directed; do not take more than the prescribed amount. Taken missed doses within 1 hr of time ordered; otherwise, return to normal dose schedule. Do not double doses.

• Medication may cause drowsiness, dizziness, and blurred vision. Caution patient to avoid driving or other activities requiring alertness until response to drug is known.

• Advise patient to avoid concurrent use of alcohol or other CNS depressants with this medication.

• If constipation becomes a problem, advise patient that increasing fluid intake and bulk in diet and stool softeners may alleviate this condition.

• Advise patient to notify health care professional if symptoms of urinary retention (distended abdomen, feeling of fullness, overflow incontinence, voiding small amounts) occur.

• Inform patient that good oral hygiene, frequent mouth rinses, and sugarless gum or candy may help relieve dry mouth.

Evaluation/Desired Outcomes

• Relief of muscular spasm in acute skeletal muscle conditions. Maximum effects may not be evident for 1–2 wk. Use is usually limited to 2–3 wk; however, has been effective for at least 12 wk in the management of fibromyalgia.

Taken from: cyclobenzaprine (n.d.) Retrieved from http://web.b.ebscohost.com.ezproxy.sibdi.ucr.ac.cr:2048/nrc/detail?vid=4&sid=17e0c79c-aaee-4b92-af91-a663883dc5ec%40pdc-v-sessmgr05&bdata=Jmxhbmc9ZXMmc2l0ZT1ucmMtc3Bh#db=nre&AN=2009535818

Appendix 8: Diagnostic Test

Universidad de Costa Rica

Maestría Profesional en la Enseñanza del Inglés

English for Oncology Nursing Students

Prueba de Diagnóstico

Nombre_____ **Fecha:** _____

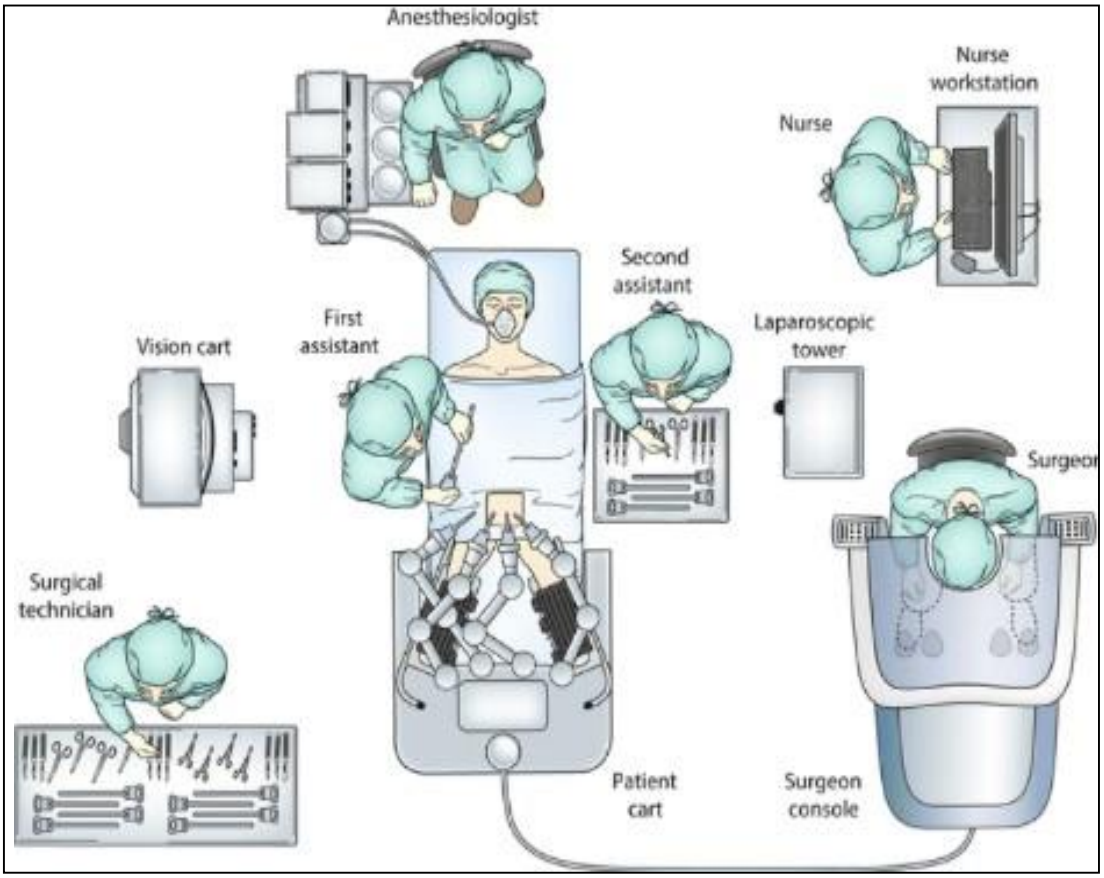
N° de carné _____ **Puntos obtenidos** ____ **Porcentaje Nota** ____

Instrucciones generales:

- Lea las instrucciones cuidadosamente antes de iniciar el examen.
- El examen está dividido en cuatro secciones principales: comprensión de lectura, comprensión auditiva, escritura y comunicación oral.
- Revise que su examen cuente con 8 páginas impresas.
- Utilice solo lapicero negro o azul para escribir sus respuestas.
- El examen tiene una duración máxima de 90 minutos a partir del momento en que la docente marque el inicio.
- Luego de estos 90 minutos, la docente le asignará una pareja y una cita para realizar el componente oral del examen. Las citas serán cada 10 minutos y la pareja de estudiantes desarrollará las dos conversaciones de la página 8.
- No se permite el uso de diccionarios, teléfonos celulares o cualquier tipo de equipo electrónico como apoyo durante la prueba.
- Si tiene alguna consulta por favor levante la mano.

Part I. Reading (15 pts)

A. Observe the diagram and circle the correct answer for the questions below. **(5 pts)**



1. How many assistants are in the operating room diagram?
   a) One
   b) Two
   c) None
   d) Six

2. To which machine is the patient cart connected to?
   a) The surgical technician station
   b) The laparospic tower
   c) The surgeon console

3. Where is the nurse station located?
   a) On the right side next to the patient
   b) In front of the patient
   c) Behind the anesthesiologist

4. How many carts are in the operating room diagram?
   a) One
   b) Two
   c) Three
   d) Four

5. Where is the laparoscopic tower located?
   a) Next to the anesthesiologist
   b) Behind the surgical technician
   c) In front of the vision cart
   d) Four

B. Based on reading #1, “Post-operative note and orders” write an X to indicate whether the statements are T (True), F (False), or NI (Not Indicated) below. **(5pts)**

	Post Operative Care	**T**	**F**	**NI**
1.	Laboratory investigations should not be taken into account to discharge the patient.			
2.	The patient cannot be discharged without comprehensive orders in regard to urine and gastrointestinal fluid output			
3.	The patient’s progress should include a specific comment on the wound or operation site.			
4.	Nurses are not responsible for providing instructions about further management, including drugs prescribed.			
5.	Nurses have the responsibility of providing a copy with all the post operatory cares, including follow up appointments, to the patient			

C. Based on reading #2, “Respiratory procedures: Use of a nebulizer” write an X to indicate whether the statements are T (True), F (False), or NI (Not Indicated) below **(5pts)**

		T	**F**	N**I**
1.	Informed consent is the first step when using a nebulizer			
2.	Avoid having the patient in up rise position			
3.	The tubing should not be connected between the nebulizer and the compressor.			
4.	It is normal to see a small volume of solution at the bottom of the chamber.			
5.	Patients can drink water when using a nebulizer			

Part II. Listening (15 pts)

A. Listen to an interview to an oncology nurse physician and provide short answers for the following questions. **(5 pts)** Retrieved from https://www.npr.org/templates/transcript/transcript.php?storyId=686830475

1) How do nurses normally call the sound patients make near the end of their life?

_____

_____

2) What is the name of the university where the interview is taking place?

_____

_____

3) What was the solution that University implemented to help young nursing students with their death anxiety?

_____

_____

4) Which is the number of nurses that have never treated a dying patient?

_____

_____

5) What is one recommendation that Camp makes to young nurses?

_____

_____

B. Listen to a short interview from *St Jude Spotlight* and circle the correct option for the following questions according to the information provided in the audio. (5 pts.) Retrieved from https://www.youtube.com/watch?v=dbS2e6o7SO4

1. Beth Stewart is_____at the Oncology department

a) an oncology nurse

b) a research associate

c) a doctor

2. The interviewer knew about St Jude because

a) She had a friend that was treated in Memphis

b) She was treated in Memphis

c) She did research to learn more about the hospital

3. Beth has the opportunity to _____

a) Break the gap between religion and science

b) Break the gap between the side effects of chemotherapy

c) Break the gap between the clinical and laboratory sides

4. What makes St Jude a very special place?

a) They share the information with the patient's family

b) They share the information with other departments

c) They share the information with researchers around the world

5. Why is Beth thankful to work at St Jude?

a) She feels that she is on a utopia

b) She can do research while treating patients

c) She has top-notch resources available

C. Listen to an interview to an oncology nurse physician and fill out the blanks with the information from the interview.**(5 pts)**

Retrieved from https://www.youtube.com/watch?v=HSdJzCU56qE

Oncology nurse

Oncology nurses are in charge of taking care of patients with _____.A typical day involves anything from giving medication to patients, playing with children whether it is coloring or doing anything that makes them feel better. The biggest challenge of their job is_____. Some oncology-nursing patients go to the hospital _____. The number one thing oncology nurses hear is “I don’t know how you do it”. Oncology nurses are in charge of the administration of medicine to their patients. Therefore, _____ is an important in the field of oncology nursing. Some important traits that an on oncology must have are_____.

Part Ill. Writing (15 pts)

A. You want to deliver a conference on how to treat patients who need palliative care for students who belong to the Nursing School at UCR. Write an e-mail to the school's director Msc. Ernestina Aguirre Vidaure to let her know about your proposal. Make sure that your email includes the following information:

1. Brief description of the conference's topic.
2. Reasons why the conference is important.
3. Reasons why the University should support this activity.

Extension required 10 lines minimum and 20 lines maximum.

Part IV. Speaking (15 pts)

A. You will randomly select a scenario of a patient/nurse interaction. Make sure to answer and ask all the questions included in the scenario and follow the role assigned**. (15pts)**

Oral Situation I (Patient)
You are a patient that has been diagnosed with a thyroid cancer that has affected your lungs. You travelled to Costa Rica in order to undergo surgery. Now, you are about to start you post-operatory stage at home. However, you have several questions about how to take your medications and what special care you need to follow. Before going home, an oncology nurse will have a small conversation with you. Make sure to ask all the questions about how to take your medications and take care of yourself.
Oral Situation I (Nurse)
You are an oncology nurse at Hospital CIMA. You are about to have the post-operative conversation with a patient that has travelled to our country in order to treat himself/herself from a thyroid cancer that has affected his/her lungs. Make sure to include all the details and explanations that the patient will need to successfully take his/her medications and special care at home.
Oral Situation II (Patient)
You are a patient that has been diagnosed with cystic fibrosis. You are going to participate in a clinical trial to try to find the cure for the disease. You will be working with an oncology nurse that will teach you how to administer your treatment accurately to enhance the possibility of success in the clinical trial. Make sure to ask all the questions you have in regard to the medical trial and to ensure that you can take the treatment by yourself.

Oral Situation II (Nurse)
You are an oncology nurse at Hospital Clínica Bíblica. You are helping a patient that is part of a new clinical trial to treat cystic fibrosis. You have been assigned the task to explain how to apply the treatment to one of the patients in the trial. Make sure to explain in detail and systematically the instructions on how his medications should be taken and the hours in which they need to be administered.

Diagnostic Examen- Reading #1

Post-operative note and orders

The patient should be discharged to the ward with comprehensive orders for the following:

- Vital signs
- Pain control
- Rate and type of intravenous fluid
- Urine and gastrointestinal fluid output
- Other medications
- Laboratory investigations

The patient's progress should be monitored and should include at least:

- A comment on medical and nursing observations
- A specific comment on the wound or operation site
- Any complications
- Any changes made in treatment
-

Aftercare: Prevention of complications**.**

- Encourage early mobilization:
- Deep breathing and coughing
- Active daily exercise
- Joint range of motion
- Muscular strengthening
- Make walking aids such as canes, crutches and walkers available and provide instructions for their use
- Ensure adequate nutrition
- Prevent skin breakdown and pressure sores.
- Turn the patient frequently
- Keep urine and feces off skin
- Provide adequate pain control

Discharge note

On discharging the patient from the ward, record in the notes:

- Diagnosis on admission and discharge
- Summary of course in hospital
- Instructions about further management, including drugs prescribed.
- Ensure that a copy of this information is given to the patient, together with details of any follow-up appointment.

Retrieved from https://www.who.int/surgery/publications/Postoperativecare.pdf

Diagnostic Examen- Reading #2

Respiratory procedures: Use of a nebulizer

Medications that are commonly administered through a nebulizer include bronchodilators (for example, salbutamol), anticholinergics (for example, ipratropium bromide), corticosteroids (for example, beclometasone) and normal saline.

Procedure.

- Explain the procedure to the patient and obtain informed consent.
- Prepare the equipment.
- Check the prescription chart to ensure that the nebulized drug has been prescribed and is due to be administered.
- Check the expiry date of the solution to be nebulized.
- Ensure the patient is in a comfortable position, as upright as possible.
- Place the compressor near the patient and plug it into the mains. Clean following local infection control policy and ensure the filter is in place.

Assemble the nebulizer.

- Connect the tubing between the nebulizer and the compressor.
- Unscrew the top and pour the prescribed solution into the nebulizer chamber
- Ensure the top is firmly reapplied.
- Turn on the compressor: the solution to be nebulized should begin to 'mist'.
- Assist the patient to apply the mask or mouthpiece (Fig 4).
- Remind the patient that it is important to breathe through the mouth and not to talk during the procedure.
- Ask the patient to tap on the nebulizer chamber every few minutes - this will help to prevent condensation developing.
- Once 'misting' has stopped, switch off the compressor and remove the mask or mouthpiece. There is usually a small volume of solution at the bottom of the chamber.
- Wash and dry the nebulizer chamber and place the pack in its package for storage.
- Offer the patient a drink.
- Document that the nebulizer has been administered following local protocols.
- Wash and dry hands.

Retrieved from https://www.nursingtimes.net/clinical-archive/respiratory/respiratory-procedures-use-of-a-nebuliser/200213.article

Appendix 9: Diagnostic Test Rubric Writing

Writing Assessment Rubrics

	Content and Vocabulary	Organization	Structure	Vocabulary
5	The content is fully related to the topic. Ideas are well-supported by pertinent examples and details.	The text is well-focused; student uses appropriate transitions and cohesion devices to thigh the ideas together.	Structures evidence correct use of subject- verb agreement, verb tenses, word order, question formation patterns, inflections, and negations.	The terms and expressions used are fully related to the topic and task. No evidence of L1 interference.
4	Most ideas are related to the topic. Some examples and details support the main ideas of the text.	Most parts of the text are focused on one point. Transitions and cohesion devices are used correctly most of the time.	Few structures do not follow the correct use of subject-verb agreement, verb tenses, word order, question formation patterns, inflections, and negations, but communication is not affected.	Most terms and expressions used are related to the topic and task. L1 interference is hardly noticeable.
3	A fair amount of information is related to the topic. Examples and details are present but do not fully support the main ideas.	Some portions of the text are not well-focused; transitions are missing or are inappropriate.	Various errors related to subject-verb-agreement, verb tenses, word order, question formation, inflections, and negations are present but do not affect the gist of the message.	Terms and expressions are occasionally related to the topic and task. L1 interference is present but does not affect the comprehension of the message.
2	Ideas are loosely related to the topic. Limited number of examples and details hardly support the main ideas.	The ideas of the text are ordered inappropriately, and the text lacks focus. No transitions or other cohesion devices are present.	Several errors related to subject-verb-agreement, verb tenses, word order, question formation, inflections, and negations are evident and disrupt communication.	Most terms and expressions are not related to the topic. L1 interference hinders comprehension of the message.
1	Ideas are not related to the topic. No examples or details to support the main points are present.	Ideas are written following no connection or logic.	The text is unintelligible because most structures reflect an incorrect use of subject-verb-agreement, verb tenses, word order, question formation, inflections, and negations.	Terms and expressions are not related to the topic. Speaker relies on Spanish words to communicate.
0	No response is provided or the response is unrelated to the topic/task.			

González, F., Pilgrim, Y., & Sánchez, E. (2018). *English for mechanical engineering students: gear up*. (Unpublished master's thesis). University of Costa Rica, San José. *TOEFL iBT Independent speaking rubrics*. (2014). Educational Teaching Services, United States.

Appendix 10: Diagnostic Test Rubric Speaking

Speaking Assessment Rubrics

	Content and Vocabulary	Grammar	Pronunciation	Delivery
5	The demands of the role-play task are fulfilled. Interventions are intelligible and coherent. The expressed ideas are related to the topic. Utterances exemplify authentic issues and expressions addressed by nurses.	Structures evidence correct use of subject-verb agreement, verb tenses, word order, question formation patterns, inflections, and negations.	Difficulties with pronunciation and intonation patterns are absent or minor, which do not cause communication breakdowns.	Speech is clear and fluent. Student easily supports his/her ideas with appropriate paralinguistic and extralinguistic features.
4	The demands of the role-play task are mostly fulfilled. The majority of interventions are intelligible and coherent. The expressed ideas are related to the topic. Most utterances exemplify authentic issues and expressions addressed by nurses.	Few structures do not follow the correct use of subject-verb agreement, verb tenses, word order, question formation patterns, inflections, and negations, but communication is not affected.	A few pronunciation and intonation mistakes are present but do not disrupt communication.	Speech is mostly clear and pauses do not interrupt the message. Non-verbal communication complements student's ideas.
3	The demands of the role-play task are partially fulfilled. Student's interventions are occasionally clear and comprehensible. Some ideas expressed by the student are not related to the topic. Some utterances exemplify authentic issues and expressions addressed by nurses.	Various errors related to subject-verb-agreement, verb tenses, word order, question formation, inflections, and negations are present but do not affect the gist of the message.	Some pronunciation and intonation mistakes are present, but ideas are still comprehensible.	Speech is slow and often hesitant. Sentences may be left incomplete, but the student is able to continue. Paralinguistic and extralinguistic features are used in some occasions to support communication.
2	The demands of the role-play task are hardly achieved. Most student's interventions are unclear or incomprehensible. Ideas expressed by the student are loosely related to the topic. Very few utterances reflect authentic issues and expressions addressed by nurses.	Several errors related to subject-verb-agreement, verb tenses, word order, question formation, inflections, and negations are evident and disrupt communication.	Several pronunciation and intonation mistakes are present and disrupt communication.	Speech is slow and hesitant during most parts of the conversation. Student rarely uses paralinguistic or extralinguistic features.
1	The role-play is not completed. Student's interventions are unintelligible. Ideas are not related to the topic. Utterances do not reflect authentic language used by nurses.	Conversation is unintelligible because most structures reflect an incorrect use of subject-verb-agreement, verb tenses, word order, question formation, inflections, and negations.	Conversation is unintelligible because of too many pronunciation and intonation errors.	Speech is very slow, stumbling, nervous, and uncertain with response. Student's performance does not show any sign of paralinguistic or extralinguistic features.
0	Speaker makes no attempt to respond or response is unrelated to the topic			

Appendix 11: Students' Syllabus

First Aid English: A Survival English Course for Nurses

University of Costa Rica

Teaching English as a Foreign Language Master's program

Instructors: Adriana Acosta, María José Cedeño, and Lupita Fonseca

Schedule: Mondays 5:00 p.m.- 7:50 p.m., room ##

Course Syllabus

I. Course Description

First-Aid English is an English for Specific Purposes course intended for nursing students at UCR. By the end of the course, the students will be able to comprehend texts associated with the medical field and to communicate successfully performing tasks that could reach up to a low-intermediate English level within their field for academic and work-related purposes. This team-taught class meets once a week on Mondays during three hours for fourteen weeks.

II. Goals and Objectives

Goals	Main Objectives
A. By the end of this unit, nursing students from the UCR will be able to successfully demonstrate comprehension of scientific articles needed for academic purposes in their	1. By the end of the lesson, students will be able to effectively discriminate between useful and not useful articles by locating specific data in the abstracts of scientific articles.

coursework by analyzing abstracts and the article components (justification, methodology, and results) and selecting specific information relevant for their projects.	2. By the end of the lesson, students will be able to precisely locate specific information within a scientific article by using the strategies of skimming and scanning to find and highlight key phrases and terms. 3. By the end of the lesson, students will be able to successfully report results from the scientific articles by filling out a graphic organizer.
B. By the end of the unit, nursing students will be able to appropriately interact with potential English-speaking patients by role-playing scenarios involving the discussion of symptoms, levels of pain, and basic medical history.	1. By the end of the lesson, students will be able to successfully identify patients' symptoms by listening to videos from authentic patient-nurse interactions. 2. By the end of the lesson, students will be able to appropriately interview the patient during the pain and vital signs assessment by using verbal and non-verbal means of communication. 3. By the end of the lesson, students will be able to accurately complete forms of patient's history by asking questions and listening to responses about their previous medical conditions and family background.
C. By the end of the unit, nursing students will be able to successfully instruct the patient about medication and treatments by grasping key information from medicine instructions and reporting them to the patient.	1. By the end of the lesson, students will be able to successfully show understanding of the side effects and respective dosage for specific medicines by completing a medicine form. 2. By the end of the lesson, students will be able to accurately inform the patient about potential side effects and dosage instructions by role-playing a debriefing session after the patient's medical appointment

	3. By the end of the lesson, students will be able to appropriately explain relevant postoperative information as well as the dosage and medication procedures to follow by role-playing a session to educate the outpatients' relatives on how to take the medications at home.

III. Methodology

During the course, students will develop most of their assignments collaboratively. This means that although some parts of the lesson might be completed individually, most activities will be done in pairs or in small groups. For this reason, equal participation, active interventions, and respectful interactions will be fostered in order to maximize opportunities for learning. Classes will focus on the completion of tasks related to listening, speaking, reading, and writing. Among those, role-plays and reading tasks will be the most common since they resemble everyday nursing tasks. Other tasks include listening to different patients and identifying their symptoms, interviewing patients during vital signs assessment, completing medical history forms while interviewing the patient, explaining the patient about medication and post-operative care, recognizing main ideas of a written text, highlighting key information from a text, and completing graphic organizers after reading a text. Classes will not be based on grammar topics; in fact, grammar, pronunciation and vocabulary will only be taught with the objective of preparing students to complete the assigned communicative tasks.

In order to complete the course, students must attend at least 12 three-hour lessons. If students miss more than 3 classes, they must present proper documentation in order to justify the absence and continue in the class. If students accumulate 3 tardies, this will be considered

an unjustified absence. Coming to class 15 minutes after or leaving 15 minutes before the class is over will be considered as one tardy.

IV. Assessment

Assessment Task	Percentage
Reading Project	30%
Role-play 1	30%
Role-play 2	30%
Vocabulary Log	10%

The reading project consists of a simulation of the process of reading for academic purposes. Students will be given a specific topic and a variety of articles. They must select 2 or 3 articles that best suit their topics and select the information that they can include if they were writing their literature review.

To complete role-play 1, students will simulate a conversation that takes place during the first stage of patient-nurse interactions.

Role-play 2 tests students' ability to educate a patient about medication and post-treatment care; students will read medicine instructions and will report them to the patient and patient's relatives.

For the vocabulary log, students have to create a personal log (dictionary) to keep record of new terms and expressions that are highly frequent in real-life nursing contexts.

V. Contents

Unit 1: Read the Signs (Academic reading)

Unit 2: Listen to your Heartbeat (Listening and speaking during nurse-patient first contact interactions)

Unit 3: Keep It Healthy (Reading and speaking about medicine instructions and post care)

VI. Tentative Course Chronogram

Date	Tasks
Week 1 August 12	Introduction to the course Ice-breakers
Week 2 August 19	Unit 1: Read the signs
Week 3 August 26	Unit 1: Read the signs
Week 4 September 2	Unit 1: Read the signs
Week 5 September 9	Unit 1: Read the signs Assessment: Reading project
Week 6 September 16	Unit 2: Listen to your heartbeat
Week 7 September 23	Unit 2: Listen to your heartbeat

Week 8 September 30	Unit 2: Listen to your heartbeat
Week 9 October 7	Unit 2: Listen to your heartbeat Assessment: Role play 1
Week 10 October 14	Unit 3: Keep it healthy
Week 11 October 21	Unit 3: Keep it healthy
Week 12 October 28	Unit 3: Keep it healthy
Week 13 November 4	Unit 3: Keep it healthy
Week 14 November 11	Unit 3: Keep it healthy Assessment: Role play 2 Hand in Vocabulary Log

Appendix 12: Students' Performance Assessment

University of Costa Rica **Points: ____/30**
Master's Program in TEFL **Grade: _____**
First Aid English: A Survival English Course for Nursing Students **Percentage: _____**
Acosta, Cedeño, Fonseca
Reading Project (30%)
Allotted time: 80 minutes

Name: _____ Date: _____

Instructions:

1. Read all the instructions carefully.
2. Check that your exam consists of **2** pages and **3** different abstracts.
3. Write clearly and orderly.
4. The use of cell phones is forbidden during the administration of this evaluation.

Situation: You are conducting research about **strategies to enhance nurses' advocacy towards vulnerable Costa Rican populations.** You have encountered three possible articles to include in your literature review/background section. Follow the instructions below to select information for your article.

1. Read the title of each article and predict which one is related to your topic. Confirm by reading the abstract. Once you have chosen the abstract, the instructor will provide you with some sections of the article.
   A. Write the name of the article that you will use. **(1 point)**

      _____

      _____

   B. Write down three phrases, ideas or keywords that support your decision. **(3 points)**

      _____

      _____

      _____

2. Skim the **introduction** of the article to answer the following question. (4 points)
   What actions do nurses and nursing educators must take to reduce social and health inequalities?

3. Scan the **methods section** and complete the chart below. **(7 points)**

Type of methodology	
Number of articles included in the review	
Years of articles consulted	
Languages of the articles	

4. Summarize the most relevant **results** in a graphic organizer. Keep in mind your research topic. **(15 points)**

University of Costa Rica **Points: ____/30**
Master's Program in TEFL **Grade: _____**
First Aid English: A Survival English Course for Nursing Students **Percentage: _____**
Acosta, Cedeño, Fonseca
Reading Project (30%)
Allotted time: 80 minutes

Name: _____ Date: _____

Instructions:

1. Read all the instructions carefully.
2. Check that your exam consists of **2** pages and **3** different abstracts.
3. Write clearly and orderly.
4. The use of cell phones is forbidden during the administration of this evaluation.

Situation: You are conducting research about **risks of vulnerable Costa Rican populations and their perceptions towards health systems.** You have encountered three possible articles to include in your literature review/background section. Follow the instructions below to select information for your article.

1. Read the title of each article and predict which one is related to your topic. Confirm by reading the abstract. Once you have chosen the abstract, the instructor will provide you with some sections of the article.
   A. Write the name of the article that you will use. **(1 point)**

      _____

      _____

   B. Write down three phrases, ideas or keywords that support your decision. **(3 points)**

      _____

      _____

      _____

2. Skim the introduction of the article to answer the following question. **(4 points)**
   Why is Latin America a high-risk area for the minorities under study in the article? How does it affect their health?

3. Scan the **methods section** and complete the chart below. **(7 points)**

Type of methodology		
Number of articles included in the review		
Sample sizes		
Languages of the articles		

4. Summarize the most relevant **results** in a graphic organizer. Keep in mind your research topic. **(15 points)**

Appendix 13: Course Evaluation

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta, Cedeño, Fonseca

Course Evaluation

This course evaluation intends to gather students' opinion about the usefulness and quality of the English nursing course. The responses to this questionnaire are anonymous and confidential. Please, feel free to express your opinion.

1. Read the following statements and mark (x) the option that best describes how often these statements are true for you.

	Always	Usually	Rarely	Never
1. The tasks done in class are very useful for my student life.				
2. The tasks done in class are very useful for my professional life.				
3. I feel prepared when I perform the tasks in class.				
4. I make progress in class.				
5. The course follows a logical order.				
6. The difficulty of this course is adequate.				
7. I feel motivated to come to class.				
8. The materials given by the instructors help me understand the topics.				

9. The layout of the materials motivates me to participate in class.				
10. Evaluations are closely related to what we do in class.				
11. Overall, I feel satisfied with this course.				

Comments:

II. Answer the following questions. You can write your answers in Spanish if you feel more comfortable.

1. What class activities have been the most useful ones?

_____
_____
_____
_____

2. What activities or topics are useless in my daily job activities? Why?

_____
_____
_____

3. What recommendations do you have to improve the course?

_____
_____
_____

Thank you!

Appendix 14: Teacher Evaluation

Teacher's name: _____

Instructions: The chart below presents several statements about the teacher's performance for each of the First Aid English: A Survival English Course for Nursing Students course's teachers. Next to each statement, you have four options to choose the most appropriate to indicate your level of agreement based on the teacher's performance during the course. Please choose only one option by circling the number that corresponds to your evaluation.

Scale: 1- Strongly Disagree 2- Disagree 3- Agree 4- Strongly Agree

Planning and Preparation					
1.	Teacher demonstrates knowledge of content and pedagogy.	1	2	3	4
2.	Teacher demonstrates knowledge of students' needs and wants.	1	2	3	4
3.	Teacher is available to guide students and clarify their doubts.	1	2	3	4
4.	Teacher designs coherent tasks related to the nursing field.	1	2	3	4
5.	Teacher assesses students' performance based on the contents covered in class.	1	2	3	4
6.	Teacher assesses students' performance using appropriate instruments.	1	2	3	4
The Classroom Environment					
7.	Teacher creates an environment of respect and rapport.	1	2	3	4

8.	Teacher establishes a learning-centered classroom atmosphere.	1	2	3	4
9.	Teacher demonstrates proper management of classroom procedures.	1	2	3	4
10.	Teacher effectively organizes physical space.	1	2	3	4
Instruction					
11.	Teacher communicates instructions clearly and accurately.	1	2	3	4
12.	Teacher uses a variety of techniques to promote students' learning.	1	2	3	4
13.	Teacher properly engages students in participating and learning.	1	2	3	4
14.	Teacher provides valuable feedback to students.	1	2	3	4
15.	Teacher demonstrates flexibility and responsiveness to students' needs.	1	2	3	4
Professional Responsibilities					
16.	Teacher demonstrates constant reflection on her teaching practices by adapting them to students' needs.	1	2	3	4
17.	Teacher takes into consideration the students' feedback to improve her teaching practices.	1	2	3	4
18.	Teacher shows professionalism within the teaching context.	1	2	3	4

*Source: Danielson, Ch., & McGreal, T.L. (2000). *Teacher Evaluation to Enhance Professional Practice.* New Jersey: Educational Testing Service.

Notes: In this section feel free to provide any suggestion you consider relevant for the teacher to improve her performance.

_____

_____

_____

_____

_____

_____

Appendix 15: Tally Sheet to Track Lexical Items

Instructions: Write a tally mark each time students incorporate the vocabulary taught in the pre-task phase in the main task.

Lexical Items Taught in Pre-tasks	Number of times Ss used it in the main task	Correct Meaning	Correct Pronunciation	Appropriate Context

Additional comments:

_____
_____
_____

Appendix 16: Tally Sheet to Track Grammatical Structures

Instructions: Write a tally mark each time students apply the grammatical structure taught in the pre-tasks in the main task

Grammatical structure taught in the pre-tasks	Number of times Ss used it during the main task	Correct Form	Correct Use	Accuracy (Intended Meaning)

Additional Comments:

_____
_____
_____
_____
_____

Appendix 17: Parameters to Assess Vocabulary

	Poorly Applied: At this level students were able to recall only **one** or **two** different lexical items/ categories from the ten taught in the pre-task phase with an intelligible pronunciation.	**Satisfactorily Applied** At this level students were able to recall from **three** to **five** different lexical items/ categories from the ten taught in the pre-task phase with an intelligible pronunciation.	**Successfully Applied** At this level students were able to recall **six** or **more** different lexical items from the ten taught in the pre-task phase with an intelligible pronunciation.
Pair 1			
Pair 2			
Pair 3			
Pair 4			

Comments:

Appendix 18: Parameters to Assess Vocabulary during the End-of Unit Assessment

	Poorly Applied: At this level, students were able to recall only **one** or **four** different lexical items/ categories from the twenty taught in the previous lessons with an intelligible pronunciation.	**Satisfactorily Applied** At this level, students were able to recall from **five** to **nine** different lexical items/ categories from the twenty taught in the previous lessons with an intelligible pronunciation.	**Successfully Applied** At this level, students were able to recall **ten** or **more** different lexical items from the twenty taught in the previous lessons with an intelligible pronunciation.
S1			
S2			
S3			
S4			
S5			
S6			
S7			
S8			
S9			

Appendix 19: Parameters to Assess Grammar

	Poorly Applied: At this level, students were able to use the grammatical structure under study **one** or **two** times with the correct context and with structural errors that did not affect communication.	**Satisfactorily Applied** At this level, students were able to use the grammatical structure under study from **three** to **five** times with the correct context and with structural errors that did not affect communication.	**Successfully Applied** At this level, students were able to use the grammatical structure under study **six or** more times with the correct context and with no structural errors that could have affected communication.
Pair 1			
Pair 2			
Pair 3			
Pair 4			

Note: The number for collocations and noun/prepositional phrases was reduced since they are only used during a very specific step of the role-play.

Comments:

Appendix 20: Parameters to Assess Grammar during the End-of Unit Assessment

	Poorly Applied: At this level students were able to use most structures from **one** to **four** times with no or few structural errors that did not affect communication.	**Satisfactorily Applied** At this level students were able to use most structures from **five** to **nine** times with no or few structural errors that did not affect communication.	**Successfully Applied** At this level, students were able to use **all** structures **ten or more** times with no or few structural errors that did not affect communication.
S1			
S2			
S3			
S4			
S5			
S6			
S7			
S8			
S9			

Comments:

Appendix 21: Role Play Transcript Unit 2 Lesson 2

(Vital signs and pain assessment)

Role-play 1

NURSE: Hi, can you tell me your name?

PATIENT: Hi, my name is _____.

NURSE: _____, could you describe me your pain?

PATIENT: The pain is eh in my head and it is very [inaudible] I feel pain and I see lights, ah, is unbearable the sound.

NURSE: Can you tell me how long have you been feeling this pain?

PATIENT: One week [inaudible]

NURSE: And uh, can you please lie on the stretcher?

Can I take your blood pressure?

Do you take any pills, any treatment?

PATIENT: No.

NURSE: That's it!

Role-play 2

NURSE: Hi, what's your name?

PATIENT: My name is _____.

NURSE: Hi, _____, can you describe your pain?

PATIENT: Yes, I have a moderate headache. I've been having nausea and dizziness. And also breathing difficulties.

NURSE: May I take your blood pressure?

PATIENT: Sure.

NURSE: Ok, thank you. Ahhh, may you describe your symptoms?

PATIENT: My headache is a moderate pain, acute and moderate. And I've been having it since three hours ago. That's it.

NURSE: Thank you.

Role-play 3

NURSE: Welcome to the clinic. My name is ____, and I'll be your nurse. What is your name?

PATIENT: My name is ____

NURSE: ___? Ok, ____, can you tell me why are you here?

PATIENT: I'm here because the last week, I had very severe migraines with nausea. I'm so scared because I have a serious problem in my head.

NURSE: What kind of problem?

PATIENT: I have a tumor in Broca's area.

NURSE: Ok, so they have examined everything?

PATIENT: I need to know [inaudible]

NURSE: When do they tell you that you have this problem?

PATIENT: 6 months ago, I go to the …

NURSE: Physician?

PATIENT: Yes, physician, and she told me that I have this serious problem. And I'm so stressed; I can't sleep, I can't stop thinking about it, so that's why I am here.

NURSE: Have you spoken with someone about this problem? Like psychological person?

Appendix 22. Role Play Transcript Unit 2 Lesson 3

(Medical History)

NURSE: Hi, my name is _____. I'll be your nurse today. I'm going to ask you some questions just to have your information in our system, and let's start. What is your last name?

PATIENT: _____

NURSE: And your first name?

PATIENT: _____

NURSE: _____? And your ID?

PATIENT: ---------

NURSE: 64? Ok, when is your date of birth?

PATIENT: My date of birth is _____

NURSE: And you identify yourself as a female or a male?

PATIENT: Female.

NURSE: What is your marital status?

PATIENT: Single.

NURSE: Single. And your phone number?

PATIENT: -------

NURSE: And your address?

PATIENT: ----

NURSE: And you have an emergency contact?

PATIENT: Yes, my father.

NURSE: And what is his name?

PATIENT: ---

NURSE: Could you tell me his contact number?

PATIENT: ------

NURSE: You said 35?

PATIENT: Yes. ----

NURSE: DO you know your height?

PATIENT: Yes, 162 cm

NURSE: And your weight?

PATIENT: 59

NURSE: OK, have ever had or have any the following list of diseases? Ok, cancer, diabetes,

arthritis, hypertension? Asthma?

PATIENT: Yes

NURSE: Ok, since you were?

PATIENT: 19

NURSE: 19. Ok, you have chest pain, heart disease, high cholesterol, seizure or epilepsy, serious

head injury, migraine, fainting spells, paralysis, kidney stones, gallbladder infection, hepatitis,

anemia, hernia, broken bones, hearing loss, vision problems, STDs, irregular periods, depression,

anxiety.

PATIENT: Yes.

NURSE: Do you have treatment?

PATIENT: No. It was only a crisis I had last semester.

NURSE: How do you feel today?

PATIENT: Fine.

NURSE: Have you ever been pregnant?

What is the date of your last menstruation?

PATIENT: Yes, it was 15 days ago.

NURSE: 15 days ago. Are you allergic to some medicines?

PATIENT: No, but I'm allergic to soy, wheat, and also dust.

NURSE: Dust? Let's talk about habits. Do you usually smoke?

PATIENT: No, I don't smoke.

NURSE: Do you use alcohol.

PATIENT: I think I'm a social drinker.

NURSE: Social drinker. Like 1 time in a month?

PATIENT: More like 1 day per week.

NURSE: How much do you drink?

PATIENT: Two beers.

NURSE: Do you use recreational drugs? / Do you usually exercise?

PATIENT: No, I don't have time.

NURSE: Because of your university? I understand. And have you ever had a surgery? / Do you know your medication?

PATIENT: Yes, I take inhaled corticosteroids once a day.

NURSE: [Names of medicine] How often?

PATIENT: Once a day.

NURSE: How many one or two?

PATIENT: Two

NURSE: Ok, and about your family history? Has any of your blood relative had any of these conditions? Diabetes, cancer?

PATIENT: My maternal grandmother had lung cancer.

NURSE: You said lung? High blood pressure? Heart attack? Alzheimer? Blood clots or strokes? Epilepsy, seizure? Mental illness? Any other conditions?

PATIENT: Yes, my father is asthmatic. And my paternal grandmother had thyroid problems.

NURSE: So, let me understand, your maternal grandma had?

PATIENT: Maternal grandmother lung cancer. And my paternal grandmother had thyroid problems.

NURSE: Paternal?

PATIENT: Paternal thyroid. Maternal lung cancer, and paternal thyroid

.NURSE:

Appendix 23. Role Play Transcript Unit 3 Lesson 2

(Medicine instructions)

Role-play 1 (two nurses and one instructor as the patient)

NURSE 1: Hi, What is your name?

PATIENT: Hi, I'm _____.

NURSE 1: _____, I'm _____, your nurse. I'm going to explain the medication. Your medication is _____. You take, Bueno, this medication is for depression. You take 100 mg 3 times a day. The route is orally with water and meals. And warnings and precautions are [suicidal] thinking, cognitive impairment, hypertension, or pregnancy implications. Ah you question?

PATIENT: Yes, what was the dosage?

NURSE: The dosage is 100 milligrams 3 times a day.

PATIENT: Thank you.

NURSE 2: Hi, _____. My name is _____. I am your nurse. Nice to meet you.

PATIENT: Nice to meet you, too.

NURSE 2: This uh. _____ is for the medical… is for depression. This take orally 5 mg for day

PATIENT: 5 per day…once a day.

NURSE 2: The possible side effects … impulse control disorder, active [unclear], and early psychosis. Can you repeat the [unclear]?

PATIENT: This medicine is for my depression. I need to take 5 mg once a day and I can't take them if I have psychosis.

NURSE 2: Yes.

PATIENT: Thank you.

Role-play 2 (two nurses and one instructor as the patient)

NURSE 1: Hi, what's your name?

PATIENT: _____

NURSE 1: _____, good night. We are going to be your nurse today. My name is _____

NURSE 2: _____

NURSE 1: So, we are going to explain you your treatment, your pharmacological treatment for your glaucoma, right, you have glaucoma?

PATIENT: Yes

NURSE 1: My peer is going to explain you.

NURSE 2: Ok, _____. Your medication is _____. _____ you take one pill twice a day, ok? This is you need take medication with water and/or syrup but not use fruit juice. Possible side effects is convulsions, confusion, depression, and addiction. Do you have diabetes?

PATIENT: No.

NURSE 2: And do you repeat please, what I say.

PATIENT: Sure, so I have to take this pill once per day. And I can only take it with water or syrup. I cannot take it with any fruit juice. And then, I may feel fatigue and I may have convulsion, and then I am safe because I don't have diabetes, so I can take it.

NURSE 1: But you say that you only have to take it once a day, but it's two times a day.

PATIENT: Oh, it's two times a day!

NURSE 1: Yes, you have to remember it.

PATIENT: I'm going to write it down.

NURSE 1: So the other medication you have to take is _____. _____ is for your intraocular pressure, so it helps to reduce it. It's this what you have to take. It's in drops, so use one drop per eye every evening, and it has its q-tips, so you have to apply it to the eyelid, no, your eyelid margin, which is this part. You have to wash your hands first, wash your face. How do you say secar? Dry it! You have to dry your face and take one for your right eye and another q-tip for the other eye. So, you can't use one q-tip for both eyes and you have to be very carefully because it may cause an infection in your eyes, so we will have to treat you for glaucoma and infection, so you have to be very careful. Ehh, you understand everything I said to you?

PATIENT: Yes.

NURSE 1: Can you repeat it for this medication? How you have to use it?

PATIENT: So, I take it every evening. Then I need to wash my face and my hands and dry it and then, I need to use one q-tip, one q-tip per eye and then I need to be careful not to have an eye infection.

NURSE 1: Yes.

PATIENT: I got it. Thank you.

NURSE 1: Good patient.

Appendix 24. Role Play Transcript Unit 3 Lesson 3

(Post-operative wound care)

Role-play 1

NURSE: Hi, how are you?

PATIENT: Fine, thank you and you?

NURSE: Fine, thank you. My name is _____, and I'm going to explain you how you have to take care of your wound, your mastectomy wound. Ok, first, do you know what to do?

PATIENT: No.

NURSE: Ok, I'm going to tell you the steps that you need to follow, so you can take care of it. First, so you have to wash your hands with soap and water and then you dry and that's it. Then, you need to prepare the materials that you are going to use. So, you are going to use gauze pad, a transparent medical dressing, also medical tape. You need water, soap, gloves, ah, waste basket and that's it. So, next, you have to prepare a clean space, where you are going to open the materials to clean or take care of your wound or the incision. So, the procedure is this one: You need to soak the cotton or the gauze with water and soap and clean the incision. First outwards and then on ah no, first on the incision and then outwards because if not it can get contaminated. Then you need to clean with a gauze soaked with water in the same way over the incision and then outwards, and then dry it with gauze in the same over the incision and then outwards. After you have done it, you need to put gauze pad over the incision and put the medical dressing and tape it. That's it. Then you need to remove your gloves and waste it on the waste basket or dispose it on the waste basket. Did you understand? Do you have any questions?

PATIENT: Ah for alert signs?

NURSE: You have to check if you present or if you have like bleeding or if you have discharges, or if you feel nausea or vomiting or things like that. And you should call me or go to the hospital to see the doctor.

Role-play 2

NURSE: Hi, _____.

PATIENT: Hi.

NURSE: Ok, for your appendectomy you have to take these advices that I'm about to say and you also can take notes. Ok, the first thing that we need is gauze. We will send this to your house and also this medical tape and also soap and water and this medical Tegaderm (We call Tegaderm to this) ok? And the first thing that we have to remind is that you have to wash your hands like this and then, we will start with a piece of gauze covered in water and start cleaning like this and then, we will do the same with water and then we will do it in order to dry the wound. Ok, when you finish this part, you will look and check if this is clean in terms of redness and if you note that it has some discharge like you know yellow. And then if anything is clean and good, you will use another piece of gauze and place it on the wound. Ok, and then, you need to tape 4 pieces, one in this part, and this part, and then the other one. And then, nothing that is all.

Role-play 3 (They decided to role-play a workshop)

NURSE: Hello, _____

DOCTOR: Hello

NURSE: Welcome to the workshop Taking Care of my Wounds. In this workshop you are going to learn how take care of your wounds in ten easy steps.

DOCTOR: I'm so excited.

NURSE: The first step is to learn how to properly wash your hands, so we're going to give you these gloves with some paint. What is your favorite color?

DOCTOR: It's blue.

NURSE: With blue paint and we are going to learn to properly wash your hands, so we are going to do this…and then we are doing thiiis and then this, and then you do thiiiis, [several times] and the paint must be all over the gloves so that's is how you make sure that you properly wash your area.

DOCTOR: So, I have blank space.

NURSE: So you do it again.

DOCTOR: I'll practice at home. I'll promise.

NURSE: And then you will check. Now take out your gloves. The next part of the workshop is how to prepare the materials, so you… in order to you always remember the materials, you are going to learn a song. We did not have time to prepare the song but you are going to sing the song…

DOCTOR: So, the materials are…

NURSE: So, the materials are gauze, and medical tape, we have [name of brand], I recommend this because it's like gentle with the skin, and we also have [brand] but is really good if you are going to, well. And we need gauze, gauze pad, and these, how do you say it, garbage bags, and water, soap, and a lot of gauze. To clean with soap, to wash with water, and to dry, and another one to put on the wound.

DOCTOR: And I put it and that's all?

NURSE: No, we are going to step 3: Dos and don'ts on how to put the gloves. So, when you put the gloves, you put the gloves like this, you don't replace washing your hands for gloves so even though you have gloves, you always have to wash your hands before. And that's the part of 3. And then step 4, you prepare the area, so we this anatomic model, we are going to learn how to peel out the area. And now you are going to learn like this and this workshop and now do it yourself because it is a workshop

DOCTOR: And it's similar to my wound.

NURSE: … Now peel it like this and you press your skin around and you make sure you [peel] out like this and now you go. Now, step 5. When you peel out the bandage, you are going to check for infections signs. And this are the follows for infection signs. So you if you have your wound like this

DOCTOR: Discharge.

NURSE: Discharge and bleeding and swelling, and colors, and redness.

DOCTOR: Foul.

NURSE: Foul odor, and if you feel pain, like pain that doesn't decrease over the days and doesn't decrease with analgesics, so if you feel pain all the time, and even though you take your medication, you feel pain, this is a sign, alert sign, sign alert. Now, step 6. To wash your hands again to clean the wound. So, with this anatomic model, we are going to learn to clean the wound. You always clean the wound outwards, like this, tanananana, and then very gently. To clean the wounds with a formula, soap, water, dry. Soap, water, and then dry. Now to put the new dressings. We are going to put the new dressing on the anatomic model. You cut the stripes. Vey well. Now you put the dressing. The dressing must cover all the wounds. Now, do you think that is a good position? Good, you are learning fast. Now, you do it. Good that's how you do it. You are going to have a nice wound by eights.

DOCTOR: The end of the week.

NURSE: Now you put the dressings, now you wash your hands, and …

DOCTOR: Smell it.

NURSE: Well, some people say smell it, but not like this. And step 9. How to dispose the materials. So you put the infected materials in a disposable bag and you put in the trash. Step 10: Do you have any questions?

DOCTOR: Everything was so clear. Thank you so much.

Role-play 4

NURSE: Hi, my name is _____ and I am your nurse. And I'm here to explain you the cares that you must to follow in your home to care the wound.

PATIENT: Ok.

NURSE: The first step is prepare the materials. You must have water, soap, gauze, medical tape, and medical Pegaderm and disposable bags and a waste basket. The first step tomorrow in your home, you have to take remove the old dressing. First, you must wash your hands and put on gloves.

PATIENT: Ok.

NURSE: Then, you have to press the skin around the wound and you are going to remove the old dressing, so you take the old dressing and put in in a disposable bag, then you remove your gloves and wash your hands. Then, you have to put on gloves again and start with the cleaning. So, the first step in the cleaning is you go to you have to take first water and soap. And you wipe outwards using gauze, so you clean with water and soap, then, you have to take another gauze to dry the incision and then you have to put a new dressing. Ok, but before you must wash your hands, so you finish the cleaning and then wash your hands and start the almost final step. You have to put a new dressing, a piece of gauze and you gonna take medical tape to tape the bandage and you have to put 4 pieces of medical tape and put it on the edges of the gauze. And finally, after put the tape on the gauze, you have to put in a disposal bag the materials that you use. And then put in a waste basket. Do you have any question?

PATIENT: What signs of the infection can I have?

NURSE: Over on the incision, you must check out redness and if the skin is warm or have a foul odor, but in your body you can also feel temperature and nausea and vomiting. If you have that symptoms, you must come to the hospital.

PATIENT: Ok, thanks.

Appendix 25: Diagnostic Test Sample

Situation 1

NURSE: My name is ...

PATIENT: Hi.

NURSE: And I am your nurse. I need to explain to take your medication. It's a pain pills. You have to take three times a day. And your wounds you need, eh, very clean and I need wash everyday your wounds.

Situation 2

NURSE: Hi, my name is … I'm ah, I am your nurse eh, you have cystic fibrosis and you need to take the treatment in 4 times of the day, eh, ehm, and drink with much water.

PATIENT: [Incomprehensible]

NURSE: Ok, you ahm, take before the meals, eh, you take with water y don't drink

PATIENT: After eat?

NURSE: Yeah, after eat.

Appendix 26: Lesson Plans and their Materials

Lesson Plan #1

Date: 08/12/2019

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Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Introductory Unit
Instructor: Acosta, Cedeño, and Fonseca

Unit goal: By the end of this unit, nursing students from the UCR will be able to successfully demonstrate comprehension of scientific articles by analyzing abstracts and the article components (justification, methodology, and results) and selecting specific information relevant for their projects.

General objective: By the end of the class, students will be able to introduce themselves and recognize the objectives of the course.

Specific objectives: By the end of this lesson, students will be able to:

1. introduce themselves by explaining different areas of their personalities and interests by answering some questions based on cards.
2. demonstrate understanding of the course goals and structure by filling an information gap.
3. explain the different specialties they are interested in and the reasons why they want to study this specific branch of nursing by orally answering specific questions.
4. accurately recognize the English name for the most common nursing instruments used at work by completing a domino game in which they must relate the image of the instruments with the correct name and pronunciation.

4. properly introduce themselves to patients by role-playing brief interactions with their classmates and instructors.

5. accurately instruct patients about their positions by indicating how to sit or lie in bed orally.

6. successfully recall main points discussed in class by answering questions in a trivia

Objective	Procedures	Skills	Language Focus	Strategies	Time allotted
1	• T greets the class. 3 Ts introduce themselves and welcome the Ss. • For the introductions, individually, Ss pick 3 cards from a pile of question cards. Ss answer the questions based on their personal information. • Once Ss have an answer for each card, they sit in a circle and introduce themselves. In order to know each other, Ss read the questions in their cards and share the answers with the rest of the class. Ss and Ts comment on the answers. • Ts encourage Ss' participation by asking questions such as: *Do you agree? Do you think the same?* **Materials:** set of cards with questions.	**R** **L** **W** **S**	**Vocabulary:** Personal information questions: Where do you live? What is your dream job like? Wh-questions with where - what - how - who Useful language: what's the meaning of __? I don't understand. I agree/disagree because in my case I _____. I think the same. No, I think that ____.	Small talk Self- Descriptions	25 minutes
2	• Ts project the syllabus and gradually analyze it with the students. • In pairs, Ss fill out an info gap handout. Ss are arranged as Student A and B. They work together to answer the info gap based on the information provided from the syllabus.	**R** **S** **L**	Useful language: I think it's about __R/S/L.__ Please repeat! It means that ___.		25 minutes

	• Answers are orally checked with the whole group to clarify any doubt Ss may have about the syllabus. **Materials:** Handout A and B, student syllabus		Do we have to ___?		
3	• Ts place different types of patients (babies, kids, elderly people, etc.) across the classroom. Each of these patients represent a specialty from the nursing field. • Ss walk through the classroom and take a look at the different patients. • Ss sit next to the picture of the patient that represents the specialty they are interested in. • Once the patients are in their groups based on their specialty, Ts provide them with some cards with questions related to this field for them to discuss. • When Ss finish their discussion, they form new groups with members of other groups and share some of the questions they discussed with their previous group. • Ts make a general review of the different specialties and ask students to share their thoughts. **Materials:** set of cards with questions.	**R** **S** **L**	Useful language: I find it interesting because we can help many people. Can you please repeat the question?	Small Talk Identification	25 minutes
4	• Ss are arranged in groups of 3-4. Ts give them handout **1** with a list of vocabulary about nursing instruments. They work together to identify the instruments. • Ts drill with Ss the words in the list, so they learn the correct pronunciation. • Each group is given a domino set. To play, Ss add new dominoes by matching the	**R** **S** **L**	**Vocabulary:** Nursing instruments: scalpel, crutches, bandage, surgical mask, forceps, cotton, scale, etc. Useful language:	Identification of common terms.	25 min

	image of the instrument with its corresponding name in English. The first S to spend all his/her dominoes wins the game. • Ts checks pronunciation by asking Ss *How do you say ___ in English?* and the group answers simultaneously. **Materials:** handout **1**, and domino games.		This is the _____. These are the _____. I think this is the____. No, this is the ___ and this the _____. Can you repeat? I/You start. It's my/your turn. Who's next? No, that's not the name of that. That's correct! Ready! I won!		
5	• Ss are given handout **2** and T explains the meaning of building rapport. • Ss take turns reading the handout aloud while T expands and gives examples. • Then, T elicits ways to introduce themselves to patients and key aspects of these introductions (full name, role, reason) • Ss read the first part of handout 2. • Then, Ss complete the chart about how to address male and female patients. T explains the differences and pronunciation of each term. • T demonstrates these brief interactions with assistant Ts. • Students stand up and introduce themselves to at least 10 classmates. Ts monitor pronunciation and grammar. • To assess performance, T asks 5 volunteers to introduce themselves to one of the five patients from the posters from task 3.	**R** **W** **L** **S**	**Vocabulary** Hi, I am _____ Good evening, my name is _____ I am going to be your nurse. I am the nurse in charge. I am here to check your vital signs/explain this treatment/ ask you a couple of questions / help you with ____ Mr., Mrs., Ms., Miss, Ma'am, Sir. Mr. Bing, is it ok if I call you _____? Can I call you _____?	Adapting conversation to type of audience	30 min

	Materials: handouts **2** and **3**		Do you mind if I call you _____? Useful language: What is the difference between Ms and Mrs.? How can I say___?		
6	• T elicits different patient positions from Ss. • Then, T provides Ss with a handout that includes the name and picture of 7 positions. T explains that they should know how to explain these positions to patients. Based on the model and the key verbs, students complete the chart using simple instructions for patients. • Ss play Simon says. First T indicates the position and then some Ss take the role of Simon. • Each S instructs one of the Ts to mimic one of the 7 positions using simple vocabulary and key verbs. **Materials:** Handouts **4**	**R** **W** **L** **S**	**Vocabulary:** Lie on the bed Place your head on the pillow. Turn to your right/left side I will raise the head of the bed I will lower your feet Move your leg/arms Sit down Useful Language: How can we tell the patient to lie in bed like this? Do you know how to say? What about if we say?	Using previous knowledge Using visual and kinesthetic aid	20 min
7	• Ts make 4 different groups using the different medical instruments in the back of the students name tags. • Once the Ss are in their groups, they select a name for the group. • Ts provide Ss with a code to access an online trivia built in Kahoot!	**R** **S** **L**	**Vocabulary** What option do you think is the right one?	Socio-cognitive Group game	25 min

	• Ss compete to answer the trivia questions, which are a general review of the first class. • Ts review the answers with the Ss and make a final review of what was learned during the first class. **Materials: Kahoot game**		I think option B is the correct one How did you say?		

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Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Handout A and B.

Student A

Answer the "A" questions based on the information provided in the syllabus.

A: What is Unit 1 about? _____

B: How is Unit 1 going to be evaluated? _____

A: What is Unit 2 about? _____

B: How is Unit 2 going to be evaluated? _____

A: What is Unit 3 about? _____

B: How is Unit 3 going to be evaluated? _____

A: What is a vocabulary log? _____

B: When do I have to submit my vocabulary log? _____

Student B

Answer the "B" questions based on the information provided in the syllabus.

A: What is Unit 1 about? _____

B: How is Unit 1 going to be evaluated? _____

A: What is Unit 2 about? _____

B: How is Unit 2 going to be evaluated? _____

A: What is Unit 3 about? _____

B: How is Unit 3 going to be evaluated? _____

A: What is a vocabulary log? _____

B: When do I have to submit my vocabulary log? _____

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First Aid English: A Survival English Course for Nursing Students

Handout 1. Common Nursing Instruments

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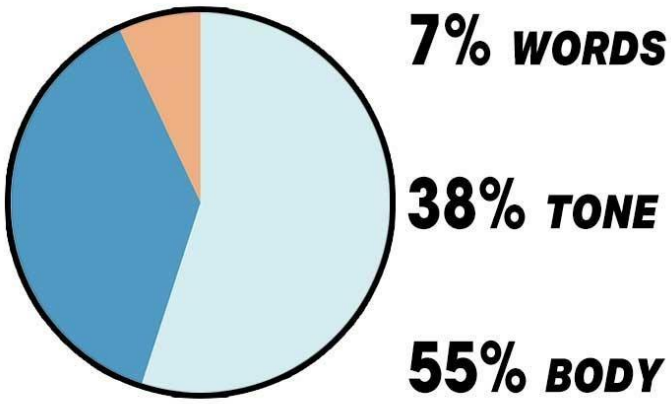
Handout 2: How to Build Patient Rapport

- Formally introduce yourself
- Address the patient correctly
- Break the ice: Use small talk when appropriate
- Keep it simple: Give patients clear and simple instructions
- Speak slowly
- Be careful with your tone and body language



Albert Mehrabian's '7%-38%-55% Rule' of Personal Communication.

Adapted from Ausmed Education (2019). Communication skills: A guide to practice for nurses and midwives. Retrieved from https://www.ausmed.com/guides/communication-skills

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students

Handout 3: Formal Introductions

1. Full name
   Hi, I am Lupita Fonseca.
   Good evening, my name is María Cedeño.

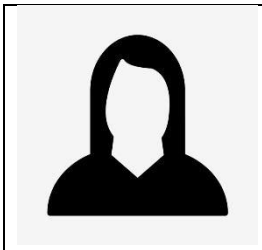
2. Role
   I am going to be *your nurse.*
   I am an oncology nurse.

3. Reason
   I **am here to**/I **am going to** check your vital signs.
   ask you a couple of questions.
   explain the treatment to you.
   help you with _____.

Addressing the Patient

Miss	**Sir**
Ms.	**Mr.**
Mrs.	**Ma'am**

Complete the following chart:

	Ma'am Titles: _____ _____ _____		Sir Title: _____

Last names follow titles: Ms. Acosta or Mr. Smith

Can you call your patient by his or her first name?

Mr. Bing, is it ok to call you _____?

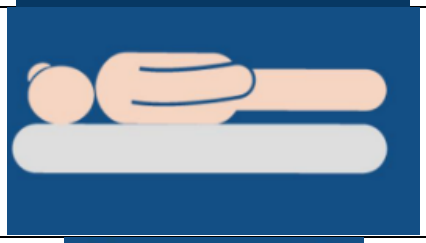
Can I call you____?

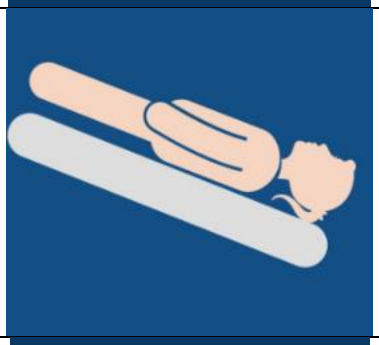
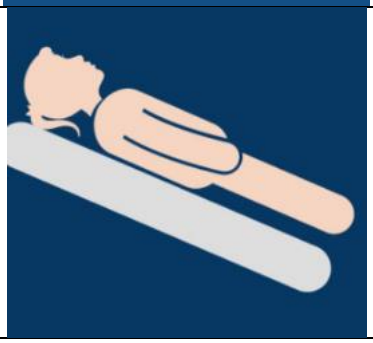
Do you mind if I call you ____?

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students

Handout 4: Patient Positioning

Complete the following chart in pairs with simple instructions for the patient.

For doctors and nurses		For patients
Supine		Please, **lie** flat on your back. **Place** your head on the pillow and look to the ceiling.
Prone		Lie on your stomach. Place your head _____.
Left/Right lateral		
Sims position		

Fowler's position		
Trendelenburg		
Reverse Trendelenburg		

Useful Language

How can we tell the patient to lie on bed?

Do you know how to say _____?

What about if we say _____?

Key Verbs

- Lie on the bed
- Place your head on the pillow.
- Turn to your right/left side
- I will raise the head of the bed
- I will lower your feet
- Move your leg/arms
- Sit down

University of Costa Rica

Master's Program in TEFL

First Aid English: A Survival English Course for Nursing Students

Acosta, Cedeño, Fonseca

Date: 19/08//2019 Lesson Plan #2

Student teacher: Adriana Acosta B.

Assistant/s: María Cedeño, Lupita Fonseca

Unit #1: Read the signs

Unit goal: By the end of this unit, nursing students from the UCR will be able to successfully demonstrate comprehension of scientific articles by analyzing abstracts and the article components (justification, methodology, and results) and selecting specific information relevant for their projects.

General objective: By the end of the lesson, students will be able to effectively discriminate between useful and not useful articles by locating specific data provided in the abstracts of scientific articles.

Specific objectives: By the end of this lesson, students will be able to:

1. efficiently recall vocabulary and key information from Lesson 1 by choosing the correct answer during a trivia game.
2. successfully predict the content of an article by looking into the title and the keywords.
3. efficiently complete a verb chart by asking their partner for the missing information.
4. precisely identify simple past verbs in scientific abstracts by highlighting them.
5. correctly recognize the name of the main sections of a scientific abstract by labelling them.
6. effectively recognize main and supporting ideas in a scientific abstract by filling out an outline.
7. successfully discriminate between useful and not useful articles by analyzing the main and supporting ideas from 3 different abstracts.
8. correctly categorize regular simple past verbs according to their pronunciation.
9. properly produce regular simple past verbs by reporting the results of their assigned abstracts.

Objective	Procedures	Language Focus	Strategies	Macro Skills	Time allotted
1	**Warm up:** ➢ T greets students and asks them to access Kahoot.it. ➢ While Ss access the website, T goes over their names. ➢ Once ss are logged, they compete to answer the trivia questions, which are a general review of the first class. ➢ T reviews the answers with the Ss.	**Vocabulary:** ● Instruments: Scalpel, first aid kit, serum bag, stretcher, wheelchair, gauze. ● Research articles: Abstracts, Results, Methods, References	Schema activation	R S L	10 minutes
2	**Pre-task 1:** ➢ T reads the objective of the lesson. ➢ T introduces the reading strategy of making predictions. Ss look at a short PPT presentation. First, T explains how we make predictions about the weather every day. Then, Ss make predictions by saying what each person at a hospital waiting room is about to do. Finally, T models her	**Vocabulary:** ● Human Papilloma Virus (HPV) ● Vaccine /Vaccination ● Purpose ● Concerns ● Reluctance ● Cervical cancer ● Immunization rates	Predicting	R S W L	20 minutes

	predictions of a news report based on its heading by thinking aloud. ➢ In pairs, Ss work together to predict the content of a scientific article. ➢ Ss fill out handout #1 with some of their predictions. ➢ Ss join another pair of Ss and check their predictions. ➢ T reviews the predictions with the class and hands in Abstract 1 to confirm predictions. **Materials:** Handout 1. Abstract 1, PPT	**Useful Language:** ● I believe this means… ● Do you think this is related to..? ● What do you think this means? ● What else does this article mention? ● I agree/disagree with your predictions.			

3	**Pre-task 2:** ➢ T gives each S a card with an instrument from Lesson 1. Ss will look for a classmate who has the same instrument. T will provide Ss with Handout # 2 (A or B). T explains that these are common verbs in past from research articles. ➢ In pairs, Ss work together to complete handout 2 by asking each other about the missing information in their charts. ➢ T checks the answers with the class clarifying the meaning of the verbs and focusing on correcting pronunciation. **Materials:** Handout 2 and instrument cards	**Vocabulary:** Conducted, used, measured, showed, employed, educated, applied, interviewed, discovered, worked, studied, delivered, examined, achieved, produced. **Useful Language:** ● What do you have in box C1? ● What is the word in box A2? ● How do you pronounce ___? ● Do you know the meaning of this word?	Cooperating with peers	R S W L	20 minutes
4	**Pre-task 3:** ➢ In groups of 3, Ss work together to identify the regular simple past verbs within abstract 1 because they are important for pronunciation when reading quotes aloud.	**Vocabulary:** ● Verbs with the -ed ending: consisted, reported, paid, compared, perceived, vaccinated, used	Looking for specific details	R S W	10 minutes

	➢ Ss highlight the simple past verbs available in the scientific article and write them down in Handout 3. ➢ T checks the answers with the class. **Materials:** Handout 3. Abstract 1	**Useful Language:** ● I believe this is… ● What do you think about compared? ● I agree/disagree with you.			
5	**Pre-task 4:** ➢ T asks the group to tell her the different sections from abstracts. Ss can use Abstract 1 as reference. ➢ Ss work individually to complete handout 4 by identifying the different sections of an abstract. ➢ Ss check their answers with a peer. ➢ T projects the abstract in the whiteboard and students help to identify their sections. T recommends Ss to look for common phrases in abstracts (underlined lexical units).	**Vocabulary:** ● Abstract sections: Methods, Results, Objectives/ Aim, Study Design, Conclusions, Background. ● Lexical units: The aim of this study is, data were derived from, hold statistically lower/higher rates, be associated with, our findings support. **Useful Language:**	Recognizing patterns	R S W	20 minutes

	Materials: Handout 4, Abstract 2, PPT.	• I think this section is… • Do you know this section?			
6	**Pre-task 5:** ➢ In groups of 3, Ss work together to identify the main and supporting ideas of an abstract. ➢ Ss complete the outline in handout 5 with the main and supporting ideas that they identify. T suggests looking for the main idea in the aim and results section from the abstract. ➢ T checks the answers with the class. **Materials:** Handout 5, Abstract 2.	**Vocabulary:** • Sampling weights • Knowledge gaps • Foreign-born individuals • Population-based data • Modules • Sample • Outcome • Health insurance coverage **Useful Language:** • I think this is the main idea. • What do you think about..? • Is this segment a supporting detail?	Identifying main and supporting ideas	R S W	20 minutes

7	**Main task:** ➢ In groups of 3/ 4, Ss receive one of the following scientific research topics: a. Efficacy of methods against HPV b. Strategies to educate about the importance of HPV vaccines in young girls c. Short-term and long-term effects of HPV vaccine. ➢ Ss complete 3 copies from handout 6 with the main and supporting ideas from 3 different abstracts. ➢ After completing handout 6, Ss determine which of the three scientific articles is useful for the research topic assigned to them. ➢ Ss join Ss from other groups with a different research topic assigned and share their findings. ➢ T asks each group to share their research topic and the article that they would use for their research. **Materials:** Research topic, Handout 6, Abstracts 3,4,5	**Vocabulary:** ● Herd effects ● VT prevalence ● Parental knowledge ● Vaccine nonadherence ● Anogenital disease ● Paired test ● Clinical trial **Useful Language:** ● I think this is the main idea. ● What other supporting details are important? ● Why did you select this article?	Differentiating useful against not useful information	R S W L	30 minutes

8	**Post task 1:** ➢ In groups of 3/2, Ss work together to identify the regular simple past verbs in abstracts 3, 4, 5. ➢ Then, Ss write down the verbs in past in the chart from handout 7. Ss underline the last sound of the base form of the verbs in order to notice patterns. ➢ T explains that -ed endings vary their pronunciation and shows them how to recognize these changes by looking at the information box on handout 7. ➢ Ss categorize the verbs according to their regular ending pronunciation (/t/,/d/,/Id/). ➢ T checks the answers with the class on the board and Ss repeat the verbs. **Materials:** Abstracts 3,4,5, whiteboard, Handout 7	**Vocabulary:** ● Used, measured, showed, determined, decreased, recommended, conducted, caused **Useful Language:** ● Where do you think this verb goes? ● How do you pronounce this ending? ● The verb___ is pronounced with the /t/,/d/,Id/ ending	Recognizing patterns	R S L	15 minutes
9	**Post task 2:** ➢ Ss go back to their original groups according to the research topic they were assigned.	**Useful Language:** ● You/I can start reading the results.		R S	5 minutes

	➢ Ss read the results of their assigned abstracts to practice the –ed endings. ➢ T reviews the pronunciation with the class.	● The ed in _ is pronounced as d/t/id/.			

Abbreviations: T: Teacher, S: Student, Ss: Students, R: Reading, S: Speaking, L: Listening, W: Writing

T holds a feedback session at the end of the lesson.

Ss classify the words from Handout 2 and 3 according to their pronunciation as homework.

University of Costa Rica

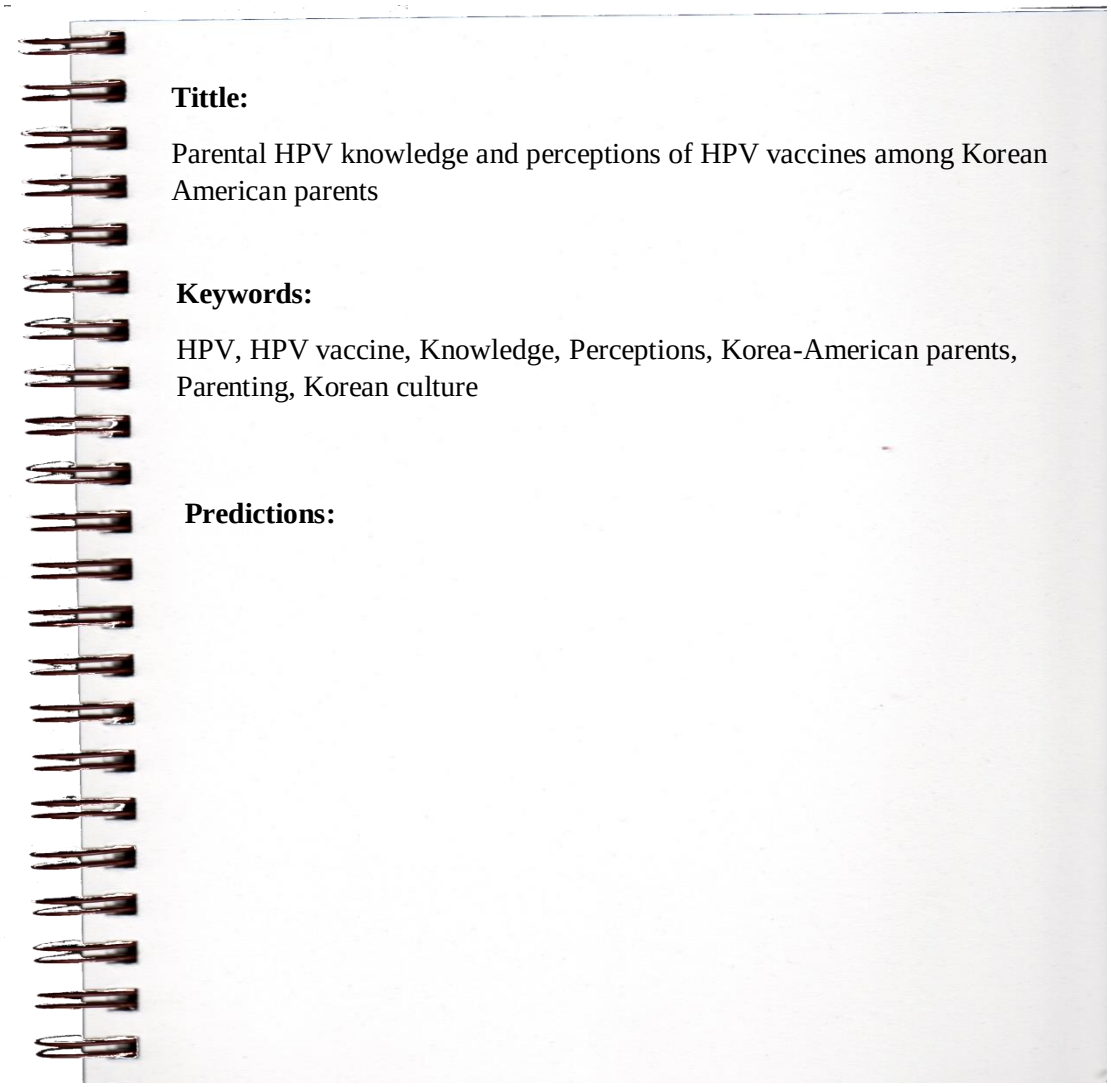
Master's Program in TEFL

First Aid English: A Survival English Course for Nursing Students

Acosta, Cedeño, Fonseca

Handout #1

Instructions: Look at the tittle and the keywords of a scientific abstract. Work with your partner to predict what the article will talk about. Write down your predictions in the space provided below.



Tittle:

Parental HPV knowledge and perceptions of HPV vaccines among Korean American parents

Keywords:

HPV, HPV vaccine, Knowledge, Perceptions, Korea-American parents, Parenting, Korean culture

Predictions:

University of Costa Rica

Master's Program in TEFL

First Aid English: A Survival English Course for Nursing Students

Acosta, Cedeño, Fonseca

Abstract # 1

Parental HPV knowledge and perceptions of HPV vaccines among Korean American parents

Young-MeLeePhD, RN[a]LarenRieschePhD, RN[b]HyeonkyeongLeePhD, RN[c]KakaShimPhD, RN[d]

Aim

The purpose of this study was to examine Korean-American (KA) parents' level of knowledge and perceptions of the HPV vaccination, and to identify the differences in parental knowledge and perceptions of the HPV vaccine between KA parents who have vaccinated their children versus those who have not.

Background

While there are significant concerns about HPV infection, lower immunization rates, and higher cervical cancer risks facing KAs, limited attention has been paid to the specific concerns of KA parents and barriers that cause parental reluctance to vaccinate their children.

Methods

A descriptive comparative design was used in a convenience sample of 74 KA parents. The study questionnaire consisted of demographic items, general knowledge of HPV, and parental perception regarding HPV vaccination.

Results

The level of general knowledge about HPV was very low with a mean score of 3.14 out of 10. Many participants reported negative perception toward HPV vaccination. HPV knowledge scores were not significantly different between parents who did vaccinate their children compared to parents who did not. However, scores for perceived benefits and perceived barriers to vaccination were found to be significantly different between the two groups.

Conclusions

A lack of knowledge about HPV and negative perception of the HPV vaccination play a key role in preventing many KA parents from seeking appropriate information and delaying vaccination. Development of a culturally grounded and sensitive HPV education program is critical to improve and implement preventive measures for HPV in this population.

Keywords

HPV, HPV vaccine, Knowledge, Perceptions, Korea-American parents, Parenting, Korean culture

Retrieved from: https://www.sciencedirect.com/science/article/abs/pii/S0891524517302389

Concerns: Preocupaciones *Reluctance:* Resistencia *Immunization rate:* Tasa de immunización

University of Costa Rica

Master's Program in TEFL

First Aid English: A Survival English Course for Nursing Students

Acosta, Cedeño, Fonseca

Handout #2

Instructions: Work with a partner. Take turns to ask your peers questions about the information in the empty boxes.

Student A

A1 **Conducted**	A2	A3 **Used**	A4
B1	B2 **Measured**	B3	B4 **Showed**
C1 **Employed**	C2	C3 **Educated**	C4
D1	D2 **Applied**	D3	D4 **Interviewed**

Useful language:

- What do you have in box C1?
- What is the word in box A2?
- How do you pronounce this?
- Do you know the meaning of this word?

University of Costa Rica

Master's Program in TEFL

First Aid English: A Survival English Course for Nursing Students

Acosta, Cedeño, Fonseca

Handout #2

Instructions: Work with a partner. Take turns to ask your peers questions about the information in the empty boxes.

Student B

A1	A2 **Discovered**	A3	A4 **Worked**
B1 **Studied**	B2	B3 **Conducted**	B4
C1	C2 **Delivered**	C3	C4 **Examined**
D1 **Achieved**	D2	D3 **Produced**	D4

Useful language:

- What do you have in box C1?
- What is the word in box A2?
- How do you pronounce this?
- Do you know the meaning of this word?

University of Costa Rica

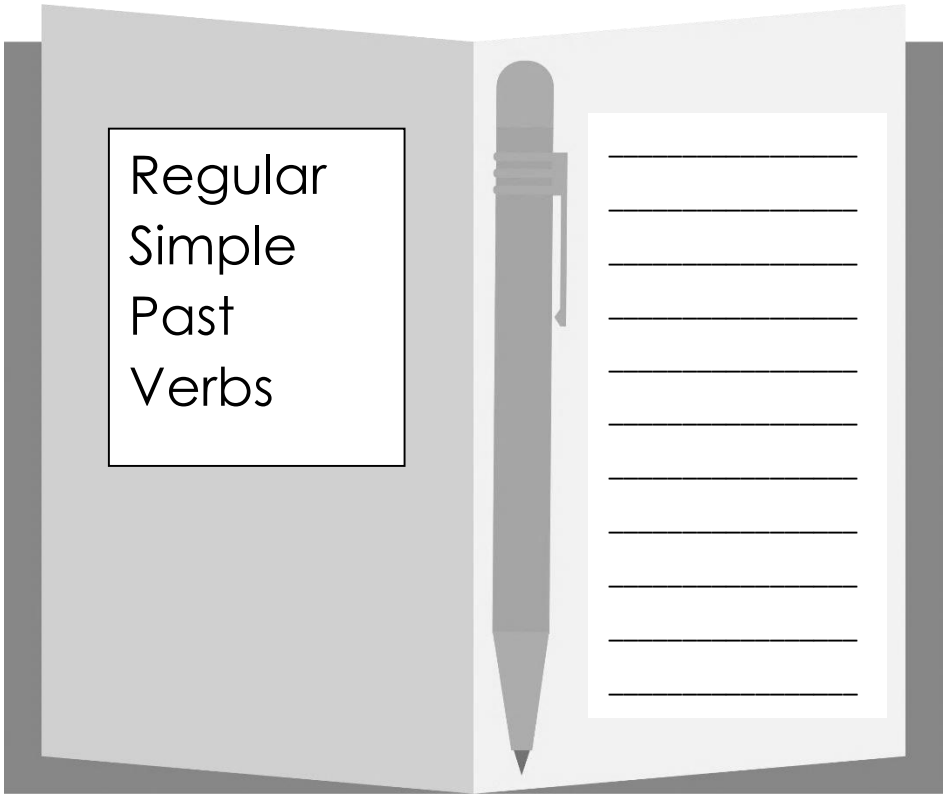
Master's Program in TEFL

First Aid English: A Survival English Course for Nursing Students

Acosta, Cedeño, Fonseca

Handout #3

Instructions: Work as a group. Take a look into the article "**Parental HPV knowledge and perceptions of HPV vaccines among parents Korean American**". Highlight all the regular simple past verbs you can find and write them in the space provided below.



Useful language:

- I believe this means…
- What do you think about __compared?
- I agree/disagree with you

University of Costa Rica

Master's Program in TEFL

First Aid English: A Survival English Course for Nursing Students

Acosta, Cedeño, Fonseca

Instructions: Work with your partner. Look into the article "Human Papillomavirus (HPV) Vaccine Initiation in Minority Americans". Match the sections of the abstract (Methods, Results, Objectives, Study Design, Conclusions, and Keywords) to their correct number.

Handout #4

Human Papillomavirus (HPV) Vaccine Initiation in Minority Americans

1._____

Transmission of the human papillomavirus (HPV) is a significant public health concern. HPV is preventable through a series of vaccinations; however, knowledge gaps exist as to which groups are least likely to initiate vaccination. Considering this gap, the aim of this study is to examine HPV vaccine initiation rates in racial minorities, comparing foreign-born individuals to their American-born peers.

2._____

Population-based data from the 2013 National Health Interview Survey (NHIS), a repeated large-scale household interview survey of a statistically representative sample of the United States civilian non-institutionalized population were applied. Data were derived from two survey modules: the family and summary adult modules.

3._____

Sampling weights were employed to logistic regression modelling the outcome of HPV vaccine initiation.

4._____

Foreign-born persons, African Americans, males, those lacking health insurance coverage and those without a medical home (usual place to receive care) held statistically lower rates of HPV vaccine initiation. Being college educated was associated with higher odds of HPV vaccine initiation.

5._____

Our findings support the persistence of health disparities in racial minorities and foreign-born persons residing in the United States. Addressing these gaps will likely require both individual-level (e.g. targeted health education) and system-level (e.g. HPV vaccine promoting policies) interventions. Since health insurance coverage and having a medical home were significant associates of HPV vaccine initiation, attempts to coverage may improve HPV vaccine initiation rates. Additionally, policies which require HPV vaccination for school entry could boost coverage across all population groups, including boys, foreign-born persons and racial minorities.

6._____

HPV vaccine, Immigrant, Disparities, Race

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Abstract 2

Human Papillomavirus (HPV) Vaccine Initiation in Minority Americans

Objectives

Transmission of the human papillomavirus (HPV) is a significant public health concern. HPV is preventable through a series of vaccinations; however, knowledge gaps exist as to which groups are least likely to initiate vaccination. Considering this gap, the aim of this study is to examine HPV vaccine initiation rates in racial minorities, comparing foreign-born individuals to their American-born peers.

Study Design

Population-based data from the 2013 National Health Interview Survey (NHIS), a repeated large-scale household interview survey of a statistically representative sample of the United States civilian non-institutionalized population, were applied. Data were derived from two survey modules: the family and summary adult modules.

Methods

Sampling weights were employed to logistic regression modelling the outcome of HPV vaccine initiation.

Results

Foreign-born persons, African Americans, males, those lacking health insurance coverage and those without a medical home (usual place to receive care) held statistically lower rates of HPV vaccine initiation. Being college educated was associated with higher odds of HPV vaccine initiation.

Conclusions

Our findings support the persistence of health disparities in racial minorities and foreign-born persons residing in the United States. Addressing these gaps will likely require both individual-level (e.g. targeted health education) and system-level (e.g. HPV vaccine promoting policies) interventions. Since health insurance coverage and having a medical home were significant associates of HPV vaccine initiation, attempts to coverage may improve HPV vaccine initiation rates. Additionally, policies which require HPV vaccination for school entry could boost coverage across all population groups, including boys, foreign-born persons and racial minorities.

Keywords

HPV vaccine, Immigrant, Disparities, Race

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Handout #5

Instructions: Work with your group. Identify the main and supporting ideas of the article "Human Papillomavirus (HPV) Vaccine Initiation in Minority Americans" and complete the following outline.

Topic:

Main Idea: _____

_____

_____

Supporting Detail 1

_____

_____

Supporting Detail 2

_____

_____

Useful language:

- I think this is the main idea.
- What do you think about..?
- Is this segment a supporting detail?

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Abstract 3

Declines in HPV vaccine type prevalence in women screened for cervical cancer in the United States: Evidence of direct and herd effects of vaccination

Background

Human papillomavirus (HPV) vaccine has been recommended in the United States since 2006 for routine vaccination of girls at age 11–12 years and through age 26 years for women not previously vaccinated. Changes in vaccine-type HPV (VT) prevalence can be used to evaluate vaccine impact, including herd effects.

Methods

We determined type-specific HPV in cytology specimens from women aged 20–29 years screened for cervical cancer at Kaiser Permanente Northwest in 2007 and in two vaccine era periods: 2012–2013 and 2015–2016. Detection and typing used L1 consensus PCR with hybridization for 37 types, including quadrivalent vaccine types (HPV 6/11/16/18).

Results

Among 20–24 year-olds in 2012–2013 and 2015–2016, 44% and 64% had a history of ≥1-dose vaccination. VT prevalence decreased from 13.1% in 2007 to 2.9% in 2015–2016 (prevalence ratio [PR] = 0.22; 95% confidence interval [CI] 0.17–0.29). HPV 31 prevalence was also lower in the vaccine periods compared with 2007. VT prevalence in 2015–2016 among 20–24 year-olds was lower in both vaccinated, 1.3% (PR = 0.10; 95% CI 0.06–0.16), and unvaccinated women, 5.8% (PR = 0.45; 95% CI 0.33–0.61). Among 25–29 year-olds, 21% and 32% had a history of ≥1-dose vaccination. VT prevalence decreased from 8.1% in 2007 to 5.0% in 2015–2016 (PR = 0.62; 95% CI 0.50–0.78). Non-VT high risk prevalence was higher in the vaccine periods compared with the pre-vaccine era in both age groups, however, not in 2015–2016 compared with 2012–2013.

Conclusion

Within 9–10 years of vaccine introduction, VT prevalence decreased 78% among 20–24 year-olds and 38% in 25–29 year-olds. There were declines in both vaccinated and unvaccinated women, showing evidence of direct and herd protection.

Keywords

Human papillomavirus, HPV vaccine, HPV prevalence, Herd effects ,Vaccine impact

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Abstract 4

Increasing Parental Knowledge Related to the Human Papillomavirus (HPV) Vaccine

Introduction

The purposes of this study were to evaluate parental attitudes toward general vaccination protocols and increase parental knowledge of the human papilloma virus (HPV) vaccine.

Methods

A nonprobability convenience sample (N = 75) using a pre-/postintervention study design was conducted in a pediatric office in southern New Jersey. The Parental Attitudes Module measured the general disposition toward having children receive any type of vaccine. The HPV Knowledge Survey was a second tool used to specifically measure knowledge of the HPV vaccine. A self-directed computer-based learning was part of the educational intervention.

Results

A paired t test showed that HPV Knowledge Survey postintervention scores were significantly higher than HPV Knowledge Survey preintervention scores ($t = -10.585$, $p < .001$). The Parental Attitudes Module and the HPV Knowledge Survey pretest showed a positive moderate relationship ($r_s = .552$, $p < .001$).

Discussion

In the 10 years since the HPV vaccine has been on the market, there is a continued need to increase parental knowledge about the HPV vaccine to close the gap on vaccine nonadherence. A self-directed, computer-based learning tablet appears to be an effective tool to educate parents or legal guardians about the purpose, efficacy, and safety of the HPV vaccine.

Key Words

Adolescents, HPV, HPV vaccine, parental knowledge, pediatric health

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Abstract 5

Deconstructing the measure of vaccine efficacy against disease irrespective of HPV in HPV vaccine clinical trials

Background

Human papillomavirus (HPV) vaccines were licensed by demonstrating prevention of anogenital disease caused by specific HPV types in clinical studies. Measuring the impact of HPV vaccination on the overall burden of anogenital disease (irrespective of HPV) is an important public health question which is ideally addressed in post-licensure epidemiological studies. Attempts were made to use clinical trial data for that purpose. However, the interpretation of vaccine efficacy on the endpoint of disease irrespective of HPV is not widely understood.

Methods

We used the 9-valent HPV vaccine clinical program as a case study to determine the value of measuring vaccine efficacy in such endpoint. This assessment was rigorously performed by heuristic reasoning and through probability calculations.

Results

The measure of vaccine efficacy in the irrespective of HPV endpoint is driven simultaneously in opposite directions by the high estimate of prophylactic efficacy and a numerically negative estimate of risk reduction that is also a reflection of high prophylactic efficacy and no cross-protection.

Conclusions

The vaccine efficacy estimate in the irrespective of HPV endpoint is ambiguous and difficult to interpret. Comparing this estimate across different HPV vaccine studies requires an understanding of the contributions of vaccine HPV type efficacy and the incidence of disease not related to vaccine HPV types for each study. Without such understanding, comparing studies and drawing conclusions from such comparison are highly misleading. Approaches are proposed to divide this endpoint in components that are easier to interpret.

Keywords

HPV, vaccine

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Handout #6

Instructions: Work with your group. Look into your assigned research topic. Then, read the 3 different articles and write down the main and supporting ideas of the article you choose. Then, decide which one is useful for your research topic.

Article tittle: _____

Main ideas:

_____

_____

_____

_____

Supporting ideas:

_____

_____

_____

_____

<u>Useful language:</u>

- I think this is the main idea.
- What other supporting details are important?
- Why did you select this article?

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Master's Program in TEFL

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Research Topic 1: Secondary effects of HPV vaccines against other diseases

Research Topic 2: Strategies to educate about the importance of HPV vaccines on young girls

Research Topic 3: Short-term and long-term effects of HPV vaccine.

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Handout #7

Instructions:

1. In groups, identify and write down the regular verbs in simple past in Abstract 3, 4, and 5 in the chart below.
2. Underline the last letter from the base form of the verb. For example: worked → work
3. Classify the verbs in the corresponding column.

Verb	/d/	/t/	/ɪd/
1.			
2.			
3.			
4.			
5.			
6. recommended			
7. conducted			
8. caused			

Pronunciation of –ed ending

/t/ → p, k, f, s, sh, ch

/d/ → b, g, v, z, dg, r, l, m, n, vowels

/ɪd/ → t, d

Useful language:

- Where do you think this verb goes?
- How do you pronounce this ending?
- The verb ____ is pronounced with the /t/,/d/, or/ɪd/

University of Costa Rica **Date: 08/26/19** **Lesson Plan #3**

Master's Program in TELF **Student Teacher: Lupita Fonseca**

First Aid English: A Survival Nursing Course for Nursing Students **Assistants: Adriana Acosta, María José Cedeño**

Acosta, Cedeño, Fonseca **Unit 1: Read the signs**

Unit goal: By the end of this unit, nursing students from the UCR will be able to successfully demonstrate comprehension of scientific articles by analyzing abstracts and the article components (justification, methodology, and results) and selecting specific information relevant for their projects.

General Objective: By the end of the lesson, students will be able to precisely locate specific information within a scientific article by using the strategies of skimming and scanning to find and highlight key phrases and terms.

Specific Objectives: By the end of this lesson, students will be able to:

1. recognize key concepts related to geriatric care by orally discussing their meanings with peers.
2. accurately recognize the past forms of irregular verbs frequently found in research papers by orally providing the past form of actions kinesthetically acted out by peers.
3. precisely complete research study findings with irregular past verbs by unscrambling sentences randomly distributed among different class members.
4. show clear understanding of the steps to follow when skimming a text by locating key terms within articles in the shortest possible time.
5. show clear understanding of the steps to follow when scanning a text by locating specific ideas that support a given topic.
6. effectively skim and scan geriatric patients' history by matching different patient cards with their medical forms.
7. successfully locate specific information within a scientific article by using the strategies of skimming and scanning to find and highlight key ideas to support a given topic.
8. concisely keep a record of the useful sections found in the scientific article by completing an outline of potential quotes and references.
9. accurately describe a patient's medical history in simple past by transferring information from a medical form to an oral report.

Objective	Procedures	Macro Skills	Language Focus	Strategies	Time allotted
1	**Warm up:** ● Ss stand up and form a circle. Ss pass some balls around with different numbers. When the music stops, Ss talk with the person on their left about the question projected on the board represented by the number pasted on the ball. The process is repeated to give Ss the chance to talk about different questions. ● T checks Ss have the correct answers by asking different Ss to share a short idea about the questions. **Materials:** numbered balls, chart with Qs to project.	S R L	**Vocabulary:** Geriatric nursing, geriatrician, primary health care, GEMU (Geriatric Evaluation and Management Unit), frailty, discharge, acute diseases, CGA (Comprehensive Geriatric Assessment) **Useful Language:** What is ____? Do you have a clear idea of what ____ is? What do you know about ___? I think ____ refers to _____.	Schema activation	10 minutes
2	**Pre-task 1:** ● Ss are divided into 3 groups. Each group is given a set of 3 verbs frequently found in nursing research papers.	R S	**Vocabulary:** Irregular verbs: find-found, make-made, run-ran, get-got, go through-went through, write-wrote, meet-met, know-knew,	Interpreting meaning from extralinguistic features	15 minutes

	• Members of each team take turns to mimic the verbs they have. • Ss from the other groups must guess the action by orally stating the past form of the verb acted out by their classmates. • T confirms understanding of the verbs by eliciting simple examples from Ss. • Ss drill pronunciation. **Materials:** paper strips with verbs		send-sent, choose-chose, have-had, undergo-underwent **Useful Language:** I think it's _____. Is it similar? ____ said it! What does it mean?		
3	**Pre-task 2:** • Ss take a paper strip from a pile of papers. Each strip has part of a sentence. • Ss walk around matching the information with different classmates to complete the sentences about geriatric care. • Once 3 Ss have completed a sentence, they stand in front of the class, and the rest of the classmates read them. • T checks understanding by asking Ss about the clues they followed to arrange the sentences in the correct order. **Materials:** Long paper strips with sentences divided into 3 parts.	R S L	**Vocabulary:** Collocations: underwent therapy/physiotherapy/treatment/ surgery, went through a geriatric assessment/ health evaluation/observation process, a study/project/research/investigation was run **Useful Language:** What do you have? I have _____. What's the meaning of that? It means that _____.	Contextualizing vocabulary to predict coming information.	20 minutes

			This is a <u>cause/consequence/ finding,etc</u> I think this goes with yours because _____.		
4	**Pre-task 3:** ● Ss are given a paper strip with the definition of skimming. They read it. ● T explains the purpose of the technique and models one example using an article projected on the board. ● Ss are given a copy of article sections. T provides key terms or expressions that Ss must find in the text. Individually, Ss "compete" to locate the requested terms as fast as possible. ● Using the article received, Ss skim the text in 1-2 minutes, and they provide the general idea grasped from the text. ● Ss compare the ideas they got. **Materials:** Paper strip, Abstract 1 and Abstract 2	R S L	**Vocabulary:** Adverse events, hospital inpatients, medication errors, life threatening, acute-care, geriatric patients, oncology, surgery and obstetrics patients, postdischarge **Useful Language:** I found it! Where is it? It is in paragraph __, line ___. The article is about _____. The population was _____. The study was run in ____. The article includes _____.	Skimming a text to quickly locate information of interest.	15 minutes
5	**Pre-task 4:** ● Ss are given a paper strip with the definition of scanning. They read it.	R S	**Vocabulary:**		20 minutes

	• T explains the purpose of the technique and presents an example using an article projected on the board. • In pairs, Ss are given specific topics they have to work with. Scanning the text, they locate specific ideas and sections of the text where information related to each topic can be found. • In groups of 3, Ss compare the sections they would use to support each topic. **Materials:** Strip of paper and Article 1	L	interception of errors, patient participation, serious injury, prevalence of injury **Useful Language:** For this topic, I would use the section that says _____. I like this idea that refers to ____. This part is useful because it talks about _____. It is on paragraph __. It's in line __.	Scanning a text to locate specific ideas.	
6	**Pre-task 5: TPR** • T pastes 2 different irregular verbs in simple form around the class. • Ss are given a paper strip with the past form of one of the irregular verbs pasted around the class. • To form groups, Ss need to look for the irregular verb that matches the one they received in the paper strip. • Once in groups, Ss receive different patient forms. • Ss need to apply the skimming and scanning techniques to quickly identify and match the patient	R S L	**Vocabulary:** amlodipin, azithromycin, eye cataract, asthma, high-blood pressure, major illness, medical procedure, medications **Useful Language:** I believe this patient form corresponds to patient named _____	Skimming and scanning	20 minutes

	forms they received with the patient's cards pasted on the board. ● T checks the matching exercise and makes a general review of new vocabulary. **Materials:** Paper strips, patient forms, patient cards		Do you know what this word means? I agree/ disagree		
7	**Main task:** ● In groups of 3, Ss receive a complete article. T asks Ss to skim the text for 2-3 minutes. After that time, Ss turn the paper down, and share some of the general ideas they were able to identify. ● Ss are assigned different areas of investigation about a topic (main problems: in hospital - after discharge, solutions, nature of the postdischarge assistance, etc.). ● Ss use scanning to locate and highlight specific information that can be used as supporting data for their research projects. ● Ss select the ideas they would include as support for their projects. ● Ss share some of their findings. **Materials:** Article 2 "Unwanted incidents" highlighters	R S L	**Vocabulary:** Discharge, incomplete CGA, inaccurate exchange of information, wrong/incomplete assistance provided by PHC, incorrect or incomplete drug regime, discharge-planning not suitable **Useful Language:** What is the general idea? I think the article is about ___. It's related to the topic because __ The ideas says that ____, and it supports the ___ section. Here it talks about ____.	Skimming and Scanning	25 minutes

			We need to find something about _		
8	**Post task 1:** ● Groups of 3. Ss receive Handout 1 with an outline to organize the useful ideas selected during the main task. ● Ss copy the relevant ideas, and keep record of the author, year, and page number for the source. ● Ss are arranged with new team members to orally compare their outlines. **Materials:** Handout 1 with outline.	R W S	**Vocabulary:** main incidents reported by patients, home-care nursing, drug prescription regime, ambulatory team. **Useful Language:** This idea is about ___. This is a good support for ____. The author is ____ What's the year and page number? We need quotes for ____.	Categorizing and recording the information	20 minutes
9	**Post task 2:** ● Students are distributed in three stations around the classroom. ● Students work with one of the patient's forms from pre-task 5. As a group, they simulate to have a discharge planning meeting about their patient. Nurses describe the patient's medical history using regular and irregular verbs in simple past. T directs their attention to the model on Handout 5.	R S L	**Vocabulary:** Recycling of regular and irregular verbs **Useful Language:** What else happened to the patient? Do you have anything else to add? What about previous surgeries /treatments?	Synthesizing information	10 minutes

	● One representant from each group is in charge of describing the patient to the entire group. **Materials:** Handout 2 and patients' forms				

Abbreviations: T: Teacher, S: Student, Ss: Students, R: Reading, S: Speaking, L: Listening, W: Writing

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Unit 1: Lesson 2

Materials 1: Irregular verbs

Find – Found e.g.: We found unwanted incidents related to injury care.	**Make – Made** e.g.: The AT made observations during the home visits.
Run – Ran e.g.: The researchers ran the study with 80% of the admitted patients.	**Get – Got** e.g.: All patients got supported discharge from the AT.
Go through – Went through e.g.: The patients went through a geriatric assessment.	**Write – Wrote** e.g.: The PHC representative wrote a detailed description of the services needed after discharge.
Meet – Met e.g.: The AT met with patients once a week at their homes.	**Know – Knew** e.g.: A representative from the home services who knew the patient provided information.
Send – Sent e.g.: The GEMU team members sent a case summary to the responsible carer.	**Choose – Chose** e.g.: We chose inpatients from the Geriatric and Surgery units.
Undergo – Underwent e.g.: 30% of the patients underwent some kind of therapy.	**Have – Had** e.g.: 45% had weekly visits in a day care center, and 81% had a safety alarm.

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Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
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Unit 1: Lesson 2

Materials 2: Segmented sentences

A total of 146 patients	underwent	in-home rehabilitation after discharge
Some frail patients	found	the post discharge plan very difficult to follow by themselves
The physician in the GEMU	wrote	a discharge letter to the patient including the drug regime
The discharge planning team	sent	the care routine to the home service team.

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First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 1: Lesson 2

Materials 3: Skimming and Scanning definitions

READING TECHNIQUE 1

Skimming: a technique of getting general ideas.

»How to skim: Think of your eyes as magnets. Force them to move fast, and pick up *only a few key words* in each line.

Examples of *key words*: results, causes and effects, pre and post cares, recommendations, etc.

READING TECHNIQUE 2

Scanning: a technique for quickly finding facts or specific information.

»How to scan: Move your eyes down the page looking for specific information such as exact terms used in the question, synonyms of the terms, signals that indicate a certain kind of info is coming.

Examples of specific information to look for: names, institutions where the study was conducted, percentages and statistics, specific sections of the article, figures, titles, etc.

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Unit 1: Lesson 2

Abstract 1

Older patients' experiences during care transition

Else Cathrine Rustad, Bodil Furnes, Berit Seiger Cronfalk, and Elin Dysvik

Abstract

People ≥80 years of age constitute the fastest growing age group in the western world. In addition to general age-related functional impairment, older people are at increased risk of diseases such as dementia, cancer, and cardiovascular diseases. In the current health care system, several health care providers, with different financial systems and areas of competence, are offering acute and long-term treatment and care. The complexity of the cooperation between different health care levels makes the process of moving across these levels challenging. Care transition is understood as the continuity of health care when the patient is transferred across different health care levels. Older people are large consumers of health care services, which leave them vulnerable to adverse incidents and make them a target for alterations to reduce medical costs. To meet the needs and preferences of older patients better, research has altered focus from a health-administrative perspective on care transition to the patients' experiences of the continuity of care during care transition.

Given these considerations, the aim of this study was to explore how patients ≥80 years of age experience the care transition from hospital to municipal health care services. To identify various aspects of the care-transition process, the following research questions were formulated: How do older patients experience participation in planning the care transition from hospital to municipal health care? How do older patients experience continuity in treatment and care during care transition from hospital to municipal health care?

Methods

The present study used a qualitative approach with a descriptive and explorative design. Individual and semistructured interviews were conducted with 14 participants. Content analysis of the interviews was performed to capture the individual's experiences during the care transition.

Sampling and participants

Older patients ≥80 years of age were recruited from a local hospital in Norway. Registered nurses selected the participants using the following inclusion criteria: ≥80 years and admitted to medical, surgical, or geriatric wards with a planned discharge to municipal health care services.

Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4869594/

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Abstract 2

"What can hospitalized patients tell us about adverse events? Learning from patient-reported incidents"

Saul N. Weingart, MD, PhD, Odelya Pagovich, BA, Daniel Z. Sands, MD, MPH, Joseph M. Li, MD, Mark D. Aronson, MD, Roger B. Davis, ScD, David W. Bates, MD, MSc, and Russell S. Phillips, MD

PURPOSE: Little is known about how well hospitalized patients can identify errors or injuries in their care. Accordingly, the purpose of this study was to elicit incident reports from hospital inpatients in order to identify and characterize adverse events and near-miss errors.

SUBJECTS: We conducted a prospective cohort study of 228 adult inpatients on a medicine unit of a Boston teaching hospital.

METHODS: Investigators reviewed medical records and interviewed patients during the hospitalization and by telephone 10 days after discharge about ''problems,'' ''mistakes,'' and ''injuries'' that occurred. Physician investigators classified patients' reports. We calculated event rates and used multivariable Poisson regression models to examine the factors associated with patient-reported events.

RESULTS: Of 264 eligible patients, 228 (86%) agreed to participate and completed 528 interviews. Seventeen patients (8%) experienced 20 **adverse events**; 1 was serious. Eight patients (4%) experienced 13 near misses; 5 were serious or life threatening. Eleven (55%) of 20 adverse events and 4 (31%) of 13 near misses were documented in the medical record, but none were found in the hospital incident reporting system. Patients with 3 or more drug allergies were more likely to report errors compared with patients without drug allergies (incidence rate ratio 4.7, 95% CI 1.7, 13.4).

CONCLUSION: **Inpatients** can identify adverse events affecting their care. Many patient-identified events are not captured by the hospital incident reporting system or recorded in the medical record. Engaging **hospitalized patients** as partners in identifying **medical errors and injuries** is a potentially promising approach for enhancing patient safety.

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Article 1

"What can hospitalized patients tell us about adverse events? Learning from patient-reported incidents"

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RESULTS: Of 264 eligible patients, 228 (86%) agreed to participate and completed 528 interviews. Seventeen patients (8%) experienced 20 adverse events; 1 was serious. Eight patients (4%) experienced 13 near misses; 5 were serious or **acute**. Eleven (55%) of 20 adverse events and 4 (31%) of 13 near misses were documented in the medical record, but none were found in the hospital incident reporting system. Patients with 3 or more drug allergies were more likely to report errors compared with patients without drug allergies (incidence rate ratio 4.7, 95% CI 1.7, 13.4).

CONCLUSION: Inpatients can identify adverse events affecting their care. Many patient-identified events are not captured by the hospital incident reporting system or recorded in the medical record. Engaging hospitalized patients as partners in identifying medical errors and injuries is a potentially promising approach for enhancing patient safety.

Can patients and their families identify errors and injuries that result from medical care? The answer may inform proposals that call for greater participation of patients and families in efforts to improve patient safety.1–5 If patients can identify errors and injuries, then they may be able to intercept the errors before injuries occur or to mitigate the duration or severity of harm. Patients are potentially acute observers of their own care, and are highly motivated to ensure that correct treatments are correctly delivered.6–9 In consumer surveys, 12% to 42% of U.S. adults report having personally experienced a medical error or seen an error affect the health of a close friend or relative.10–12 In addition, epidemiologic studies of medication related errors in primary care support the view that adult patients readily identify adverse drug events that are subsequently confirmed by investigators.

Evidence for patients' ability to identify medical errors and injuries in the hospital is less compelling. Patients **in acute care** settings may be too ill or confused to participate meaningfully, or may be overwhelmed by the complexity and specialization of modern health care. The medical malpractice experience also argues against a sophisticated understanding of error on the part of hospitalized patients, as most inpatients who file claims have not experienced negligent care, and most cases of negligent care do not result in claims.

In order to understand the role of patient participation in patient safety interventions, we studied adults admitted to a Boston teaching hospital. Our primary goal was to determine whether inpatients and their families could identify adverse events (defined as injuries because of medical care rather than the natural history of the illness) and near misses (defined as ''close-call'' errors with the potential for injury). Our secondary goals were to characterize patients' reports, to analyze the factors associated with error and injury reporting, and to compare patient reporting to the usual incident-reporting system. We hypothesized that patients would identify adverse events and near misses that affected their care, and that these events would differ from those reported in the hospital incident reporting system.

METHODS

Study Design

We conducted a prospective cohort study of adult inpatients admitted to a 40-bed medical unit at a Boston teaching hospital. The unit included general medical patients, a 10-bed acute-care geriatric program for community-dwelling elders, and overflow patients from oncology, surgery, and Obstetrics–Gynecology units. The hospital's institutional review board approved the study protocol.

Patient Eligibility and Enrollment

Patients admitted to the study unit from January through April 2003 and present on a weekday were potentially eligible to participate.

RESULTS

Study Cohort

The study cohort included 228 patients. Table 1 presents the demographic, administrative, and clinical attributes of the cohort. A majority of patients had Medicare, reflecting in part the concentration of geriatric patients on the unit. Hospitalists or primary care physicians served as attending of record in most cases. Patients received an average of 7 medications (range 0 to 25), had 2 diagnoses (range 0 to 8), and had an average length of stay of 4 days (range 0 to 36). Sixteen percent had a family member or friend present at the time of consent.

Patient Incident Reports

Altogether, 228 patients completed 338 inhospital and 190 **postdischarge** (528 total) interviews (mean 2.3 per person, range 1 to 6). One hundred twelve (49.1%) patients reported at least 1 incident to the interviewer, and a total of 310 distinct incident reports were received (mean 1.4 per person, range 0 to 8). Physician reviewers classified 75 incidents as positive or favorable assessments of clinical care and 173 incidents as problems with service quality. The remaining 62 reports included incidents that the physicians judged to be adverse events, near misses, and medical errors with minimal risk of harm.

Seventeen patients (8%) experienced 20 adverse events, for an adverse event rate of 8.8 per 100 admissions. One patient had a serious injury: an abscess at a percutaneous intravenous catheter line site complicated by a deep vein thrombosis that required surgical intervention. Eleven patients (5%) had 13 significant injuries, including 3 cases of swollen, painful arms when intravenous infusions became infiltrated; 3 problems with pain control because of delayed medication administration; and 1 case each of hyperglycemia, hypokalemia, hypotension, dyspnea, diarrhea, hemorrhoidal bleeding that required transfusion, and a spreading hematoma. Eleven of 13 significant adverse events, but no serious adverse event, were judged to be errors, and hence preventable.

Additional studies are needed in order to understand the role that patients can play in promoting safe care. Many of the most basic questions remain unanswered. How can we elicit patient incident reports efficiently and confidentially, and use the information to advance safety? Will this information affect the patient-clinician relationship, or increase the risk of malpractice litigation? How can we work with patients at greatest risk of harm, as those at extremes of age, carrying the greatest burden of comorbid illness, with the most drugs, interventions, and allergies, may be least able to participate in safety prevention? Which interventions are most suitable for patients to play a role?

Many patients are aware of errors and iatrogenic injuries that affect their own care. Engaging patients as partners with clinicians in efforts to identify and prevent medical errors offers a promising strategy to advance patient safety.

Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490203/

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Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 1: Lesson 2

Materials 4: Patients Forms

Patient 1

PATIENT NAME	DATE of LAST UPDATE
Frank Sinatra	8/26/2019
CURRENT PHYSICIAN NAME	**PHONE**
Dr. Cedeno	506756478345
CURRENT PHARMACY NAME	**PHONE**
Fishel	506098354678

CURRENT and PAST MEDICATIONS

MEDICATION NAME	DOSAGE	FREQ.	PHYSICIAN	START	END DATE	PURPOSE
Azythromicin	1 pill	3VO		8/5/2019	8/10/2019	Antibiotic
Ibuprofen	2 pills	2VO/8		8/5/2019	8/10/2019	

SURGICAL PROCEDURES

PROCEDURE	PHYSICIAN	HOSPITAL	DATE	NOTES
Ear cleaning	Dr. Cedeno	Calderon Guardia	8/5/2019	The patient had an ear cleaning due to an ear infection.

MAJOR ILLNESSES

ILLNESS	START	END DATE	PHYSICIAN	TREATMENT NOTES
High Blood Pressure	2011	-	Dr. Gomez	
Diabetes	2019	-	Dr. Frischwasser	

VACCINATIONS

NAME	DATE
TETANUS	8/5/2019
INFLUENZA VACCINE	7/30/2019
ZOSTAVAX	NA
OTHER:	

NAME	DATE
MENINGITIS	NA
YELLOW FEVER	5/5/2010
POLIO	NA
OTHER:	

Patient 2

PATIENT NAME	DATE of LAST UPDATE
Maria Valdez	8/26/2019
CURRENT PHYSICIAN NAME	**PHONE**
Dr. Fonseca	50612345678
CURRENT PHARMACY NAME	**PHONE**
Sucre	50609876543

CURRENT and PAST MEDICATIONS

MEDICATION NAME	DOSAGE	FREQ.	PHYSICIAN	START	END DATE	PURPOSE
Aspirin	1 pill	3VO		8/5/2019	8/10/2019	
Ibuprofen	2 pills	2VO/8		8/5/2019	8/10/2019	

SURGICAL PROCEDURES

PROCEDURE	PHYSICIAN	HOSPITAL	DATE	NOTES
Eye cataract removal	Dr. Fonseca	Calderon Guardia	8/5/2019	The patient had a surgery to remove cataracts in both eyes.

MAJOR ILLNESSES

ILLNESS	START	END DATE	PHYSICIAN	TREATMENT NOTES
High Blood Pressure	2011	-	Dr. Gomez	

VACCINATIONS

NAME	DATE
TETANUS	8/5/2019
INFLUENZA VACCINE	7/30/2019
ZOSTAVAX	NA
OTHER:	

NAME	DATE
MENINGITIS	NA
YELLOW FEVER	5/5/2010
POLIO	NA
OTHER:	

Patient 3

PATIENT NAME	DATE of LAST UPDATE
Daniel Castro	8/26/2019
CURRENT PHYSICIAN NAME	**PHONE**
Dr. Acosta	50612345678
CURRENT PHARMACY NAME	**PHONE**
FarmaValue	50609876543

CURRENT and PAST MEDICATIONS

MEDICATION NAME	DOSAGE	FREQ.	PHYSICIAN	START	END DATE	PURPOSE
Metformin	1 pill	2VO		2015	-	
Amlodipin	1 pill	2VO		2011	-	
Salbutamol	3	3VO		2017	-	

SURGICAL PROCEDURES

PROCEDURE	PHYSICIAN	HOSPITAL	DATE	NOTES
-	-	-	-	-
-	-	-	-	-

MAJOR ILLNESSES

ILLNESS	START	END DATE	PHYSICIAN	TREATMENT NOTES
High Blood Pressure	2011	-	Dr. Gomez	
Diabetes	2015	-	Dr. Frischwasser	
Asthma	2017	-	Dr. Cedeno	

VACCINATIONS

NAME	DATE
TETANUS	8/5/2019
INFLUENZA VACCINE	7/30/2019
ZOSTAVAX	NA
OTHER:	

NAME	DATE
MENINGITIS	NA
YELLOW FEVER	5/5/2010
POLIO	NA
OTHER:	

Patient 4

PATIENT NAME	DATE of LAST UPDATE
Luis Cerdas	8/26/2019
CURRENT PHYSICIAN NAME	**PHONE**
Dr. Frischwasser	50612345678
CURRENT PHARMACY NAME	**PHONE**
La Bomba	50609876543

CURRENT and PAST MEDICATIONS

MEDICATION NAME	DOSAGE	FREQ.	PHYSICIAN	START	END DATE	PURPOSE
Vicodin	1 pill	2VO		7/8/2019	-	
Ibuprofen	1 pill	2VO		7/8/2019	-	
Salbultamol	3	3VO		2017	-	

SURGICAL PROCEDURES

PROCEDURE	PHYSICIAN	HOSPITAL	DATE	NOTES
Broken Hip Surgery	Dr. Frischwasser	Calderon Guardia	7/8/2019	Patient broke his hip and needed surgery
-	-	-	-	-

MAJOR ILLNESSES

ILLNESS	START	END DATE	PHYSICIAN	TREATMENT NOTES
Diabetes	2015	-	Dr. Fonseca	
Asthma	2017	-	Dr. Cedeno	

VACCINATIONS

NAME	DATE
TETANUS	8/5/2019
INFLUENZA VACCINE	7/30/2019
ZOSTAVAX	NA
OTHER:	

NAME	DATE
MENINGITIS	NA
YELLOW FEVER	5/5/2010
POLIO	NA
OTHER:	

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 1: Lesson 2

Article 2

Unwanted incidents during transition of geriatric patients from hospital to home: a prospective observational study

Marianne Mesteig, Jorunn L Helbostad, Olav Sletvold, Tove Røsstad & Ingvild Saltvedt

BMC Health Services Research **volume 10**, Article number: 1 (2010)

Abstract

Background

Geriatric patients recently discharged from hospital experience increased chance of unplanned readmissions and admission to nursing homes. Several studies have shown that medication-related discrepancies are common. Few studies report unwanted incidents by other factors than medications. In 2002 an ambulatory team (AT) was established within the Department of Geriatrics, St. Olavs University Hospital HF, Trondheim, Norway. The AT monitored the transition of the patients from hospital to home and four weeks after discharge in order to reveal unwanted incidents.

The aim of the present study was to describe unwanted incidents registered by the AT among patients discharged from a geriatric evaluation and management unit (GEMU) by character, frequency and stage in the transitional process. Only unwanted incidents with a severity making contact with the primary health care (PHC) necessary were registered.

Methods

A prospective observational study with patients treated in the GEMU and followed by the AT was performed. Current practice included comprehensive geriatric assessment and management including discharge planning in the GEMU and collaboration with the primary health care on appointments on assistance to be provided after discharge from hospital. Unwanted incidents severe enough to induce contact with the primary health care were registered during the transitional phase and after discharge.

Results

118 patients (65% female), with mean age 83.2 ± 6.4 years participated. Median Barthel Index at discharge was 18 (interquartile range 16-19) and median Mini Mental Status Examination 24 (interquartile range 21-26). A total of 146 unwanted incidents were registered in 70 (59%) of the patients. Most frequent were unwanted incidents related to drug prescription regime (32%), exchange of information in and between the GEMU and the primary health care (25%) and service or help provided from the PHC (17%).

Conclusions

Despite a seemingly well-organized system for transition of patients from the GEMU to their homes, one or more unwanted incidents occurred in most patients during discharge or four weeks post discharge. The study has revealed areas of importance for improving transitional care of geriatric patients.

Background

Geriatric patients are often characterized as frail. Frailty is described as age-related physiological vulnerability, reduced homeostatic reserves and reduced capacity to withstand stress. It is associated with increased morbidity, functional decline, nursing home placement and death. Frail elderly patients hospitalized for acute diseases are vulnerable for further functional deterioration after discharge and a high frequency of unwanted incidents has been reported after discharge from hospital. Several studies have shown that medication-related discrepancies or adverse effects of medications related to discontinuity are common, while few studies have focused on unwanted incidents by other factors than medications.

For many years St. Olav University Hospital has been collaborating with the primary health care (PHC) in the city of Trondheim, Norway in developing a system to improve the quality of transition of hospitalized patients to their homed. As part of this work and based upon the literature referred above, an ambulatory team (AT) as part of the GEMU was established in 2002. The intention was to improve the transitional process from a GEMU to the patients' homes for patients living in Trondheim. The present study is aiming at describe unwanted incidents among patients discharged from the GEMU as part of such a practice by character, frequency and stage in the transitional process.

Cooperation between the geriatric evaluation and management unit (GEMU) and the primary health care (PHC).

Methods

Setting

The study was run from a 15-bed GEMU as part of the Clinic of Internal Medicine at St. Olav University Hospital in Trondheim, Norway, the study period lasting from November 2005 throughout June 2007. Approximately 80% of the admitted patients lived in their own homes and were referred to the hospital as emergencies caused by acute medical diseases.

Sample

All patients planned to be discharged from the GEMU to their homes and who got supported discharge from the AT was asked to participate. Patients being discharged to nursing homes, rehabilitation institutions or other hospital departments were not included. For practical reasons AT services were only offered to patients living in the city of Trondheim. Hence, patients from surrounding municipalities were not included.

Follow-up of patients from the GEMU to the primary health care

In hospital

The GEMU patients went through a comprehensive geriatric assessment (CGA) by an interdisciplinary team consisting of physicians, nurses, occupational therapists, physiotherapists and registered nurses. Discharge planning was emphasized and started as early as possible.

A discharge-planning meeting was arranged for all GEMU-patients during the hospital stay. During the meeting the primary health care received information on the patient's medical and functional status as assessed in the GEMU and assistance and adjustments necessary after discharge were discussed. At the end of the meeting the primary health care representative wrote a detailed decision on services to be provided by the primary health care after discharge, specifying assistance related to activities of daily living (ADL) and instrumental activities of daily living (IADL) including administration of drugs, services in a day-care center, inpatient or ambulatory rehabilitation, short- or a long-term stay in nursing homes, physiotherapy, occupational therapy, in-home rehabilitation, food delivery and acquisition of safety-alarms. After this meeting the primary health care representative reported the patient's status and assistance to be provided to the office of home health services (HS). The service should be performed according to the primary health care's standards, including method and time to be used for the different services provided in the patient's home.

Transition

At discharge the attending physician in the GEMU wrote a discharge letter to the patient including information on diagnosis, drug regimen and medical follow-up after discharge, and a copy was sent to the home care nurse. A complete medical report was later sent to the patient's general practitioner. In addition, the GEMU team members sent a case summary to the responsible carer in the primary health care with detailed recommendations on follow-up of e.g. nutrition, physical exercise, adjustments of home environment.

After discharge

After discharge the patients were expected to receive assistance from the primary health care as decided during the stay in the GEMU according to the routines of the home health services. The AT visited the patients during the first week after discharge, while contact afterwards was generally maintained by telephone calls to the patient.

Outcome variables

The unwanted incidents were detected through contact with patients and caregivers and observations made at home visits by the AT.

Endpoints evaluated in the present study as unwanted incidents. CGA = comprehensive geriatric assessment; GEMU = geriatric evaluation and management unit; PHC = primary health care; GP = general practitioner; HCN = home care nursing; AT = ambulatory team; HS = home service.
Criteria for registering unwanted incidents were 1) the CGA during the stay in the GEMU turned out to be incomplete, 2) routines for exchange of information between the GEMU and the primary health care were not followed, 3) the drug regimen from the GEMU was not administrated correctly by the home services or the patient, 4) discrepancies in the decision from the discharge-planning meeting and the assistance actually provided by the primary health care, or 5) the guidelines for practical assistance in the patient's homes were not followed.

Results

The analyses involve 118 patients (69.4% of those who were invited to participate). At baseline there were no significant differences in proportion of women ($p > 0.3$), age ($p > 0.8$) or independent living ($p > 0.6$) between enrolled patients and patients refusing to participate, or between patients included and excluded from the analysis (gender $p > 0.9$, age $p > 0.2$ and independent living $p > 0.7$, respectively).

The median length of stay was 9 days (interquartile range (IQR) = 7-13). One-hundred-and-four (88%) of the 118 patients received assistance from the home services after discharge. Seventy-four (62.7%) patients had more than one visit per day, 19 (16.1%) had one visit per day, and 11 (9.3%) had one visit per week. Most common was assistance related to house cleaning, drug regimen and shower/bath once a week. 30% underwent some kind of therapy (physiotherapy, occupational therapy, in-home rehabilitation) after discharge, while, 45% had weekly visits in a day care center and 81% had a safety alarm.

Total numbers of unwanted incidents experienced per patient (n = 118).
The most commonly reported incidents were related to 1) drug prescription regime, exemplified by the home services not replacing the patients' old list of medications with a new one after the hospital stay, or that the patient got the wrong drug or incorrect dosage, 2) exchange of information, e.g. patients were not referred to a specialist as planned before discharge, messages were not passed on, there were shortcomings in the medical report from the attending physician or in case summaries from the nurse, or decisions about the patient's assistance decided in the discharge-planning meeting were not passed on from the representative from the primary health care to the home services, 3) service or help provided from the primary health care, e.g. they did not make sure that the patients ate their meals (as the decision said they should) and 4) decisions made in the discharge-planning meeting in the GEMU were not relevant for the patient after discharge, e.g. the patient needed assistance with the prescription regime after all.

Discussion

Clinical experience and previous studies have shown that unwanted incidents after discharge of patients from hospital to their homes are common, especially related to discrepancies in drug regimen. The present study has investigated the frequency and character of unwanted incidents observed by the AT during the transition of frail elderly patients from a geriatric hospital ward to their homes. It was shown that nearly 60% of the patients experienced unwanted incidents during transition and during the first four weeks after discharge. The most frequent incidents were mismatches between assistance appointed and assistance actually provided by the primary health care, errors regarding drug regimen and errors related to exchange of information.

In concordance with other studies we found unwanted incidents related to drug regimen to occur frequently. We did not evaluate whether these errors constituted a risk for the patients' health, but according to clinical experience this could be the case in some occasions, while in other situations these errors probably had no immediate impact on health status.

Solutions

Studies have shown that post-discharge visits in the patient's home by competent professionals can reveal important and potentially reversible clinical problems and unwanted incidents and there are indications that functional status improves after a time-limited supported discharge. The large number of incidents registered in the study could indicate that the AT in general should be more active in the management of the patients, such as following the patient home at discharge to make sure that assistance take place as appointed, perform treatment in the patients homes that the home services are not competent to provide, or working closely with the general practitioner during the transition to avoid medical incidents.

Strength of our study was the comprehensive registration of a diversity of incidents related to the transitional process from hospital to the patients' homes and not only disagreements related to drug regimens. Most likely this has resulted in a higher number of incidents than registered in earlier studies.

We argue that this broad perspective has given important knowledge about aspects of the patients' situation to further improved discharge planning and follow-up. Though, it is still not known, though to what extent the registered incidents in our study influence the patients' and the caregivers' quality of life and function, hospital readmissions, nursing home placement or death. This needs to be highlighted in future studies.

Conclusions

Despite a seemingly well-organized system for cooperation between the GEMU and the primary health care, unwanted incidents occurred in approximately 60 percent of frail elderly patients during transition from hospital to home and four weeks of follow-up. The majority of unwanted incidents were related to exchange of information, drug regimens and disagreements between services appointed and services provided by the primary health care. The study both demonstrate the need for and the challenges in designing a well-functioning system for this complex patient group both during the hospital stay as well for the time after discharge. The knowledge gained through the study has given insights of importance for future improvements of transitional care for geriatric patients.

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 1: Lesson 2

Handout 1 Keeping record of sources!

Instructions: Complete the outline with the useful quotes you identified in Article 2: "Unwanted incidents during transition of geriatric patients from hospital to home". Write the idea you want to use, the author's last name, year of publication, and page number.

Topic: Most common incidents reported by patients			
Useful ideas:	Author	Year	Page
Topic: Incidence of the reported incidents			
Useful ideas:	Author	Year	Page
Topic: Offered solutions to reduce incidents			
Useful ideas:	Author	Year	Page

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 1: Lesson 2

Handout 2

Instructions: A team of nurses is having a discharge-planning meeting for a patient. Based on the patient's form, describe the patient's medical history. Make sure to use the simple past.

Mr. Sinatra **went through** an ear cleaning surgery in August. He **got** his tetanus shot last August, too. He **received** his influenza vaccine in July…

_____

_____

_____

_____

_____

_____

Useful Language

What else happened to the patient?
Do you have anything else to add?
What about previous surgeries/treatments

University of Costa Rica **Date: 09/02/2019** **Lesson Plan #4**

Master's Program in TEFL **Student Teacher: María José Cedeño**

First Aid English: A Survival Nursing Course for Nursing Students **Assistants: Adriana Acosta, Lupita Fonseca**

Acosta, Cedeño, Fonseca **Unit 1: Read the signs**

Unit goal: By the end of this unit, nursing students from the UCR will be able to successfully demonstrate comprehension of scientific articles by analyzing abstracts and the article components (justification, methodology, and results) and selecting specific information relevant for their projects.

General Objective: By the end of the lesson, students will be able to successfully report results from the scientific articles by filling out graphic organizers.

Specific Objectives: By the end of this lesson, students will be able to:

1. recognize key concepts related to neurology by orally discussing questions related to the field with peers.
2. recognize the parts of the brain and its functions by building a brain model
3. effectively identify transition words by highlighting the words in a text and categorizing them according to their function.
4. precisely complete common sentences in research articles with verbs in passive voice by matching subjects with verbal phrases.
5. effectively report medical procedures visually represented by describing them using passive voice.
6. clearly describe the assessment process followed by a patient by combining passive voice statements with transitions words.
7. successfully report case study results and procedures by displaying the findings in a graphic organizer
8. simulate a small section from a class presentation by reading aloud an important finding from a research article in front of the class.

Objective	Procedures	Macro Skills	Language Focus	Strategies	Time allotted
1	**Warm up:** ● T drops several balloons around the classroom that include some questions related to neurology. ● Ss run and pick one balloon and burst it to be able to take out their question. ● In the back of the question, Ss also have different parts of the brain. Ss need to look for the classmates that have the same brain parts as them as discuss the questions. ● T makes a general review of the questions and the answers. **Materials:** Balloons, set of questions, PPT presentation	S R L	**Vocabulary:** Cerebellum, seizure, Broca's area, Wernicke's area, Hypothalamus, cerebellar cortex, stroke, aphasia **Useful Language:** ● What is ____? ● Do you have a clear idea of what ____ is? ● What do you know about ___? ● I think ____ refers to _____.	Schema activation	10 minutes

2	**Pre-task 1: Parts of the brain** ● Ss are divided into two groups. Each group member is given a card with the name of one major brain part and playdough. ● Ss need to discuss the function of the part of the brain they have in their card with their peers. ● Once Ss have discussed the different brain parts and their functions, they need to assemble a brain using the playdough and the brain silhouette they have. ● T confirms understanding of the brain parts and functions by reviewing each section on the board. ● Ss drill pronunciation. **Materials:** cards with brain parts, playdough, PPT	R S L	**Vocabulary:** Parietal lobe, Occipital lobe, Cerebellum, Brain stem, Temporal Lobe, Frontal lobe, spatial orientation, Hippocampus, visual cortex, interpret, coordinate, transmit, integrates, process, receives. **Useful Language:** ● Where do you think this brain part goes? ● Do you know how to pronounce _____? ● What is the function of your brain part? ● The function of my brain part is ___.	Using image association	15 minutes

3	**Pre-task 2: Transition words** ● T hides some paper strips with different transition words around the classroom. ● Ss need to find 1 paper strip and pair up with the classmate that has the same transition word. ● Once in pairs, T distributes handout 1 and checks pronunciation of troublesome words. ● T hands in abstract 1 and students highlight all the transitions words that they can find. ● Ss then categorize the transition words in the whiteboard. ● T checks the answers and do a pronunciation drill. **Materials:** Handout 1, Abstract 1, paper strips, whiteboard, PPT	R S L	**Vocabulary:** Addition, sequencing, illustrating, cause and effect, qualifying, emphasizing, thus, hence, whereas, **Useful Language:** ● Do you know the meaning of this word? ● Do you know the category of this word? ● I believe this word belong to this____ category. ● I agree/ I disagree	Using extra linguistic features to learn vocabulary	20 minutes d

4	**Pre-task 3: Passive Voice** ● Ss are divided into groups of 3. To form groups, students need to look for classmates that have a strip of paper with the same color ● Ss are given an envelope that contains several sentences, but they are missing their verbs. ● Ss walk across the classroom looking for the verb in passive voice that matches their sentences. ● Once all the groups have completed their sentences, they need to share their sentences with the rest of the class to check them. ● T checks the answers	R S L	**Vocabulary** IV, CT Scan, cardinal planes, language functions, Aachen Aphasia Test Battery, **Useful Language:** ● Do you know the meaning of this word? ● Do you know which is the verb for this sentence? ● I think this is the verb we need. ● I agree/ I disagree	Contextualizing vocabulary to determine passive voice usage	15 minutes

	Materials: envelopes, strips of sentences, cards with verbs				
5	**Pre-task 4: Jeopardy** ● Ss are divided into groups of 4. To form groups, students look for classmates that have a paper strip with the same brain lobe. ● T displays a jeopardy game on the board. ● Ss start playing the game by selecting the number of points that they want to participate for. ● Each set of points is linked to an image. To earn the points, Ss need to describe what is happening in the image using the verb that comes with the image in passive voice. ● T goes over the passive voice with the rest of the class. **Materials:** Jeopardy, strips of paper with brain lobes.	R S L	**Vocabulary:** stethoscope, heartbeat, temperature, thermometer, Alzheimer, hospital **Useful Language:** ● Do you know the answer? ● Do you know the past tense of the verb? ● I believe the answer could be... ● I agree/ I disagree	Interpreting meaning from extralinguistic context	20 minutes

6	**Pre-task 5: Telling the story** ● T projects some transition words and passive voice verbs. ● Ss form a semicircle and throwing a ball to each other take turns to construct the story of a patient using the vocabulary projected on the board. ● 1 S starts the story by using a transition word and a sentence in passive voice. Another S continues by using a different transition word and passive voice sentence. The rest of the Ss add their sentences one by one until all of the Ss have said a sentence. ● T checks the use of transition words and passive voice during the activity and provides any necessary in-task feedback. **Materials:** PPT, 1 ball	R S L	**Vocabulary:** First, then, second, later, additionally, moreover, for example. ● Was prepared, was explained, were checked, was introduced, was observed, were shown. **Useful Language:** What do you think goes first? Maybe the next step is ____. I think ____ should go here.	Sequencing events	20 minutes
7	**Main task:** ● In groups of 3, Ss receive a patient case study. T asks Ss to read the case study.	R	**Vocabulary:**	Using graphic organizers	45

	• Ss are assigned the procedures and results section of the case study. • Ss highlight the transition words and passive voice to determine the procedures followed during the case study and the results from it. • Ss receive kraft paper and props to create a graphic organizer. • Ss use transition words and passive voice to create a graphic organizer to display the procedures and results from the case study. • Ss are ready to share their graphic organizer with the rest of the class and explain why they organized it in a specific way. **Materials:** Case study "Atypical cerebral and cerebellar language organization: a case study", highlighters, kraft paper, PPT, Handout 2	S L	Language processing, fronto-insular region, cerebellar infarction, neurolinguistic, neurocognitive, vascular damage, gyrus. Cerebellar Cognitive Affective System (CCAS), lateralization, supramarginal, voxels **Useful Language:** • What is the general idea? • I agree/disagree with the case study is about ___. • The procedures followed were____ • The results of the case study were _____		minutes
8	**Post task 1: Presenting in English**	R	**Vocabulary:**	Collaborative learning	10

	• Ss work individually to find a quote that they would use in their own research paper. Ss write down the quote on handout 2 and focus on the different ways to introduce quotes. • Then Ss work in pairs to rehearse saying the quote. • Ss go to the front of the class to read their quote in English as they would do in their nursing classes. **Materials:** Handout 3	S L	According to, as reported/shown/concluded by, based on **Useful Language:** I think this word is pronounced ____ Could you repeat that again?		minutes

Abbreviations: T: Teacher, S: Student, Ss: Students, R: Reading, S: Speaking, L: Listening, W: Writing

Materials Lesson 3, Unit 1 (Warm-up)

Do you know the main parts of the brain?	Broca's area
Do you know what the meaning of aphasia is?	Broca's area
Do you know the main function of the cerebellum?	Broca's area
Do you know the main parts of the brain?	Wernicke's area
Do you know what the meaning of aphasia is?	Wernicke's area
Do you know the main function of the cerebellum?	Wernicke's area

Do you know the main parts of the brain?	Hypothalamus
Do you know what the meaning of aphasia is?	Hypothalamus
Do you know the main function of the cerebellum?	Hypothalamus
Do you know what the meaning of stroke is?	Hypothalamus

Materials 2 (Pre task 1)

Parietal Lobe

The parietal lobe plays a vital role in integrating information from several senses. Also processes spatial orientation, some prats of speech and visual perception, and pain and touch sensations

Frontal Lobe

The frontal lobe deals chiefly with cognition and memory. It also includes emotional traits.

Occipital Lobe

The occipital lobe is the visual processing center of the brain. It contains most of what is referred to as the visual cortex.

Temporal Lobe

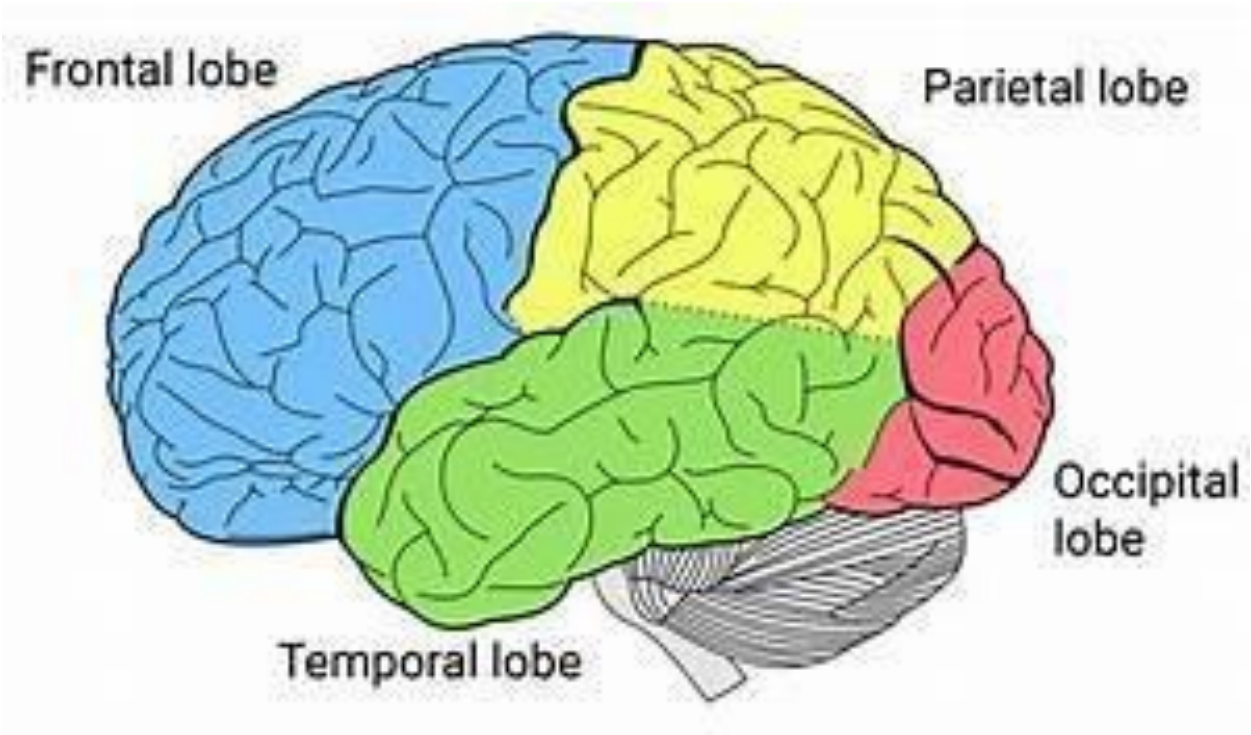
The temporal love is the chief auditory receptive area and contains the Hippocampus, which is the chief region where the long-term memory is formed.

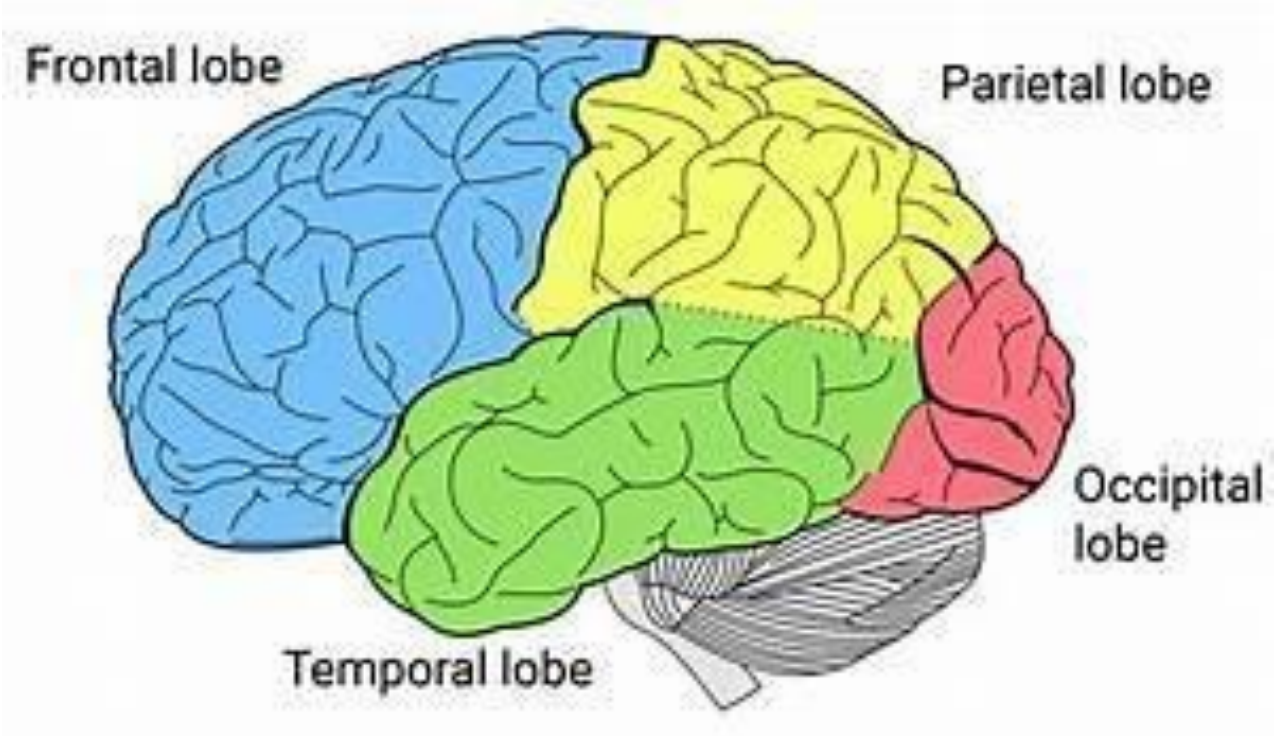
Brain Stem

Serve as brain's warning system and sets alertness level

Cerebellum

The Cerebellum is located at the base of the brain. The cerebellum receives information from sensory systems and then regulates motor movements.


Frontal lobe
Parietal lobe
Occipital lobe
Temporal lobe


Frontal lobe
Parietal lobe
Occipital lobe
Temporal lobe

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Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 1: Lesson 4

Handout 1

Common Transition Words in English

Addition	Sequencing	Illustrating	Cause and Effect
And Also As well as Moreover Too Furthermore Additionally	First, second, third Finally Next Meanwhile After Then Subsequently	As an example, For examples Such as For instance In the case of As revealed by… Illustrated by…	Because So Therefore Thus Consequently Hence
Comparison	**Contrast**	**Qualifying**	**Emphasizing**
Similarly Likewise As with Like Equally In the same way…	But However Although Unless Except Apart from As long as	Whereas Instead of Alternatively Otherwise Unlike On the other hand conversely	Above all In particular Especially Significantly Indeed notably

Material 3 (Pre task 2)

Moreover	Moreover
Therefore	Therefore
However	However
Next	Next
For instance	For instance

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Acosta-Cedeño-Fonseca
Unit 1: Lesson 4

Abstract 1

The prominent role of the cerebellum in the learning, origin and advancement of culture

Background

Vandervert described how, in collaboration with the cerebral cortex, unconscious learning of cerebellar internal models leads to enhanced executive control in working memory in expert music performance and in scientific discovery. Following Vandervert's arguments, it is proposed that since music performance and scientific discovery, two pillars of cultural learning and advancement, are learned through in cerebellar internal models, it is reasonable that additional if not all components of culture may be learned in the same way. Within this perspective strong evidence is presented that argues that the learning, maintenance, and advancement of culture are accomplished primarily by recently evolved (the last million or so years) motor/cognitive functions of the cerebellum and not primarily by the cerebral cortex as previously assumed. It is suggested that the unconscious cerebellar mechanism behind the origin and learning of culture greatly expands Ito's conception of the cerebellum as "a brain for an implicit self."

Results

Through the mechanism of predictive sequence detection in cerebellar internal models related to the body, other persons, or the environment, it is shown how *individuals* can unconsciously learn the elements of culture and yet, at the same time, be in social sync with other members of culture. Further, this predictive, cerebellar mechanism of socialization toward the norms of culture is hypothesized to be diminished among children who experience excessive television viewing, which results in lower grades, poor socialization, and diminished executive control.

Conclusion

It is concluded that the essential components of culture are learned and sustained not by the cerebral cortex alone as many traditionally believe, but are learned through repetitious improvements in prediction and control by internal models in the cerebellum. From this perspective, the following new explanations of culture are discussed: (1) how culture can be learned unconsciously but yet be socially in sync with others, (2) how the recent evolutionary expansion of the cerebellum was involved in the co- evolution of earliest stone tools and language—leading to the cerebellum-driven origin of culture, (3) how cerebellar internal models are blended to produce the creative, forward advances in culture, (4) how the blending of cerebellar internal models led to human, multi-component, infinitely partitionable and communicable working memory, (5) how excessive television viewing may represent a cultural shift that diminishes the observational learning of internal models of the behavior of others and thus may result in a mild, parallel version of Schmahmann's cerebellar cognitive affective syndrome.

Elsewhere I proposed how the learning of cerebellar internal models during music training enhances executive processes in working memory and thereby can lead to scientific discovery and therapeutic efficacy. In brief, the following three-part unconscious cerebrocerebellar mechanism was proposed to be behind the production of high-level music performance and scientific contributions. *First*, through the detection of sequences in repetitive patterns during problem solving, the cerebellum unconsciously learns error-driven *internal models* of all behavioral, cognitive and affective processes that subsequently contribute to goal attainment in *working memor*y, and it uses these internal models to *adaptively* optimize the unconscious prediction and anticipation of similar future environmental events. This first mechanism is based directly on Akshoomoff, Courchesne and Townsend's and Leggio and Molinari's mutually supportive conclusions on the predictive, forward modeling role of the cerebellum in both movement and cognitive control processes.

Second, within the framework of the forgoing cerebellar sequence detection and prediction process, unconscious cerebellar forward-predicting internal models are adaptively blended in new prediction-optimizing ways during all problem solving, for example, in the culture components, music and science. Third, when the resulting unconsciously learned new blends of forward-predicting internal models are sent to consciousness in working memory, they are often experienced as sudden insight or intuition. These new blends of forward-predicting internal models may both advance the individual's learning of the task at hand and contribute newly expanded knowledge in the form of innovation and creative discovery, for example, in music and science. This overall three-part cerebro-cerebellar mechanism of innovative and creative advancement may be summarized in the phraseology Leggio and Molinari so aptly suggested in the title of their above-quoted article on cerebellar sequence detection, namely, "Cerebellar Sequencing: a Trick for Predicting the Future."

Taken and adapted from https://cerebellumandataxias.biomedcentral.com/articles/10.1186/s40673-016-0049-z

Material 4 (Pre task 5)

Frontal Lobe	Frontal Lobe
Frontal Lobe	Occipital Lobe
Occipital Lobe	Occipital Lobe
Occipital Lobe	Parietal Lobe
Parietal Lobe	Parietal Lobe

Materials 5 (Pre task 3)

The IV _____ in the patient's arm.

The blood pressure _____ by the nurse.

The CT scan _____ to find any irregularities.

The blood sample _____ in the hospital

The case study _____ by a group of nurses and doctors

The mapping of neurons _____ in St Jude Hospital

The language functions _____ using Aachen Aphasia Test Battery

Three cardinals planes _____ during 24 hours.

Twelve patients _____ to determine if there was an increase in brain activity.

was inserted

was measured

was conducted

was taken

was presented

was done

were evaluated

were observed

were examined

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Acosta-Cedeño-Fonseca
Unit 1: Lesson 4

Article 1

Atypical cerebral and cerebellar language organization: a case study

Background

In a classical language model, expressive and receptive language are primarily subserved by Broca's area in the left inferior frontal gyrus and Wernicke's area in the left superior and middle temporal gyrus, which are connected by the arcuate fascicle. Classical theories posit that Broca's area is responsible for language production, while Wernicke's area is assumed to subserve speech comprehension.

In recent years, however, this traditional topological model of language has been revised and extended. Dronkers, for example, identified the left precentral gyrus of the insula as the coordinator of motor speech planning. Using the Activation Likelihood Estimation (ALE) method, Oh et al. assessed the activation of the insular region in 42 fMRI studies, which used language and speech tasks. It was shown that both speech and language consistently activated the left insular region, regardless of which task was used. Ardila et al confirmed involvement of the left insula in multiple language functions and also pointed out its role in Broca's aphasia, apraxia of speech, conduction aphasia, and Wernicke's aphasia.

Recently it has also been shown that the cerebellum plays a crucial role in language processing through a network of cerebello-cerebral pathways. Anatomically, the cerebellum is reciprocally connected to different cerebral association areas via crossed cortico-ponto-cerebellar and cerebello-thalamo-cortical loops. The right cerebellum is linked to the left cerebral hemisphere and the left cerebellum to the right hemisphere. Many studies have found involvement of the cerebellum in a variety of cognitive and affective functions, including language. By means of Single-Photon Emission Computed Tomography (SPECT) and Diffusion Weighted Imaging (DWI), several neuroimaging studies identified crossed cerebello-cerebral diaschisis as a possible pathophysiological mechanism to explain cerebellar induced cognitive and affective disorders.

Schmahmann and Sherman introduced the concept "Cerebellar Cognitive Affective Syndrome" (CCAS) to describe a complex of cerebellar induced cognitive and affective changes. CCAS or Schmahmann's syndrome comprises a constellation of deficits affecting executive, linguistic, spatial, and affective functions. Since the introduction of Schmahmann's syndrome, crucial involvement of the cerebellum has been identified in several distinct linguistic processes.

Language deficits including agrammatism, anomia, apraxia of speech, apraxic agraphia, dyslexia, agraphia, and even aphasia-like phenomena have been observed after acute cerebellar damage. Neuroanatomical studies investigating the connections of the cerebellum with the supratentorial motor, paralimbic, and association cortices have shown that the human cerebellum is not only somatotopically organized for motor control but also for higher-order cognitive and

affective functions. Typically, a lateralized involvement of the right cerebellar hemisphere is observed in non-motor linguistic processes, while the left cerebellar hemisphere is involved in the modulation of typical non-dominant hemisphere functions. This observation has led to the hypothesis of a “lateralized linguistic cerebellum”, subserved by crossed cerebello-cerebral connections.

In the vast majority of right-handers (>97 %), and in most left-handers (>70 %), the left hemisphere and right cerebellum subserve language. Right cerebellar lesions can therefore disrupt language processing through crossed cerebello-cerebral networks. In some cases, however, language dominance is atypically located in the right cerebral hemisphere. Atypical right cerebral dominance for language as a maturational variant is a very rare phenomenon. The non-dominant right hemisphere, however, is often crucially involved in the reorganization of language functions following extensive damage to the language dominant left hemisphere. Brain plasticity mechanisms allow for reorganization of cognitive functions after cerebral damage. As such, contralateral right hemisphere regions may (partly) take over language functions of the damaged left hemisphere. Brain plasticity is not only operational in the infant brain; it can also compensate functional loss due to tumor growth or after a vascular lesion at an adult age.

Jansen et al.showed that the cerebellar hemisphere contralateral to the language-dominant cerebral hemisphere is concomitantly activated in language tasks. They studied 14 healthy volunteers. Seven of them displayed atypical right-hemisphere language dominance, the other seven displayed typical left-hemisphere language dominance. Functional Magnetic Resonance Imaging (fMRI) was performed during a letter-cued word generation task. The study showed a consistent pattern of crossed cerebello-cerebral activations during the word generation task. In each subject, the cerebellar hemisphere contralateral to the language-dominant cerebral hemisphere was consistently activated.

Language is subserved by an extensive network of cerebral and cerebellar areas, connected via subcortical pathways. Typically, left cerebral hemisphere language dominance is observed with right cerebellar involvement through crossed cerebello-cerebral connections. We present the clinical, neurolinguistic and neuroradiological findings of a right-handed patient who did not show any language deficits irrespectively of an old vascular lesion affecting the left anterior insular region and a recent right ischemic stroke affecting the posterior lobe of the cerebellum.

Case presentation

A 62-year-old native Dutch-speaking right-handed man was admitted to hospital after an acute episode of balance problems, vertigo, and fainting. On admission one day later he indicated that the room was turning upside down and that he needed support to stand. There was no diplopia. Clinical neurological examination on admission was normal. There was no nystagmus or coordination disturbance. Motor and sensory functions were also normal. Medical history consisted of a cardiac infarction, endocarditis and left femorofibular bypass surgery 10 years before admission. Growth and developmental milestones were normal. The patient had an educational level of 12 years and worked as a trader. He smoked 5 cigarettes a day.

Computerized tomography (CT) of the brain showed a hypodense area in the right cerebellar hemisphere, suggestive of ischemic stroke. Subsequently, DWI and T2-weighted FLAIR

imaging (MRI) of the brain showed a hyperintense lesion in the vascular territory of the right posterior inferior cerebellar artery (PICA), consistent with an acute ischemic stroke. In addition, an old vascular lesion was found in the left anterior insular region extending into the frontal operculum and the precentral gyrus. However, no clinical symptoms were (hetero) anamnestically reported.

Results

The quantified Tc-99m-ECD SPECT study revealed a significant bilateral hypoperfusion in the prefrontal cortex, more pronounced on the left than on the right side (prefrontal lateral: R −2.55 SD; L −3.94 SD; prefrontal medial: R −5.07 SD; L −6.70 SD; prefrontal inferior lateral: R −1.46 SD; L −3.57 SD). A significant hypoperfusion was also found in the motor cortex (R −2.46 SD; L −4.15 SD) and the right parietal cortex (−2.78 SD). Perfusion of the superior cerebellum was normal (R 0.32 SD; L 1.07 SD). The lesion in the inferior cerebellum could not be visualized, as the inferior cerebellum was not included in the analysis.

The fMRI experiment was performed using a block-designed paradigm consisting of two conditions, each lasting for 30s: a resting period (R) and a noun-verb association task (T). Both these conditions were presented sixteen times in an alternating fashion: RT1-RT2-…-RT16. During the resting condition, no stimulus whatsoever was presented. In contrast, during the task of interest, a series of ten different Dutch nouns was presented with a 3 s interval. Different nouns were used in every block, 160 high frequent nouns were presented in total. A silent semantic noun-verb association task was used in which the patient had to think of a verb semantically related to a visually presented noun.

A bilateral distribution of activations was found. The lateralisation index (LI) was calculated based on the number of voxels activated in the standard language areas (Broca: inferior frontal gyrus (BA 44–45); Wernicke: superior and middle temporal gyrus (BA 21–22), supramarginal gyrus (BA 40), and angular gyrus (BA 39)) and their homologue counterparts in the right cerebral hemisphere, according to the formula LI = (L-R)/(L + R) [43, 44]. Left-sided laterality is associated with a positive LI, right-sided laterality with a negative LI. Bilateral language representation is reflected by a LI between −0,25 and +0,25. In this patient the LI indicated a clear bilateral distribution (LI = +0,11).

At the cerebellar level, fMRI revealed a clear left lateralized activation (LI = +0, 66) with almost five times as many voxels activated in the left posterior cerebellar hemisphere than in the right posterior hemisphere (L: 1551 voxels; R: 318 voxels). Possibly this left lateralization might be due to a loss of activation caused by damage to the right cerebellar hemisphere.

Bilateral hemispheric language representation was also suggested by DTI. DTI showed a slightly more pronounced arcuate fascicle on the right (231 tracts) than on the left (160 tracts), no significant difference was found in FA (R 0.4638; L 0.4429) or MD (R 0.000823 mm^2/s; L 0.000827 mm^2/s). The minimal difference between the number of tracts, the FA, and the MD also suggests a bilateral organization of language functions at the cerebral level.

Conclusion

This exceptional patient developed no language deficits after a left insular and a right cerebellar

stroke. By contrast, Schmahmann's syndrome was identified after the cerebellar infarct and reflected on SPECT by crossed cerebello-cerebral diaschisis in the anatomoclinically suspected frontal regions. Evidence from fMRI and DTI in this patient suggests atypical bilateral language organization as a maturational variant of cerebral language representation. Possibly, a bilateral distribution of language allows for a better and faster compensation of functional loss due to acute cerebral or cerebellar damage.

Taken and adapted from: https://cerebellumandataxias.biomedcentral.com/articles/10.1186/s40673- 015-0036-9

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Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 1: Lesson 4

Handout 2

Neurology Glossary

1. Language processing: refers to the way humans use words to communicate ideas and feelings, and how such communications are processed and understood.

2. Front-insular region: is a portion of the cerebral cortex folded deep within the lateral sulcus (the fissure separating the temporal lobe from the parietal and frontal lobes).

3. Cerebellar infarction: Infarction refers to death of tissue. A cerebral infarction, or stroke, is a brain lesion in which a cluster of brain cells die when they don't get enough blood.

4. Neurolinguistics: is the study of the neural mechanisms in the human brain that control the comprehension, production, and acquisition of language.

5. Neurocognitive: denoting or relating to the neural processes and structures involved in cognition.

6. Vascular damage: injury to a blood vessel—an artery, which carries blood to an extremity or an organ, or a vein, which returns blood to the heart.

7. Gyrus: convoluted ridge on the outer surface of the brain caused by unfolding of the cerebral cortex and bound by sulci.

8. Supramgarinal gyrus: is a portion of the parietal lobe of the brain. It is one of the two parts of the inferior parietal lobule, the other being the angular gyrus. It plays a role in phonological processing and emotional responses.

9. Cerebellar cognitive affective syndrome (CCAS): is a condition that follows from lesions (damage) to the cerebellum, of the brain. It refers to a constellation of deficits in the cognitive domains of executive function, spatial cognition, language, and affect resulting from damage to the cerebellum.

10. Lateralization: is the tendency for some neural functions or cognitive processes to be specialized to one side of the brain or the other.

11. Voxels: represents a value on a regular grid in three-dimensional space.

Taken from: http://www.strokecenter.org/professionals/resources/glossary-of-neurological-terms/

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Unit 1: Lesson 4

Handout 3

Quote from "Atypical Cerebral and Cerebellar Language Organization: A Case Study":

_____

_____

_____

_____

Phrases to Introduce Quotes

According to Vandervert (2016)

As reported/shown/concluded by Vandervert (2016),

Based on Vandervert's study

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Unit 1: Lesson 4

Handout 3

Quote from "Atypical Cerebral and Cerebellar Language Organization: A Case Study":

_____

_____

_____

_____

Phrases to Introduce Quotes

According to Vandervert (2016)

As reported/shown/concluded by Vandervert (2016),

Based on Vandervert's study

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Date:09/02/2019
Lesson Plan #5
Student Teacher: Adriana Acosta
Assistants: María Cedeño, Lupita Fonseca
Unit 1: Read the signs

Unit goal: By the end of this unit, nursing students from the UCR will be able to successfully demonstrate comprehension of scientific articles by analyzing abstracts and the article components (justification, methodology, and results) and selecting specific information relevant for their projects.

General Objective: By the end of the lesson, students will be able to show understanding of a research article by applying reading strategies such as predicting, skimming, scanning, and summarizing main results in graphic organizers.

Specific Objectives: By the end of this lesson, students will be able to:

1. efficiently recall key information about social determinants of health by answering questions in a trivia game.
2. successfully build vocabulary by elaborating their own word networks and sharing them with the group.
3. effectively complete a chart that synthesizes medical data by scanning key information from three patients' records.
4. predict the content of scientific articles by looking into their titles and keywords.
5. effectively grasp one of the main points of a scientific article by skimming its abstract.
6. adequately contrast health information from two countries by completing a graphic organizer using the main results from an article.
7. successfully demonstrate comprehension of scientific articles by gradually analyzing the abstract and article components in order to locate supporting information for a given research topic.

Objective	Procedures	Macro Skills	Language Focus	Strategies	Time allotted
1	**Warm up: Nurses Feud** ● T reads the objective of the day and introduces the topic of Social Determinants of Health to Ss. ● Ss are divided into two groups to play a simplified version of the game show *Family Feud*. ● T explains the game briefly and asks them two questions based on information from the WHO website. ● While playing, Ss (re)discover words related to SDH. The group that gets the most points wins the game. ● T asks Ss to read a quote related to the topic and listens to their opinion. **Materials:** PPT, two buzzers, cards with questions and answers (for the host)	S L R	**Vocabulary:** Social Determinants of Health (SDH), income, gender, ethnicity, literacy, healthy behaviors, social support Verbs: be born, grow, age **Useful Language:** ● I believe one determinant is _____ ● The answer that is missing is ____	Schema activation	10 minutes
2	**Pre-task 1: Word Networks** ● Each S receives a slip of paper with a SDH and looks for the person with the same term. ● Two sentences are given to each pair. Both sentences have a word in	R S L W	**Vocabulary:** Distrustful, reluctance, disparity, equality, equity, advocacy, scope,	Personalizing information Semantic maps	20 minutes

	bold. Ss should work together to decipher the meaning: getting it from context, looking for it in the dictionary, or recalling it from previous texts. • Once the concept is clear, Ss are given a piece of Kraft paper and a marker. They have to complete one word network per term with concepts, drawings, examples that remind them of the keywords. • After the word networks are done, Ss post them on the board and explain the terms and the associations behind them to the class. • Ss drill pronunciation of the terms. **Materials:** cards with SDH, Kraft paper, markers, slips of paper with words in context		approach, cohort, epidemiology, onset **Useful Language:** • What does <u>disparity</u> mean? • I think it refers to _____. • Let me look it up. • What other example/concept/idea is related <u>to disparity</u>? • Should we add another example? • Yes, we need one more on the left.		
3	**Pre-task 2: Scanning records** • T reminds Ss about scanning (what it is, the steps to follow, the type of information that is located) • Then, each S receives a color clip (red, yellow, or blue) and joins a group that has the same color. • A chart (handout 1) is given to each group. T checks vocabulary and pronunciation.	R S L W	**Vocabulary:** Blood pressure, height, weight, CBC (complete blood count), BMP (basic metabolic panel) **Useful Language:** • It is your turn!	Scanning	10 minutes

	• T explains that there are 3 clipboards around the class with information from three different patients. They must scan these reports to complete the chart. • Only one S per group is allowed to leave the nursing station to gather information from one clipboard. As soon as this S writes the information, another S can go and collect information from another (or the same) clipboard. • When the group has written all the answers, it is time to touch the buzzer. The group that correctly completes the chart first, wins. • T asks the groups to share their answers with the class. **Materials:** Handout 1, clipboards, buzzer, clips		• Now, you have to find out <u>the age</u> of the patient. • Hurry up!		
4	**Pre-task 3: Predicting information** • Ss go back to their seats. T reminds Ss about predicting (what to look at, how to confirm predictions) • T shows Ss a screenshot of three articles from ScienceDirect. • Ss have 5 minutes to talk to a classmate about their predictions based on the title of the articles.	L R S	**Vocabulary:** Morbidity, breastfeeding, outcome **Useful Language:** • The first article could be about _____ • It studied the conditions of _____	Predicting information	10 minutes

	• Some Ss share their predictions aloud. • T tells them that they are researching how income has caused disparities in terms of access to health in developing and developed countries. Ss select which of the three titles seem more suitable. • T confirms their answer and gives them Article 1 ("Recognizing global disparities"). **Materials:** PPT, Article 1		• I believe that the _____ title is the most suitable article		
5	**Pre-task 4: Skimming** • T reminds Ss about skimming (when to use it, what type of information). • Ss have 1 minute to skim the abstract of the article to answer the question on the board. • Ss can highlight or underline the segment. • T asks 2 Ss to share their answer. **Materials:** PPT, Article 1, chronometer	R S L	**Vocabulary:** Disparities, onset, scope, epidemiologic, approach, equity, equality, cohort **Useful Language:** • The answer is on the 2nd line of the methods section • I found it!	Skimming	5 minutes
6	**Pre-task 5: Contrasting information**	R W	**Vocabulary:**	Completing graphic organizers	25 minutes

	• T explains the methodology of the study and mentions how some parts of the article will be distributed among the Ss. • T uses an online group divider. Ss look for their new group and read their assigned segment from the results. • Ss complete a graphic organizer that contrasts information from the US and their assigned country. • Once they are ready, each group shares their answers including the teachers'; T asks Ss similar information about CR. **Materials:** Handout 2, PPT, Article 1	L S	Disparities, onset, scope, epidemiologic, approach, equity, equality **Useful Language:** • What is the <u>life expectancy in Cambodia</u>? • On the 3rd paragraph, it says _____ • Where did you find <u>the top causes of death</u>? • Do you think that <u>education</u> is one of the main conditions?		
7	**Main Task: Reading Project** • T asks Ss if they still have questions about the project. • Ss sit individually and receive three abstracts and an exam. T reads the instructions and asks a S to paraphrase them. • Ss predict which abstract might be useful for their research topic. Then, they read the abstract to confirm it. Ss complete the first part of the	R W	**Vocabulary:** Disparities, scope, approach, quintiles, advocacy, equity, and equality **Useful Language:** _____, am I on the right track?	Predicting Skimming Scanning Filling out graphic organizers	80 minutes

	project with the name of the chosen article and the evidence. • When this first part is ready, T gives Ss an extract from the article that they chose. Ss must complete part 2, which is about skimming to answer a key question. • Then, Ss scan the methods section to select specific information and complete the chart. • After these steps, Ss are ready to complete a graphic organizer with data from the results taking into account their research topic. • Ss revise their answers before handing in the project. **Materials:** Exam, 3 abstracts, 1 article		What do you mean by _____?		

Abbreviations: T: Teacher, S: Student, Ss: Students, R: Reading, S: Speaking, L: Listening, W: Writing

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta, Cedeño, Fonseca
Handout 1

Instructions: Complete the following chart that synthesizes the medical record of three patients. The rest of the team must stay at the nurse's unit while only one person per turn visits one of the three patients' stations. The first team to complete the chart wins.

Patient's number	**0301**	**0302**	**0303**
Patient's last name			
Number of visits in the last 12 months			
CBC laboratory test (yes/no)			
Ultrasound (yes/no)			
Temperature (C°)			
Depression (yes/no)			
High blood pressure (yes/no)			

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Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta, Cedeño, Fonseca
Handout 2

Instructions: Based on the article "Recognizing global disparities in health and health transitions in the 21st century," complete the following chart comparing the conditions from the USA with the ones from the country assigned.

	USA (2010)	
LE	78 years	
IM	I6/1000	
MM	21/100,000	
Top causes of death	• Heart disease } 50% • Cancer } • Chronic Lower Respiratory Disease • Stroke • Unintentional Injuries	
Additional information (disparities or stages of epidemiologic change)	Disparities due to • Ethnicity • Income • Education • Geographic location	

Useful Language

What is the life expectancy in Cambodia?
On the 3rd paragraph, it says _____

Where did you find the top causes of death?

Do you think that education is one of the main conditions?

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Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 1

Date: 09/16/19 Lesson Plan # 6
Student-teacher: Lupita Fonseca
Assistants: Adriana Acosta - María Cedeño
Unit 2: Listen to your Heartbeat

Unit Goal: By the end of the unit, nursing students will be able to appropriately interact with potential English-speaking patients by role-playing scenarios involving the discussion of symptoms, levels of pain, and basic medical history.

General Objective: By the end of the lesson, students will be able to successfully identify patients' symptoms by listening to videos from authentic patient-nurse interactions.

Specific objectives: The students will be able to

1. identify strengths developed in the course and areas that need improvement by commenting on their answers from the reading assessment.
2. properly label the divisions of the Triage by categorizing different conditions to their level of pain.
3. correctly identify vocabulary about common symptoms patients display in the ER or admission stage by matching the words with their corresponding visual representation.
4. accurately complete the patients' description of their medical condition in a fill-in-the-blanks form by analyzing the symptoms provided in the context.
5. efficiently outline patients' symptoms by asking questions to elicit patients' conditions and taking notes of key aspects.
6. successfully discriminate the symptoms orally described by a patient by writing a checkmark on the correct elements from a list.
7. report the patient's symptoms precisely by completing the history form with the information required from and provided by the patient.
8. successfully recognize the correct structure used to ask questions in simple present tense by ordering each element of the questions.

9. question patients about their symptoms by using accurate grammatical structures for questions.

Objective	Procedures	Language	Strategies	Skills	Time
1	**Feedback on Reading Assessment** ➢ T gives the reading assessment back to Ss. Some minutes are taken to evaluate their achievements in Unit 1.	I have learned _____. It was very useful to _____ because __ I still need to work on _____			5 min
2	**Warm up:** ➢ T shows some PPT slides with different medical conditions. ➢ Ss decide which color within the Triage categorization is assigned to each patient. **Materials:** Material 1. Triage labeling PPT and projector.	**Vocabulary**: Very urgent Urgent Less urgent **Useful language**: That patient is ____. That is more/less serious _____	Schema activation	S L	10 min
3	**Pre-task 1:** Card game ➢ In groups of 3 or 4, Ss pair up cards with the names of common symptoms with the cards that have the visual representation of those symptoms. ➢ Ss take turns trying to match a word its picture.	**Vocabulary**: What symptoms do you have? Fever, cold, backache, cough, breathing difficulties. **Useful language:** I/You start It's my/your turn. What's this?	Using visual clues to retrieve meaning	S L R	15 min

	➢ The activity ends when all the pictures and terms have been matched. ➢ Ss drill the pronunciation of common symptoms. **Materials:** Material 2: 4 sets of cards with common symptoms and their visual representation.	I don't know the meaning of this symptom. Are they pairs? No, they are different. It means ___.			
4	**Pre-task 2:** Symptoms description ➢ In groups of 3, Ss are given a sheet of paper and pens. ➢ Using the "Picture to draw" activity, T elicits Ss to provide vocabulary related to symptoms and common illnesses. T shows some sets of pictures to Ss and they must brainstorm all the words they can think of based on the picture. ➢ T checks Ss have the correct words by displaying them on the board. ➢ Ss are given handout 1 with short sentences that describe patients' conditions.	**Vocabulary**: Fever, cold, backache, cough, breathing difficulties, phlegm. **Useful language:** We thought of ___, ___, _____ What's the meaning of ___? I think this one is ___ because it talks about ____. I think it is ___. I'm not sure. I agree/disagree. That's right.	Guessing meaning from context	S L R W	20 min

	➢ Using the context provided in the sentence and the words previously brainstormed, Ss fill in the blanks with the symptoms. ➢ Ss are re-grouped with new classmates, and they check the symptoms they have used. ➢ T asks the Ss to share their answers with the group and clarifies any questions Ss may have. **Materials:** Handout 1, sheets of paper, set of pictures				
5	**Pre-task 3:** Getting the symptoms ➢ Half of the class is given a paper strip with one symptom while the other half is given a patient's form. ➢ Ss with the form sit in the doctor's room and take turns asking the patient/classmates the symptoms they have. Ss with the paper strips use the symptom on the paper to answer. The interviewer takes notes about the symptoms in order to complete the form.	**Vocabulary**: Could you verify your full name and ID number, please? What brings you up to us today? How do you feel? Can you tell me about the ____? I have ____ I feel ____ I've been _____ I'm ___ **Simple present question formation:** What do you feel?	Requesting information Note taking	L S W	20 min

	➢ Once all the information is collected, Ss switch roles. The new interviewers follow the same process to fill the form. ➢ Ss orally report to the rest of the class what other Ss have. E.g.: Adriana has a terrible backache **Materials:** Material 3: Paper strips with symptoms. Handout 2: the patients' form.	How do you feel? Where does it hurt? Do you feel ___? **Useful language**: Can you repeat, please? Sorry, did you say ___? Oh, I understand! I'm really sorry to know/hear that!			
6	**Pre-task 4:** ➢ T gives Handout 3 to Ss. As a group, Ss overview the pronunciation of the symptoms included in the chart. Once Ss are clear with the pronunciation of all the symptoms, T plays the audio. ➢ Ss listen to the nurse-patient interaction audio, and they mark with a check sign (✓) the symptoms mentioned by the patient. If necessary, the audio can be played three times. ➢ To check the answers, Ss are divided into 3 groups. They	**Vocabulary**: Name, birthdate, cough, few days, sore throat, swallow, pus **Useful language**: The patient has _a fever_ He said that he _____ I understood that he has _____ The patient didn't say anything about __	Identification of specific information	R S L	15 min

	compare the answers by describing the patient's condition. ➢ T clarifies questions that Ss may have at the end of the activity. **Materials:** Audio, Handout 3				
7	**Task:** Filling the patient's history form ➢ Pre-listening: Ss label the components of the form. ➢ While-listening: 1st listening: T plays the audio until minute 2:09. Ss listen and they say in one word/phrase what the patient has. ➢ 2nd listening: Ss watch the video and fill the form with the information provided by the patient. ➢ After listening: comparing their answers. In groups of three, Ss label the patient according to the Triage categorization. Ss share their labeling to confirm that everybody was assigned the same color. **Materials:** Handout 4: History form	**Vocabulary**: Birthdate, cough, sputum, yellowish, greenish, fever, chills. **Useful language:** The patient has ____ He presents _____ He feels _____ I think he is a <u>blue/green</u> patient because _____	Getting the general idea Note taking	L S W	30 min
	Post-task 1: Question formation.	**Vocabulary**:	Recognition of patterns	R S	15 min

8	➢ T pastes color cards with scrambled parts of questions (subject, verb, complement, auxiliaries, etc.) on the board. ➢ Ss go to the board and unscramble the questions by pasting the cards in the correct order. ➢ Questions are checked orally. T emphasizes the use of the auxiliary Do/Does in Yes/No Qs and the Wh + do/does in Information Qs. **Materials:** color cards with parts of the questions, tape.	What, When, When, do, does, bring, feel, have, know, hurt. **Useful language:** What is the (subj/verb/aux)? Is number __ correct?		L	
9	**Post task 2:** Interviewing a patient. ➢ Individually, Ss create their own questions for a Yellow/Orange patient following the structures reviewed in the previous tasks. ➢ Qs are checked orally by having Ss sit one in front of the other in two lines and ask each other their original questions. Ss provide a hypothetical answer.	**Vocabulary**: What, When, When, do, does, bring, feel, have, know, hurt, symptoms, fever, cough, chills, stomachache. **Useful language:** I have/feel ____. Yes, I do. / No, I don't.	Recognition and application of patterns	W S L	20 min
	Feedback session				5 min

Abbreviations: L: Listening S: Speaking R: Reading W: Writing T: Instructor Ss: Students Qs: Questions

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 1

Materials 1: Traige Labeling

Materials 2: Symptoms card game

		**An Earache**	**A Headache**
		**A Sore Throat**	**Chills**
		**An Eye Infection**	**A Stomachache**
		**A Backache**	**A Fever**
		**Cough**	**Sneeze**

		**Vomiting**	**Dizziness**
		**Breathing difficulty**	**Burned Skin**

University of Costa Rica Master's
Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 1

Handout 1: Symptoms Description

Instructions: Read the following patient condition descriptions. Fill in the blanks with the missing symptom based on the information provided by the context. Use all the words from the word bank below.

cough	dizziness	backache	sore throat	sneezing	burned skin
breathing difficulties	fever	vomiting	chills	headache	

1. Ellen had a cold last week, but now she only has a_____. It is constant and she also has phlegm. After so many days, her back and abdomen ache.

2. This morning Gabriel doesn't feel very well. He feels_____ all over his body. He is wearing a sweater, but they don't stop.
3. Andres had an accident this morning while preparing lunch. Some hot oil spilled on his arm. Now he is at the ER because he has_____.

4. At work, Rocio was lifting some heavy furniture. While moving a big desk, she felt a very strong jerk in her back. She needed to come to see the doctor because she has a terrible_____.

5. Rachell got up this morning with a lot of_____. She cannot stand up, and when she tries to walk everything swirls around her head.

6. It seems that Diego ate some rotten food in a party he attended. He has been _____all night long, and he is very weak and dehydrated.

7. Amanda is allergic to pollen and dust. Her neighbor was working on the garden today. Now she cannot stop_____; she also has a runny nose, and she is very congested.

8. Esteban fell off his bike in the park. He was wearing a helmet; however, the hit was very strong, and after 5 hours, he still has a throbbing_____. His parents are worried, so they brought Esteban to the ER.

9. Laura got wet during a pouring rain two days ago. As a result, she has some cough. However, she wants to see the doctor because last night she had _____, and although she used her inhaler, she doesn't feel better.

10. Carla is very sick. She is shivering because she feels very cold, but her temperature is very high. She came to the ER because she is worried about having a seizure due to the _____.

11. One of the main problems Priscilla has when she has the flu is a _____. She drinks hot beverages and uses ZEPOL but the pain is very strong even when she drinks water.

Materials 3: Paper Strips with Symptoms

The flu with a fever and a cough
Difficulties to breathe and chest pain
Fever over 39º and tachycardia
A broken arm and pain in the ribs
A muscular contracture and lower back pain
A headache and a sore throat
A burn on the skin caused by boiling water
Constant cough with phlegm and a backache
Chest pain and dizziness
A stomachache and vomiting for 2 days
A terrible earache and dizziness
Chills, nausea and vomiting

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 1

Handout 2: History Form

Instructions: Interview your classmates. Complete the patient's history form according to the information provided by your patients.

Medical Center 1. Centro:	**ATENCION DE URGENCIA**
2. Nombre del usuario:	
3. Número de identificación:	
DATOS DE LA ATENCION	
4. Historia clínica:	5. Examen físico:
6. Problemas detectados: 1. _____ 2. _____ 3. _____ 4. _____ 5._____ 6._____	7. Tratamiento

Useful Questions:

Could you verify your full name and ID number, please?
What brings you up to us today?
How do you feel?

Can you tell me about the_____?

Additional Questions:

What do you feel?
How do you feel?
Where does it hurt?
Do you have/feel____?

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 1

Handout 3: Identifying the patient's symptoms

Instructions: Listen to the conversation between a nurse and a patient. Read the symptoms listed on the chart below and mark with a check (✓) the one the patient mentions. Then, answer the questions below with some classmates.

Patient's name: _____

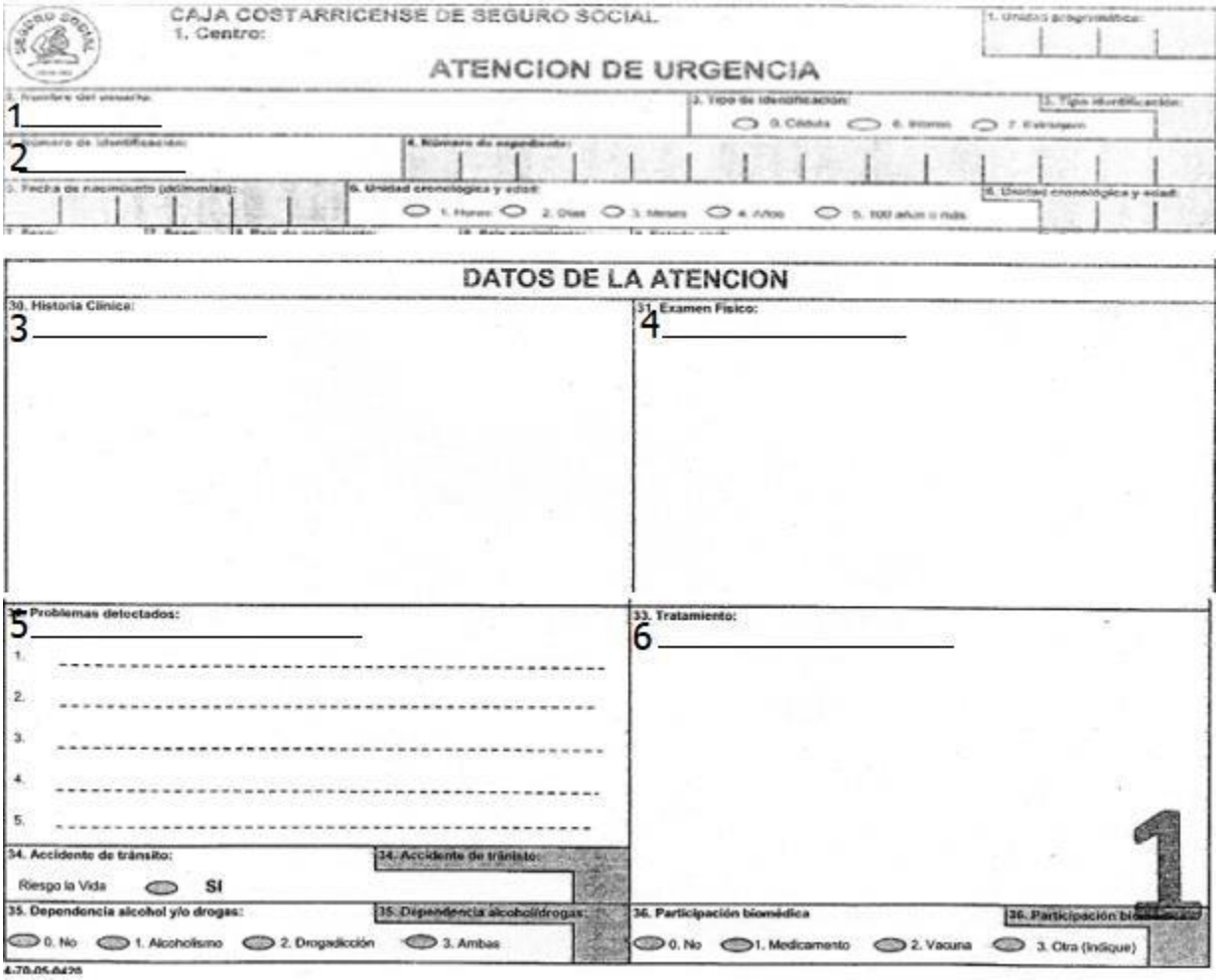
General symptoms	Respiratory	Aches and Pains
☐ Weakness	☐ Phlegm	☐ Head
☐ Dizziness	☐ Cough	☐ Teeth
☐ Nausea	☐ Congestion	☐ Neck
☐ Vomiting	☐ Sore throat	☐ Chest
☐ Diarrhea	☐ Shortness of breath	☐ Back
☐ Fever		☐ Muscle

How long has the patient had the symptoms?

What do you think the patient has?

University of Costa Rica Master's
Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 1
Handout 4 Complete the patient's form

Instructions: Watch the video. Complete the CCSS patient's history form based on the information provided by the patient in the video.



CAJA COSTARRICENSE DE SEGURO SOCIAL
1. Centro:

ATENCION DE URGENCIA

1. _____
2. _____

DATOS DE LA ATENCION

30. Historia Clínica:
3. _____

31. Examen Físico:
4. _____

32. Problemas detectados:
5. _____
1.
2.
3.
4.
5.

33. Tratamiento:
6. _____

34. Accidente de tránsito:
Riesgo la Vida SI

35. Dependencia alcohol y/o drogas:
0. No 1. Alcoholismo 2. Drogadicción 3. Ambas

36. Participación biomédica
0. No 1. Medicamento 2. Vacuna 3. Otra (Indique)

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 2

Date: 09/23/2019 Lesson Plan # 7
Student-teacher: María Cedeño
Assistants: Adriana Acosta – Lupita Fonseca
Unit 2: Listen to your Heartbeat

Unit Goal: By the end of the unit, nursing students will be able to appropriately interact with potential English-speaking patients by role-playing scenarios involving the discussion of symptoms, levels of pain, and basic medical history.

General Objective: By the end of the lesson, students will be able to appropriately interview the patient during the pain and vital signs assessment by using verbal and non-verbal means of communication.

Specific objectives: By the end of the lesson, students will be able to

1. properly recognize the different levels of the pain scale by labeling the level of pain of different patients' conditions.
2. accurately identify the different types of pain by matching them to common diseases rated by pain level.
3. successfully recognize the most common vital signs by analyzing their functions and system of measure.
4. efficiently associate the most common vital signs to their measure systems by matching the signs with the medical equipment used to measure them.
5. correctly use the modal auxiliaries by completing common instructions delivered to patients in the emergency room.
6. accurately complete the patient's vital signs emergency room in a fill-in-the-blanks form by analyzing the signs provided in the context.
7. successfully interview the patient during the pain and vital signs assessment by role-playing a patient-nurse interaction in the ER.
8. accurately reproduce rising and falling intonation patterns in questions by modeling common questions of a patient-nurse interaction in the ER.

Objective	Procedures	Language	Strategies	Skills	Time
1	**Warm up: Pain Scale** ● T distributes the level of pain scale and goes over it with the Ss. ● T shows some PPT slides with some patient images portraying different types of pain. ● Using the level of pain guide, Ss decide the level of pain of the patient and share it with the class. **Materials:** pain scale, PPT, projector.	**Vocabulary**: Mild, Moderate, Severe, Very Severe, Worst Pain Possible. **Useful language**: ● I believe this patient's level of pain is ____. ● I cannot determine the patient's level of pain. ● Do you think the patient has a lot of pain? ● I agree/ I disagree	Schema activation	S L	10 min
2	**Pre-task 1: Pain categories** ● Ss look for classmates that have a paper strip with the same level of pain as they do.	**Vocabulary**: Psychogenic pain, phantom pain, acute pain, chronic pain		S	15 min

	• In groups of 3 or 4, Ss match the puzzle of different diseases with their type of pain. • Ss take turns trying to match the puzzle parts. • Each time a S puts together a puzzle part, they need to model how to explain the disease and the level of pain to a patient. • The activity ends when the group is able to put together the complete puzzle. • T checks the different pain types and their examples. **Materials:** strips of paper with the level of pain, pain puzzles, PPT.	**Useful language:** • I / You start • It is my / your turn. • Do you know the meaning of this word? • I think it means_____ • Do you know the pain category of this disease?	Modeling disease explanations to patients	L	
3	**Pre-task 2: Vital Signs**	**Vocabulary**: Body temperature, heart rate, respiration rate, blood pressure.	Paraphrasing	S	

	● Ss look for classmates that have a paper strip with the same type of pain as they do. ● In pairs, Ss are given a card with a vital sign and its description. ● T gives Handout 1 to students, which contains different tips on how to measure each vital sign. ● Ss decide the tip that matches their assigned vital sign. Then, Ss practice how to explain the vital signs and their measurement process to the patient. ● Once Ss are done, T asks Ss to form new groups making sure each group has all the 4 vital signs. ● Ss explain to their new groups their vital signs and the tip on how to measure them. ● T asks for volunteers to explain their vital signs and assigned tip.	**Useful Language:** ● Do you know this vital sign? ● My vital sign is____ and the tip on how to measure it is_____. ● What is the correct tip on how to measure this vital sign? ● I think this is the correct tip. ● I agree/ disagree		R L	20 min

	Materials: strips of paper with the type of pain, card with vital signs, Handout 1, sheets of paper, set of pictures				
4	**Pre-task 3: Vital signs and equipment match** ● Ss look for classmates that have a paper strip with the same disease as they do. ● In their groups, students are given some fish, a fishing rod, and images of medical instruments. ● Each fish has a different vital sign. Ss take turns trying to catch a fish and matching it to the instrument used to measure it. ● Every time Ss catch a fish and match it with the instrument, they explain how to use the instrument. ● The activity ends when the group is able to catch and match all the fish. ● T checks that all vital signs are matched with the correct instrument.	**Vocabulary**: Thermometer, aneroid monitor, digital monitor, respirometer, heart rate monitor **Useful language**: ● This instrument measures the_____ ● Do you think these are pairs? ● I think they match/ I don't think they match	Using visual clues to explain vital signs and their measurement process	L S	15 min

	Materials: strips of paper with disease name, fish, fishing rod, instrument images, PPT.				
5	**Pre-task 4: Modal Auxiliaries** ● T hides some paper strips with different modal auxiliaries around the classroom. ● Ss need to find 1 paper strip and pair up with the classmate that has the same modal auxiliary. ● Once in pairs, T distributes handout 2 and checks pronunciation and common uses of the modal auxiliaries. ● Ss receive an envelope with sentences resembling different instructions nurses usually give to patients during the vital signs evaluation. ● Ss complete the sentences with the correct modal auxiliary. ● T checks the answers with the class.	**Vocabulary**: can, could, may, might, must, ought to, shall, will, would **Useful language**: ● Do you know the meaning of this modal auxiliary? ● I believe this modal goes with this sentence. ● Do you think this is correct? ● I agree/ I disagree	Making polite requests	R S L	15 min

	Materials: paper strips with modal auxiliaries, handout 2, envelope, strips of sentences, PPT.				
6	**Pre-task 5: Getting the vital signs** ● T gives Handout 3 to Ss. As a group, Ss overview the purpose of each vital sign and how they are measured. ● Once Ss are clear with the vital signs information, T plays the video from minute 2:32 until the end. ● Ss listen to the nurse-patient interaction video and fill out the form with the patient's vital signs information. The audio will be played 3 times. ● Ss work in pairs to check their answers. Once Ss are done, T checks the answers with the whole class and clarifies questions that Ss may have at the end of the activity. **Materials:** Handout 3, PPT, Video	**Vocabulary**: ● I'm going to take your temperature. ● I will stick this under your tongue. ● I'm going to take your blood pressure. ● I will check your pulse. **Useful language**: ● Do you remember the patient's blood pressure result? ● Were you able to listen to the result of_____? ● Do you have the answer for _____? ● I believe the answer is_____	Listening for specific information	S R W L	20 min

7	**Main Task:** **Planning:** ● T hands in handout 4. Individually, Ss complete the handout to create a patient medical history to visit the ER. ● Once Ss are done, T hands in handout 5. Ss work individually to complete the handout with questions that they ask while doing the pain and vital signs evaluation. **Rehearsal:** ● Ss work in pairs. Student A will have the role of the patient and student B will have the role of the nurse. ● Student B needs to ask student A about their level of pain and needs to take their vital signs. ● Student A needs to describe their pain level, explain why they are visiting the ER, and follow the	**Vocabulary**: arthritis, fibromyalgia, migraine, backache, fever, body pain, fatigue, nausea, numbness, one week, two months, three years **Useful language:** ● How do you pronounce_____? ● What is the correct spelling for_____? ● Do you know which modal auxiliary I can use?	Interviewing patients	L S W	40 min

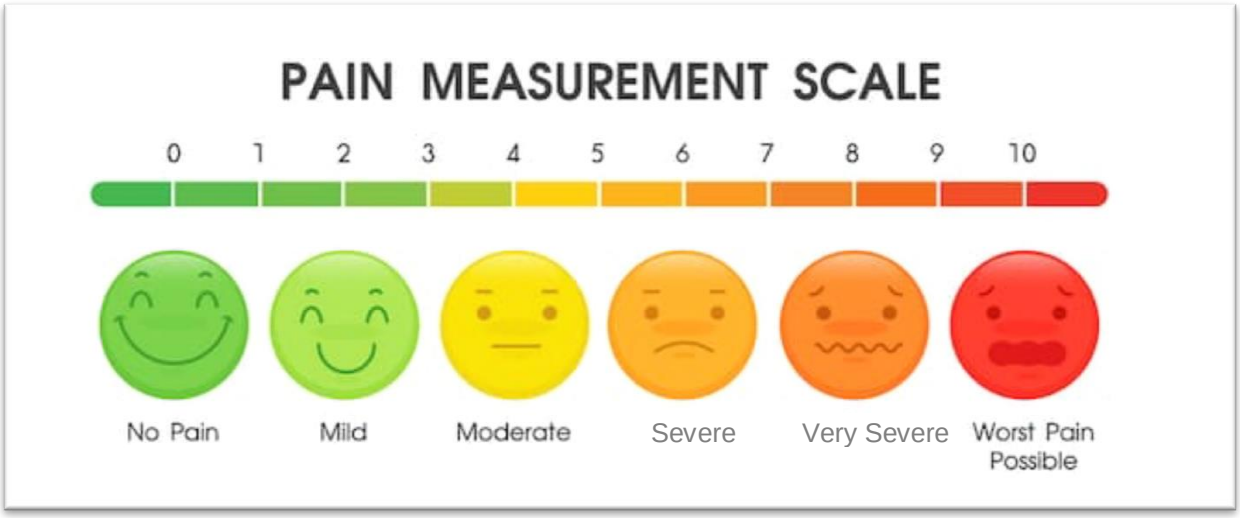
	instructions during the vital sign evaluation. **Task:** ● Once Ss have rehearsed both roles (patient and nurse), T makes new pairs. ● Ss present in front of the class **Materials:** Handout 4, Handout 5, PPT				
8	**Post-task 1: Intonation Patterns** ● T gives handout 6 to Ss. ● T asks Ss to highlight the yes/no questions with one color and the wh-questions with another color. ● Once Ss have identified the two different types of questions, T explains the rising and falling intonation patterns. ● In pairs, Ss practice the intonation patterns by using the questions in the handout to interview their peer.	**Vocabulary**: Antibiotics, medicines, allergies, medical history **Useful language:** ● Is this a yes/no question? ● Is this a wh-question? ● Do you remember the intonation pattern for this question?	Identification of intonation patterns	R S L	15 min

	• T drills the intonation patterns with the class. **Materials:** handout 6, PPT	• I think this is falling/rising.			
	Feedback session				5 min

Abbreviations: L: Listening S: Speaking R: Reading W: Writing T: Instructor Ss: Students

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students Acosta-Cedeño-Fonseca
Unit 2: Lesson 2

Materials 1



Materials

Body Temperature

Measures how hot your body is. A body temperature that is higher than normal (over 40 degrees C) is called a fever.

Blood pressure

Measures the force of your blood pushing against the walls of your arteries. Your blood pressure has two numbers. The first number is the pressure when your heart beats and is pumping the blood. The second is from when your heart is at rest, between beats. A normal blood pressure reading for adults is lower than 120/80 and higher than 90/60.

Heart Rate

Measures how fast your heart is beating. A problem with your heart rate may be an arrhythmia.

Respiratory Rate

Measures your breathing. Mild breathing changes can be from causes such as a stuffy nose or hard exercise. Slow or fast breathing can also be a sign of a serious breathing problem.

Handout 2: Modal Auxiliaries

ABILITY	**CAN COULD BE ABLE TO**	**Can you please tell me your name? I could walk in the morning I was able**
PERMISSION REQUEST	**CAN (Informal) COULD (Polite) MAY (Formal)**	**Can you take off your shoes? Could you sit on the stretcher? May I have your name?**
ADVICE	**SHOULD OUGHT TO (FORMAL)**	**You should take your pills on time. You ought to take your complete dose of antibiotic.**
POSIBILITY	**MAY MIGHT**	**It may require surgery It might be a**
OBLIGATION	**MUST HAVE TO**	**You must undergo surgery You have to take your lab exams**

Materials

_____ you walk by yourself?

_____you remove your shirt?

You_____take your medicines on time.

You _____ have a cold.

Can

Could

should

may

must

University of Costa Rica Master's
Program in TEFL
First Aid English: A Survival English Course for Nursing Students Acosta-Cedeño-Fonseca
Unit 2: Lesson 2 Handout 3

Emergency Room Admission Form

Personal Information

PATIENT NAME	DOB
Ron Jones	12/15/1955

NURSE NAME	PHONE
Sue	50612345678

SYMPTOMS	LENGHT OF SICKNESS
Cough with green phlegm	1 week

Vital Signs

Blood pressure	Temperature	Heart Rate	Breathing Rate	Additional notes

University of Costa Rica Master's
Program in TEFL
First Aid English: A Survival English Course for Nursing Students Acosta-Cedeño-Fonseca
Unit 2: Lesson 2
Handout 4

Student A

Fill out the blanks to complete your patient's medical history. Make sure to use words that you have learned on previous classes.

1. **Disease:** _____
2. **Amount of time you have been sick:** _____
3. **Level of Pain:** _____
4. **Symptoms:** _____
   _____
   _____
   _____
5. **Additional information for the nurse:**

_____

_____

_____

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 2
Handout 4

Student B

Fill out the blanks to complete the questions you will use to interview patients in the ER. Make sure to use words and structures studied in class. Also, create 3 additional questions on your own.

1. _____ you describe your pain?
2. _____ I take your blood pressure?
3. _____ you please lay on the strechter?
4. _____ you describe your symptoms?

Additional questions:

Question 1: _____

Question 2: _____

Question 3: _____

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 3

Date: 09/30/2019 Lesson Plan # 8
Student-teacher: Adriana Acosta
Assistants: Lupita Fonseca – María Cedeño
Unit 2: Listen to your Heartbeat

Unit Goal: By the end of the unit, nursing students will be able to appropriately interact with potential English-speaking patients by role-playing scenarios involving the discussion of symptoms, levels of pain, and basic medical history.

General Objective: By the end of the lesson, students will be able to accurately complete forms of patients' history by asking questions and listening to responses about their previous medical conditions and family background.

Specific objectives: By the end of the lesson, students will be able to

1. promptly retell numerical data from two patients by sharing the chain messages given by their classmates.
2. successfully recognize the most common health conditions and diseases by listening to the description provided by a classmate.
3. show understanding of vocabulary related to blood relatives, common allergies, and types of medication by orally asking and answering questions to their classmates.
4. correctly identify collocations by matching verbs and adjectives to their corresponding preposition and then using them in context.
5. accurately complete a patient's medical history form by watching a video and then sharing the answers with a classmate.
6. adequately confirm and clarify information by reproducing different expressions during flash conversations.
7. successfully interview the patient during the medical history review by role-playing a patient-nurse interaction.
8. accurately produce yes/no questions and information questions by following question patterns.

Objective	Procedures	Language	Strategies	Skills	Time
1	**Warm up: Chinese whisper** ● T greets the class, discusses the lesson objective, and then explains the game "Chinese whisper." ● Ss are divided into two groups. Each group stands up following a line. Ss bring a notebook and a pencil to take notes. ● T shares the message to a member from each team. She reads the message twice at a standard pace. Ss take notes (keywords and numerical data) and retell the message to the following classmate. ● The last classmate in line shares the message aloud and T takes notes on the board to contrast them with the original message.	**Vocabulary**: Breaths per minute Beats per minute Febrile seizures A temperature drop **Useful language**: ● Could you repeat the message, please? ● Sure, one more time. ● Sorry, only two repetitions are allowed.	Schema activation Taking notes	S L W	10 min

	● If few students are in the class, only one team is formed, and the teacher assistant would participate in the game.				
2	**Pre-task 1: Health conditions** ● T shows the picture of the game "Heads-up" and asks Ss if they are familiar with it. T explains that they are going to describe each disease or condition to their partner without saying the name. Based on that description, Ss guess the name. If Ss do not know the word, they can pass. The winner is the team that has guessed the most correct words in one minute. ● T writes down the useful language on the board. ● The assistant is in charge of changing the slides and keeping track of time and scores. ● T makes sure that the answers are correct and writes all the words on the board. ● After announcing the winner, T goes over all the words and explains the meaning of those that Ss did not	**Vocabulary and Pronunciation** Cancer, diabetes, arthritis, asthma, high cholesterol, thyroid problems, a stroke, a seizure/epilepsy, a migraine, a fainting spell/syncope, paralysis, intestinal problems, kidney stones, a gallbladder infection, hepatitis, anemia, STDs (chlamydia, syphilis, gonorrhea, herpes, VIH, HPV, genital warts), depression, anxiety, pregnancy, allergies, surgery, high blood pressure, a heart attack, fibromyalgia, jaundice, the flu, a cold **Useful language:** This disease attacks people's _____. This occurs when _____	Guessing meaning from context	S L	20 min

	know. Then, T asks Ss to notice some patterns in pronunciation (-itis, -etis), and Ss drill all the words to practice pronunciation **Materials:** PPT, sand watch (1 minute)	These are some symptoms/signs of that condition _____, _____, and ____ Pass!! No, I do not know it. Next, please!			
3	**Pre-task 2: Speed dating** ● Ss look for 18 cards hidden in different places around the classroom. ● Once they have found all the cards, T asks them to read the words on them aloud and writes these words on the board in two columns. ● After all the words are written on the board, T asks Ss to guess the two categories of the words (allergies and types of medication). ● Then, students are divided into two groups (allergies and medication) and sit following a speed dating sitting arrangement. ● Ss discuss the following questions for about two minutes:	**Vocabulary**: **Food allergies**: Peanuts, shellfish, eggs, milk, wheat, soy **Medicine allergies:** Aspirin, ibuprofen, penicillin, anesthesia, **Other allergies:** latex, bee stings **Types of medication:** prescribed, over-the-counter medication, alternative medicine // antibiotics, antihistamines, painkillers **Useful Language:** ● What is the meaning of this word?	Turn-taking	S R L	15 min

	1. What are you allergic to? What are some common food or medicine allergies that run in your family? 2. What are the most common over-the-counter medicines that you buy? Why do you buy them? 3. Do you or any family member take any prescribed medication? Do they take antihistamines or painkillers as part of any treatment? ● After answering one question, Ss from the allergy group move one space to their left and discuss the following question with the new classmate in front of them. ● After Ss have talked about the four questions, T goes over their answers and writes down any new words on the board. T checks the pronunciation of these words. **Materials:** Vocabulary cards (18), PPT	● Not in my case, but my <u>maternal grandmother</u> … ● Not that I know of, but I think …			
	Pre-task 3: Collocations	**Vocabulary**:	Noticing patterns		

4	• Ss are given a paper strip with a type of medication. Each S looks for other classmates with the same word to form a new group. • Each group goes to their assigned wall and matches the verbs/adjectives posted on the wall to their corresponding preposition. Two extra prepositions are given as distractors. • The fastest group to correctly match the prepositions wins a prize. • Then Ss sit with their groups and work with handout 1. T briefly explains the concept of collocations and Ss share more examples of collocations that they know. Then, Ss complete the questions with the collocations that they matched on the walls. • When Ss are done, T checks that they used collocations in context correctly. **Materials:** strips of paper with types of medication, paper strips with collocations (3 sets), and handout 1.	Run in, related to, know about, allergic to, result in, suffer from **Useful language**: • Does <u>run in</u> go here? • Do you know the collocation for number <u>3</u>?	Getting meaning from context	S R L	10 min
	Pre-task 4: Listening to a medical history	**Vocabulary**:			

5	● Ss are given handout 2. They are randomly assigned part A or B from the form. ● T goes over the form to prepare Ss to listen to specific details. Ss watch the video 3 times. T advises Ss to write down some of the questions and expressions that the nurse uses if they have completed their section. ● After watching the video, Ss A pair up with Ss B and share the information to complete the entire form. ● T checks the answers with the class. **Materials:** Handout 2 and video	Jaundice, anemia, heart attack, TB, thyroid problems, rheumatic fever, heart problems, high blood pressure, diabetes, stroke, asthma, and cancer. Recreational drugs, herbal medicine, over-the-counter medicine. **Useful language**: I didn't catch the dosage, do you have it? Does he consume/take/suffer from _____? Is there any additional information?	Listening to specific information	L R S	20 min
6	**Pre-task 5: Speaking strategy** ● T plays 10 seconds from the video and asks Ss to repeat what they heard. T tells Ss that she had to play the audio	**Vocabulary**: Clarifying information: ● I could not understand. Could you please repeat it?	Clarifying and	S L	15 min

	several times to understand, but she mentions that during a face-to-face conversation, you can use different strategies. T highlights the importance of understanding the patient clearly. ● T explains two speaking strategies and models some expressions with the assistant. Ss practice those expressions given in handout 3 by walking around the class asking questions to different classmates. Ss must use either clarification requests or confirmation checks. ● Some volunteers ask T some questions in front of the class while practicing these two speaking strategies. **Materials:** 10 seconds audio, handout 3	● I'm not quite sure I understand what you are saying. ● I couldn't hear. Could you say that again? ● I beg your pardon. Confirming information: ● **You said** you dislocated your shoulder three years ago. **Is that correct?** ● **And you said** you are allergic to peanut? ● You have never undergone any surgery, **have you**? ● You are here because of your sore throat, **right**?	confirming information	R W	
	Main Task:	**Vocabulary**:		L	

7	• T asks Ss what some key parts of the medical history interview (family history, surgical history, medical history, medication history, psychosocial history) are. **Planning:** • T hands in a medical history form. Ss go over it and ask questions related to meaning and pronunciation. T gives them 5-7 minutes to write down a few questions that they would ask patients in order to complete the form. • Then Ss receive a card with the information of a patient. They read it carefully and add any necessary details about their condition. **Rehearsal:** • Ss work in pairs. Student A has the role of the patient and student B has the role of the nurse.	Annual physical (examination), inhaled corticosteroid, social drinker, cyst, schizophrenia, dosage, blood clots, recreational drugs **Useful language:** • How can I ask the patient _____? • How can I say ____? • What does _____ mean? • Is this question correct?	Interviewing patients Confirming and clarifying information	S R W	45 minutes total 10 minutes

	● Student B asks student A about their medical history and complete the form. ● Student A explains why he/she is visiting the clinic and answers the nurse's questions based on the character and the conditions described in the card. ● After they are done, Ss change roles. **Task:** ● Once Ss have rehearsed both roles (patient and nurse), T makes new pairs. ● Ss role-play in front of the class. ● T corrects major errors after each role-play. T also asks Ss to highlight the strengths and areas of				15 minutes

	improvement of the group in terms of this role-play. **Materials:** Patients' cards, medical form, PPT				20 minutes
8	**Post-task 1: Question formation** ● T reviews the structure and intonation patterns of yes/no questions and wh-questions. ● Ss read the 8 questions from the slide. They keep orally completing the questions after they are gradually vanishing. ● Then Ss are assigned a number. They must produce at least 4 questions related to 1. Psychosocial history or 2. Basic patient information.	**Vocabulary**: Marital status, height, weight. Drug addiction, vulnerable situation, domestic violence, income **Useful language:** ● Is the order of this question correct? ● It's perfect! ● No, you forgot to include the auxiliary.	Identifying patterns	R S L W	10 min

	• Ss share their questions with the class producing the right intonation while T corrects any mistake. **Materials:** PPT				
	Feedback session				5 min

Abbreviations: L: Listening S: Speaking R: Reading W: Writing T: Instructor Ss: Students

Materials: Vocabulary Cards Pre-task 2

Over-the-counter medication 	**Ibuprofen**	**Penicillin**	**Painkillers**
Shellfish 	**Prescribed medication**	**Peanuts**	**Aspirin**
Bee stings 	**Alternative medicine**	**Anesthesia**	**Eggs**
Wheat 	**Antihistamines**	**Milk**	
Soy 	**Antibiotics**	**Latex**	

University of Costa Rica

Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students Acosta-Cedeño-Fonseca
Unit 2: Lesson 3

Handout 1

Collocations

Two or more words that usually go together

For example: Verb + Noun: Undergo surgery/a treatment

Adjective + Noun: Acute/Chronic/Unbearable pain

Verb + **Preposition**: Listen **to** (your heartbeat)

Adjective + **Preposition**: Prepared **for** (the role-play)

Complete the following questions with the collocations posted on the board.

1. Are there any illnesses that_____your family?
2. Are you_____penicillin or any other medication?
3. Do you think those symptoms are_____your pregnancy?
4. How many pregnancies_____live births?
5. Do you or any first-degree relative_____arthritis?
6. I would like to_____more_____your high blood pressure. Is it controlled?

Useful Language

Does run in go here?
Do you know the collocation for number 3?

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students Acosta-Cedeño-Fonseca
Unit 2: Lesson 3

Handout 2

Instructions: Watch the video and complete a section from the following form. After the video is over, share your answers with a partner and complete the missing information.

Student A

Patient's name: Paul Collins

Surgical History

Previous surgeries	When
Pilonidal Sinus	

Medicine History

Medication	Reason	Dosage	Frequency
Ramipril	High Blood Pressure		Every evening
Metformin	Diabetes	Unknown	
Gliclazide	Diabetes	-	-

Allergies: _____

Does he consume the following substances?

Recreational drugs
Over-the-counter medicine
Herbal medicine

Student B

Family and Personal History:

Additional Information	Additional Information
Jaundice	High Blood Pressure
Anemia	Diabetes
Heart attack	Stroke
TB	Asthma
Thyroid problem	Cancer
Rheumatic fever	Other

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students Acosta-Cedeño-Fonseca
Unit 2: Lesson 3
Handout 3

Speaking Strategy

Clarifying and Confirming Information

Clarification requests: You can use these expressions when you do not understand what patients say:

- ✓ I could not understand. Could you please repeat it?
- ✓ I'm not quite sure I understand what you are saying.
- ✓ I couldn't hear. Could you say that again?
- ✓ I beg your pardon?

Confirmation checks: You can use these expressions when you want to double check that the information is correct. Make sure to use rising intonation:

- ✓ **You said** you dislocated your shoulder three years ago. **Is that correct?**
- ✓ **And you said** you are allergic to peanut?
- ✓ You have never undergone any surgery, **have you**?
- ✓ You are here because of your sore throat, **right**?

Go around the classroom asking your classmates and instructors the following questions. Make sure to use clarifying requests and confirmation checks.

1. Have you ever had any surgery? _____
2. What is your emergency contact phone number? _____
3. Have ever had any heart problems? _____
4. What was the day of your last menstruation? _____
5. How many pregnancies resulted in live births? _____
6. Do you take any recreational drugs? _____
7. Do you currently take any medication? _____
8. How often do you take that medication? _____

Materials: Patient's cards

Primary reason for consultation: Annual physical examination

Age: 26 years old

Medical conditions: Asthma since 19 years old

Allergies: Soy and wheat / Dust

Previous surgeries: None

Family history: Father is asthmatic; maternal grandmother had lung cancer; paternal grandmother had thyroid problems.

Medicine and treatments: Inhaled corticosteroid once a day

Habits: Non-smoker, no time for exercise during the semester, stress episodes, social drinker.

Primary reason for consultation: Constant intestinal problems

Age: 52 years old

Medical conditions: Hypertension for 10 years (controlled)

Allergies: Unknown

Previous surgeries: Kidney stones

Family history: Father died of a stroke; mother is diabetic and has high blood pressure; grandparents' history is unknown.

Medicine and treatments: Bumetanide (Bumex) twice a day

Habits: Drinks on the weekends, does not follow a diet, and does not exercise

Primary reason for consultation: the flu

Age: 23 years old

Medical conditions: Depression

Allergies: Aspirin, anesthesia, ibuprofen, tomato, egg, ant and scorpion bites, and pollen.

Previous surgeries: None

Family history: Epileptic father; mother has diabetes, high blood pressure, had breast cancer, and is treated for depression; maternal grandmother developed Alzheimer.

Medicine and treatments: 20 mg Prozac once a day

Habits: Follows a diet (suffered from bulimia at age 14), practices ballet

Primary reason for consultation: nausea, 45 days without her period

Age: 16 years old

Medical conditions: None

Allergies: Dairy

Previous surgeries: Cyst on her breast at age 15

Family history: Maternal grandmother had breast and lung cancer, mother is schizophrenic and had cancer on ovaries; father's history is unknown.

Medicine and treatments: none

Habits: drinks alcohol since she was 13 years old

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 4

Date: 10/07/2019 Lesson Plan # 9
Student-teacher: Lupita Fonseca
Assistants: Adriana Acosta – María Cedeño
Unit 2: Listen to your Heartbeat

Unit Goal: By the end of the unit, nursing students will be able to appropriately interact with potential English-speaking patients by role-playing scenarios involving the discussion of symptoms, levels of pain, and basic medical history.

General Objective: By the end of the lesson, students will be able to accurately complete forms of patient's history by asking questions and listening to responses about their symptoms, their vital signs, and their basic medical history.

Specific objectives: By the end of the lesson, students will be able to

1. precisely identify common instruments, procedures and patients' conditions frequently encountered in the ER by writing quick answers to questions selected randomly.
2. effectively identify nursing implements and actions with the corresponding nurse-patient contact phase by categorizing vocabulary and pictures according to the stage of use.
3. accurately use question formation and question intonation patterns by reproducing high frequency questions using a vanishing technique.
4. correctly complete the patient's form by listening to different sections of a video modeling the nurse interview to a patient.
5. successfully complete forms of patients' history by asking questions and listening to patients' descriptions of their symptoms, their vital signs, and their basic medical history.

Objective	Procedures	Language	Strategies	Skills	Time
1	**Warm up: Question Pong** ● Ss are divided into three groups. ● Each team has a glass and a ping pong ball. They must try to score the ball in the glass. Every time a S scores a point, the team has the chance to get a strip of paper from a pile of papers. ● Each paper strip has a question about the steps to follow when assisting a patient for the first time and about basic nursing knowledge to better assist patients. ● Ss answer the question and paste the strip of paper on the board for later revising. ● T stops the activity after 10 minutes, and Ss share their answers. ● T checks pronunciation and key vocabulary.	**Vocabulary**: Greetings/instruments/symptoms/vital signs Triage Labeling, level of pain, blood relatives, stethoscope, aneroid/digital monitor, thermometer **Useful language**: I think it's _____. That instrument is to _____. It's your/my turn.	Schema activation	S L R W	10 min

	Materials: plastic glasses, ping pong balls, Materials 1, markers, tape.				
2	**Pre-task 1: Vocabulary Pool** ● A container with several words and pictures is placed in the middle of the class. ● Ss are divided into 3 groups. Each group is assigned one of the following categories: a) getting the symptoms, b) vital signs assessment, c) medical history. ● One member per team is given 20 seconds to run to the container and find words or pictures that belong to their category. After 20 seconds, they go back, and another team member goes to search in the pool. ● When time is over, or when all the pictures and words have been taken, Ss describe some of the pictures and words to the rest of the class as if they were patients.	**Vocabulary** Severe, mild, moderate, very severe, worst pain possible, urgent, not urgent, chronic disease, background **Useful language:** This one goes in ____. I think this is a/an ____. That goes here/there.	Associating visual clues	S L R	20 min

	• T answers any questions Ss may have and asks Ss to drill new and troublesome words. **Materials:** plastic container, Materials 2: small pieces of paper with words and pictures, timer, horn.	This is a/an _____. It is used to ____. This represents a/an/the ___. You need this to _____.	Giving simplified information to patients		
3	**Pre-task 2: Vanishing questions** • T elicits the explanation of falling and rising intonation patterns from Ss. T clarifies any questions and provides some examples. • T directs Ss attention towards the list of questions projected on the board. Ss do choral reading of all of them using the appropriate intonation. • T gradually deletes words from the questions, but Ss keep reproducing the complete questions while they vanish from the board.	**Vocabulary**: Pain, prescribed, serious illness, level of pain, medicine, allergic to, symptoms **Useful Language:** We're missing _____. The original question was _____. It's falling/rising intonation. It's a Yes/No Question. It's a Wh- Question.	Recognizing question formation and intonation patterns	S R L	15 min

	Materials: PPT with vanishing questions				
4	**Pre-task 3: Listening Jigsaw** ● Ss work in pairs. Each pair is provided with a different section of a video about nurse-patient interaction. ● Ss listen to the section assigned and complete the patient's form based on the information described by the patient. ● Once each pair has completed its part of the form, Ss are arranged in groups of 3. Ss must ask each other questions in order to obtain the patient's information they are missing from the other sections of the video. ● T orally checks Ss' comprehension of the video by confirming the answers provided.	**Vocabulary**: Cough, phlegm, seasonal allergies, appendicitis surgery, ibuprofen, penicillin, rash, only child **Useful language**: What did he say about the ____? What is the _____? I need to listen again. What is this? What's the patient's name and age? What are his symptoms? What medical problems has he had? Is he allergic to anything? What did you say? Repeat please!	Getting specific information Note taking	S R L W	30 min

	Materials: video sections sent by WhatsApp to each pair, Handout 1: patient's forms.	How do you spell it?			
	Main Task: ● In pairs, Ss play the role of nurses assisting the patient during the patient's first contact in the ER. **Planning:** ● In the assigned pairs, Ss write down some questions they can use to interact with the patients during each part of the patient's assessment: introducing themselves, getting the symptoms, checking vital signs, getting the medical history. ● Ss orally share some of the questions, and T focuses their attention on the correct use of intonation patterns.	**Vocabulary**: Chest pain, headaches, shortness of breath, exhausted, swollen, chronic gastritis, abdominal pain, heartburn, abdominal inflammation, upset stomach, indigestion, fatigue, weakness, pale skin, low blood pressure, dizziness, faintness, skin eruptions, fever, rash, intensive itch, red spots in the skin, small blisters, twisted ankle, bruises, throbbing headache, muscle pain What do you feel? Where does it hurt? When did the _____ start? How long have you had _____?	Interviewing patients Confirming and clarifying information Note taking	L S R W	70 minutes total 10 min

5	**Rehearsal:** ● Ss take turns introducing themselves, asking each other questions they would ask their patients, and explaining the procedures to follow. **Task:** ● In pairs, Ss take turns presenting their role play in front of the class. ● One S plays the role of the nurse and the other plays the role of the patient. ● To facilitate the interaction, the S performing as the patient is given a card with a set of symptoms and details to be able to answer the nurse's questions. ● S performing as the nurse must introduce him/herself, state her/his role, and proceed to do a complete the patient assessment. The assessment must include the description of the symptoms, checking the vital signs, getting the patient's medical history, and assigning a color label according to the Triage Labeling. Once these	Are you taking any prescribed medicine? **Useful language:** Sorry, did you say ___? So, you have/feel _____, right? Do you mean _____?			15 min 45 min

	steps have been completed, Ss switch roles. ● To keep all learners on task while one pair is presenting, the rest of the Ss are given some paper strips with space for them to provide peer-feedback on grammar structures, vocabulary use and pronunciation. ● Ss are evaluated only when they are performing the role of the nurse. **Materials:** Materials 3: Patients' cards, medical form, PPT, color paper labels, Materials 4: Feedback				
	Feedback session				5 min

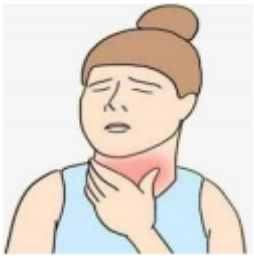
Abbreviations: L: Listening S: Speaking R: Reading W: Writing T: Instructor Ss: Students

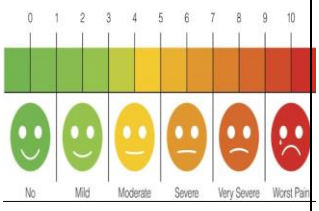
University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 4

Materials 1 Questions for the Question Pong

What are the 5 classifications of patients according to the Triage Labeling?
Write 3 different illnesses that use the article "a/an" before it.
What does DOB stand for in a patient's form?
What do we use the Pain Measurement Scale for?
What are the three lowest levels of pain based on the Pain Measurement Scale?
How high does the body temperature need to be to be considered a fever?
Which are the four primary vital signs?
Write 2 examples of over-the-counter medicines.
What do we use an aneroid monitor for?
What are some common substances people are allergic to?
Provide an example of a clarification request you can make to your patients.
What aspects do you pay attention to when completing the family medical history?
What are the essential instruments needed to evaluate a patient?

Materials 2 Words and Pictures for the Vocabulary Pool

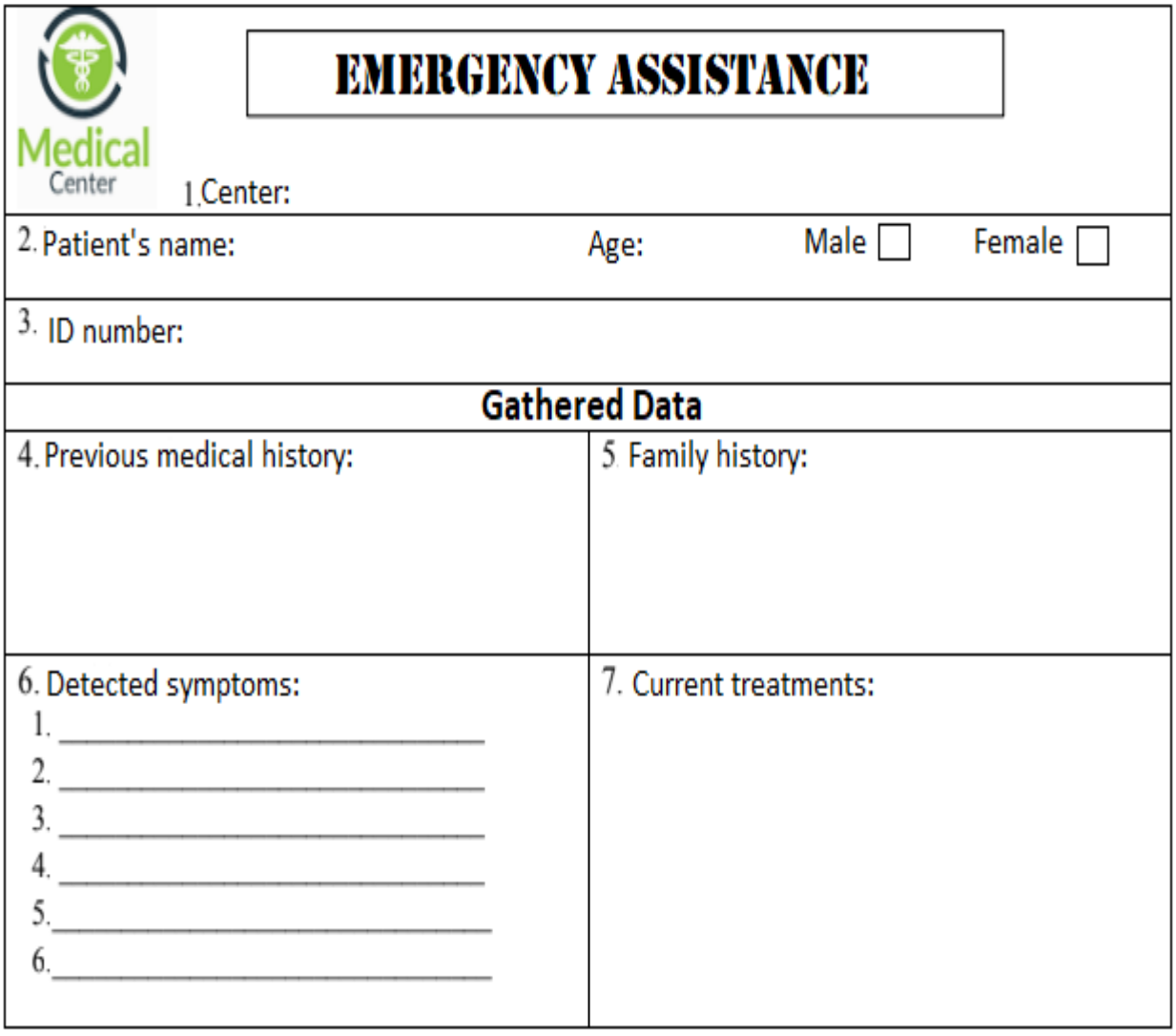
			Blood Pressure
Severe		Mild Pain	
		Heart Rate	Pulse
	Number of births	Prescribed medicines	
70 beats/minute	Number of pregnancies	A fever	A cold

A cough	Serious illness	Allergic to	
	Suspected Stroke	Previous surgeries	
	Respiratory Rate	First Blood Relatives	Surgical History
	Phlegm		Maternal Grandmother

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 2: Lesson 4

Handout 1: Patient's Form

Instructions: Watch the video assigned to you. Complete the corresponding section of the patient's form based on the information provided by the patient in the video. Then, share your notes with your partners.



Materials 3: Patients' Cards

Role: Patient with chronic gastritis

Possible symptoms to describe:
I have/feel _____. - I see_____.
I have taken/tried _____. Is it normal to _____?
It is ___(painful/irritating, etc.)___. - It hurts/doesn´t hurt.

Symptoms:
Persistent stomachache – abdominal pain – heartburn – nauseas/vomiting – abdominal inflammation – upset stomach – indigestion – flatulating problems

How long: over a week
Worst in the morning

Allergies: strawberries

Previous illnesses: colic and appendicitis surgery as a kid

Family history: maternal aunt has breast cancer, grandfather had heart failure, a brother suffered from jaundice

Role: Patient with heart problems

Possible symptoms to describe:
I have/feel _____.
I have taken/tried _____. Is it normal to _____?
It is ___(painful/irritating, etc.)___. It hurts/doesn´t hurt.

Symptoms:
chest pain – stress – take pills/drugs – headaches – shortness of breath – exhausted – swollen ankles/feet - pain in the left arm

Start time: 2 days ago

Previous illnesses: obesity

Allergies: none

Family history: father with hypertension, maternal grandmother with diabetes

Role: Patient with anemia

Possible symptoms to describe:
I have/feel _____. - I eat/don't eat _____.
I have taken/tried _____. Is it normal to _____?
It is ___(painful/irritating, etc.)___.
I don't like _____.

Symptoms:
fatigue – headaches – weakness – cold hands or feet – pale skin – dizziness - low blood pressure – exhaustion - faintness

Start time: three weeks ago

Allergies: pollen and dust

Previous illnesses: anorexy at the age of 14 and 15, gastritis, nasal bleeding

Family history: father died of gastric cancer

Role: Patient with chickenpox

Possible symptoms to describe:
I have/feel _____. -
I have taken/tried _____. Is it normal to _____?
It is ___(painful/irritating, etc.)___. - It hurts/doesn´t hurt.

Symptoms:
skin eruptions – fever – rash – intensive itch – aches – red spots in the skin – small blisters – loss of appetite – irritability

Start time: two days ago

Allergies: amoxicillin

Previous illnesses: depression and anxiety attacks, polycystic ovaries

Family history: mother with diabetes and high blood pressure.

Role: Patient with the flu

Possible symptoms to describe:

I have/feel _____.

I have taken/tried _____. Is it normal to _____?

It is __(painful/irritating, etc.)__.

Symptoms: a cough, a sore throat, gland inflammation, chest and back pain when coughing, greenish phlegm, chills, an intermittent fever, itchy eyes

Start time: 2 days ago

Allergies: aspirin, gluten

Previous illnesses: bronchitis, pulmonary emphysema

Family history: mother suffered from lung cancer, paternal grandmother has Alzheimer, uncles and aunts have diabetes

Role: Patient fell in the stairs

Possible symptoms to describe:
I have/feel _____. - I eat/don't eat _____.
I have taken/tried _____. Is it normal to _____?
It is __(painful/irritating, etc.)__.
I don't like _____.

Symptoms:
throbbing headache, backache, a twisted ankle and arm, several bruises, scratched elbows, severe pain in left shoulder

Start time: 2 hours ago

Allergies: diclofenac, insect bites

Previous illnesses: asthma, pneumonia 5 years ago

Family history: mother has high blood pressure and Hepatitis B

Materials 4

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Materials 4: Peer-feedback

Instructions: write down your classmates' mistakes in the language aspect assigned. Also provide general comments on what needs improvement and state the aspects that you liked about his/her performance.

Classmate's name: _____

Pronunciation mistakes	What needs improvement	Positive aspects

First Aid English: A Survival English Course for Nursing Students

Materials 4: Peer-feedback

Instructions: write down your classmates' mistakes in the language aspect assigned. Also provide general comments on what needs improvement and state the aspects that you liked about his/her performance.

Classmate's name: _____

Vocabulary mistakes	What needs improvement	Positive aspects

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Date: 10/14/2019 Lesson Plan # 10
Student-teacher: María Cedeño
Assistants: Adriana Acosta – Lupita Fonseca
Unit 3: Keep It Healthy

Unit Goal: By the end of the unit, nursing students will be able to successfully instruct the patient about medication and treatments by grasping key information from medicine instructions and reporting them to the patient.

General Objective: By the end of the lesson, students will be able to successfully show understanding of the side effects, contraindications, and respective dosage for specific medicines by completing a medicine form.

Specific Objectives: By the end of the lesson, students will be able to

1. identify strengths developed in the course and areas that need improvement by commenting on their answers from their speaking assessment.
2. successfully recognize key vocabulary related to medication side effects by guessing meaning from graphic representations drawn by students.
3. accurately identify the different components of a medical prescription by labeling its main elements.
4. successfully show understanding of common medicine side effects by matching the concept to its picture.
5. correctly identify warnings and contraindications of a medicine by completing a checklist with key characteristics after reading a medicine label.
6. accurately select the most appropriate medication for patients with special health conditions by reading segments of medicine pamphlets.
7. precisely summarize the instructions of a medicine by completing a medicine form for the patient.
8. accurately create sentences with the first conditional by matching main clauses and subordinate clauses.

Objective	Procedures	Language	Strategies	Skills	Time
1	**Feedback on Speaking Assessment** ➢ T gives the speaking assessment back to Ss. ➢ T checks the pronunciation of troublesome words and provides Ss with handout 1, which contains grammatical mistakes spotted during the speaking assessment. ➢ Ss work individually correcting the grammar errors included in handout #1. ➢ Once Ss are done, T checks the answers. **Warm-up: Medical Pictionary** ➢ Ss are randomly selected to draw a common side effect on the board. ➢ Ss guess the meaning of the drawing and the T writes the terms on a side of the board for further reference.	**Vocabulary** Frequency, counter, blood, you, just, surgery, emergency, signs, disease, nurse **Useful Language** I have learned _____. It was very useful to _____ because __ I still need to work on _____ **Vocabulary** nausea, a headache, constipation, bleeding, fatigue, vomiting, and sleepiness. **Useful Language:**	Schema activation	S	10 min 10 min

	Materials: 7 cards with names of side effects, PPT.	• I believe it is_____ • I don't know the word • I agree/ I disagree		L	
2	**Pre-task 1: Deciphering dosages** ➢ In pairs, Ss read a doctor's prescription (Handout 2) and they label each of its elements. ➢ After checking the labels as a group, T draws attention to the abbreviations used for frequency and route and their correct pronunciation. **Materials:** Handout 2, PPT	**Vocabulary:** Strength, Amount, Route, PO (by mouth), PR (per rectum), IV(intravenous), ID (intradermal) IN (intranasal), TP (topical), SL (sublingual), daily, BID/b.i.d, Q4h (every 4 hours), Q4-6h (every 4 to 6 hours), QWK (every week) **Useful Language** • What do you think this___ means? • What does____stand for? • What are the main elements of a prescription?	Getting meaning from context	S R W	15 min
3	**Pre-task 2: Getting familiar with side effects** ➢ In groups of 4, Ss play a memory	**Vocabulary** CNS (Central nervous system): dizziness, drowsiness, confusion,	Using visual aids and	S	

	game that matches common side effects with pictures. ➢ After practicing the pronunciation of these terms, Ss get 5 labels to classify these side effects in different medical categories. ➢ After the groups are done, Ss share their responses. ➢ T corrects Ss' pronunciation and provides the answer key for Ss to take home. **Materials:** 28 cards of a memory game 5 labels to categorize side effects, Handout 3, PPT	fatigue, headache, nervousness EENT (Ear, Eye, Nose and Throat): dry mouth, blurred vision CV (Cardiovascular): arrhythmias GI (Gastrointestinal): constipation, dyspepsia (indigestion-heartburn), nausea, unpleasant taste. GU (Genitourinary): urinary retention. Pronunciation of [z] and [ʒ] **Useful Language** ● I do not think this is match. ● What is the word for this picture? ● What other side effect goes in here?	semantic fields as mnemonic strategies	R S	20 min
	Pre-task 3 Getting familiar with warnings and contraindications	**Vocabulary**	Looking for specific details		

4	➢ Ss are divided into three groups. Each group works with a specific medicine label. They complete the first column of Handout 4. ➢ Then, Ss work with one member of the other teams. Ss complete the remaining two columns from the handout by asking their partners questions about medicine warnings and contraindications. ➢ Then, T checks the answers with the group. **Materials:** 3 different medicine labels (2 commercial ones-1 from a health center) Handout 4, PPT	Warning, Contraindication, Machinery, Pregnant, Breast-feeding, Can-Can't (pronunciation) Should- Shouldn't (pronunciation) **Useful Language** ● What does the label say? ● Can patients_____if they take this medicine? ● It is not indicated on the label		R S	15 min
5	**Pre-task 4 Contraindications** ➢ In groups of three, Ss read 4 patients' profiles on Handout 5. ➢ Then, they read the contraindications in three pamphlets on Handout 6. Ss discuss which	**Vocabulary** Depression, anxiety, epilepsy, diabetes, acute back pain, migraine, muscle pain, arthritis, steroid medicine, NSAIDs (non- steroidal anti-inflammatory drugs)	Looking for specific details Problem-solving	R W	15 min

	medication is more appropriate for each patient. ➢ T asks each group to justify their choices to the group. **Materials**: Handout 5, Handout 6, PPT	**Useful Language** ● What should_____take? ● Which is the best medicine for____? ● I agree/ do not agree with you because_____		S	
6	**Task: Understanding medicine instructions** **Pre-reading** ➢ T projects the name and a picture of the medication and asks Ss what they know about it: what is it used for? Who can take this medication? ➢ Then, Ss skim the reading for a minute (Handout 7). ➢ T asks students to name the main sections of the document while she copies them on the board.	**Vocabulary:** MAO inhibitor therapy, geriatric, obstetric, pediatric CN, depressants, additive, concomitant **Useful Language** ● What does the _____section say? ● What are some contraindications? ● Did you find the side effects for this medicine?	Skimming	R S W	45 min

	➢ Then, T asks Ss which sections they must read in order to inform the patient about this pill and underlines these sections on the board. **While reading** ➢ Ss carefully read the following segments from the medicine instructions: ● Contraindications and Precautions ● Adverse Reactions and Side Effects Interactions ● Route and Dosage ● Implementation ● Patient-Family Teaching ➢ Ss look for specific information and, in pairs, complete a graphic organizer (medicine form for an English-speaking patient) on Handout 8. **Post-reading** ➢ Ss proofread the instructions and post them on the wall. ➢ After all the forms are posted, Ss	● We need to add _____	Summarizing		

	circulate around the class reading their classmate's forms. ➢ Then, they choose the one with the clearest instructions and share their reasons with the class. **Materials:** Handout 7, Handout 8, PPT				
7	**Post task: First Conditional** ➢ Using Handout 9, students match <u>if clauses</u> with main clauses. ➢ After Ss notice the combination of clauses, the T explains when to use this structure and its elements. ➢ In order to confirm understanding, each S writes four sentences about the previous medicine using the first conditional. ➢ T asks Ss to share one of their sentences. **Materials:** Handout 9	**Vocabulary** First conditional, Main clauses / if clauses **Useful Language** ● What happens if_? ● What do you have for number 7? ● I do not think these two phrases match	Noticing grammar patterns	R W S	15 min
	Feedback session				10 min

Abbreviations: L: Listening S: Speaking R: Reading W: Writing T: Instructor Ss: Students

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1
Materials 1: Medical Pictionary

Nausea	**Fatigue**
A headache	**Vomiting**
Constipation	**Sleepiness**
Bleeding	

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Handout 1: Speaking Assessment Feedback

Instructions: Individually, correct the following sentences using appropriate grammatical structures.

1. You are going to tell me about your symptoms?

A: _____

2. Why is the reason that you come here today?

A:_____

3. How long has you feeling like this?

A:_____

4. What have you here?

A:_____

5. Do you have something in your medical record?

A:_____

6. What is your symptoms?

A:_____

7. How you feel?

A:_____

8. Have you ever had in a surgery?

A:_____

9. That was all the questions?

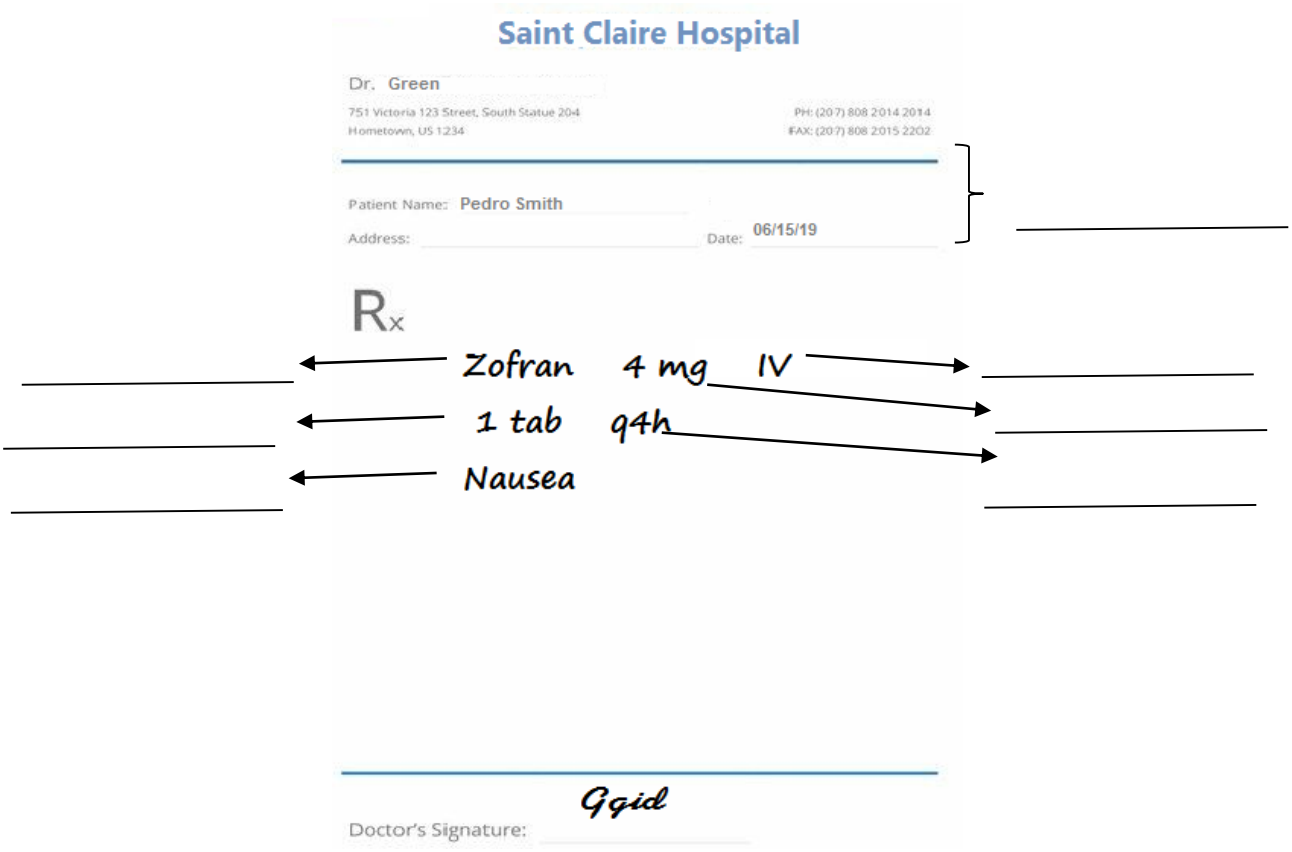
A:_____

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Handout 2: Deciphering the Dosage

Instructions: Read the following prescription. In pairs, label the different components using the names from the box.

Route Amount Strength Medication Reason
Frequency Patient's Information

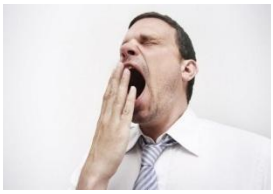


Useful Language	Route	Frequency
What do you think this abbreviation means? What does _____ stand for?	PO (by mouth) per os PR (per rectum) IV (intravenous) ID (intradermal) IN (intranasal) TP (topical) SL (sublingual)	daily (no abbreviation) every other day (no abbreviation) BID/b.i.d. (twice a day) Q4-6h (every 4 to 6 hours) QWK (every week)

Handout 2: Deciphering the Dosage (Answer Key)

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Materials 2: Getting Familiar with Side Effects

Dizziness	**Arrhythmia**		
Drowsiness	**Constipation**		
Confusion	**Dyspepsia**		
Fatigue	**Nausea**		
Headache	**Unpleasant taste**		

Nervousness	**Urinary retention**		
Dry Mouth	**Blurred vision**		

Useful Language

I do not think this picture matches this concept.

What is the word for this picture?

What other side effect is part of this category?

CNS Central Nervous System	**EENT** Ear, Eye, Nose, and Throat	**CV** Cardiovascular
GI Gastrointestinal	**GU** Genitourinary	

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Handout 3: Getting Familiar with Side Effects (Students' answer key)

Medical Category	Side Effects
CNS (Central Nervous System)	Dizziness Drowsiness Confusion Fatigue Headache Nervousness
EENT (Ear, Eye, Nose, and Throat)	Dry Mouth Blurred vision
CV (Cardiovascular)	Arrhythmias
GI (Gastrointestinal)	Constipation Dyspepsia (heartburn) Nausea Unpleasant taste
GU (Genitourinary)	Urinary retention

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Handout 4: Getting Familiar with Warnings and Contraindications

Instructions: Read the medicine label. Then, read the following chart and write a checkmark (✓) on the correct statements. Complete the first column with your group and then complete the other two columns by asking your classmates from other groups about their labels.

If patients take this medicine, they CAN'T/SHOULDN'T…

	_____	_____	_____
1. Be pregnant			
2. Drink alcohol			
3. Have a pulmonary disease			
4. Be children under 2 years old			
5. Take other medicines			
6. Drive			
7. Operate machinery			

Useful Language

Can patients _____ if they take this medicine?
Do they have to stop taking their medication if they _____
It does not say on the label

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Handout 4: Getting Familiar with Warnings and Contraindications (Answer Key)

Instructions: Read the medicine label. Then, read the following chart and write a checkmark (✓) on the correct statements. Complete the first column with your group and then complete the other two columns by asking your classmates from other groups about their labels.

If patients take this medicine, they CAN'T…

	Chlorpheniramine	Guaiatussin AC	Alprazolam
1. Be pregnant			
2. Drink alcohol	✓		
3. Have a pulmonary disease		✓	
4. Be children under 2 years old		✓	
5. Take other medicines		✓	
6. Drive		✓ (infer)	✓
7. Operate machinery		✓ (infer)	✓

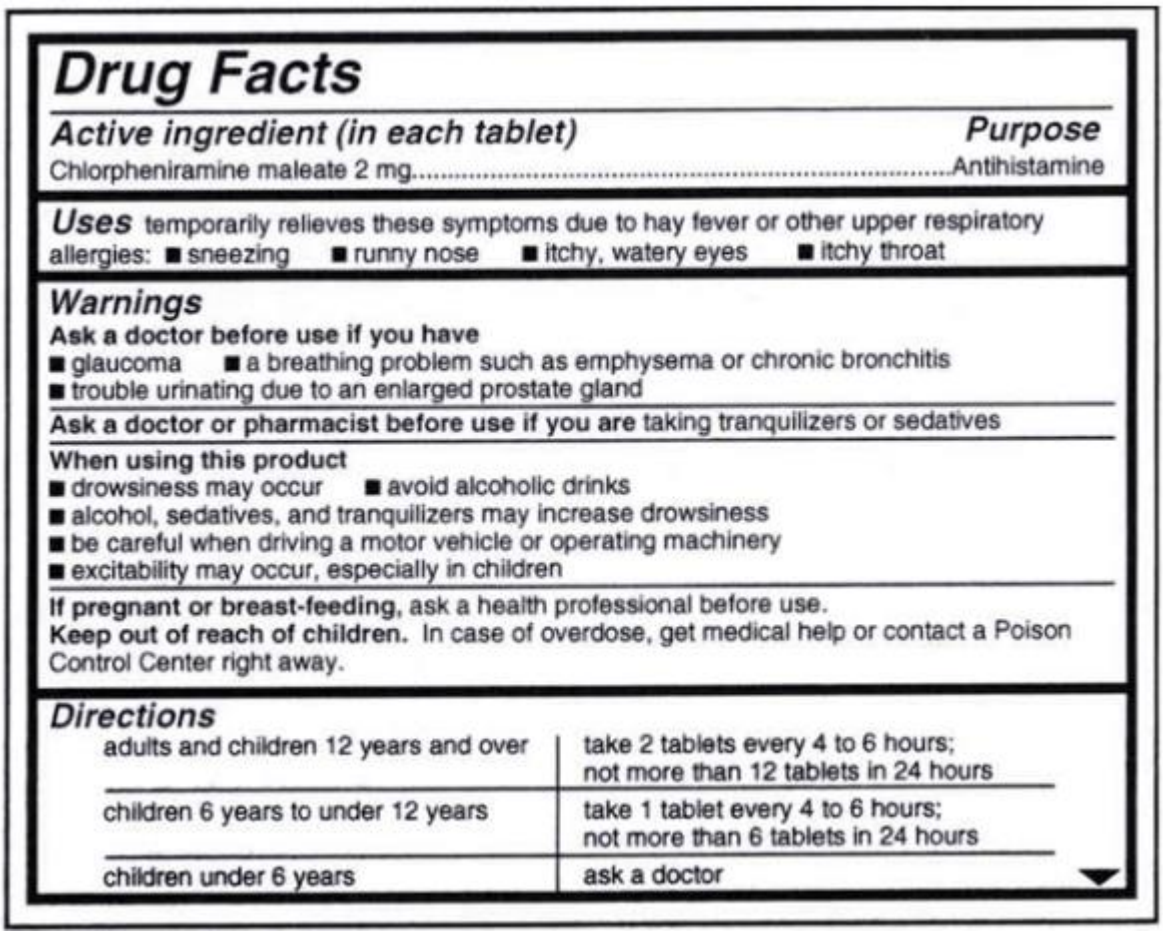
Useful Language

Can patients _____ if they take this medicine?
Do they have to stop taking their medication if they _____
It does not say on the label

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Materials 3: Getting Familiar with Warnings and Contraindications

Medicine Label 1



Drug Facts

Active ingredient (in each tablet) — **Purpose**
Chlorpheniramine maleate 2 mg ..... Antihistamine

Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat

Warnings

Ask a doctor before use if you have
■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis
■ trouble urinating due to an enlarged prostate gland

Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

When using this product
■ drowsiness may occur ■ avoid alcoholic drinks
■ alcohol, sedatives, and tranquilizers may increase drowsiness
■ be careful when driving a motor vehicle or operating machinery
■ excitability may occur, especially in children

If pregnant or breast-feeding, ask a health professional before use.
Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor

Medicine Label 2

Medicine Label 3

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Handout 5: Contraindications

Instructions: Carefully read the medicine pamphlets on Handout 5. Then, in groups, decide which medication is more appropriate for the following 4 patients based on their profile. Be ready to share your decisions with the class.

Age: 34

Conditions: Depression and Anxiety disorder

Reason to be treated: Muscle pain

Medication: _____

Name: Rose Hutchinson

Age: 75

Conditions: Diabetes type 2

Reason to be treated: Arthritis

Medication:

Name: Roger Flynn

Age: 45

Conditions: Epilepsy

Reason to be treated: Migraine

Name: Christina Morgan

Age: 28

Conditions: High blood pressure / 5 months pregnant

Reason to be treated: Acute back pain

Useful Language

What should _____ take?
Which medicine is more appropriate for_____?
Why do you think this medication is better for _____?
I agree/ do not agree with you because_____

Handout 6: Contraindications: Medicine Leaflets

NAPROXEN 500 mg TABLETS	**Prednisolone Gastro-resistant tablets**	**DICLO 75 mg Diclofenac sodium**
Do not take Naproxen Tablets if you: are allergic to aspirin, other NSAIDs or any other pain relief medicines. have previously experienced bleeding or perforation in your stomach while taking NSAIDs. have severe problems with your kidneys, liver or heart. are in the last three months of pregnancy. have problems with the blood vessels (arteries) anywhere in your body. Have Too much fat (lipid) in your blood (hyperlipidaemia). Other medicines and Naproxen Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines. □ Other painkillers, like aspirin, ibuprofen, diclofenac and paracetamol. □ Medicine to stop your blood clotting, like warfarin, heparin or clopidogrel. □ A hydantoin (for epilepsy), like phenytoin. Taken from Health Products Regulatory Authority (2014) Patient Information Leaflets.	Prednisolone is a steroid medicine, prescribed for many different conditions, including serious illnesses. Do not take Prednisolone if you: Had severe depression or manic-depression (bipolar disorder). This includes having had depression before while taking steroid medicines like prednisolone Are suffering from a serious infection which is not being treated Are suffering from galactose or lactose intolerance or glucose-galactose malabsorption. Warnings and precautions Before you take prednisolone tell your doctor if you: have high blood pressure have a heart condition have liver or kidney problems suffer from diabetes or diabetes runs in your family have osteoporosis are going through, or are past the menopause suffer from epilepsy	Do NOT take Diclo tablets if you: have now or have ever had a stomach (gastric) ulcer, or bleeding in the gut (digestive tract). have severe heart failure. have severe liver or kidney disease. are in the last 3 months of pregnancy.are breast-feeding. Warnings and precautions Talk to your doctor before taking Diclo tablets if you: are elderly, as you may be more at risk of side effects from NSAIDs. have asthma, chronic obstructive pulmonary disease or respiratory tract infections. smoke have diabetes have Lupus (SLE) or any similar condition. Other medicines and Diclo Tell your doctor if you are taking: medicines used to treat diabetes, except insulin diuretics (to treat water retention) especially in the elderly. lithium or SSRI antidepressants; you may be more prone to gastrointestinal bleeding

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Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Handout 7: Medicine Instructions

cyclobenzaprine (sye-kloe-**ben**-za-preen)
Amrix, Flexeril

Classification
Therapeutic: skeletal muscle relaxants (centrally acting)

Pharmacologic Profile

Indications

Management of acute painful musculoskeletal conditions associated with muscle spasm. **Unlabelled uses:** Management of fibromyalgia.

Action

Reduces tonic somatic muscle activity at the level of the brainstem. Structurally similar to tricyclic antidepressants. **Therapeutic Effects:** Reduction in muscle spasm and hyperactivity without loss of function.

Pharmacokinetics

Absorption: Well absorbed from the GI tract. **Distribution:** Unknown. **Protein binding:** 93%. **Metabolism and Excretion:** Mostly metabolized by the liver. **Half-life:** 1–3 days.

Time-Action Profile

(skeletal muscle relaxation)

ROUTE	ONSET	PEAK†	DURATION
PO	within 1 hr	3–8 hr	12–24 hr
Extended release	unk	unk	24 hr

†Full effects may not occur for 1–2 wk

Contraindications and Precautions

Contraindicated in: Hypersensitivity; should not be used within 14 days of MAO inhibitor therapy; Immediate period after MI; Severe or symptomatic cardiovascular disease; Cardiac conduction disturbances; Hyperthyroidism. **Use Cautiously**

in: Cardiovascular disease; ***Geriatric:*** Appears on Beers list. Poorly tolerated due to anticholinergic effects; ***Obstetric: Lactation: Pediatric:*** Pregnancy, lactation, and children <15 yr (safety not established).

Adverse Reactions and Side Effects

CNS: dizziness, **drowsiness**, confusion, fatigue, headache, nervousness. **EENT: dry mouth**, blurred vision. **CV:** arrhythmias. **GI:** constipation, dyspepsia, nausea, unpleasant taste.**GU:** urinary retention.

Interactions

Drug-Drug: Additive CNS depression with other *CNS depressants*, including alcohol, antihistamines, *opioid analgesics*, and sedative/hypnotics. Additive anticholinergic effects with *drugs possessing anticholinergic properties*, including antihistamines, antidepressants, atropine, disopyramide, haloperidol, and phenothiazines. Avoid use within 14 days of *MAO inhibitors* (hyperpyretic crisis, seizures, and death may occur). **Drug-Natural Products:** Concomitant use of kava-kava, valerian, chamomile, or hopscan ↑ CNS depression.

Route and Dosage

Oral (Adults): *Acute painful musculoskeletal conditions*—Immediate-release: 10 mg 3 times daily (range 20–40 mg/day in 2–4 divided doses; not to exceed 60 mg/day); Extended-release: 15–30 mg once daily. *Fibromyalgia*—5–40 mg at bedtime (unlabeled).

Availability (generic available)

Tablets : 5 mg^{Rx}, 10 mg^{Rx} Cost:*Generic*•5 mg $10.00/90, •10 mg $10.00/90 -

Extended-release capsules (Amrix): 15 mg^{Rx}, 30 mg^{Rx} Cost:•15 mg $974.98/90

Nursing Implications

Assessment

• Assess patient for pain, muscle stiffness, and range of motion before and periodically throughout therapy.
• ***Geriatric:*** Assess geriatric patients for anticholinergic effects (sedation and weakness).

Potential Nursing Diagnoses

Acute pain (Indications)
Impaired physical mobility (Indications)
Risk for injury (Side Effects)

Implementation

• **Oral:** May be administered with meals to minimize gastric irritation. Swallow extended-release capsules whole; do not open, crush, or chew..

Patient/Family Teaching

• Instruct patient to take medication as directed; do not take more than the prescribed amount. Taken missed doses within 1 hr of time ordered; otherwise, return to normal dose schedule. Do not double doses.
• Medication may cause drowsiness, dizziness, and blurred vision. Caution patient to avoid driving or other activities requiring alertness until response to drug is known.
• Advise patient to avoid concurrent use of alcohol or other CNS depressants with this medication.
• If constipation becomes a problem, advise patient that increasing fluid intake and bulk in diet and stool softeners may alleviate this condition.
• Advise patient to notify health care professional if symptoms of urinary retention (distended abdomen, feeling of fullness, overflow incontinence, voiding small amounts) occur.
• Inform patient that good oral hygiene, frequent mouth rinses, and sugarless gum or candy may help relieve dry mouth.

Evaluation/Desired Outcomes

• Relief of muscular spasm in acute skeletal muscle conditions. Maximum effects may not be evident for 1–2 wk. Use is usually limited to 2–3 wk; however, has been effective for at least 12 wk in the management of fibromyalgia.

Taken from Vallerand, A.H., & Sanoski, C. A. (2019). Davis's drug guide for nurses: Cyclobenzaprine.
Enfermería al Día. Retrieved from http://web.b.ebscohost.com.ezproxy.sibdi.ucr.ac.cr:2048/nrc/detail?vid=5&sid=12bf7a43-2e89-46cd-a98a-2efbf31bcc47%40pdc-v-sessmgr03&bdata=Jmxhbmc9ZXMmc2l0ZT1ucmMtc3Bh#AN=2009535818&db=nre

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Handout 8: Understanding Medicine Instructions

Instructions: Read the selected sections from the medicine instructions. In pairs, complete the following medicine form with key information from the reading. Make sure to include relevant and clear information. Think about what your patient needs.

Nurses: _____ and _____

Patient's Name: Susan Welsh
I.D. 454564645
DOB: 06/06/82
Diagnosis: Acute musculosketal pain_____

Medication

Administration Guidelines:

Possible Side Effects:

Contraindications:

Warnings:

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 1

Handout 9: The First Conditional

Instructions: Complete the sentences by matching column A with the phrases in column B.

Column A	**Column B**
1. If patients take this medicine,	( ) you should not drive a car.
2. Notify a health care professional	( ) are in the last three months of pregnancy.
3. Do not take Naproxen Tablets if you	( ) they can't operate machinery.
4. If constipation becomes a problem,	( ) stop taking this medicine immediately.
5. Talk to your doctor before taking Diclo tablets	( ) increase fluid intake.
6. If the medicine causes drowsiness,	( ) if you have asthma
7. If you notice any allergic reaction,	( ) if symptoms of urinary retention occur.

Useful Language

What happens if _____?
What do you have for number 7?
I think these two phrases do not go together.

Instructions: Complete the sentences and add your own based on the previous medicine instructions

1. If you suffer from any cardiovascular disease, _____.
2. Rinse your mouth frequently and eat sugarless candy _____.
3. _____.

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 2

Date: 10/28/2019 Lesson Plan # 11
Student-teacher: Adriana Acosta
Assistants: María Cedeño – Lupita Fonseca
Unit 3: Keep It Healthy

Unit Goal: By the end of the unit, nursing students will be able to successfully instruct the patient about medication and treatments by grasping key information from medicine instructions and reporting them to the patient.

General Objective: By the end of the lesson, students will be able to accurately inform the patient about potential side effects and dosage instructions by role-playing a debriefing session after a patient's medical appointment.

Specific Objectives: By the end of the lesson, students will be able to

1. recall common side effects of medications by listing as many terms as possible during a specific period of time.
2. accurately report key information about a specific medicine by orally stating instructions taken from a medicine leaflet.
3. correctly complete a sentence commonly used by nurses by matching it to different time phrases.
4. successfully explain how to take different medications by incorporating information related to medicine formats, verbs, and time phrases.
5. analyze appropriate and inappropriate nursing practices when explaining discharge medication to a patient by comparing two videos.
6. accurately complete a discharge medication form by watching a video featuring a nurse-patient interaction.
7. successfully role play a debriefing session with a patient by providing clear instructions about how to take their medications.
8. accurately paraphrase information for a patient by using simple imperative sentences.

Objective	Procedures	Language	Strategies	Skills	Time
1	**Warm-up: Run and write** ● T greets the class and reads the lesson objective. ● Ss are divided into two groups. Each group is assigned a corner of the classroom. They take turns to go and write as many side effects as they remember from the previous lesson on a kraft paper sheet posted on a wall. ● Each S has a minute to write down the side effects. After the minute is over, another S runs and continues writing side effects. ● After 4-5 minutes, T stops the game, goes over the words, counts the correct ones, and announces the winner. **Materials:** Kraft paper, markers, and timer	**Vocabulary** dizziness, drowsiness, confusion, fatigue, headache, nervousness, dry mouth, blurred vision, dyspepsia (indigestion-heartburn), nausea, unpleasant taste, urinary retention. **Useful Language:** ● It's my turn! ● You can add more <u>gastrointestinal</u> side effects. ● No, ____ is repeated.	Schema activation	R L S W	10 min
	Pre-task 1: Reporting instructions ● Ss are given a slip of paper with a side effect. T asks them to join	**Vocabulary and Pronunciation:** Nervousness, drowsiness, dizziness,			15 min

2	a group that has words with the same sound. ● After the two groups are formed, T writes the words on the board and explains how to produce [z] and [ʒ]. Students add more examples. ● In their groups, Ss share their homework. They report some instructions gathered from a medicine leaflet available at *Uptodate* (site for medical professionals). ● T elicits some instructions from three students. **Materials:** Medicine form (homework), slips of paper with side effects, PPT	anxiety, unpleasant taste, confusion, nausea, seizures, blurred vision **Useful Language** ● This medication is for _____ ● What are its side effects? ● It may cause _____ ● What are some contraindications of this medicine? ● If _____, _____	Summarizing information	S R L	
3	**Pre-task 2: Time phrases** ● T shows Ss different abbreviations and symbols used by doctors, and Ss guess what they mean. T writes some answers on the board.	**Vocabulary** **Every** other day/week/month, **every** day/week/month, **every** 8 hours, **for** 5 days/a week/a year, **once/twice/three times a day**, **for** ___(asthma), **on** an empty stomach,	Noticing patterns	S	15 min

	● Then, T explains that Ss must complete the sentence "Take this medicine …" with different prepositional or adverbial phrases. ● Each S takes turns to spin a wheel of fortune that contains prepositions or other keywords. ● T writes the sentences that Ss create on the board underlining the time phrases. ● Ss are given handout 1 that summarizes some of these common phrases. T asks students to read them aloud and add more examples. **Materials:** Wheel of fortune (website), PPT, and Handout 1	**with** a glass of water, **at** bedtime, **before/after/between** meals. Dr.'s codes: Q4-6h, QWK, BID-b.i.d. **Useful Language** ● I remember that means _____ ● Can I say _____ after "<u>for</u>"?		R L	
4	**Pre-task 3: How to take this medication** ● T projects some abbreviations that doctors use to describe medicine routes. Ss take turns guessing what they stand for. ● Ss work in pairs and complete the	**Vocabulary** Routes: PO (by mouth), PR (per rectum), IV (intravenous), ID (intradermal) IN (intranasal), TP (topical), SL (sublingual), SC	Using word association Connecting new words to	R S	25 min

	first part of handout 2. Ss match the route with different medicine formats. ● T elicits the answers from Ss and then, T clarifies the difference between tablets, capsules, and caplets if it is necessary. ● Ss work on the second part of handout 2. They complete some instructions with verbs from the box. T goes over the answers and focuses Ss' attention on the different collocations. ● Then, Ss go to the front and give instructions to each other about some medications (candies). **Materials:** PPT, handout 2, paper cups, M&Ms, iced tea bottle, Frutinis	(subcutaneous) Medicine formats: syrup, cream/lotion/ointment, suppositories, drops, inhalers/spacer, injections, tablets, caplets, capsules, pills, blisters. Verbs: Swallow, chew, take, dissolve, apply, rub on, insert, press down on, give, squeeze, increase/reduce doses, resume medication Language for instructions: This [format] is for [condition]. [Verb] [amount] [frequency] … This syrup is for your cough. Take 10 mg every 6 hours. Don't take it on an empty stomach.	previously learned vocabulary	L W	
	Pre-task 4: What not to do.	**Vocabulary**	Comparing and		

5	• Ss are given handout 3, which includes two charts. They complete the first chart while watching a video that shows wrong nursing practices. After watching, T elicits positive and negative aspects. • Then, T asks Ss to compare those practices with the ones on the next video. T plays the second video, and Ss complete the second chart with negative and positive aspects. • Ss work in pairs and comment on the practices that they watched. Then, T elicits responses from some Ss and asks them what they would do differently. **Materials**: Handout 3, video 1 "Not explaining medications properly" and video 2 "Explaining medications the correct way".	Potassium levels Don't feel any side effects Name band **Useful Language** • What are some positive/negative practices? • What did you like about her interaction with the patient? • I really liked how she handled _____	contrasting information Relating information to their daily practices	L R W S	10 min
6	**Pre-task 5: Discharge medication** • Ss are given a medicine discharge	**Vocabulary** Ibuprofen (inflammation, fever, pain)			

	form (handout 4) to complete while watching a video. ● First, T goes over the information requested. Then, Ss watch the video twice and complete the dosage, reason, strength, side effects, and conditions of the medication. ● Ss check their answers in pairs before sharing their answers with the class. ● More proficient Ss are asked to pay attention to the nurse's behavior and phrases. Then, they share that information with the class. **Materials:** Handout 4 and video "MedUcation"	Care folder Side effects: constipation, stomach pain, diarrhea, ringing in the ears, chest pain, shortness of breathing, weakness, bleeding, coughing of blood If you are not in pain, don't take this medication. Don't exceed more than 4 doses a day. **Useful Language** ● Which side effects did you hear? ● I couldn't hear the strength. Do you have it?	Listening to specific details	L R W S	10 min
7	**Task: Educating the patient about medication** ● 4 Ss go to the front to pick a slip of paper with the name of their	**Vocabulary:** Elevated intraocular pressure, glaucoma, adverse effects, miscarriages, day of the ascent, myopia, adjunctive with, blister, cognitive impairment		R S	

	next teammate. ● T gives 2 medicine leaflets to each pair and a form written by the doctor. ● Based on the information from the form, Ss read the text and look for the most essential information that the patient needs. ● Once they have gathered this information, Ss take turns playing the role of the nurse and the patient. ● After Ss had the chance to rehearse, T asks each pair to role-play the situation, but she calls in another S to play the role of the patient. Thus, the original pair works as a nursing team taking turns explaining one medication each. ● After all pairs have played the role of the nurses, T asks Ss to comment on their performance. **Materials:** 4 UpToDate medicine instructions, patients' discharge forms (2).	**Structure during the role-play** ● Greet patient/ confirm ID ● Explain medicine: Name Reason Strength or amount Route (if necessary) Frequency Other indications Possible side effects Contraindications ● Ask for confirmation **Useful Language** ● Why don't you start with_____? ● Should I mention these contraindications?	Skimming and Scanning Turn-taking	L	50 min

		● What are other side effects?			
8	**Post task: Imperatives** ● T projects 4 sentences on the board (2 indicative ones and 2 imperative ones). Ss highlight the main differences among them. T explains that when they give instructions, they should use imperative sentences. ● Using handout 5, Ss work in pairs simplifying some sentences from medicine leaflets. They must use imperatives to write simplified patient-friendly instructions. After Ss are done, they read their instructions aloud. **Materials:** Handout 5	**Vocabulary** Manufacturer, be swallowed whole, without regard to, disguise the taste. **Useful Language** ● How can we simplify this idea? ● Will the patient understand this: _____? ● What about _____ for sentence 2?	Noticing grammar patterns Explaining in simple terms	R W S L	10 min
	Feedback session				5 min

Abbreviations: L: Listening S: Speaking R: Reading W: Writing T: Instructor Ss: Students

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 2

Handout 1

Take this medicine…

Everyday / **every** other day / **every** week, month, year / **every** 8 hours
Once / twice / three times a day/week/month
Before/after/between meals
At bedtime
On an empty stomach
With a full glass of water /a meal
For a week / three days /

*__For__ your back pain

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 2
Handout 2

1. Write down the **routes** that this **medicine formats** usually follow**.**

PO – PR – IV – ID – IN – TP – SL – SC

Format	Routes
1. Syrup	
2. Cream/lotion/ointment	
3. Suppositories	
4. Drops	
5. Inhalers	
6. Injections	
7. Tablets	
8. Caplets	
9. Capsules	

2. Complete the following instructions with verbs from the box.

Press down on	Chew	Increase	Squeeze	Reduce	Resume
~~Take~~	Swallow	Dissolve	Give	Apply/rub on	Insert

1. Take this medication every 8 hours.
2. I know it tastes awful, but please____the pill; do not_____it.
3. ____this tablet in water.
4. ____this ointment three times a day.
5. Be careful when you_____this suppository.
6. ____the inhaler and then start breathing.
7. ____two drops on each nostril.
8. I am going to_____you an injection, please take a deep breath.
9. Do not_____or_____the dose, and do not stop taking this medication.
10. You are not allergic to aspirin, so let us_____your treatment.

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 2
Handout 3

1. Watch the following video and write down any negative or positive aspect from the nurse-patient interaction.

Positive Aspects	Negative Aspects

2. Watch the following video and write down any negative or positive aspect from the nurse-patient interaction.

Positive Aspects	Negative Aspects

3. In pairs, compare the nursing practices from both videos. What would you have done differently?

Useful Language

- What are some positive/negative practices?
- What did you like about her interaction with the patient?
- I really like how she handled_____

University of Costa Rica
Master's Program in
TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-
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Unit 3: Lesson 2

Handout 4

Discharge Medication Form

Patient's Name: Anna Brown

Medication:

Name	Strength	Reason

Side effects:

- ☐ Constipation
- ☐ Stomach pain
- ☐ Anxiety
- ☐ Diarrhea
- ☐ Dry mouth
- ☐ Dry eyes
- ☐ Ringing in the ears
- ☐ Chest pain
- ☐ Weakness
- ☐ Headache
- ☐ Shortness of breath
- ☐ Bleeding
- ☐ Confusion
- ☐ Coughing of blood

Indications: (at least two)

Useful Language

- Which side effects did you hear?
- I couldn't hear the strength. Do you have it?

First Aid Clinic
Dr. Anderson
DEA # 123456789 Specialty
Phone: (123)-222-2323 Fax: (123)-222-2323

Name Margareth Chase
Address

DOB: 07/19/54
Date:

Rx

Bimatroprost 1 drop every evening

Acetazolamide 250 mg P.O.
B.I.D.

Glaucoma

First Aid Clinic
Dr. Anderson
DEA # 123456789 Specialty
Phone: (123)-222-2323 Fax: (123)-222-2323

Name Margareth Chase
Address

DOB: 07/19/54
Date:

Rx

Bupropion PO 100 3
times a day

Aripiprazole 500 mg
One per day
-Depression

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 2
Handout 5

Instructions: Read the following sentences and re-write the information as simple, patient-friendly instructions. **Use imperative sentences.**

Original sentence	Instructions for the patient
1. The manufacturer states that tablets should be swallowed whole.	
2. May be taken without regard to meals.	
3. Short-acting tablets may be crushed and suspended in cherry or chocolate syrup to disguise the bitter taste of the drug.	
4. Aripiprazole is not approved for the treatment of patients with dementia-related psychosis.	
If you have extra time… If ophthalmic agents are needed during pregnancy, the minimum effective dose should be used in combination with punctual occlusion to decrease potential exposure to the fetus.	

Useful Language

- How can we simplify this idea?
- Will the patient understand this: _____?
- What about_____for sentence 2?

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course
for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 3

Date: 10/28/2019 Lesson Plan # 11
Student-teacher: Lupita Fonseca
Assistants: Acosta –Cedeño
Unit 3: Keep It Healthy

Unit Goal: By the end of the unit, nursing students will be able to successfully instruct the patient about medication and treatments by grasping key information from medicine instructions and reporting them to the patient.

General Objective: By the end of the lesson, students will be able to appropriately explain relevant postoperative information as well as medication procedures to follow by role-playing a session to educate the outpatients and relatives on self-care measures at home.

Specific Objectives: By the end of the lesson, students will be able to

1. accurately identify basic instruments and objects related to postoperative care by labeling some pictures with their corresponding names.
2. precisely describe correct and incorrect wound care practices by taking a position on a YES or NO discussion session.
3. effectively recognize the sequence of procedures to be followed by patients after discharge by predicting the 5-6 most relevant steps that may be included in the education session.
4. accurately organize the steps to follow for wound care by completing a sequencing chart based on the oral explanation provided by a nurse.
5. successfully instruct the patient about wound care procedures by using extralinguistic resources to demonstrate the procedures patients need to do at home.
6. appropriately explain what to do and what not to do to the patient when taking care of the wound by using the most

appropriate modal auxiliary and subordinate clauses.

7. successfully educate the patient about relevant postoperative information as well as medication procedures to follow by role-playing an education session for the patient and relatives.
8. show clear understanding of the modals used to convey obligation, possibility and recommendation by analyzing some examples presented in an instruction pamphlet for patients.

Objective	Procedures	Language	Strategies	Skills	Time
1	T introduces the class and reads the class objective. **Warm-up: name the pictures** ● Ss are divided into 2 teams. Each team has a station where some sheets of paper are faced down. The papers contain some pictures related to post op care and treatments. ● Ss from each team take turns to name the parts of the pictures presented in the papers. Ss can't start naming a new picture until they finish the first one or they don´t know any other words. ● The activity ends when one team finishes all the pictures.	**Vocabulary** Wound, stitches, staples, steri-strips, gauze, medical tape, cotton, dressing, bandage, gloves, tweezers. **Useful Language:** ● This is a/an _____. ● These are _____. ● Do you know the name of this?	Schema activation	L	10 min

	● The sheets of paper are pasted on the board, and as a group, Ss check if they have provided the same names to each part of the pictures. ● T goes over pronunciation of key words ● **Materials:** Sheets of paper with pictures, markers, tape			S W	
2	**Pre-task 1: Ballots Up** ● Ss work in pairs (1 group of three may be needed depending on attendance). Each pair is given two ballots: one with a Yes and one with a No. ● T projects some situations or care practices (DOs and DON'Ts of post op care), and Ss must decide if they approve or disapprove the practice from a nursing point of view. Ss can justify their decisions. **Materials:** PPT, 2 color ballots per pair	**Vocabulary:** Warm/cold water, ointment, scabs, cream of roses, dressing, medical/regular tape, sanitizer, deodorant, infection, dangerous, prevent, infectious, septic, antiseptic **Useful Language** ● We say Yes/No because____. ● It's necessary to _____. ● It can be _____. ● We dis/agree because ____. ● We say Yes/No but it depends on _____	Giving and justifying opinions	S R L	20 min

3 **4**	**Pre-task 2: Listening** ● **Pre-listening:** Ss are divided into 3 groups and they are told that they are going to listen to a nurse describing the steps to follow by patients when taking care of a wound at home. ● T asks students to predict the order of 5 to 6 main steps the nurse will say based on their experience. ● T writes on the board the order of steps Ss predict. ● **Listening:** Ss are given Handout 1.1 and 1.2. Each group watches a different part of the video, and while watching, Ss organize the steps based on the nurse's explanation of the procedures. ● Ss watch the video 2 or 3 times and confirm their answers. ● **After listening:** Ss are regrouped with classmates from the other groups. ● Ss present to each other the information gathered in the assigned section of the video.	**Vocabulary** First, second, third, then, later, after that, next, finally, lastly **Useful Language** ● I think the first step is to ____ ● That goes before/after _____ ● The last step is _____ **Vocabulary** Wash, Remove, Cut, Put on, incision, wipe, gauze pad/dressing, edges, discharge, odor, inch **Useful language:** ● What is step number ____?	Predicting Listening for specific information	S L L R W	5 min 15 min 10 min

	● T clarifies any questions Ss may have and goes over pronunciation of new words. **Materials:** Handouts 1.1 and 1.2, videos.	● The first/second/third/last step is _____. ● ____ goes after/before ____. ● Do you have step number ____?	Sequencing steps to follow	S	
5	**Pre-task 3: Pairing Up and Mimicking Collocations** ● T pastes on the board color papers with verbs and complements all mixed. ● Ss are divided into 3 groups. Members of each group take turns to go to the board and pair up one verb with the appropriate complement. ● Once all the verbs have been paired up with their corresponding complement, T checks the answers with the whole class. ● In the same groups, Ss are asked to briefly explain each procedure by mimicking the action, so if the step is difficult to explain, the nurse can	**Vocabulary:** Put on the gloves, wipe the incision, remove old dressing, tape the gauze pad, peel out the tape, place the bandage, dry the wound, wash your hands, press the skin **Useful language:** ● You must/have to _____ like this… ● You must/have to _____ in this way…	Identifying collocations Using extralinguistic features of language	R S L	20 min

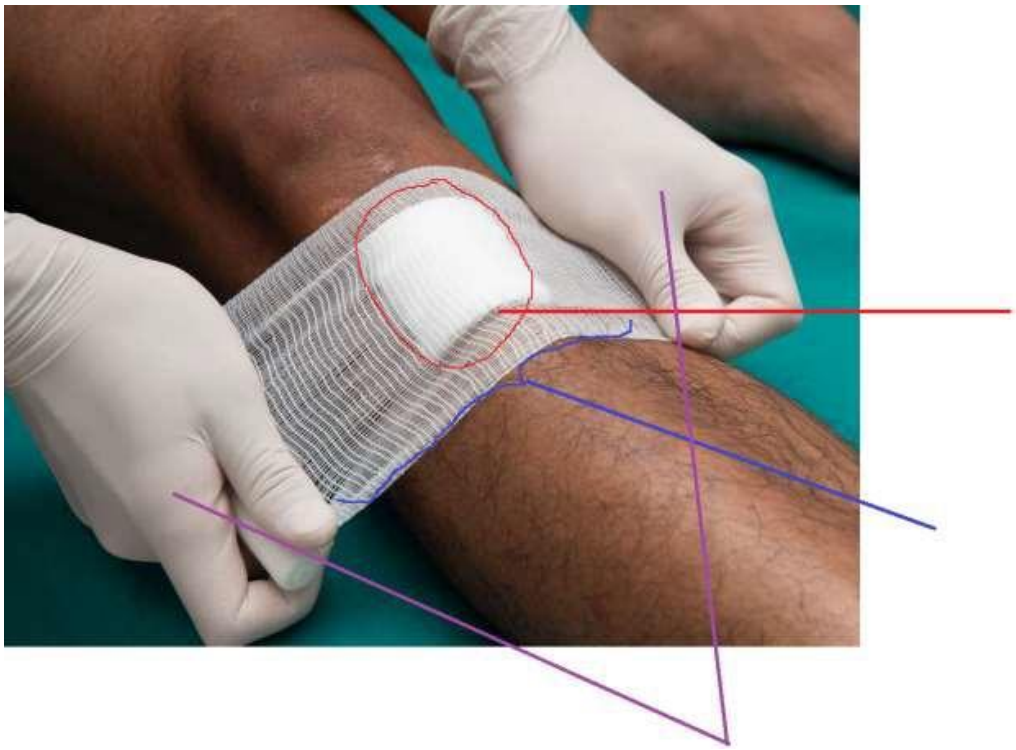
	use extralinguistic aids to make the information clearer for patients. **Materials:** color papers with verbs and complements (Materials 2), tape, wrong/correct answer buzzer				
6	**Pre-task 4: The Dice Says** ● T places some numbered paper strips with subordinate clauses on the floor and writes on the board a list of modal auxiliaries. ● Ss take turns rolling a dice, and based on the number they get, they take one of the paper strips. ● Ss must complete an instruction for patients using the subordinate clause and one of the modal auxiliaries on the board. ● Each S does the same but can't repeat modals until all students have completed one or two indications. **Materials**: dice, strips of paper with clauses, markers	**Vocabulary** **Subordinate clauses:** ● When cleaning the wound, ● When removing the dressing, ● When taking a shower, ● When applying the new dressing, ● When checking the incision, ● When preparing the materials, **Modals:** Must – must not Have to Should – shouldn't May – may not Can – can't **Useful language:**	Identifying patterns	L R S	15 min

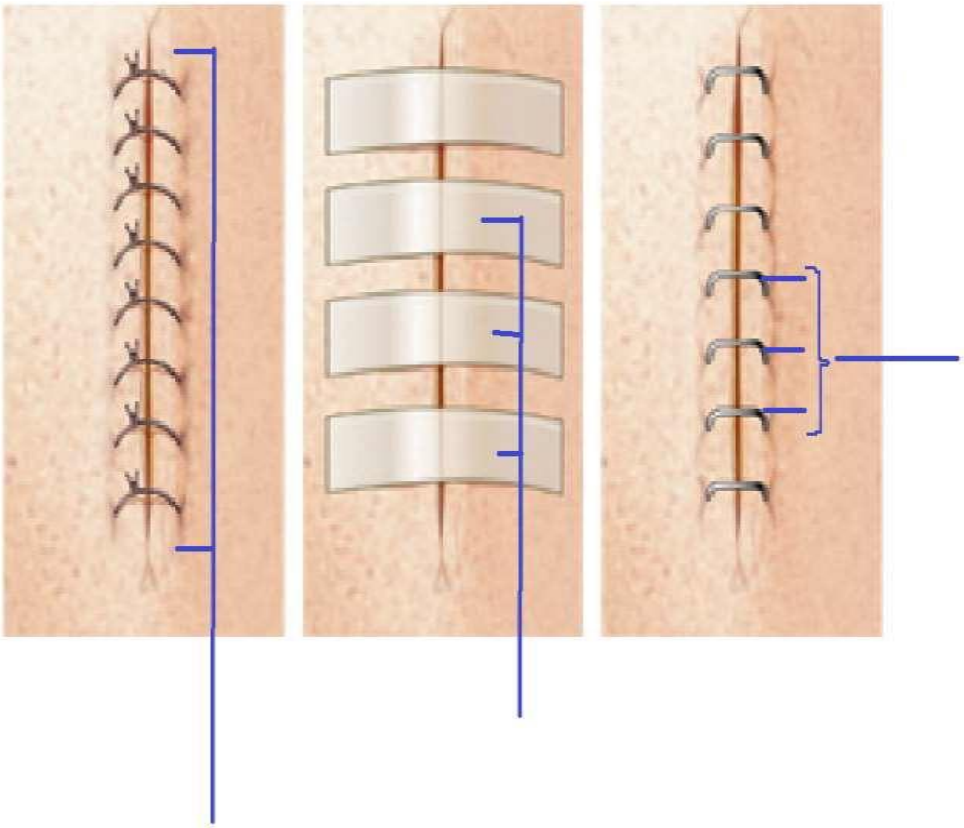
		• I think that _____ • Yes, that's important because… • No, that's wrong because…			
7	**Task: Educating the patient about wound care at home** • Ss work in pairs to prepare a role play representing the education given to a patient about wound care at home. • Each pair randomly selects a paper strip with the kind of procedure undergone by the patient. • Ss are given 10 minutes to design the outline of the conversation and rehearse. • After rehearsing, pairs are asked to present from the less proficient Ss to the higher proficient Ss. Materials such as gauze, tape, dressing, scissors, etc., are provided to Ss during the role-plays. • T takes notes of salient pronunciation and grammar	**Vocabulary:** Wound, incision, gauze pad/dressing, bandage, wash, dry, wipe, cloth, paper towels, remove, put, put on, scab, bleeding, discharge, swelling, redness, odor, temperature Adverbs: Carefully, softly, slowly, firmly, gently, **Useful Language** We can start with _____ I want to say that _____	Sequencing of steps Explaining procedures with simple words Using extralinguist	S L	45 min

	mistakes. After the presentations, T asks Ss to identify and correct those mistakes by themselves. **Materials:** paper strips with procedures, gauze, medical tape, scissors, bandage, paper towels, cotton, gloves	____ goes first. The correct order is _____ Let's practice!	ic features to clarify information		
8	**Post task: Finding the modal** ● Ss are given the article Patient instructions pamphlet. Ss are asked to highlight all modals they find and analyze their use (obligation, recommendation, possibility). ● When they have highlighted all the modals, Ss are paired up, and they share with their classmates the use of modal auxiliaries and the idea transmitted to the patient using each particular modal in the sentences. **Materials:** Article "Caring for Surgical Wounds at Home", highlighters	**Vocabulary** Must, should, can, may, might **Useful Language** ● Here it says _____ ● We use <u>must</u> because it's <u>an obligation</u>. ● The complete idea is ___.	Identifying patterns	R S L	10 min
	Feedback session				5 min

Abbreviations: L: Listening S: Speaking R: Reading W: Writing T: Instructor Ss: Students

Materials 1: Warm-up





University of Costa Rica Master's
Program in TEFL
First Aid English: A Survival English Course for Nursing Students Acosta-Cedeño-Fonseca
Unit 3 Keep it Healthy

Handout 1.1 Steps for Wound Care

Instructions: Listen to the nurse explaining the steps for wound care at home. Complete the assigned section of the handout with the steps in their corresponding order.

FIRST AID CLINIC
Where your health comes FIRST

Steps to Follow for Wound Care

Part 1: Prepare the materials and Remove old Dressing

A. Steps to prepare materials:
First, _____
Second, _____
Finally, _____

B. Steps to remove old dressing:
First, _____
Second, _____
Later, Press the skin around the incision and peel out the tape
After that, _____
Then, _____
Finally, Remove gloves and put them in the wastebasket

Don'ts while preparing materials:

DON'T
_____

Don'ts while removing old dressing:

DON'T
_____

Don't tear dressing off if it sticks to the skin.

Part 2: Clean the incision **First,** _____ **Second,** _____ **Third,** wipe outwards using a clean cloth and warm water each time **Finally,** _____	Don'ts while cleaning the incision: DON'T _____ DON'T _____

Part 3: Apply new dressing and signs of alert	Call your Health Care Provider if you notice:
First, _____ **Second,** _____ **Third,** _____ **Then,** Put the gauze pad on place and tape the gauze to your skin. Seal all four edges **After that,** _____ **Finally**, _____	1. _____ 2. foul or sweet odor 3. _____ 4. increased redness extending 1 inch + 5. _____ Or if you have: 1. _____ 2. _____ 3. _____ 4. Diarrhea 5. _____

University of Costa Rica
Master's Program in TEFL
First Aid English: A Survival English Course for Nursing Students
Acosta-Cedeño-Fonseca
Unit 3: Lesson 4

Date: 11/11/2019 Lesson Plan # 12
Student-teacher: María Cedeño
Assistants: Adriana Acosta – Lupita Fonseca
Unit 3: Keep it healthy

Unit Goal: By the end of the unit, nursing students will be able to successfully instruct the patient about medication and treatments by grasping key information from medicine instructions and reporting them to the patient.

General Objective: By the end of the lesson, students will be able to successfully instruct the patient about medications and post-operative care by grasping key information from medicine instructions and post-operative guidelines and reporting them to the patient.

Specific objectives: By the end of the lesson, students will be able to

1. show clear understanding of the modals used to convey obligation, possibility and recommendation by analyzing examples presented in an instruction pamphlet for patients.
2. successfully recall key vocabulary related to common medication side effects by using clues to guess the words on the board while playing hangman.
3. effectively recognize key verbs related to medicine instructions by guessing vocabulary and completing sentences to provide instructions to the patients.
4. correctly identify post-operative care instruments by associating their aural and written form in a bingo game.
5. appropriately organize post-operative guidelines by answering questions in a trivia.
6. successfully educate the patient about medicine instructions and post-operative care by role playing a medical discharge session with a patient.

Objective	Procedures	Language	Strategies	Skills	Time
1 **2**	**Homework check: Modals** ● T pairs up the Ss so they can discuss the modals that they highlighted and the category they used to classify them (obligation, recommendation, possibility). ● Once Ss finish their discussions, T checks the answers with the group and asks Ss to drill the words. **Warm up: Side Effects** ● Ss are divided into two groups. ● T opens a virtual hangman created on the page http://www.hangman.no/ using the game code hbxjbbdsjlca. ● Ss start playing the game by taking turns within their group to guess the letter that forms the word on the board.	**Vocabulary** Must, should, can, may, might **Useful Language** ● Here it says _____ ● We use _must_ because it's _an obligation_. ● The complete ideas is ___. **Vocabulary**: dizziness, drowsiness, fatigue, constipation, nausea, headache, blurred vision, seizures, vomiting, stomachache. **Useful language**: ● I think it is _____.	Identifying patterns	R S L	10 min

	● If the group fails to guess the word, the next group starts guessing the words. ● The game ends when the 10 words have been guessed. ● T clarifies any questions Ss may have and asks Ss to drill new and troublesome words. **Materials:** online hangman game, PPT.	● Do you want to guess? ● It's your/my turn.	Schema activation	S L R	10 min
3	**Pre-task 1: Medicine Instructions** ● Ss are divided into 3 groups. Each group receives a *hedbanz*, a set of cards with verbs, and an envelope with scrambled sentences. ● One team member wears the *hedbanz* with the card with a verb on their head. The other team members are given 60 seconds to give clues to the classmate using the hedbanz so they can guess the verb. ● Once the team member using the hedbanz guesses the verbs, the team works together to create a sentence	**Vocabulary** **Verbs**: Swallow, increase doses, chew, reduce, take, avoid, suspend, eliminate, resume. **Useful language:** ● The patient needs to_____ the pill. ● You can _____ the medicine. ● That goes here/there. ● I agree/ disagree.	Associating visual clues	S L R	20 min

	using the scrambled parts available in the envelope. ● When the team has successfully created a sentence, another team member must wear the hedbanz and the team must repeat the same procedure. ● The game ends when the teams guess all the verbs and complete all the sentences. The winning team is the one who finishes first. ● T clarifies any questions Ss may have and asks Ss to drill new and troublesome words. **Materials:** Materials 1, Materials 2, envelopes, PPT.		Applying grammatical patterns		
4	**Pre-task 2: Medicine implements** ● T provides Ss with a bingo card which includes different medicine implements needed for post-operative care.	**Vocabulary**: ointment, scabs, cream of roses, dressing, medical tape, sanitizer, deodorant, antiseptic, medicines **Useful Language:**	Using visual aids as mnemonic strategy	S R	20 min

	• T asks for a volunteer to retrieve a ball from the bag. • Once the S takes out the ball from the bag, T asks the S to create a sentence with the word. • T plays four different games (horizontal line, vertical line, diagonal, and four corners). • Once the class has played the four games, T clarifies any questions Ss may have and asks Ss to drill new and troublesome words. **Materials:** Materials 3, polystyrene balls, corn, PPT	• I volunteer! • It's necessary to _____. • It can be _____.		L	
5	**Pre-task 3:** • Ss are divided into 3 groups. Ss select a name for the group. • T provides Ss with a code to access an online trivia built in Kahoot! • Ss compete to answer the trivia questions. They need to read the sentence in the board and look for the option that completes the sentence in the correct way. The sentences are related to medicine and post-operative instructions.	**Vocabulary** **Subordinate clauses:** • When changing the dressing, • When using dissolving stitches, • When recovering from a surgery, • When leaving the hospital • When taking a shower, • When checking the incision, • When preparing the materials,	Identification of patterns	R L	20 min

	• T checks the answers with the Ss and makes a final review of how to use subordinate clauses. **Materials:** Kahoot, PPT.	**Useful language**: • I think that correct answer is _____ • No, that's wrong because… • I agree/ I disagree		S	
6	**Main Task:** • In pairs, Ss play the role of nurses assisting the patients with their medication and post-operative instructions during the hospital discharge. **Planning:** • In pairs. T gives materials #4 and #5 with the prescription of the assigned medicines for the patient (for Glaucoma and arm surgery), and the medicine pamphlets with the side effects, precautions, and contraindications. • In their notebooks, Ss write clear and easy instructions to explain how to	**Vocabulary:** **Medicines:** ibuprofen, lidocaine, tramadol, lumigal, timolol, PO, TP, ID, Q4h, Q6h, Q12h, D. **Post-operative:** Wound, incision, gauze pad/dressing, bandage, wash, dry, wipe, cloth, paper towels, remove, put, put on, scab, bleeding, discharge, swelling, redness, odor, temperature	Explaining procedures with simple words Confirming and clarifying information	L S R W	70 minutes total 10 min

	take their medications and pay close attention to side effects, precautions, and contraindications. ● Once the Ss finish writing the medicine instructions, T gives them handout #1, which contains an outline on how to deliver the post-operative guidelines to the patients. ● Ss complete the handout writing clear and easy instructions to explain to the patient how to follow post-operative guidelines. ● Ss orally share some of the questions, and T focuses their attention on the use of key vocabulary, imperative sentences, and subordinate clauses. **Rehearsal:** ● Ss take turns discharging the patient and giving each other the medicine instructions and the post-operative cares guidelines. **Task:** ● In pairs, Ss take turns presenting their role play in front of the class. One S plays the role of the nurse and the other plays the role of the patient.	**Useful language:** ● Sorry, did you say ___? ● Do you mean _____? ● Did you understand the explanation?			15 min

	● S performing as the nurse must introduce him/herself, state her/his role, and proceed to do the complete patient discharge. The assessment must include a recap of the illness the patient has, the instructions on how to take the medicines, important callouts about side effects, precautions, and contraindications, and the guidelines for the post-operative care. ● To keep all learners on task while one pair is presenting, T distributes material 6 which is the peer feedback form, so Ss provide peer-feedback on grammar structures, vocabulary use and pronunciation. ● Ss are evaluated only when they are performing the role of the nurse. **Materials:** Materials 4, Materials 5, Materials 6, Handout #1, medicines, PPT.				45 min
	Feedback session				5 min

Abbreviations: L: Listening S: Speaking R: Reading W: Writing T: Instructor Ss: Students

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Unit 3 Keep it Healthy

Materials

First Aid English		
Medicines	Ointment	Cream of roses
Medical tape	Sanitizer	Dressing
Scabs	Antiseptic	Deodorant

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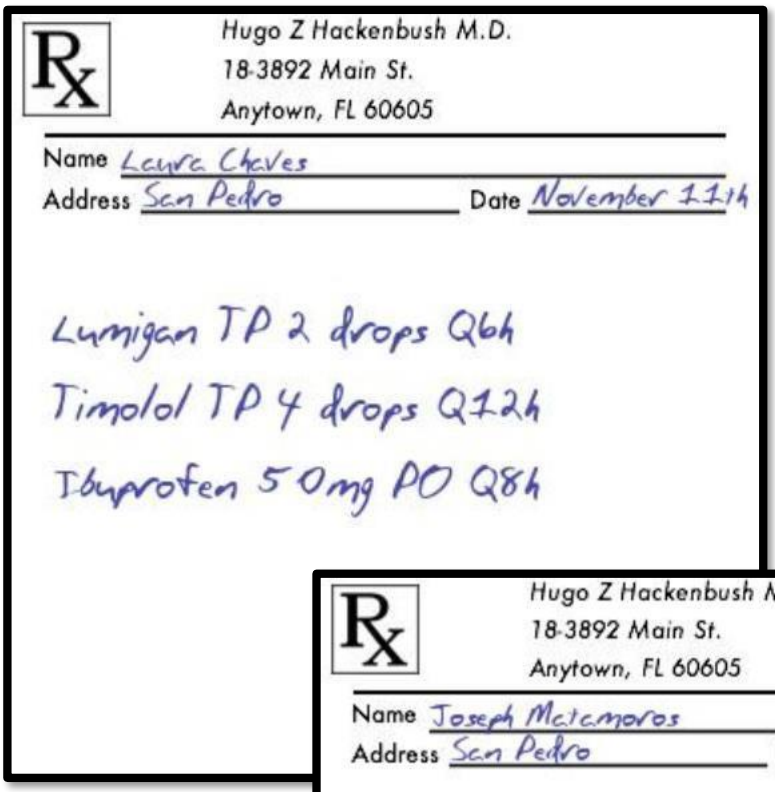
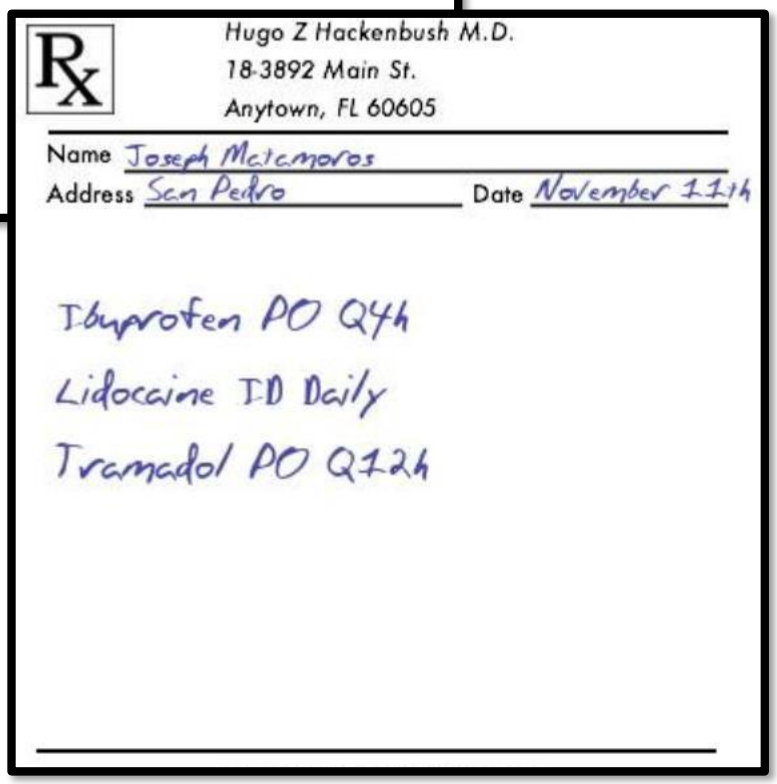
Materials: Medical Prescriptions



Hugo Z Hackenbush M.D.
18-3892 Main St.
Anytown, FL 60605

Name Laura Chaves
Address San Pedro Date November 11th

Lumigan TP 2 drops Q6h
Timolol TP 4 drops Q12h
Ibuprofen 50mg PO Q8h



Hugo Z Hackenbush M.D.
18-3892 Main St.
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Name Joseph Matamoros
Address San Pedro Date November 11th

Ibuprofen PO Q4h
Lidocaine TD Daily
Tramadol PO Q12h

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Materials: Medicine Pamphlets

Ibuprofen  **Side effects:** Upset stomach, nausea, vomiting, headache, diarrhea, constipation, dizziness, or drowsiness may occur. If any of these effects persist or worsen, tell your doctor or pharmacist promptly. **Precautions:** Ibuprofen should be used with caution in patients with: • previous history of gastrointestinal hemorrhage or ulcers • Asthma who have not previously taken an NSAID. • pregnancy (see use in pregnancy) **Contraindications:** Ibuprofen is contraindicated for use in patients with: • known hypersensitivity or idiosyncratic reaction to ibuprofen (or any of the other ingredients in the product) • Known hypersensitivity to aspirin and other NSAID.	**Lumigan**  **Side effects:** blurred vision, double vision, drooping eyelid, burning or stinging in your eye, eye itching or redness, watery eyes. **Precautions**: Before using bimatoprost, tell your doctor or pharmacist if you are allergic to it; or to similar drugs (e.g., latanoprost, travoprost); or if you have any other allergies. This product may contain inactive ingredients (such as preservatives like benzalkonium chloride), which can cause allergic reactions or other problems. **Contraindications:** • Bimatoprost should not be used in patients with closed-angle glaucoma, or inflammatory or neovascular glaucoma. • Bimatoprost should be used with caution in patients with active intraocular inflammation (e.g., iritis, uveitis).	**Timolol**  **Side effects:** blurred vision, double vision, drooping eyelid, burning or stinging in your eye, eye itching or redness, watery eyes, headache. **Precautions**: Because of potential effects of beta-adrenergic blocking agents on blood pressure and pulse, these agents should be used with caution in patients with cerebrovascular insufficiency. If signs or symptoms suggesting reduced cerebral blood flow develop following initiation of therapy with timolol, alternative therapy should be considered. **Contraindications:** Timolol is contraindicated in patients with bronchial asthma; a history of bronchial asthma; severe chronic obstructive pulmonary disease sinus bradycardia; second or third degree atrioventricular block; overt cardiac failure cardiogenic shock; or hypersensitivity to any component of this product.

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Materials: Peer Feedback Form

Instructions: write down your classmates' mistakes in the language aspect assigned. Also provide general comments on what needs improvement and state the aspects that you liked about his/her performance.

Classmate's name: _____

What needs improvement	**Positive aspects**