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Nursing English Nexus

Edited by Mike Guest & Mathew Porter



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Nursing English Nexus

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From the Editor

Michael Guest, Co-Editor

Welcome to the October, 2019 issue of Nursing English Nexus, the online magazine of the Japanese Association for Nursing English Teaching. This is our second thematic issue, that theme being 'Materials That Work', in which Nursing English teachers describe items that have proven successful in their classrooms.

For this issue we have six contributions. Ray Franklin introduces several worksheets he finds helpful in teaching basic nursing vocabulary, each of which calls for a different type of activity. Jane Harland explains how she uses Quizlet as a means of teaching specialist terminology to nursing students. Paul Mathieson discusses the factors behind holding successful public poster sessions. Rima Ghashut, Paul Mathieson, Sufian Elfandi, and Francesco Bolstad describe how they create and manage speaking fluency activities with positive results. Simon Capper explains Medical English Bingo. Finally, Michael Guest outlines a worksheet that effectively teaches nursing students the data categories that nurses need to know to get data from patients and then convey it to co-medical staff. We hope that you find reading it fruitful.

Our next issue is slated for April, 2020. The theme of that issue will be 'Nursing English Stories'. In this issue we want to hear your anecdotes, reflections, interesting experiences, or any similar tales from your life as a teacher of nursing students, particularly in regard to learning English, internationalization, or human/personal development (do not worry about length or format). We are also hoping to receive presentation summaries from the 2019 JANET conference held in June (limited to about 1000 words). Please send submissions to either Michael Guest (mikeguest59@yahoo.ca) or Mathew Porter (porter@fukujo.ac.jp) by March 1st, 2020.

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A Message from the Executive Director Simon Capper

Welcome to the fifth edition of JANET's online journal, *Nursing English Nexus*. This edition takes a slightly more practical direction, with what will hopefully prove to be some very interesting and useful activities for you.

On the subject of useful and interesting, Nexus Editor Mike Guest and I recently returned from the EALTHY Conference, which took place earlier this month in Castellón de la Plana, Spain. If you're not familiar with the European Association of Language Teachers for Healthcare, please take some time to visit their website at ealthy.com, where they have a wide range of resources and materials. EALTHY have been active a little longer than JANET, and cover a wider area, both in content and geographically, but their conference and their publication still have much to offer JANET members.

We aim to collaborate with EALTHY much more in the future, hopefully seeing more JANET members at the next EALTHY conference, and welcoming some of their members to ours. Connectivity and sharing is what JANET is all about.

Meanwhile, enjoy this edition of Nursing English Nexus. We hope it provides some useful materials for you and your students.

Mission: The Japan Association for Nursing English Teaching (JANET) was formed in order to provide a forum for improving the quality of teaching, learning and research in the field of nursing English education in Japan. We aim to encourage collaboration between English teachers and nursing professionals, and support teachers to better serve the needs of the Japanese nursing community.

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Call for papers: We welcome anyone with an interest in any aspect of nursing English education to submit an article – in English or Japanese – in one of the following formats:

- Research articles (between 3000-4000 words)
- Issue theme articles / reports (up to 2000 words)
- Reports / introduction of current research projects – "My kaken" (up to 1500 words)
- Discussion / observations / polemics / opinions (up to 1500 words)
- Short summaries or reviews of books or articles (up to 1500 words)
- Interviews with nursing educators (up to 1500 words)
- Reviews of nursing English materials and / or technologies (up to 1500 words)
- Short, practical teaching tips (up to 1000 words)

Submissions for the April issue must be received by February 28 and the October issue by August 31. Information about the submission process and a style guide can be found at <https://www.janetorg.com/nexus>.

Vocabulary Worksheets for Nursing Students

Ray Franklin (rayosaka@gmail.com), Osaka Prefecture University School of Nursing

Following up on my development (Franklin, 2019) of a 314-word Nursing Vocabulary List (NVL, Appendix A), I created worksheets which offer opportunities to learn items from the list through exercises in antonyms & synonyms (Appendix B), misfits (Appendix C), matching collocations (Appendix D), and word search (Appendix E). These may be used either in conjunction with the NVL or independently of it.

Nursing students need to develop a working vocabulary of basic English health-related terms, including body parts, hospital departments, and common treatments and equipment used in their profession. An online search uncovered two academic word lists that could be relevant to this need: The Nursing Academic Word List (NAWL) developed by Yang (2015), containing 676 word families, and the Medical Academic Vocabulary List (MAVL) developed by Lei and Liu (2016), consisting of 819 lemmas (a headword and its inflections).

However, having determined that these two academic lists are both too long and too technical for nursing students to learn in an English as a Foreign Language (EFL) context, I developed my own Nursing Vocabulary List (NVL) composed of 314 items which I felt were both relevant and frequent-enough to be worth learning (Franklin, 2019). These are words that would be generally known by most native English speakers, rather than the highly specialized terminology of the medical profession. This NVL (Appendix A) is designed to supplement whatever curriculum and textbooks may be used by EFL nursing instructors, and is meant to be used for vocabulary learning by each student individually, rather than vocabulary teaching by the instructor. This is in accordance with Nation's claim that, "Deliberately teaching vocabulary is one of the least efficient ways of developing learners' vocabulary knowledge" (2008,

p.97). Nation instead recommends the teaching of vocabulary learning strategies such as using word cards, guessing from context, dictionary use, and word-part analysis, so that learners can take responsibility for their own learning of vocabulary that they find useful, relevant, or interesting. Nation furthermore points out that "...words are not learned in one meeting" (2008, p.113), which suggests that one of the roles of the teacher is to plan for repeated encounters with recently encountered lexical terms. The self-explanatory vocabulary worksheets presented here (Appendices B-E) were made with this purpose in mind, and are based on words from the NVL, although they may be used without prior introduction of the NVL if so desired.

One alternative to presenting the entire NVL could be to break it up into 20- or 25-word units to be learned weekly within a semester and, possibly, assessed with weekly vocabulary quizzes. The variations possible for presenting and/or recycling the items in the NVL are myriad, but it is hoped that these worksheets will provide a good start for giving nursing students opportunities to learn common health-related vocabulary that is useful for their professional development.

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Appendix A

The Nursing Vocabulary List (NVL)

Which words do you know? Mark each word according to the following scale:

0: I don't know it at all.

1: I have seen it, but don't know the meaning.

2: I have seen it, and think I know the meaning.

3: I know what it means in Japanese.

4: I can use it in English.

5: I can give its meaning in English.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Ankle 2. Arm 3. Back 4. Belly button 5. Brain 6. Bladder 7. Blood 8. Bones 9. Butt (bottom, ass) 10. Calf 11. Cheek 12. Chest 13. Chin 14. Ears 15. Elbow 16. Eyes 17. Finger 18. Foot 19. Forehead 20. Gallbladder 21. Genitals 22. Hand 23. Head 24. Heart 25. Heel 26. Hip 27. Intestines 28. Kidneys 29. Knee 30. Leg 31. Lip 32. Liver 33. Lungs 34. Mouth 35. Muscles 36. Nails | <ol style="list-style-type: none"> 37. Neck 38. Nerves 39. Nose 40. Pancreas 41. Ribs 42. Shoulder 43. Skin 44. Skull 45. Sole 46. Stomach 47. Thigh 48. Thumb 49. Toe 50. Tooth (teeth) 51. Throat 52. Waist 53. Wrist 54. Anesthetic 55. Burn Unit 56. Cardiology 57. Dermatology 58. Ears, Nose, & Throat (ENT) 59. Endoscopy 60. Emergency Room 61. Gastroenterology 62. General Surgery 63. Geriatrics 64. Gynecology 65. Hematology 66. Intensive Care Unit 67. Maternity 68. Microbiology 69. Neonatal 70. Nephrology 71. Neurology 72. Obstetrics |
|---|---|

73. Occupational Therapy
74. Oncology
75. Ophthalmology
76. Orthopedic
77. Pain Management
78. Pediatric
79. Pharmacy
80. Psychiatry
81. Physiotherapy
82. Radiotherapy
83. Rheumatology
84. Sexual Health
85. Urology

86. Abdominal pain
87. Abnormal
88. Abuse
89. Accident
90. Ache
91. Acute
92. Addiction
93. AED
94. Aged (elderly)
95. Aid (first aid)
96. AIDS
97. Allergic (...reaction)
98. Alleviate
99. Alzheimer's
100. Ambulance
101. Antibiotics
102. Antibodies
103. Antiseptic
104. Artery
105. Asthma
106. Bacteria
107. Bandage
108. Band aid
109. Benign
110. Biochemical
111. Biopsy
112. Bleeding
113. Blood Pressure
114. Blood Transfusion
115. Bowel Movement
116. Breast (...feeding)
117. Breathing
118. Cancer

119. Cane
120. Cardiac arrest (heart attack)
121. Caregiver
122. Cast
123. Cause
124. Cells
125. Chart
126. Checkup
127. Chemotherapy (chemo)
128. Chicken pox
129. Choking
130. Cholesterol
131. Chronic
132. Circulation
133. Clinic
134. Cold
135. Colleagues (coworkers)
136. Colon
137. Coma
138. Conscious
139. Constipation
140. Consult
141. Coronary
142. Coughing
143. CPR
144. Critical condition
145. Crutches
146. Cure
147. Damage
148. Data
149. Death
150. Degrees
151. Dehydrated
152. Dementia
153. Depression
154. Diabetes
155. Diagnosis
156. Diarrhea
157. Disease
158. Disorder
159. Dizzy
160. Drug (...overdose)
161. Drunk
162. Effect
163. Epidemic
164. Examination
165. External

166. Fart (pass gas)
167. Fatal
168. Fatigue
169. Female
170. Fever
171. the Flu (influenza)
172. Fluid (liquid)
173. Follow-up
174. Fractured (broken)
175. Function
176. Gauze
177. Genetic
178. Germs
179. Glucose
180. Headache
181. Heal
182. Heatstroke
183. Height
184. HIV
185. Hormone
186. Hospital
187. Hurt
188. Hypertension
189. Hypothermia
190. Illness (sickness)
191. Immune system
192. Indigestion (stomachache)
193. Infant (baby)
194. Infection
195. Inflammation
196. Injection (shot)
197. Injury
198. Inpatient
199. Insulin
200. Intravenous (IV drip)
201. Invasive
202. Iodine
203. Irritation
204. Laboratory
205. Lesion
206. Life Expectancy
207. Limb
208. Male
209. Malignant
210. Maximum
211. Measles
212. Medicine
213. Menstrual
214. Metabolism
215. Midwife
216. Minimum
217. Moderate
218. MRI
219. Mucus
220. Mumps
221. Nasal congestion (stuffy nose)
222. Nausea
223. Needle
224. Negative
225. Numb
226. Nurse
227. Obesity
228. Onset
229. Operation
230. Oral
231. Organ Failure
232. Outpatient
233. Overweight
234. Pain (...killer)
235. Paralyzed
236. Pathology
237. Patient
238. Pharmacology
239. Physical
240. Physician (doctor)
241. Pill (tablet, capsule)
242. Pneumonia
243. Poison
244. Positive
245. Pregnant
246. Premature
247. Prescription
248. Procedure
249. Prognosis
250. Prostate
251. Psychological (mental)
252. PTSD
253. Pulmonary
254. Pulse
255. Rash
256. Recovery
257. Recurrence
258. Reduce
259. Rehabilitation (rehab)

-
- | | | | |
|------|----------------------------|------|------------------|
| 260. | Relieve | 265. | Scab |
| 261. | Renal | 266. | Sensitive |
| 262. | Respiration | 267. | Shot (injection) |
| 263. | Risk factor | 268. | Sick (ill) |
| 264. | Sample | 269. | Slurring |
| 270. | Sneezing | 312. | Wheelchair |
| 271. | Sore | 313. | Wound |
| 272. | Specimen | 314. | X-ray |
| 273. | Spinal | | |
| 274. | Sprained | | |
| 275. | Stable | | |
| 276. | Standard (normal, regular) | | |
| 277. | Sterile | | |
| 278. | Stethoscope | | |
| 279. | Stimulate | | |
| 280. | Strain | | |
| 281. | Stress | | |
| 282. | Stretcher | | |
| 283. | Stroke | | |
| 284. | Suffer (from ~) | | |
| 285. | Survive | | |
| 286. | Swollen | | |
| 287. | Symptoms | | |
| 288. | Syndrome | | |
| 289. | Syringe | | |
| 290. | Temperature | | |
| 291. | Test results | | |
| 292. | Therapy | | |
| 293. | Tissue | | |
| 294. | Toothache | | |
| 295. | Toxic | | |
| 296. | Trauma | | |
| 297. | Treatment | | |
| 298. | Tumor | | |
| 299. | Ulcer | | |
| 300. | Ultrasound | | |
| 301. | Unconscious | | |
| 302. | Undergo | | |
| 303. | Underweight | | |
| 304. | Unhealthy | | |
| 305. | Urinate (pee) | | |
| 306. | Vaccine | | |
| 307. | Vein | | |
| 308. | Virus | | |
| 309. | Vomiting | | |
| 310. | Walker | | |
| 311. | Weight | | |

Appendix B

Medical Vocabulary: Antonyms & Synonyms Worksheet

I. Match these words to their antonyms (opposite meanings):

- | | |
|-----------------|-------------------|
| 1. Acute | a. Abnormal |
| 2. Artery | b. Adult |
| 3. Asleep | c. Awake |
| 4. Benign | d. Bath |
| 5. Breathing | e. Bowel movement |
| 6. Child | f. Choking |
| 7. Cold | g. Chronic |
| 8. Conscious | h. Cool |
| 9. Constipation | i. Cure |
| 10. Disease | j. Death |
| 11. Doctor | k. Diarrhea |
| 12. External | l. Female |
| 13. Healthy | m. Heal |
| 14. Headache | n. Heatstroke |
| 15. Height | o. Hot |
| 16. Hypothermia | p. Internal |
| 17. Injure | q. Malignant |
| 18. Inpatient | r. Mental |
| 19. Life | s. Minimum |
| 20. Maximum | t. Negative |
| 21. Male | u. Outpatient |
| 22. Normal | v. Overweight |
| 23. Physical | w. Patient |
| 24. Pill | x. Shot |
| 25. Positive | y. Stomachache |
| 26. Shower | z. Unconscious |
| 27. Underweight | aa. Unhealthy |
| 28. Urinate | bb. Vein |
| 29. Warm | cc. Weight |

II. Match these words to their synonyms (same/similar meanings):

- | | |
|----------------------|----------------------|
| 1. Aged | a) Baby |
| 2. Bandage | b) Butt, ass |
| 3. Bottom | c) Child |
| 4. Broken | d) Doctor |
| 5. Disease | e) Elderly |
| 6. Fever | f) Fractured |
| 7. Fluid | g) Gauze |
| 8. Heal | h) High temperature |
| 9. Hurt | i) Illness, sickness |
| 10. Indigestion | j) Injection |
| 11. Infant | k) Injured |
| 12. Kid | l) Liquid |
| 13. Nasal congestion | m) Normal, regular |
| 14. Operation | n) Recover |
| 15. Physician | o) Stomachache |
| 16. Shot | p) Stuffy nose |
| 17. Standard | q) Surgery |

Appendix C

Medical Vocabulary: Misfits Worksheet

Circle the word that doesn't belong in the group:

Height	weight	pulse	symptoms	blood-pressure	temperature
Stethoscope	needle	syringe	IV drip	bandage	stroke
Nausea	vomiting	diarrhea	constipation	the flu	fatigue
Orthopedic	cane	crutches	wheelchair	cast	stretcher
Coughing	sneezing	runny-nose	fever	sore-throat	cold
Dizzy	poison	dehydrated	hypothermia	heatstroke	sprained
Caregiver	nurse	patient	midwife	therapist	physician
Numb	hurt	broken	bleeding	swollen	heal
Prognosis	diagnosis	test results	specimen	treatment	rehab
Sore	rash	sensitive	infected	disease	ache
Infection	indigestion	prescription	addiction	inflammation	constipation
Depression	respiration	circulation	operation	examination	injection
Wrist	bottom, butt	ankle	elbow	knee	neck
Heart	lung	liver	kidney	skin	stomach
Bellybutton	nostril	cheek	chin	forehead	tongue
Sole	toe	thigh	thumb	calf	heel
Measles	mumps	epidemic	chicken pox	pneumonia	AIDS
Syndrome	disorder	condition	disease	alleviate	pathology

Appendix D

Medical Vocabulary: Matching Worksheet

I. Match these departments to their medical focus:

- | | |
|---------------------|-------------------------|
| 1. Cardiology | a. Accidents |
| 2. Dermatology | b. Bones |
| 3. ER | c. Bladder |
| 4. Gastroenterology | d. Blood |
| 5. Geriatrics | e. Cancer |
| 6. Hematology | f. Children |
| 7. Microbiology | g. Eyes |
| 8. Neonatal | h. Heart |
| 9. Nephrology | i. Infants |
| 10. Neurology | j. Intestines & Stomach |
| 11. Obstetrics | k. Joint pain |
| 12. Oncology | l. Kidneys |
| 13. Ophthalmology | m. Prescriptions |
| 14. Orthopedic | n. Mental |
| 15. Pediatric | o. Nerves & Brain |
| 16. Pharmacy | p. Old age |
| 17. Psychiatry | q. Pregnancy |
| 18. Physiotherapy | r. Rehabilitation |
| 19. Radiotherapy | s. Skin |
| 20. Rheumatology | t. Viruses |
| 21. Urology | u. X-ray, MRI |

II. Match these words to their collocations (make a pair):

- | | |
|----------------|---------------|
| 1. Allergic | a. Arrest |
| 2. Alzheimer's | b. Attack |
| 3. Benign | c. Bone |
| 4. Blood | d. Cancer |
| 5. Bowel | e. Care |
| 6. Breast | f. Condition |
| 7. Broken | g. Congestion |
| 8. Cardiac | h. Decay |
| 9. Critical | i. Disease |
| 10. Drug | j. Expectancy |
| 11. Follow-up | k. Factor |
| 12. Heart | l. Feeding |
| 13. Immune | m. Killer |
| 14. Intensive | n. Movement |
| 15. Life | o. Nose |
| 16. Lung | p. Overdose |
| 17. Maternity | q. Pressure |
| 18. Nasal | r. Reaction |
| 19. Pain | s. Results |
| 20. Risk | t. System |
| 21. Runny | u. Throat |
| 22. Sore | v. Tumor |
| 23. Test | w. Visit |
| 24. Tooth | x. Ward |

Note: Although "Breast Cancer" is a valid pair, it is NOT the answer for this exercise, so please choose another match for "Breast ~" and for "~ Cancer"

Appendix E

Hospital Departments Word Search

C Y Y F G T N E M E G A N A M N I A P E Y R
 V D H O U A M V L Y V Q W K S O Q Q N A G H
 S B R C Q N S G Y N E C O L O G Y G G R O E
 B C A C O P T T Z E X P Y Z M E E G Y S L U
 Y S I O I U K M R G M G H R E N X P E N O M
 G M Q T N D P K E O O E H A E K A T K O M A
 O E C Y E B E R E L E J R R R R H G R S L T
 L F B O E H I P O R L N A G E M G I F E A O
 O C C U P A T I O N A L T H E R A P Y T H L
 T U I D T R D S E H S C T E B N A C B H T O
 A Z M R R R Z P E U T O E Y R U C F Y R H G
 M L I O A A H M R N I R H V G O R Y V O P Y
 R C L C D R D G J S A R O E I O L N W A O G
 E A T U O O E I Y F E S F W M S L O U T M H
 D I I L W R Y H O I X W B T K A N O G N H J
 J F O H Y L P L A T A N O E N H T E R Y I L
 U G M P K H T L A E H L A U X E S O T U F T
 Y M D J D P S C I R T E T S B O I J L N E R
 M I C R O B I O L O G Y R P R N T T D O I N
 P S Y C H I A T R Y N U Y A O N C O L O G Y
 Y T I N R E T A M Z D O W T P M I W K V F Y
 K P E D I A T R I C E L Y O Y Y G O L O R U

ANESTHETICS

BURN UNIT

CARDIOLOGY

DERMATOLOGY

EARS-NOSE-THROAT

EMERGENCY

GASTROENTEROLOGY

GENERAL SURGERY

GERIATRIC

GYNECOLOGY

HEMATOLOGY

INTENSIVE CARE

MATERNITY

MICROBIOLOGY

NEONATAL

NEPHROLOGY

NEUROLOGY

OBSTETRICS

OCCUPATIONAL THERAPY

ONCOLOGY

OPHTHALMOLOGY

ORTHOPEDIC

PAIN MANAGEMENT

PEDIATRIC

PHARMACY

PHYSIOTHERAPY

PSYCHIATRY

RADIOTHERAPY

RHEUMATOLOGY

SEXUAL HEALTH

UROLOGY

Using Quizlet to Study Vocabulary in English for Nursing Classes

Jane Harland (janeharland.fukudai@gmail.com), Fukuoka University

Explicit vocabulary learning is vital in English for Nursing classes due to the number of specialist terms involved. Unfortunately, most textbooks fail to recycle vocabulary adequately, so it is difficult for students to master new terms. Some publishers provide supplementary materials online; for example, an introductory Nursing English textbook (Sato and Harland, 2011) has online audio (Igaku-Shoin, 2014a) and listening worksheets (Igaku-Shoin, 2014b). However, additional vocabulary activities for each chapter would also be beneficial to students.

Quizlet is a popular online study tool that allows teachers and students to create digital flashcards. It is user-friendly, requires little computer knowledge, and users can access it via the website or Quizlet app. Quizlet provides a workable solution to the problem of how to recycle nursing English vocabulary from a course textbook, allowing teachers to create materials that are suitable for students of all levels. I have used Quizlet for several years in my English for Research classes at Kyushu University's Faculty of Dental Science, and plan to use Quizlet in a new English for Reading Research Papers course in Fukuoka University's MS Nursing course.

Quizlet helps users study more efficiently, as terms that students get wrong will appear for review more often, so learners can focus on the terms that need the most work. Quizlet uses "unknown," "learned," and "known" to indicate levels of mastery. These distinctions are important, since students often "learn" vocabulary items rather than "master" them, i.e., they can recognize the terms, but not necessarily associate the term with the definition and vice versa.

To create study sets, instructors can import content from Word, Excel, or Google doc files into Quizlet. It is possible to use or customize existing study sets, but teachers should check whether the

content and level are appropriate for their classes. I make my own sets and use only English, but some instructors might prefer to use English and Japanese. Quizlet is not limited to word and definition matches alone, a text-to-speech audio function also enables students to listen to entries. If teachers upgrade to Quizlet Teacher (currently costing 4100 yen per year) they can add custom visuals and audio, which would help improve vocabulary retention and ensure the correct pronunciation of specialist terms. The final step is to set up virtual classes, add study sets, and then invite students to join their class via a URL.

Quizlet includes five study modes wherein students can learn or review material at their own pace. These modes are:

- Cards—use flashcards to study
- Learn—match the terms with their definitions
- Write—write in the terms
- Spell—type what you hear
- Test—create customizable tests.

Each mode has options, so the user can create a tailor-made learning experience, e.g., audio on/off, answer with term/definition, and the test mode includes several question types: matching, multiple-choice, true/false and written. There are also three play modes: Match, where users match corresponding items against the clock, and Gravity, a multi-level game where users have to type answers correctly to prevent asteroids from hitting their planet.

The final play mode, Quizlet Live, is a team-based classroom game where teams race to correctly match 12 terms and definitions from a chosen study set. Students use their smartphones and join a game by entering a 6-digit code or scanning a QR code. Quizlet randomly assigns students to groups, so they will need to move

around to find their teammates. Once the game starts, the teacher's screen displays team progress. All group members have the same questions, but only one student has the correct answer, so students need to pool information.

Quizlet Live aims for accuracy rather than speed. Therefore, students must think carefully before answering, as a wrong answer sends a team back to the beginning. After a game, both terms answered correctly and those frequently missed appear on the screen. Such instant feedback is a useful learning tool for students and highlights which terms the instructor should revisit. Quizlet Live is a fun vocabulary review activity to use at the end of class, and students of all levels can contribute to their teams.

How do I use Quizlet with my classes? I set a goal of at least five Quizlet activities a week, but let students choose how they study, as some modes are harder than others. To increase motivation levels, I enter scores in the Match and Gravity modes and give bonus points to students who beat my scores. Quizlet also encourages learners to keep playing. For example, when someone beats a student's score, the student will receive a motivational mail reminding them to "win back their spot."

How do my students use Quizlet? My students use computers or tablets in class, but most choose to use the Quizlet app on smartphones outside of class, as users can download study sets and study offline. Match is the most popular study mode, and the more active students played Match over 50 times to beat their classmates and top the leader board!

Most students average five activities a week during the course. However, initially, a few students did not actively participate, so I showed my class an example of my admin screen (Figure 1) which displays how many times a student has studied each activity. Once students realised that I could see exactly what they were doing, or not doing, this solved the problem of non-

participation. The free version of Quizlet displays student activity, however, teachers who require students' scores should use Quizlet Teacher.

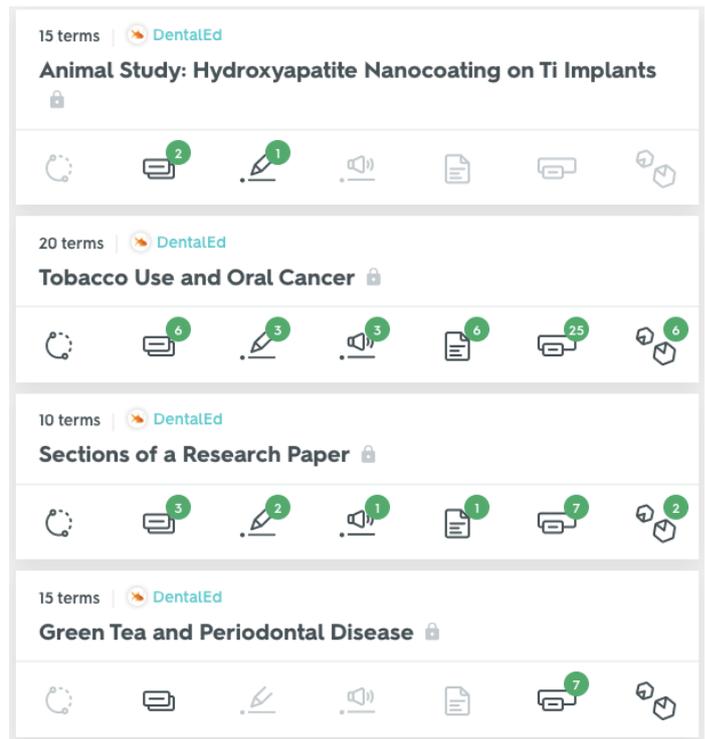


Figure 1. A student's activity shown on the admin screen. The numbers indicate how many times the student has studied an activity.

Materials designers can use Quizlet in a variety of ways: embed it into a class blog, or a learner management system, such as Moodle, use QR codes on class handouts to direct students to a Quizlet link, or generate printable flashcards and word lists. Test mode saves considerable time when creating paper tests, though the questions generated require checking, as answers sometimes appear in later questions.

I have used Quizlet myself for research and personal development, e.g., to master terms related to chronic obstructive pulmonary disease (COPD) during my PhD research, and when studying kanji compounds for my First Aid Instructor's course with the Fukuoka Fire Prevention Bureau.

In conclusion, Quizlet is a great learning tool for classes, such as nursing English, which require the study of specialist terms. Digital flashcards enable students to study anywhere and at any time, and in their preferred mode. The initial time

investment to create study sets pays off as the materials provide a valuable resource for future years. Furthermore, using Quizlet in my classes has led to better learner vocabulary retention, increased motivation, improved class dynamics, and has helped weaker students succeed.

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Fostering active learning in a nursing English course through public health poster presentations

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Whatever nursing specialty or nursing-related career path our students end up pursuing, their day-to-day work is highly likely to involve some element of public health. Accordingly, we have included a public health presentation activity in our second-year nursing English course for some years. In previous years, this involved small groups of students choosing and researching a public health topic and giving a 10-minute English presentation about their chosen topic, with a question and answer session at the end of their presentation.

However, during the 2018/2019 academic year, we decided to do things differently. Some students in previous years reported that they found researching and giving a presentation in front of the entire class to be very stressful. Accordingly, we tweaked the format for the course by asking our students to give poster-style presentations in small groups, hoping that this would make the task a little less daunting. In fact, what we found was that not only did students seem to find the activity less intimidating, but they also seemed to find this format more rewarding as well.

Before discussing some of the many positives that came out of this activity, I will explain how it was set up. This activity was an assessed part of the second-year nursing English course at our institution. The presentation was worth 10% of students' final grades, and the review paper (asking students to reflect on what they learned from their own presentation and what they learned from other students' presentations) was also worth 10% of their final grade. Accordingly, the fact that the activity comprised 20% of their overall grade for the course meant that students were eager to invest their time and effort into the activity.

The activity itself was spread across three lessons. In the first lesson, we introduced the activity and organised the students into pairs or groups of three (for classes with odd numbers of students). The pairing/grouping was done randomly rather than left to students to decide. We also distributed a handout which explained the goals for the activity and what was expected of the presentations (see Appendix A). At the bottom of that handout was a list of public health topics that students were expected to give presentations about. The course coordinators selected these topics based upon their perceived relevance to local and/or global public health concerns and initiatives and also their potential relevance to our students. (Students were also advised that they could—subject to teacher approval—choose their own topic, although no student pairs/groups did so.)

Given that we wanted no more than one presentation for each topic, pairs/groups were asked to choose three topics. The teachers then decided which pair/group would present on which topic based upon those selections. And although many student pairs/groups did not get to present on their first choice, most, if not all, pairs/groups were assigned a topic based upon one of their three choices.

In this first lesson, teachers also reminded the students that these public health topics are general topics. Accordingly, for their presentations, students would need to focus on some particular aspect of their chosen public health topic, as they would not have enough time to cover the general topic in its entirety. We also distributed some sample public health pamphlets (collected from various healthcare providers and institutions in New Zealand) to give our students an idea of what we were looking for.

Students spent most of the second lesson preparing for their poster presentations. Teachers reminded students that they had to prepare: (1) an A3-sized poster highlighting the key messages related to their chosen topic; (2) an A4-sized pamphlet related to their topic (similar to public health pamphlets found in hospitals, clinics, and other community facilities); and (3) notes for their presentation. We advised students that the posters and pamphlets were intended to help audience members to understand the key messages of the presentation topics, and that the posters and pamphlets also formed part of the presentation assessment. (Teachers also collected the pamphlets after the presentations to check for plagiarism.) And although some groups made printed copies of their posters and/or pamphlets, students were told that hand-drawn posters and pamphlets were also acceptable.

The third lesson was the poster presentation day. Students were arranged into 'pods' consisting of three pairs/groups. Each pair/group gave a roughly three-minute presentation, which was followed by a two-minute Q & A session. After all of the pairs/groups had given their presentations, we rearranged the pods, and the process was repeated so that students gave their presentations to new groups of students. This process was done one more time, so each pair/group ended up giving their presentation three times. (This also helped the teachers to evaluate the presentations effectively.) At the end of the lesson, students were reminded that they had to submit their review paper at the beginning of the next lesson.

The presentations were evaluated based upon the poster and pamphlet (design, English grammar and vocabulary, and content), and also the presentation itself (content and English grammar and vocabulary). Students were also advised that their pair/group could be awarded bonus presentation marks for asking questions during the Q & A sessions. The review paper was also marked based upon content, English

grammar, and vocabulary.

Most of the feedback from our students about this activity was very positive. Many students commented that the format was less stressful than regular full-class presentations, and that they felt more comfortable asking questions in small groups rather than in front of the whole class. In their review papers, a lot of students also noted that, as young adults, they felt a direct connection to many of the topics (such as sex education, alcohol abuse, road/driving safety, and so on). Overall, despite some minor housekeeping issues on the presentation day (mainly related to timing discrepancies between the different presentation groups), this activity was hugely successful. The positive feedback from students and teachers, combined with the very high quality of the presentations and the review papers, suggest that this activity will continue to be an integral part of our course in the coming years.

Appendix A: Handout for students' public health poster presentations

GROUP PROJECT INFORMATION (FIRST SEMESTER)

- ❖ The group presentations will be on **Tuesday, 9 July**.
- ❖ You will have some time in class to prepare for your group presentation on Tuesday, 25 June and also on Tuesday, 2 July. However, you will also need to do some preparation for the group presentation *outside* of class.
- ❖ The format for the group presentation is as follows:
 - It is a **pair** presentation;
 - The presentation should be about a **public health topic** (you need to choose a topic from the list of public health topics below);
 - For the presentation, you need to prepare:
 - (1) an **A3-sized poster** about your public health topic;
 - (2) a **small booklet** (folded A4-sized or B5-sized) providing information about your public health topic; and
 - (3) **presentation notes** for your 2-3-minute in-class presentation about your public health topic.
- ❖ When you are preparing your poster, booklet, and notes, you should think about these questions: (1) *What is the important information that people need to know about the topic?* (2) *What are some of the problems associated with the topic, and how can people deal with these problems?* (3) *How can people find out more about this topic?*
- ❖ You should choose a topic from the list of general public health topics below. (Students are also able to choose a public health topic that is not included in the list below, but you need to discuss it with your teacher.)

LIST OF GENERAL PUBLIC HEALTH TOPICS

1. **Sex education** 2. **Food safety / hygiene** 3. **Smoking** 4. **Alcohol abuse**
5. **Drug abuse** 6. **HIV** 7. **Air pollution** 8. **Safety around water**
9. **Safety around the home** 10. **Infectious diseases** 11. **Domestic violence**
12. **Vaccines** 13. **Dementia (認知症)** 14. **Childbirth and maternity**
15. **Road safety / driving safety**

Enhancing nurse-patient communication through the development of English speaking fluency skills

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When we ask our nursing students to reflect on their English learning experiences and their English language ability, a common theme that emerges is students' desire to be able to speak English more fluently. This is perhaps not surprising seeing as research has shown that Japanese nurses' main need for using English is for the purpose of talking to patients, their families, or caregivers (Willey et al, 2016).

It has been reported that there is a relationship between the quality of small talk between nurses and patients and the positive health outcomes for the patients (Macdonald, 2016). In addition, nurses deal with patients who are under stress due to their illness. Engaging patients in general conversations may significantly reduce the patients' anxiety toward their medical condition and any procedures which need to be carried out. As a result, enhancing English-speaking skills can help to strengthen the nurse-patient relationship.

The Nara Medical University Department of Clinical English has developed a required English-speaking fluency programme, which extends over the first and second years, in order to help our students to improve their spoken English. The first-year nursing course is a general, four-skills communicative English course designed to prepare students for the more difficult content-based second-year nursing and healthcare English course.

Therefore, these fluency speaking activities aim to enhance students' English speaking ability by encouraging them to effectively communicate their ideas, opinions, and feelings in English, and to help them acquire the ability to engage in ongoing, ever-evolving conversations. Therefore, for the purposes of this article, we will explain more about

how the fluency speaking activities are set up and conducted.

One of our course principles involves flipping our classroom and providing students with course materials and handouts in advance of lessons. This includes the fluency speaking and fluency writing topics, which are aligned with the units in the course syllabus. Consequently, students are expected to be prepared for their fluency speaking activities in advance.

In addition, each lesson begins with a 10-minute fluency writing activity on the same or a similar topic as the fluency speaking activity, thus providing students with one further opportunity to prepare for the fluency speaking activity. Here is a topic example:

Writing: What foreign culture or cultures do you like? Why?

Speaking: Share your impressions of other cultures. How are they similar or different to Japanese culture?

The core component of the fluency speaking activities involves a five-minute pair speaking activity on a set topic as an integral exercise in every class. However, during the past year, we have also chosen two classes out of the four first-year nursing English language classes to add a three-person speaking activity to the programme. It is important to point out that an ongoing study is being conducted to assess the effectiveness of this three-person speaking activity as compared with the pair speaking activity.

During the pair speaking activity, students used their preparation notes and were also able to utilise their writing for the fluency writing activity which immediately preceded each fluency speaking

task. Students were then asked to pair up with a classmate for five minutes of English conversation about the topic.

As for the three-person speaking activity, students were divided into groups of three, and each student within the group was assigned a designated role.

The first role was Discussion Leader. For this role, the student was responsible for starting the conversation and making sure that the other students engaged in the conversation. The second role was that of Reporter. The reporter's job was to make notes about the ideas that were discussed, and then report one or more of those ideas back to the whole class. The final role was the Troubleshooter. This role involved writing down English words or expressions that students did not know or were uncertain about.

After the three-person speaking activity time was up (usually between 5-10 minutes), the reporters shared their group discussion ideas with the other students in the class. Next, the Troubleshooters disclosed any problematic or unclear words and expressions to the class, and then checked and discussed the meanings.

For example, when having difficulty expressing the meaning of the word *hadashi* (裸足, barefoot) during a discussion about their favourite childhood memories, all the class members were encouraged to participate in solving the language problem.

There were of course numerous challenges involved in implementing these speaking activities, both for teachers and for students. For the teachers, the question was how we could help our students to meet their expectations and expressed desire to improve their English-speaking skills. As a starting point, developing an encouraging approach to our students' speaking interactions seemed appropriate, while having various pair- and group-based speaking activities also seemed beneficial.

To assist students, we provided a number of learner support tools, including giving them the speaking topics in advance and providing handouts with guidance about how to start and how to

maintain a successful English conversation. Yet, in spite of all of this support, there were some problems with the implementation of these classroom speaking activities, particularly the three-person speaking activity. This activity was initially very time-consuming during the preparation phase, and some students had difficulty fulfilling their assigned roles. However, as both the students and the teachers became more accustomed to the activity format and flow, it began to bear fruit.

To pursue this further we asked our students for their feedback relating to the speaking activities, which was generally very positive and encouraging. Most students who participated in the three-person speaking activity said that they enjoyed the speaking time in general and that the teamwork aspect and the clear division of roles helped the conversations to progress. In particular, students' reflections upon the troubleshooter role also noted that it helped them in learning new and interesting expressions.

Overall, despite the potential shortcomings with coordinating teams, class time management, and different teachers' standards and expectations, these fluency speaking activities proved to be very successful. The speaking activities appear to help improve students' English speaking and listening fluency, and judging by the students' feedback, it may also help to create a stimulating and enjoyable classroom environment for both students and teachers.

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Medical English Bingo

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Learner level: Elementary to Advanced

Activity time (length): 20 - 40 minutes

Teacher Preparation time: 20 -30 minutes

Materials: Vocabulary lists

Number of Participants: 2 - unlimited

Introduction

Medical English Bingo is a highly enjoyable, stimulating information gap activity that can be used to revise and recycle medical vocabulary through pair-work explanations. It's highly adaptable, easy to prepare, and has proven to be the most popular communicative classroom activity that I've used in over three decades of English teaching.

For this introduction I've limited my scope to commonly used medical English terminology. The game can, however, easily be adapted beyond the realm of medical English to focus on cultural items (such as explaining Japanese food items, or features of British culture), adjectives of emotion, adverbs of manner – the variations are endless.

Procedure

Step 1: Pre-class preparation

The teacher needs to prepare two different lists of 25 target vocabulary items, preferably on a similar theme (see Appendix 1). Next, convert these lists into two 5 x 5 square Bingo grids, clearly marked 'A' and 'B' (see Fig. 1). You may prefer to use different colours for the page heading, to be able to make sure at a glance that students don't have the same grid as their partner.

Step 2: Pre-teach key expressions

Before playing Bingo, it's always helpful to review expressions that may facilitate explanations:

- "It's (kind of) + adjective (long / short / thin / round / square / pointed / sharp / wide / narrow / hard / soft) and it's made of (wood / plastic / glass / rubber / metal / leather /

cardboard).

- It's something we use (when we / with / to / in) ...
- It's a kind of ...
- It's a place where ...
- It's shaped like a ...

Paraphrasing should be encouraged:

- "They're like paper pants."
- "It's a kind of support that we use when it's difficult to walk."
- "It's like a hard cover, it's white, and we use it to protect a broken bone."

Step 3: Make partners, distribute the papers

Learners choose a partner, and determine which is 'A' and which is 'B'. Give each player a 'Partner A' or 'Partner B' Bingo sheet, according to their assignment. Each player then randomly fills in their Bingo grid with the numbers 1-25. Players should not show their sheet to their partner.

Step 4: Play the game

When the grids have been filled with numbers, Partner A begins the game by saying a number (1-25, chosen at random) to Partner B. Partner B should then attempt to explain the item with that number on their own sheet.

While explaining the item, under no circumstances should Partner B say the word in the grid square. Instead they should explain it in such a way as to elicit the word from Partner A. When the target word has been successfully elicited, Partner B can circle it on their grid. Partner A can, of course, ask questions in order to gain more information. This is a useful strategy if Partner B's explanation is too short or otherwise insufficient. The process is then repeated in reverse, with Partner B giving Partner A a random number, and Partner A attempting to elicit the target word from Partner B.

Variations and Extensions

Players don't need to stop when they've both completed a bingo line. Bingo may continue until both players have completed two or even three bingo lines. Alternatively, on completing their lines players can be required to explain the remaining vocabulary on their bingo sheet until other members of the class have had a chance to complete their games.

For a shorter game, the centre square of a 5 x 5 grid given may be designated as a 'free' square, or a 4 x 4 grid may be used.

inhaler	vitamins	ointment	prescription	antibiotic
aspirin	anti-pyretic	eye drops	gargle	antiseptic
capsule	IV drip	solution	nasal spray	anesthetic
anti-histamine	suppository	sedative	nebulizer	patch
painkiller	analgesic	vaccine	narcotic	laxative

Fig. 1: Partner A – Medication Bingo

Further Options: Spelling Bingo

An alternative to 'Explanation Bingo' is 'Spelling Bingo'. In this variation, players challenge each other to spell the words and are effectively marking their partner's bingo card. As with 'Explanation Bingo' each partner is given a grid of 25 words, and numbers in the grid boxes from 1-25. Play begins with Partner A nominating a number. Partner B then finds this number on their grid and asks Partner A "How do you spell _____?"

If partner A correctly spells the word, it is circled and play continues with Partner B choosing a number from Partner A's grid, and Partner B attempting to spell the word. In 'Spelling Bingo' players cannot see their own progress on the grids, so they are reliant on their partners to tell them when they've reached Bingo.

Appendix 2 provides Partner A & B lists of illnesses that are suitable for Spelling Bingo, although of course, this same list could be used as a basis for Explanation Bingo too (with players describing causes, symptoms, or treatments).

Note: Medical English Bingo is best used for fluency and revision. These are not suitable classroom activities if the vocabulary items are not already reasonably familiar to learners.

Appendix 1: Suggested vocabulary for Medical Equipment Bingo

PARTNER A	PARTNER B
adhesive tape	antiseptic cream
bandage	blood pressure gauge
cast	crutches
diaper	disinfectant
dressing	elastic bandage
emesis basin	forceps
gastroscope	gauze
gurney	hearing aid
heating pad	incubator
latex gloves	measuring spoon
medical chart	microscope
neck brace	needle
oxygen	pulse oximeter
reflex hammer	respirator
rubber tube	safety pin
scales	scalpel
splint	sterilizer
stethoscope	stretcher
suction port	surgical mask
syringe	thermometer
tongue depressor	tourniquet
trolley	tweezers
urinal	vital signs monitor
walking frame	ward
waste bin	wheelchair

Appendix 2. Suggested vocabulary for Illness Spelling Bingo

PARTNER A	PARTNER B
anorexia nervosa	anemia
arthritis	appendicitis
asthma	bipolar disorder
bronchitis	bulimia
chicken pox	chlamydia
cholera	constipation
cystitis	dementia
dermatitis	diabetes
eczema	gastroenteritis
gonorrhea	halitosis
hay fever	hemorrhage
hemorrhoids	hepatitis
hypertension	hypotension
influenza	jaundice
laryngitis	leukemia
malnutrition	measles
menopause	mouth ulcer
mumps	neurosis
osteoporosis	pneumonia
psychosis	rheumatism
rubella	schizophrenia
gastric ulcer	strep throat
stroke	sypphilis
tonsillitis	tuberculosis
typhoid fever	whooping cough

Getting Patient Information: A Worksheet for Teaching Patient Interviewing and Data Reporting

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In this short paper, I will describe a single teaching item that constitutes the core of my Nursing Communicative English 1 course at the University of Miyazaki. This item (see Appendix A) involves not a single lesson but can occupy up to 5 or 6 lessons, depending upon the speed at which students appear to be mastering the target skills and internalizing the contents.

The purpose of this item (entitled 'Getting Patient Information') is to familiarize Japanese nursing students not only with appropriate methods of asking and reporting patient data, but also to help them become sensitized to the categories of inquiry such that there may be a positive cognitive washback effect on the students' holistic professional training.

As the reader can see, the worksheet is divided into four sections: Basic Patient Data, Medical and Social History Information, History of Present Illness (HPI), and O/E (On Examination). The specific items included in each section have been chosen based upon the author's previous inquiry and research into spoken nursing English, nursing admission documents, and clinical case presentations and have thus been identified as the most significant categories for nurses when collecting or reporting patient data.

In carrying out the task of mastering this material, students need to concern themselves with not only the language forms needed to conduct nurse-patient interviews but also used in data reporting between nurses and health professionals and in clinical case presentations.

I recommend that each section be covered in a single class and be reviewed consistently and cumulatively until the entire set of items has been mastered. This involves regular role-playing among students using the worksheet as an information gap activity for both vertical (nurse-patient) and

horizontal (nurse-health professional) spoken discourse. To do so, students are required to create their original patient data which is then conveyed to partners during role-play, completed by the listener on the form, and is then further conveyed to a new partner as nurse-nurse reporting. Confirming the accuracy of the data at each stage is another essential feature of this pair-work activity.

Considerations for managing each section:

1. General Patient Data

Students will make profiles of a non-Japanese patient. This requires not only some imagination but also care in terms of the names' written/spoken order and the form in which the birthdate is presented.

2. Medical and Social History

The students will likely require a list of suitable items in order to complete the items allergies, underlying conditions, current medications, and reasons for hospitalization which the teacher should compile and familiarize students with in advance. It is also noteworthy that the lifestyle items such as work, sleep, or drinking habits tend to have fluctuating and inexact values in real life and therefore that a certain degree of vagueness or approximation is not only acceptable, but normal.

3. History of Present Illness (HPI)

When introducing this section, teachers should offer the students a list of suitable location terms (upper middle, lower right etc.). Abbreviations used in describing duration (hrs, wks, mths, yrs) should also be introduced here. Frequency and duration will also tend to bring up crucial distinctions between chronic, intermittent, and acute conditions

4. On Examination (O/E)

This section will focus upon the reporting of basic vital sign and systems review data between nurses and other health care professionals. Instructions regarding the application of these tests in nurse-patient discourse can (and should) be dealt with separately.

Considerations for effective class management and student performance:

- Having the instructor merely 'tell' the students the 'correct' question form for each item is demotivating, as it requires a highly teacher-centered, discrete information-based classroom approach. To avoid this, in each section I have students work in groups to guess/predict what the most suitable question form would be before eliciting the 'best' responses from them. Instructors should keep in mind that there are invariably valid alternative question forms for most data items.
- The entire 'Getting Patient Information' activity can, and should, be prefaced with an introduction performed by the student (for nurse-patient interviews) and followed by explanations of each subsequent section as well as a suitable closing. Students are also required to maintain a pleasant demeanour and good posture while performing the activity.
- While the nurse-patient interview requires the utilization of social competencies (see above) the nurse-nurse reporting element focuses upon speed and accuracy. Truncated grammatical forms are encouraged, such that each item of data does not always require that a new, full sentence be formed (e.g., 'The patient is a John Smith, male, aged 55...')
- Numerous extemporaneous activities, such as item flash cards, in which one student

shows a flash card to a team and then gives it to the first student who gives an adequate matching question, can be added in order to more deeply internalize the language forms.

- Treated as a whole, this item can easily translate into a role-play test (spread over two classes in order to include all 30 students). I act as the patient while nursing students enter two-by-two and elicit responses from me while completing the form, before reporting the data (nurse-nurse) to each other. The completed patient information forms are then handed in in order to ensure data accuracy.

This activity not only helps to develop practical nursing English skills, with the professional relevance serving as a primary motivational factor, but also to reinforce awareness of the clinical categories, lines of inquiry, and organization of data that are most important to practicing nurses in any language.

Appendix A

Getting Patient Information 1

Personal Information:

- Name _____
- Sex/Gender _____
- DOB ___/___/___
- Marital Status _____
- Nationality _____
- Occupation _____

Medical and Social History Information:

- Blood Type _____
- Allergies _____
- Current Medications _____
- Underlying Conditions/Ongoing treatments _____
- Hospitalizations (why) _____ (when) _____
- Ht _____
- Wt _____
- Working habits – hrs per day/days per week _____ level of stress _____
- Sleeping habits – hrs. _____ quality _____
- Eating habits - meal frequency _____ balance _____
- Exercise (frequency) _____ (type/length) _____
- Smoking ____ yes ____ no (if yes, amount per day: _____)
- Alcohol (frequency) _____ (type/amount) _____

HPI:

- Present Complaint _____
- Duration _____
- Location _____
- Frequency _____

O/E:

- P _____
- BP _____
- TEMP. _____
- HS _____
- RS _____

*Notes on worksheet abbreviations:

DOB- Date of Birth (or Birthdate), HT- Height, WT- Weight, P- Pulse, BP- Blood Pressure, HS- Heart Sounds, RS- Respiratory System

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