

Advanced Workplace English for Internationally Trained Healthcare Professionals

healthSPEAK



Prepared by:



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In cooperation with:



Citizenship and
Immigration Canada

Citoyenneté et
Immigration Canada

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1. healthSPEAK Course Summary

The Working Centre has developed a curriculum module for the program **healthSPEAK**. This advanced workplace English course for internationally trained healthcare professionals, with an emphasis on speaking and listening, is designed for learners at Canadian Language Benchmark (CLB) levels six to eight. In partnership with Kitchener–Waterloo (K-W) YMCA Cross-Cultural and Community Services, The Working Centre designed healthSPEAK to provide job-specific English language training and Canadian workplace culture orientation for eligible participants who are essentially work ready, but require enhanced sector specific language skills in order to assist them in looking for work in jobs related to their profession. The K-W YMCA Cross-Cultural and Community Services provided initial language assessments of potential participants and input to the curriculum content and continue to assist with referrals. In addition to the Enhanced Language Training (ELT), The Working Centre linked healthSPEAK participants with employment counselling supports to assist them in developing an individualized research and action plan to secure work in their profession in Canada or to link them with other job search programs in the community.

HealthSPEAK is an 11-lesson (32 hour) English course module with the following objectives:

- To assist internationally trained healthcare professionals to increase their knowledge of health sector terminology and workplace culture, improve their pronunciation, and develop their speaking/listening skills of particular health sector language within an active, learning environment.
- To serve as a model for a potential longer curriculum that can be added into existing advanced learning courses to provide the sector specific workplace component, or can serve as a model to be used as a supplement to Sector Specific Training Information and Counselling (STIC) supports currently being offered through the province of Ontario. This model can be adapted to a community-based setting or for classroom learning.
- To involve internationally trained healthcare professionals who are currently employed, and their employers, in contributing examples of workplace challenges and misunderstandings from which will be built scenario-based learning examples for participants who are seeking employment, bridging, or mentoring opportunities.

Through career counselling supports, this course assists internationally trained healthcare professionals in moving closer to their employment goal of work in their profession or related field. Classes are facilitated to allow for both individual and group activities.

The Canadian Language Benchmarks (CLB) 2000 is the national standard by which an adult learner's proficiency in English as a Second Language (ESL) is measured. The CLB is a descriptive scale of communicative proficiency in ESL, expressed as benchmarks or reference points. They provide a framework of reference for learning, teaching, programming and assessing adult ESL in Canada, and a national standard for

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planning second language curricula for a variety of contexts, a common “yardstick” for assessing the outcomes. The CLB provide descriptors for four language skills: speaking, listening, reading and writing on a scale from CLB Level 1 to CLB Level 12. These twelve levels are divided into three stages: Stage I, Basic Proficiency (Levels 1 to 4); Stage II, Intermediate Proficiency (Levels 5 to 8); and Stage III, Advanced Proficiency (Levels 9 to 12). The healthSPEAK module addresses CLB levels 6-8, Stage II-Intermediate Proficiency.

Background History

The Working Centre is a community-based employment resource centre, founded in 1982, with an established reputation for developing and delivering innovative projects that spring out of the needs of the people it serves. Over the last three years this organization has seen a rapid increase in the numbers of new Canadians making use of their resources. The Working Centre aims to integrate the strategically creative ways in which to provide practical supports to the benefit of this ELT project.

K-W YMCA Cross-Cultural and Community Services has been a leader in providing newcomers with support needed to adapt, contribute and prosper in the K-W community since 1985. This organization offers programs that serve over 10,000 newcomers each year. Qualified assessors from the K-W YMCA Language Assessment Centre conduct Canadian Language Benchmarks Assessment (**CLBA**) introduced in 1996 or the more recent Canadian Language Benchmarks Placement Test (**CLBPT**) whereby CLB levels in Speaking/Listening, Reading, and Writing is determined (maximum level for current available assessment is CLB Level 8).

Curriculum content and scenario-based themes were explored from community focus groups and interviews with employers in the healthcare field, community agencies serving new Canadians, and internationally trained healthcare professionals. Information gathered included the following as important areas to explore:

- Medical terminology, including pronunciation
- Communication skills (with patients/clients and with other professionals and different registers of language)
- Conflict resolution, hierarchy in the field
- Conducting small talk
- Medical forms
- Language/codes for medical investigations
- Patient/client interactions
- Healthcare legal/ethical information – liability issues
- Phone practice
- Workplace jargon/idioms /expressions
- Taboos, cultural faux pas and Canadian protocols
- Canadian Health system, cultural differences

Curriculum development included research regarding relevant resources (websites, books, etc.), the various bridging programs, and Prior Learning Assessment (PLA) programs to determine the level of English needed and explore relevant curriculum

healthSPEAK: Advanced Workplace English for Internationally Trained Healthcare Professionals content. healthSPEAK is designed to be practical and provide a step towards the English language competency required for healthcare professionals in Ontario, Canada.

Another study initiated by the Centre for Canadian Language Benchmarks, *Benchmarking the English Language Demands of the Nursing Profession across Canada* (2002) identified the specific English language skills still needed by an applicant in order to be eligible to work as a nurse in Canada. The purpose of this study was to determine the real-life English language demands of the nursing profession in Canada, and to assign appropriate CLB levels to the four skill areas (speaking, listening, reading, and writing). This report provided a summary of the greatest language challenges for internationally educated nurses (i.e. pronunciation, jargon, asking for clarification, communicating using appropriate register, cultural differences etc). Speaking and listening comprehension were two of the greatest challenges mentioned by the study participants.

Curriculum feedback was looked at from the report "*Canadian Healthcare Practice: Cultural Issues for Internationally Educated Nurses Writing the Canadian RN Exam*", a pilot project offered by UBC's Centre for Intercultural Communication. Sessions on cross-cultural communication included role-plays and experiential activities on nonverbal communication and problem solving and building multidisciplinary teams. Therapeutic communication practices were addressed, particularly assertive communication, giving and receiving feedback, dealing with angry patients, reflective and non-judgmental listening, and asking open-ended questions. Strategies were discussed for delivering culturally compassionate care in a culturally diverse country.

Marketing efforts included contacting community agencies, school boards, and healthcare employers to spread the word about the program. An article appeared in the local newspaper (see Appendix 1) that generated much interest and response. The K-W YMCA Cross-Cultural and Community Services was particularly helpful in referrals from their database and connections with existing healthcare programs at The Working Centre.

2. Document Summary

This document provides:

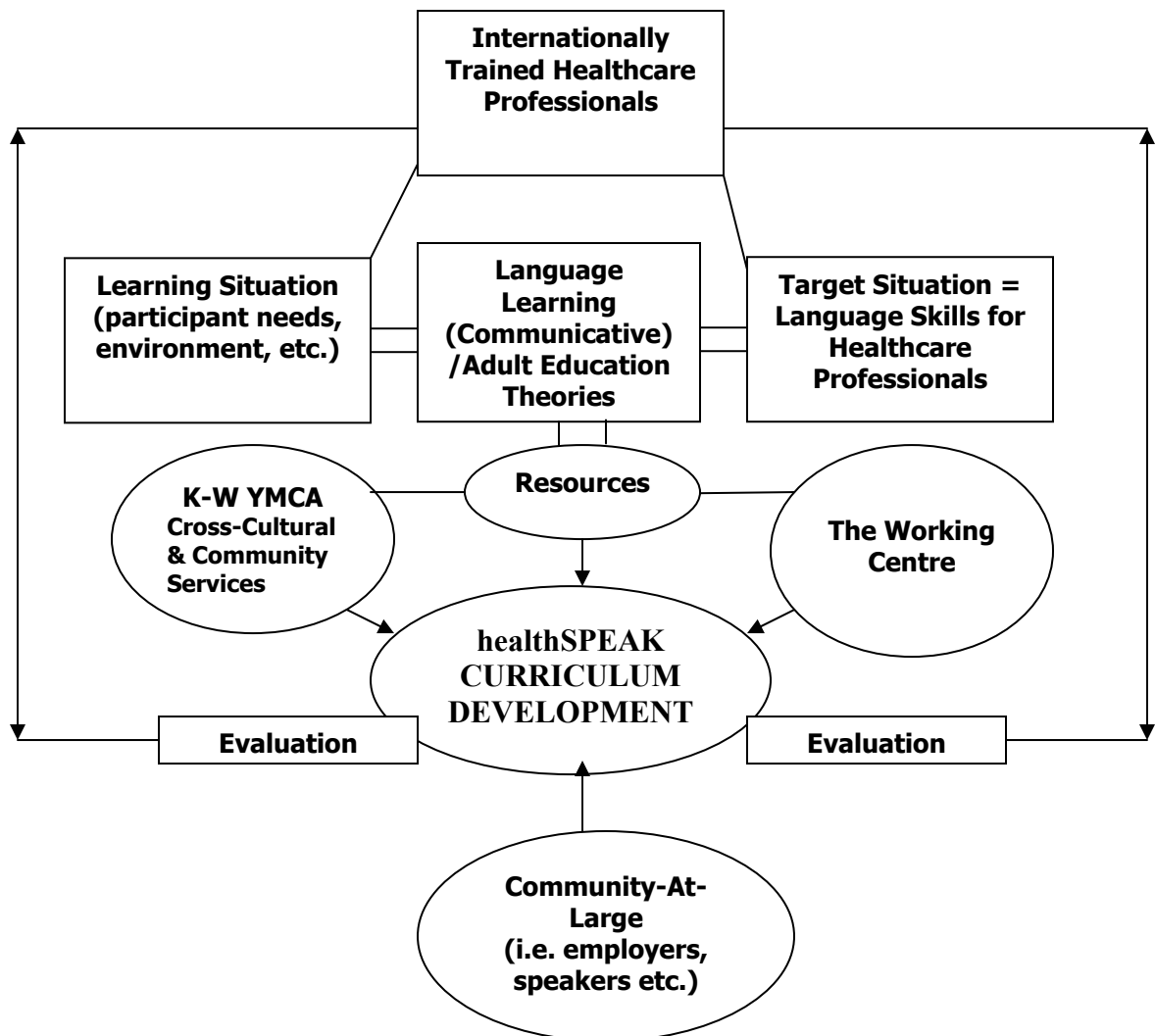
- 1) **healthSPEAK Course Summary**
- 2) **Document Summary**
- 3) **healthSPEAK Course Design**
- 4) **healthSPEAK Module: Units 1-5 (including lesson overviews and detailed lesson summaries outlining sample tasks and resources to achieve CLB skill competencies)**
- 5) **Evaluation**
- 6) **Bibliography**
- 7) **Appendices**

3. healthSPEAK Course Design

The following diagram illustrates how **healthSPEAK** was designed. It takes into consideration course objectives, potential learners, target situation, learning needs, learning situation, curriculum, resources, and evaluation.

healthSPEAK is a dynamic and flexible course that will change with time and learners' needs. Activities and resources within a healthcare, advanced ESL framework are suggested; however, to allow learners to advance their CLB levels or focus on writing/reading, facilitators are welcome to change, adapt and create activities appropriate to that level or focus.

Figure 1: Course Design Process



Course Objectives

- To assist internationally trained healthcare professionals to increase their knowledge of health sector terminology and workplace culture, improve their pronunciation, and develop their speaking/listening skills of particular health sector language within an active, learning environment.
- To serve as a model for a potential longer curriculum, can be added into existing advanced learning courses to provide the sector specific workplace component, or can serve as a model to be used as a supplement to Sector Specific Training Information and Counselling (STIC) supports currently being offered through the province of Ontario. This model will be adaptable to a community-based setting or for class learning.
- To involve internationally trained healthcare professionals who are currently employed, and their employers, in contributing examples of workplace challenges and misunderstandings from which will be built scenario-based learning examples for participants who are seeking employment, bridging, or mentoring opportunities.

Learners

- Adult newcomers assessed at CLB level six and above.
- Internationally trained healthcare professionals, work ready but require enhanced sector specific language skills for obtaining jobs, licensing, and/or certification.

Target Situation

Internationally trained healthcare professionals have a need to:

- Improve English to raise employability potential and workplace productivity working in their field
- Acquire language skills for communicating with native and non-native English speakers when looking for work or in the workplace.

Learning Needs

Learning needs were determined through focus group meetings, interviews with employed internationally trained healthcare professionals, healthcare employers, and staff from the YMCA Cross-Cultural and Community Services.

Learning Situation

The **healthSPEAK** course consists of 11 lessons, with each lesson at three hours in length. The learning environment includes:

- Classroom with access to computers
- Adult learners of diverse skills and knowledge who may be working full time, job searching, or have full-time family obligations
- Various cultural backgrounds and learning styles
- Opportunities for guest speakers
- Multi-level: Canadian Language Benchmark levels six to eight

Curriculum – Units 1-5

The curriculum is dynamic and addresses the needs, motivation, and interests of the learners. The **healthSPEAK** curriculum is divided into Units 1-5. Each Unit Lesson includes Idioms/Colloquial Expressions, Speaking/Listening exercises, Pronunciation activities with Workplace Task(s) Summary and ‘Other’ section for evaluation and other ideas. In addition, there is a ‘Sample Application’ description of Lesson 1 and Lesson 2 of each unit outlining facilitation in a community center setting. The units practice and develop various CLB competency outcomes, Levels 6-8, as outlined in the unit descriptions. Sample tasks that are mentioned in the unit descriptions can be replaced with other activities of relevant themes and skills that can facilitate the learning outcomes. The communicative approaches used in the curriculum promote language learning through meaningful practice in relevant contexts; authentic materials and scenarios have been used wherever possible. Various tasks are interchangeable and may be eliminated depending on time factors and students’ interests.

Unit Lesson Format

Each Unit Lesson has an overview including the following components:

- Idioms/Colloquial Expressions
- Speaking Listening Activities
- Pronunciation
- Workplace Task(s) Summary
- ‘Other’ section (for evaluation, other ideas, career counselling processes)

Each lesson component provides the corresponding CLB’s skills and competence focus, suggested resources (including books, films or websites) and brief descriptions of activities. Some of the activities have additional facilitator’s notes or student handouts after each unit description. These sections are colour coded so they could be pulled for supplement use to other courses as well. For example all the Idioms and Colloquial Expressions could be used as part of another conversational advanced ESL course.

Figure 2: healthSPEAK Unit Lesson Design

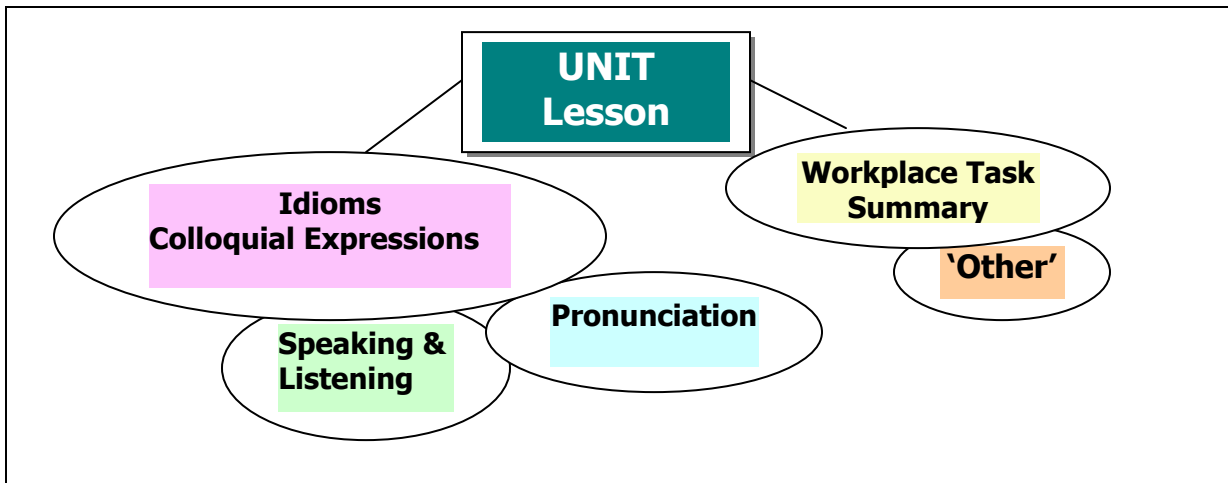


Figure 3: Unit Summaries

UNITS	WORKPLACE TASK (S) SUMMARY
Communication and Eldercare	<ul style="list-style-type: none"> • Therapeutic Communication Techniques • Communicating concerns & problem solving • Workplace culture: issues of confidentiality
Healthcare Professional and Client	<ul style="list-style-type: none"> • Asking for/documenting information • Consent forms/Privacy Act • Taking a history • Speaking professional to professional vs. professional to client/patient • Asking and clarifying about symptoms /advising patient • Communicating via emails
Telephone Communication	<ul style="list-style-type: none"> • Communicating on the telephone: strategies and practice • Medical documentation • Healthcare professional speaker panel • Communicating via emails
Professional to Professional	<ul style="list-style-type: none"> • Professionals working/communicating effectively together • Building networks: communicating with professional colleagues and exchanging emails (netiquette) • Workplace culture • Small talk • Investigations, diagnosis and explanations • Speaking professional to professional vs. professional to client/patient (review)
Community Healthcare	<ul style="list-style-type: none"> • Paraphrasing and presenting to a group of colleagues • Communicating via emails • Gathering information from a professional • Writing a professional biography

Resources

The websites and books suggested in this curriculum are listed in the bibliography. It is assumed that the facilitator will adhere to copyright laws and “fair use” and decide which books to purchase as class sets. The suggested resources and activities can be replaced or updated with other relevant websites or materials.

Evaluation

Student intake and language assessments (see Appendix 2, Student Intake Assessment Form) are completed prior to course start date to assist with specific participant needs. Ongoing unit and course evaluations (teacher, peer, and self) assist with course content, progression, adjustments, and materials. Final summative evaluations (student and program evaluations) develop future course design and indicate student progress. Course success is measured by tracking the language development of the participants (pre and post) of this program.

Units 1-5 were tested and revised with a group of 15 healthcare professionals (nurses, doctors, dentists, physiotherapists, medical lab technicians and mental health practitioner). Feedback provided by these participants assisted with the healthSPEAK program and material development. Detailed application notes and tips for the facilitation of Lesson 1 and Lesson 2 are located at the end of each unit.

healthSPEAK

UNITS 1 - 5

UNIT 1 – Communication and Eldercare

Overview

	Lesson 1	Lesson 2
Idioms / Colloquial Expressions	Idioms for Solving Problems	Idioms for Decisions and Choices Vocabulary of Affective Adjectives (see Handout)
Speaking / Listening	Therapeutic Communication Techniques (TCTs) 1) Definition and overview 2) Role-playing: Driving and Dementia	Communication and Eldercare 1) Scenario: role-playing Cultural differences: issues of confidentiality; disclosure to a patient's family; and consent forms 2) Living will
Pronunciation	1) Class pronunciation needs assessment	Syllables 1) Dictation 2) Medical pronunciation challenge
Workplace Task(s) Summary	<ul style="list-style-type: none"> • Therapeutic Communication Techniques: paraphrasing for empathetic understanding and care 	<ul style="list-style-type: none"> • Communicating concerns & problem solving • Workplace culture: issues of confidentiality
Other	<p>*For first session of the program, group introductions would begin the class. The movie <i>Notebook</i> has a couple of good scenes of doctor, nurse, dementia patient and family members. Career Counselling Questionnaire: Form for Ss to complete in order to connect with services Evaluation: Peer evaluation of non-verbal communication in role-playing Email Task: Have Ss email facilitator a summary of TCTs and how they have used them in their profession</p>	

UNIT 1 – Communication and Eldercare

Idioms/ Colloquial Expressions

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Suggested Resources: *Everyday Idioms: for Reference and Practice* (Book One [1996] and Two [1997]) by Ronald Feare

Lesson 1

*Idioms for Solving problems

- get to the bottom of
- nip in the bud
- wrack one's brain
- two heads are better than one
- work out
- do the trick
- quick fix
- take a different tack
- as a last resort
- no magic bullet
- brain storm

Lesson 2

*Idioms – for Decisions and Choices

- rule of thumb
- pros and cons
- leave up to
- make up one's mind
- leave open
- call the shots
- settle on
- take one's pick

Vocabulary of Affective Adjectives (see handout)

Skills/Competence Focus (CLB)

L - Can understand sufficient vocabulary, idioms and colloquial expressions to follow detailed stories of general popular interest (7 - 8)

NOTES

*Create word match exercises, fill in the blank sentences, dialogues, or have Ss write idioms in a sentence and discuss.

UNIT 1 – Communication and Eldercare

Speaking/Listening

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Lesson 1*: Therapeutic Communication Techniques

1) Therapeutic Communication Techniques [TCTs] (S, L, R):

Review Communication Skills: Facilitator’s Notes

- Therapeutic Communication Techniques (verbal and non-verbal) Discuss Questions: What is TCT (What are characteristics)? What are conditions affecting communication, types of communication? What is the role of empathy and validation?

Communication Leads (see handout)

- Discuss Dementia / Alzheimer Disease

Suggested resources for reference:

http://www.alz-sioux.org/dcli/dcli_tips09.pdf

<http://www.childbirths.com/euniversity/therapeutic.htm>

2) Role-Playing: Driving and Dementia in Ontario (S, L, R)

Suggested resources:

<http://alzheimer.interlynx.net/drivingdem.php>

http://rgapottawa.com/dementia/english/issues_concerns.asp

Incorporating Therapeutic Communication Techniques:

a) In pairs, Ss role-play how a doctor may dialogue with an elder patient who should no longer drive because he/she has been diagnosed with advanced dementia.

b) Pairwork: Ss role-play how a doctor may dialogue with family member(s) (of an elder patient diagnosed with advanced dementia) who is extremely upset and don’t know how to deal with their parent’s persistence of driving.

Skills/Competence Focus (CLB)

S - Give and respond to a warning; discourage others (e.g., discourage a person from... dangerous actions) (7)

S – Make a simple formal suggestion; provide a reason (6)

S - Ask for and respond to recommendations or advice and make an extended suggestion on how to solve an immediate problem or make an improvement (7)

S - Propose/recommend that certain changes be made in a familiar area (8)

S - Ask for and provide detailed information related to personal needs, varied daily activities and routine work requirements (e.g., obtain multiple opinions about a medical condition, treatment options, prognosis) (7-8)

S - Participate in a small group discussion/meeting: express opinions and feelings; qualify opinion, express reservations, approval and disapproval (7)

S - Express doubts and concerns; oppose or support a stand or a proposed solution (8)

L - Identify specific factual details and inferred meanings in dialogues containing openings and closings, making and cancelling of appointments, apologies, regrets, excuses, problems in reception and communication (6)

NOTES

***For first session of the program, group introductions would begin the class.**

UNIT 1 – Communication and Eldercare

Speaking/Listening continued

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

<p>Lesson 2: Communication and Eldercare</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>1) Scenario: Communication and Eldercare (L, S) (see handout)</p> </div> <p>Read the scenario twice for the Ss. Divide into groups and answer the question, “What are the communication breakdowns?” Using “Communication Leads” and idioms of the week - ask groups to role-play dialogues problem solving the Scenario’s issues (Alice and support care worker, Alice and director, support care worker and director)</p> <p>a) Cultural Comparisons (R, S, L): Ss read information related to the Privacy Act or legislation around information disclosure. Suggested resource: Disclosure to a patient’s family. http://www.cfpc.ca/cfp/2003/Mar/vol49-mar-clinical-2.asp</p> <p>b) Small Group discussion (S, L): Is this similar practice to Ss homeland? Brainstorm any situation(s) where illness overrides patient confidentiality.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>2) Living Will (S, L, R) (see handout)</p> </div> <p>Suggested resources: http://www.utoronto.ca/jcb/outreach/living_wills.htm http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/living_wills.asp</p> <p>Pairwork (S, L): Handout of Living Will Chart - complete with partner. Discuss decision-making. How does this type of decision-making relate to healthcare professionals and the Ontario model of healthcare?</p>	<p>Skills/Competence Focus (CLB)</p> <p>L - Can follow most formal and informal conversations at a descriptive level (7), and some technical work-related discourse in own field at a normal rate of speech (8).</p> <p>L - Can determine mood, attitudes, and feelings (6-8).</p> <p>L - Demonstrate comprehension of details and speaker’s purpose in directive requests, reminders, orders and pleas (7)</p> <p>L - Identify main ideas, supporting details, statements and examples in a descriptive or narrative presentation, or in a group interaction (e.g., meeting, discussion) (6-8)</p> <p>R - Can follow main ideas, key words and important details in an authentic one- or two-page text on a familiar topic within a predictable, practical and relevant context (6-8)</p> <p>R - Can locate and integrate several specific pieces of information in visually complex texts (e.g., tables, directories) or across paragraphs or sections of text (8)</p>
NOTES	
<p>Additional resources – Caregiving Strategies for Older Adults with Delirium, Dementia, and Depression</p> <ul style="list-style-type: none"> • http://www.mao.org/bestpractices/completed_guidelines/BPG_Guide_C4_caregiving_elders_ddd.asp • ElderLifePlanning.com • http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=104 	

UNIT 1 – Communication and Eldercare

Pronunciation

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Suggested Resource: *Clear Speech* by J. Gilbert (3rd edition, 2005)

Lesson 1:

Due to ‘Introductions’, the first class will not have much time for pronunciation.

Class Pronunciation Needs Assessment: ask each student to document what personal pronunciation problems they are aware of i.e. “b” vs. “p”

Lesson 2: Syllables

1) Dictation and syllables – Ss listen to a set of sentences, record, and count total syllables per sentence (can use any set of sentences relating to Unit topic or medical journal excerpts).

2) Medical pronunciation challenge

Ss divide into 2 teams. From a list of medical words in a bag (the longer the words the better for this activity), facilitator draws a word and writes it on flipchart paper. First member in line of Team 1 attempts to pronounce it. If correct, one point. If incorrect, member of Team 2 attempts to pronounce it and so on...

Facilitator continues to draw words until everyone gets a chance of pronouncing a word. (1-2 rounds). Class breaks into small groups of 3-4 and discusses words on flipchart, meaning, and practices pronunciation with each other (counting the syllables). For example: arthroscopy, dermatosis, duodenoenterostomy, rehydration, nephropathy, odontalgia etc.)

Skills/Competence Focus (CLB)

S - Ask for and provide detailed information related to personal needs, varied daily activities and routine work requirements (e.g., call to request information about very specific services or products, or to discuss a very specific need) (7)

NOTES

Syllable practice develops clarity of word pronunciation.

UNIT 1 – Communication and Eldercare

Workplace Task(s) Summary

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

- **Therapeutic Communication Techniques**

Ss learn paraphrasing for empathetic understanding and care. Communication skills as a healthcare professional are practiced through role-playing.

Developing rapport with the client is a basic ingredient for establishing the healthcare professional–client relationship - self-awareness, responsibility, emotional maturity, objectivity, and empathy are powerful tools of therapeutic intervention. A therapeutic relationship is one in which the healthcare professional and client participate and work toward the goals of meeting the client’s needs and facilitating growth. Through empathy, genuineness, concreteness, and trust, communication skills are developed and reflected upon.

- **Communicating concerns & problem solving**

Communication strategies are formed from the “Eldercare Scenario” role-playing, vocabulary and idiomatic worksheets, and website resources.

- **Workplace culture: issues of confidentiality**

Cultural differences regarding confidentiality and “eldercare” are discussed.

Skills/Competence Focus (CLB)

S - Provide work-related feedback/opinion when asked by the supervisor in a small informal team meeting (6)

S - Make simple suggestions on an element that should be changed; give reason; make a simple prediction of consequences (6)

S - Respond to minor client complaints by apologizing and addressing the problem; refer serious complaints to the supervisor (7)

S - Respond to client complaints and make suggestions for a resolution (8)

L - Listen to co-workers and supervised workers to determine the root of a problem or conflict in a team (8)

NOTES

UNIT 1 – Communication and Eldercare

Other

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

In addition to focusing on listening and speaking skills required in the healthcare field, healthSPEAK aims to connect participants with employment counsellors and other job search supports.
Ss will complete a:

Career Counselling Questionnaire (see handout)

Email addresses have been gathered from participants and/or a group email for the class has been set up to administer extra assignments and encourage Ss to practice email skills.

Peer Evaluations: Non-verbal Communication (see handout)

Ss (select 2-3) take turn giving feedback of non-verbal communication skills of their colleagues in role-playing (handout).

Skills/Competence Focus (CLB)

L - Can determine mood, attitudes, and feelings (6-8).

S - Ask for and respond to recommendations or advice and make an extended suggestion on how to solve an immediate problem or make an improvement (7)

NOTES

Email Task: Have Ss email facilitator a summary of TCTs and how they have used them in their profession.

Vocabulary of Affective Adjectives

Please note that by preceding many of these adjectives with appropriate adverbs, you can control the intensity of your communication. For example:

You feel **angry** with your teacher for scolding you.

You feel **quite** angry with your teacher for scolding you.

You feel **extremely** angry with your teacher for scolding you.

EMOTION	Strong	Moderate	Mild
HAPPY	On cloud nine Thrilled Fantastic Marvelous Ecstatic	Wonderful Cheerful In high spirits Glowing Up	Glad Good Satisfied Pleased Fine
DEPRESSED	Desolate Hopeless In despair Barren Bleak	Upset Discouraged Miserable Sorrowful Downcast	Unhappy Glum Sad Down Disappointed
INADEQUATE	Worthless Washed up Impotent Powerless Like a failure	Incompetent Insignificant Unimportant No good Inept	Uncertain Weak Inefficient Lacking Confidence Unsure of yourself
CARING	Cherish Tenderness toward Loving Idolize Worship	Fond of Hold dear Close Taken with Regard	Warm toward Friendly Like Positive toward Good about
FEARFUL	Terrified Desperate Dread Paralyzed Horrorified	Afraid Scared Butterflies Alarmed Apprehensive	Nervous Anxious Jittery Hesitant On edge
CONFUSED	Bewildered Baffled Puzzled Perplexed In a dilemma	Ambivalent Helpless Flustered Mixed-up Going around in circles	Uncertain Unsure Bothered Uncomfortable Undecided
HURT	Crushed Anguished Devastated Humiliated Forsaken	Belittled Hurt Laughed at Cheapened Used	Put down Taken for granted Unappreciated Neglected Overlooked
ANGRY	Enraged Bitter Vicious Infuriated Seething	Mad Spiteful Aggravated Resentful Irritated	Uptight Ticked off Impatient Frustrated Bugged

Communication Skills: Facilitator's Notes

<u>Communication Skill Used</u>	<u>Teaching Emphasis Ranking</u>
Reading (16 %)	# 1
Writing (9%)	# 2
Speaking (30%)	# 3
Listening (45%)	# 4

Read to group:

You're the manager of a shipping department. One morning the mail brings orders for 25 items. The phone rings and a store orders 10 more items. The buyer from a department store phones and says his store is overstocked, please cancel his order for 20 items. The boss drops by and says 15 more items should be shipped to another customer. A salesperson comes in and orders 20.

What is the name of the shipping manager?

Listening is the communication skill most of us use the most frequently.

Various studies stress the importance of listening as a communication skill. A typical study points out that many of us spend 70 to 80 percent of our waking hours in some form of communication. Of that time, we spend about 9 percent writing, 16 percent reading, 30 percent speaking, and **45 percent listening**. Studies also confirm that most of us are poor and inefficient listeners.

Listening includes:

Words: 7%

Tone: 13%

Body language: 80 %

COMMUNICATION LEADS

1) Phrases for Suggestion:

“ I suggest ...”	“I propose that...”
“ I recommend”	“ I think that...”
“ I advise that...”	“ Wouldn't it be better to...”
“ I highly advise...”	
“ It is vital that”	
“I would appreciate	
“In my view, the only viable solution is...”	

2) Phrases to use when you trust your perceptions are accurate, and the individual is receptive to your communication:

“You feel...”	“From your point of view...”
“It seems to you...”	“In your experience...”
“From where you stand...”	“As you see it...”
“You think...”	“You believe...”
“What I hear you saying is...”	“I'm picking up that you...”
“I sense that...”	“From where you're coming from...”
“You figure...”	“You mean...”
“You're (identify the feeling)”	

3) Phrases to use when you are having difficulty understanding clearly or the individual does not seem receptive to your communication (tentative):

“Could it be that...”	“Let me see if I'm with you, you...”
“This may be a long shot but...”	“Let me see if I understand you, you...”
“Correct me if I'm wrong, but...”	“I wonder if...”
“Does it sound reasonable that...”	“Is it possible that...”
“...Is that the way it is?”	“It seems that you...”
“...Is that what you mean?”	“As I hear it, you...”
“Is there any chance that you...”	“...Is that the way you feel?”
“What I think I hear you saying...”	“You appear to be feeling...”
“It appears you...”	“I get the impression that...”
“I guess that you're...”	“Perhaps you're feeling...”
“From what you've said so far...”	“What I guess I am hearing is...”
“Maybe you feel...”	
“I'm not sure if I'm with you, do you mean...”	
“I'm not sure I understand, you're feeling...”	

SCENARIO – Eldercare

During a public meeting one evening, communication stories or rather mis-communication stories were being shared around the table. Alice shared this story.

She explained to everyone, “My mother is in a care facility and her attendant does not always understand her. One day after suffering from a stroke and having to be lifted my mother uttered ‘ouch’. The support care worker did not understand what ‘ouch’ meant and did not realize my mother was in pain. Another day at the care facility an older woman called out from the washroom, ‘I’m through’. The attendant thought the woman was going to throw up.

I don’t know what kind of training they get but they don’t understand English expressions. I approached the director of the facility, but she assured me the staff is well trained and there are no problems.”

-
- 1) What are the communication breakdowns?

 - 2) How could you paraphrase (three different ways) a dialogue addressing the communication problems between:
 - a) the healthcare attendant and Alice?
 - b) the facility supervisor and Alice?
 - c) the healthcare attendant and the supervisor?
 - d) the healthcare attendant and the resident (Alice’s mother)?

Example Section of a Living Will

For each of the health situations (found in the first column of the table), imagine that you are in the situation described, and then you develop a further medical problem that requires some life-sustaining treatment (found in the top row of the table). If you do not receive this treatment, you would die. If you receive the treatment, the chance that you will live depends on the nature of the medical problem. Even if you recover fully from the medical problem, you would return to the health situation you were in before you developed the further medical problem.

Write your treatment decision ("YES", "NO", "UNDECIDED," or "TRIAL") in the box for every combination of health situation and treatment.

In some cases, it may be unclear initially whether a given treatment will be beneficial or not. In these cases, you may want to try the treatment for an appropriate period, usually a few days to a couple of weeks. During this time your doctors would monitor and assess the effectiveness of the treatment and determine how beneficial it was for you. If the treatment proved to be beneficial, it could be continued. If not, it could be stopped. If you wish such a treatment trial, then write "TRIAL" in the box. For CPR and surgery, a treatment trial is not appropriate because these treatments are given all at once in a short time.

EXERCISE: With a partner complete this chart. One person completes chart while the partner asks questions using therapeutic communication techniques to assist decision-making.

For the listener, what kinds of questions were asked to assist the decision-making? Document.

	CPR	VENTILATOR	DIALYSIS	LIFE-SAVING SURGERY	BLOOD TRANSFUSION	LIFE-SAVING ANTIBIOTICS	TUBE FEEDING
CURRENT HEALTH							
MILD STROKE							
MODERATE STROKE							
SEVERE STROKE							
MILD DEMENTIA							
MODERATE DEMENTIA							
SEVERE DEMENTIA							
PERMANENT COMA							
TERMINAL ILLNESS							

Peer Evaluation: Non-Verbal Communication

Name of peer for evaluation:

Role-Playing Character:

1. What does the body position convey? (circle all that apply)

Openness
Relaxation
Tension
Stiffness
Interest
Aloofness
Other:

Comments for improvement:

2. Evaluate appropriate eye contact (circle one).

Avoids
Occasional
Constant with breaks
Stares
Other:

Comments for improvement

Peer Evaluation: Non-Verbal Communication, page 2

3. Circle all that apply to voice tone:

Too loud	Too soft
Confident	Hesitant
Moralistic	Smug
Warm	Cold
Soothing	Clipped
Interested	Bored
Other:	

Comments for improvement:

4. Evaluate gestures and facial expressions (circle all that apply)

Gestures:

Nervous movement
Inviting gestures
Rigid

Nodding:

Head nodding appropriate
Head nodding too frequent
Head nodding infrequent

Expression:

Face shows concern and interest
Face shows disinterest
Face reflects client's feelings
Face is unchanging/masklike
Other (e.g., warmth or use of touch)

Career Counselling Questionnaire

Name: _____

How Can The Working Centre Support You?

In addition to focusing on listening and speaking skills required in the healthcare field, healthSPEAK aims to connect participants with employment counsellors and other job search supports. In order to assist you more, we need to collect a little more information.

1. Are you currently working? Yes No

If yes:

a) How many hours do you work a week? _____

b) Is this work in healthcare? _____

c) What is your job title?

2. a) What is your highest level of education? _____

b) Where did you receive that education (which country and institution)?

3. How long have you been in Canada? _____

4. a) If we could offer you assistance, when would you be available for appointments and/or workshops? Check all that apply.

Weekday mornings

Weekday afternoons

Weekday evenings after 6pm

Saturdays

b) What is the best time for you to meet? _____

5. Do you have short-term plans? Please describe.

healthSPEAK Unit 1 – Lesson 1

Sample Application in a Community Centre Setting

Preparation

Prepare room – arrange tables, chairs, coffee, mugs, flipchart, markers, overhead, television, DVD, dictionaries, handouts, binders with paper, pens and contact information.

Welcome and Introductions

- As participants arrive, have them create a name card from card stock.
- Briefly welcome participants and introduce facilitators and any student observers.

Introductions Icebreaker

A nice way to introduce this activity is to comment on the fact that each participant brings with them expertise, important experiences and resourcefulness. Participants will be encouraged to share their information with the group throughout our 11 sessions together. This next activity is a way to get to know all of the ‘teachers and resource people’ in the room.

Step 1:

Hand out scrap pieces of paper, blank on one side. Instruct participants to fold paper 3 times – into 8 squares. Be sure to provide a demonstration.

Step 2:

Participants introduce themselves to 8 other people (encourage them to meet people not sitting at their current table). When you meet a new person, write his/her name at the top of one square. Ask them to tell you two things about himself or herself.

The key is that when you are introducing yourself to fellow participants, you cannot repeat any of the information you provided earlier. For instance, if I tell Juan that I am from Canada and have two children, I cannot tell Ana that I am from Canada and have two children – I need to tell her two different pieces of information. Provide a demonstration using the facilitators.

Encourage participants to stand up in order to “mingle.”

Step 3:

Participants return to their seats and separate the 8 squares of names they have collected. Have everyone return each square to the person it describes. Each participant will end up with several squares detailing information about himself or herself.

Step4:

Participants get into pairs and exchange their piles of paper. Allow a few moments to read over the information collected about the partner. Take turns introducing your partner using the information collected. It is not necessary to share each and every point (maybe 6 points about each participant).

Overview:

- Hand out binders and welcome handout (see Handout A) – contains contact information, themes to be covered, daily format, room schedule.
- Housekeeping issues: parking, bathrooms, space, coffee.
- What this course is and isn't. This was presented as an overhead (see Overhead A) in order to ensure that participants understand what they can expect from the healthSPEAK sessions. *It may add a rigid tone if distributed as a handout.*
- Questions?

Idioms

Script:

Prepare a script that intensively uses idioms for discussion (Overhead B). Ask volunteers to read the script for group. This can serve as a listening activity (not provided as a handout). If comprehension is weak, have volunteers read a second time, more slowly and focused. Have a participant paraphrase the situation to ensure comprehension. Put the script on an overhead and take up the idioms as they occur in the dialogue.

Handout:

Distribute a handout with idiom meanings and a 'fill in the blank' activity. Encourage participants to finish the activity in pairs.

Therapeutic Communication

Group Discussion:

- As a healthcare professional, who do you communicate with most? [patients/clients]
- Has anyone studied a specific communications course?
- What are the four skills of communication? [reading, writing, speaking, listening]
- Which one is used the most? Poll the class. [Most studies suggest around 45% listening, 30% speaking, 16% reading and 9% writing]
- Which skills do we spend the most time learning in school? [Reading and writing – contrast the listening and speaking skills we use most in daily life]

Small Group:

Quickly have participants brainstorm in small groups what therapeutic techniques exist. How? Why? When? Have you used them?

Large Group:

Share answers and chart responses.

- What does therapeutic mean? [an element of healing and problem solving]

Distribute a handout about therapeutic communication. It may be helpful to highlight that therapeutic communication can make the difference between an effective healthcare professional and a 'healthcare mechanic' who 'services' the person like an automechanic services a car.

Role-play:

Some adults may feel uncomfortable role-playing, especially with a new group of people. However, relevant, meaningful material is a cornerstone of adult education. A nice way to introduce role-playing is to emphasize that it is an important skill to develop. It is key for prior learning tests and licensing examinations that are usually part of the licensing process in Ontario.

This role-play is around the theme of dementia.

- Can someone briefly explain dementia?

Before breaking participants into pairs, play a clip from a film that addresses dementia. Try to find a clip that highlights issues about dealing with dementia patients.

Depending on the clip, questions may include:

- Did the professional use therapeutic techniques?
- What questions should the doctor have asked?
- What would you have done the same? What would you have done differently?

Consult local Alzheimer Society chapters and websites for helpful information – tool kits, materials, booklets. Have participants create role-plays around themes – e.g. dementia and driving.

Remind participants to incorporate therapeutic communication techniques as they role-play:

a) In pairs, participants role-play how a doctor may dialogue with an elder patient who should no longer drive because he/she has been diagnosed with advanced dementia.

b) In pairs, participants role-play how a doctor may dialogue with a family member (of an elder patient diagnosed with advanced dementia) who is extremely upset and doesn't know how to deal with their parent's persistence of driving.

Invite participants to share their role-plays. There will not be time for everyone to share. Role-plays are an excellent opportunity to provide participants with feedback on their body language in addition to their verbal communication. Have a few participants fill out feedback sheets for

peers doing a role-play (see the feedback sheet in lesson 1 handouts). Create an overhead of the peer evaluation form. Review vocabulary before having participants fill out the forms. Provide an example of what answers might look like. Encourage people to make written comments. Be sure to collect these forms at the end of this section.

Pronunciation

- Explain that due to introductions, there is not much time for pronunciation. Reassure participants that every effort will be made to devote at least 45 minutes to pronunciation every lesson because it is such a popular and important topic.
- If time permits, have participants document their personal pronunciation problems they are aware of (eg. “b” vs. “p” etc.). Collect these at the end of the session.

Comments and Lessons Learned:

- Introductions the first night take up more time, therefore there may not be time to include pronunciation practice or all of the activities outlined in Unit 1, Lesson 1.
- Introductions are most successful when facilitators model how the icebreaker works. The facilitators can be concise and set the tone.
- It is great to have participants reading the idiom script as opposed to facilitators.

Handout A: Student Welcome Handout

healthSPEAK!

Advanced Workplace English For Internationally Trained Healthcare Professionals

Welcome to healthSPEAK! Together we will explore the following themes over the next five weeks:

- **Communication Techniques**
- **Healthcare Professional and Client/Patient Interactions**
- **Telephone Skills**
- **Professional-to-Professional Interactions**
- **Interdisciplinary Team Work and Community Health**

These themes will be shaped by participant interest and feedback. We welcome your ideas and your comments.

Daily Format

- **Idioms and Expressions**
- **Speaking and listening skills for the workplace**
- **Pronunciation**
- **Summary – how to apply this to work in my profession**

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Overhead A

healthSPEAK includes:

- **Activities to improve speaking and listening skills**
- **Medical terminology pronunciation**
- **Visits from community members working in healthcare**
- **Opportunities to practice common workplace tasks**
- **Links to other services provided by The Working Centre**
- **Exposure to many different layers of language: professional to patient, professional to professional, idiomatic**

healthSPEAK does not include:

- **A focus on reading and writing skills (but there will be some reading and writing involved)**
- **Accreditation with a University, College or school (but it will help improve listening and speaking skills)**
- **A guaranteed placement in your profession (but you can be linked with employment counseling services)**
- **The same material as Focus on Healthcare. The Focus on Healthcare program is another program available through The Working Centre. You are welcome to sign up for this program in the future!**

Overhead B: Idiom Script

IDIOMS – SOLVING PROBLEMS

Doubled Booked!

Speaker 1: We have a problem. We have two speakers booked for the same day but I can't find the contact information for the speakers. I've been **wracking my brains** about where to find the information.

Speaker 2: Let's **get to the bottom of** this and **nip it in the bud**. **Two heads are better than one**; we can **work things out**.

Speaker 1: I have looked everywhere for the guest speaker files and asked around and no one can find them. I'll **take a different tack** and phone the hospital and see if we can reschedule the nurse. I'll set up a quest speaker's contact list on the database.

Speaker 2: **As a last resort** we can always have a panel discussion if one of the speakers cannot reschedule. It's a **quick fix** but it may be a good solution and offer a more dynamic discussion. Your idea about adding to the database will help for future programming.

Speaker 1: That's a good idea, let's just stick with that and have a panel discussion - then we don't waste our time rescheduling.

What was the problem?

What was the solution?

healthSPEAK Unit 1 – Lesson 2

Sample Application in a Community Centre Setting

Idioms

- Prepare a flip chart of idioms on the theme of ‘decisions and choices’ (e.g. “make up one’s mind” and “call the shots”).
- Divide the idioms among small groups of participants and have each group suggest meanings for these idioms. Encourage participants to guess if they are unsure, because often we can determine meaning from context. Correct answers as you go.
- Distribute a handout with meanings of these idioms and an exercise for homework (allot time in class if time permits).

There is a lot of material to cover in Lesson 1 of this unit because it includes the introductions and orientation to healthSPEAK. You may run out of time in lesson 1 and want to pick up where you left off the next day. It is advisable to start lesson 2 with this Idiom section before resuming old material. Starting with idioms is a nice way to ease into the session, and it helps get everyone into the rhythm of sessions (idioms, followed by housekeeping, followed by listening/speaking, ending with pronunciation).

Housekeeping

- Take time to share upcoming events and housekeeping issues.
- Before moving on to new content, you may wish to *tie up any loose ends* from the previous lesson.

Attendance: Attendance can prove to be a challenge with adult learners since adults tend to lead complicated lives. It is important to clarify attendance expectations early on. Make the connection that punctual attendance is a workplace requirement, just as calling to explain a future absence is important.

One suggestion would be to explain to participants that attendance is important, and therefore those with good attendance (say 80%+) will receive a personalized healthSPEAK certificate at the end of the 32 hours. Others will receive a letter that indicates the lessons in which they participated. Do not present this as a power tool. Present it as a requirement of any workplace and a way to keep things fair for those who regularly attend.

Communication and Eldercare

Scenario:

- Divide participants into four groups. Aim to have even numbers of participants in each group so that they can break into pairs. Assign each group to a role-play. One group will role-play communication dialogue between the support care worker and Alice, another will look at the dialogue between the facility director and Alice, a third group will look at the dialogue between the support care worker and the director while the fourth group will look at the dialogue between the support care worker and the resident/patient. (The purpose of breaking into groups is to save time; each dialogue will be addressed without having each pair do all four dialogues).
- Within their group, participants need to break into pairs. Instruct each pair to look at three different ways a conversation between their characters could be worded. Practicing paraphrasing expands vocabulary and builds confidence.
- Invite at least one pair from each group to present their role-play to the whole class. Have a few participants fill out peer evaluation forms for the pair. Encourage people who have not yet presented a role-play to take this opportunity. Remind participants to make use of their therapeutic communication techniques.

Cultural Comparisons:

- Distribute a reading related to legislation or the Privacy Act. This is a good opportunity to talk about information disclosure as it relates to confidentiality. Highlight examples where confidentiality may be overridden:
 - another healthcare professional needs certain information in order to provide appropriate care
 - subpoena
 - reportable disease
 - child abuse
 - patient consents to share information with a third party
- In small groups, have participants discuss cultural comparisons. Are these confidentiality practices similar to participants' homelands?

Living Will:

- Start a large group discussion to get participants thinking about living wills. Who can define a living will? [A document made by a person outlining his/her wishes for future healthcare or personal care. An individual creates such a document when he/she is able to fully understand treatment choices and the consequences. A living will comes in to effect when the individual is incapable of making the choices and understanding the consequences.]

Pronunciation

Dictation:

- Give a brief introduction to syllables with some examples. Indicate that they have an important impact on pronunciation. Syllables are marked in most dictionaries and can be a clue to pronunciation – especially when there is no one available to ask. Some language groups tend to ‘swallow’ endings when they speak English while others tend to emphasize each ending. Syllables can be a tool for making sure all the sounds in a word are present and no extra sounds are added.
- Prepare 4 or 5 sentences ahead of time; you may choose some from earlier readings. Choose a variety of levels of difficulty. Post on flip chart paper but cover them up until the exercise is complete.
- Read each sentence out one at a time for the participants. Read each sentence out once in full before repeating with pauses. Instruct participants to silently copy the sentences in their notebooks. Allow a moment after each sentence for participants to count the syllables.
- Take the answers up one sentence at a time. Have participants shout out the number of syllables in their answer. Count as a group to confirm correct answer if there is discrepancy. A fun way to do this for longer sentences is to have a line of people and have them count out on their fingers.

Medical Pronunciation Challenge:

- Prepare long medical terms on index cards. You may opt to have the word’s pronunciation breakdown in pencil on the back of the card.

A good medical dictionary is a helpful resource. Be sure to use one with the pronunciation breakdowns of each word, and symbols to indicate root words. Mosby’s dictionary is well known. If you cannot afford to buy a dictionary, you may be able to borrow one from a local library.

- Divide participants into two or more teams. Have each team stand in a line. Facilitator draws a word and writes it on flipchart paper.
- A member from team 1 attempts to pronounce it and indicate the number of syllables present. Award one point if the pronunciation is correct. If the pronunciation is incorrect, a member from team 2 can make an attempt.
- Once everyone has had a couple of chances, break into small groups. Discuss word meanings and practice pronunciation with each other.

UNIT 2 – Healthcare Professional and Client

Overview

	Lesson 1	Lesson 2
Idioms / Colloquial Expressions	Idioms for Illness and Disease	Idioms for Finding and Locating
Speaking / Listening	Documenting Information 1) Group dynamics – medical history 2) Documentation quiz: how and why (Hospital Consent Form example) 3) Taking a history: Assessment (example of Ministry of Health and Long-Term Care <i>Antenatal record 1</i>)	Asking Questions 1) Interview with a Midwife 2) Asking about symptoms/systems
Pronunciation	Syllables/Word Stress 1) Syllable challenge 2) Word stress: pronouncing prescriptions	Intonation and Medical Suffixes 1) Suffixes & word parts: medical terminology 2) Intonation and questions 3) Pronunciation pairs
Workplace Task(s) Summary	<ul style="list-style-type: none"> • Asking for/documenting information • Consent forms/Privacy Act 	<ul style="list-style-type: none"> • Taking a history • Asking and clarifying about symptoms/advising patient • Speaking professional to professional vs. professional to client/patient • Communicate via emails
Other	Review: Case Studies/Role-playing: confidentiality Evaluation: Vocabulary Review Quiz Email Task: Ss write critical analysis of an article sent to them via email	

UNIT 2 – Healthcare Professional and Client

Idioms/ Colloquial Expressions

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Suggested Resources: Everyday Idioms: for Reference and Practice (Book One [1996] and Two [1997]) by Ronald Feare

Lesson 1

*Idioms – for Illness and Disease

- be under the weather
- feel out of it
- come down with
- run a fever
- go around
- run its course
- take a turn for the worse
- get a checkup
- be laid up
- get over

Lesson 2

*Idioms – for Finding and Locating

- be after
- run across
- come by
- look into
- find out
- come up with
- look up
- read up on
- go over
- turn up

Skills/Competence Focus (CLB)

S - Can demonstrate a range of everyday vocabulary, some common phrases and idioms (6).

L - Can understand sufficient vocabulary, idioms and colloquial expressions (7) to follow detailed stories of general popular interest (8)

NOTES

*Create word match exercises, fill in the blank sentences, dialogues, or have Ss write idioms in a sentence and discuss.

UNIT 2 – Healthcare Professional and Client

Speaking/Listening

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Lesson 1: Documenting Information

Suggested Resource: *English in Medicine* by Eric H. Glendining and Beverley A.S. Holmstrom (1998)

1) Group Dynamics (S, L, [R]):

a) Each student receives a medical milestone (i.e. Antibiotics, MRI.). **Facilitator's Notes: Medical Milestones**

Task: Ss must place themselves with their medical milestones in chronological order. Debrief process. (Did people work as a team? were there differences of opinions and how were they resolved? How does this problem solving relate to the medical model of patient care?)

b) Optional activity: Give Ss a summary of their medical milestone and ask them to scan for information. Give a time limit and then ask each student to present a 1-2 minute summary of what they read. Discuss strategies for scanning for information and the importance of scanning information and their medical profession.

2) Documentation: how and why (S, L, R)

a) Break class into groups of professions (i.e. nurses, physiotherapists etc.). Brainstorm in groups when documentation is used according to profession. As a class, note similar documentation tasks across the professions (i.e. taking a patient history, medication prescriptions).

b) Documentation Quiz (see handout)

After student pairs complete discuss answers as class.

c) Overhead: 'Hospital Consent Form' example (see Appendix 3).

3) Taking a History: Assessment (S, L, R)

a) Have two Ss read and role-play doctor and patient dialogue of taking a history while other Ss record information

Suggested resource: page 10-11, *English in Medicine* by Glendinning and Holmstrom (1998)

b) Pair work practice:

Taking a History (see Handout)

(Overhead: Ministry of Health and Long-Term Care *Antenatal Record 1* [see Appendix 4])

c) Interpersonal Techniques: Things to Say to an Individual (see handout)

Phrases and questions which may help with that 'What do I say now?' feeling healthcare professionals experience from time to time.

Skills/Competence Focus (CLB)

L - Demonstrate comprehension of details and speaker's purpose in suggestions, advice, encouragements and requests (6).

L - Identify main ideas, stated and unspecified details, facts and opinions about situation and relationship of participants containing expression of and response to gratitude and appreciation, complaint, hope, disappointment, satisfaction, dissatisfaction, approval and disapproval (6-7).

L - Identify stated and unspecified details about mood, attitude, situation and formality in discourse containing expression of and response to formal welcomes, farewells, toasts, congratulations on achievements and awards, sympathy and condolences.

L - Understand sets of instructions related to simple technical and non-technical tasks (7-8).

L - Demonstrate comprehension of details and speaker's purpose in directive requests, reminders, orders and pleas (7).

L - Identify rhetorical signals of chronological order, comparison and contrast, and cause and effect in the discourse (7).

R - Identify factual details and some inferred meanings in moderately complex texts containing advice, requests, specifications (6).

R - Can locate and integrate, or compare and contrast, two or three specific pieces of information in visually complex texts (e.g., tables, calendars, course schedules, phone directories, almanacs, cookbooks) or across paragraphs or sections of text (7).

UNIT 2 – Healthcare Professional and Client

Speaking/Listening continued

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

<p>Lesson 2: Asking Questions</p> <p>Suggested Resource: <i>English in Medicine</i> by Eric H. Glendining and Beverley A.S. Holmstrom (1998)</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;"> <p>1) Scenario: Interview with a Midwife (R, S, L) (see handout)</p> </div> <p>Read and handout scenario. Have Ss in small groups answer questions.</p> <p>2) Asking about Symptoms/Systems (L, W, S)</p> <p>a) *Dialogue: have two Ss read and role-play doctor and patient dialogue of asking about systems while other Ss record information Suggested resource: page 15, <i>English in Medicine</i> by Glendinning and Holmstrom).</p> <p>b) In pairs Ss complete handout:</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;"> <p>Asking about Symptoms/Systems (see handout)</p> </div> <ul style="list-style-type: none"> • Speaking Two Languages – Healthcare Professional Language and Patient Language: Discuss and review examples (i.e. paraesthesia = pins and needles). • Brainstorming patient-friendly questions. 	<p>Skills/Competence Focus (CLB)</p> <p>S - Open, maintain and close a short routine formal conversation (6)</p> <p>S - Describe a simple process (6)</p> <p>S - Ask for and provide information in an interview related to daily activities (6)</p> <p>S - Give a set of instructions dealing with simple daily actions and routines where the steps are not presented as a point-form sequence of single clauses (6)</p> <p>S- Express and respond to gratitude, appreciation, complaint, disappointment, dissatisfaction, satisfaction and hope (7)</p> <p>S - Use a number of strategies to keep the conversation going (7-8)</p> <p>S - Request a word. Ask for and respond to recommendations or advice (7)</p> <p>S- Make an extended suggestion on how to solve an immediate problem or make an improvement (7)</p> <p>S - Express and analyse opinions and feelings (8)</p> <p>S - Ask for and/or provide detailed information related to personal needs, varied daily activities and routine work requirements (6-8)</p> <p>S - Express doubts and concerns; oppose or support a stand or a proposed solution (8)</p> <p>S - Comfort and reassure a person in distress (8)</p> <p>S - Express sympathy formally (8)</p>
<p>NOTES</p> <p>*Ss role-play the dialogues for the listening activities and practice their pronunciation. Facilitator or Ss may read a second reading. A recorded version may also be used.</p>	

UNIT 2 – Healthcare Professional and Client

Pronunciation

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Suggested Resource: *Clear Speech* by J. Gilbert (3rd edition, 2005)

Skills/Competence Focus (CLB)

Lesson 1: Syllables/Word Stress

1) Syllable challenge

Group work: Medical terms and syllables?

Divide class into teams – 5 Minute Challenge

How many medical terms can the team think of with 1, 2, 3, 4, 5, 6, and 7 syllables?

2) Word stress

a) Explain the importance of word stress and correct meaning/understanding.

Suggested resource: Unit 5 in *Clear Speech* by J. Gilbert: pages 34-41.

b) Pronouncing Prescriptions (see handout)

Handout: In pairs Ss alternate reading a sentence to their partner to transcribe. Encourage using the dictionary for word stress.

Lesson 2: Intonation and Medical Suffixes

1) Suffixes & Word parts: Medical Vocabulary (see handout)

<http://ec.hku.hk/mt>

Handout – from the examples have Ss come up with 5-10 medical words with suffixes determining adjectives, nouns, and singular/plural.

2) Intonation and questions

a) Thought groups: either/or questions, series or items

Suggested resource: page 134, *Clear Speech* by J. Gilbert.

b) Focus words/stressed syllables, checking information.

Suggested resource: Appendix D, pages 165-168, *Clear Speech* by J. Gilbert.

3) Pronunciation pairs (difficult vowels or consonants)

- as determined by the class i.e. ‘ow’ vs. ‘ew’ or

NOTES

Minimal pairs: pronunciation resource:

<http://international.ouc.bc.ca/pronunciation>

UNIT 2 – Healthcare Professional and Client

Workplace Task(s)

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

- **Asking for/documenting information**
- **Consent forms/Privacy Act**
- **Taking a history**
- **Asking and clarifying about symptoms/systems**
- **Speaking professional to professional vs. professional to client/patient**
- **Communicate via emails**

Skills/Competence Focus (CLB)

L - Identify main ideas, specific factual details and inferred meanings in simple advice and suggestions, announcements and commercials (6-7)

S - Can participate in formal and informal conversations, involving problem solving and decision-making (7).

L - Respond to comprehension questions, circle or check items, write in appropriate blanks or as required in the task (7).

L - Can understand routine work-related conversation (7).

NOTES

UNIT 2 – Healthcare Professional and Client

Other

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Email Task - see notes below

Review and Practice:

Confidentiality Case Studies (see handout)

In groups Ss read Cases 1,2, and 3 and discuss. Groups break into pairs and choose one of the case studies for role-playing.

Review Quiz (see ‘Evaluation’ section, Form 1)

Skills/Competence Focus (CLB)

L - Can determine mood, attitudes, and feelings (6-8).

S - Ask for and respond to recommendations or advice and make an extended suggestion on how to solve an immediate problem or make an improvement (7)

L - In complex formal social interaction dialogues, identify social roles, relationships and relative status of speakers (where obvious from the text from stated and unstated clues) (9)

NOTES

Email out to Ss links for extra reading and critical analysis:

i.e. Case Study Reading: a nurse’s paper on “Using Therapeutic Communication to Connect With patients” by Melanie Sears

http://www.nonviolentcommunication.com/resources/HC_Using_Therapeutic_Communication_M_Sears.pdf

Facilitator's Notes: Medical Milestones

Eye Surgery 750 B.C.	- oldest field of medicine (India)
Acupuncture c. 100 B.C.	- Chinese
Dissection c. A.D. 180	- Greek doctors notably Claudius Galen
Microscope 1673	- inventor Zacharias Jansen, 1590, Anton van Leeuwenhoke discovered living organisms, 1673
Smallpox Vaccination 1798	- Lady Mary Montagu observed in Turkey pus from smallpox victims inserted in small wound – inoculated her daughter in 1721 - English doctor, Edward Jenner published results of experiment, 1798
Stethoscope 1816	- French doctor, Rene Laennec
Public Health 1842	- due to industrial revolution – unsanitary living quarters, sir Edwin Chadwick's report
Ophthalmoscope 1851	- Hermann von Helmholtz, German inventor
Hypodermic Syringe 1853	
Dental Drill 1864	- George Harrington, British inventor
Medical Thermometer 1866	- Galileo Galilei, Italian inventor
Brain Surgery 1879	- Scottish surgeon, Sir William Macewen
Psychoanalysis 1895	- Sigmund Freud
X-rays 1895	- German physicist, Wilhelm Roentgen
Aspirin 1899	- German researcher Felix Hoffman worked for Bayer
Chemotherapy 1910	- Paul Ehrlich's work on immunology
Penicillin 1928	
Birth Control Pill 1955	
CAT Scans 1967	- Hounsfield (British engineer), and Cormack (South African-American physicist)
Bone Marrow Transplants 1968	- performed by Robert Good
MRI 1977	- American researcher, Raymond Damadian
Cloning 1997	- Scottish researcher, Ian Wilmount cloned a sheep

DOCUMENTATION QUIZ

Source: Documentation & the Nursing Process by Lois White (2003), pages 89-90

Recording and reporting are the major communication techniques used by healthcare providers in directing client-based decision making and continuity of care. The medical record serves as a legal document for recording all client activities initiated by healthcare practitioners.

Multiple-choice questions are sometimes tricky – choose the BEST answer and read the question carefully.

1. **Systematic** documentation is critical because it:
 - a. is done every hour
 - b. shows the care given by all health care providers
 - c. identifies the planning and implementation phases
 - d. presents in a logical fashion the care provided professionals

2. The two **primary** reasons for health care documentation are:
 - a. education and research
 - b. research and reimbursement
 - c. accountability and responsibility
 - d. fulfillment of legal and standard practices

3. The legal issues of documentation require the use of:
 - a. black ink pens
 - b. legible, neat writing
 - c. short, descriptive phrases
 - d. hourly recording of client status

4. The person responsible for obtaining a client's informed consent is the:
 - a. physician
 - b. staff nurse
 - c. admissions clerk
 - d. nurse supervisor

5. The person responsible for ensuring that the client understands the procedure or intervention and has signed the informed consent is the:
 - a. nurse
 - b. physician
 - c. social worker
 - d. admissions officer

DOCUMENTATION QUIZ

Source: Documentation & the Nursing Process by Lois White (2003), pages 89-90

Answers for facilitator:

1. **d.** presents in a logical fashion the care provided by nurses
2. **c.** accountability and responsibility are the two primary reasons but all are important
3. **b.** legible, neat writing (plus: correct spelling & grammar; authorized abbreviations; date & time for each entry; actual, factual, time-sequenced, descriptive notations)
4. **a.** physician
 - *Although the physician who is to perform the procedure is responsible for obtaining the client's informed consent (orally or in writing), the nurse is often the person who actually has the client sign the form. The nurse's signature as a witness on an informed consent form is vouching that the client or the appropriate surrogate is the person signing and that the person signing understands the consent form is being signed.
5. **a.** nurse*

Taking a History

- 1) Below are medical abbreviations. Write out the full name of the following systems.

Systems	
Medical Abbreviations	Full Name
ENT	
RS	
CVS	
GIS	
GUS	
CNS	

- 2) With a partner complete questions and practice role-playing.

a) What are possible introductory comments of the healthcare professional?
i.e. What has brought you here today ?

b) How does the healthcare professional ask about the problem?

c) How does the healthcare professional ask about the type of pain/problem?
i.e. Back pain : On a scale of 1-to-10 how much does your back hurt?
Does anything make it worse or make it feel better?

d) How do you ask about anything that affects the problem/pain?
i.e. What happens when you lie down?

Now with a partner, practice a dialogue of ‘Taking a History’, gathering information, and asking about the problem, or pain, or reason for the visit:

- Pregnant woman has pain in her chest (heartburn)
- 50 year old man has pain in his knee (arthritis)
- 4 year old has difficulty breathing (pneumonia)
- 30 year old has severe pain in molar (abscess)
- 80 year old has severe stomach pain (constipation)
- 25 year old has pain from old sports injury (broken shoulder 1 yr prior)

INTERPERSONAL TECHNIQUES: Things to Say to an Individual

This handout of phrases and questions may help with that 'What do I say now?' feeling healthcare professionals experience from time to time.

1. Alternatives

- a. What are the possibilities?
- b. If you could do anything you wanted, what would you do?
- c. What are the possible solutions?
- d. What if you do and what if you don't?

2. Appraisal

- a. How do you feel about it?
- b. How does it look to you?
- c. What do you make of it all?
- d. What do you think is best?

3. Background

- a. What led up to...?
- b. What have you tried so far?
- c. Can you remember how it happened?
- d. What do you make of it all?

4. Clarification

- a. What if this doesn't make sense to you?
- b. What seems to confuse you?
- c. Can you explain what you mean by...?
- d. What do you make of it all?

5. Description

- a. What was it like?
- b. Tell me about it.
- c. What happened?
- d. Can you describe it in your own words?

6. Identification Problems

- a. What seems to be the trouble?
- b. What seems to be the main obstacle?
- c. What worries you the most about...?
- d. What do you consider the most troublesome part?

7. Implementation

- a. What will you have to do to accomplish it?
- b. How will you complete the task?
- c. What will it take to qualify?
- d. To get this done, what will you need to do?

8. Information

- a. What information do you need before you decide?
- b. What do you know about it now?
- c. How do you suppose you can find out more about it?
- d. What kind of picture do you have right now?

9. Integration

- a. How do you explain this to yourself?
- b. What do you think is best?
- c. How do you relate this to your other ideas?
- d. How would you pull this all together?

10. Evaluation

- a. In what way?
- b. Is this good or bad or both?
- c. According to your standards, how does it look?
- d. How would you evaluate all of this?

11. Exploration

- a. Let's explore that some more.
- b. Are there any other angles you can think of?
- c. What were your reactions to these things?
- d. How about going into that a little deeper?

12. Example

- a. Can you give an example?
- b. For instance?
- c. Like what?
- d. Will you give me an illustration?

13. Extension

- a. Can you tell me more about it?
- b. Anything else?
- c. Is there anything more you would like to discuss?
- e. What other ideas do you have about it?

14. Preparation for Failure

- a. What if it doesn't work out the way you wish?
- b. What if that doesn't work?
- c. And if that fails, what will you do?
- d. How about some alternate plans if you don't make it?

15. Involvement

- a. What part did you play in this?
- b. How does this affect you?
- c. How do you fit into this picture?

16. New Start

- a. If you had a free choice, what would you do?
- b. If the same thing came up again, what would you do?
- c. If you had to do it over again, what would you do?
- d. How do you wish you had acted?

17. Opening

- a. What would you like to talk about today?
- b. What's on your mind?
- c. Where would you like to start?
- d. What have you been thinking about since we last met?

18. Taking Action

- a. What are you going to do about it?
- b. Where do you go from here?
- c. What are your next steps?
- e. How do you plan to start?

19. Perspective

- a. What are your ultimate objectives?
- b. What would you like to be doing five years from now'?
- c. Where will this lead?
- f. How does this relate to your other problems & successes?

20. Planning

- a. How do you suppose you could improve the situation?
- b. What do you plan to do about it?
- c. What could you do in a case like this?
- f. What plans will you need to make?

21. Predictions and Outcomes

- a. How do you suppose it will all work out?
- b. Where will this lead?
- c. What if you do--or what if you don't?
- d. What are the chances of success?

22. Reasons

- a. What was going on when you made the decision?
- b. How do you account for this?
- c. What reasons have you come up with?
- g. What is the logical solution to this?

23. Use Silence

- a. Allow individual time to reflect

24. Relation

- a. How does this fit in with your plans?
- b. How does this affect your work?
- c. How does this stack up with your picture of yourself?
- d. How much relation is there between the two plans?

25. Summary

- a. How would you summarize our talk?
- b. How would you describe our discussion to someone else?
- c. Can you review this for me?
- d. What do you think this all amounts to?

Interview With an Internationally Trained Midwife

A midwife, Ana, currently practicing in Ontario, recalled several incidents of courageously using English as her second language. She started with one embarrassing moment she will never forget while completing the last phase of the Prior Learning Assessment process with the College of Midwives. During an assessment interview, Ana had to refer to the baby's 'palate' but could not recall the word. Instead she said "the ceiling of the mouth" at which the evaluators could not help but laugh. In the end, the evaluators said the phrase used for the palate was clear and that getting the message across was most important.

Ana went on to explain other "miscommunications". Once while conducting with her colleague a client history of a 41-year old woman who was having her first baby, Ana kept referring to the client as "Lady". She thought the term "Lady" was respectful and could be used for any age. Part way through the appointment, her colleague had a chance to pull Ana aside and tell her it was not appropriate to refer to the client as "Lady" because she might interpret that wrongly and this word was mostly used to address older women. Ana has not used 'Lady' since.

The life of a midwife includes being on call and attending births sometimes over very long periods. "I get tired and then my English or memory of English words sometimes gets worse". Once when Ana was attending a birth in the hospital, she couldn't remember the word 'monitor' and had to go to the nurse and say, "I need the machine that attaches to the belly of the women and displays contractions and fetal heart rate on the screen." Looking a little odd at Ana the nurse said, "You mean you want the monitor?" "Yes, thank you! That's what I mean", Ana said.

Ana said when she started practicing in Canada she observed midwives in the hospitals avoiding contact with the nurses or obstetricians. She knew midwifery was fairly new to the system and the change had met resistance. Obstetricians yelled at her occasionally but she still communicated her opinions. She would enter the hospital and act how she always acted – greeting everyone face-to-face (cultural custom) and speaking her mind. "If you are the first person to say hello you are considered the best receiver of God and so it is my custom to say hello to everyone. I would sit down with the nurses and talk to them about the client plan, scope of practice, and my family life. The nurses began to know midwives better and relations have really improved with time".

When asked about a main cultural difference practicing as a midwife in her country compared with here in Canada, Ana said, "Money is a big issue here, particularly in the transfer of care [from midwife to doctor or vice versa]. In my native country, relationships between care providers are more important than money. Another difference is having different options to work as a midwife. [In my native country] you can just provide antenatal & postnatal and send your client to another midwife for birth. You can provide preconception consulting, family planning and basic gynecology. You can just work as a hospital midwife that works in shifts or you can provide the same model of Ontario with complete continuity of care being on call 24-7. At the same time I should

Interview With an Internationally Trained Midwife, page 2

say money is making a big difference in the services that you get. There are luxury hospitals that even provide spa treatments while you are there and also public hospitals that can't provide the same quality of care. Also, you might even get the best quality of care in the public and university hospitals. I still like Canadian model because everyone will receive the same treatment if you ignore long waiting lists to get the necessary treatment.”

Ana's final story included her experiences with new Canadians. Four years ago Ana's practice saw one to two new Canadians every six months, however; now there are one to four new Canadian clients EVERY month. Ana expressed her empathy when taking her Mom to the doctor's. "Sometimes my Mother doesn't feel the doctor likes her and the doctor speaks so quickly. I want to give time to people who don't have English as their first language – our practice will book extra time for new Canadians". She recounts a recent client who phoned Ana in desperation to come and see her. The woman was having bleeding, went to the hospital, and was discharged. The client did not fully comprehend what had happened. Ana phoned the hospital and found out the woman had had a miscarriage. An ultra sound examination indicated the baby was out (at 12 weeks). The person at the hospital on the phone said she had told this information to the woman and her husband. Medication was prescribed which would cause contractions and bleeding. Ana explained this to the woman, and illustrated what excessive bleeding would be by using a pad soaked with water. The woman phoned Ana five hours after this visit to thank her for being so kind.

Asking About Systems and Symptoms

Information adapted from *English In Medicine* by Glendinning and Holmstrom, pages 16-19.

Speaking Two Languages: Healthcare Professional Language and Patient Language

Match each of the medical terms for common symptoms in the first column with a term which a patient would easily understand or might use, from the second column.

Medical Term	Non-medical Term
1. paraesthesia	a) swelling, puffiness
2. productive cough	b) indigestion
3. anaesthesia	c) coughing up phlegm or spit
4. retrosternal chest pain	d) trouble holding your water
5. orthopnea	e) cramp in the leg muscles which comes and goes
6. stressincontinence	f) numbness
7. dysmenorrhoea	g) sleeplessness
8. dyspepsia	h) out of breath, out of puff, breathlessness
9. (o)edema	i) painful periods
10. intermittent claudication	j) pain behind the breast bone
11. insomnia	k) pins and needles
12. dyspn(o)ea	l) shortness of breath when you lie down

Match suspected problem with appropriate question.

Suspected Problem	Question
1. depression	a) Have you had any pain in your chest?
2. cardiac failure	b) Do you ever get wheezy?
3. asthma	c) What sort of mood have you been in recently?
4. prostate	d) Any problem with your waterworks?
5. coronary thrombosis	e) Have you ever coughed up blood?
6. cancer of the lung	f) Have you had any shortness of breath?

Case History Extract

Read and brainstorm with partner some patient-friendly questions that would gather the documented information below.

The patient was a 59-year-old man, *head of a small engineering firm* (1), who *complained of central chest pain* (2) which occurred *on exertion* (3) and was *sometimes accompanied by sweating* (4). He *smoked 40 cigarettes a day* (5). The pain had *first appeared three months previously* (6) and was *becoming increasingly frequent* (7). He had noticed some *weight gain recently (4 kg)* (8) and also complained that his hair had become very dull and lifeless. He felt the cold much more than he used to. He *denied any palpitations* (9) or *ankle(o)edema* (10).

For example

(1) What's your job?

(2) What's brought you along today? Which part of your chest is affected?

Useful Phrases

Any problems with...

What about...

Have you had any trouble with....

Have you noticed.....

Pronouncing Prescriptions

With a partner, alternate reading a sentence to your partner to transcribe. Having problems with pronunciation? – look up the stress in the dictionary.

Excerpts taken from *Common Prescriptions Linked To Cancer* by Trudy Peskett from www.alive.com Magazine, April 2003

Partner A

- 1) A study in British Journal of Cancer (Jan. 7, 2002) explored the effect of 10 tricyclic antidepressants. Those shown to more than double breast-cancer risk include: amoxapine (brand name Asendin), clomipramine (Anafranil), desipramine (Norpramin) and trimipramine (Surmontil and Rhotrimine).
- 2) The American Journal of Epidemiology study also found that another antidepressant, Paroxetine (Paxil), one of the class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs), causes a seven-fold increase in breast cancer risk.
- 3) In addition, both amitryptiline hydrochloride (Elavil) and fluoxetine hydrochloride (Prozac) have been shown to promote mammary tumours in rodents.

Partner B

- 4) Other blood pressure drugs associated with breast cancer include hydralazine (Apresoline), spironolactone (Aldactone) and atenolol (Tenormin).
- 5) In one 1979 study in the Journal of the National Cancer Institute, taking metronidazole (Flagyl), commonly prescribed for vaginal yeast infections, showed noteworthy excesses of breast cancer in male rodents.
- 6) Now we know hormone replacement therapy (HRT) is associated with breast, endometrial, liver and ovarian cancers, as well as benign breast disease, uterine fibroids, gallstones and blood clots.

SUFFIXES & WORD PARTS

These suffixes show whether a word is an adjective, noun, singular or plural or a diminutive of a larger word. <http://ec.hku.hk/mt>

Adjective endings that mean "pertaining to" are:

Adjective endings	Example
-ac	<i>cardiac</i> <i>heart</i>
-al	<i>skeletal</i> <i>skeleton</i>
-ary	<i>salivary</i> <i>saliva</i>
-ic	<i>pelvic</i> <i>pelvis</i>
-ical	<i>surgical</i> <i>surgery</i>
-ous	<i>venous</i> <i>vein</i>
-tic	<i>paralytic</i> <i>paralysis</i>
-ar	<i>muscular</i> <i>muscles</i>

Noun endings

These suffixes show the word is a noun.

Noun endings	Meaning	Example
-iac	indicates person afflicted with certain diseases or conditions	<i>hemophiliac</i>
-ia	an unhealthy state	<i>anesthesia</i>
-is	forms the noun from the root	<i>cutis</i> <i>skin</i>
-ism	condition, state of being	<i>alcoholism</i> <i>alcohol</i>
-ist	one who specializes	<i>radiologist</i> <i>radiology</i>
-y	condition, process	<i>neuropathy</i> <i>nervous system</i> <i>disease</i>

These suffixes show the word is a small version of a thing.

Diminutive ending	Meaning	Example
-ole		<i>artiole</i> <i>artery</i>
-icle	small, little minute	<i>particle</i> <i>piece</i>
-ule		<i>veinule</i> <i>vein</i>

These suffixes indicate whether the noun is singular or plural.

Singular	Plural	Example Singular	Example Plural
a	ae	patella	patellae
ax	aces	thorax	throraces
en	ina	lumen	lumina
ix	ices	index	indices
ex			
sis	ses	diagnosis	diagnoses
on	a	ganglion	ganglia
um	a	ovum	ova
us	i	digitus	digiti
y	ies	deformity	deformities
ma	mata	carcinoma	carcinomata

Adapted from :

Cohen, B. J. (1998). *Medical terminology: An illustrated guide*. Philadelphia: Lippincott-Raven Publishers.
 Gyls, B.A. & Wedding, M.E. (1983). *Medical Terminology: A Systems Approach*. Philadelphia: F.A.Davis.

Task: List 5-10 medical words with suffixes determining adjectives, nouns, and singular/plural.

Confidentiality Case Studies

<http://eduserv.hscer.washington.edu/bioethics/topics/confiden.html#family>

For student groups, make into cards the following cases:

Confidentiality:

Case 1

Your 36-year-old patient has just tested positive for HIV. He asks that you not inform his wife of the results and claims he is not ready to tell her yet.

- a) What is your role legally? What would you say to your patient?
- b) Role-play: Patient/Doctor – doctor asks questions and informs patient of test results.

Confidentiality:

Case 2

A 75-year-old woman shows signs of abuse that appears to be inflicted by her husband. As he is her primary caregiver, she feels dependent on him and pleads with you not to say anything to him about it.

- a) How is this case different from Case 1? How would you handle this situation?
- b) Role-play: Patient/Doctor – doctor asks questions and advises patient.

Confidentiality:

Case 3

A 60-year-old man has a heart attack and is admitted to the medical floor with a very poor prognosis. He asks that you not share any of his medical information with his wife as he does not think she will be able to take it. His wife catches you in the hall and asks about her husband's prognosis.

- a) Would you tell his wife? What are you required to do legally?
- b) Role-play: Patient/Doctor – doctor asks questions and advises patient.

Confidentiality:

Case 4

A 40 year old recently divorced man phones the family doctor to find out if his former wife has taken their daughter to the doctor for a check up because she has been sick with the flu.

- a) What would you tell the man? What are you required legally?
- b) Role-play: Patient/Doctor telephone conversation.

Confidentiality Case Studies

For facilitator:

Confidentiality: **Case 1 Discussion**

Because the patient's wife is at serious risk for being infected with HIV, you have a duty to ensure that she knows of the risk. While public health law requires reporting both your patient and any known sexual partners to local health officers, it is generally advisable to encourage the patient to share this information with his wife on his own, giving him a bit more time if necessary.

Confidentiality: **Case 2 Discussion**

In this case, the required reporting laws can be interpreted in a number of justifiable ways. The laws supporting reporting elder abuse (and child abuse) allow you to break confidentiality and report suspected abuse. However, if you think it is possible to give this woman support and access to other services without reporting the case immediately, those alternatives will help her more in the long run. Either way, you have an obligation to address her abusive situation.

Confidentiality: **Case 3 Discussion**

The duty to maintain confidentiality remains strong in this case as information about the patient's health does not directly concern others' health, welfare, or safety. There is no imminent danger to others here. However, the wife is certainly affected by her husband's health and prognosis and every effort should be made to encourage an open dialogue between them. It remains his responsibility to do so.

Confidentiality: **Case 4 Discussion**

The doctor's office is unaware that the couple is separated and going through a separation dispute fighting for custody. The doctor's office should not disclose to anyone whether another party has taken their child in for a check up or not. This could be used in court.

healthSPEAK Unit 2 – Lesson 1

Sample Application in a Community Centre Setting

Idioms

- Prepare idioms for Illness and Disease (e.g. be under the weather, come down with something, etc.). Write idioms on flipchart.
- Ask for volunteers to take turns reading the idioms they are familiar with and explaining what they mean. If some of the idioms are unknown to the group, explain the meanings and give examples of usage.
- Distribute a handout with idioms, meanings and examples of how they are used. Include an activity for individual practice. For example, create a column of questions and a column of answers relating to these idioms. The task is to connect each question with the appropriate answer. (e.g. Q. How long has Maria been under the weather? A. She’s been feeling run-down for a couple of days)
- If time permits, have students complete the activity on the handout in class, otherwise assign it as homework. Check answers and discuss as needed.

Housekeeping

- Take time to share upcoming events (e.g. vocabulary quiz next lesson, guest speaker, etc.) and housekeeping issues. Check to see if any words or concepts from previously suggested readings need clarification.

Documentation Information:

Group Dynamics – Medical Milestones

- Introduce the topic of group dynamics and teamwork in the healthcare field. Regardless of the hierarchy, professionals rely on one another to fill in the gaps of information required to complete a task. There are usually leaders and followers, speakers and listeners in every group. There is often a time to lead, or a time to listen.
- Have someone define a ‘Medical Milestone.’ Fill in gaps in understanding as needed. Distribute one sheet of paper with a Medical Milestone (e.g. “microscope”) to each participant and ask them to place themselves and their medical milestones in chronological order. They can give advice, ask questions, guess...but, as a group, they must literally form a timeline of the events.
- Observe the process looking for those group dynamics.
- Debrief process. Did people work as a team? Were there differences of opinion and how were they resolved? How does this problem solving relate to the medical model of patient care? Share your own observations.

Variation: If the group is small, you may choose to have each milestone written on a sticky note and have the group work as a team to put them in chronological order on a flip chart. You could even make two teams and observe how dynamics change when there is a perceived competition.

An additional option is to give participants a summary of their medical milestone and ask them to scan for information. Give a time limit, and then ask each participant to present a 1-2 minute summary of what he or she has read. Discuss strategies for scanning for information and the importance of scanning information in their medical profession.

Documentation: how and why

- Break class into groups according to profession (i.e. nurses, physiotherapists, etc). In these groups, brainstorm circumstances when documentation is used. Have groups **jot down** ideas on flip chart and present to the class. Note similar documentation tasks across the professions (i.e. taking a patient history, medication, prescriptions, etc).
- Hand out Documentation Quiz and ask students to complete.
- When completed, discuss the answers as a group.
- On overhead, show copy of Hospital Consent Form and review information requested. Does everything seem familiar here? Any questions? Pay special attention to the responsibility of the doctor and the patient in completing the form (under the Instructions for Completion section)

Taking a History:

- Have 2 participants read and role-play a doctor and patient dialogue about taking a history (give them a few minutes to look over it first). Ask the rest of the group to record the information.

If two facilitators are available, you may choose to have them read the dialogue. That way all participants have the same opportunity to practice recording the information.

- Hand out the Taking a History worksheet, review systems abbreviations and have the class do some pair work practice. With a partner, they complete questions and practice role-play. One person is the doctor, the other a patient who complains about one of the problems mentioned at the bottom of the sheet (e.g. pregnant woman has pain in her chest)
- Discuss the importance of Interpersonal Techniques and the language of medicine versus everyday speech (Clear Speech). Distribute the handout “Things to Say to an Individual.”

Review: Confidentiality

- Hand out Confidentiality Case Studies and divide the participants into 3 groups. Have each group read a case study and discuss.

You can pick 2 participants from each group to role-play the scenario and invite comments from the entire group or, if good discussion is generated from the readings, allow this to develop.

Pronunciation

Syllable Challenge:

- Counting syllables can really help with pronunciation and with spelling. Give an example of longer medical terminology, counting the syllables as you go.
- Divide class into teams...call it the 5 Minute Challenge. How many medical terms can each team think of with 1, 2, 3, 4, 5, 6 and 7 syllables?
- Take up examples as a large group. Have each group shout out a 1-syllable word. Have each group shout out a 2-syllable word. Have each group shout out a 3-syllable word, etc.

Word Stress:

- Explain the importance of word stress for correct meaning and understanding. Use everyday examples such as present (noun) and present(verb).
- Hand out Pronouncing Prescriptions and, in pairs, have participants alternate reading a sentence to his/her partner to transcribe. Encourage using the dictionary for word stress. Have facilitators circulate and help as needed.

Variation: Provide Partner A with pronunciation symbols for the words that occur in Partner B's sentences. Provide Partner B with pronunciation symbols for the words that occur in Partner A's sentences. This way they can help each other with pronunciation of most challenging words.

healthSPEAK Unit 2 – Lesson 2

Sample Application in a Community Centre Setting

Idioms

- On a flipchart, write 10 idioms for Finding and Locating (e.g. look into, read up on, etc.)
- Ask if participants are familiar with the list. Have them share meanings and examples of the idioms that are familiar. Ask for participants to guess at the unfamiliar idioms. *Jump in* with the meanings and usage as required.
- Distribute an Idioms Exercise with ‘fill in the blanks.’ Have participants enter the correct idiom in the appropriate sentence.

Housekeeping

- Take time to share upcoming events and housekeeping issues. Check to see if any words or concepts from previously suggested readings need clarification.

Quiz

- Distribute Review Quiz. Read over the questions, ensuring that participants understand them fully. Allow approximately 20 minutes for completion.

If the quiz is distributed in the 20 minutes before a break, those who need extra time can continue into the break.

Asking Questions

Scenario: Interview with a midwife

- Hand out the scenario and have students take turns reading in the large group.
- Have students in small groups answer questions about what the issues are and how they would deal with them.
- Debrief with large group. Is midwifery an established profession in their countries of origin? How does it compare to midwifery in the Canadian context? What generated a lot of discussion in each group?

Dialogue: Asking About Symptoms/Systems

Explain to participants that the facilitators will read a dialogue between a physician and patient (re: Symptoms) and their task is to take note of the symptoms mentioned in the dialogue.

Asking about Symptoms/Systems

- Discuss the two languages spoken in healthcare [professional and patient]. What kind of questions you would ask a patient when taking a history? What kind of phrases would you use?
- Distribute “Asking About Systems and Symptoms” handout and have participants match each of the medical terms for common symptoms in the first column with the appropriate non-medical term in the second column. What are pins and needles? Are there any other expressions or words that are unfamiliar?
- In the follow-up exercise “Suspected Problems and Appropriate Questions” is clarification necessary? Does everyone know what ‘problems with waterworks’ means?
- Participants in pairs complete ‘Case History Extract’ and come up with patient-friendly questions for gathering information.

Pronunciation

Suffixes and Word Parts- Medical Terminology:

- Distribute Suffixes and Word Parts handout and quickly go through the adjective endings, noun endings, diminutive endings, singular and plural word parts. For each section, ask for other examples from the various professions represented in the class.

Intonation and Questions:

- Discuss the importance of intonation in understanding spoken English. Apart from the interest that intonation (“the music of English”) generates in a conversation, it also adds to the meaning. For example, many questions may end with a rise in pitch (e.g. “Really??”). A statement or answer, on the other hand, may end with a fall in pitch (e.g. “yes, really!”).
- Beware! English always seems to have exceptions! For example if you are offering someone a choice of 2 things (an either/or question), the first item is usually spoken with a higher pitch than the second (e.g. “Will you go North or South?”). Remember the pause between the two choices, otherwise this can lead to further confusion.
- When we are presenting a series of items in a sentence, there is often a rise in pitch on each item, but on the final item in the series, the pitch rises and then falls. This fall in pitch indicates the end of the list. On the long weekend we went to the park, the store and the cottage.
- What are some everyday expressions or questions that use intonation for understanding and emphasis? (give examples, perhaps some that have been just used in class). Use wipe board or flipchart to write out these expressions, marking the intonations as they occur.

- Ask each person in the group to find a partner and have them practice asking questions. You may choose to create a handout of sample questions where participants can mark the intonation with pencil strokes. Facilitators listen in on this and provide assistance/comments where necessary.
- Debrief. Can participants think of questions that may be specific to their professions? Do they want to practice some of those? (Someone who deals with financial transactions may need to know: “Will that be debit or cash?”)

UNIT 3 – Telephone Communication

Overview

	Lesson 1	Lesson 2
Idioms / Colloquial Expressions	Idioms for Thought and Reconsideration	Idioms for Waiting, Patience, and Delay
Speaking / Listening	* Healthcare Professional Speaker Panel	Telephone Communication for Healthcare Professionals 1) Listening Activity 2) Scenario – Role-playing 3) Leaving messages
Pronunciation	1) Asking about spelling and meaning 2) Distingui <u>S</u> Hing <u>S</u> ounds – Part 1	1) Using pauses with numbers and phone numbers 2) Distingui <u>S</u> Hing <u>S</u> ounds, Part 2 (difficult vowels or consonants)
Workplace Task(s) Summary	<ul style="list-style-type: none"> • Healthcare professionals share advice • Communicating via emails 	<ul style="list-style-type: none"> • Communicating on the telephone: strategies and practice • Medical documentation
Other	* Writing/Reflection: Ss email facilitator a documented summary of panel discussion. Mid-course evaluation of the program	

UNIT 3 – Telephone Communication

Idioms/ Colloquial Expressions

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Suggested resources: *Everyday Idioms: for Reference and Practice* (Book One [1996] and Two [1997]) by Ronald Feare

Lesson 1

*Idioms for Thought and Reconsideration

- think over • think through • take into consideration
- sleep on it • food for thought • have second thoughts
- go back and forth (on) • take back

Lesson 2

*Idioms for Waiting, Patience, and Delay

- hold on • be with • kill time • tie up • put off
- sit on • hold up • run late • wait out

Skills/Competence Focus (CLB)

L - Can understand sufficient vocabulary, idioms and colloquial expressions to follow detailed stories of general popular interest (7-8)

NOTES

*Create word match exercises, fill in the blank sentences, or have Ss write idioms in a sentence and discuss appropriate contexts.

UNIT 3 – Telephone Communication

Speaking/Listening

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Lesson 1*: Healthcare Professional Speaker Panel

1) Healthcare Professional Speaker Panel (S, L, W):

****Ss will stand up and introduce themselves (30-second summary)**

Healthcare professional(s) will present to the group and answer questions.

Ss take notes for email assignment (see 'Other' section).

Skills/Competence Focus (CLB)

S - Participate in a small group discussion/meeting: express opinions and feelings; qualify opinion, express reservations, approval and disapproval (7)

L - Can follow most formal and informal conversations at a descriptive level (7), and some technical work-related discourse in own field at a normal rate of speech (8)

L - Can determine mood, attitudes, and feelings (6-8)

L - Demonstrate comprehension of details and speaker's purpose in directive requests, reminders, orders and pleas (7)

L - Identify main ideas, supporting details, statements and examples in a descriptive or narrative presentation, or in a group interaction (e.g., meeting, discussion) (6)

R - Can follow main ideas, key words and important details in an authentic one- or two-page text on a familiar topic within a predictable, practical and relevant context (6-7)

W - Convey a business / personal message in a formal short letter or note, or through e-mail, expressing or responding to congratulations, thanks, clarifying a minor conflict, or offer of assistance etc.. (6-8).

UNIT 3 – Telephone Communication

Speaking/Listening continued

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

<p>Lesson 2: Telephone Communication</p> <p>1) Telephone Communication for Healthcare Professionals (S, L). With Ss: a) Brainstorm when the telephone is used for healthcare professionals. b) Communicating on the telephone: list strategies to confirm information is correct.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>2) Telephone Listening Activity (W, L) (see handout)</p> <p>Ss listen to a medical telephone conversation and record information (i.e. call from haematology lab – from <i>English in Medicine</i> by Eric H. Glendining and Beverley A.S. Holmstrom, page 56).</p> </div> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>3) Telephone Scenario (S, L) (see handout)</p> </div> <p>See detailed <u>Facilitator’s Notes: Telephone Scenario</u></p> <p>4) Leaving a message, telephoning for an informational interview (S). How to start networking – phone up an expert to set up an informational interview. Facilitator reviews 30-second summary (professional introduction) and practices with Ss. a) Informational interview request - leaving a message. With partner, Ss practice 30-second summary plus reason for calling. b) Telephone Practice: Ss assigned to leave a mock 30-second summary message on facilitator’s work answering machine practicing an invitation to a health care professional information/networking night.</p>	<p>Skills/Competence Focus (CLB)</p> <p>S - Take phone messages with three to seven details (6-7)</p> <p>S- Make an extended suggestion on how to solve an immediate problem or make an improvement (7)</p> <p>S - Carry on a brief phone conversation in a professional manner (8)</p> <p>S- Indicate problems and solutions in a familiar area (8)</p> <p>S- Formally raise an issue with an individual or a group in authority (8).</p> <p>L - Can follow simple short predictable phone calls (6) and on unfamiliar and non-routine matters (7-8)</p> <p>L - Understand simple directions on the phone and simple messages left on voice-mail (with five to seven details) (7)</p> <p>L - Evaluate the validity of a suggestion or proposed solution (8)</p> <p>R - Identify factual details in moderately complex notes, email messages, letters and announcements containing cancellations of arrangements, apologies etc..(6 -8)</p>
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NOTES
<p>* Prepare questions from the group before the speaker panel. **Practice 30-second summaries with Ss before speakers.</p>

UNIT 3 – Telephone Communication

Pronunciation

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Suggested resource: *Clear Speech* by J. Gilbert (3rd edition, 2005)

Lesson 1: Asking about spelling and meaning

1) Pair work (Provide a list of words grouped in pairs. Ss in pairs take turns to ask each other one of the pair questions).

i.e. SPELLING

How do you spell “ease”? E-A-S-E

or

How do you spell “easy”?

i.e. MEANING

What does “closed” mean? Closed means to shut.

or

What does “closet” mean?

2) DistinguiSHing Sounds – Part 1

***See Facilitator’s Notes: Pronunciation Cards**

‘s’ vs ‘sh’ (voiceless) i.e. see / she, so / show
and ‘z’ vs. ‘dj’ (voiced) i.e. laser / leisure, closing / closure

Lesson 2:

1) Using pauses with numbers and phone numbers, and for clear listening

Suggested resource: page 130, *Clear Speech*

2) DistinguiSHing Sounds, Part 2 (difficult vowels or consonants)

i.e. ‘v’ vs. ‘w’ and ‘v’ vs. ‘b’

Skills/Competence Focus (CLB)

S - Ask for and provide detailed information related to personal needs, varied daily activities and routine work requirements (e.g., call to request information about very specific services or products, or to discuss a very specific need) (7)

NOTES

***Make a set of cards up for groups of 4-5 of the different sound differentiations**

UNIT 3 – Telephone Communication

Workplace Task(s) Summary

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

- **Healthcare professionals share advice:** panel discussion from the experts.
 - Patient/client interactions
 - Issues of confidentiality
 - Canadian healthcare system
- **Communicating on the telephone: strategies and practice**
- **Communicating via emails**
- **Medical documentation**

Skills/Competence Focus (CLBs)

S - Provide work-related feedback/opinion when asked by the supervisor in a small informal team meeting (6)

S - Make simple suggestions on an element that should be changed; give reason; make a simple prediction of consequences (6)

S - Respond to minor client complaints by apologizing and addressing the problem; refer serious complaints to the supervisor (7)

S - Respond to client complaints and make suggestions for a resolution (8)

L - Listen to co-workers and supervised workers to determine the root of a problem or conflict in a team (8)

R - Identify factual details in moderately complex notes, email messages, letters and announcements containing cancellations of arrangements, apologies etc..(6 -8)

NOTES

UNIT 3 – Telephone Communication

Other

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Writing / Ss Reflection – Ss email facilitator a documented summary of panel discussion.

Evaluation:

Mid-course program evaluation (see ‘Evaluation’ section, Form 2) - Questionnaire to hand in.

Skills/Competence Focus (CLBs)

S/R - Ask for and respond to recommendations or advice and make an extended suggestion on how to solve an immediate problem or make an improvement (7)

W - Convey a business/personal message in a formal short letter or note, or through email, expressing or responding to congratulations, thanks, clarifying a minor conflict, or offer of assistance etc.. (6-8)

NOTES

Websites - Medical Abbreviations:

www.globalrph.com/abbrev.htm

www.media4u.com/abb/medical_abbreviations.htm

Telephone Listening Activity: Dialogue

From *English in Medicine* by Eric H. Glendining and Beverley A.S. Holmstrom, page 56

Have two students role-play the following telephone dialogue in front of the class. Repeat dialogue if required. Class members will fill out lab memo (next page).

LAB TECH: This is the haematology lab at the Royal. I have a result for you.

DOCTOR: Right, I'll just get a form. O.K.

LAB TECH: It's for Mr. Hall, Mr. Kevin Hall.

DOCTOR: Right.

LAB TECH: White blood cells, seven point two; RBC, three point three two; haemoglobin, twelve point nine. That's twelve point nine. Haematocrit, point three nine; MCV, eighty-one; platelets, two six four.

DOCTOR: Sorry?

LAB TECH: Two six four, two hundred and sixty-four.

DOCTOR: Right.

LAB TECH: ESR, forty- three millimetres.

DOCTOR: O.K. I've got that.

LAB TECH: Blood film showed: neutrophils, sixty per cent; lymphocytes, thirty per cent; monocytes, five per cent; eosinophils, four per cent; basophils, one per cent.

DOCTOR: Fine. Anything else in the film?

LAB TECH: Yes, there are burr cells present – plus plus.

DOCTOR: Right. Thanks very much.

Telephone Listening Activity

Distribute one memo for each student to complete while listening to the dialogue.

Telephone Report From Haematology Lab		
Patient's Name:		
WBC x 10 ⁹ /L:	Blood Film	
Hb g/dl:	%	NEUTRO
Hct:	%	LYMPH
MCVfl:	%	MONO
Platelets x 10 ⁹ /L:	%	EOSINO
ESR mm:	%	BASO
Other information:		
Message received by:		
Date received:		

Telephone Report From Haematology Lab		
Patient's Name:		
WBC x 10 ⁹ /L:	Blood Film	
Hb g/dl:	%	NEUTRO
Hct:	%	LYMPH
MCVfl:	%	MONO
Platelets x 10 ⁹ /L:	%	EOSINO
ESR mm:	%	BASO
Other information:		
Message received by:		
Date received:		

TELEPHONE SCENARIO

From an interview with a hospital clerk, the following scenario was given:

The doctor has come and examined a patient and changed the medication dosage and left his notes (see below) for the night staff. The nurse is in a jam and cannot read what the doctor has documented and she/he thinks there is a mistake in the dosage level (too high). The nurse may be up against some backlash and run into trouble with the doctor but after thinking it over, she/he decides to page the doctor and ask for clarification. It is very late, the doctor was in a lousy mood, and he has been burning the midnight oil (when the nurse phones for clarification he is very abrupt). Can they work it out?

Doctor's instructions for patient medication:

△ **سامصد**. (Nurse can't read – should read metoprolol) to **125mg** (Nurse thinks should be 12.5) I.V. q 8h if H.R. > 60
△ dose to 50 mg P.O. BID when rate < than 60 > than 55
↑ I.V to 2/3 & 1/3 @ 100 cc/hr c 20 Eq of KCI/L

- 1) As a class, transcribe the above doctor's note.
- 2) Define the two items that the nurse is confused about.
- 3) Role-play professional telephone conversation to solve problem.
- 3) Review your conflict resolution strategies.

Facilitator's Notes: Telephone Scenario

Step 1: Write the following note from a hospital ward and go over the meanings of the medical abbreviations commonly used.

GS for 2 ū PRBC's & tx if Hgb is < than 79.
Tx each ū over 2 hrs c lasix between ū
Repeat CBC, lytes, BUN & crea post tx B.R. c BRP's
NAS – 1800 Kcal D.D.

Translation:

- Group & screen (type blood) for 2 units of packed red blood cells and transfuse if hemoglobin is less than 79
- Transfuse each unit over 2 hours with lasix (volume replacement) between units
- Repeat complete blood count, electrolytes, urea and creatinine after transfusion is completed
- Patient to be on bed rest with bathroom privileges
- Patient to be on a no added salt, 1800 kilocalorie diabetic diet.

Step 2: Distribute handout and review meaning of underline expressions/idioms in the case study.

Step 3: Transcribe note using student input.

△ metoprolol to 12.5mg I.V. q 8h if H.R. > 60
△ dose to 50 mg P.O. BID when rate < than 60 > than 55
↑ I.V to 2/3 & 1/3 @ 100 cc/hr c 20 m Eq of KCI/L

Translation:

- Change metoprolol (a beta blocker slows heart rate) to 12.5 milligrams intravenous every 8 hours if heart rate is greater than 60 beats per minute.
 - Change dose to 50 mg by mouth (P.O.) twice daily (BID) when heart rate less than 60 and greater than 55.
 - Increase intravenous to 2/3 (saline) + 1/3 (dextrose or sugar) at a rate of 100 cc's per hour with 20 milliequivalents of potassium (KCI) per litre.
-

Facilitator's Notes: Telephone Scenario, page 2

Step 4: Review nurse's confusion:

- a) Nurse cannot understand the handwriting of "metoprolol".
- b) 125 mg should read 12.5 mg.

Step 5: Divide class into pairs to role-play doctor/nurse telephone conversation to clarify nurse's confusion. Encourage doctor to be abrupt and indignant. Debrief the importance of information clarification and paraphrasing over the phone.

Step 6: Debrief role-playing with class. Act out the abrupt doctor and have one of the students' phone you to request information. Talk about healthcare hierarchy and politics. Discuss the communication breakdowns that take place in the high-pressured health care environment.

Facilitators Notes: Pronunciation Cards

Step 1: Write out or print the words (below) on cards for each group of 4-5 students.

Step 2: Review the following sounds with the class.

- a) [s] or
- b) [sh] or
- c) [z] or
- d) [dj]

Step 3: With cards facing down, students take turns taking one card, reading the word and deciding which of the sounds are pronounced. The words may have more than one of the following sounds:

- a) [s] or
- b) [sh] or
- c) [z] or
- d) [dj]

For example:

Anaesthesia: sound 1. (a) and sound 2 (d).

1. 2.

Step 3: Note word stress.

Facilitators Notes: Pronunciation Cards, page 2

Suggested Words for Cards

osteo-arthritis

respiration

dangerous

anaesthesia

duration

concentration

consultation

dehydrogenase

surgery

pressure

presentation

multiple sclerosis

disease

depression

injury

caesarean

reschedule

examination

diagnosis

haemorrhage

accidents

registered nurse

ulcer

adenoids

healthSPEAK Unit 3 – Lesson 1

Sample Application in a Community Centre Setting

Idioms

- Prepare a list of idioms for thought and reconsideration (e.g. *second thoughts* and *think through*). Post them up on flipchart.
- Divide participants into small groups. Post questions at the front of the room for participants to answer in order to practice using the idioms in natural speech. For example, “describe a time when you made a decision and had second thoughts” or “what is the best way to think through a problem”?

Housekeeping

- Take time to share upcoming events and housekeeping issues.
- Introduce the purpose and logistics of the upcoming networking potluck. Explain that this week will focus on telephone communication, and participants will be asked to phone an invited guest to ‘officially’ invite them.

Speaker Panel

Inviting guest speakers to attend class serves many purposes. It enhances participants’ connections with the community, it provides local input into the course material, it offers opportunities to practice workplace skills including professional introductions and politely asking questions. Tailor your class to suit the time available.

It is likely that you will have some time as a class before the panelists arrive. This time may be used to cover the idioms for the lesson and prepare questions for the speakers.

A panel presentation may be the perfect way to involve internationally trained healthcare professionals unable to commit to all 11 sessions of healthSPEAK. Consider opening it up to others in the community.

healthSPEAK Unit 3 – Lesson 2

Sample Application in a Community Centre Setting

Idioms

- Prepare 10 idioms for ‘waiting, patience and delay’ (eg, ‘hold on’ and ‘run late’).
- Post idioms on a flip chart. Have participants take turns reading out an idiom and guessing its meaning. Invite other participants to help out when someone is running into difficulty.
- Distribute a handout with idiom meanings, examples and a matching activity. If time permits, provide time for participants to finish the activity in class. When you take up the answers, aim to hear from as many participants as possible by going around the room. If you are *pressed for time* you can assign it as homework.

Learning idioms in context is most helpful. Make a point of introducing other idioms as you facilitate and explain them as you go. For example, you could invite participants to *take a stab* at idioms when a fellow participant is *stumped*. Then explain that ‘take a stab’ means to make an attempt at something and ‘stumped’ means being unable to solve a problem or answer a question.

If you invited a guest speaker to the previous class, you may choose to focus on idioms that came up during the presentation/panel discussion. This is an excellent way to lead into a debrief of the presentation. Invite participants to share comments about the presentation. What was useful? Are there any unanswered questions? What was surprising? What did they take away from the event?

Housekeeping

- Take time to share upcoming events and housekeeping issues.

Telephone Communication

Brainstorming:

- As a large group, brainstorm different situations where the telephone is used by healthcare professionals. Possible answers include: when ordering prescriptions, booking appointments, confirming test dates, when asking for a consultation, when speaking with a patient, when inquiring about the status of a lab result, when clarifying instructions left from a previous shift, etc.

If you have a team of facilitators, it may be helpful for one person to lead the discussion and a second person to document the answers on flip chart. Another option is to invite a participant to document the answers on flip chart.

- As a large group, list strategies to confirm information is correct. Possible answers include: speak slowly and clearly, ask for spelling, clarify (“Was that **15** of **50**?), paraphrase using different words, pause regularly if someone is recording the information you are giving, ask questions if you do not understand, etc.

Telephone Dialogue:

- Prepare a telephone dialogue beforehand. Tailor it to the needs/fields of the group. The dialogue needs to have a transfer of information so that participants can record information as the dialogue is presented. For example, a doctor receiving lab results from a lab technician, a medical receptionist phoning in a prescription to a pharmacist, etc. Fill the dialogue with the strategies discussed above: spell out words, clarify, ask questions...
- Facilitator will read one part and have a participant read the other part. Students will record information as it is given. Take up the answers as a group.

Telephone Scenario:

- Write the message from the telephone case study on flip chart in advance. Ask participants what this message means. Review the symbols used in the message (the answers can be found in the facilitator notes). At this point you can either have participants ‘decode’ the message in pairs, or you can do it as a group.
- Tell the participants “You are the nurse on call and can’t read the instructions. What will you do?” [ask another nurse/ consult reference books]
- Tell the participants “You can’t read the writing, so asking another nurse and consulting reference books isn’t helpful. Now what do you do?” [Need to contact the doctor who left the instructions]
- Have participants role-play the telephone conversation between the nurse on night shift, and the doctor who is sleeping at home. Encourage people playing the doctor role to be very grumpy. This is an excellent lead into a discussion about interactions between professionals. They do not always agree and get along, but they need to work together. Conflict resolution is important.
- After participants role-play, pick some people randomly and have them role-play the nurse. Facilitator becomes the angry doctor who has just been woken up and is not cooperative. Comment on techniques as you go. Some strategies ‘nurses’ could use in this scenario: ask only the most important information to a busy person (eg. not something you can look up on your own), be specific, short and concise, do not bicker about the doctor’s mistake...

Leaving a Message:

- As a large group, brainstorm things to remember when leaving a message. Answers could include:
 - speak clearly, slowly and be concise
 - spell out your name if it is difficult to pronounce
 - identify yourself – who are you and why are you calling and what is your connection to the receiver of message?
 - do not assume that the person remembers your name/connection
 - slowly leave your phone number with area code and appropriate pauses (addressed during pronunciation activities today)
- Explain to the participants that they are to practice leaving a phone message by inviting a local healthcare professional to the upcoming healthSPEAK potluck. Provide details: phone number, professional’s name, professional’s title, professional’s workplace, etc. Before the next session they must leave a message for a doctor to invite this person to the potluck. Encourage them to use the strategies the group brainstormed.

This was a fun activity and an interesting way to provide feedback on spoken activities. We set up a separate community voice mail box for Dr. D’Eath of The Working Centre Community Health Clinic. If a separate voice mail box is not available, participants could be asked to leave a message on the facilitator’s mail box after hours.

Pronunciation

Appropriate Pauses in Telephone Numbers:

- Indicate that there are specific pauses in phone numbers. When those pauses are changed, it becomes difficult for the listener to easily understand the phone number. There is a pause between the area code, local code and personal number eg. (519) 743-1151 is pronounced: five one nine [pause] seven four three [pause] one one five one.
- Share some things to consider with participants:
 - it is helpful to indicate your area code by saying “area code xxx”
 - ‘zero’ is often better than ‘oh,’ however, saying area code “nine-oh-five” is very common
 - say each number individually as opposed to ‘double...’ or ‘triple...’ (1151 is best said “one one five one” as opposed to “double one five one”). Saying “Triple one...” makes it sound like an advertising (eg. triple 8 is a toll free number for commercial use).
- Have participants tell a phone number to a partner using appropriate pauses. Have people provide examples to the large group and address any concerns that may come up.

DistinguiSHing Sounds:

- Today’s activity will focus on four different sounds: /s/, /z/, /sh/ and /dj/. Start off by putting the four sounds on flip chart and numbering them 1 – 4. Next, write three words with examples: *anesthesia*, *characterizes*, and *rescheduled*. Have three participants pronounce the words on the flip chart and identify where the four feature sounds appear.

- Break the participants in to small groups – if possible, have one facilitator/volunteer with each group to assist with pronunciation. Provide each group with a stack of index cards. Each card has a medical term on it, prepared in advance. Have participants take turns pronouncing words and identifying where the four feature sounds appear. This is a neat chance to incorporate word stress and syllable counting as well.

When you have multiple sets of the same words, it is ideal if there is a way to sort them easily. One easy way is to have different colours of index cards. If this is not possible, you may choose to have type the words on the computer, and copy them on to different colours of paper before gluing them on to the index cards. Bingo dabbers can be useful too.

UNIT 4 – Professional to Professional

Overview

	Lesson 1	Lesson 2
Idioms / Colloquial Expressions	Idioms for Progress	Idioms for Small Talk
Speaking / Listening	Professional to Professional 1) Team work and medical staff <i>Code of Conduct</i> 2) Networking with professionals: leaving a message (review) and netiquette	Professional to Professional 1) Workplace culture 2) Small talk 3) Investigations, diagnosis and explanations
Pronunciation	1) Word stress rules – review handout 2) Prefixes/Suffixes	1) Prefixes/Suffixes word game 2) Journal article reading
Workplace Task(s) Summary	<ul style="list-style-type: none"> • Professionals working/communicating effectively together • Building networks: communicating with professional colleagues and exchanging emails (netiquette) 	<ul style="list-style-type: none"> • Speaking professional to professional vs. professional to client/patient (review) • Small talk • Exploring workplace cultural norms • Investigations, diagnosis and explanations
Other	Writing emails: professional biography	

UNIT 4 – Professional to Professional

Idioms/ Colloquial Expressions

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Suggested resources: *Everyday Idioms: for Reference and Practice* (Book One [1996] and Two [1997]) by Ronald Feare

Lesson 1

*Idioms – for Progress

- under way • come along • take shape • make headway
- keep up (with) • catch up (with) • so far so good • on a roll
- gain steam • fall behind

Lesson 2

*Idioms – for Small Talk

- shake hands • not see for ages • a sight for sore eyes
- long time no see • strike up a conversation • make small talk
- break the ice • shoot the breeze • What's going on?
- so long • catch you later

Skills/Competence Focus (CLB)

L - Can understand sufficient vocabulary, idioms and colloquial expressions to follow detailed stories of general popular interest (7 - 8)

NOTES

*Create word match exercises, fill in the blank sentences, or have Ss write idioms in a sentence and discuss appropriate contexts.

UNIT 4 – Professional to Professional

Speaking/Listening

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Lesson 1:

Professional to Professional (S, L,):

1) Team Work - group completes team building task and debriefs activity i.e. *Helium Pole*

<http://www.teambuildingusa.com/team-building-exercise.asp>

Debrief Questions:

EXPERIENCE

Q. What frustrated you with this experience?

Q. What did it take for your team to finally achieve success?

TEAM DYNAMICS

Q. What process did you use to plan your strategy?

Q. How effective or ineffective was your planning time? What made it so?

Q. If you were to do this again, what would you change about your planning time?

APPLICATION

Q. In what ways is this experience similar to what goes on with healthcare professionals?

Q. Can you think of breakdowns which have occurred over and over again in your healthcare setting?

2) Family Birthing Unit Retreat Outcomes (Overhead, see Appendix 5). Read aloud as a class, ‘Part 1’ and ‘Part 2’ of the Family Birthing Unit (FBU) Retreat Outcomes. Ask questions:

What does ‘Retreat’ refer to?

What are the problems between the medical personnel?

2) Networking to professionals: Leaving a message review (from previous week) and netiquette handouts.

a) Go over the messages left on the office message machine. Some Ss are asked to phone various healthcare professionals to attend the last class – employer appreciation and information ‘pot luck’ evening.

b) Hand out each group of 4-5 Ss a **summary of ‘Email Etiquette’** (2 different copies, alternate between groups)

Have each group chart *Email Dos and Don’ts*, summarizing from their article. Suggested website resources are listed in the notes below.

Skills/Competence Focus (CLB)

S - Participate in a small group discussion/meeting: express opinions and feelings; qualify opinion, express reservations, approval and disapproval (7)

L - Can follow most formal and informal conversations at a descriptive level (7), and some technical work-related discourse in own field at a normal rate of speech (8)

L - Can determine mood, attitudes, and feelings (6-8)

L - Demonstrate comprehension of details and speaker’s purpose in directive requests, reminders, orders and pleas (7)

L - Identify main ideas, supporting details, statements and examples in a descriptive or narrative presentation, or in a group interaction (e.g., meeting, discussion) (6)

L - Understand simple messages left on voice-mail (with five to seven details) (7)

R - Can follow main ideas, key words and important details in an authentic one- or two-page text on a familiar topic within a predictable, practical and relevant context (6), and moderately complex extended description, report or narration on a familiar topic (7-8)

R - Convey a personal message in a formal short letter or note, or through e-mail, expressing or responding to congratulations, thanks, apology, responding to sympathy, clarifying a minor conflict, or offer of assistance etc. (6-8)

W – Take notes from phone messages, voice mail messages, oral presentation or a page of written information (6-8), convey business messages as written notes (6-7)

UNIT 4 – Professional to Professional

Speaking/Listening continued

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

<p>Lesson 2:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>1) Workplace Culture – scenario and discussion (R, S, L, W) (see handout)</p> </div> <p>Read Muhammad Raza’s Scenario and in groups, Ss discuss and complete the:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Workplace Culture Chart (see handout)</p> </div> <p>Ss recall other scenarios from the course and their personal experiences.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>2) Small Talk (R, S, L) (see handout)</p> </div> <p>a) Ss read small talk handout in groups.</p> <p>b) Candy Exchange: schmoozing! Ss stand up and say one exchange of small talk to as many people in the class within 10 minutes. Each student has one type of candy and trades with each person they converse with. See how many different candies are collected!</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>3) Investigations, Diagnosis and Explanations: Case Studies (see ‘Overhead’ and ‘Facilitator’s Notes’)</p> </div> <p>Ss work in pairs and practice explaining diagnosis and treatments using effective and therapeutic communication skills. Have Ss perform case studies in front of class. Two students observe and evaluate non-verbal communication skills of the individuals who are role-playing (use evaluation sheet from Unit 1). Debrief as a class.</p>	<p>Skills/Competence Focus (CLB)</p> <p>L - Understand a set of instructions when not presented completely in point form: sequence/order must be inferred from the text (6) and related to simple technical and non-technical tasks (7 -8)</p> <p>L - Demonstrate comprehension of details and speaker’s purpose in suggestions, advice, encouragements and requests (6) reminders, orders and pleas (7)</p> <p>L - Evaluate the validity of a suggestion or proposed solution (8)</p> <p>S - Ask for and/or provide detailed information related to personal needs, varied daily activities and routine work requirements (6-8)</p> <p>S - Indicate problems and solutions in a familiar area (8)</p> <p>S - Give/pass on instructions about an established familiar process or procedure (technical and non-technical) (6-8)</p> <p>S - Manage conversation. Check comprehension (7-8)</p> <p>S - Introduce a person, express/respond to a formal welcome, express sympathy formally, respond to a minor conflict or complaint, comfort and reassure a person (6-8)</p>
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NOTES

Suggested Website Resources - Emails
www.emailreplies.com
http://www.biztechonline.com/net_etiquette.htm, <http://www.library.yale.edu/training/netiquette/effectivemess.html>
<http://www.businessenglishonline.net/InCompany/BEU/BEU-02-0203-email-english.pdf>

Suggested Website Resources – Small Talk
<http://www.impact-english.com/members/Learning-English/Small-Talk/SmallTalkFlow.htm>
<http://www.impact-english.com/members/Learning-English/Small-Talk-Maps.html>

UNIT 4 – Professional to Professional

Pronunciation

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Suggested resources:

Clear Speech by J. Gilbert (3rd edition, 2005)

Adjectives, Adverbs, and Descriptors by Melodie Hull

www.nursungesl.com

Lesson 1:

1) Word Stress Rules (see handout)

2) Prefixes / Suffixes *

Lesson 2:

1) Facilitator's notes: Prefixes / Suffixes Matching Game

2) Journal article reading:

Ss provided with a journal article related to their profession.

In groups of 2 or 3, participants take turns reading a paragraph at a time. Difficult words are underlined. Ss refer to dictionary and/or facilitator for clarification.

Skills/Competence Focus (CLB)

NOTES

*Students are given the website link to Medical Terminology <http://ec.hku.hk/mt> suffixes and prefixes practice for self-study.

UNIT 4 – Professional to Professional

Workplace Task(s) Summary

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

- **Professionals working/communicating effectively together**
- **Building networks: communicating with professional colleagues and exchanging emails (netiquette)**
- **Exploring workplace cultural norms**
- **Investigations, diagnosis and explanations**
- **Speaking professional to professional vs. professional to client/patient (review)**
- **Small Talk**

Skills/Competence Focus (CLB)

see Listening/Speaking

NOTES

UNIT 4 – Professional to Professional

Other

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Email Task: send Ss the following email.

‘It is very possible that you will have to write a short bio for your workplace, or when you are looking for a job. This is a good time to try putting one together. Take a look at the staff at Active Wellness and create one for yourself.’

www.activewellness.ca/Staff.htm

Skills/Competence Focus (CLB)

Convey a personal message in a formal short letter or note, or through email, expressing or responding to invitations, quick updates, feelings (6-8)

NOTES

Healthcare professional information/networking night. Some Ss are assigned to contact a healthcare professional to invite to the last class information/networking night ‘Potluck’.

Email Netiquette http://www.biztechonline.com/net_ettiquette.htm

For those of you that are new to emailing here are a few tips to help you get your communications across cyberspace in good order:

1. While not absolutely required, it is a nice touch to address your email recipient by name in a greeting located in *the body* of your message. This not only lends a more human and personalized feel, it can help the recipient verify that it is in fact a legitimate message from you and not some virus laden email generated unknowingly from your address book.
2. As an aside to #1, try not to send extremely terse, impersonalized messages. Viruses often come hand in hand with terse, generic messages and those of us who know this may delete your email before even reading any further or may be unwilling to click on an attachment from you. If you are sending an attachment make reference to it in the body of the message and explain what it is. Many people use their instincts, as well as software to protect from viruses.
3. Make your subject line count! If you just keep clicking the reply button and using the same old irrelevant subject line you may come to regret this practice (unless of course it is relevant). Email subject lines can be sorted on in most email clients, this means that you may be missing out on a valuable way to keep track of your communications if you don't utilize this field properly. You'll find out what this means one day when you are furiously searching through old emails to find some bit of info that you desperately need and all of your messages have the same or irrelevant subject lines.
4. Don't use all caps when typing your message. This is considered shouting and is difficult to read.
5. Use your spell checker. Typos can detract from your image, especially if they are pervasive.
6. Set up a signature file. Usually within the client software there is a place where you can setup a signature file, which can contain your name, title, business name, phone, website and often even a little marketing message. Don't underestimate the use of a sig file.
7. Remember that some things that you write may sound totally different to your recipient without your facial expressions and tone of voice. Be cognizant of how you may be coming across.

General tips for writing emails

<http://www.businessenglishonline.net/InCompany/BEU/BEU-02-0203-email-english.pdf>

- Use a 'subject line' that summarises briefly and clearly the content of the message. Your email may be one of hundreds on the recipient's computer, and you want them to read it when it arrives and then find it again easily in their files.
- Use short, simple sentences. Long sentences are often difficult to read and understand. The most common mistake for learners of English is to translate directly from their own language. Usually the result is a complicated, confusing sentence.
- One subject per email is best. The other person can reply to an email about one thing, delete it, and leave another email in their 'Inbox' that needs more time.
- Be very careful with jokes, irony, personal comments etc. Humour rarely translates well from one culture to another. And if you are angry, wait for 24 hours before you write. Once you press 'Send' you cannot get your email back. It can be seen by anyone and copied and sent round the world. The intimate, informal nature of email makes people write things that they shouldn't. Only write what you would be comfortable saying to the person's face.
- Take a moment to review and edit what you have written. Is the main point clear? Would some pieces of continuous text be better as bullet points or numbered points? Spelling, paragraphs, and basic grammar. It might be okay when you are writing to a very close friend, but to everyone else it's an important part of the image that you create. A careless, disorganised email shows the outside world a careless, disorganised mind.
- Use the replies you receive to modify your writing to the same person. If the recipient writes back in a more informal or more formal style, then match that in your future emails to them. If they use particular words or phrases that seem to come from their company culture, or professional area, then consider using those words yourself where they are appropriate.
- Be positive! Look at these words: activity, agreed, evolving, fast, good question, helpful, join us, mutual, productive, solve, team, together, tools, useful. Now look at these: busy, crisis, failure, forget it, hard, I can't, I won't, impossible, never, stupid, unavailable, waste. The words you use show your attitude to life.

Scenario: Muhammad Raza's

Muhammad Raza, a native of Pakistan with 27 years experience as a G.P., also spent 15 years in hospital administration. Now he is a Charge Staff at a local retirement home.

I was one of the Foreign Trained Doctors Group that met with the local MPP to discuss the frustrations we are facing here in Canada. During the discussion I pointed out one frustration with regard to 'Affirmative Action'. At first there was a misunderstanding that my frustration was based on racial, religious, sex or colour prejudice, but I made it clear to add that it only referred to knowledge. We have the same knowledge for a certain job as others may or may not have, yet we are not offered the job while others are.

Another frustration is that we are not considered for healthcare positions because employers are very particular about qualifications, certification and registration issues. The stakeholders and other concerned parties are consciously afraid of being sued by each other. Back home we do not consider such issues as suing.

In Canada all members are involved in the community without race, religion, colour, age, or sex being taken into consideration. The result is that people feel part of that community, and this allows for more progressive ideas.

Here in Canada I feel that there is no extended family system like we have back home. Here seniors live in retirement/nursing homes where sometimes they feel isolated and lonely. They sometimes feel that they're not considered important anymore, and this can lead to frustrating and depressing situations for them. Back home we do not have retirement homes. In our extended family system we discuss our problems with our seniors (father, mother, grandparents) or any senior from our family or community, and we ask for their advice based on their experience. This makes them feel important and included in the community. There are fewer tendencies to visit a psychiatrist in our country, and consequently we have very few psychiatrists. Here (in Canada) the approach is more practical and factual, while back at home emotions and sympathy play a major part in our approach.

Workplace Culture Chart – Healthcare in Canada

From the scenarios we have read in healthSPEAK and your personal experiences, what would you say are the differences in workplace culture in Canada compared to other countries? Work in small groups and complete.

Workplace Culture Item	Differences

SMALL TALK

Being *tongue tied* and *at a loss for words* is a real issue for professionals. Whether it's in a networking situation, at work, or on the phone, adults often find themselves struggling with small talk. In English, you make small talk you don't have small talk. At work it is important to build relationships and be personable. When you are in *a crunch* or need help it is easier to ask for assistance when you have already made a connection with somebody. Don't just *talk shop* – talk about 'big things' (family, hobbies, home improvements etc..). Some shop talk is OK as long as you consider others around would find it interesting.

Don't Assume Everyone's Acquainted - Introduce Yourself. Fix this *faux pas* by assuming that nobody knows anybody. Introduce yourself and be positive. Don't be too passive and wait for introductions and sit in the corner in the lounge chair like a 'potted plant'. This makes it difficult for anyone to approach. *Get the ball rolling* yourself. You may not be the only one who is shy. Establish eye contact, smile, put your hand out to shake, say hello and introduce yourself.

Read the Crowd. People will be relieved and grateful that you've taken the initiative. Of course, pick your conversational partner wisely. Most will enjoy talking to you, unless you go up to the couple that is fighting in the corner or is in a deep and very private conversation. If people are really engrossed, strike up a conversation elsewhere. Feel free to join a large group, but ask if you may before you attach yourself to a group.



Be Approachable. Try not to stand too aloof or too close. When people are tense or bored they tend to slouch and cross their arms. They don't smile, and if they're nervous, they avoid making eye contact. It's like putting up a "don't talk to me" sign or worse, one that reads, "I don't want to talk to you." Remedy this situation by striking a confident, welcoming pose. Always remember to smile and make eye contact. Even if you don't have anything brilliant to say, just having good body language will help make a favorable impression.

Exit Gracefully. If you hold onto one person as if he or she is a life preserver, you won't seem open and won't meet many people. It's important to get to know others. But you've also got to know when it's time to say goodbye. There's *a real art* to successfully disengaging from conversations. When you're ready to move on, use the person's name and make eye contact. Flash a warm smile and say you enjoyed the discussion, but that you need to move on. A nice gesture is repeating something the person told you and remarking on how you found the comment interesting. And before you give someone *the brush-off*, remember you never know when your paths will cross again. Better to end things on a graceful note, just in case.

Use Active Listening Techniques. As the listener, repeat key points to ensure the message is clear. Give feedback with ‘I see’, ‘oh, that’s interesting’, or ‘right’.

Five Ways to Start a Conversation

"I noticed..."

"Tell me..."

"I appreciate..."

"What do you think..." or, "I need some advice..."

"Why do you say that..."

The ability to converse leads to success – schmooze on! Body language, direct eye contact, open honesty and a healthy positive attitude go a long way!

How Much Is Too Much. In many situations you may respond to small talk with a short reply only. Someone in the elevator may say, “Nice weather.” Don’t respond, “Yes, it is. My name is ...and I work with the Critical Care Unit at this hospital. What is your outlook of the new CEO?” TOO MUCH.

Better to simply reply, “You’re right, it’s a beautiful day.”

Keep It Going. Ask open questions rather than the Yes/No questions. For example, “How long have you been working here?”

Common topics include: health; family; weather; travel; holidays; culture; hometown/country; politics; clubs/organizations; education; arts/leisure; sports/interests; possessions; news; weekend; or mutual friends.

... and less common ones. Religion, sex and politics are usually thought of as topics to be avoided during business small talk. However, while it is essential to be sensitive to your work partner's culture, it would be absurd to rule out three of life's most interesting topics. More important is how you talk about them. For example, a question such as "I believe you have elections coming up soon, don't you?" could lead to an interesting discussion.

Keep Small Talk Small. Remember that your colleagues do not want to hear a detailed report of your medical troubles. Don’t reveal all the trials and tribulations of a recent divorce to a person you have just met.

The word small in small talk has nothing to do with size. There is nothing unimportant about small talk.

Check Out These Websites:

- <http://www.impact-english.com/members/Learning-English/Small-Talk/SmallTalkFlow.htm>
- <http://www.impact-english.com/members/Learning-English/Small-Talk-Maps.html>

Investigations, Diagnoses, and Treatments (Overhead)

Expressions:

Essential	Possibly Useful/Fairly certain	Not required	Certain (Yes)	Certain (No)
Should	Could	Need not	Be + indicated	Can't Definitely not Exclude Rule out
Must	Might May	Be+ not necessary, not required, not important	Must	
Be + required, essential, important	Seems Probably Likely			

- The patient might have spondylosis.
- He seems to have cervical spondylosis.
- Normal MRI scan excludes a space-occupying lesion.
- The patient should have a CAT scan.
- A blood test is required to determine the virus.
- You should rest and quit smoking.

Facilitator's Notes: Investigations, Diagnoses, and Treatments - Case Studies

Role-playing case studies: have two students come to the front of the class. One of the students will choose from a hat a scenario to role-play. The scenario will have two roles, healthcare professional and patient.

- One person reads patient description and one person reads doctor/healthcare practitioner description.
- This is a second appointment after professional consultation and investigations/tests have been observed.
- Students practice advising and explaining diagnoses and treatments using effective and therapeutic communication techniques.

Below are possible role-playing scenarios (can create different scenarios according to specific healthcare professions in class). Print on card sets – Patient / Healthcare Professional.

1) Patient: A 37-year-old sports horse jumper breaks four transverse processors of lower back. Bones healed but muscles are repairing and weak. Walking with uneven weight bearing (favours uninjured side).

Athlete who wants to resume competition as soon as possible.

Physiotherapist: patient must build up muscles again and resume balanced of weight.

Treatment is a series of exercises daily and physio appointments.

Yoga or Pilates is recommended in a month for core strengthening.

Begin sport again but slowly until body regains strength.

2) Patient: 65-year-old retired schoolteacher with osteoarthritis of the left hip.

Concerned because he/she has active lifestyle, even though retired.

Doctor: Condition is wear and tear of a hinge.

Stiff and painful joint roughened by inflammation.

Retired, so life is modified.

Tablets for pain – prescribed.

Operation and physio treatment an option.

3) Patient: 82-year-old retired nurse suffering from dementia, accompanied by her son and daughter.

Doctor : Loss of memory, particularly recent memory, sometimes delusions.

Personality may change – for example may become rude or aggressive.

Mood up and down.

Early stages can stay at home with help but condition will deteriorate and will need long-term care.

4) Patient: 32 year-old suffering from depression

Doctor/ Mental Health Practitioner:

Chemical changes in brain.

Need assistance – psychotherapy and/or drugs.

Need time, can work – routine is helpful.

Medicine will take time to effect condition.

Word Stress Patterns

Stress Rule for Two-Syllable Words

Except for verbs, two-syllable words are usually stressed on the first syllable.

Words that end in –tion, -sion, and –cian. Stress Rule:

reduction	mediation	authorization	identification
contraction	complication	paediatrician	electrification
correction	occupation	examination	systematization
permission	politician	contamination	experimentation
notation	regulation	verification	generalization

Two Vowel Rule -

Physiology
Biology
Psychiatrist

Words that end in – ic and –ical. Stress Rule:

Medic	Medical
Pelvic	Gynaecological
Paediatric	Biological
Systematic	Surgical

Verbs vs Nouns

Stress Rule:

Verbs	Nouns
record	record
permit	permit
present	present
conflict	conflict
contract	contract
check out	checkout

The patient is by the **checkout** counter.
Please **check out** how the patient is doing.

Suffixes: Disease/Change in the Body

Check out: <http://ec.hku.hk/mt>

The following table consists of suffixes showing disease or change in the body.

Suffix	Meaning	Example
-algia	pain	Talalgia (<i>ankle</i>)
-cele	hernia	Gastrocele (<i>stomach</i>)
-dynia	pain, swelling	Urodynia (<i>urine</i>)
-ectasis	dilation, expansion	Bronchiolectasis (<i>bronchus</i>)
-(a)emia	blood	leuk(a)emia (<i>white</i>)
-gen	producing, beginning	Carcinogen (<i>cancer</i>)
-iasis	abnormal condition, formation of, presence of	Cholelithiasis (<i>gall stone</i>)
-itis	inflammation	Hepatitis (<i>stomach</i>)
-malacia	softening	Osteomalacia (<i>bone</i>)
-megaly	enlargement	Splenomegaly (<i>spleen</i>)
-oid	resemble	Fibroid (<i>fibres</i>)
-oma	tumour	Adenoma (<i>gland</i>)
-osis	abnormal condition,	Dermatosis (<i>skin</i>)
-pathy	disease	Nephropathy (<i>kidney</i>)
-penia	decrease, <i>deficiency</i>	Erthyropenia (<i>red [cell]</i>)
-phagia	eating, <i>swallowing</i>	Dysphagia (<i>difficult</i>)
-phasia	speech	Aphasia (<i>without</i>)
-plegia	paralysis, <i>stroke</i>	Hemiplegia (<i>half</i>)
-phobia	fear	Acrophobia (<i>heights</i>)
-ptosis	prolapse, falling, <i>dropping</i>	Blepharoptosis (<i>eyelid</i>)
-rrhage	burst forth	Haemorrhage (<i>blood</i>)
-rrhea	discharge, <i>flow of watery stools</i>	diarrhea
-rrhexis	rupture	Enterorrhesis (<i>intestines</i>)
-sclerosis	hardening	Artherosclerosis (<i>joints</i>)
-spasm	Involuntary <i>contraction</i>	Bronchospasm (<i>bronchus</i>)

Suffixes used for diagnoses

Suffix	Meaning	Example
<i>-gram</i>	record of data	encephalogram brain
<i>-graph</i>	instrument for recording	cardiograph heart
<i>-graphy</i>	act of recording data	radiography
<i>-meter</i>	instrument for measuring	craniometer cranium
<i>-metry</i>	measurement of	audiometry audio (hearing)
<i>-scope</i>	instrument for viewing	laryngoscope larynx
<i>-scopy</i>	examination of	laparoscopy abdomen

Adapted from :

Cohen, B. J. (1998). Medical terminology: An illustrated guide. Philadelphia: Lippincott-Raven Publishers.

Gyls, B.A. & Wedding, M.E. (1983). Medical Terminology: A Systems Approach. Philadelphia: F.A. Davis.

Facilitator’s notes: Prefixes / Suffixes Matching Game

- Groups of 2-4 participants.

Write out a set of cards with words plus suffix endings separated (see below). Suffixes are written on one colour and the other part of the word is written on another colour so the pile is of two different coloured cards. Allow two to three suffixes to be the same i.e. arthritis, meningitis, and hepatitis. Shuffle cards, turn cards face down, and each person takes a turn to turn over two cards, one colour each. If the pair of cards makes a word then pronounce it, note the syllables, pick up the match, and set aside. If the pair of cards doesn’t make a word, turn back over. Next person takes a turn and so on.

Possible words for suffix game:

Hemi - plegia

Poly - plegia

Para - plegia

Arrhythm - ia

Anorex - ia

Anesthes - ia

Arthr - itis

Hepat - itis

Mening - itis

healthSPEAK Unit 4 – Lesson 1

Sample Application in a Community Centre Setting

Idioms

- Prepare a flipchart with 10 idioms for ‘progress’ (eg. ‘under way’ and ‘so far so good’). Prepare the meanings for these idioms on slips of paper.
- Distribute slips of paper among the participants. Have participants take turns taping their meanings with the appropriate idiom. If the answer is wrong, have fellow participants offer suggestions.
- Distribute a handout with idioms meanings **and** a fill-in-the-blank exercise.

Housekeeping

- Take time to share upcoming events and housekeeping issues.

Professional to Professional

Team Work:

- This activity requires a lot of preparation, but it is well worth it. First create a small figure out of Lego pieces (approximately 30 pieces in different sizes and different colours) to serve as a model for teams to replicate. Then create 3 exact replicates. Take apart the replicates one by one and put the pieces into separate brown bags so each team has a bag with the same pieces.
- Write the rules up on flip chart posted at the front of the room:
 - One person per group may leave their table at a time.
 - The assembly pieces cannot leave the operating table.
 - The model must not be picked up and handled.
 - One person per group is designated as the observer. The observer’s role is to a) record the start time for planning; b) record the start time for implementing; c) record the finish time; d) record observations about the team’s strategies.
- Present the following scenario to the group: They are an inter-disciplinary team operating on patients together in the emergency room of a hospital. There has been a terrible accident and three people are in bad condition. The goal is to have three complete, healthy people at the end of the task. If people ask logistical questions, simply repeat the goal.
- Place the model figure at the front of the room, but hidden so it cannot be seen from the ‘operating tables.’
- Go over the rules with the group. Explain that the observer is to record the time that the group is given their paper bag and the contents are dumped on the table. This marks the start of the planning time. Once someone touches the pieces, the planning time is over and the observer must record the start time for implementation. Once the group has created an exact

replicate of the model and the facilitator has confirmed it is correct, the observer records the finish time. Throughout the whole process, the observer is recording observations about the strategies implemented.

- Debrief after the experience:
Is it normal that a workplace have rules? If you are working with more than 1 person, why do you need rules? Do we ever break rules?

Ask each observer what he/she observed? Comment on the length of planning time vs. implementing time.

EXPERIENCE

Q. What frustrated you with this experience?

Q. What did it take for your team to finally achieve success?

TEAM DYNAMICS

Q. What process did you use to plan your strategy?

Q. How effective or ineffective was your planning time? What made it so?

Q. If you were to do this again, what would you change about your planning time?

APPLICATION

Q. In what ways is this experience similar to what goes on with healthcare professionals?

Q. Can you think of breakdowns which have occurred over and over again in your healthcare setting?

- Variation: You may choose to pull one participant aside and pass along a message that there has been another major accident and there are four burn victims being sent to the unit. See what the reaction is. Does the person communicate the message to the rest of the group? Does someone take a leadership position and prioritize where people should be?

The first group to finish assembling their 'victim' may choose to assist others in completing the task. They must still abide by the rules. Only one person may leave the table at a time. The assembled pieces may not leave the 'operating table.' Beyond that they can be creative (e.g. coaching from a distance).

Family Birthing Unit Retreat Outcomes:

- Introduce this resource by explaining that it is an actual document that was created in response to communication breakdowns in an Ontario hospital. Remind participants that midwifery is a newly regulated profession in Ontario. It was a change. What happens when there is change? [confusion, anger, fear, etc.]. Clashes between midwives and obstetricians were common (and still are common...). One solution is to bring in mediation.
- Read through the overhead as a group (if an overhead is not available, have partners share copies). Clarify vocabulary as you go. Ask participants if they can define/describe a retreat.
- If a coworker is rude to you, who do you speak with? [your coworker] If the behaviour continues, who do you speak with? [supervisor]

Netiquette and Message Etiquette:

- Review leaving a message:
 - speak clearly, slowly and be concise
 - spell out your name if it is difficult to pronounce
 - identify yourself – who are you and why are you calling and what is your connection to the receiver of message?
 - do not assume that the person remembers your name/connection
 - slowly leave your phone number with area code and appropriate pauses (addressed during pronunciation activities today)
- Compile two different handouts about netiquette. Have half the class look at one and have the other half class look at the other. In small groups, have participants create lists of “Dos and Don’ts” about sending email.
- Have each group present the class. This goes more quickly and more smoothly if groups try not to duplicate answers already given.

Pronunciation

Word Stress:

- Have a participant volunteer a definition for ‘word stress.’ Provide an example for the class. Remind participants that word stress has an impact on our pronunciation in English. It also has an impact on how easily we make ourselves understood.

One way to demonstrate word stress is to write the following sentence on the board:
“Don’t put the EmPHAsis on the wrong syllABLE.”

- Divide the class into four groups. Have each group look at a different rule on the handout. Explain that each group needs to recognize patterns in the list of words they have been given and create a rule that explains the pattern (e.g. when a two-syllable word is used as a verb, the word stress is on the second syllable; however when a two-syllable word is used as a noun, the word stress is on the first syllable).
- Ask each group explain the rule to their peers.

Prefix/Suffix Concentration Game:

- Prepare a list of medical terms, separating prefixes and suffixes from roots (e.g. immunotherapy, colonoscopy, laryngitis).
- Write each term on two different index cards.
- Have participants spread the cards face down on the table. They must then flip two cards over (one at a time) and try to make a word. If they are successful, they collect the pair and get a second turn.

Participants will likely create words not on your master list when they combine roots, prefixes and suffixes in different ways.

This game works best with about 24 cards. If it is too big, participants may become easily frustrated.

healthSPEAK Unit 4 – Lesson 2

Sample Application in a Community Centre Setting

Idioms

- Prepare 10 idioms for ‘Small Talk’ (long time no see, see you later) to coincide with the following speaking/listening activity.
- Post idioms on a flipchart. Ask if participants are familiar with any of the idioms. Have volunteers explain the meanings to the rest of the group.
- Have participants take turns reading out the unfamiliar idioms and guessing their meanings. Invite other participants to help out when someone is running into difficulty.
- Distribute a handout with idiom meanings, examples and a matching activity. If time permits, provide time for participants to finish this activity in class. Review answers as a group, asking as many participants as possible to share their answers.

Housekeeping

- Take time to share upcoming events and housekeeping issues.

Workplace Culture

Scenario and Discussion:

- Introduce the topic of Workplace Culture and how it can be quite different, not just from one country to another, but also from one workplace to another.
- Distribute Raza’s scenario and explain that it describes the culture of his current workplace here in Canada and compares it to similar situations in his homeland of Pakistan.
- Ask for a volunteer to read the scenario. Help with pronunciation difficulties as required and invite questions on clarification of the content.
- What are the main topics in this scenario? What are some of the differences Raza points out between Canadian practices and those of his homeland? Any other comments on this scenario?
- Ask participants to complete the ‘Workplace Culture Chart – Culture in Canada’ on the back of Raza’s scenario. From the scenarios read so far in class, what are the differences in workplace culture in Canada compared to other countries? Discuss the answers.

Small Talk:

- Ask the group if they have ever been *tongue tied* and *at a loss for words*. Whether at work or at home, with clients or other professionals, in a networking or a 1-1 situation, adults often

find themselves struggling with small talk. What is small talk? Ask for examples. Talk about schmoozing!

- Distribute Small Talk handout and briefly paraphrase its contents. Inform participants that they will have a chance to practice making small talk now (to schmooze) in preparation for the Networking Potluck planned for the end of healthSPEAK, and for future schmoozing opportunities.
- Have participants imagine that they are at a conference for internationally trained healthcare professionals held in Toronto. Participants must ‘mingle’ and engage in small talk. Give each participant enough candies to share with each of the others. Each person gets one type or colour of candy (wrapped) and trades candies (representing business cards) with every person she or he converses with. See how many candies are collected! This is a fun exercise and really gets the conversation going. (It’s also yummy!)

Investigations, Diagnoses and Explanations: Case Studies

- Discuss the variety of expressions and how they are used in diagnoses and discussions with patients and their families. (e.g. should, must, could, might, must, can’t. etc). Read out the examples on the handout and ask for meaning before distributing the handout.
- Have a variety of sector-specific scenarios ready to distribute to specific professionals, ask for a volunteer from each group or choose a relevant professional and ‘client’ to role-play a scenario and ask them to practice using effective and therapeutic communication skills.
- Have them perform these case studies in front of the class. Two students observe and evaluate non-verbal communication skills of the individuals who are role-playing, using the evaluation sheet from Unit 1. (“I liked the way you explained a difficult concept to the client”, “You made the client feel comfortable by making small talk at the beginning”, “You might want to speak a little slower and smile a bit more”, etc.)
- Debrief as a class. What were the other observations? Discuss.

Pronunciation

- Divide participants into small groups according to profession. (If there is only 1 dentist, for example, match her with closest group, perhaps doctors)
- Provide each group with copies of a journal article related to that specific profession, and ask participants to take turns reading a paragraph at a time. If possible, have an instructor or volunteer sit with each group, assisting with punctuation when necessary. If not, ask participants to underline difficult words and refer to a dictionary or facilitator for clarification.

UNIT 5 – Community Health

Overview

	Lesson 1	Lesson 2
Idioms / Colloquial Expressions	Idioms for Informing and Reporting	Review of Idioms, Unit 1-5
Speaking / Listening	Community Health 1) Community Health: Annual Report Paraphrasing 2) Scenario: Community Health 3) Community Health Guest Speaker	Community Health 1) Overview of personal biographies and informational interviews 2) Interviewing a colleague
Pronunciation	1) Minimal pairs	1) Terminology challenge
Workplace Task(s) Summary	<ul style="list-style-type: none"> • Paraphrasing and presenting to a group of colleagues • Communicating via emails 	<ul style="list-style-type: none"> • Gathering information from a professional • Writing a professional biography
Other	Evaluation Review Quiz Evaluation of healthSPEAK program Final preparation for professional networking night – last class	

UNIT 5 – Community Health

Idioms/ Colloquial Expressions

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Suggested resources: *Everyday Idioms: for Reference and Practice* (Book One [1996] and Two [1997]) by Ronald Feare

Lesson 1

*Idioms – for Informing and Reporting

- fill in (on)
- keep posted
- spread the word
- catch up on
- keep up on
- what's the scoop?
- fill out
- first-hand
- break the news
- hot off the press

Lesson 2

Review of Idioms from Units 1 – 5

Create index cards of idioms for review. Divide participants into teams. Teams take turns having a representative pick a card and describing an idiom on his/her own. One point for each correct explanation.

Variation: Provide each team with two 'lifelines.' If someone cannot explain their idiom, they can use a lifeline and get help from teammates.

Skills/Competence Focus (CLB)

L - Can understand sufficient vocabulary, idioms and colloquial expressions to follow detailed stories of general popular interest (7 - 8)

NOTES

*Create word match exercises, fill in the blank sentences, or have Ss write idioms in a sentence and discuss appropriate contexts.

UNIT 5 – Community Health

Speaking/Listening

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Lesson 1:

- **Remind Ss of Email Assignment Re: Professional Bios** (see ‘Other’, section, Unit 4)

1) Community Health (S, L,):

a) Ss brainstorm a definition of community health. Compare ideas with a standard definition.

i.e. Community Health Definition:

Personal responsibility is certainly an essential component of good health, including decisions we make about diet and exercise. But the role that government can play in helping to create health conditions for all people is also critically important. There are a whole variety of factors relating to the roles governments can play in helping to keep people healthy. These roles fall under a broad umbrella known as Public Health.
www.commonhealth.org

b) Handout copies of an annual report from a local public health department (see Appendix 6 for sample used).

Divide Ss into small groups and explore different aspects. Have each group paraphrase a theme.

2) Scenario: Community Health (see handout)

Ss read and discuss

3) Guest Speaker: invite local community healthcare professional to speak to group and answer questions. Another opportunity to practice introductions (30 second summaries).

Skills/Competence Focus (CLB)

S - Indicate partial or full comprehension, take turns by interrupting, change topic or encourage conversation (6-8)

S - Participate in a small group discussion/ meeting: express opinions and feelings; qualify opinion, express reservations, approval and disapproval etc.. (6-8) Express and analyse opinions and feelings (8).

S/L – Give/understand a summary/report of the main points of a presentation by someone else (7-8)

S - Ask for and provide detailed information related to personal needs, varied daily activities and routine work requirements (6-8)

L - Identify specific factual details and inferred meanings in dialogues containing openings and closings, making and cancelling of appointments, apologies, regrets, excuses, problems etc..in reception and communication (6-8).

R - Identify factual details and some inferred meanings in moderately complex business/service texts, including formatted texts. business notices, reports, etc. (6-8)

UNIT 5 – Community Health

Speaking/Listening continued

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Lesson 2:

1) 30-second summaries and professional biographies (review)

Review 30-second summaries and professional biographies (following email assignment). Brainstorm important factors and handout samples of professional bios found on websites from local community health practices. Stress the importance in meeting a variety of people so you can plug into their networks as well.

2) Informational interview

Present main features of an informational interview. Stress that it is very different from an employment interview. Ss interview each other about their professions. Debrief. What questions did people ask? How do you close an interview?

Skills/Competence Focus (CLB)

S - Open, maintain and close a short routine formal conversation (6)

S - Introduce a person formally to a group (6-8).

W - Write a paragraph to relate/narrate a sequence of events; to describe a person, object, scene, picture, procedure or routine; or to explain reasons (6-8).

R - Obtain factual details and inferred meanings in moderately complex notes, e-mail messages, websites and letters containing general opinions and assessments of situations, and letters (personal and public) containing general opinions, assessments of current affairs, response to a complaint/conflict, or expression of inferred meanings in text (8)

NOTES

Suggested Resources – Informational Interviews:

<http://www2.ucsc.edu/careers/student/infointerview.html>

<http://www.cdm.uwaterloo.ca/step2.asp?priNav=2>

UNIT 5 – Community Health

Pronunciation

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

Suggested resource: *Clear Speech* by J. Gilbert (3rd edition, 2005)

Lesson 1:

1) Minimal pairs (see handout)

Ss are given a list of minimal pairs. Facilitator reads out one word from each pair. Ss. Listen and circle the word they hear.

Lesson 2:

1) Terminology challenge (review)

Ss take turns drawing a medical term from a bag and pronouncing for class, indicating word stress and counting syllables.

Skills/Competence Focus (CLB)

NOTES

UNIT 5 – Community Health

Workplace Task(s) Summary

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

- **Paraphrasing and presenting to a group of colleagues**
- **Gathering information from a professional**
- **Writing a professional biography**
- **Communicating via emails**

Skills/Competence Focus (CLB)

L/S - Listen to /understand conversations between individuals. Identify stated and unspecified details about the situation, relationships, intent and mood of participants. Answer questions (7).

R - Access and locate information through Internet and emailing

W - Write a paragraph to relate/narrate a sequence of events; to describe a person, object, scene, picture, procedure or routine; or to explain reasons (6-8)

W - Word-process, revise, edit, format and print texts using a computer, if available (6-8)

NOTES

UNIT 5 – Community Health

Other

(Ss = Students, L = Listening, S = Speaking, R = Reading, W = Writing, P = Pronunciation)

EVALUATION:

- 1) Review Quiz, Lesson 1
(see 'Evaluation' section, Form 3)
- 2) Evaluation of healthSPEAK program, Lesson 2
(see 'Evaluation' section, Form 4)

Skills/Competence Focus (CLB)

NOTES

Final preparation for professional networking night – last class.

Guests of various professions in the healthcare field have been invited by some of the Ss to the final class for a potluck and networking night. An opportunity to practice 30-second summaries, small talk and informational interviews.

Scenario: Community Health

Dr. Eliseo Martell, a GP from El Salvador, founding member Kitchener Downtown Community Health Centre and Peer Multicultural Worker, now manager of Youth Health in the Community Health Dept. at the Region of Waterloo.

In general health care settings are the same around the world even though some may have more resources to work with than others. Hospital settings are more technical in their delivery of services and health care professionals there focus more on individual care. Things are different in a mixed environment like public health, and sometimes foreign trained health care professionals can get lost in this context. Here it is very socially oriented, and you must deal with health in the context of poverty, homelessness, etc. Many times we work by project, for example we are currently working on bullying in the schools, on teen gambling, eating disorders, etc. and we work with a team of nurses, planners, etc. Relationships are different too. Doctors and technicians are at the same level when working together, not an authoritarian setting. There is a capacity to challenge, and one is very respectful and careful about what one says or doesn't say. Elsewhere there is a hierarchy where often the doctor tells others what to do, but not here.

How do Internationally Trained Health Care Professionals place themselves in this context and re-educate themselves? You can learn through immersion, although it helps to have a socio-political background and to be able to do some critical thinking about society. The two big issues are conflict resolution and communication. Conflict resolution between co-workers and superiors, and communication needs in shifting the way you use language (e.g. professional to professional, professional to patient, to family, to the public, etc.). You need to be concrete when you say something. And trust more what you say or hear than what you read. It is easy to misinterpret an email message for example. If you're not sure, call the person to clarify. "What did you mean?" You also need to be aware of the unionized environment and how this impacts on job opportunities for foreign trained health care professionals.

Community Health means working with the community, not for the community. It is a combination of education, prevention, advocacy and promotion. We develop projects addressing community needs. We respect the community's agenda and move with them through their agenda (e.g. with bullying). Sometimes there's difficulty understanding partnerships or NGOs, or there may be a different interpretation of Non Governmental Organizations (NGOs). Elsewhere you may think you have it made if you can partner with NGOs, but not here. And evaluation is very important...looking at the reasons for the programs and doing follow-up.

Minimal Pairs

A and E sounds

1. Ladder Letter
2. Lead Lad
3. Set Sat
4. Brad Bread
5. Left Laughed
6. Rap Rep
7. Then Than
8. End And
9. Met Mat
10. Guessed Gassed

I and E sounds

1. Pit Pet
2. Bead Bid
3. Mid Mead
4. Green Grin
5. Leak Lick
6. Peel Pill
7. Sin Scene
8. Live Leave
9. Gin Jean
10. Bet Bit

healthSPEAK Unit 5 – Lesson 1

Sample Application in a Community Centre Setting

Idioms

- Prepare idioms related to informing and reporting.
- Incorporate into an impromptu conversation informing participants about upcoming events.
- Have participants shout out when they hear an idiom. Ask for a collective explanation one idiom at a time.
- Distribute handouts with idiom meanings and an exercise for practice at home.

Housekeeping

- Take time to share upcoming events and housekeeping issues.
- Ask participants to email (before the next session) a 30-second biography they could use in introductions or professional enquiries. Encourage them to find a website from a professional clinic to use as a guide.

Pronunciation

N.B. Pronunciation is a crucial part of healthSPEAK and is often the aspect that participants are most keen to practice. If you are expecting a guest speaker at the end of this session, it is a good idea to move pronunciation earlier in the session. This worked well and ensured that pronunciation did not get *lost in the shuffle*.

- Distribute a handout with a list of minimal pairs to participants (a pair of words that are identical except for one sound).
- Facilitator reads one word from each pair (don't forget to circle the word used! This is important for taking up the answers).
- As facilitator reads each word, participants circle the word they hear.
- Take the answers up as a group. Have a participant write the correct answers on the board. Give opportunities for participants to differentiate between the two sounds.

Community Health

- Ask participants to come up with their own definition of public health in small groups. Have one representative from each group read out their definition. (This can also be done in a large group by having participants brainstorm a definition together).
- Read out a definition researched and prepared beforehand. Compare and contrast with group definitions.
- Distribute copies of an annual report from a local public health department to explore different aspects of public health (e.g. promotion, prevention, protection).
- Divide participants into small groups and have each group paraphrase one aspect in the annual report.
- Come together again as a large group. Have small groups report back.
- Allow time to discuss as a group. Debrief questions may include: “How would you describe the difference between public health and healthcare in a hospital setting?” “How does this relate to your experiences in your country of origin? What is different and what is similar?”

Review Quiz

- Provide a short quiz to evaluate student learning up to this point.
- Briefly take up answers before collecting quizzes.

Speaker

- Invite a speaker from the community health department to join the group for an hour.

healthSPEAK Unit 5 – Lesson 2

Sample Application in a Community Centre Setting

Idioms

- Create index cards of idioms for review of idioms from Units 1-5.
- Divide participants into teams and each team takes a turn having someone pick a card and describe the idiom on his/her own. One point for each correct explanation.

A fun variation is to provide each team with 2 'lifelines' which allow them to get help from teammates. Lifelines may take the form of index cards which participants must hand in once they are used.

You may choose to do a midterm review of idioms as well.

Housekeeping

- Take time to share upcoming events and housekeeping issues.

Networking and Next Steps

Employment Counsellor Visit:

- Invite an employment counselor to visit the class to talk about other resources available and how best to use them, and where one can go from here. Presentation may include information from www.oahc.ca where road maps to employment in Canada are outlined. Make time for questions and comments at the end.

30-Second Summaries and Professional Biographies (review)

- Review biographies sent by email; comment on strengths and weaknesses, and brainstorm important considerations in writing a biography, not the least of which is WHO the bio is directed towards.

Informational Interview

- Present main features of an informational interview.
 - Stress that it is very different from a job interview and it is usually initiated by the interviewee.
 - When calling up to request such an interview it is important to be clear about your expectations (e.g. I'd like to know about the variety of services offered by your organization, and how different professions are involved), be specific about how much time you are asking for (e.g. would it be possible to take about 15 minutes of your time?).
 - Do not exceed the requested amount of time unless the interviewer encourages you to continue.

- Do your homework before you go to an Informational Interview and do not waste precious time asking questions that can be answered through simple research (websites, etc.) ahead of time.
 - Think about the questions you want to ask and the information you want to share.
 - Above all, **DO NOT ASK FOR A JOB!!** (although there is no harm in having your resume on hand if someone should request one). Remember that most jobs are found through situations like this or through word of mouth, and just a small percentage make their way to the classified ads in the newspaper.
- Refer participants to the 2 great resources listed in the manual.

Pronunciation

Terminology Challenge (review)

- Create medical terminology index cards using words which have been covered in class. (be sure to include terminology from each of the professions represented in the class). Find a big bag to put them in.
- Participants take turns drawing a medical term from the bag, pronouncing it for the class and determining word stress and number of syllables.

This can be used as a game, using teams and allotting points for correct answers, or it can be used as a filler if you just have 5 or 10 minutes to spare in any session.

Evaluation

- Explain that you would appreciate participant feedback on healthSPEAK. The participatory nature of the program allows for ongoing growth and development, and their comments will be considered in future programming.
- Distribute evaluation forms and allow sufficient time for people to complete (30 minutes or so).

In wrapping up, thank everyone for their participation in the group, encourage them to pursue other options available to them through centre and other agencies and congratulate them on a job well done.

Take a deep breath. Smile. Enjoy a job well done!

healthSPEAK Unit 5 – Networking Potluck
Sample Application in a Community Centre Setting

Purpose:

To provide participants with a social opportunity to network with local health care professionals representing the diversity of professions in the group.

Preparation Stage:

- Determine date and location of the potluck. Book appropriate rooms.
- Make every effort to find a local professional from each of the professions represented in the group.
- Invite professionals to join the event. Inform them that it is an informal occasion to meet internationally trained healthcare professionals in the community and answer questions related to the daily workplace. Let the professionals know that they do not need to prepare information or a speech. All they need to bring is an appetite! Explain that telephone communication is one of the units covered in healthSPEAK. Ask if they are willing to have a participant phone and officially invite them to the potluck. If he/she is willing to be phoned by a participant, encourage him/her to provide feedback on the phone [What was clear? What wasn't? What would be helpful in future phone calls?]
- Arrange for one participant to phone each of the invited guests.

Materials for the Potluck:

- Tables, chairs, table clothes
- Plates, glasses, silverware, serving utensils
- Access to microwave/oven
- Name plates/cards if necessary
- Gifts and cards for guests
- Flyers promoting upcoming events/workshops
- Congratulations cake (e.g. "Way to go healthSPEAKERS!")
- Personalized certificates for each participant.

Order of Events:

- Set out a table in a main area so that people instinctively know where to set their dishes down.
- Start the event with informal mingling time – provide upbeat background music if possible. Make every effort to free yourself from logistical duties so you can help people mingle and connect.

- Gather everyone together for brief introductions of invited guests. Explain that participants will have opportunities to introduce themselves over the meal and during our mingling activity.
- Invite everyone to line up and serve themselves. Indicate where the line should begin. Encourage guests to go first. Have people sit wherever they would like for the meal.
- Allow people to chat over the meal. When most people are finished, encourage them to grab a drink of coffee, tea or water because in five minutes people will move into groups.
- Set out one table for each guest and direct guests to a table. Round tables are best where available. Have participants join their professional groups (all the dentists together, all the physiotherapists together, etc.). Explain that there will be about 10 minutes for introductions and discussion. This is an opportunity for participants to ask specific workplace questions.
- After 10 minutes, have participants rotate. Explain that as healthcare workers, it is important to work interdisciplinary. This will provide an opportunity to learn about another profession in Canada, ask questions and network. (You never know if a nurse is related to a physiotherapist!).
- Continue to rotate. Depending on available time, attempt to do a full rotation. End the rotations by inviting each guest to offer closing advice and comments. When they have each finished, this is an appropriate time to present thank you gifts.
- Allow each facilitator to make some closing comments on the experience. Thank participants for their input into this every-changing curriculum. Present each participant with a personalized certificate. Congratulate everyone and cut the cake! Congratulations to all on a job well done!

5. Evaluation

Student Evaluation

Student evaluation includes a combination of diagnostic, formative, and summative evaluation techniques. The initial student assessment for the **healthSPEAK** course, (see Appendix 2) inquires about potential students' general background, and professional history. A CLB language assessment is a prerequisite to the healthSPEAK course that is administered by qualified assessors.

For each unit, reviews (see Form 1 and Form 3), role-plays, worksheets and assignments are handed in or observed by the instructor for evaluation. This process allows the instructor to gauge student progress, determine further areas of practice, and guide the direction of course content (see Form 5: Student Performance Tracking). Teacher and students will be able to acknowledge where improvements have occurred and what language skills need further development.

Mid and final program evaluations (see Form 2 and Form 4) assess achievement of program objectives. The teacher will use student evaluations to gauge program effectiveness and make necessary improvements or content changes.

Attendance and participation is key for language progress in this course.

Form 1: Quiz Example

REVIEW QUIZ – Unit 2, Lesson 2

Name _____

1. Using idioms learned in class, write a complete sentence for each of the following questions:

a) What is the best thing to do if you are **running a fever**?

b) Why are **two heads better than one**?

BONUS: Describe a time when you **hit it off** with someone. What happened?

2. How many **syllables** are in the following sentence?

“Systematic documentation is critical because it presents in a logical fashion the care provided by nurses.”

3. Use the back of this page to write a *short paragraph* (3 - 4 sentences) describing **situations that override confidentiality** in a healthcare setting.

Form 2: Mid-Course Program Evaluation Example

healthSPEAK- Mid-Course Evaluation

Note: More idioms, pronunciation, networking with healthcare professionals, teamwork, workplace culture and community healthcare are scheduled for the next three weeks.

1. What has been helpful in the healthSPEAK course up to this point?

2. What specific language skills have you improved?

3. Please indicate if the following objectives of the course are being met.

a) Provide and practice health-specific terminology, idioms and language skills.

1	2	3	4	5
Does not meet objectives				Meets objectives

Comments:

b) Develop pronunciation.

1	2	3	4	5
Does not meet objectives				Meets objectives

Comments:

c) Provide scenarios that explore specific workplace terminology and cultural lessons (i. e. Communication and Eldercare, Midwife Interview, Telephone Scenario).

1	2	3	4	5
Does not meet objectives				Meets objectives

Comments:

4. Provide feedback of the guest speakers.

1	2	3	4	5
not much value				very informative

Comments:

5. How can *The Working Centre* improve this program?

Form 3: Quiz Example

REVIEW QUIZ – Unit 5, Lesson 1

Name: _____

1. Using idioms learned in class, write a complete sentence for each of the following questions:

c) Can you give an example of when you **hit it off** with someone?

d) Can you tell us about a time you had a **close call**?

BONUS: What does it mean **to beat around the bush**?

2. Can you list the important items to remember when leaving a telephone message?

3. How many **syllables** are in the following sentence? _____

*“The detection and measurement of microalbuminuria:
a challenge for clinical chemistry.”*

4. Use the back of this page to write a *short biography* (1 or 2 paragraphs) describing yourself and your profession that could be posted on a professional website – don't forget to write using the 3rd person.

Form 4: Final Program Evaluation Example

1. What specific language skills have you improved?

2. Overall, please indicate if healthSPEAK was a useful course in assisting with language development related to the health care sector.

1	2	3	4	5
not useful at all				very useful

Comments:

3. Please list your 3 favourite healthSPEAK topics/activities. What did you enjoy about them?

4. Please list your 2 least favourite healthSPEAK topics/activities. How could they be improved?

5. What else would you like to see included?

The following is a list of activities and topics we have covered over the past 5 units:

IDIOMS

- **Idiom worksheets**
- **Idiom dialogues**

WORKPLACE TASKS

- **Scenarios** (personal support worker, midwife, telephone, cultural differences, public health)
- **Syllables** (dictation – counting syllables)
- **Intonation** (phone numbers, asking either/or questions, asking questions with lists)
- **Therapeutic Communication Techniques** (dementia patient role play, guest speaker panel with 2 doctors)
- **Team Building Activities**
- **Documentation** (quiz, ‘taking a history’ dialogue)
- **Telephone Communication** (calling a doctor at home while on night shift role play, leaving a phone message for Dr. D’Eath)
- **Community Health Care** (paraphrasing a Region of Waterloo annual report, guest speaker from public health)
- **Professional-to-Professional Communication** (discussing code of conduct, small talk game)

PRONUNCIATION

- **Medical pronunciation** (pronouncing prescriptions, suffixes/prefixes concentration game, grouping words by sounds, reading medical articles in pairs)
- **Word stress rules**

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7. Appendices

- 1) **healthSPEAK Press Release**
- 2) **Student Intake Assessment Form**
- 3) **Hospital Consent Form**
- 4) **Ministry of Health and Long-Term Care *Antenatal Record 1***
- 5) **Family Birthing Unit Retreat Outcomes**
- 6) **Public Health: Region of Waterloo 2002 Annual Report**

healthSPEAK: Appendix 1

Press Release

Immigrants with Health Skills Get Special Aid

FRANK ETHERINGTON

WATERLOO REGION (Jan 29, 2005)

Two Kitchener programs that start in the next two weeks form part of increased efforts by provincial and federal governments to boost support for foreign-trained immigrants arriving with a variety of health-care skills.

And Kitchener Centre Liberal MPP John Milloy expects the flurry of provincial activity to continue because his government is unwilling “to waste such valuable skills. . . particularly in the health field.”

Milloy said Premier Dalton McGuinty has raised the issue numerous times during visits to Waterloo Region “and there’s tremendous public interest in the subject, especially among people who can’t find doctors.”

The latest programs for groups of 15 to 20 immigrants will take place at Kitchener’s downtown Working Centre at 58 Queen St.S.

Both programs help immigrant health professionals review their future careers and upgrade language skills in Canadian medical terminology, said Stephanie Mancini, co-ordinator of the Working Centre.

In Waterloo Region, an area that needs doctors, nurses and other health-care professionals, she said under-employed immigrants have more reason to hope they can overcome employment barriers and return to their health-care careers.

One of the upcoming programs -- HealthSPEAK -- is financed with a \$35,000 federal grant from Citizenship and Immigration Canada.

The course, which starts Feb. 14, gives immigrant nurses and health-care professionals access to advanced and specialized medical-language training.

Evening classes were arranged so that foreign-trained immigrants who work during the day at low-paying “survival jobs” can attend.

The other course, an ongoing one called Focus on Health Care, is being financed by Ontario’s Ministry of Training, Colleges and Universities, but Mancini declined to put a price tag on the program.

The course starts Feb. 7. Students will include foreign-trained physicians, dentists, physiotherapists, nurses, pharmacists and lab technologists.

The program helps students decide if they want to pursue the complex task of obtaining Canadian medical licences or find work in related health areas. It also helps connect students with mentors in the medical field and includes tours of regional medical facilities as well as guest lectures by local health professionals.

In addition to the Working Centre programs, the province announced this week it will invest \$551,600 in a project to provide additional training for foreign-qualified optometrists and pharmacists at the University of Waterloo.

A satellite campus of the University of Toronto's pharmacy faculty will be launched in October at the Victoria School Centre in downtown Kitchener.

With about 25 students in its first class, the satellite will be a first step toward a new School of Pharmacy and a new UW health-sciences campus on a former industrial site at King and Victoria streets.

At the same time, UW's School of Optometry will assess the academic qualifications and professional experience of foreign-trained optometrists and help students bring their skills up to North American standards.

Meanwhile, an immigrant skills conference is scheduled April 28 in Waterloo. Mary Anne Chambers, provincial Minister of Training, Colleges and Universities, will be the keynote speaker.

Those interested in the focus on health care course are asked to call Suzanne Dietrich at 749.9177, ext. 236.

For HealthSPEAK information, call Julia Beddoe at 743.1151, ext. 114.

healthSPEAK: Appendix 2

Student Intake Assessment Form

Date: _____

Name: _____

Address: _____ Postal Code: _____

Phone #: _____ Date of Birth: _____

(Day / Month / Year)

Email: _____

Citizenship and Immigration Canada asks us to keep track of the following information. They want to get an idea of who we are helping and what their situation is. Please answer each of the following questions:

1. How did you hear about healthSPEAK?

Family / Friend Ontario Works (Welfare) Media

Another agency Other _____

2. Gender: Male Female

3. What is your country of origin?

4. What is your first official language?

5. Have you had your English language level assessed? _____

What was the date of you last language assessment? _____

Where did you take the assessment? _____

What is your language level? _____

Can we keep a copy of your assessment? _____

6. Do you have an occupation or profession that requires certification or licensing in Canada?

Yes No

If yes, what is your occupation? _____

7. Are you currently employed? _____

See Other Side →

8. Are you registered in: English as a Second Language
 Other programs (please specify) _____

9. Have you used The Working Centre resources in the past? Yes No

10. What is your immigration category? :

Permanent Resident Protected Person Temporary Resident Permit
 Convention Refugee Other _____

11. How long have you lived in Ontario? _____

Have you lived in any other Canadian Provinces or Territories? _____

12. How many years did you go to school before coming to Canada?:

13. How many years of schooling have you finished since coming to Canada?

Release of Information

I, _____ agree to allow The Working Centre to collect the attached information and disclose this information to Citizenship and Immigration Canada, as applicable.

X _____
Signature

X _____
Date

healthSPEAK: Appendix 3

Hospital Consent Form



CONSENT TO TREATMENT, INVESTIGATIVE PROCEDURE, OPERATION AND/OR ADMINISTRATION OF BLOOD AND/OR BLOOD PRODUCT(S)

I, _____ consent to the following treatment, investigative procedure, operation
Name of Patient/Substitute Decision Maker
and/or administration of blood and/or blood product(s).

to be performed upon _____ by _____
Name of Patient Name & Designation of Health Professional

and such physicians and other health professionals whose assistance is required.

I acknowledge that _____ has explained this treatment or procedure:
Printed Name & Designation of Health Professional

- its risks & benefits;
- material side effects;
- alternative course of treatment or procedure;
- and consequences of not having or delaying this treatment or procedure.

I have had an opportunity to ask questions and I fully understand all of the information explained.

I consent to such additional alternative treatment, investigative procedure, operation and/or administration of blood and/or blood product(s), which in the opinion of the Health Professional performing the procedure(s) are reasonably necessary. I also consent to the administration of anaesthesia for any of these purposes as may be required.

I agree that other members of the medical, midwifery or health professional staff of the Guelph General Hospital other than the said Health Professional may perform or assist in treatment, investigative procedure, operation and/or administration of blood and/or blood product(s). Students under any health professionals supervision and direction may assist as required.

Statement of Declaration

I declare that I fully understand the information provided about the above mentioned treatment, investigative procedure, operation and/or administration of blood or blood product(s).

Printed Name of Patient or Substitute Decision Maker Signature of Patient or Substitute Decision Maker

Relationship of SDM, _____ date dd/mm/yyyy

Statement of Health Professional

I declare that I have explained to _____ the nature of the treatment, the expected benefits and
Name of Patient or Substitute Decision Maker
risks, side effects, the alternative courses of action and the likely consequences of not having the treatment and I have responded to any and all questions about such matters.

Printed Name & Designation of Health Professional Signature of Health Professional

date dd/mm/yyyy

Statement of Witness to Consent by Telephone

I have witnessed over the telephone the consent given to _____
Printed Name & Designation of Health Professional

By _____ acting as substitute decision maker for
Name of SDM / Relationship to Patient/Telephone Number

_____ to the afore mentioned treatment, investigative procedure,
Name of Patient

operation and/or administration of blood or blood product(s).

Signature & Printed Name of Witness date dd/mm/yyyy

Statement of Interpreter

I declare that I have accurately translated this form for the patient/substitute decision maker referred to below and translated the discussion between _____ and _____
Name & Designation of Health Professional Name of Patient / SDM

to the above mentioned treatment, investigative procedure, operation and/or administration of blood or blood product(s).

Signature and Printed Name of Interpreter / Telephone Number date dd/mm/yyyy

Instructions for Completion

1. The Health Professional proposing the treatment, investigative procedure, operation and/or ordering the administration of blood or blood product(s) is responsible for informing the patient (or substitute decision maker of incapable patient) of the expected risks, benefits, material side effects, alternative courses of treatment and the consequences of not having this treatment, investigative procedure, operation and/or administration of blood or blood product(s).
2. The preamble on the front of the written consent form, including the treatment, investigative procedure, operation and/or administration of blood or blood product(s) is described in ordinary language, includes the site and side and is written in full where appropriate.
3. The patient/substitute decision maker completes the statement of declaration on the written consent only after the Health Professional proposing the treatment gives all explanations and all questions are answered.
4. The Health Professional obtaining consent completes in full the Statement of Health Professional on the written consent certifying that he/she provided the required information and responded to questions.
5. When the patient is unable to sign the consent for reasons of incapacity, the Health Professional should obtain consent of the substitute decision maker (SDM) after providing the explanation referred to #1 above and request that the SDM sign the written consent form.
6. If an interpreter is required, the interpreter should sign the Statement of Interpreter on the written form and print their name and telephone number.
7. A witness to the consent obtained by telephone should complete the Statement of Witness to Consent by Telephone section and print his/her name and include the telephone number of the SDM.

Health Professional Statement for Emergency Use

If in the opinion of the Health Professional a delay for the purpose of obtaining consent would put the patient at risk of serious bodily harm or prolonged suffering, the Health Professional should complete the following statement:

I, _____ believe the delay in obtaining consent to perform the treatment,
Printed Name & Designation of Health Professional

investigative procedure, operation and/or administration of blood or blood product(s) described above would put
 _____ at risk of bodily harm or prolonged severe suffering.
Name of Patient

Signature of Health Professional date dd/mm/yyyy

healthSPEAK: Appendix 4
Ministry of Health and Long-Term Care
Antenatal Record 1

healthSPEAK: Appendix 5

Family Birthing Unit Retreat Outcomes

The following behaviours have been agreed to by the attendees at the Obstetrics and Midwifery Retreat on June 14, 2004. This includes all members of the Department of OB/GYN and the Department of Midwifery.

- 1) We will not engage in a confrontation, argument or negative interaction in the presence of a patient.
- 2) We agree that mistakes are a way to learn, educate and improve care.
- 3) We will be kind and polite to each other and exchange greetings.
- 4) We will embrace the concept of inclusive care provision and function as a team.
- 5) We will not place blame.
- 6) We will acknowledge good behaviour and skills.
- 7) We will provide feedback to an action rather than to an individual.

February 3, 2005

Family Birthing Unit Code of Conduct

These fundamental principles were developed and agreed upon by obstetricians, midwives, nurses, managers, medical leadership and administration at the FBU Retreat on January 17 2005. Their purpose is to guide our behaviour and interactions on the Family Birthing Unit. AD staff and individuals associated with the Hospital are expected to fully comply with our Code of Conduct.

Expected Behaviours

Be:

Polite
Respectful
Professional
Collegial
Kind
Supportive
Responsible

Expected Actions

- Discuss the plan of care prior to entering the patient room.
- Create and agree on a plan of care (including a presentation of choices) prior to discussing with the client.
- Do an assessment prior to making recommendations for care.
- Frame differences of opinion in a positive way.
- Communicate plan of care with other caregivers/family/charge nurse as appropriate.
- Offer support especially in difficult times.
- Make time to de-brief difficult situations.
- Respond in a timely fashion.
- Do what you say you are going to do.
- Respond to a greeting.
- Acknowledge positive outcomes (e.g. case management, clinical skills) with positive feedback.
- Offer assistance without being asked.
- Take the opportunity to share knowledge.
- Be on time for work.

In Times of Conflict

1. Bring forward issues in a timely manner.
2. Deal directly with the person with whom you have the conflict.
3. Don't get personal or emotional.
4. Agree on how to proceed.
5. When you apologise, mean it!

Unacceptable Behaviours

- Rudeness
- Intimidation
- Ignoring
- Blaming
- Patronizing
- Insulting
- Yelling
- Swearing
- Threatening

Examples of Unacceptable Behaviours

- Subtle or overt displays of anger such as shouting, name calling, using offensive language, banging, throwing objects, slamming doors, rolling of eyes.
- Questioning the management (history/current/plan of care) of a patient/client, in the absence of the other care provider.
- Contradicting the assessments of another care provider in front of the patient/client
- Walking away during a conversation.
- Interrupting.
- Giving the “silent treatment”

All are in agreement that violations of this Code of Conduct will be reported through the appropriate chain of command.

healthSPEAK: Appendix 6
Region of Waterloo Public Health:
2002 Annual Report



Region of Waterloo
PUBLIC HEALTH

2002 Annual Report

Public Health What We Can Do For You

Public Health provides information, services, programs, and other forms of assistance to individuals and groups in the community

under three general categories of activities:

Promotion, Prevention and Protection



November 2003

Protecting

Health and Quality of Life



Delivery of ambulance services Region-wide call volume which includes patient calls and coverage standbys was 37,859. Emergency Services reached 90% of emergency calls in 13 minutes and 33 seconds or less. Region-wide Emergency Response Time compliance with 9-minute Council Target was 65.6%. Advanced Care Paramedics responded to 97.6% of Cardiac Arrest Calls.

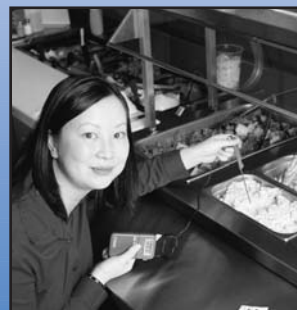
Food safety Food safety information was provided to all 123 regional schools teaching food related subjects to grades 7 and 8. Certified public health inspectors delivered the Food Safety Certification training course. The food safety trainers were successful in certifying 444 participants, or 95% of class attendees. To uphold the food safety requirements, 64 tickets were issued and 4 premises were closed in the region. Incidence of foodborne illness is reported throughout the year and the staff successfully followed-up with 100% of these reports within 24 hours of receiving the information. Sixty media interviews were conducted pertaining to food safety issues.

Health Hazard Investigation Public Health performed 100 health hazard investigations and provided advice as required, including distribution of educational materials to 1,000 people. Response to health hazards was dictated by written response plans and as part of this commitment, nineteen smog days were formally reported and 43 cold/extreme weather responses were issued.

Air Quality and Environmental Issues Community initiatives included work with the Citizen Advisory Committee on Air Quality. Public Health also raised awareness on other environmental issues like ground water protection and pesticide use. The Cosmetic Pesticide Use symposium and forum attracted over 100 people and led to the forma-

tion of the Municipal Pesticide Working Group.

Infection Control in Institutions Three infection control forums were hosted by Infection Control staff for long term care and child care providers. The forums provided up-to-date information for care providers on outbreak management, specimen collections, infection management and information on other current and important topics. Enteric outbreaks in the community are reported to ROWPH throughout the year and the staff successfully followed up with all outbreaks within a 24 hour period. Educational and promotional activities included 15 in-services, 34 puppet shows on handwashing to child care centres, 39 media interviews and 17 printed articles. The Big Shot Challenge initiative promoted the influenza vaccination to long term care facility staff. ROWPH exceeded the expectation by the Ministry of Health and Long Term Care and achieved a 91% rate of influenza immunization in long term care staff. One hundred percent of inspections were completed in hospitals, boarding houses, lodging houses, migrant farm workers' housing, residential facilities, and homes for special care. Final inspection compliance rates for infection control premises, including child care centres, long-term care facilities and residential facilities were 92%, 91%, 83% respectively.



Preventing

Illness



Alcohol and Substance abuse Information Public Health organized 4 drug awareness sessions for parents of Grade 8 students.

Bullying Prevention Youth Health Program offered bullying prevention programs to 563 students in elementary schools.

Heart Health and Cancer Prevention Eight new inter-sectoral partnerships were formed and 9 maintained through the Together for Health coalition. The coalition developed 12 joint initiatives throughout the year. Six hundred and fifty in-kind volunteer hours contributed to the campaigns.

Cancer Prevention Cancer prevention focused on skin cancer, cervical and breast health. Public Health actively promoted the Ontario Breast Screening Program, and worked with health care providers to promote cervical screening. The Cancer Prevention and Early Detection Network was also active through the year.

Two hundred and twenty resources on cancer were disseminated. Sun safety information was also disseminated to 290 day camp leaders and 68 travel agencies. Three sun safety resources were developed.

Communicable Diseases A total of 6 Tuberculosis (TB) cases among residents of Waterloo Region were confirmed in 2002. Fifteen TB cases were identified in 2001 and all completed the prescribed course of therapy by the end of 2002. Seventeen cases were investigated for West Nile

virus. There was one suspected SARS case reported which is still under investigation. Public Health handled 108 investigations for SARS. Sixty-eight people were placed in quarantine. Total case investigations for reportable diseases not including SARS and West Nile Virus was 1,456.

HIV/AIDS The total number of clinic visits increased from 2,188 in 2001 to 3,181 in 2002, a 45% increase. This change is due to the shortage of physicians, reduced hours of the urgent care clinics, active promotion of screening for Chlamydia and strengthened case management. Currently Public Health is offering 9.5 clinic hours per week.

Injury Prevention Injury prevention included car seat clinics, bicycle safety and helmet usage, playground safety, safety in workplace for young people, road safety, falls prevention, and Active and Safe Routes to School program. Eight new resources were developed, and 3,000 distributed. Thirty five educational sessions/workshops were conducted with 800 people in attendance. Twenty eight special events and two information campaigns were organized. A total of 30 media contacts, 300 contacts with the public in response to inquiries, and 35 referrals to community supports were made. Over 70 community meetings and 15 new joint initiatives were organized with partners in the community.

Sexually transmitted diseases Currently receiving case management are one patient with AIDS/HIV, 689 (34% increase since 1999) cases of Chlamydia, 69 cases of Gonorrhea, and 8 cases of Syphilis.

Promoting

Healthy Choices



Breastfeeding Support Over the year, 4,243 contacts occurred at breastfeeding support sites. In October 2002 a community forum was organized with 35 people representing 15 agencies. A training session was provided to 12 participants.

Family Wellness Five family wellness centers operated in urban and rural communities.

Healthy Babies Healthy Children program The program offered 4,000 prenatal and 4,845 postpartum screenings. Postpartum visits were offered to 1,876 families. Out of 433 screened, 341 consented to home visits that offer healthy child development support. The total number of home visits delivered in 2002 was 6,015. Family Health staff responded to 7,138 phone calls, almost 20% more than in the previous year. The importance of Early Child Development was promoted through the extensive multimedia campaign "Read, Sing, Play". Healthy Child development was promoted through distribution of 5,500 information packages.

Peer Health workers operated through 14 community sites which resulted in 21 programs to support healthy child development and improvement of parenting skills.

Youth Health Program delivered a number of services with schools in the region. Forty-four families participated in the Families and Schools Together program. The Life Skills Training curriculum was delivered in two schools with 125 children participating. Seventy five teachers received puberty curriculum training sessions and 32 classroom presentations were offered on the same topic. The Teen Esteem program was delivered in 10 schools with 230 girls in grades 7 and 8 participating. Fifty-two

community volunteers provided support to this program and 1,600 suicide prevention newsletters were distributed.

Dental Health 30,499 school children had dental screening in schools for urgent and preventive dental needs. Multiple screening methods identified 1,914 children in need of dental assistance. Eighty four percent of the families responded to the request for interventions. Out of this number 49% had dental coverage and 683 or 36% requested some assistance under the Child in Need of Assistance Program. Out of this number, 660 or 98% initiated treatment and 580 or 85% completed.

Immunization In 2002, primary immunization for Diphtheria, Tetanus and Polio coverage among pre-school population was 89% and for children age 7 was 96%. The rate of Measles, Mumps, Rubella (MMR) coverage for age 7 is 97.93%. While TD for 17 year olds is only 15.13%, the MMR coverage for 17 years old was 90%. These rates remain high as a result of the 1996 province-wide immunization campaign to provide a 2nd dose of MMR for school age children and ensure that the 1st dose is administered after the 1st birthday to ensure adequate protection against disease. Public Health clinics administered flu shots to 15,397 people in 2002.

Sexual Health The local adolescent pregnancy rate was 39.2 out of 1,000 which is lower than the provincial benchmark of 40. Sexual Health clinic hours were provided in Kitchener-Waterloo at an average of 14.5 per week and 3.5 in Cambridge, which totals 18 hours, as mandated by the province.

Smoking Cessation Six hundred and twenty eight people participated in the 2002 Quit Smoking Contest.

Promoting ...continued

Pregnancy Prenatal Health Fairs were held three times in 2002 and attended by 1,791 people. Of those attending, 685 women were pregnant and 215 were planning pregnancy. The number of low birth weight babies in 1999 was 5.6% overall, while the teen low birth weight was 6.8%. The Reproductive Health program operated 5 prenatal nutrition sites with 4,800 pre/postnatal contacts.

Travel Health Travel clinic was attended by 4,658 people. There were 13,041 calls to the travel and disease information line.

Nutrition and Local Food System Nutrition and Healthy Weight campaigns offered information on balanced food choices, the importance of B vitamin intake, the increase of antioxidants and calcium, and balancing food choices with age, gender and activity level. Partnerships with *Dietitians of Canada* offered a variety of tools including TV, radio, newspapers, posters and displays. Twenty two programs offered peer support to increase community food security. An internal cross-departmental committee was instituted to develop a food policy statement and internal policy guidelines.

Foodlink of Waterloo Region was incorporated and as a result of the partnership, 40,000 "Buy Local, Buy Fresh!" maps were distributed in the community. Increase in direct sales was reported by 41.7% of farmers. The Community Gardens Network increased the number of gardens from 31 to 36 in this year. Participation in provincial initiatives included endorsement of two Ontario Public Health Association (OPHA) position papers one on community food security dealing with availability of healthy foods in our neighbourhoods, schools and workplaces, and adoption of a community food security strategy that considers social, economical and environmental conditions affecting food and its availability. The second OPHA position paper clarified concerns regarding food biotechnology as it relates to public health. This position paper was endorsed by the Canadian Public Health Association in June 2002.

Healthy Lifestyle Information was provided through 95 displays, workshops and seminars. The topics covered nutrition, physical activity, second hand smoke, and tobacco use prevention. Over 17,000 people attended these events. One hundred and four media contacts were made on a variety of healthy lifestyle topics. Six high school groups participated in the various promotional activities and 80 student-led activities were developed on a variety of healthy lifestyle topics. The

number of pamphlets and promotional materials on healthy lifestyle topics distributed reached 123,125. Nine hundred and ninety-nine telephone inquiries were received and 4 communication campaigns organized.

Research and Healthy Communities and Policy

Fourteen program evaluation projects were completed in the year. Several large research projects were also completed. Those included Rural Health Study, Influenza Clinic Patient Survey, Neighborhood Consultations, Neighbourhood Model Planning Project, and Review of Accessibility of Public Health Programs and Services.

Eighty local citizens attended "From the Ground Up" *Healthy Communities forum* organized in May 2002, and 200 local citizens attended *Tenants Education and Networking Session* sponsored by Renters Educating and Networking Together. The *Capacity Institute* offered eight sessions on community development and citizen organizing.

Region of Waterloo Public Health continued to support the poverty prevention and reduction work of Opportunities 2000. Six hundred and thirty six low income seniors applied for and received the Federal Guaranteed Income Supplement (GIS) due to a community outreach strategy.

Twenty three organizations which work with vulnerable citizens adopted an asset based evaluation and planning model called the Sustainable Livelihood Approach.

The Public Health Resource Centre lent 4,430 videos, books and teaching kits in 2002, and responded to 5,130 requests for information about resources. A total of 107,556 pamphlets on various health promotion themes were distributed by the Centre (note that 80% of this number accounted for the above mentioned healthy lifestyle materials).



Protecting ...continued

Inspection and assessment of private sewage systems

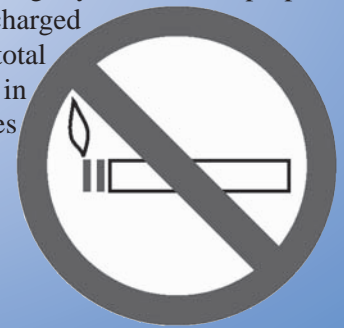
One hundred and sixty nine septic tank permits were issued (this involved at least two inspections per permit)

Rabies Investigations The total number of potential rabies cases investigated were 939. Only two were confirmed and appropriately followed up. The investigation and confirmation is handled under the written protocol which requires response within 24 hours of notification.

Safe drinking and recreational water quality Private water testing processing involved 4,549 samples out of which 1,687 were found to be adverse. Two beach sites were sampled weekly for 12 weeks and 4 adverse sample sets were found. Inspections and sampling was done with approximately 150 pools with 1-4 inspections per facility.

West Nile Virus Information and Surveillance Public Health responded to 5,000 phone and print inquiries and conducted surveillance and monitoring to determine the spread of the virus in the carrier species. The virus was identified in 9 mosquito pools and in 12 birds.

Smoking by-law enforcement Routine inspections were conducted in 2,647 food establishments in the region. Inspection efforts focused on 32 proprietors who were in non-compliance with the Smoking Bylaw. Fifteen proprietors and 131 individuals were charged under the Smoking Bylaw. A total of 151 convictions occurred in 2002, including some charges carried over from 2001.



"As part of our commitment to keep the community informed about the services Public Health provides, I am pleased to launch this 2002 Annual Report. This report follows an absence of such reports for a number of years. We are proud to serve this community as we strive to achieve our Department goal of "Building Healthy and Supportive Communities" in the Region of Waterloo. It is our intention to continue to produce additional annual reports in future years so we can demonstrate that we are using our resources effectively and efficiently in health promotion, disease prevention and health protection programs."

Dr. Liana Nolan

Commissioner/Medical Officer of Health



Report prepared by:
Daniela Seskar-Hencic
Manager, Planning and Evaluation
Region of Waterloo Public Health