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Edited by Mike Guest & Jeffrey Huffman



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Nursing English Nexus

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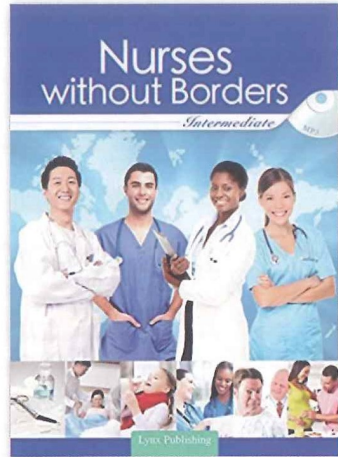
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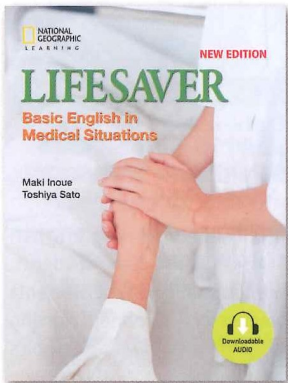
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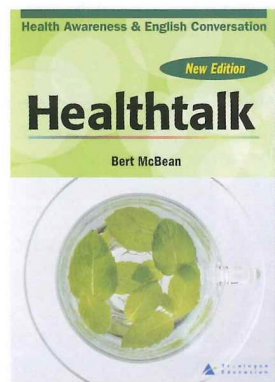
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From the Editors

Jeffrey Huffman

Spring greetings to all, and a warm welcome to the April 2022 issue of *Nursing English Nexus*, the journal of the Japan Association for Nursing English Teaching (JANET). I must, however, open on a sad note: Mike Guest, who has faithfully helmed the ship as editor since the inaugural issue in 2017, will be stepping down after this issue. On behalf of all of us at *Nexus* and JANET: Thank You, Mike, for your dedication to the journal and your influential career and contributions to medical and nursing English as well as to the wider field of EFL practice and research. Unfillable shoes, to be sure.

This issue starts with a light-hearted retrospective by Mike Guest of University of Miyazaki on his time as a nursing English educator. We then have two research articles: the first a description and evaluation of a Basic Life Support (BLS) training workshop conducted in English by Sufian Elfandi, Rima Ghshut, and Francesco Bolstad of Nara Medical University, and the second a call for a shift toward more communicative and fluency-focused nursing English education by Margaret Chang of Miyagi University. Next is a description and discussion of an ENP/EMP educational program focusing on independent work and problem solving by Anna Stebletsova and Irina Torubarova of Voronezh Medical University in Russia. Finally we round out the issue with two textbook reviews: *Caring for People* is reviewed by Donald Patterson of Seirei Christopher University, and *English Conversation for Nurses* (ナーズの英会話) is reviewed by Richard O'Shea of Nihon University School of Medicine.

I am delighted to note that the contributions to this issue reflect a great diversity of focuses, article types, and voices. They are situated at different points along a number of spectra: clinical training and English education, research and practice, nursing and medicine, etc. This diversity is appropriate, considering the vast perspectives and activities contained within the sprawling fields of language education and nursing. The crossroads of these two fields is where we pitch our tent, and where we look forward to engaging in continued discourse via a wide variety of contributions moving forward.

On that note, please enjoy the issue. Consider, too, whether you might be able to contribute to our next issue. Please see the submission guidelines and details below, and note that the deadline for submissions is July 15.

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

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

Submissions for the April issue must be received by February 15 and the October issue by July 15. Information about the submission process and a style guide can be found at <<https://www.janetorg.com/nexus>>.

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Twenty Years of Teaching Nursing English – What Stands Out?

Michael Guest (mikeguest59@yahoo.ca)

University of Miyazaki

Note – Michael Guest is stepping down as Co-Editor of Nursing English Nexus as well as from his position as Associate Professor of English in the Faculty of Medicine at the University of Miyazaki at the end of summer, 2022, to start the next chapter of his life. Here, Guest sums up what he has found most memorable from his Nursing English classes.

Friday afternoon classes are nobody's favourite. Both teachers and students are worn down, eyes and minds turned towards the upcoming weekend. Lessons can quickly feel like the final hurdles of a steeplechase, a last-ditch effort to propel oneself over the finish line.

And yet, I never once dreaded those classes. On the contrary, I usually felt uplifted by them – and it was the students, not my own efforts, that provided me with the lift. That's because Friday afternoons were the periods of my first-year nursing classes. The brightest, most ineffably cheerful class of the week.

The differences between medical students and nursing students are numerous. The medical students are often older, more world-wise, come from all across the country, occasionally with impressive English proficiency, and wear a decidedly more academic fragrance. But the nursing students, almost all 18 years old, straight out of high school, either from here in Miyazaki or the surrounding prefectures, 90% female, and most with very little or no international or English-speaking experience, are invariably the most personable and positive English learners in the university.

Perhaps due to so many having common backgrounds, there were rarely any cliques or "difficult" students, few stood out either positively or negatively in terms of English skill, and to be honest, because of the similarities, it was often hard to remember names (sorry to all the students

named Akane, Ayano, and Ayaka whose identities I mixed up). But that same sense of collectivity meant that there was always a joyous vibe permeating Room N201, even on the darkest of days.

This invigorating air extended even beyond the classroom. In 2020, and again early in 2022, I was hospitalized briefly in our affiliated hospital. I cannot tell you how much it meant to have the new duty nurse enter my room and exclaim, "Sensei! O-hisashiburi!" – I was now under the charge of one of my graduates. Even more compelling was the comfort taken in hearing a buzzed and blurry, "Ah! Mike-sensei!" when I was on the operating table with the anaesthetic quickly kicking in. Hearing this was a dose of reassurance – a spiritual elixir. And it was one of my former students who helped to deliver my second daughter – Y-san, do you know that yours was the first face she ever saw?

Some of these students I will remember long after I'm reduced to nursing home status myself. K-san – from a family of seven children, raised by a single mother – my utmost, deepest respect goes out to you. A-san – who took time to communicate with me from the frontlines of an infectious diseases ward in a Fukuoka hospital when Covid-19 was having its deepest impact – you are a hero. Small town M-san – who made every effort to learn about the world and to master English so that you could experience life abroad, now working as an RN in Australia – congratulations, you lived out your dream.

For all the effort we put into classroom theory and practice, it is somehow ironic that after twenty-plus years of teaching nursing students that this is my most poignant takeaway. Yes, it has been you, my nursing students, who made my Friday afternoons more than just tolerable – you

actually boosted my spirits. I can only hope that I did the same for you. And if we meet again, perhaps on the operating table, ... yoroshiku.

Last but not least, as I head towards the Nexus editor's exit, I wish to thank all the contributors and review editors who have helped put our modest magazine on the map. Special thanks must also go to Mathew Porter for his editing, proofing and layout skills – I hope I didn't cause you any lost sleep with my oversights, Mathew – and Jeff Huffman, who looks to be more than a capable replacement for Nexus. Finally, a big thanks to Simon Capper for establishing and maintaining JANET with such enthusiasm and good humour. I'm honoured to have been a part of it.

Implementation and Evaluation of an English-Language Basic Life Support Training Workshop for Japanese Nursing and Medical Students

Sufian Elfandi (selfandi@naramed-u.ac.jp), Rima Ghashut, & Francesco Bolstad
Nara Medical University

Abstract: Sudden cardiac arrest is a significant public health problem. Early defibrillation and high-quality cardiopulmonary resuscitation (CPR) are crucial for improving the survival rate after a cardiac arrest. Therefore, mastering high-quality CPR is an essential skill for nursing and medical students. In addition, allowing students to participate in training activities that develop critical thinking in the context of task-based learning helps improve students' language, decision-making, and communication skills. With an eye to integrating communication skills training with clinical skills training, this study explored the challenges and effects of an intensive first-aid workshop held in English with Japanese medical and nursing students. Twenty-four medical students and one nursing student attended this workshop. A pre- and post-workshop questionnaire was administered, the results of which showed that 76% of participants had previously participated in a first-aid workshop in Japanese. Before the workshop, 64% of participants reported that they would try to help an unconscious person and 80% that they would call an ambulance. These percentages increased to 88% and 96%, respectively, after the workshop. In addition, before the workshop, 16% felt confident in helping an unconscious person; this increased to 64% after the workshop. From these results, we conclude that teaching hands-on first-aid workshops in English with similar students in similar educational contexts is likely to improve their clinical knowledge and skills while at the same time enhancing their English communication skills.

Keywords: Basic life support training, Japanese nursing students, Japanese medical students, CLIL, task-based language learning

Sudden cardiac arrest (SCA) is one of the largest causes of mortality and health care utilization in the world (Narayan et al., 2019). First aid is the immediate action taken to save a life and reduce the effects of injury and illness until medical help is obtained (Khan et al., 2010). Early defibrillation by bystanders using automated defibrillators (AEDs), along with the initiation of high-quality cardiopulmonary resuscitation (CPR), plays a crucial role in improving the survival rate after out-of-hospital cardiac arrest (OHCA) (Kitamura et al., 2010).

Authorities in Japan legalized the use of AEDs by bystanders in July 2004; since then, they have been widely disseminated in public spaces (Japan Heart Foundation, n.d.). The nationwide dissemination and availability of public-access AEDs has allowed early defibrillation by bystanders, leading to an increase in the survival rate after OHCA (Nakashima et al., 2019).

One of the main teaching strategies at Nara Medical University (NMU) is teaching English subjects using content and language integrated learning (CLIL), which is an educational approach where curricular content is taught through the medium of a foreign language. CLIL has been shown to bring about many benefits, one of which is a synergy between language and content, which is needed to prepare highly-qualified specialists (Gavrilova & Trostina, 2014). In contrast, some studies have pointed towards "beneficial effects of CLIL on various areas of language learning, i.e., it seems to have potential as a language learning environment" (Dalton-Puffer et al., 2010, p. 12). Accordingly, students often have more active communicative interactions than in regular classes. Maillat (2010, p. 49) found that CLIL could primarily benefit students through spoken interaction such as role-play activities.

Moreover, this approach promotes learning

content of interest to students and language skills concomitantly (Stapel, 2016). However, despite the increase in awareness of the importance of integration of CLIL programs in Japanese universities, the CLIL concept is still relatively new and spreading slowly in Japan (Pinner, 2013).

To the best of our knowledge, the impact of first-aid training in English on first-year medical and nursing students in Japan has not been studied. Therefore, the authors undertook a study to investigate the challenges and effects of an intensive first-aid workshop conducted in English for first-year medical and nursing students.

Method

Participants

The authors offered a one-day intensive first-aid workshop for first-year nursing and medical students at Nara Medical University. The workshop was an elective course, and it was made available for 30 students. Twenty-four 1st-year medical and one 1st-year nursing student joined the intensive workshop. Participants consisted of 13 males (52%), 11 females (44%), and one who preferred not to mention their gender (4%). Three (12%) students were 18, eight (32%) were 19, six (24%) were 20, seven (28%) were 21, and one (4%) was 36 years old. Students were informed that those who attended and actively participated in the workshop would have their final course grade increased by 10%. A brief explanatory leaflet describing the workshop content and learning outcomes was made available to all students.

Basic life support training workshop

We divided the students into six groups of three or four, and each group was given a half-body CPR training mannequin and an AED simulator. One infant and one child CPR training mannequin were also used in this workshop. COVID-19 prevention measures were strictly followed, including wearing face masks at all times, maintaining physical distance, using alcohol hand-

sanitizing gel, and avoiding performing rescue breathing during CPR.

The main theme was about how to deal with an unconscious person. The workshop consisted of three sessions of 90 minutes each. In the first session, we started by giving a lecture explaining how to assess an unconscious person and the general concepts of cardiopulmonary resuscitation (CPR), and this was followed by hands-on supervised practice assessing an unconscious person, dealing with an unconscious breathing person, and dealing with an unconscious non-breathing person.

In the second session, we explained the basic concepts of an automated external defibrillator (AED), and this was followed by hands-on practice using the AED. We used three different scenarios: 1) the student is alone with an unconscious person with no available AED machine, 2) the student is alone with an unconscious person with an available AED machine, and 3) there is a nearby bystander and an available AED machine.

In the third session, we started by giving a 15-minute mini-lecture, about dealing with an unconscious child or infant; dealing with a choking person; and dealing with burns, chemical injuries, and wounds. After that, students were supervised while attending to the mock unconscious child or infant.

The questionnaire

The students were asked to fill out online pre-workshop and post-workshop questionnaires. The pre-workshop questionnaire elicited the students' basic life support and first aid knowledge. Both pre- and post-workshop questionnaire items included what the ambulance phone number in Japan is, whether students would help an unconscious person and call an ambulance, whether they know what an AED is, and how confident they felt in helping an unconscious person. The post-workshop questionnaire also included a single open-ended item asking for

students' impressions of the workshop. The questionnaires were made available online through a QR code so that they could be completed on the students' smartphones. Content analysis was used to categorize and thematically analyze their comments.

Ethical considerations

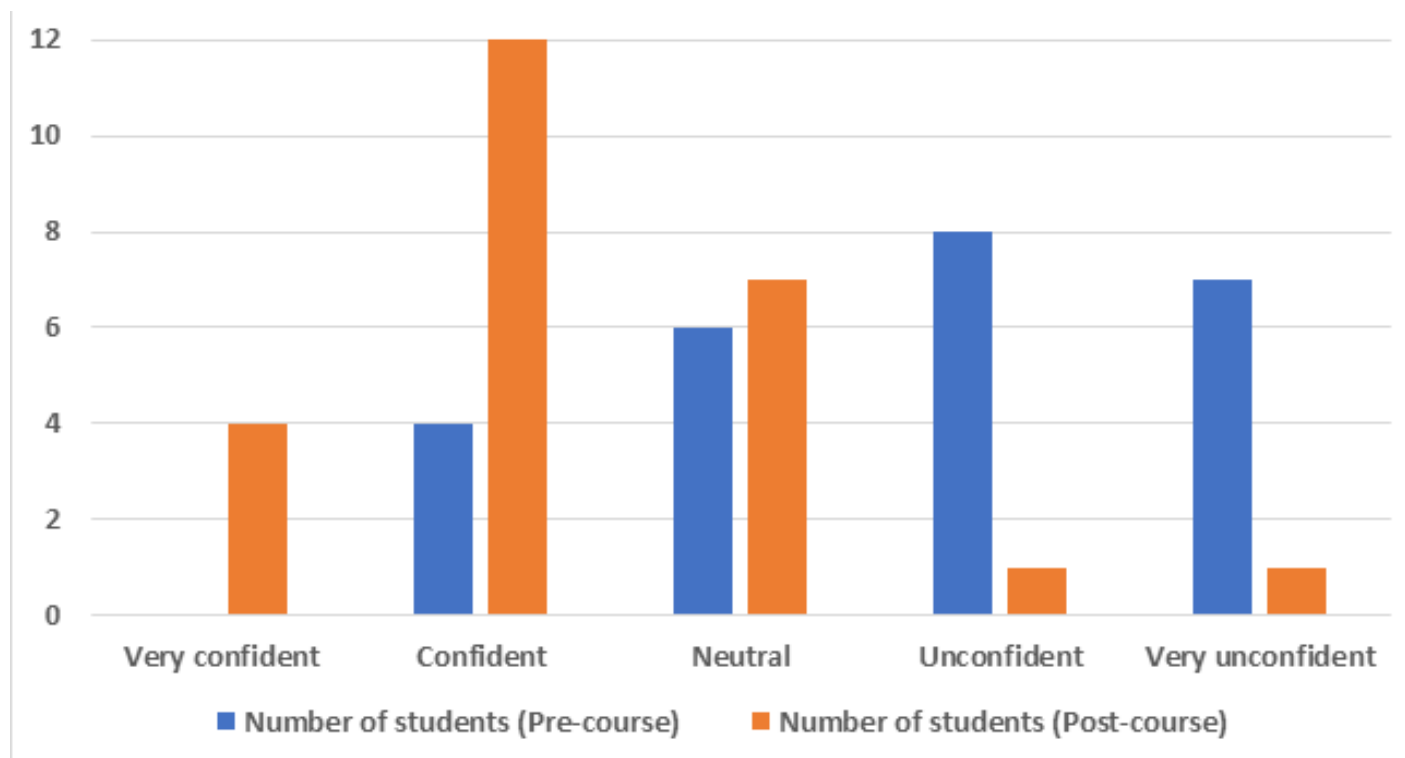
We obtained informed consent from the students participating in the study and explained the purpose of the study. We maintained the anonymity and confidentiality of the questionnaire responses throughout the study. Students had the option to withdraw from answering the questions at any time.

Results

Nineteen students (76%) had attended basic life support training before this workshop and it had been offered in Japanese, whereas it was the first time for six students (24%); no one had taken such a workshop in English. The response rate for the pre- and post-workshop questionnaire was 100%, and for the feedback question was 64%.

Figure 1

Degree of confidence in helping an unconscious person



Pre-workshop questionnaire

Prior to the workshop, all 25 students knew the ambulance phone number (119) in Japan. Sixteen students (64%) reported that they would try to help an unconscious person on the street, while nine (36%) were not sure. In addition, 20 students (80%) would call an ambulance for help, whereas five (20%) were not sure. All 25 students recognized what an AED is. Of those, 13 (52%) knew how to use it, 10 (40%) were not sure, and two (8%) stated that they did not know how to use it.

Using a Likert-type scale from 1 (very confident) to 5 (very unconfident), seven students (28%) described themselves as feeling very unconfident, eight (32%) felt unconfident, six (24%) were neutral, four stated that they were confident (16%), and none reported being "very confident" in helping an unconscious person, as shown in (Figure 1).

Post-workshop questionnaire

After the workshop, 24 students (96%) reported knowing how to use an AED, while one student

(4%) was unsure how to use it. Twenty-two students (88%) reported that they would help an unconscious person on the street, while three students (12%) said they would not. Twenty-four students (96%) reported that they would call an ambulance for an unconscious person on the street, while one student (4%) was not sure. The level of confidence in helping an unconscious person after the workshop was as follows: four students (16%) were very confident, 12 students (48%) were confident, seven students (28%) were neutral, one student (4%) was unconfident, and one student (4%) was very unconfident, as shown in Figure 1.

In addition, sixteen students responded to the general feedback section of the questionnaire. Fourteen students reported learning how to aid an unconscious person and two students referred to the difficulties and concerns in using English in the workshop.

Discussion

Most of the participating students (76%) had attended a first-aid workshop held in Japanese before. Because our students are future medical doctors and nurses, it is of absolute importance that they have sufficient knowledge and skills to save a life in case of an emergency, so having a first-aid workshop increases their ability and readiness to quickly respond in case of an emergency. However, using English to communicate with bystanders or colleagues, as in our workshop, helps to remove learners from their comfort zones and actively encourages them to use English while putting their knowledge into practice.

Participants

Despite offering the workshop to both medical and nursing students, almost all the participants were medical students (96%), with only one (4%) nursing student. This might be due to confusion about the role of nurses and the importance of

attending medical-related workshops. We plan to encourage more nursing students to attend future workshops by providing a pre-workshop lecture highlighting the significance of knowledge obtained through such a workshop, and the importance of early delivery of high-quality CPR by bystanders out-of-hospital regardless of profession. In addition, emphasizing the crucial role of nurses in performing CPR in a hospital setting may encourage more nursing students to attend future workshops.

Student feedback

Students' attitudes towards responding to a medical emergency. Sixteen students (64%) said they would help an unconscious person. This increased to 22 students (88%) post-workshop. Likewise, the number of students who said they would call an ambulance increased from 20 students (80%) to 24 students (96%). This shows that most of our students are willing to aid a person in an emergency, especially with proper knowledge and practice. However, three students (12%) reported they would not help an unconscious person after the workshop. This reluctance may be attributable to students' lack of confidence, implying that more training is required.

Pre-workshop, all students recognized what an AED is, but only half (54%) said they knew how to use it. This noticeably increased to (96%) after the workshop. In addition, about two-thirds (60%) of the students said that they lacked confidence in providing help to an unconscious person before the workshop. This was surprising, given that most of our students had attended a first-aid workshop conducted in Japanese before. The low confidence level could be attributed to the students' low retention of knowledge and skills and this suggests that those workshops should be mandated before and after graduation. Approximately two-thirds (64%) of the students felt confident performing first-aid support for an

unconscious person after the workshop.

At the end of the workshop, students recognized the importance of mastering such skills, as emergencies could happen anywhere without regard to one's profession. Therefore, appropriate and immediate intervention by bystanders is crucial and could save lives.

Among the comments expressed by the students in the feedback section of the questionnaire were:

"I will repeat what I learned in this class. I can apply it to ordinary days."

"I learned how to help him or her, and I imagined it at home."

We divided the students into small groups of three or four, as small-group active learning effectively develops students' knowledge, skills, and personal and professional attributes (Onyura et al., 2016; Schneider and Preckel, 2017). In addition, students were asked to actively put the information we provided in the workshop into practice by performing hands-on training, which helped boost and consolidate their confidence. Moreover, our goal was to keep the students engaged; this encouraged students to communicate with their colleagues in English, develop their collaborative and decision-making skills, and help them in building their self-confidence. As these students expressed it:

"I learned in English the procedure how to help an unconscious person and could do it in practice."

"I didn't know anything about the way to help unconscious people before this course. And I could learn it with some activities in English, not only listening to teacher's lecture."

Learning outcomes. After the workshop, participants stated that their first-aid-related knowledge increased. This was expected because

detailed lectures with explanatory videos, followed by an on-site demonstration of how and what to do in case of an emergency, were provided for the students. However, further research is needed to address long-term retention of knowledge and skills, which were not assessed in this study.

Twelve students reported that they felt more confident assessing and providing help for an unconscious person on the street. According to the students' own comments in the questionnaire, this improvement was because of the knowledge gained through the workshop. As one student mentioned:

"I feel more confident now because I have learned how to do CPR."

Other students reported the importance of knowing what to do in case of an emergency:

"I could learn what to do if I see an unconscious person and how to use AED."

"At first, I didn't know a lot about first aid. However, by carrying out the procedures, I can memorize them well."

English communication. Having an intensive first-aid workshop in English might be a challenging burden and may cause high levels of anxiety for some first-year medical and nursing students, partly because of their inability to communicate fluently while dealing with an emergency and partly because of an inability to express their thoughts and ideas owing to their fear of making mistakes in front of other students. However, we believe that active participation and interaction with other students while using English helps develop communication and decision-making skills. In addition, if properly implemented, the integrated and interdisciplinary approach of CLIL can contribute to improving language skills and subject knowledge alike (Gavrilova & Trostina, 2014, p. 8).

In this workshop, we used some medical vocabulary and concepts. Despite briefly explaining all the medical terms we used in the workshop, students found some challenging words. This was expected since they are in pre-clinical years, and some of those terms might be difficult even in Japanese.

Two students expressed their concerns about using English for communication as follows:

"Using English was not easy, because we have certain knowledge in English, but in Japan, we can use Japanese, it is easier."

"I could learn about what to do as a sudden procedure, but getting more information about the patient in English was not easy."

Conclusion

Upon reflection, we identified some limitations of this workshop and study. The first is that we did not assess the retention of the knowledge and skills acquired, because students were assessed immediately after the workshop and there was no follow-up questionnaire. Future studies should administer the questionnaire at spaced intervals after the workshop. The second is that some of the lectures lasted for an hour and a half, which is relatively long. We suggest making them shorter with hands-on practice sessions between each lecture in the future. The third is that only one nursing student attended the workshop; accordingly, these results might not be applicable to nursing students. Therefore, we should encourage more nursing students to participate in future workshops.

Most of the students stated that they would help and call an ambulance for an unconscious person. However, they felt unconfident in helping an unconscious person. Despite having previously attended a first-aid training workshop, the knowledge and skills gained in such workshops might be short-lived. This alone justifies the incorporation of first-aid training workshops in

our curriculum. Additionally, conducting them in English helps improve students' communication skills and motivates them to use English actively. Allowing students to participate in training activities that develop decision-making skills in a task-based learning format helps improve students' language, critical thinking, and communication skills synergistically.

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Fluency First in Practical Nursing English Course Design and Development

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Abstract: *When teaching and evaluating an English language learner's level of spoken proficiency, the most traditionally and commonly used indicators include accuracy of grammar, vocabulary, comprehension, and pronunciation. The fact that spoken tests have a time limit makes the element of speed another important factor. Through three experiential case descriptions, this discussion paper will argue that, of all these factors, adopting a "fluency first" focus is the most realistic and effective when considering the question as to which component would serve best to guide teaching practice and test design in developing spoken language proficiency.*

Keywords: EFL fluency, spoken language proficiency, TEFL course design, study abroad, second language testing

When planning a curriculum to teach practical English-speaking skills to nursing students, medical vocabulary and English phrases used for nurse-patient scenarios immediately and naturally come to mind. This tendency is further reinforced by the prevalent language teaching and testing methods in Japan which have traditionally placed primary focus of study on memorization of grammatical formulae and vocabulary. Although this has often been proffered by specialists and laypersons alike as the reason for Japanese students' lack of communicative ability (Falout & Falout, 2005; Falout et al., 2009; Kikuchi & Sakai, 2009; Carrigan, 2017; Lai, 2017; Moritz, 2020), it is easy to see why teachers tend to fall back on this language structure-based method in the teaching and learning of English. Organizing lessons by key grammar points or a thematic group of vocabulary words is very concrete, easy to identify, and simple to test and score.

However, as my observations from the following three experiences will illustrate, using the goal of fluency development, rather than primarily focusing on mastery of language structure and vocabulary, to guide instruction can serve well as an all-encompassing strategy that naturally stimulates practice in the necessary subskills to prepare students for success in various contexts requiring practical English skills and communicative competence for real life

situations. While our program does not have the expectation that students must achieve a level of competency that enables them to do all their nursing activities in English, I would like to see students at least be able to interact spontaneously and effectively in English for simple communicative exchanges not only limited to nursing, but also in daily life.

At this point, I must be quick to note that I am not advocating abandoning the teaching of vocabulary and grammar as an either-or argument about accuracy versus fluency. However, it is easy to fall into the trap of following textbook vocabulary activities and model conversation practice so carefully that most of the limited class time and focus of practice activities center on the memorization and recitation of terminology and phrases with comparatively less attention given to fluency.

There are many aspects and definitions of the term *fluency*. When someone is said to be fluent in a language, the usage denotes what Lennon (1990) refers to as the "broad definition" of the term, meaning to possess "oral proficiency," or simply, conversational skill or ability. In another common usage, as when we say a person delivers a speech fluently, Lennon's "narrow definition" of the concept of smoothness as "an impression on the listener's part" is implied, and this kind of fluency is considered as "one, presumably

isolatable, component of oral proficiency" (pp. 381, 389).

In this paper, I will refer to the following definition of oral fluency which includes both the concepts of timeliness and appropriateness (including accuracy) of language use: "[H]ow efficiently a speaker is able to mobilize and temporally integrate, *in a nearly simultaneous way*, the underlying processes of planning and assembling an utterance in order to perform a communicatively acceptable speech act" (Segalowitz, 2010, p. 165).

Taken together, Segalowitz's and Lennon's definitions of fluency can be applied to the following three example cases, based on my own experience, and can be used to guide teachers and students in instruction and assessment of learning outcomes, namely, whether the student was able to complete the task quickly, smoothly, and appropriately.

Three Exemplar Cases

1. In the nursing English lab

The following is a typical scenario that I have observed through firsthand experience and from discussion with other language teachers in typical training programs for nursing English courses at my current university, as well as others. Students often study the pronunciation and meaning of various medical terminology from their nursing English textbooks in the classroom and are tested on the vocabulary and key phrases. They also practice role playing nurse-patient dialogues provided in the textbook. After several lessons following such a pattern of study and practice, students are occasionally given a practical English test in their ability to conduct the role play, sometimes in the nursing lab, complete with medical equipment and other props.

While the progression of such a course of study seems logical in the lesson planning stage, I have observed the uncertainty and hesitation of students as they struggled to recall the correct

English phrase or medical terminology and their mechanical way of reciting a memorized dialogue. This led me to the conclusion that the English terms and phrases would have been better acquired by students if practice had been meaning-based rather than language-based from the start. Further, a time limit should be put on the students' practice as well as in the final nursing English simulation role play to give students fluency-based practice. In real situations, students must communicate immediately and clearly. In response to this, students should be taught and encouraged to use and be able to understand layman terms when appropriate (for example, "high blood pressure" instead of "hypertension", "tap" instead of "percuss"), especially when dealing with patients, rather than struggling to recall a technical word that patients might not be familiar with.

Finally, students must also be able to handle unexpected situations that are off-script. Inclusion of the aforementioned points would help create more effective scenarios for nursing English training which would more closely reflect the circumstances that nurses are likely to face in the real world when working with English-speaking patients. The key consideration in communication skills testing should be that of the students' ability to manage the many variables in the nurse-patient interaction in order to accomplish the task quickly, naturally, and effectively, in other words, to demonstrate fluency.

2. During travel and study abroad programs

It is not uncommon for universities in Japan with nursing English programs, including my own, to have a study abroad or overseas exchange component. When overseas, students will naturally have off-campus experiences where they will be required to interact with the community for daily necessities such as dining and shopping. One summer, I led a group of students on a summer study tour to the United States. On our

first full day there, we went to a fast-food chain restaurant that also has outlets in Japan. I was certain of the students' ability to place a simple order in English since they were already familiar with the menu from their experience in Japan. To my dismay, however, students were unable to "pass" this seemingly simple real-life test of spoken communicative English ability. For the sake of efficiency, and so as not to further inconvenience the other customers whom I feared might be waiting with growing impatience to place their orders after us, I eventually had to ask the students one by one what they wanted to order, and then place a group order for all of us.

Here again, the problem was not one of vocabulary or language structure, but of communicative fluency. In a classroom practice situation, given enough time, students would have eventually been able to place their own orders. However, in the real world, they were unable to place their orders quickly enough. This caused congestion at the order counter as the line of other customers behind us grew, along with my level of anxiety while waiting for my students to complete their order. From this experience, I gained the insight that the problem was not with vocabulary or familiarity with menu items or content. Students were simply not well-versed or fluent enough in the immediate use of the necessary strategic competencies (such as asking for repetition or clarification) in the process of negotiating meaning. This experience strongly impressed upon me the importance of focusing on fluency in English language instruction, especially for use in real-life situations, whether in healthcare settings or daily life activities.

3. In language proficiency testing

There are times when nursing students want to study in a foreign university to obtain, as one example, an advanced degree such as a master's in nursing. If their chosen university is in an English-speaking country, they are usually

required to take a test of English language proficiency such as the TOEFL to gain admission. The TOEFL iBT (Test of English as a Foreign Language internet-Based Test) is a three-hour test which includes sections on reading, listening, speaking, and writing. It is the most used and commonly recognized test for international students seeking entrance to English speaking universities. There are 4,500 testing sites worldwide and more than 5,000 institutions in the US among more than 11,000 institutions globally that accept the TOEFL, compared to 1,200 testing sites for IELTS, which is accepted by more than 3,000 schools in the US (Keystone Education Group, 2019; Educational Testing Service, 2021). With this background, it would not be an overstatement to say that the TOEFL is one of the most well-known high-stakes test of academic English proficiency.

As such, the TOEFL poses an immense challenge for Japanese university students, especially those such as nursing students who are not majoring in English as their main subject of study. In fact, the average TOEFL score of Japanese examinees ranked third from the bottom among students from 29 Asian countries who took the exam in 2019 (Educational Testing Service, 2020, p. 22). From my experience in tutoring students for the TOEFL, I have found that the major determining factor for success in the TOEFL was fluency. I have observed that only those students who had reached a sufficiently high level of English language fluency to the point where instructor feedback, explanation, and teacher-student interactions could be conducted or given completely and immediately in English were those who were able to "pass" the TOEFL.

In the portions of the test that required candidates to demonstrate expressive linguistic abilities, namely speaking and writing, students who had not reached that threshold of being able to process ideas and information to express themselves solely in English could not attain a

high enough score to qualify for entrance into their desired university for overseas study. I have observed that only when students were able to take in and process the wealth of information almost instantaneously, and to be able to synthesize it to construct and express their response effectively in English within the relatively short time limit of the test, did they have a chance of getting a passing score.

Students who needed teacher explanations and suggestions to be given or supplemented in Japanese during their tutoring sessions or required time to think about the language structure instead of content and meaning when receiving instruction and feedback could not pass the test, despite devoting an excessive amount of time to practicing sample test questions. Communicative fluency enabled successful students to obtain an accurate overview and understanding of the purpose or intended meaning of the test questions which, in turn, helped them to know what to address or include in their response. Students with a high level of fluency tended to have better discourse competence. They were able to better grasp what was being asked of them, and so, could quickly and accurately formulate a purposeful and appropriate response within the given time limit.

The following is a case in point. I had helped a student whom I will refer to as SA, who had increased her TOEFL iBT score, after two months of intensive tutoring, to a level that was high enough to gain her acceptance into a European university for graduate study. Specifically, she had obtained a score of 79 when she first took the test in October, but was later able to obtain a score of 86 in December (the minimum overall score required by her university of choice was 83). Later, upon hearing of SA's success, other students, including one very serious student whom I will refer to as SO, came to ask me for similar help. I held several sessions with them to check and give feedback on their essays and suggested strategies

on their practice test questions. SO never missed these formal tutoring sessions, yet she was not interested in attending the free conversation events called English Café (Chang, 2017) which I held once or twice per month that were open to all students to provide meaningful English communication exchange opportunities and natural speaking fluency practice. On the other hand, SA had attended the English Cafés regularly throughout all her years of university study, where she eagerly met and interacted with other Japanese and international students, and actively invited new participants to the Cafés. SA readily volunteered to help other students in need while seeking out opportunities to meet and interact with students from not only our university but also other universities in the area. This key difference in attitude between SA and SO in how they regarded structured language-based study versus meaning-based practice and experience accounted for the difference in the amount of exposure they had and time they committed to oral-aural fluency skill activities. Without sufficient fluency practice, SO showed limited improvement in her TOEFL score and eventually abandoned her goal of studying abroad.

Discussion and Conclusion

In all three cases presented above – as students practicing potential nurse-patient scenarios that require English in the healthcare setting, when traveling or studying abroad, or in preparing for a standardized test of English proficiency – fluency was the ultimate underlying common denominator that determined success or failure in accomplishing the task at hand. Students need to attain a level of fluency where they are able to shift from a focus on language structure and form to a focus on meaning, and be able to give an appropriate and timely response to the task at hand when functioning in English as the language of interaction.

Nation introduced “a framework for looking at

language courses to see if they provide an appropriate balance of opportunities for learning” based on the “time-on-task principle” which he defined as “the more time you spend doing something, the better you are likely to be at doing it” (2007, p.1). His framework, which he introduced as simply “the four strands,” identified the following four areas of activity, which he stated should each be given approximately equal time and attention in a balanced language course:

1. Learning through *meaning-focused input* [emphasis added]; that is, through listening and reading...
2. Learning through deliberate attention to *language items and language features* [emphasis added]; that is, through attention to the sounds and spelling..., vocabulary..., and... discourse features.
3. Learning through *meaning-focused output* [emphasis added]; that is, through speaking and writing...
4. Developing *fluent use* [emphasis added] of known language items and features over the four skills of listening, speaking, reading, and writing; that is, becoming fluent with what is already known (Nation, 1996, p. 7)

Nation and Yamamoto (2012) later elaborated on the fluency strand as follows: “The definition of fluency used in the fluency development strand simply relates to being able to receive and produce language at a reasonable rate” (Nation & Yamamoto, 2012, p. 174).

Using this four strands framework, one can see that only 25 percent of the language course is to be spent on the study of language structure and features such as grammar and vocabulary, with the remaining 75 percent of time and effort to be given to meaning-based activities and fluency development. Yet in teaching nursing English courses, it is very easy for teachers to inadvertently spend much time and focus on study of medical terminology, phrases, and explanations of language structure and

vocabulary etymology. As mentioned earlier in the case of English language proficiency testing, the student SO wanted to focus exclusively on practicing language items and features without devoting time for fluency practice and activities such as the English Café. However, if she had participated in the Café activities she would have had opportunities to experience meaning-focused input and output-based learning and fluency development which, according to the four strand model, should have accounted for 75 percent of her program of study.

Fujiwara (2018) brings up the importance of noticing and consciousness-raising in both helping students develop expressive language skills and keeping them motivated. In this process of helping students to notice and to become more aware or conscious of various aspects of communication as they endeavor to develop proficiency and fluency, I would liken the role of the teacher to the image of a guide or helper, rather than that of an expert or authority. Nation (2012) also alludes to the non-teacher-centered quality of effective and balanced language instruction in his four strands approach which “sees the teacher's most important role as being a planner, not a teacher” (p.178). This behind-the-scenes planning and supporting role of the teacher is similarly found in the English Café activity approach for developing fluency (Chang, 2017). In studying the efficacy of communication-focused curricula, which came about from educational reforms in Japanese secondary schools established in the late 1980s prompted by the accuracy-fluency debate, Tokunaga (2021) concludes, “Instead of switching the focus from grammar to communication, balanced grammar instruction and fluency practice are needed” (p. 163). Taken as a whole, this would indicate that effective learning for communicative competence should be student-centered, meaning-focused, and fluency-based with a healthy, but not overpowering, dose of grammar and structure-

based instruction or guidance.

Almost 40 years ago in the early days of second-language acquisition research and theory development, one researcher asked a similar question:

Students not only need instruction and practice in the overall skill of conveying information using the target language; they also need instruction and practice in the use of communication strategies to solve problems encountered in the process of conveying information. That is, if the expressions learned in, for example, a notional-functional syllabus fail the learners in their attempt to convey information, they have been given no instruction to help them to find alternative means of expressing that same information content. How might such instruction and practice be provided? (Tarone, 1983, p. 124)

In conclusion, my immediate response to this key observation and timeless question for English educators would be to make “fluency first” the guiding purpose for meaning-focused learning and to balance it with only sparing amounts of language-focused instruction.

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Independent Work for Nursing Students in English for Medical Purposes Classes: The Voronezh Medical University Experience

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Nursing training is a part of general medical education in Russia. Its main objective is to develop a qualified specialist who is a creative person capable of life-long development and prepared for innovation, which is why it is not enough to simply transfer knowledge from teachers to students. This is also why independent work is essential. Students must acquire the ability to formulate a problem and analyze ways to solve it, applying their knowledge, skills, and competencies to achieve an optimal result. Additionally, the global coronavirus pandemic has caused drastic changes to the present system of nursing education. In this environment, independent work is becoming increasingly more important.

Independent work combines a variety of classroom and extracurricular activities, which may be supervised and guided by the teacher. This allows nursing students to be educated either by directly communicating with the teacher or through interaction with other students. Independent work promotes the ability to take responsibility and solve problems in both routine and emergency situations. It is in this process of independent work that students develop their skills to investigate and explore clinical solutions and methods of self-training. This approach can be said to contain a cognitive focus, intended not only for mastering a specific discipline, but also for developing the skills of independent work in social, academic, and professional environments.

Independent study in Russian Medical Education

Currently, independent work in Russian medical universities accounts for a significant proportion of the curriculum in various disciplines, including

English as a foreign language (EFL). There are only 32 contact hours a year designated for English, but a full 38 hours for independent student work, some of which may be used for further English study.

The overall academic load is rather large, however, and the level of the students' knowledge of English ranges from basic (the majority of students) to pre-intermediate (a small number of students) within each cohort (the number of students in a cohort normally being 16-18). However, according to university guidelines, both medical and nursing students are expected to be able to speak in English on professional topics, present the results of their research and academic activity in English at conferences, create academic texts, and work with databases and statistical findings of various studies.

In this context, the main purpose of independent study is to help medical and nursing students acquire and apply knowledge on their own, to show self-initiative in completing assignments, and to use a creative approach toward work. The main goal for the teacher is to help students establish cognitive independence. Teachers must thoroughly plan the overall independent work instructions and materials in order to motivate students while also drawing their attention to specific linguistic points. Therefore, effectively distributing and structuring the educational materials used for independent work is of paramount importance.

Independent work activities should include both reproductive (training) and productive (creative) processes. The reproductive process involves performing clinical actions according to an English-language model, repeatedly practicing language skills, or acting out typical

communicative situations. These are to build up vocabulary and grammatical competence, to develop basic communicative skills, and also to prepare learners for deeper analytical activities.

The productive approach is associated with the development of the student's creative abilities. It aims at transforming language knowledge into independent communication, confident performance in foreign language settings, and the production of language through independent tasks.

Both these approaches are used in our language teaching. While critical thinking is only possible with previously developed language skills, productive and reproductive approaches are closely connected and complement each other in language learning practice, and are enhanced by independent student work.

The most common type of student independent work in our setting is project work. Three stages of student project work can be distinguished:

1. **Introductory (set-up)**
This stage involves providing students with general information on the project, topics, work planning, and team making.
2. **Preparatory (reproductive training)**
Students experience/train for clinical situations using a combination of their linguistic training and theoretical knowledge. This includes choosing appropriate clinical actions and responses according to the contents of specific English model texts, directed dialogues (scenarios) offered by the teacher, taking notes, and solving simple tasks aimed at transforming knowledge into skills. Activities include gap fills, dictionary searches and notations for key vocabulary items, completing

comprehension tasks based on authentic readings, and true/false analysis of basic clinical statements.

3. **Performance (productive work)**

The productive (or, heuristic) stage assumes that students have independently obtained new linguistic and clinical knowledge, and will now independently carry out productive tasks based on new, objective clinical information. In foreign language teaching, speaking and writing are traditionally considered productive activities.

Such assignments help students develop both their research and creative capacities. Naturally, in any form of learning, students tend to move from simple to complex matters. Therefore, any initial success in independent work will primarily be determined by the students' level of basic knowledge. In this regard, it is necessary to consider differing EFL backgrounds among the students, which in turn demand multi-level tasks and exercises. In addition, students should have access to reference materials so they can improve and compensate for gaps in their knowledge.

Example of independent work at Voronezh Medical University

We will give an example of the materials used for nursing students' independent work based on the topic of "The Respiratory System (RS)". This unit includes sections on anatomy, physiology, pathology, and prevention. The introductory stage involves giving and guiding students to general information to be used in the final product, which is a health education leaflet on common RS disorders and supporting materials: a written text about anatomy and physiology, a list of topic-related vocabulary, and topic references (Appendix 1).

Reproductive tasks consist of two steps

which include both a grammar focus and a content-based focus. In the first step, students are supplied with grammar reference material and perform exercise drills in grammar (for example, a review of the passive voice). In the second step, they read the text about RS pathology and then complete the tasks (such as, organizing paragraphs in the text and then asking about symptoms, diagnoses, and treatment of the disease using passive voice questions). We have also prepared a textbook with exercises that help students prepare for this activity (Appendix 2).

As for their *productive* activities, nursing students carry out independent research on features of RS disorders: ways of transmission, types of classification, prevalence in different countries and in different environments, epidemiology statistics, and compare risk factors and other variables. Sometimes, they perform simple on-campus research from their first-year in the context of their clinical placements. After that, they create a leaflet about ways to prevent respiratory system disorders and present it to the class.

It should be mentioned here that at the introductory stage students are given some reference materials (e.g., links to the WHO site, PubMed, www.nhs.uk, etc.) but are free to choose any valid source for relevant information. The main pedagogical purpose for this is to teach how to use various English references and databases, which is an essential skill for their future professional careers.

Assessment of Independent Work

Assessment of independent work needs to be conducted in a timely and relevant manner. At the introductory stage, teachers should announce the assessment criteria and feedback schedule. Our assessment is twofold, consisting of a written test (grammar and vocabulary) and an oral presentation of the leaflet (pathology

and its prevention). In this way, both reproductive and productive skills are assessed. Moreover, the design of the students' leaflets is also graded. This allows students with a low level of language competence to showcase their visual presentation skills, thereby supplementing their overall score and further developing positive attitudes towards EFL learning.

Conclusion

It can be said that our concept of independent work involves maximizing student activity and cognition in various domains, such as the organization of intellectual inquiry and the ability to effectively search for information, with the end goal of enhancing both knowledge and competencies. Prerequisites for the development of student independence include their previous academic accomplishments, a positive attitude towards learning in general, and enthusiasm for the particular subject.

Most importantly, the effectiveness of creative and independent student activity depends largely upon effective initial organization of learning activities by the teacher, while also encouraging student interest in the particular topic in order to motivate them for independent cognitive activity. However, it should be noted that the success and quality of the students' independent work is often directly dependent on the quality of the preceding didactic lessons and the level of previously learned content. Therefore, in order to match the diverse range of student cognitive levels, the teacher must carefully prepare suitable assignments and instructions consisting of diverse activity types, clear didactic goals, and practical applications.

Although the practices described above are typical of Russian medical and nursing universities, they may be dissimilar to practices found elsewhere. However, the principles and

methods underlying our independent work education for nursing students can be applied effectively anywhere in the world, so we hope that nursing educators in a variety of settings will find this discussion useful.

Appendix 1

Introductory Tasks

Vocabulary: Find the word in the dictionary, write its meaning in English and in Russian (see the example)

Word in English	Meaning in English	Word in Russian
respiration	the process of breathing	дыхание
mediastinum		
chest supply		
throat		

Reading: Read the text below and do the two tasks that follow

(Adapted from University of Rochester Medical Center Health Encyclopedia, Anatomy of the Respiratory System)

**INTRODUCTION TO THE RESPIRATORY SYSTEM
ANATOMY AND PHYSIOLOGY**

The respiratory system is made up of the organs included in the exchange of oxygen and carbon dioxide. These are the parts: nose, mouth, throat (pharynx), voice box (larynx), windpipe (trachea), large airways (bronchi), lungs.

The lungs take in oxygen. The cells of your body need oxygen to live and carry out their normal functions. The lungs also get rid of carbon dioxide, a waste product of the cells. The lungs are a pair of cone-shaped organs made up of spongy, pinkish-gray tissue. They take up most of the space in the chest (thorax). The lungs are surrounded by a membrane (pleura). The lungs are separated from each other by the mediastinum, an area that contains the heart and its large vessels, trachea, esophagus, thymus gland, lymph nodes.

The right lung has 3 sections called lobes. The left lung has 2 lobes.

Appendix 2

Reproductive Tasks

Task 1. True/ False

1	The respiratory system is made up of the organs included in the exchange of oxygen and carbon dioxide.	
2	The lungs take in oxygen.	
3	The lungs get rid of carbon dioxide.	
4	The lungs take up most of the space in the abdomen.	
5	The lungs are separated from each other by the pleura.	
	

Task 2. Use the text to fill in the gaps

1	The _____ of your body need oxygen to live and carry out their normal functions.	
2	Respiration is the _____ of _____ that results in the exchange of oxygen and carbon dioxide.	
3	Main function of respiratory system is _____.	
4	Supply of _____ is maintained by respiratory system.	

Review of *Caring for People*

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Book information: Caring for People by Michiko Mayuzumi, Tamiko Miyatsu, Philip Hinder, Kyoka Shida, Masako Sugita, Iwao Yamashita, & Takao Okada. Tokyo: Cengage Learning K.K., 2014. pp. 88. ¥2,100. ISBN: 978-4-86312-256-7

In this review, I share my experience using *Caring for People* as the core textbook of a nursing English course at a Japanese university. The review begins with a basic description of the textbook in terms of its English level, structure, contents, presentation, and supplementary materials. I introduce the criteria I applied in selecting the textbook and present quantitative student feedback from an end-of-course questionnaire. The review concludes with my own impressions from a teacher's standpoint.

Caring for People is an English for healthcare purposes textbook for Japanese learners at a TOEIC (Listening & Reading) level of 380–650. It comprises 12 units with topics revolving around interactions between nurses and patients. Each unit is 6 pages in length and consists of the following sections: key expressions, vocabulary, a main dialogue (with a listening cloze), multiple-choice listening comprehension questions, useful expressions, two additional dialogues for pair work, and medical terminology with Japanese translation. The textbook also contains three supplementary readings, with two essays on the health effects of various beverages and one on the benefits of organic food. Each essay is a single page.

The text is presented in black and white with simple illustrations, a few pictures with the readings, and some charts (e.g., patient profiles) and diagrams. Japanese is used sparingly throughout the textbook to frame the activities and to provide translation of key expressions and

vocabulary. The text is written in American English and the speakers in the audio recordings have a North American accent. Audio is available on two teacher's CDs and also online as downloadable mp3 files. The teacher's manual, which is not for sale but available from the publisher, contains Japanese translations of the dialogues, answers to comprehension questions, quizzes, and additional dialogue transcripts.

I currently use the textbook for a university nursing English course, which students take in their second year after having taken a general English course in their first year. Nursing English is a 15-week course that meets once a week for 80 minutes. Classes are of mixed ability with most students at a mid-to-high CEFR A2 level. Class size averages about 25 students.

In selecting a textbook for the course, I was looking for an affordable one that would provide a good introduction to English for healthcare. Ideally, I wanted content that was relevant to Japanese learners, focusing on domestic scenarios. From my discussions with nursing students prior to selecting the textbook, I gathered that many wanted to focus on oral communication as they expected the main way they would use English in the workplace would be when speaking with non-Japanese patients in Japan. Accordingly, in addition to introducing healthcare vocabulary, I sought a textbook that emphasized speaking and listening skills. *Caring for People* ticked all of these boxes.

In 2020, the course was shifted online due to the COVID-19 pandemic. While the textbook does not come with any digital classroom teaching tool, it was relatively easy to teach online. See Patterson (2020) for a sample lesson plan and a description of how I adapted the textbook for online teaching.

In 2021, classes returned to the face-to-face setting, and at the completion of the course, 54 students were surveyed on their impressions of the textbook, with a response rate of 79.6%. Of the respondents ($n = 43$), the vast majority agreed that it was overall a good textbook (93%) and that it had a clear design (91%), nice appearance (95%), interesting topics (91%), interesting dialogues (81%), useful vocabulary (91%), and useful expressions (93%). When asked about the level of the textbook, more than three-quarters (77%) said it was appropriate to their English level, while 14% reported that it was easy, 2% indicated that it was "too easy", and 7% felt it was difficult.

Students commented that they liked the simple design because it was easy to read and follow. Some commented that the language summary with key vocabulary and expressions at the beginning of each unit was helpful. Significantly, a few commented that it was easy to imagine themselves as the nurses in the dialogues. There was little criticism, but some would have liked additional pictures and colour inside the text.

As a teacher, I found the text easy to use. Because units are short and not too tightly structured, it is easy for the teacher to pick and choose activities and move through the text at a quick pace. Topics are presented in a logical order, starting with meeting patients, and there is a nice variety to choose from, making it possible to jump around. While the structure is easy to follow, it may be a bit repetitive for some. From a communicative language teaching standpoint, I would prefer more information gap activities and more chances for students to personalize the text. Also, while the supplementary readings on beverages and organic food are appreciated, since the text is targeted at Japanese learners, a reading about a Japanese nurse who used English at work might be motivating for learners.

The text is not too dense, which may be either a selling point or a drawback, depending on

whether you prefer textbooks to be jam-packed with information and activities. The scenarios are general enough that, while the dialogues all feature nurses, they may still be of interest to other healthcare students. For example, units on assessing pain, improving mobility, and maintaining a good diet may be of interest to students in rehabilitation or nursing care work.

In terms of representation, reflecting the predominance of female nurses in Japan (Japan Nursing Association, n.d.), 11 of the 12 main dialogues feature female voices for the nursing characters, and one unit features a male voice. Notably, explaining cross-cultural or medical differences around the world is beyond the scope of this text. Further, it does little to prepare students for interacting with patients and nurses from a variety of backgrounds; most of the patients have names of European origin and all of the Japanese nurses have common Japanese surnames (e.g., in Unit 1, Nurse Sato meets Mr. Smith).

No textbook is likely to be perfect as different teachers and classes will have different needs and preferences (McDonough, Shaw, & Masuhara, 2013). However, as a jumping-off point, the text serves well. I was able to draw upon the themes of the text and pose questions to the students via Google Classroom to personalize the text. The language is practical, and there is a fair amount of language recycling. The grammar and basic vocabulary are within reach of most students. The medical knowledge sections, which contain more technical vocabulary, can be incorporated as deemed appropriate.

To sum up, *Caring for People* is a compact introductory nursing English text suitable for high beginner students in Japan. While limited in its supporting materials, it is a good starting point for practicing patient-nurse conversations and acquiring healthcare-related language.

References

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Review of *English Conversation for Nurses*

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Book information: ナースの英会話 (English Conversation for Nurses) by E. H. Jego. Tokyo: Gakken, 2011. pp. 208. ¥2,420. ISBN: 978-4-05-303389-5

English Conversation for Nurses, available as ナースの英会話 (Na-su no Eikaiwa), is part of the 基礎から学ぶ語学 (Kiso kara Manabu Gogaku) [Languages Learned from the Basics] series published by Gakken. This review is based on the original 2011 edition, but the structure and content have not changed substantially in the more recent editions. The series contains a large number of books for teaching a wide variety of languages. The books in this series tend to be introductory books aimed at teaching foreign languages for specific purposes. For example, the series includes books on such topics as English for phones and emails, business Chinese, and introductory German phrases.

The author of the book is Eric Jego, who has had a long and distinguished career in teaching English for Medical Purposes (EMP) in Japan. He is currently an Associate Professor at Nihon University School of Medicine, and in that capacity he also teaches in the Nursing College of Nihon University.

The book is organized much like a phrasebook and comes with two CDs. It is divided into five color-coded sections. The first section deals with the basic patient interactions that are likely to occur when a patient first goes to a hospital or clinic. This includes finding out what languages the patient can speak, giving directions to different sections of the hospital, and taking a basic patient history.

The second section focuses on examinations and symptoms. It contains practical vocabulary that would be used during physical examinations and when getting detailed information on

symptoms. There are also units on vocabulary based on specific medical issues such as broken bones, childhood illnesses, and vaccinations.

The third section focuses on diagnostic and therapeutic procedures, as well as medication and payment. It starts by introducing phrases related to such topics as urine tests, ECGs, and X-rays, and then lists a wide variety of other tests that can be inserted to make new sentences. This is followed by a list of useful phrases to explain therapeutic procedures such as attaching IV drips and giving injections. There is also a very detailed list of medications as well as example sentences that can be used to explain the medication to patients. The section ends with a short unit on phrases related to payment.

The fourth section addresses hospitalization, surgery, rehabilitation, and discharge. It includes useful phrases needed while staying at the hospital related to such topics as dietary requirements, bathing, and visiting hours.

The fifth and final section is structured differently from the previous four, as it consists of a variety of patient information forms, starting with forms designed to gather basic information such as name and address, and moving on to those eliciting more specialized information based on patients' chief complaints. These include forms related to internal medicine, pediatrics, and orthopedics. There is also guidance for patients undergoing various procedures, such as surgery or CT scans.

The major strength of this book is its content. It covers a wide variety of conditions, procedures, and medical contexts that nurses are likely to encounter on the job throughout their careers. It is very logically ordered and is easy for students to use. The audio is professionally created with natural-sounding voice actors. Each section has a

wide variety of phrases that are incorporated into conversations that can be practiced in groups or alone. There are also some paragraphs written in Japanese that offer advice for specific situations. For example, one of these encourages students to “try speaking Japanese first, and, if they don't understand, then try changing to English”. Teachers who like their entire course to be conducted exclusively in English may not approve of these sections; however, they are very useful for Japanese students as they provide guidance on topics such as how to communicate with and care for foreign patients, and are not meant as language practice.

There are several limitations to this book that I feel need to be addressed. The first point relates to the atypical katakana use. The author has stated that he did not want to include any katakana in the book; however, the publisher argued that including katakana would increase sales. A compromise was reached allowing the author to include katakana that he believed sounded as close to standard spoken English as possible, which led to some potentially confusing phonology. For example, the English word “the” would commonly be written in katakana as ザ (za), but in this book it is written as タ (da). Therefore, students should be encouraged to listen to the audio to help with pronunciation rather than rely on the katakana representations.

The next limitation is that the book seems to be created largely for self-study. It is a great resource for nurses to study in their free time or to keep at the hospital as a reference for situations in which English-speaking patients need treatment, but, due to the lack of activities, it is not suited for classroom use. If it is going to be used in classrooms, the teacher could make use of the phrases and vocabulary and construct a lesson from these, but it would demand considerable thoughtful adaptation to optimize its use as a classroom text. Finally, although the book comes with two CDs, it might be useful to provide links to

online audio files as students may not have a CD player.

In conclusion, this book is useful for reference but has some limitations if the intended purpose is classroom use. Teachers can use the information in this book as a foundation for creating activities based on the vocabulary and clinical scenarios, but they might struggle to use it as a traditional textbook due to the lack of activities. However, for both practicing nurses and nursing students this could be a very useful resource, as it contains a large amount of thematically-organized medical vocabulary and phrases for a variety of situations that occur in healthcare. It can be used either for individual study or for reference while communicating with English-speaking patients.