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Brigham Young University - Provo

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AN ENGLISH FOR SPECIFIC PURPOSES CURRICULUM TO PREPARE ENGLISH
LEARNERS TO BECOME NURSING ASSISTANTS

by

Abel Javier Romo

A project report submitted to the faculty of

Brigham Young University

in partial fulfillment of the requirements for the degree of

Master of Arts

Department of Linguistics and English Language

Brigham Young University

April 2006

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BRIGHAM YOUNG UNIVERSITY

GRADUATE COMMITTEE APPROVAL

of a project report submitted by

A. Javier Romo

This project report has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory

Date

Lynn E. Henrichsen, Chair

Date

Neil J. Anderson

Date

Mark W. Tanner

BRIGHAM YOUNG UNIVERSITY

As chair of the candidate's graduate committee, I have read the project report of A. Javier Romo in its final form and have found that (1) its format, citations, and bibliographical style are consistent and acceptable and fulfill university and department style requirements; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the graduate committee and is ready for submission to the university library.

Date

Lynn E. Henrichsen
Chair

Accepted for the Department

Lynn E. Henrichsen
Department of Linguistics and
English Language

Accepted for the College

Gregory Clark
Associate Dean
College of Humanities

ABSTRACT

AN ENGLISH FOR SPECIFIC PURPOSES CURRICULUM TO PREPARE ENGLISH LEARNERS TO BECOME NURSING ASSISTANTS

A. Javier Romo

Department of Linguistics and English Language

Master of Arts in TESOL

This project details the designing and implementation of an English for Specific Purposes (ESP) Curriculum to prepare English learners to become Certified Nursing Assistants (CNA) at Utah Valley Regional Medical Center (UVRMC) in Provo, Utah.

UVRMC, which is owned by Intermountain Health Care (IHC), employs a group of about 40 non-native speakers of English. They work as housekeepers and have interest in learning English and consequently acquiring new skills they could use in better jobs to improve the quality of their lives. UVRMC would like these employees to obtain additional education in order to provide them with better employment opportunities. UVRMC allowed two graduate students at the Department of Linguistics and English

Language at Brigham University to design and implement an ESP course to help UVRMC housekeepers improve their language skills in preparation to apply and participate in a Certified Nursing Assistant (CNA) course offered through IHC University.

This report covers the linguistic needs analysis of the participants, situational analysis of UVRMC in terms of the support given to the curriculum, the designing of goals and objectives, the syllabus, the teaching of the syllabus, some material development, and the assessment of language learning. It also describes the instruments used to obtain information during each step of the designing of the curriculum and its implementation, analyzes that information, presents results, assesses the curriculum's efficacy, and explains the implications for other ESP curricula in the field of nursing and other scientific fields.

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I am especially grateful to my wife for her incomparable love, patience, and dedication, which made this project move on to success. My gratitude is also with my parents for their continuous encouragement, and with all those who contributed to making this project a reality.

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AN ENGLISH FOR SPECIFIC PURPOSES CURRICULUM TO PREPARE ENGLISH LEARNERS TO BECOME NURSING ASSISTANTS

CHAPTER ONE

INTRODUCTION

The number of people coming to live and work in the United States has increased significantly over the years. Many of those people are professionals who have strong backgrounds in business, accounting, medicine, nursing, laboratory work, and other fields. They have come to this country looking for educational and work opportunities in order to improve the quality of their lives and to provide for their families. A group of these professionals, who work at the Utah Valley Regional Medical Center (UVRMC) in Provo, Utah are now working as housekeepers. They would like to obtain better health-related employment inside UVRMC and become nursing assistants, which would mean the accomplishment of their personal and professional goals. However, one of the challenges these UVRMC employees face is their English language inadequacies: they lack both the communicative competence and the specific English language competence necessary to carry out nursing and other medical-related responsibilities.

UVRMC is a member of Intermountain Health Care (IHC) and one its goals is to help its employees advance professionally. It accomplishes this goal through two programs. One of them is the Tuition Reimbursement Program, which offers each employee up to \$2,000 per year in order to encourage them to continue their career development through the acquisition of formal education. The other program is IHC University. Through its own university, IHC offers a variety of clinical, communication,

and leadership courses at several campuses in different locations. Many of these courses are free to IHC employees.

Because many UVRMC housekeepers wanted to obtain and/or improve their English language proficiency, which in turn would allow them to find better jobs inside UVRMC, and because IHC offers a variety of career advancement courses, Ms. Amy Hsu, UVRMC Laboratory Supervisor, invited the faculty and students in the TESOL graduate program offered by the Department of Linguistics and English Language at Brigham Young University (BYU) to work together to develop and put in place an English curriculum to help UVRMC housekeepers reach their goals. Four graduate students responded to this invitation: Ms. Nancy Tarawhiti, Ms. Emily White, Mrs. Kristen Kohler, and Mr. Javier Romo. After some coordination meetings with Ms. Amy Hsu, it was decided that an English for Specific Purposes (ESP) curriculum for the UVRMC housekeepers would be designed and piloted. Initially, these were the different areas the four graduate students planned to work on:

Nancy Tarawhiti – Materials development

Emily White – Cultural aspects of being a non-native speaker in a CNA course

Kristen Kohler – Vocabulary for nursing

Javier Romo – Curriculum design

This division of labor was mostly guided by personal preference, interest, and area of expertise. The four graduate students had met to discuss what part of the curriculum they would like to develop and Ms. Tarawhiti said she regarded teaching materials as a powerful instrument to acquire English proficiency. Ms. White said she was interested more in the social side of the curriculum and wanted to see how age,

motivation, first language literacy, and learning styles would affect language learning and the success of the curriculum. Mrs. Kohler had some experience working with English corpora, so how vocabulary for nursing originated and could be taught in context seemed to be the right project to pursue. I had designed English as a Foreign Language (EFL) and ESP curricula before and wanted to deepen my knowledge of curriculum-making processes and how effective they could be when used at different settings.

It is important to mention that, for personal reasons, two of the four graduate students left the project. In the end, Ms. Tarawhiti developed the teaching materials for the course and I conducted the needs analysis, syllabus design, goals and objectives, methodology, and testing and evaluation components of the curriculum. The cultural and vocabulary parts left by the two graduate students who left the project were then incorporated into my part. However, most of my project was the making of the curriculum and evaluating its efficacy.

After some initial informal research on the potential market, it was discovered that no attempts had been made by the UVRMC before to address the need of its workers to learn and/or improve their proficiency in English and their knowledge of vocabulary for nursing. UVRMC had organized and put in place various general English as a Second Language (ESL) courses, but nothing so specific to the area of nursing. On the other hand, no ESL providers in Provo had offered this type of course before. In the community there were ESL programs such as TESOL Teacher Training Course (TTTC) at BYU, adult ESL programs in several school districts, and the Project Read at the Provo City Library (Project Read teaches non-literate adults to read and write both in English and Spanish on a one-to one basis). In terms of ESP for nursing, no course was identified.

There were CNA courses in Spanish, but they are of no use because the language of hospital settings in the United States is English.

Nationally, some colleges such as the College of St. Catherine in Minneapolis have offered ESP classes for their students who were taking college level classes to graduate as Registered Nurses (RN).

Consequently, as far as I could determine no ESP curricula or materials existed to meet the linguistic needs of non-native English speakers interested in becoming CNAs.

Nevertheless, there was a great need to design an ESP curriculum that would help non-native English speaking UVRM housekeepers and others to gain proficiency in English in the area of nursing. When implemented, this curriculum would help those involved as students to develop their English language skills to enter the UVMRC CNA course, which in turn would provide them with the content knowledge they need to qualify for jobs in the nursing field.

CHAPTER 2

REVIEW OF LITERATURE

The review of literature for this project will provide a theoretical framework for curriculum development and focus on five important aspects of ESP. These ESP aspects are: First, a definition of what ESP is; second, a historical study of how ESP and language and discourse have developed; third, ESP divisions; fourth, typical characteristics of learners in ESP programs in terms of their adulthood, motivation, and linguistic and professional background; and fifth, ESP nursing curricula currently in place and how they were developed.

Curriculum Development

Curriculum development is referred to as the process or steps followed to plan and implement a curriculum. A language curriculum is understood as the diverse activities that take place at a language institution, such as what students learn, how they learn, how teachers teach, what materials teachers use, how assessment of language learning is conducted, what administrative support is provided to the teachers, where the teaching is conducted, and others (Richards, 2001). Tyler (1949) described curriculum elements as (1) educational purposes to be attained, (2) learning-teaching experiences to be provided, (3) how those experiences are organized, and (4) how it can be determined if the purposes in (1) are attained. Tyler's model can be summarized as a simple linear one that goes from aims and objectives to the selection of content, to the organization of language teaching, and to evaluation. Litwack (1979) said that there are a number of procedures that can be followed in order to design ESP curricula. Among those

procedures he includes analyze trainee and job needs; locate authentic materials; write or edit the materials focusing on vocabulary, grammar, and rhetoric; write language exercises to teach the materials; edit the materials again; and pilot and evaluate the materials' efficacy. Moving away from the linear process suggested by Tyler, Nicholls and Nicholls (1972) suggested a cyclical curriculum design model that became known as *ends-means* [italics added]. This model should be understood as one that focuses on finding out what language skills students need in order to accomplish a task in a specific role, and then get down to teach the language they need to fulfill their role. The ends-mean model comprises the following steps: (1) the designing of the objectives of a language course based on the discovery of the language abilities students have, (2) the piloting of methods that most likely contribute to the achievement of the objectives, (3) the assessment of the work done in order to see if it has been effective, and (4) the analysis of feedback of all the process in order to provide a starting point for future research.

Even though the ends-means model has been widely accepted since the 1980s, a reduced and mechanistic set of guidelines and steps known as *systems-design* [italics added] has gained prominence. Richards (2001) argued that this model sees the development of curricula as a rational and somehow technical process. Rodgers (1989) said that the systems-design model is rule-driven and provides a sequence of procedures starting at the designing of objectives, selection of content, analysis of language tasks, design and selection of language learning activities, design of language outcomes, and setting measures to determine if the outcomes were or were not achieved.

It is clear then that curriculum development has evolved from an emphasis on teaching methods to how processes that compose a curriculum are interrelated one with another. Briggs (1977) referred to curriculum development as a large system in which all components (sub-systems) operate in an interrelated manner in order to overcome a problem or satisfy a need.

Richards (2001) also argued that there are subsystems that interact with each other inside a larger system called curriculum development. He refers to this subsystems as planning and implementation processes that start with (1) an analysis of the linguistic and non-linguistic needs of learners; (2) an analysis of the situations (administrative, infrastructure, community, policy, learner, and teacher-related) in which a curriculum takes place; (3) designing learning outcomes; (4) the organization of a syllabus; (5) designing and use of teaching materials; (6) selecting teaching methods; (7) providing quality teaching; and end with (8) evaluating not only language learning but the subsystems separately and the system as a whole.

Friedenberg, Kennedy, Lomperis, Martin, & Westerfield (2003) designed a model that included (1) setting goals, (2) recruitment and grouping of learners, (3) instructional needs assessment that includes the assessment of learners' language proficiency, (4) staff and its roles, (5) the logistics of the program, which includes schedules, classrooms, technology available, (6) assessment of language learning progress and reporting, and (7) an evaluation of the program as a whole to see how effective it was in terms of its internal subsystems.

I agree with Richards' model since it seems to be broader in scope and describes more subsystems in greater detail. I believe that his model can successfully be applied to

design and put in practice any language curriculum. Adaptations and changes might need to be done depending on the type of curriculum to be developed. For an ESP curriculum, for example, not only general English language needs should be looked into, but also specific English that is needed by the learners to proficiently function in specific language situations. In addition, in an ESP syllabus, for example, specific vocabulary or the pronunciation of Greek and Latin-derived words to be used in medicine should receive greater emphasis. Another example is ESP materials, which have to be thought of in a different way than materials for any other type of language course. One example is that in the field of nursing, the use of realia, such as *stethoscopes*, *sphygmomanometers*, *trochanter belts* [italics added], and others will be relevant and will be more effective than only using lectures or a grammar approach.

In addition, I also believe that the parts of a curriculum do not have to be followed in a linear order from the first to the last. I see curriculum development not only as a process in which one step follows another but also as a process in which a step builds upon from the previous one. In other words, one step sets the stage for the next one. For example, knowing the linguistic needs of students will allow for the designing of accurate objectives, which in turn shapes the syllabus, which in turn shapes the teaching, materials, and testing. What is more, I see language curriculum as an ongoing and recycling process in which for example, while teaching is conducted, an analysis of linguistic proficiency (formal or informal), an evaluation of the objectives, syllabus, materials, teaching, and test efficacy is being conducted. Even though a final evaluation of the curriculum as a whole could be conducted by the end of a course, this ongoing evaluation of the parts of the curriculum allows for improvements along the way.

It is obvious then, that a set of procedures, subsystems, parts, or components of a curriculum need to be attended to separately and as a whole in order to design a quality product that would benefit all the stakeholders in a language program of any nature.

English for Specific Purposes

There are almost as many definitions of ESP as the number of scholars who have attempted to define it. Many others have tried to define ESP in terms of what it is not rather than in terms of what it really is, but we will disregard their definitions to concentrate on finding out what ESP really means.

Mackay and Mountford (1978) defined ESP as the teaching of English for a “clearly utilitarian purpose” (p. 2). The purpose they refer to is defined by the needs of the learners, which could be academic, occupational, or scientific. These needs in turn determine the content of the ESP curriculum to be taught and learned. Mackay and Mountford also defined ESP and the *special language* that takes place in specific settings by certain *participants*. They stated that those participants are usually adults. They focused on adults because adults are usually *highly conscious* of the reasons to attain English proficiency in a determined field of specialization, and because adults make real use of special language in the special settings they work. They also argued that there is a close relationship among special settings and adults and the role, usually auxiliary, that English plays in those particular settings for those particular people.

Robinson (1980) defined ESP courses as ones in which the participants have specific goals and purposes (again, academic, occupational, and scientific). On this, she cited Strevens (1977) to emphasize that the purposes language learners have for using

language are of paramount importance. She stated that those purposes must be understood as the driving force of the curriculum in a way that would help teachers and learners to not let irrelevant materials be introduced in the course. She also referred to learners in their role of curriculum designers in order to make the curriculum more learner-centered. Strevens also argued that ESP courses are those that are almost strictly based on the analysis of the participants' needs – a key and crucial element - in order to tailor the curriculum to address those needs. Along with this he referred to the participants as mostly adults, people willing and committed to pursuing specific *utilitarian goals* [italics added] rather than pleasurable or cultural goals. He also mentioned the fact that English plays a very important and specific role in the curriculum because of the use to which it would be put once it is acquired (i.e. to allow learners to interact in their specific settings in order to fulfill the roles for which they learned it.)

Most definitions of what ESP is concur on three key topics: the nature of language to be taught and used, the learners, and the settings in which the other two would occur. These three aspects of ESP are closely connected to each other, and can be combined to establish that ESP is the teaching of specific and unique English (specialized discourse) to learners (adults in their majority), who will use it in a particular setting (laboratory, mine, police station, hospital, etc.) in order to achieve a utilitarian goal or purpose (communicate linguistically correct), which in turn will fulfill additional personal goals (promotional, economical, etc.) What ESP specialists do not seem to agree on is what type of language should be taught (vocabulary, register, jargon, etc.) and how to teach it (in context with content knowledge, communicatively, collaboratively, etc.) However, even though there is this agreement and discrepancy among ESP scholars, it is important

to note that their many definitions are unequivocally linked to how ESP has developed since it was first spoken of in the 1960s.

Historical Development of ESP

A number of studies about the origins of ESP have been conducted, but unfortunately their researchers do not agree on their findings. Most researches agree that ESP has gone through five stages of development since it began in the 1960s or even before.

The first stage relates to the origins of ESP going back to older times, when according to some researchers, language was generally recognized as authentic, such as language a banker would use in a transaction in a foreign country (Robinson, 1980, p. 15). Hutchinson and Walters (1987) mentioned one of the oldest ESP materials: a book of phrases for tourists that was published in 1576. Strevens (1977) also mentioned one of the earliest Specific Purpose Language Teaching (SPLT) materials in the course-type “German for Science Students.” Other researchers, such as Tickoo (1976), based their views on the development of ESP on trends in linguistic analysis and in materials selection. They also argued that the first approaches to ESP were eclectic and pre-linguistic, and saw scientific language as literature, not complicated but different in terms of vocabulary and degree of elegance.

In a second stage, during the 1960’s and 1970’s, the trend in ESP switched towards the study of register analysis, based on work conducted by Peter Strevens (Halliday, McIntosh, Strevens, 1964), Jack Ewert (Ewert & Latorre, 1969), and John Swales (1971). Register analysis is based on the premise that, for example, the language

of engineering is different from that of medicine, and the analysis of discourse consisted of identifying the grammatical and lexical features of such registers. The purpose of doing this was to organize ESP courses that were more relevant to the learners' linguistic needs since the goal was to focus on the language forms learners would commonly come across within their fields of specialization, rejecting those that were not relevant.

Perren (1969) argued that it is useful to recognize language for special purposes or a variety of registers according to the different fields of specialization where they are used. Lee (1976) considered two aspects in the study of register. First, a lexical analysis of the language to deal with, focusing on frequency of occurrence of items and their presence or absence in the language used in specific settings and for specific purposes. Second, he referred to the syntactic analysis of that language. Robinson (1980) suggested that ESP must imply special language or special register. She added that often register is a term used to mean simply vocabulary and language use (collocations).

Even though sometimes there is no agreement on how to approach and define register, there is agreement on the need for greater precision and less generalization when it comes to describing the characteristics of "special registers." By describing register, curriculum developers were able to tailor their programs to the needs of their learners in their specific settings of use. On this, Spencer (as cited in de Grève, 1972), criticized register studies because they were text oriented and suggested a shift to the use of role activities where, according to Candlin (1978) language can be used to achieve communicative purposes. Widowson (1979) advocated a shift from a quantitative approach (the analysis of register and lexis) to a more qualitative approach (the development of learners' communicative competence as they perform language in role-

plays.) He also argued that such a qualitative approach needed to be perfected and advocated an emphasis on discourse analysis and what has been called the communicative approach to the teaching of languages.

According to Hutchinson and Walters (1987), the third stage of ESP was characterized by a switch from register analyses and the grammatical and lexical level of the sentence to the study of discourse or rhetoric analysis. Hutchinson and Waters (1987) emphasized the attention that should be given to the understanding of how sentences are combined to produce real meaning. Robinson (1980) referred to register as spoken interaction that is made up of units of meaning that have a certain hierarchy. She also defined register as a group of words spoken or written that had to be analyzed in terms of cohesion. Widdowson suggested that such groups of words should be called *text* and not discourse because text would allow for the visualization of devices that signal structuring above the sentence level. The devices Widdowson referred to are complex grammar structures and linguistic rhetorical devices that put together make up the text ESP learners would usually encounter in their fields of specialization.

Hutchinson and Waters (1987) generalized the meaning of discourse to include considerations of “rhetorical functions for communicative purposes” (p. 20). Robinson (1980) cited Todd, Trimble and Trimble (1977), who identified description, definition and classification as the most common rhetorical functions, and rhetorical techniques such as time order, space order, and causality. They also mentioned two important rhetorical functions common to many scientific textbooks: interpretation of figures, and the rhetoric of instructions. Mackay and Mountford (1978) added some other important

functions such as the ones that involve learners in defining, identifying, comparing, classifying, organizing abstract and concrete phenomena.

What seems to be appropriate then is the argument that Allen and Widdowson (1974) put forth saying that the needs of ESP learners need to be met by courses that teach learners how sentences are combined and used to perform accurately and proficiently to conduct such rhetorical functions in specific communicative settings.

In the fourth stage of its development, switching to a more communicative approach to the teaching of foreign languages, ESP shifted its attention to target situations. Hutchinson (1987) said that a target situation is one in which learners will use the specific language they are acquiring. He also said that during this stage, ESP curricula focused on identifying those special target situations for determined groups of learners in order to analyze the linguistic features common to those situations. For instance, target situation analyses are seen as a precursor of linguistic and situational analysis. One of the most popular examples of a situation analysis and communicative settings is the one developed by John Munby in *Communicative Syllabus Design* (1978). There he analyzed learners' needs in terms of communication goals, the setting in which specific language would be used to communicate important information, means of oral and written communication, language skills possessed by learners, function, and structures. If, Munby argued, learners need to meet communication goals, they need to be proficient and competent in the use of English in their specific vocational, scientific, or work settings.

The emphasis on target situations as a form of *needs analysis* [italics added] then involves what researchers have called *linguistic competence* [italics added]. Linguistic

competence is understood on the basis of linguistic performance, the ability to use language accurately, proficiently and fluently in a broad variety of settings; based on this description, then, linguistic competence can be understood as made of grammatical, pragmatical, socio-linguistic, strategic, and communicative sub-competencies. In turn, this concept is tightly linked to what language ability means in the context of specific language use settings. Douglas (2002) stated that language performances always vary in terms of the different directions science and humanities have taken (specialization), and that a learner's language ability will be different from one performance target situation to another. Therefore, while a learner might have a great deal of knowledge about computer science, another might have lesser or greater knowledge in a different science, such as medicine, laboratory work, and others. By understanding those differences and by clearly defining the subject matter or specialization, curriculum developers will have a good starting point for developing appropriate curricula for ESP settings. What is more, it must also be acknowledged that learning the needs ESP learners have would greatly influence the other elements of an ESP curriculum. It is because of this that needs analysis must be learner-centered (West, 1984).

Douglas (2002) also argued that the language used in the different academic, vocational, and professional fields has become very precise. This means that communicative functions in those fields have become specific in terms of syntax, morphology, semantics, phonology, vocabulary, and discourse to the extent that for anyone who is outside those fields, the language used in them may seem like an impenetrable mystery. Let us take for example laboratory technicians or professionals who take samples of blood, tissues, plasma, etc. to be analyzed by using electronic

microscopes, contrasting colors, centrifuges and other instruments, etc. in order to find out viruses, microbes, cysts, etc. or for physicians to prescribe fungicides, medicines, etc. This kind of language and setting would be “mystery land” for a professional specialized in mining procedures for example. A similar example can be found in the realm of morphology, where language (i.e. specific vocabulary) is shaped by the use of prefixes and suffixes, especially from Greek and Latin. For example, the prefix *a* (without) attached to the root *sepsis* (infection) forms the word *asepsis*, which means *without infection*; the suffix *ology* (study of) attached to the root word *cardio* (heart) to form *cardiology* must be understood as very precise both by instructors and learners in a hospital setting, for example. The discourse (uttered by a nurse): “The quicker we can get people up and walking and the sooner we can get them coughing and breathing, we’re preventing potential complications that could be life-threatening” refers to patients, not construction workers. In it, complications refer to illnesses and not all the red-tape constructors have to deal with in order to obtain permission to build a building. This precision of language then is a key factor to determine what type of curriculum is necessary for different ESP courses.

In stage five, ESP had to do with the mental processes that imply the use of language, focusing on the development of skills and strategies learners need in order to acquire a second language. Hutchinson (1987) stated that there are reasoning and interpreting processes underlying all types of language use and that those processes enable people to extract and handle meaning from discourse. The focus then is not so much on the surface forms of language, but on the underlying strategies learners use to deal with the external or surface forms. He argued that some of those strategies could be

understood, for example, as the ability to guess the meaning of a word from the context in which it is presented, the use of words that are similar in both L1 and L2, the use of discourse markers to ask for clarification or keep a conversation going, and others. As consequence, no attention was given to special registers or subject registers because no specific underlying processes are needed to interpret them.

Hutchinson (1987) said that even though the focus of ESP courses has been on what people actually do with language (the surface and underlying forms of language and the mental processes learners use to deal with it), a more clear understanding of the processes of language learning is a more valid approach to ESP. In this sense, he also argued that everything in the teaching process should aim at helping learners use their learning strategies in order to meet their learning goals. In order to do this, ESP curricula developers are encouraged to involve learners in the making of curricula from the beginning focusing on what their learning needs are and how they learn.

Needs analysis has then become a vital part of the designing and setting of any curriculum, especially in the ESP areas. The importance of conducting a needs analysis exercise lies in the fact that through it, curricula-designers can learn first hand two important things: (1) what general and specific language proficiency learners have, and (2) what general and specific language proficiency learners need to acquire. Once curricula-designers discover these two important student-related facts, then they can write the course objectives, make decisions on what to include in the syllabus or for example, what functions, topics, vocabulary, and other language procedures should be given emphasis over others that students already master. Once the syllabus is in place, then decisions about how to teach it and when to teach it should be made. This in turn will

lead curricula-designers to design and create or adapt teaching materials that would cater to the learners' linguistics needs, which in turn will shape testing of language learning. This is precisely the reason why it is often said that needs analysis drives the making of a curriculum.

As a great deal of importance is placed on needs analysis, it is important to carry it out in a way to obtain as much information as possible from the learners. A quality needs analysis exercise will comprise, depending on the setting, shadowing and observing learners in their places of work or observing native speakers of English in a setting where non-native speakers of English perform in order to learn the type of language they use. It also comprises giving surveys and questionnaires (in the native language of the respondents, ideally) to the learners in order to obtain information about their professional and linguistic backgrounds, their preferred learning styles, learning strategies, their motivation, and their willingness to attend classes, do homework, and commit themselves to learning. Learners' linguistic proficiency and the lack thereof can also be discovered by using tests and analyzing their scores in order to shape the syllabus and provide for quality teaching and teaching materials. Situational analysis cannot be ignored either and meetings, interviews, and commitments should be reached between the language institution mandating the course and the instructors in order to decide on infrastructure, technology, support, and training.

In summary, a needs analysis exercise must be given especial attention and always be carefully conducted. It should be conducted in a way that would enable curricula-designers obtain a high-quality product that would not only allow the mandating institution fulfill its educational mission, but in the end empower learners

through the acquisition of language that would help them reach their linguistic, professional, and personal goals.

Needs analysis, situation analysis, the analysis of special language or discourse, and the connection between special language and content seem to be the four most important aspects ESP specialists emphasize when designing ESP curricula nowadays. These aspects have already been discussed in this report but content deserves special attention. Cerce-Murcia (2001) argues that content serves as a framework in which special language originates. The author of this report agrees with that opinion but in addition argues that content is also special language that originates as the sciences and technology continuously advance. For example, a new user's guide that describes how to install a video card in a computer will be in the realm of the field of Information Technology in general (content), but it will also include special language such as *aliasing* [italics added] which is a configuration mode used to create high quality computer images; or *brain tag number* [italics added], which in the field of medicine is a system to track different brain sections when capturing brain mages. What is important to emphasize here is the fact that ESP practitioners need to be aware of the type of content they would be dealing with, its importance and value, and its relationships with key concepts and vocabulary. In turn, this will lead ESP practitioners to select content that motivates learners and that is relevant because it would be used in real language situations inside and outside the classroom.

ESP Divisions

Most researchers speak about two or three major divisions of ESP. Robinson (1991) described two great distinctions: English for Occupational Purposes (EOP), and English for Academic Purposes (EAP) with English for Science and Technology (EST) cutting across the two of them. Kennedy and Bolitho (1985) see EST as a third major division in the ESP family tree. They say that it is important to recognize that EST has contributed to the development of ESP because scientists and technologists needed to learn English to deal with linguistic tasks common to the nature of their professions.

Celce-Murcia (2001) said that the division of ESP is far from being exhausted and mentions ESP courses even for the incarcerated. She added that a diversity of curricula and settings is what helps to make ESP courses virtually adaptive according to the contexts and needs of the learners. She went on to classify EST as a branch of English for Academic Purposes (EAP) along with English for Business and Economics (EBE), English for Medical Purposes (EMP) and English for the Law (ELP). She called the other big branch English for Occupational Purposes (EOP) and lists two branches under it: English for Professional Purposes (EPP), subdivided in turn into English for Medical Purposes (EMP) and English for Business Purposes (EBP). She called the other branch Vocational ESL (VESL) having Pre-Employment VESL, Occupational Specific VESL, Cluster VESL, and Workplace VESL as its subdivisions.

This classification set forth by Celce-Murcia seems to be the most detailed. This is based on the truth that the continuous developments of the sciences and humanities have led to the creation of new areas of human knowledge. This knowledge is in turn

used by specific people in specific settings through specific language to carry out specific tasks.

ESP learners

There are two learner aspects of paramount importance when the topic of ESP learner-centered approaches is the objective of research and discussion: age and motivation. These two aspects will be further discussed as they are established as supporting pillars of ESP curriculum design.

Robinson (1980) stated that ESP curricula needs to be developed based not on requirements imposed by language institutions or work supervisors, but on real needs of real learners in the diverse realm of the sciences and humanities. Learners in ESP classes vary mostly in terms of age and motivation. What is more, these two characteristics are linked to each other in that most learners in ESP classes are highly motivated adults that usually have academic and professional goals they want to reach through the acquiring or improving their professional and language performance.

Sifakis (2003) referred to ESP adult learners in terms of age, educational, professional, and social background. He characterized adulthood in terms of age, social status, and a number of values adults possess. In the same vein, Knowles (1990) interpreted adulthood in terms of maturity, ability to make appropriate judgments based on experience, and autonomy. This last characteristic is of particular interest because autonomy prompts adults to make decisions responsibly, and drives their motivation as a key element in their acquisition of language. He also stated that adults are primarily workers and then learners, whose knowledge has been acquired through experience, but

that is not always the case as we will see hereafter in this report. Besides, highly motivated adults in ESP classes are prone to be successful in learning specific language in specific settings because they are mature (expressed as a sense of personal growth and full development) and because they have a great sense of perspective and the ability to judge based on experience. He continued to say that these adults are also autonomous, which is tightly linked to motivation because autonomy allows them to voluntarily participate and get involved in what would contribute to their educational, professional, and social development. Robinson (1991) referred to adults as goal-oriented people who do not want to learn English because they are interested in it, or because of pleasure or cultural reasons, but because they need it as an instrument that will help them reach their study and work goals, and consequently will help them advance professionally in terms of academic gain as well as financially. These considerations are important in the development of ESP curricula regardless of the setting and the type of register to be addressed. Curricula developers need to be aware of the fact that adult learners are almost always voluntarily engaged in the learning process; highly motivated both intrinsically and extrinsically; conscious of their progress; reflective on their own learning; and willing to establish a learning contract in which they commit themselves to giving of their time and effort to learn. Curriculum designers will discover that these characteristics will make their curricula learner-centered and one of their very driving forces. Something else that curricula developers need to be aware of is the fact that learning processes are voluntary and purposeful, so by actively involving learners in the planning process they would ultimately improve their motivation and commitment to fully participate in the course and improve their language proficiency.

Other ESP for Nursing Curricula

As was mentioned before, there are different types of ESP curricula intended to help the learners improve their linguistic and content skills in the area of nursing. Most of them either give English instruction to learners who will obtain a college nursing degrees or give immigrants both English instruction and terminology for nursing instruction to become nursing assistants. The curriculum at UVRMC is neither one nor the other, but it will provide learners with English instruction with an emphasis on the teaching of English for nursing. The first of the curricula described hereafter is a speaking and listening course for ESL learners who would obtain a degree in nursing from the College of St. Catherine at Minneapolis, MN. The second one is a VESL course for refugees at the Long Beach City College in California. The third one is a VESL offered by a private educational institution in San Francisco, CA. The fourth is an ESP for nursing course offered to college students of nursing at Miyagi University in Japan. These four curricula will be described here in detail.

Speaking and Listening in a Health-Care Setting.

At the College of St. Catherine in Minneapolis, MN, the course Speaking and Listening in a Health-Care Setting was designed to help ESL learners enrolled in Associate of Science (A.S.) degree nursing program. In terms of needs analysis, the area of major difficulty was first identified in terms of communication with colleagues and patients in a nursing setting. Additionally, a needs analysis exercise was conducted and relevant information about learners' linguistic ability and nursing procedures was obtained. This information was obtained through the following five data gathering

activities: an interview with the nursing program director and five faculty members in the School of Nursing; a questionnaire that was given to 28 nursing students to learn about their perceived difficulties with language; interviews with five students in their first year courses; observations of four tests on performance in laboratories; and observations of four clinicals, two from students in their first-year courses and two from students in their second-year courses. In summary, what researchers discovered was that nursing students had great difficulty with the following:

1. They lacked the ability to communicate clearly and effectively using suprasegmentals.
2. They were not able to understand other people in a nursing setting, especially those with a different English dialect. In addition, they could not fully understand instructors and supervisors' directions to conduct nursing procedures during clinicals.
3. They could neither chart nor document patients' records in an appropriate way.
4. They lacked assertiveness, which would help learners to interact with other nurses, doctor, patients.
5. They also lacked self-confidence to ask for assistance both with language and with nursing procedures.

As a result, and regarding syllabus design, the course content was organized to contain the following four units:

1. Assertiveness skills, which intended to help learners get through to other people without offending them. The developers of this curriculum used the

DESC format to train their students on how to react assertively: D for Describing the language/content situation; E for Expressing how students felt about the situation; S for Specifying the desired outcome; and C for Consequences, meaning the consequences of changing their behavior (Davis, 1998).

2. Therapeutic communication, which is defined as communication between a health-care provider and a patient in a hospital setting, so that issues about the patient's health could be more effectively solved. In order to develop their therapeutic communication skills, students were encouraged to attend to their patients, making sure that the environment was appropriate to promote good communication. Students were also taught to use "I" statements to convey feelings and concerns; reflection and affection, where the student uses the affective component of the communication process to get through to patients more accurately; verbal reassurance with the purpose of creating a sense of hope in front of the patients' suffering; non-verbal reassurance, to provide patients with comfort through the means of non-verbal communication techniques such as the use of visual contact, careful listening, body movement, etc; and silence (Bradley & Edinberg, 1982).
3. Information-gathering techniques, where students used open-ended questions to allow patients to respond in a variety of ways and more abundantly; focused questions; probes in order to obtain detailed information on a specific area; paraphrasing; testing discrepancies to clarify the connection between

what the patient said and their behavior; eliciting to learn about health habits; summarizing; and closing a conversation.

4. The role of culture in health-care communication. This was about learning cultural knowledge, values, and idiosyncrasies that are necessary to ensure the appropriate delivery of health care. Along this line, learners are made aware of cultural aspects of nursing in the US, such as the importance of eye contact, facial expressions, gesturing, volume, tone, and rate of speech, and touching. The importance of this unit lays on the fact that learners need to understand that their own idiosyncrasies and cultural practices can highly differ from the ones in the US. For example, touching, such as shaking hands, patting a patient in the back or holding their hands is common practice in most Latin-American cultures, which in turn can be seem as intrusive and disrespectful in the US. Eye contact is not mandatory among Spanish speakers, tone of voice is usually louder and joking about death is common too. Another example of the importance of being aware of cultural differences is verbal reassurance. For example, in the US health professionals are expected to be honest with patients regarding their health (i.e. US health practitioners openly and frankly discuss terminal illnesses with their patients.) In other cultures, such a topic would not be discussed with a patient to spare them the pain of knowing and to allow them to die peacefully.

In terms of assessment, learners were evaluated according to their mastery of the objectives of the course previously designed. This consisted mainly of completing different tasks and assignments along the course. Some of the tasks students had to carry

out were to attend classes regularly, do their reading assignments, write journal entries, and participate in group discussions. Students were also evaluated through performance tests, in which students were given situational scenarios that required them to use their assertiveness and therapeutic communication skills, and their data-gathering techniques. These scenarios were videotaped and evaluated according to rubrics designed beforehand. The final exam was a written test that was intended to measure students' understanding of the four units of the course.

The course was evaluated by analyzing information gathered through surveys. Some of the questions were "How much did you learn about each of the following communication skills?", "How useful were each of the following activities?" and students had to respond using a scale that went from 1 to 4, 1 being "very much" and 4 being "not at all".

Students were also presented with open-ended questions to judge the overall usefulness of the course, and to provide them with an opportunity to make suggestions that would be used to improve the course. Over a period of 3 years, learners' responses yielded the following figures: on the item of how much learners thought they had learned, the mean was 1.6; the mean for the usefulness of teaching activities was 1.4; the mean for the usefulness of role-plays was 1.2 – learners agreed on the fact that role-plays were the most useful aspect of this course.

Learners also agreed on recommending this course to a friend, and expressed the reasons why this course had been helpful: it gave them a better understanding of the US culture, and helped them recognize their most important shortfall, which was effective communication with patients.

No additional information on additional criteria used to evaluate this course has been presented by the curriculum designers. Positive qualitative data such as anecdotal information about the success of this course has been provided by nursing instructors and students. In one case, a student who was having trouble communicating during her clinicals made dramatic improvement by taking this course; in another case, a student that had been put in academic probation before taking this course was able to complete her nursing courses and graduated from college.

The implications of this analysis for curriculum development are based on the fact that the findings of the needs analysis must be appropriately addressed by the course objectives. The selection of teaching materials and procedures must be also driven by what was found in the needs analysis. Also, it is important that the instructors be familiarized with research studies, textbooks, and content in the area of nursing because this would give curriculum designers a certain degree of expertise to design objectives, select and adapt materials, and learn more about the micro-culture of a hospital setting. Finally, other aspects of language learning and teaching could be added to the course, such as segmentals, suprasegmentals, grammar, discourse, and pragmatics.

The Refugee Program at Long Beach City College (California).

The Refugee Program at Long Beach City College in Long Beach, California designed and put in place various VESL courses in order to help adult non-native speakers of English to acquire language and vocational training in order to find jobs as nursing assistants or home health workers. The courses offered by the Long Beach City College were based in the principles of the Interactive Learning program (ILP) developed

by E. M. Ruiz. ILP was designed as an alternative flexible methodology to traditional teaching and has four components, which are stimulus, involvement, feedback, and closure. The course designed for nursing assistants was divided into two parts:

1. Preparation course. The Preparation Course was designed to last 9 weeks and was meant to offer basic ESL and medical terminology to provide learners with (1) language competence in medical English emphasizing technical vocabulary and job-related dialogue; and (2) language training and content knowledge in order to enable learners pass the required tests to be promoted to the content course (vocational nursing assistant course). Learners in this preparation course were placed in two groups: (1) those who had some content knowledge and who received language training by using content as a vehicle; and (2) those learners who had very little or no content knowledge at all, who would receive both language and content knowledge training. The areas covered in the Preparation Course ranged from Nutrition to Human Reproduction and the lessons consisted of one-page reading passages containing illustrations, comprehension questions, exercises for the teaching of vocabulary, and short dialogues based on the lesson content. The goal was for students to acquire comprehension through the content of extra linguistic texts focusing on the development of the learners' communicative ability. Form was not given a great deal of attention. It must be mentioned that the lesson plans used in the teaching had the following phases: a motivation phase and a skill development phase that consisted of study skills, and listening, content familiarization, speaking, and writing exercises. Moreover, at the beginning of each lesson, a mini lesson on the development of basic study skills was presented; this included reading for specific

information, listening for overall comprehension, dictionary use, vocabulary, speaking to improve oral communication, and test-taking skills.

2. Language Support Course. Once learners passed the Preparation Course, they began more specialized training in the area of nursing. The goal was to provide them with (1) competence in the content for nursing emphasizing the acquisition of technical vocabulary; (2) listening to comprehension of directions; and (3) understanding of language and content to pass a final test. Those who were accepted in the in the Language Support Course had to pass the preparation course through completing it or through an examination.

Lessons and materials were learner-generated and were focused on helping learners comprehend and master the vocational information found in the syllabus. The format of the lessons included exercises and games to teach content and vocabulary; they were also designed to promote dialogue practice. In addition, study skills, textbook-surveying, note-taking, report-giving, and test-taking techniques were emphasized.

Sigrid (1984) reported that the two courses described above were successful when offered during 1979-1980. Since that time, adapted versions of the course have been offered with similar successful results. No additional information on how successful this course was has been provided by those who designed it. They only mentioned that after the courses were offered the first time, all students but two passed their examination on their first try. The second time the course was offered, all 15 students passed their examinations.

Bilingual Vocational Training for Health Care Workers (San Francisco, CA).

A Vocational English as a Second Language (VESL) course called Bilingual Vocational Training for Health Care Workers: A guide for Practitioners was designed for care-health workers, immigrants, and refugees at the Career Resources Development Center (CRDC), Inc. in San Francisco, California. The creation of this curriculum was based on the need for health professionals who are proficient both in their native language (Asian languages mainly, but also Spanish) and in English. The underlying importance of a curriculum of this type is based on the fact that bilingual health care workers can efficiently serve as a means to communicate language as it comes from physicians, nurses, and other medical personnel. Bilingual health workers can also translate American hospital culture to patients from other countries to help them open themselves to understand western cultural and medical issues for their general well-being.

The implementation of this course was designed to include a recruitment component, which involved the use of promotional materials –mainly visual– to be given to prospective students and mass media such as radio, television, and newspapers. These materials were made available both in English and in the native language of those who might be interested in pursuing a career in health care. What is more, recruiters that spoke English and the native language of the communities they visited were hired to recruit prospective students.

The needs analysis component (i.e. the analysis of the linguistic and non-linguistic needs of participants) was conducted using different information gathering instruments. Linguistic proficiency in English was measured by using a standardized grammar test called Combined English Language Skills Assessment (CELSA) and a

listening and writing tests developed by CRDC. Non-linguistic issues were addressed to determine prospective participants' vocational interest, motivation, support needed in the form of child care, counseling, etc., work and educational background, career goals, and basic skills such as math.

The syllabus was designed to provide training in two nine-week cycles. During the first cycle, students had seven-hour lessons everyday and during the second cycle they had four-hour classes and four-hour practical training through an internship at local health facilities. During the first cycle, the English language courses included Medical terminology and Telephone Training; content courses included Medical Assisting I, Patient Relations, Business Math, Windows 3.1, Typing, etc. The courses taught in the second cycle were fewer in number and the only linguistic course was Medical Terminology II, other courses were Medical Assisting II, Job Search, Internships, among others. The Medical terminology courses included the teaching of terminology in the areas of common ailments, injuries, diseases, human anatomy, body systems and their functions, medical equipment, etc. The terminology courses were closely related to the content courses, which included topics in the areas of emergencies, vital signs, nursing procedures, paper work, etc. The Telephone Training course focused on how to use the telephone switchboard, etiquette, how to handle questions, and how to set appointments, and also on the development of listening, speaking, and writing through spelling, dictation, pronunciation, giving information, describing medical conditions, taking messages, among others.

The materials used in the different courses, especially in the terminology course, were adapted from commercial textbooks. Unfortunately, the titles of such textbooks

have not been included in the journal article that describes this course. However, this adaptation included a reduction in the complexity of grammar for students to use short sentences, use simple verb constructions among others. In addition, vocabulary was simplified, idioms and colloquial expressions were avoided, and texts were made redundant in order to emphasize important lexical items and concepts. Students used word lists, were presented with simple grammar examples, filled out real hospital forms, participated in small group discussions, listened to explanations of key concepts, and were presented with a lot of visual materials.

CRDC has not given much information about how assessment was conducted, but instructors used language and literacy audits in order to identify students' language skills in the classroom. Some of the instruments that were used included interviews with the instructors and the students and observation of students on the job probably during their internships. Also, there is no information provided on how the curriculum designers analyzed and used the information collected, nor is there information on how successful this course was.

ESP Nursing English (Miyagi, Japan).

At Miyagi University (MYU) in Japan, in 1997, the ESP Nursing English course was designed and put in place in order to provide its students of nursing with basic communicative English with a heavy emphasis on speaking and listening. This in turn would fulfill a legal requirement that students of nursing at MYU needed to receive 120 hours of English as a requisite to graduate. In addition, the course also foresaw the

teaching of reading to prepare MYU students of nursing to be able to handle reading assignments in graduate school.

A specific needs analysis exercise was not conducted in preparation for the designing of a syllabus and no information is provided regarding objectives, teaching materials, and assessment. The MYU students had enrolled in a four-year nursing course in order to learn the nursing procedures that were necessary for them to graduate and find a job. The need for an ESP course was dictated by the government and it was mandatory for students to receive English instruction as part of their academic load. Students were already enrolled in a nursing course and needed an ESP course to be able to legally graduate. They also needed proficiency in a target language (English) that they would need later as part of their graduate instruction.

The syllabus then was based on one of the basic nursing texts whose title is not mentioned and which was used by the students as a source of specific language and a plot about a family that suffered multiple health problems and as a consequence had to interact with medical personnel all the time. The course designer relied heavily on the teaching of context as a vehicle to teach language and thus, the course was organized to be taught in two semesters, each one consisting of 15 weeks, or in other words 45 classes that were conducted three times a week in 90-minute periods each, which accounted for 68 hours of instruction. Ten chapters were taught each semester. The course methodology was based on Suggestopedia, cooperative learning, and integrated teaching. Integrated teaching was designed by the ESP instructor to promote accelerated learning. Integrated teaching courses are based on the use of long narrative stories, which learners read in

chapters of about 2000 words each. Students read three or four times and then participated in activities related to the story.

The teaching was conducted in two types of sessions: the active session and the pseudo-passive session. In the former one the teacher would play classical music and read the text aloud while students followed along in a bilingual text where they identified new words or new content knowledge. As part of the latter, classical music was played again and students closed their eyes and reclined in their seats as the instructor read the text; students were also asked to visualize what they were listening to. In other sessions, the instructor read the text and students read along with the instructor, length of phrases gradually increased as the length of pauses gradually decreased. In still other sessions, students were asked to do information gap activities through the use of visuals, other readings, ideas from the text just read, etc. In addition, students were put to write and tell stories related to facts about their personal lives, or about the characters in the plot. In other class activities, students were given three or four pattern sentences and they had to write new ones by following the same grammatical pattern. After that they were put in small groups and one was selected to be a famous person. The famous person read their sentences and the rest of the students in the group had to ask at least two questions related to the content of the sentences, this in order to trigger a real conversation among them; sometimes, the topic of conversation was of no consequence as long as students spoke in English. Some of the sessions included review and expansion of the plot, where students for example were given a list of words and after learning their meaning, students were asked who in the plot these words might have referred to. An example of an expansion

exercise was one in which students were asked to analyze a situation in the plot and tell a similar story that happened to them or a relative.

Assessment of language learning was conducted by the instructor writing a few hundred questions per chapter in a list, and then some of these questions were randomly taken from the list and given to the students as a test. Each test had more than 200 questions and students were given 90 minutes to answer the test and were allowed to use an English monolingual dictionary and their nursing textbooks. The average score on the tests has been 70 points.

The present day implications of this course are that content can be used as a powerful vehicle to teach language. This is certainly true for ESP courses since it is not possible to design a successful, eclectic course when language is detached from content (unless a terminology class is put in place where students have to deal with interminable lists of words to memorize and never use in specific, job-related situations.) A drawback of this curriculum is that no formal needs analysis procedure was conducted so the syllabus was designed following a governmental mandate and based on some nursing texts without looking into the real content and linguistic needs of the students.

Furthermore, even though students' feedback about the course was positive, no course assessment procedures seem to have been put in place to measure its efficiency and learning gained by the students. The curriculum designer said that there was no external measure against which learning could be checked; instructors in nursing courses have seen sufficient English language improvement in their classes for the university officials to keep the course in place.

Conclusions

In the designing of ESP curricula, curriculum designers need to understand not only the nature of specialized language or language closely related to the professional field in which it would be used. They need to understand the linguistic and non-linguistic needs of learners, which must be obtained through a needs analysis exercise. The knowledge of these two important aspects of ESP curriculum development would allow curriculum designers to make straightforward decisions on what to include in the syllabus and how that content should be taught. A needs analysis exercise is vital to the quality and success of any curricula and must be carried out in a way that would benefit all involved in the making of the curriculum.

Students in ESP courses are usually adults who voluntarily commit themselves to the learning of specific language to be used in specific settings. These adults have well defined professional goals and are highly motivated to learning, which prompts them to purposefully and actively participate in ESP courses. Their participation does not occurred only to *take classes* [italics added] but to eagerly be part of the designing of the syllabus, which in turn makes the syllabus more student-centered and designed to the satisfaction of the learners' linguistic and academic needs.

As can be seen, various ESP for nursing curricula have been designed and put in practice in different parts of the country and the world. What is common to these curricula is that a number of procedures can be followed in order to design ESP curricula (Litwack, 1979). Some of those procedures in turn consist of obtaining information about the linguistic needs of the learners before the syllabus is designed, and gathering information about the commitment and support to be provided by, in this case, UVRMC,

the designing of a syllabus and teaching materials, the use of available methodologies and approaches, the assessing of learners' learning, and the assessing of the curriculum efficiency by analyzing additional information obtained through questionnaires, tests, interviews, etc.

There is a great need for bilingual health professionals in the United States. In terms of nursing assistants in Utah and according to a survey given by the American Healthcare Association (AHCA), the state vacancy rate for CNAs in Utah in 2002 was 6.1% while the turnover rate was 110.8% (the national vacancy rate was 8.5% and the turnover rate was 71.1% in the same year). These figures show that problems with retention and turnover will increase as the population continues to age. According to the AHCA website, the gap between those in need of care and those professionals available to provide such care will continue to widen in the future. On one hand, there is a need for CNAs and other health professionals statewide; on the other hand, the number of immigrants continues to grow statewide. More healthcare services and healthcare professionals will be needed as the years pass. In Utah, UVRMC could provide better quality services by employing, as part of its staff, bilingual CNAs that speak the language of patients who do not speak English. By doing this, UVRMC can positively impact such a diverse community as the one it serves.

Providing further education and better employment opportunities for its employees is one of the main goals UVRMC adheres to. From this, UVRMC has shown a special willingness to support the teaching of this ESP course. This ESP curriculum can have a positive impact not only at UVRMC but also in the community providing the

means for people to learn and improve their language skills in the area of nursing in preparation to obtain better education and better jobs

No ESP for nursing courses are known to have been designed and put in practice in Utah. There are CNA courses for native speakers of English or Spanish but none of them offers ESP-ESL preparation.

CHAPTER 3

NEEDS ANALYSIS

The Needs Analysis section of this report describes the instruments used to obtain information about the linguistic needs of the course participants, and will analyze and explain that information. As discussed in Chapter 2, needs analysis is more than learning what linguistic weaknesses and strengths learners in a course have. Even though linguistic proficiency is the usual target in almost every needs analysis component, this report also looks into some non-linguistic needs of the students of this curriculum. The results of this needs analysis exercise drive the designing of goals and objectives, a syllabus, the selection of teaching procedures and methodology, the designing of teaching materials, and the development of assessment instruments. As was stated before, information about students, teachers, and the administrative constraints around this curriculum was obtained through various data-gathering instruments and procedures.

The first procedure was an observation exercise conducted by the author of this evaluation of a real CNA course taught at UVRMC. This CNA course started in January 2004 and finished in March of the same year. The purpose of visiting this class was to find out what linguistic and non-linguistic abilities future CNA students would need in order to be able to cope with the language and content of a CNA course. Valuable information was learned and recorded on videotapes for future reference.

The second procedure was an interview with the CNA instructor, Mrs. Angela Kahoush (See Appendix A). This interview lasted for about an hour and focused on what Mrs. Kahoush expected from non-native speakers of English in terms of English

language ability in her class. In addition, the topic of strengthening participant students' test-taking abilities came up by the end of the interview.

The first instrument was a questionnaire that had twenty-nine items (See Appendix B for versions of the questionnaire both in English and Spanish). The purpose of the questionnaire was to obtain as much information as possible about the participants' linguistic needs, and professional and English-learning related goals. The questionnaire had five sections: Contact information, general information, linguistic ability, work information, and goals related to the learning of English. The questionnaire was given to 22 UVRMC housekeepers who expressed their desire to improve their proficiency in English in order to obtain better employment inside UVRMC.

In the first section of the questionnaire, participants were asked to provide information about their full names, phone numbers, and e-mail addresses. The only purpose of obtaining this information was to be able to get in touch with the participants when clarification of their answers was necessary, and to keep them informed about the development of the curriculum and the commencement of the course.

The second section obtained information about the respondents' gender, age, and education background. This information would provide a very clear understanding of the curriculum's audience and their professional preparation if any.

The third section contained questions about the respondents' English instruction and a self-evaluation of their proficiency level in English. With this information, I was able to direct the curriculum in directions that would meet the participants' linguistic needs in terms of listening, speaking, reading, writing, and grammar.

The fourth section of the questionnaire was about the respondents' current jobs and their work goals for the future.

The fifth and final section of the questionnaire dealt with the respondents' commitment to attend an ESP course. It was also about how much general English the course participants thought they needed to reach their professional goals. The participants were also asked how much English for nursing they thought they needed in order to achieve their professional goals.

The second instrument was a general English Placement Test (See Appendix C for the General English Placement Test Specifications and Test). The purpose of this test was to discover the respondents' level of proficiency in English. Additionally, the test was also used to confirm or correct the self-assessment they had provided in the questionnaire regarding their levels of English proficiency. The test had 30 grammar items that ranged from very beginning to advanced levels of difficulty; 15 reading comprehension items in four reading passages that ranged from beginning to advanced levels of proficiency; the items were all multiple-choice with four alternatives to choose the right answer from. There was also an oral interview that consisted of 15 items. In the oral interview, the first seven items were of the short-answer type, and the other eight were open-ended questions that prompted students to think critically and elaborate on their answers. The students' oral proficiency was assessed according to a rubric prepared beforehand. The oral interview was also used to find out which students had an intermediate and above level of oral English proficiency and to confirm their level of grammar and reading comprehension. The scores obtained through this test were

analyzed and submitted to item discrimination analysis, and a cut-off point was set in order to separate the sufficiently proficient students from the non-proficient ones.

The third instrument was an English for nursing test that was given to the participants during the first three weeks of instruction (See Appendix D for the Nursing Test Specifications and Test). The purpose of this test was to determine the participant's knowledge of English vocabulary for nursing, comprehension of texts on nursing, and their ability to summarize and paraphrase small passages about topics on nursing. The test had 72 items and was based on the CNA class textbook. The items were multiple-choice and open-ended questions for which respondents had to write something to summarize or paraphrase a reading passage.

The information obtained through these three instruments was analyzed and used to develop a set of goals and objectives and a syllabus for the course, as well as to decide on methodology, teaching materials, and assessment instruments. All of these were put together and an ESP course for pre-certified nursing assistants was put in place at UVRMC during the months of January through April 2005. The development of the course will be discussed in detail later in this report. The information that was obtained through the questionnaire and the General English Test regarding language proficiency will be discussed later in this chapter. The questionnaire respondents said they believed their language proficiency was within the intervals of high intermediate and low intermediate levels. The General English Test confirmed this belief and was used to select the respondents who would participate in this ESP course. More detailed information about the respondents' level of English proficiency will be discussed in this chapter and Chapter 8 of this report.

The needs analysis component of this curriculum will now be described through the analysis of two types of needs: linguistic and situational. These two will be discussed based on the information obtained through the four instruments here aforementioned.

Linguistic needs analysis

It has been stated that the linguistic needs of students in a language program are the driving force of that language program. By learning what students' linguistic needs are or in other words what type of language proficiency students have, curriculum designers are able to set appropriate objectives, select key contents, provide for effective teaching in terms of methods and materials, and plan for assessment. For this particular curriculum, its designer used two procedures and three instruments to look into and analyze students' language proficiency. These will be discussed in detail as part of this section.

Observation of CNA classes.

As was stated before, the purpose of observing a real CNA course was to discover what type of linguistic and non-linguistic abilities future CNA students would need in order to successfully enter and pass this class. In order to find the information they were looking for, my colleagues and I took notes and video taped what took place in a CNA course. The purpose of the note-taking exercise and the videotaping was to discover special language in terms of both specialized vocabulary and grammar, in other words, types of language that could be incorporated in this ESP syllabus and how it could be taught. Special discourse such as thrombophebitis, initial ambulation, how long do they

dangle?, blood clots, the procedure that follows surgery [italics added], and others were identified. It also served the purpose of learning about the CNA instructor's speech rate in order to see how fast she spoke, and to find the implications of the speech rate could have on the ESP learners' listening ability. The CNA instructor's rate of speech was discovered by playing one of the videotapes for a minute, and then the number of words spoken in that minute was counted. On one occasion, what the CNA instructor said in a minute was: "One thing that I want to stress with you is that CNAs and PCTs never initiate oxygen. So if you're going around checking oxygen saturation – this is an old one, so I'm gonna [sic] it right here -. You've got this little thing in their finger and it tells you that their saturation is 86%. What should it be normally be? Anything about 90 is good, so you can get 86% your first thought is... this patient needs some... good answer. You're thinking this patient needs some oxygen. Ok, you guys are never allowed to make that decision about [sic] of oxygen. You're gonna see this probably in your clinicals. The last class we had somebody go out there following a PCT. The PCT walked in and turned the patient to ten liters, which then says: 'you'll do the oxygen and turn the patient to ten liters, and she said: 'ok'. The CNA... like... at the patient's call: 'get up here; my PCT is crazy, I don't wanna follow this person anymore.'" This utterance accounts for 174 words in a minute.

On another occasion, the CNA instructor said: "All right. Let's look at binders. Binders are devices usually made of cotton that hold surgical dressings in place and provide support to weakened body parts. They're applied mainly to the torso and there are several different types. Let me show you a little video here in just a minute that shows what these look like. T-binders are those that hold rectal dressings and maybe dressings,

groin dressings when someone has groin surgery; vaginal surgery; not necessarily vaginal surgery because we don't see those that much. They hold mostly rectal-type dressings in place. Breast binders look like vests and they're used to support the breasts. So, when a patient comes in and has a mastectomy, has breast recognition, breast enlarging, breast reduction. Often times you'll see these little vest-looking like. The video will show you what they look like." The number of words uttered in a minute on this occasion was 139. In average, for the two occasions reported here, the CNA instructor uttered 157 words per minute. The most important implication of finding the CNA instructor's speech rate is that CNA students that are non-native speakers of English need to be able to understand English for nursing language that is spoken fast. This shows that listening should be given special attention in the ESP course.

The text difficulty was discovered by typing three texts from the CNA textbook, one from Part 1, Chapter 3, another from Part 3, Chapter 10, and the last from Part 4, Chapter 19 in Word 2003. The text difficulty was established to be 52.5 in the Flesch Reading Ease score. In the Flesch Reading Ease score text is rated on 100-point scale; the lower the score, the more difficult it is to understand the text. The average score for standard text is between 60 and 70, so a score of 52.5 renders the text difficult.

The observation of the CNA course also allowed the observers to understand how language was used by the CNA students in that course. One example was student M (the only non-native speaker of English in this particular course), who in one of the classes was asked to read a paragraph on nursing policies in the United States. Along with the ability to read in English, accent, rhythm, and intonation were also seen to be very

important in order to facilitate communication in English. It then seemed vital for non-native speakers of English to gain and improve their pronunciation skills.

In terms of speaking, once one of the students read something aloud, the CNA instructor would conduct a discussion on the topic just read. These discussions included the sharing of knowledge of the topic being discussed as well as personal experiences by the students. For example, one student explained to the class how he used a device to measure the amount of sugar in his blood since he was diabetic. Another example had to do with cultural presentations. The CNA students were asked to prepare and give a cultural presentation on a country of their preference. The presentations were about culture in general but focused on *nursing culture* [italics added] on the countries they were presenting about (i.e. they had to speak about what nursing practices exist and how these are conducted in the countries they presented about.) Two interesting facts were noticed regarding speaking. One was that for general presentations the language used tended to be more informal, correct grammar was not always used, but colloquial expressions such as *messed diaper* [italics added] instead of *soiled diaper* [italics added], etc. and many phrasal verbs such as *dangling about*, *logrolling around*, *turn to* [italics added], and others were. The other fact was that when speaking about nursing content, the language used tended to be more formal and more specialized at the same time, so the use of nursing terminology was evident. This was the case not only at speaking but across the other language skills.

In my opinion, listening was the skill that would be more difficult for non-native speakers of English to deal with. This was because the CNA instructor, as native speaker

of English, spoke at her normal speed, which tended to increase due to time constraints and the amount of content knowledge to be taught in such a short period of time.

Regarding writing, CNA students were asked to explain nursing procedures in writing for their instructor. What is important to clarify here is the fact that CNA students and CNA professionals will be writing not only for instructors but also for physicians, colleagues, and patients. It is especially important to understand that CNA professionals will need to record important information such as *daily input* and *out put* [italics added] (food and elimination) for example, that will be used by physicians, clinicians, nurses, and other CNAs, and that grammar, style, punctuation, and spelling play a very important role in facilitating appropriate and accurate written communication.

It was concluded, after speaking with the CNA instructor, that non-native speakers of English need at least an intermediate level of proficiency in English in regards to reading, listening, speaking, and writing. That appropriate level was completed high school education according to the CNA instructor or as she interpreted, non-native speakers of English to participate in a CNA course needed to have at least an intermediate level of proficiency in English. Intermediate level of English proficiency is very broad and can include sublevels such as low intermediate or high intermediate. In this report, intermediate level of English proficiency should be understood as the entry level of English proficiency students ideally must have to be able to linguistically succeed in a CNA course. A detailed description of the linguistic entry level determined for this particular group of students can be found in Chapter 4 of this report.

Regarding specialized terminology, it was the CNA instructor's opinion that non-native speakers of English's knowledge of a specialized lexicon did not have to be strong,

but they needed to know at least basic first aid terminology. She said vocabulary for nursing would be learned as the course was taught. Is the opinion of the designer of this curriculum that the teaching of this course had to be centered in the teaching of English (Listening, Reading, Speaking, and Writing) in the context of the nursing field, where specialized language and grammar needed to be incorporated as key elements.

Based on what was observed and learned at the CNA course, I decided to assess the ESP-CNA students' knowledge of English and vocabulary for nursing at the beginning of their course. The assessment of their English ability was measured with a placement test, and the assessment of their knowledge of vocabulary for nursing was measured with a vocabulary for nursing test based on the textbook content. The syllabus and teaching of the ESP-CNA course were based on the results of these two tests and the CNA textbook. By the end of the course, the test for nursing was given again and its scores were compared to find out how much English language and specialized English (for nursing) learning had taken place. In addition, an analysis of the curriculum as a whole was conducted in order to find out how effective it was.

The observations determined that the non-linguistic skills that non-native speakers of English would need for a CNA course are those related to the ability to work in groups (e.g. group work when projects were assigned); confidence to speak up and the ability to speak in public (e.g. when answering a question, giving an opinion, reading aloud, explaining a nursing procedure); and the use of thinking skills to solve linguistic and content challenges such as grammar issues and deduce the logical steps in a procedure; asking questions for clarification; and others.

Interview with a CNA instructor.

The purpose of the interview with the UVRMC CNA instructor was twofold. On one hand, it was my intention to learn what the CNA instructor – Mrs. Angie Kahoush - required of non-native speakers of English in terms of linguistic ability. On the other hand, it was the researcher's hope that the CNA instructor would provide him with additional resources that could be used to teach an ESP course for pre-CNAs. Before this interview, I had visited Mrs. Kahoush' CNA classes and observed her teaching, lecturing, explaining, and interacting with her students. Many of these CNA lessons were recorded for future reference and to be analyzed as a source of language that could be incorporated in the teaching of the ESP course. During this observation period, I saw a very interactive classroom where students read aloud, gave oral presentations on culture and topics on nursing in front of other students, held discussions on how to proceed in certain nursing situations that were acted out in the classroom, gave opinions, listened to guest speakers lecturing on nutrition and hospital policies, wrote reports in their workbooks, and answered test questions of the nursing-situation type (those in which students had to write how to handle a nursing situation appropriately.)

The interview with the CNA instructor lasted about one hour, and she was asked ten questions. Questions 1 and 2 were about IHC's mission and vision, and the classes that IHC offers through its university. In question 3, 4 and 5, the objectives of the CNA class and the process applicants have to follow to be admitted in this class were described. One of the steps applicants have to go through is to participate in two interviews with the CNA instructor. In these interviews they are asked what they understand the role of a CNA is, why they would like to be a CNA, and in the process of

the interview, they are helped to understand what they are getting themselves into. In question 6, Mr. Kahoush described the background knowledge applicants to the CNA course must bring with them. She said that applicants should at least have a high school diploma. In terms of their professional background, she said that professional backgrounds are “not used that much as criteria for putting them [applicants] in [the CNA course]...”, but that during the interviews, she would ask them what their roles with other CNAs, registered nurses (RN), and physicians would be. In addition, in the interviews, applicants are given scenarios where a nursing situation is posed and they are asked about their reactions or what they would do to solve those situations successfully. Finally, applicants are given a paragraph from the textbook used in the CNA course, asked to read it, and then to report it back to the interviewer. Clearly, important implications can be seen for non-native speakers of English who apply to this CNA course. These implications will be touched when discussing question 7.

In Question 7, Mrs. Kahoush was asked about the level of English proficiency non-native speakers of English must bring to her CNA course in order to cope with the language exigencies. What is more, the question was narrowed down to more specific language abilities such as listening, speaking, reading, writing, grammar, vocabulary, pronunciation, and cultural aspects of working in a nursing setting. The answer given confirmed what had been observed in the CNA course previously: students read in class silently and aloud, give oral presentations on nursing topics, listen to lectures, write and document nursing procedures. Mrs. Kahoush said: “... most of all, the ability to read, write, understand... most importantly the understanding, but also the communication [speaking], the ability to write because they do have to document. If a patient has a

complaint, maybe the patient needs to report it to a nurse... being able to read orders...”, “I don’t know how to skill that, so I would say that that is probably intermediate [level of proficiency].” In terms of vocabulary for nursing, CNA applicants were not expected to have a sound knowledge of medical terminology but instead, they were expected to use the formal form of nursing-related terminology. For example, they are expected to use the word *vomit* instead of *puke*, or *urine* instead of *pee*, *dementia* instead of *craziness* [italics added], and others. What was stated in regards of medical terminology is that CNA applicants do not have to have a high level of mastery of specialized medical terms, but at least basic knowledge of standard-above-the-average nursing-related words they could use with other CNAs, RNs, physicians, and especially clients (i.e. patients in a hospital setting.)

In Question 8, Mrs. Kahoush was asked about the nursing procedures CNA students have to perform in class. The answer was obviously related to nursing content: students have to act out how to give an injection; do preoperative care; dress wounds; label specimens; measure temperature, pulse, respiration, and blood pressure; respond to emergency situations; position patients; perform hygiene and grooming care; make patient beds; and others. All these activities require the use of specialized vocabulary, which plays a vital role in the training of CNA students, especially in situations in which they have to understand and follow oral and written instructions, train other CNAs on the job, and document and report on their assignments.

In Questions 9 and 10, Mrs. Kahoush was asked what type of help non-native speakers of English need in order to prepare themselves to enter a CNA course, and what she would expect an ESP course for pre-certified nursing assistants to offer in order to

help non-native speakers of English improve their language skills. Her answers identified specific tasks such as the ability to read and comprehend orders from physicians, to communicate appropriately with other health personnel in hospital settings, but most importantly, the ability to use formal nursing words with patients. In addition, Mrs. Kahoush emphasized the ability to read and then summarize a paragraph and to discuss it and defend it as part of an argument with other students; the ability to use proper English pronunciation and give opinions that could influence the making of decisions.

As can be seen, the information obtained through this interview signaled the direction this ESP curriculum should go. This interview provided the designer of the curriculum with a clearer understanding of what pre-certified nursing assistants who do not speak English natively would need in order to successfully function in a CNA learning setting, and later in a real hospital setting. The implications of Mrs. Kahoush's answers on the designing of an appropriate and effective course are then far too important to be ignored. Pre-CNAs who are non-native speakers of English need to be linguistically prepared in order to be able to go through the CNA course successfully. It was therefore concluded that non-native speakers of English must bring at least an intermediate level of English proficiency to the CNA course, with emphasis on oral understanding and oral and written communication. This has been confirmed by the test scores obtained through the two tests mentioned before and the textbook's readability level. Actually, the purpose of the two tests was to select those respondents who had an intermediate level of English proficiency to participate in this ESP course. It is also agreed that a high level of knowledge of specific nursing-related vocabulary is not required, but it will be acquired during the teaching of the contents of the CNA course along with the learning and

practicing of nursing procedures. However, based on the observation of the CNA course and how language, both general English and English for nursing were used, it is my opinion that content (specialized language) and general English (grammar and pragmatics) should be given equal attention in this curriculum.

Questionnaire.

A questionnaire was designed and given to 22 prospective students of the ESP course. The questionnaire had 29 questions that targeted the obtaining of information under five general sections: Contact Information, Background, Language Skills, Work Information, and English Improvement Goals. For the purposes of this part of the report, special attention will be given to those parts of the questionnaire that are closely and solely related to the analysis of the students' linguistic needs and abilities. The designer met with the respondents in groups of 5 or 6 people on three occasions and explained to them the purpose of the questionnaire and the questions. When answering the questionnaire, the respondents were accompanied by the designer, who would answer or clarify any additional questions about the nature of the ones in the questionnaire. They met in a break room located in the south side of the UVRMC on the second floor, where there were tables and chairs. The meetings usually lasted between 60 to 90 minutes and interaction was conducted primarily in Spanish. The questionnaires and pens were provided by the designer. Something important that needs to be mentioned is the fact that along with the questionnaire, the respondents read and signed a consent form to be a research subject, which would serve for liability purposes if required. Permission to use

human subjects in research was obtained from the Office of Research and Creative Activities (ORCA) at BYU after completing the process of application.

In section I, Contact Information, the respondents wrote their full names and phone numbers. Some of them also wrote their e-mail addresses. Respondents were asked their contact information in case I needed to speak with them to clarify their answers to the questions in the questionnaire. Even though the designer had this contact information, it was never necessary to contact the respondents because the questionnaire was given in the native language of the respondents, which was Spanish. The answers were given in Spanish too. For instance, the respondents had no difficulties expressing themselves clearly in their native language. The questionnaire was designed to be in Spanish because most of the respondents (21 out of 22) spoke this language natively; in addition, it was expected that by having the questionnaire in their mother tongue, respondents would feel motivated to provide as much information as possible.

In section II, Background, nine questions were asked. Detailed information on the respondents' background is presented in the form of tables below; additional comments will explain the information presented in the tables.

In Question 3, the native language of the respondents was identified. Twenty-one of them spoke Spanish (95%). Only one person (5%) spoke Punjabi, a language spoken in India. Table 1 details this information.

*Table 1**Respondents' native languages*

	Number	%
Spanish	21	95
Punjabi	1	5

By learning what languages respondents spoke, I was able to judge the distance between Spanish and English, and Punjabi and English. It is known that how distant a language is from another influences language transfer and acquisition either in a positive or negative way. What is also important to be mentioned here is that Spanish, being a Romance language and having been influenced by Latin, employs many Latin words in their written and spoken forms. This is particularly evident in the different fields of sciences and humanities, and especially true for the medical sciences, where names of many body parts, procedures, diseases, and equipment in English have their roots in Latin. The most important implication of the fact that the native language of the respondents was Spanish then, is the similarity of words used in nursing in English with those used by the participants as their native repertoire. Of course, pronunciation adjustments need to be made for the acquisition of those words in English. The designing of language practice activities to cater for the teaching and learning of these Latinate words is an important element in the designing of an effective curriculum. Regarding the

native speaker of Punjabi, it was later learned that she was not interested in the ESP course and for that reason no further comment will be made about her.

The rest of the questions in Section II will be detailed in the section Situational Analysis of this report.

In Section III, Language Skills, the following important data were collected. This section had five questions related to the respondents' learning of English in their countries of origin and in the United States. The questions probed their English education in terms of the type of language teaching programs they had attended and what language skills they thought they had developed.

Question 1 was about their English instruction before they came to the United States. What it found out was that less than a half (45%), had had English lessons in their countries of origin (See Table 2). The fact that they had taken English courses was an advantage for them, but the teaching of English as a foreign language in countries where English is not the language of education, commerce, finance, and everyday life is usually relegated to one hour a week for elementary education and two hours a week for high school education. This and other important factors such as teacher preparation, lack of materials and technology in those countries do not always favor learners who need to master English in order to reach their personal goals. On the other hand, Table 2 also shows that 12 respondents (55%) had not taken English lessons before they came to the United States.

Table 2

Number and percent of respondents who received English instruction before coming to the US

	Number	%
Yes	10	45
No	12	55

Question 3 focused on where and for how long respondents had studied English before coming to the United States. It had been noticed that the highest number of hours of English instruction per hour took place in high school with an average of 3 hours per week. In elementary school, respondents studied an average of only 1 hour per week and at higher levels of education, the number of hours of English lessons per week did not even reach one. The respondents' English language ability were more accurately identified through two language testing instruments. Table 3 details this information.

Table 3

English instruction before coming to the US

	Average no. of years	Average no. of months	Average hours per week
Elementary school	0.3	0.5	1.2

High school	1.1	0	2.5
Technical school	0.3	0	0.1
University	0.1	0.3	0.3
Private classes	0.2	0.4	0.7

Question 3 was posed in order to learn how many of the respondents had taken English lessons in the United States. Surprisingly, it was discovered that most of them. For example, 16 people out of 22 had enrolled in an English course after arriving in the country (73%).

On the other hand, 6 respondents (27%) did not take any English courses after their arrival. Those who had taken English courses were not asked about their reasons for doing so, but in conversations with them before and during this ESP course, respondents said that when they arrived in the country, they immediately realized they would not be able to find schools for their children, do banking, rent a house, obtain a driver's license, and find a job unless they gained proficiency in English. They expressed concerns about their role as providers for their families and their pressing need to learn English in order to fulfill these roles in the short term, and in the long term to be active in the community and contribute to it. Table 4 shows numerical data about their receiving English lessons in the United States.

*Table 4**Average number of respondents who received English instruction in the US*

	Number	%
Yes	16	73
No	6	27

In question 4, respondents were asked about the number of hours they spent in English instruction in different English as a Second Language programs in the US. The highest was about 3 hours a week, which combined with full-time work represents very little to promote the acquisition of English. Again, in informal conversations with the respondents, it was learned that they had chosen to attend community programs because they were inexpensive and classes were held mostly in the evenings after they had finished their workday. The number of hours per week in intensive programs was also 3; however, this information does not seem to be accurate, probably because they enrolled in an intensive program and then dropped out of their courses. Information about being tutored, hiring a private teacher, and self-study English instruction is relevant to be commented on. One of the reasons for such low figures regarding tutoring and private lessons could be that the respondents did not have enough money to pay for it. Again, in conversations with the respondents, because of their hectic work schedules, not much spare time was left for language learning. Table 5 shows the numbers of hours of English instruction and place of study in the United States in detail.

*Table 5**Average time in various types of English language programs*

Place	Average no. of years	Average no. of months	Average no. of hours per week
Community program	0.2	2.2	2.7
Intensive program	0.1	1.3	2.8
Tutoring program	0	0.1	0.1
Private classes	0	0	0
Self-study lessons	0.1	0	0.7

In Question 5, respondents were asked about their level of English proficiency. They were asked to self-report what level of English proficiency they thought they had. This was an important question whose answers would be compared with the respondents' scores on a placement exam that would be given in the near future before the ESP course would begin. In that way, respondents would be given feedback on their real level of English proficiency, but more than that, I would have a sound basis to begin the making of the other components of the curriculum, especially the syllabus, the teaching, and the

development of materials. Table 6 shows the respondents' answers in terms of proficiency level – beginning (B), lower intermediate (LI), intermediate (I), high intermediate (HI), and advanced (A) across the linguistic abilities listening, speaking, reading, writing, and grammar. The intermediate levels were given special attention because intermediate is the level participants in the ESP course are expected to have (see Interview with the CNA Instructor) in order to appropriately and linguistically function in a CNA course.

Table 6

Respondents' self-evaluation of their level of English proficiency

	B	%	LI	%	I	%	HI	%	A	%
Listening	3	14	5	23	9	40	5	23	0	0
Speaking	7	32	3	14	7	31	5	23	0	0
Reading	4	18	5	23	6	27	7	32	0	0
Writing	10	45	7	32	3	14	2	9	0	0
Grammar	12	55	6	27	2	9	2	9	0	0

In terms of listening, it can be seen that 9 respondents (40%) believed that they possessed an intermediate level of aural comprehension in English. I believed this to be true because of the number of years the respondents had lived and worked in the United

States, ranging from one to seventeen, and their exposure to oral English at work, school, and church while conducting their everyday activities. One of them related that she had attended a bilingual school in her country of origin where education was conducted fully in English. She was able to understand oral utterances in English when spoken to.

In terms of speaking, again, 7 respondents (31%) of the total believed they possessed an intermediate level of English ability to produce oral language.

Reading seems to be a better developed ability with seven (31%) students stating that they had a high intermediate level of comprehension of written language. The designer of the curriculum theorized that this is probably the result of the respondents' exposure to written information at their children's schools, advertisements, manuals at work, legal documentation to buy a home, take a driving test, etc.

For writing, figures changed almost dramatically. Almost half of them, 10 respondents (45%), stated that they possessed a beginning level of production of written language. These data were particularly important because writing, according to the CNA instructor, was one of the abilities that CNA students needed to develop and use efficiently.

Similarly, more than half of the respondents, 12 (55%), believed they had only a beginning level of knowledge of English grammar. In addition, this figure signaled to the designer of the curriculum that grammar was an area of weakness and needed to be addressed and catered for.

In Section IV, three questions were asked. Question 1 was about the type of work respondents did at UVRMC. The answer for all of them was that they were doing

housekeeping work, which essentially consists of cleaning rooms after a patient is discharged, and keeping other hospital premises clean.

Question 2 was designed to get information about the number of years they had worked for UVRMC. The average number of years was 5 per respondent. As was stated before, this might be of interest for the designing of the ESP course because in general, respondents had been exposed to language for nursing for a number of years in many ways. In informal conversations with them, they stated that they sometimes listen to medical personnel talk to patients, patients talk to the respondents regarding special requests. The respondents have also translated and interpreted for medical personnel when attending patients who do not speak English. This exposure to specific language could mean that they had at least some language for nursing in their repertoire, and knowing that, I could more effectively design the other components of the curriculum.

One relevant question was Question 3, were respondents were asked about their future professional goals and the resources they needed in order to reach those goals. In general, 17 respondents (77%) said they would need English lessons in order to get a higher paying job. On the other hand, 7 respondents (32%) answered they would need English instruction in order to be able to negotiate and get a better work schedule. In addition, 17 respondents (77%) of them answered they would need English lessons in order to be able to learn new skills through their participation in training sessions and job-related courses in other fields such as nursing, management, accounting, and others. Respondents also stated that they would need English lessons to communicate better with other people at work. This accounted for 20 (91%). It can be seen that to reach their goals, respondents relied heavily on improving their ability to understand and use English

fluently both in oral and written form. It was significant that respondents chose to state that English instruction was more important than financial aid as a means to help them reach their professional goals. They had probably understood that by improving their English first, the other goals would be more easily attainable. Table 7 below details this information.

Table 7

Respondents' future goals and what they need to accomplish them

	Financial aid	%	English classes	%	Flexible work schedule	%
Get a higher paying job	5	23	17	77	5	23
Get a job with a better work schedule	0	0	7	32	4	18
Learn new skills	5	23	17	77	7	32
Communicate better in English on the job	6	27	20	91	6	27
Other						
• Take nursing lessons	1	5	4	18	1	5
• Take manage-						

ment lessons

1

5

In Section V, English Improvement Goals, respondents were asked about their commitment to participate in an ESP course, and how much general English and English for nursing they thought they needed to have to be accepted and participate in a CNA course. Respondents were asked nine questions but only two will be looked into in detail here. Questions 1 through 7 will be detailed in the Situational Analysis section of this report.

Question 8 was asked in order to learn how much general English respondents believed they needed in order to achieve their professional goals. Information that was obtained through this question corroborates what respondents expressed in Question 5 of Section III of the questionnaire (See Table 6), where most of them believed they had an Intermediate level of English proficiency. Their answers to these questions concentrate in the *some* and *very much* [italics added] area of English needed to improve professionally. This information can be seen in Table 8.

Table 8

Respondents' need of language proficiency

	Not at		Little	%	Some	%	Very much	%
	all	%						
Listening	0	0	2	9	6	27	14	64
Reading	1	5	0	0	10	45	11	50
Speaking	0	0	2	9	5	23	15	68
Writing	0	0	0	0	3	14	19	86
Vocabulary	0	0	1	5	8	36	13	59
Grammar	0	0	1	5	5	23	16	72
Pronunciation	0	0	1	5	7	32	14	63
Culture	2	9	2	9	6	27	12	55

For example, in listening, 14 respondents (64%) believed they needed English very much or in other words, they needed to be able to understand oral utterances very well in order to be considered proficient. In reading comprehension, 11 respondents (50%) also expressed that they needed to understand written language very well, followed by 10 respondents (45%) who believed that they needed only some English to be considered proficient. In speaking, responses were similar with 15 respondents (68%)

judging their need of English to communicate orally as *very much*. Regarding writing, 19 respondents (86%) believed they needed to develop their writing ability very much. As can be seen in Table 9 below, writing is the ability they believed they needed to develop more than the others. For vocabulary (59%), grammar (72%), pronunciation (63%), and culture (55%), respondents answered that they needed to develop these abilities *very much* as well. These figures show that at least in terms of the four main language abilities, respondents believed they needed help to develop their proficiency level to reach their professional goals.

Question 9 was designed to probe the respondents' beliefs of how much English for nursing they thought they needed in order to function linguistically in a CNA course and in a CNA position in a hospital. The question was designed to include different language procedures in terms of listening, reading, speaking, and writing closely related to the field of nursing. Respondents were asked how much English they believed they needed in order to carry out CNA duties in a hospital setting. These duties were designed in terms of the four main language skills mentioned before. Their answers are detailed in Table 9 below.

Table 9

Respondents' need of language for nursing

		Not at		Little		Some		Very much	
		all	%	Little	%	Some	%	Very much	%
Listening	to	0	0	1	5	3	14	18	81

lectures on									
topics on									
nursing									
Understanding									
nurse/doctor	0	0	0	0	6	27	16	73	
instructions									
Understanding									
patients'									
requests	0	0	4	18	7	32	11	50	
Other listening									
skills (please									
specify)	0	0	0	0	1	5	0	0	
<i>Develop reading</i>									
Reading									
articles on									
nursing	0	0	2	9	2	9	18	82	
Reading									
nurses/doctor									
written	1	4	3	13	2	9	16	74	
prescriptions									
Reading	1	4	3	13	2	9	16	74	

clinical histories									
Other reading skills (please specify)									
<i>Understand technical words and CNA course application forms</i>	0	0	0	0	1	5	2	9	
Giving oral presentation	0	0	2	9	5	23	15	68	
Describing medical procedures	1	4	1	5	3	14	17	77	
Giving reports to nurse/doctor	1	5	0	0	6	27	15	68	
Interacting	1	5	4	18	4	18	13	59	

with patients								
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Taking notes in								
class	0	0	1	4	4	18	17	77

Writing reports								
for a teacher	0	0	1	5	2	9	19	86

Writing reports								
for	0	0	1	5	1	5	20	90
nurse/doctor								

Other writing								
skills (please								
specify)	0	0	0	0	0	0	1	5
<i>Write technical</i>								
<i>English</i>								

For example, most of them (18 respondents, 81%) agreed on the fact that they needed to develop their understanding of oral utterances very much in order to understand lectures on topics on nursing. These lectures are commonly given in the CNA

course by the CNA instructor and other guests who are invited to speak in class. In addition to understanding the lectures, CNA students are usually asked to write summaries and do additional homework assignments based on what was presented in class. The same pattern is true for the procedure of understanding nurses and physicians' instructions (16 respondents, 73%), and patients' requests (11 respondents, 50%).

For reading and understanding articles on nursing, 18 respondents (82%) believed that they needed to develop this language ability very much in order to understand this type of written text. Similarly, understanding written prescriptions and clinical histories were abilities that were pointed out as ones that needed to receive great attention. In addition, 17 respondents (74%) recognized they would need to work a lot to develop these two abilities. Other reading skills respondents identified as in need of great attention were the understanding of technical words or vocabulary for nursing (1 respondent, 5%), chemical names and the CNA class application forms (2 respondents, 9%). It can be seen that respondents were aware of the role specialized language plays in an ESP class of this nature, and were also concerned about their ability to understand and decipher that special language as it will be in their textbook and the ESP lessons.

Regarding the respondents' ability to orally communicate diverse information, it was discovered that most of them felt they needed a lot of English in order to carry out those procedures appropriately. For example, 15 respondents (68%) stated they needed language for nursing very much to give an oral presentation on topics on nursing. Likewise, in order to orally describe medical procedures 17 (77%), give reports to nurses/physicians 15 (68%), and interacting with patients 13 (59%) respectively, respondents reported that they needed a high level of knowledge of English for nursing. It

can be seen that the highest need to communicate orally using nursing-related language is closely related to how nursing procedures are conducted, for example when listening to lectures, reading CNA texts, and writing reports to other medical personnel. However, that need is not so high when speaking with patients takes place. It must be remembered that these respondents have been in contact with patients as they have done their housekeeping work, and are probably not afraid, or they feel confident when using more conversational language than the specialized language they might need in their interaction with other health workers in nursing-related hospital settings.

Writing is the last ability that was probed. It was discovered that the most difficult writing procedure and the one respondents believed they needed a high level of writing ability for in the realm of nursing was writing reports for nurses and physicians. This category was mentioned by 20 respondents (90%). Other not so specialized writing procedures included writing reports for a teacher (19 respondents, 86%), a CNA instructor in this case, and taking notes in class (17 respondents, 77%). Again, it was learned through the answers to this question that English for nursing is needed by the respondents in order to successfully go through a CNA course. In this context, English for nursing should be understood as language specific to the field of nursing, or in other words, vocabulary for nursing and the respondents' ability to understand and produce such specialized language. Table 10 shows that it is necessary to provide respondents with an ESP course that allows them to develop their language abilities to the extent of feeling confident enough to interact with medical professionals and patients when doing nursing-assistantship work.

General English Placement Test.

Another instrument that was used to measure the UVRMC housekeepers' initial English language ability and proficiency level was a General English Placement Test. Later, the results were also used to identify those learners who had an Intermediate level of English to invite them to participate in the ESP course at UVRMC.

The test was developed in two steps. First, a test specifications document was designed. The test specifications included a description of what the test would be like plus rubrics for the three constructs to be measured: grammar, reading, and speaking. It was decided not to test listening or writing. One of the reasons for not testing listening was logistics. Listening involves the use of technology and a quiet place where participants can feel at ease when being tested. The room where the test was given was inside a cafeteria, and more than once extraneous people would enter or leave the room for various reasons. Another reason was time availability and a conflict of schedules. Listening should be tested on a one-by-one basis, and for this particular group, it would have taken great amounts of time to carry out listening testing. However, listening was informally tested during the oral interview with this group of learners, but their ability to understand oral language was not documented. Similarly and regarding writing, learners were able to get permission to take the test only for one hour. Free writing needs time to put ideas together, write, and then proofread. It was decided that writing would be informally assessed later, which did take place during the teaching of the course. It is important to point out that even though there were difficulties to test these two important language abilities, it must have been carried out, perhaps through negotiating a better

schedule with the learners' supervisors or coordinating with the BYU ELC in order to provide the test-giver and the test-takers with the resources needed.

The grammar section had 30 multiple-choice items; the reading section had four passages ranging from beginning to advanced accompanied by fifteen multiple-choice items; and the speaking section included fifteen open-ended questions students had to answer in an oral interview. The oral interview was used to moderate the scores in the other two sections and help the designer make the right decisions when selecting those learners who would be in the ESP course.

This placement test was a pen and paper test and was given during the week before the course started. Students were asked to come to a conference room at the UVRMC cafeteria. They came in groups of 6 or 7 and as they finished the grammar and reading sections of the test, they were interviewed to measure their oral communication ability.

The test scores were analyzed and submitted to Item Discrimination (ID) analysis in order to set a cut-off point to separate the proficient learners from the non-proficient ones. The cut-off point was established after taking into account the interview with the CNA instructor, who required the participants in this ESP course to have at least a low-intermediate level of English proficiency, or a high school (12th grade) level of education. Learners in the lower and upper thirds were identified and then those in the upper third were invited to participate in the course. Upper and lower levels are defined as the upper and lower third (33%) but most of the time deciding what percentage to use is a simple, practical, and also straightforward matter (Brown and Hudson, 2002). For this particular group of test takers, 21 persons took the test with only eight of them achieving a 60%

score, which accounts for 38% of the total. In order to determine the lower group, I decided that I could separate the rest 13 test-takers in two groups, the middle group with seven test-takers or those who scored above 40% (33%), and the lower group with the rest 6 test-takers (29%), in a decreasing order of one in the number of test-takers per group.

Once the scores were obtained and studied, the eight students in the upper group were invited to participate in the course. In the end, only six students registered for the course (student J was not able to solve work schedule issues, and student D said she was not interested). After the course started, two more students from the upper level dropped out for different reasons: student CI had other goals in mind, and student A felt that her immigration status was being compromised and left also. The number of students who had scored 60% or above in the test was then reduced to four.

On the other hand, three of those who did not get 60% in the test were accepted to be in the course also. From the middle group, student R was accepted because his performance on the speaking test was good and it was my belief that he would do fine both in the ESP and the CNA courses. From the lower level group, two students, L and J, expressed their desire to participate anyway in order to learn and be more prepared for other educational opportunities in the future. The acceptance of these two students who scored below 60% in the test was an exception. I decided to provide these individuals with the opportunity to be in the course with the belief that they would improve their proficiency in English by being in contact with both general and specific English. Others who also scored below 60% did not score high enough in the speaking test to be considered part of the intermediate level group, nor did they show interest in the course.

Table 10

Placement Test Percentage Scores

Student	Score	%
Upper third		
V	37	82
J	37	82
C	36	80
C	30	67
D	29	64
A	29	64
M	28	62
K	27	60
Middle group		
J	26	58
R	25	56
A	25	56
J	24	53

F	21	47
R	20	44
J	19	42
Lower third		
R	17	38
R	17	38
L	17	38
M	13	29
J	13	29
E	13	29

The percentage scores for the six students who stayed and finished the course are shown in Figure 1. The fact that only six students remained was an advantage because it was easier for the instructors to manage class activities, provide the students with effective and more personal counseling, and use teaching materials more effectively.

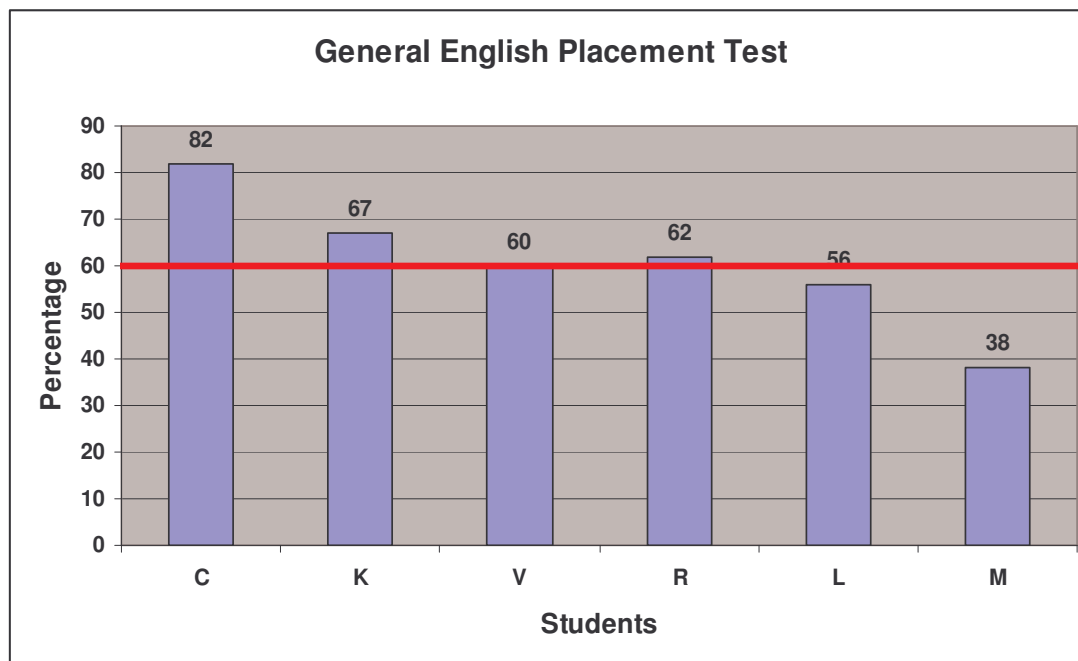


Figure 1. General English Placement Test

In addition, an Item Facility (IF) analysis of the items was conducted in order to find out how difficult the items were and if they did their job correctly. The IFs were used to conduct the ID analysis. The IDs show how well the test items discriminated high-level students from low-level students. By looking into the discrimination index for the grammar and reading sections, it can be seen that most of the items did a good discriminating job. Table 10 shows the IFs and IDs for the constructs grammar and reading.

*Table 11**Upper and Lower Level Item Facility and Item Discrimination*

Item	IF upper level	IF lower level	ID
1	1.00	0.83	0.17
2	1.00	0.83	0.17
3	1.00	0.33	0.67
4	0.88	0.33	0.54
5	1.00	1.00	0.00
6	1.00	0.50	0.50
7	0.88	0.33	0.54
8	0.88	0.33	0.54
9	0.63	0.67	-0.04
10	1.00	0.33	0.67
11	1.00	0.33	0.67
12	0.75	0.00	0.75
13	0.88	0.17	0.71
14	1.00	0.50	0.50

15	0.88	0.33	0.54
16	0.25	0.00	0.25
17	1.00	0.50	0.50
18	1.00	0.83	0.17
19	0.63	0.17	0.46
20	1.00	0.67	0.33
21	1.00	0.67	0.33
22	0.88	0.33	0.54
23	0.63	0.50	0.13
24	0.63	0.17	0.46
25	0.50	0.00	0.50
26	0.88	0.50	0.38
27	0.88	0.67	0.21
28	0.50	0.17	0.33
29	0.88	0.00	0.88
30	0.75	0.67	0.08
31	1.00	0.33	0.67

32	0.25	0.17	0.08
33	0.00	0.00	0.00
34	0.38	0.00	0.38
35	0.13	0.00	0.13
36	1.00	0.50	0.50
37	0.25	0.33	-0.08
38	0.50	0.17	0.33
39	0.88	0.33	0.54
40	0.75	0.17	0.58
41	0.50	0.00	0.50
42	0.38	0.17	0.21
43	0.00	0.17	-0.17
44	0.13	0.00	0.13
45	0.38	0.00	0.38

ID indices should be interpreted according to their value. An item with a high ID is an indication that such item is doing a good discriminating job; on the other hand, items with negative ID indices or with very low indices should be discarded or reconstructed. To judge an ID high enough to consider items acceptable depends on the

nature of the nature of the objective being tested, the characteristics of the test-takers, and the hypothesized distance between masters and non-masters. For example, Item 1 had an ID of 0.17, which showed that it did not discriminate students that well and that it was too easy. IDs for Items 3 through 16 looked also fine, with most of them with an acceptable ID showing that the items were just difficult enough to let me know that they were separating the low level students from the high level ones in a fair way. For this particular group of test-takers, IDs of 0.50 and above seem to be appropriate because of the test-takers' English language learning experience in and outside the U.S. (the group's language proficiency was very broad) and the nature of the test items (designed to discover level of proficiency with placement purposes.)

Most items 3 through 15 were well constructed as well as 17, 22, 25, 29, 31, 36, 39, 40, and 41. It must be remembered that the main purpose of the test was to identify those people with an intermediate level of proficiency and above so they could be invited to participate in the ESP course.

Only eight students took the speaking test, students A, C, K, M, R, and V scored 67%. The cutoff point was set at 60% according to previously established criteria (See Appendix A, Placement Test Specifications and Test). The way this speaking section was scored was very simple. After the oral interview, students received 1 point if they were considered to be beginning, intermediate, or advanced. If, in the criteria of the tester, a student was considered to be an advanced speaker of English, the same received 3 points. Most students' oral ability was judged to be intermediate, so they received 2 points, which accounted for 67%. Student L was considered a beginner because she scored 33% and her scores on the grammar test indicated that she was still in the beginning group.

Student R was a special case. He had not reached the intermediate level in the grammar and reading test, but his ability to communicate using oral English was above the cut-off point. This was the reason he was invited to participate in the ESP course, with the belief that by using his oral skills and his background English ability in general, he would be able to successfully interact with his other colleagues. Table 12 and Figure 2 were designed to show the participants' scores and percentages in the speaking section of the test

Table 12

Speaking Test Scores

Name	Score	%
C	2	67
K	2	67
M	2	67
R	2	67
V	2	67
L	1	33
J	1	33
A	1	33

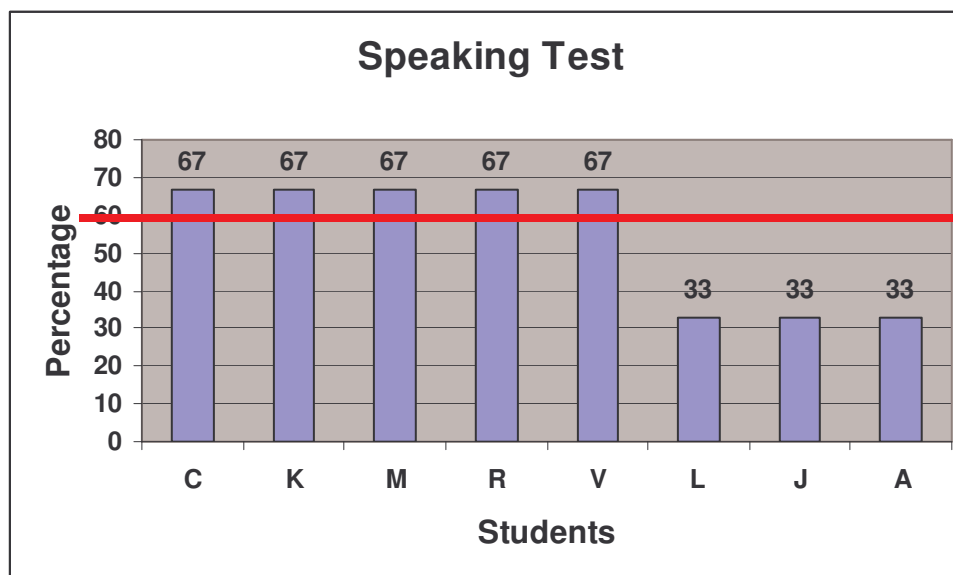


Figure 2. Speaking Test

The exercise of designing the General English Placement Test helped me understand how tests and their scores should be analyzed and interpreted. For this particular ESP course, those scores showed me the grammar structures participants were strong at and their level of reading comprehension.

The Speaking Test was used to moderate the scores obtained in the General English Placement Test and to find out the examinees' level of oral proficiency. Even though most of the examinees were able to get through to other people in oral English, an improvement in their oral ability was necessary, especially in terms of segmentals and suprasegmentals. Their aural comprehension, as was commented on before, was judged average because of their exposure to English during their years of living and working in the United States.

In general, scores obtained by the learners in the General English Placement Test confirmed the belief they had, which they had expressed through a questionnaire,

regarding their level of English proficiency. The analysis of the test scores was in turn used to identify those learners who had an intermediate level of English proficiency to participate in this ESP course. This was the most important reason for designing the General English Placement Test.

Another way to find out if the placement test was well constructed was looking into its reliability and validity. Internal reliability should be understood in terms of the consistency that exists among the tests internal elements or items. Internal consistency then focuses on the homogeneity of the items in the test. The statistical analysis of the test scores revealed that the reliability coefficient for this particular test was 0.87 obtained through the KR-20 formula. It is important to mention that the reliability coefficient could be as high as 1.00 or as low as -1.00. A coefficient of is ideal, so the closer the index is to 1.00, the more reliable the test is. In general, a reliability estimate of 0.8 is considered acceptable (Weir, 2005). However, it can vary in terms of the number of language abilities measured, the number of items in the test, and the ranging ability of the test takers. For this particular test, only grammar, speaking and reading were tested, the number of items was only 35, but what could have contributed to the high index obtained is the spread language ability of those who took the test.

In terms of validity, it must be understood that validity is the degree to which any test measures what it is supposed or purports to measure. This placement test's validity was not measure through the finding of an index value. Validity was established by giving a detailed description of what the test is expected to measure (Appendix C). In addition, the test items were carefully designed and constructed in order to reflect the grammar constructs that were purported to be tested. The item format was designed in

such a way that only one grammatical expression could be picked and used to find the correct answer to the question. In the reading section, the text in the first reading passage was simple and the items focused on scanning. The length and difficulty of the text increased in the other two reading passages in order to measure the students' level of reading comprehension.

The making of this test also increased my expertise to make and review items that were appropriate and would do the job they were designed to do. In addition, giving, scoring, and analyzing the scores in the placement test proved to be beneficial to the other sections of the curriculum. In other words, by getting to know what grammar structures learners had not mastered and what their level of aural and reading comprehension was, I was able to design appropriate aims and objectives, the syllabus, decide on methodology, lesson plans and materials, and tests.

English for Nursing Pre Test.

The last instrument that was used to look into the learners' language ability was a test designed to measure their ability to read and understand, and to summarize and paraphrase in writing language closely related to the field of nursing. It also delved into the level of knowledge and memory in the cognitive domain (i.e. the knowledge of lexical items that are commonly used in a hospital setting while carrying out CNA duties.)

The test had 72 items, four items per chapter in the CNA textbook. Some questions were multiple-choice, where the test takers had to identify and circle the correct alternative. Other questions were open-ended questions, for which the test takers had to

write something to summarize or paraphrase a passage. Based on the test takers' answers in Section V of the questionnaire, it was expected that they knew very little or nothing about English for nursing. However, the scores they obtained on the test showed that the participants had some knowledge of nursing terminology and content.

The scores obtained in this test were submitted to an IF analysis to determine if the items were too difficult. The IFs obtained show that some of the items were easy and others were difficult. The IFs for the difficult ones showed that those items did a good job at disclosing the level of language for nursing the test takers had. The rest of the items were too easy or students were lucky when choosing an alternative. The same Test for Nursing was given at the end of the course. The scores obtained were analyzed and compared with the ones obtained in this pre-test in order to discover how much learning had taken place.

Table 13

English for Nursing Pre Test Item Facility

Item	IF
1	1.00
2	0.83
3	1.00
4	0.50

5	0.67
6	0.50
7	0.83
8	0.33
9	0.83
10	0.17
11	1.00
12	0.67
13	1.00
14	0.17
15	1.00
16	0.83
17	0.17
18	0.67
19	1.00
20	1.00
21	1.00

22	0.83
23	0.67
24	0.50
25	0.00
26	1.00
27	0.67
28	0.83
29	0.50
30	0.50
31	0.33
32	0.00
33	0.83
34	0.50
35	0.67
36	1.00
37	1.00
38	0.00

39	0.33
40	0.00
41	0.67
42	0.83
43	0.33
44	0.83
45	0.33
46	0.17
47	0.00
48	0.50
49	0.50
50	1.00
51	0.50
52	0.33
53	0.83
54	1.00
55	0.33

56	0.83
57	1.00
58	0.83
59	0.83
60	0.67
61	0.33
62	0.67
63	0.33
64	0.83
65	1.00
66	0.17
67	0.33
68	0.33
69	1.00
70	0.33
71	0.50
72	0.67

Table 14 and Figure 3 were designed to show the participants' average scores in the English for Nursing Test.

Table 14

English for Nursing Pre Test Scores

Name	Score	%
V	55	76
C	49	68
L	46	64
R	46	64
K	37	51
M	32	44

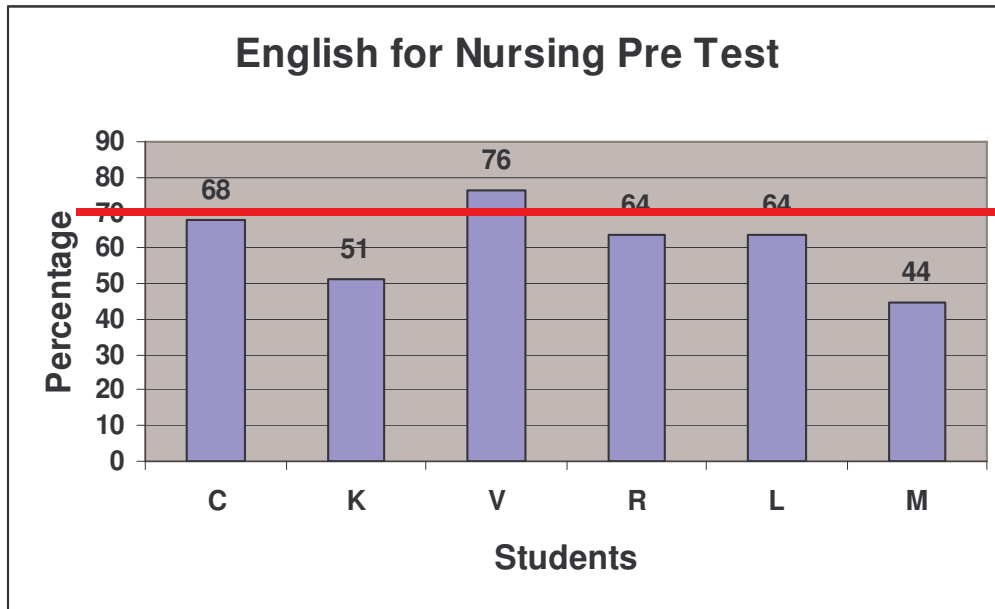


Figure 3. English for Nursing Pre Test

Up to this point, two learners had dropped the course for different reasons. Student J said he had family business to attend to in Mexico, so he left the country. Student A said she did not feel comfortable with the course and that she believed her immigration status was being compromised by her participation. I tried to persuade her not to leave the course, but to no avail; she left almost as soon as the course had started. The English for nursing pre test was given to the learners during the first two weeks of class. That is the reason why students J and A were not able to take it. The cutoff point had been established to be 70% (i.e. all those test takers that obtained 70% or more in the test would have enough English for nursing as to participate in the CNA course without taking the ESP course.) The criteria used to decide the cut-off point was that even though general English would be taught as part of this course, English for nursing would receive heavier emphasis. Because of that, it was expected that the learners did not have any or perhaps very little specific English in their repertoire (probably picked through their

interaction with the hospital medical, administrative, and other housekeeping personnel.) For this particular group of learners, all of them but one scored less than 70%, meaning that they did not have the language for nursing they ideally might need in order to linguistically function in a CNA class successfully. The one test taker whose score was above 70% had in the past applied to the CNA class two times but had not been accepted. Even though he was able to use language for nursing and his score in the placement test was acceptable, he had problems with segmentals, suprasegmentals, and grammar. The scores learners obtained in the test for nursing demonstrated what had been expected: they possessed only an incipient knowledge of language for nursing. This also agrees with what the CNA instructor stated in the interview the designer held with her, that she expected applicants to the CNA course to have a very basic knowledge of English for nursing.

Situation Analysis

The Situation Analysis section for this project was conducted in order to identify and assess all the factors that might contribute positively or negatively to the success of this curriculum. Those factors will be discussed to identify the stakeholders and the roles they played in the curriculum: learners, instructors, administrative personnel, societal, and project factors. The information was obtained through the 29-item questionnaire that was also used to identify the needs of the participants, the interview with the CNA instructor, teaching logs, informal interviews with the instructors and administrative personnel at UVRMC.

Societal factors.

The number of adult people coming to the United States to live and work, and in general to obtain a better life has increased in recent years. More particularly, the number of immigrant Spanish speakers has significantly increased to make up almost 14% of the population of the United States. Díaz (2004) said that in the State of Utah, Hispanics make up 11% of the population. Most of these adult immigrants come to this country without English language instruction and for instance, often find it very difficult to get schooling for their children, do banking, shop for food, and find a job. However, learning English in order to be able to satisfy their needs and reach other goals – professional, educational – is a priority. Many enroll in ESL community courses because these courses are readily available and are inexpensive; most of them are offered by the local school districts, universities, and other local ESL providers. Because these courses are offered locally, they are easily accessible. Some other adult immigrants look for better educational opportunities and look for more specialized language instruction. That is the case of a group of 22 IHC employees at UVRMC in Provo. They have been working as housekeepers for a number of years, and it is their intention and goal to improve their English ability, learn new skills, and advance professionally.

Through informal conversations with these employees, Ms. Hsu, the UVRMC Laboratory Supervisor, had learned about their goals. She came up with the idea of using UVRMC's resources to help these people improve their English skills and find jobs with a better work schedule and salary inside UVRMC. She had informally surveyed them and found out that most of them wanted to stay with UVRMC/IHC for different reasons. One of them mentioned that she would like to retire at IHC because of the good retirement

program it had; another mentioned that she felt comfortable there and liked the way people behaved towards her. Ms. Hsu then contacted the Department of Linguistics and English language at BYU and asked for help. Four graduate students responded to the invitation and gathered together in order to discuss the feasibility of putting in place an ESP curriculum for the teaching of English for nursing to UVRMC employees who did not speak English natively. As mentioned above (see Introduction, Chapter I), the four graduate students divided up the work. After a while and for personal reasons, two of them left the project and only two remained with it.

One of the great resources at hand to be used for the development of the ESP curriculum was IHC University at UVRMC. This institution offers different health-related courses to IHC employees and the community at large, many of them free of cost. One of those is a CNA course that is offered two or three times a year. It was proposed that the ESP curriculum to be taught would be part of IHC University and would follow its teaching policies and guidelines. Ms. Hsu and I agreed that the ESP curriculum would be an official IHC course offered through its university to IHC employees only. IHC University is viewed as a very valuable asset by IHC and by the community. One of the programs IHC has to promote the pursuing of further education among its employees is its Tuition Reimbursement Program (TRP). IHC accepted the proposal that those employees who participated in the ESP course, applied to the CNA course, and graduated from the latter, would be eligible to obtain the benefits offered by the TRP. This was a great advantage ESP participants were given in order to encourage them to participate in both the ESP and the CNA courses.

As has been seen, through the hard coordination work carried out by Ms. Hsu, IHC supported the development of an ESP course for its non-English speaking employees. The implications of having this ESP course were great for IHC. First, it already had the people who had been working at UVRMC for a number of years and were familiar with its policies; moreover, these employees, even though they were doing housekeeping work, had been exposed to specialized language in the area of nursing as they went about UVRMC doing their jobs. If they could be taught English and given the opportunity to advance their careers inside UVRMC, this achievement would fit into IHC's education paradigm perfectly. Second, having many patients who do not speak English but having CNAs who were fluent both in English and in Spanish, IHC would significantly contribute to the quality of service it is committed to give to its clients. Third, participants in the ESP course would develop and improve the language ability they needed to achieve their personal, educational, and career goals in order to meet their needs, be involved in the community, and work to improve it. Fourth, in the future the ESP course could be opened to other IHC employees and the community at large in order to offer non-English speaking people the opportunity to improve their English skills to enter a CNA course and function successfully in their society. Ms. Hsu's plan for the future is to design and write a proposal based on Ms. Tarawhiti's and this report, which she would present to IHC. The purpose of that proposal is to obtain IHC's approval and budget to offer the ESL-CNA course in the future to other IHC employees and to other people in the communities it serves. Fifth, this curriculum could be improved as it would be continuously used by IHC for other of its employees and other people in the

community; moreover, similar ESP curricula could be developed at other health care institutions and businesses, and used as model for ESP courses in other fields.

Learner factors.

Learners are the key stakeholders in any language program. They (adult learners especially) usually come to language courses with a great amount of work experience and other background factors. Most ESP adult students are usually highly motivated individuals that are willing to use their time and other resources, such as money and discipline, wisely. They participate in language courses because they expect something from them that will produce benefits either in the short or long term. Those benefits are usually translated in terms of language empowerment or the ability to use language fluently and accurately in order to become more independent and satisfy their personal and family needs.

The learners in this particular ESP course also brought their individual abilities and traits, some of which were revealed in the questionnaire they answered before the course started.

Question 1 was intended to discover how many male and female adults were interested in the ESP course. It was discovered that there were 16 female and 6 male respondents. The females accounted for 73% of the total, and the males accounted for 27% of the total.

Question 2 was designed to find out the age ranges of the respondents.

Acquisition of a second or foreign language is closely related to the age of students. For this particular curriculum, Table 15 shows the different age ranges of the 22 respondents

of the questionnaire. It is important to point out that 9 respondents (32%) were between 41 and 50 years, followed by 5 respondents (23%) being over 50 years of age. Moreover, it is known that there is a relationship between age and language learning and the older an individual is the more difficult to learn a language it is. For instance, the implication of the age factor for this particular ESP course is that by having mature adults as students a special curriculum needs to be customized to include (1) language procedures that promote social interaction, (2) an approach to grammar, (3) a pronunciation component, and (4) vocabulary development procedures, and (5) development and use of adults' learning strategies.

Table 15

Respondents' age

Age	Number	%
20 or under	0	0
21 - 25	1	5
26 – 30	3	14
31 – 35	2	9
36 – 40	4	18
41 – 50	7	32
Over 50	5	23

Question 4 was about the level of education of the respondents. It was discovered that for example, only 11 (50%) had attended college. Regarding secondary education, 11 (95%) had attended high school. Even though there is no detailed information about whether the college attendees graduated or no, the implications this represents for this ESP course cannot be ignored. First, the respondents understand how important higher and specialized education is. Second, they know what to expect in terms of effort and homework and what is expected of them in the same terms. Third, in informal conversations with them, they mentioned that they had taken English courses while at college, which could be beneficial for their success in this ESP course. Table 16 shows the respondents' highest level of education completed.

Table 16

Respondents' highest level of education completed

	Number	%
Elementary	22	100
High school	21	95
Technical	11	50
University	11	50

Question 5 collected answers about the majors the respondents pursued while in college. The answers given by the respondents encompassed a broad range of majors as can be seen in Table 17.

Table 17

Respondents' college majors

Tourism	1
Nursing	1
Law	2
Hospital management	1
Accountancy	1
Teaching	1
Human resources management	1
Executive secretary	1
Dance and theater	1
Chemical engineering	1

Table 17 shows that only one respondent graduated from college as a nurse. This discovery certainly shows that there was only one respondent who was familiar with English for nursing, unfortunately mainly in his native language. The implication this represents for this ESP course is that maybe a language-ability development course could be prepared for only that respondent, with light emphasis on the development of vocabulary for nursing. On the other hand, a more complete course, with both language-development strategies and vocabulary learning, must be ideal for the rest of the group. In any case, it is my opinion that a balanced course would work well in the context of this group of students, and that those who did not receive language for nursing instruction could easily catch up on it as the course is taught.

Questions 6 and 7 were focused on finding more detailed information about the college degrees obtained by the respondents. Surprisingly, out of the 11 who attended college only five (45%) obtained a Bachelor's degree. Out of those five who had obtained a Bachelor's degree, only two (40%) had pursued higher education and obtained their Master's degrees.

In order to find out if the respondents had worked in a hospital setting and for instance had had contact with language for nursing through working in a hospital setting after graduation from college and in their countries of origin, Question 9 was asked. It was found that the respondents had worked in different jobs, a list of which is presented in Table 18. The person who graduated as a nurse, of course, worked as a nurse before coming to the United States. This one person was then familiar with how language is used in interactions among nursing personnel, physicians, administrative workers, and patients in a hospital setting in Spanish. The rest of respondents would need to be

exposed to language for nursing in English in order to be able to do well in a CNA course.

Table 18

Respondents' past occupations

Health	Business	Finance	Education	Other
Nurse	Banquet organizer	Accountant	Primary teacher	Babysitter
	Cash register	Accountant assistant		Factory employee
	Data analyst	Bank employee		Hotel employee
	Exporter	Financial assistant		Housecleaner
	Grocery store owner			Judicial affairs expert
	Manager			Lawyer
	Payroll manager			Mechanic
	Quality controller			

Salesperson

Photographer

Telephone

Seamstress

receptionist

Travel agent

Secretary

Watchman

Section V of the questionnaire also provided important data about these ESP learners. In Question 1, learners were asked about their willingness to participate in an ESP course as preparation for a CNA course at UVRMC. Their answers were intended to show their motivation to participate and commit themselves to spend their time in a classroom, participate in language activities, take tests, and do homework. All of them answered that they would participate in the ESP course willingly and voluntarily. This is particularly important because motivation plays a very important role in determining success in acquiring language, especially if the learners are adults.

Question 2 was asked to find out how many hours a week, respondents would be willing to spend in a classroom in an ESP course. The information obtained and an analysis of their language ability helped me to decide on how long the ESP course would last. In addition, this information helped me determine how long each individual lesson would last and how many times and hours a week the ESP class would meet. As can be seen, 18 respondents (82%) answered that they would like to meet for four hours a week

in order to learn English. It must be pointed out that most respondents chose the alternative that had the highest number of class-hours available, which shows their interest for the course but particularly for learning. Even though this seems to be a small number of hours per week, other factors such as employment, church, and family activities had to be considered to decide on a final class schedule. Again, in informal conversations with the respondents, some of them expressed their desire to be able to have more class hours per week. Some of them suggested that the group should meet five times a week for two hour-lessons, but other factors, such as the mentioned above were taken into consideration and the schedule was set to include meeting three days a week for 90-minute lessons.

Table 19

Proposed ESP class hours a week

No. of hours	No. of participants	%
1	0	0
2	1	4
3	3	14
4	18	82

Question 3 was intended to be more specific and delved into the number of hours respondents would spend on homework a week. Their answers showed a great

determination to be in contact with English and to learn it. 17 respondents (73%) out of 22 chose the option with the highest number of hours. This question was asked because of the important role homework plays in language learning as an additional instrument to help learners keep in contact with language (especially in writing) outside the classroom through reviewing and using it.

Table 20

Proposed homework hours

No. of hours	No. of participants	%
1	2	9
2	4	18
3	0	0
4	16	73

Question 4 was given to find out the respondents' preferred schedules for the ESP course. It must be remembered that all these respondents were full-time employees at UVRMC. Using their discretionary time wisely was very important to them. It was intended that the ESP course would not conflict with their jobs but as they worked in shifts, some arrangements had to be made. As Table 21 shows below, most respondents, in fact eight, answered that they preferred to have the ESP course take place in the afternoons after 5 pm. Another group, which was made out of 5 respondents and those

who worked in the afternoon and for instance would not be able to attend the course at or after 5 pm, answered that they preferred to have the ESP course in the morning. Because of the instructors' school work and employment during the day, and also because most of the respondents would be able to attend the ESP course in the afternoon, the schedule was set to be from Tuesdays through Thursdays from 5:30 pm to 7:00 pm. Something that was relevant in determining the respondents' motivation and willingness to learn must be mentioned. One of the respondents had a schedule conflict between his work and the ESP course. He approached his supervisor and arranged for permission to attend the ESP class for one hour and a half the days on which the class would meet. In exchange for that, he would stay longer after the end of his shift to compensate for his time off work. Another respondent said he worked in the night shift at the Emergency Room. He determined he would come to the ESP course, but in doing that, he would get to work half an hour late. He arranged with his supervisor to arrive late at work and by the end of his shift, he would stay half an hour longer as compensation for the time he had spent in the ESP class. What must be also mentioned is the great support received by the respondents' supervisor. This will be commented on later when some other administrative constraints will be discussed.

Table 21

Proposed schedules

	Time	M – F	M - T	T - F
Morning	8 am	1		

beginning at	9 am	4	
	11 am	1	
Afternoon beginning at	1 pm	2	
	2 pm	0	
	3 pm	0	
	4 pm	6	1
	5 pm	8	1
	6 pm	1	
Evening beginning at	7 pm	2	
	8 pm	1	

Another source of information about respondents' interest in the ESP course was Question 5. Respondents were asked about how much money the ESP course should cost. For example, 14 respondents (64%), answered that the course should cost less than \$20. This answer could have been based on their background experiences attending ESL classes in the community, whose cost is usually low. In addition, it was also discovered that at least 2 respondents (9%) were willing to pay more than \$100 for the course. This money was only for tuition; textbooks and teaching materials were addressed in Question 6. It was clear that respondents were aware of the importance of paying for their education. This awareness and willingness to accept to pay tuition in any amount demonstrates their independence, motivation, and commitment to attend classes, work in the classroom, and do homework. Adult learners consider tuition as an investment and

are conscious that their total involvement in a learning process would pay off for them when it is about their personal and professional fulfillment (Sifakis, 2003). Table 22 shows the respondents' answers about costs in this particular ESP course.

Table 22

Proposed course tuition

Amount in dollars	No. of respondents	%
\$0 to 20	14	64
\$21 to 40	2	9
\$41 to 60	2	9
\$61 to 80	0	0
\$81 to 100	2	9
More than \$100	2	9

Question 6 was designed to find out how much money respondents would be willing to pay for books and other teaching materials for the ESP course. Again, 13 respondents (59%) were willing to invest less than \$ 20, but 2 respondents (9%) were willing to pay even more than \$ 100 if necessary for their textbooks and additional teaching materials.

Table 23

Tuition respondents would be willing to pay

Amount of money	No. of respondents	%
\$0 to 20	13	59
\$21 to 40	2	9
\$41 to 60	4	18
\$61 to 80	0	0
\$81 to 100	1	5
More than \$100	2	9

Other important information about the ESP course was obtained through informal conversations with those who participated in it. These conversations were held always in the native language of the respondents, so it was easy for them to express themselves freely, with the exception of the Punjabi speaker. Particularly important is what some of them said about the way they learned, or their learning styles. One of them commented that for reading understanding she needed to be in a quiet place and concentrate. She also said that she needed to re-read a number of times to be able to scan the text and grasp its meaning. She said she liked taking notes in order to be able to review what she had written down, in this way being in contact with language to memorize it and use it when necessary. She had been an accountant in her country of origin, so she said she liked

detail and exactness; this applied to language learning would allow her to write words she could not understand to look them up in a dictionary, and try to be as accurate as possible in terms of grammar and appropriateness when writing.

Another participant's interesting contribution about learning strategies differs a little from what was just explained. She said that when she encountered a new expression, she would write it down in her notebook, and she would repeat it to herself until she memorized its correct pronunciation and intonation. She mentioned and it was obvious during the teaching of the ESP course, that she used repetition when speaking. She said she would repeat a word or expression slowly in order to prompt the teacher to help her.

Another good example of the use of learning strategies is the respondent who said that he liked to monitor his mistakes. He mentioned that when he pronounced a word incorrectly, the correct pronunciation of the word would *click* in his brain; he would stop and pronounce it again, slowly at the beginning, faster later on when he gained mastery of its pronunciation. What is more, he said he had learned a lot by using summarizing and extension techniques. He would read something and then write a summary about what he read, but he would extend his writing to include as much information as he could remember from his language repertoire. Something else he mentioned was that he tried to develop his listening skills by listening to text in English. For example, once he rented a documentary on DVD and watched it for some time in order to increase his ability to understand oral English. Once he watched the documentary, he turned on the closed caption function on his TV to follow the text of the documentary as he listened to it.

Another student reported that he used even a different strategy. He now has adolescent children who have lived in the United States for several years and speak

English fluently and without an accent. He reported that he always interacted in English with them, which allowed them to monitor his pronunciation and grammar mistakes. He also reported he liked approaching native speakers of English and starting conversations with them in an attempt to keep up with his learning and polish his accent. On one occasion, I helped one of my neighbors into Emergency Room (ER), where this respondent had been working for a number of hours. There, I witnessed first hand his strategies of approaching people to talk to them in English and asking for clarification when he did not understand something.

By understanding how these particular adults approached and learned language, I was able to understand what type of language practice activities, and teaching procedures the course should include. In my opinion, an eclectic approach to the teaching of this ESP course was necessary. This approach would ultimately include communicative activities where learners would use language to convey messages and get through to CNA students, instructors, health care staff, and patients. Productive language activities would receive great attention also, especially those in which learners would read text to summarize it both orally and in writing, and those that would help them think critically to solve problems through the use of language in a CNA class and later on in a hospital setting. More information about how teaching was conducted can be found in Chapter 6 of this report.

Teacher factors.

Teachers are a vital factor in the designing and implementation of language curricula. This ESP course had three instructors who designed the curriculum, wrote

lesson plans, designed teaching and language practice activities, prepared materials and taught them, and designed and analyzed test and test scores.

The instructors in this ESP course will now be discussed in terms of their educational and professional backgrounds, such as teaching experience, language proficiency, training, and qualifications (Richards, 2001). Also their preferred styles to teach listening, reading, speaking, writing, and grammar; their approaches to error correction; their understanding of learning styles; their philosophy teaching and how they view language teaching methods; how they use and adapt textbooks; and their approach to teaching materials will also be addressed. The information about the instructors was obtained through a formal interview (See Appendix E) that focused in the topics mentioned above, in informal conversations with them, and through observing their teaching.

I was in charge of curriculum development, but Ms. Tarawhiti was in charge of materials development. I also taught some of the lessons in the syllabus. In terms of my educational and professional backgrounds, I graduated as a teacher of English as a second/foreign language in Peru in 1991 and taught English there at elementary, high school, and college levels. In 1998, I developed an ESP curriculum for construction workers at a gold mine in the north of Peru. The syllabus of this curriculum had two parts. The first one was a general English EFL course for beginning learners of English. The second part was intended to be taught to the same students who progressed to the intermediate level of proficiency; this second part included the teaching of specialized vocabulary in the field of engineering and mining along with the development of the participants' oral ability, mainly to communicate with English speaking supervisors. In

1999, I was hired by Guillermo Urrelo Private University in Cajamarca, Peru to teach English as a foreign language to college students during their first semester of their careers. Here I developed a communicative syllabus and materials to teach communicative English to beginning students. A year later, the university governing council proposed to its team of EFL teachers the organization of a language institution to provide the community with English courses. I was given charge of the direction of the project, and under my supervision, the Guillermo Urrelo Private University Language Center was organized. The syllabus, teaching materials, and tests that I designed were used by other teachers at that language center for many years. This expertise in the area of curriculum development is particularly important because it will give the development of this ESP curriculum direction and will implement changes if necessary. In 2002, I moved to Provo, Utah and attended BYU where I obtained my TESOL Graduate Certificate in 2004. Then, I was accepted in the MA program at the Department of Linguistics and English Language at BYU. I am not a native speaker of English but I can use English fluently and accurately, both orally and in writing. I was placed in the Superior level of the Oral Proficiency Interview at BYU. Even though English is not my native language, I am able to communicate well in English. What is more, I have taught English for several years. This combination of language skills plus expertise in teaching different age-group learners among different levels of proficiency is what makes me a very valuable asset in this ESP curriculum.

Regarding language teaching, I am aware of the fact that there is no perfect teaching method a teacher can use to help students learn quickly and to make their learning meaningful. As a teacher of English, I like to select and use language procedures

that help me motivate and engage my students to use English both inside and outside the classroom. I strongly believe that learners learn meaningfully when they are provided with opportunities to use the target language in a communicative setting that promotes interaction not only during the production phase of a lesson but beyond the classroom, so I am an advocate of giving the production skills (speaking and writing) special attention even at beginning level. I am a keen defender of *interaction* [italics added] in the classroom as a tool to promote language use. Interaction has allowed me to help my students work in groups or in pairs, use their critical thinking skills, use their learning styles to exchange information, and use linguistic and nonlinguistic resources to convey their messages in a freer way than if using some other type of procedures. I recognize that other methods offer valuable information, which I have also used to help my students make their learning experience a meaningful one, but by emphasizing communication through the development of the language skills mentioned above, students' learning consolidates. By consolidation, I mean that their learning will stay in their minds permanently, which in turn will promote their willingness to learn, and their confidence to use English in and outside the classroom. On the other hand, I also believe that receptive skills such as reading and listening should be carefully addressed. I am an advocate of scanning for intensive reading and skimming for extensive reading. In my experience, these two procedures help students to master the vocabulary and syntax and of course the morphology of the target language. By getting them into reading, their grammar competence improves in terms of accuracy. By exposing students to listening activities, they are able to develop their comprehension of English, to recognize phonemes and suprasegmentals, which they would practice for effective oral interaction.

My view of error correction is closely related to motivation. In other words, I believe that error correction must be addressed with tact. I believe that learners should be provided with the opportunities to realize they made an error, for example by asking them to repeat what they had just pronounced, or by reassuring learner-language production by for example giving the right pronunciation of some text and ask a rhetorical question to elicit an answer from the learners. I also believe that feedback on language production should be provided to learners through interviews with them in regards to their, for example, performance in tests, writing assignments, etc.

I am also an advocate of teachers' understanding and catering to learning styles. I am aware of the fact that learners use various and many times a mixture of learning strategies in order to make learning permanent. One of the things I favor is the making of consumable materials, usually in the form of handouts, where I include visuals, and a combination of listening, reading, speaking, and writing exercises. This allows to cater to visual and aural learners, for those who are outgoing and learn by using oral language; group-work for those who are favor working cooperatively and interacting with others; and vocabulary and grammar-based activities for those who are analytical learners and favor logic, detail, and structured work.

Regarding the use of textbooks and materials, I believe that a textbook should not drive the teaching. I understand the importance of textbooks, especially those who contain authentic text and language exercises that promote the use of language in and outside the classroom. Because of that, I am a keen defender of adapting the activities in the textbook to cater for the learners' learning styles and linguistic needs. For instance, textbooks should support the teachers' work and add variety to the teaching by being

exploited as much as possible since most of them usually include visuals, cultural notes, grammar points, and language learning activities.

Ms. Tarawhiti was in charge of the development of materials for the ESP course. She taught ESL in New Zealand for a number of years before she moved to the United States, where she obtained her TESOL Graduate Certificate in 2004. She has also taught ESL at the BYU English Language Center for 3 years. In an interview with her, Ms. Tarawhiti said that she favored extensive as well as intensive reading. She said that these two types of reading helps her students understand language in context, for example, new words that learners cannot understand are seen in context in a sentence, a phrase, in a paragraph allowing them to grasp the meaning of these new words by the context. In addition, she said that pre reading and post reading activities are fundamental to developing language understanding since they provide additional language use through predicting, answering comprehension questions, summarizing, rewriting, etc.

In terms of listening, she said she believes in exposing learners to as much oral language as possible. She said she favors the use of tapescripts, especially in the United States – she is a New Zealander herself – where students are constantly involved in listening situations in American English as part of their language interactions inside and outside the classroom. She also said she favors listening for specific information because it allows students to listening to text carefully, which in turn bolsters their language comprehension.

Writing, in Ms. Tarawhiti's opinion, should be taught by having students write extensively. She said she favors instructional writing, where she explains her students how they should write, for example a topic sentence, and how they can accomplish text

unity and coherence. She said she usually has her students write academic papers based on a rubric she had designed prior to the writing itself. This rubric includes unity and coherence, grammar, punctuation, style, and vocabulary use.

Ms. Tarawhiti is a keen defender of group work and oral discussions, which she uses in her effort to help her learners develop their speaking skills. She said she organizes her students in groups to discussing a topic and then one student from each of the groups moves to another group in order to orally present what was discussed in their prior group. This she said, allows her to move through the groups modeling language and providing error correction. She mentioned she very much liked speaking classes with students from Latin America, who, in her opinion, seem to be very sociable and very prone to oral interaction.

Regarding grammar, Ms. Tarawhiti said she adheres to teaching grammar rules and how they should be used. She said she gives her students a lot of practice by providing abundant communicative exercises for them to use grammar structures in context. She said her exercises are built around real language her students are probable to find in real life situations. When asked about how she teaches the exceptions to the grammar rules, she answered she does it in the same way she teaches the rules, which is in real language situations where language becomes meaningful.

Regarding error treatment, she said she favors immediate error correction when either oral or written language is produced. For example, when a word or phrase is mispronounced, she asks her student to repeat what they said, if the student does not manage to identify the error, she then models the correct pronunciation and then asks the

student to use the word or expression again. She said this has to be done carefully in order not to sound judgmental and shun student motivation.

When asked about methodology, she reiterated her belief in pair and group work, emphasizing that she gives special attention to collaborative teaching. She said that she has seen that by working in groups, quiet learners have become active workers and they develop more independency and confidence to use language. Working in groups, she said, also promotes the spirit of competition that makes learners do their best in order to use language accurately. She mentioned that collaborative teaching has helped her students develop their ability to communicate oral and written language more effectively. Inside this collaborative framework she said she gives special attention to learning styles and even though it is not possible to design learning activities to cater for each of the learning styles in her classes, she gears her teaching to cater for those learning styles she observes are evident in most of her students. She said she believes that each learner possesses many ways to learn, only that one or two or three of those learning styles are more developed than the others.

In terms of textbook use and teaching materials, she said that the textbook should not drive the teaching but be used as a source of language, content, and learning activities. She pointed out that not all the activities in a textbook are useful to teach all students, so she usually modifies those activities to cater for her students' learning styles. She says she favors those activities that provoke students' thought and allow for application or those who would prompt students to use language in the classroom and in real life situations. She said she favors textbooks and materials that have colors, tables, visuals and clear instructions; also those that promote critical thinking and are easy to

use, usually consumable. She said that the value of materials, especially handouts, lies in the fact that they help students to work more independently, provide guidance, and can be used in future consultation when learners have to work on their homework, study for tests, or just for reviewing what learned in the classroom.

Ms. Tarawhiti, for instance, has the professional preparation, teaching expertise, and ability to interact with students that will contribute to the success of this ESP course.

Ms. Hsu served as liaison between IHC/UVRMC and the Department of Linguistics and English Language at BYU. She coordinated IHC's commitment and contributions to the ESP course. She coordinated the ESP instructors' work with the CNA instructor to oversee that IHC policies and guidelines were being observed. At a certain stage of the ESP course, Ms. Hsu also taught an ESP lesson. Ms. Hsu got her MA degree in TESOL in 2002 and taught English at the BYU Language Center for three years. As part of her assignments, she developed lesson plans and teaching materials for reading, listening, speaking, writing, and grammar classes for levels beginning through intermediate.

In an interview with her, Ms. Hsu said that she believed that reading should be taught in context; in her teaching of reading, she used American History as the cross-content material for her lessons. She said that she had had great success by using pre-reading activities in which guest speakers were invited to speak to her students, students held discussions on different topics, and played games to acquire new vocabulary. She said that pre-reading activities give learners language preparation to handle language that would come after the pre-reading activities. She is also a defender of post-reading activities in which students have to answer comprehension questions and report on what

they understood. In her opinion, post-reading activities put learners in contact with the target language, which in turn trains them on how to use it in real life situations.

For speaking and listening, Ms. Hsu said she favored interaction between teacher and students and interaction among students. She said that when teaching the speaking and listening abilities there should be very little teacher talk, but only to model language in terms of pronunciation, both for segmentals and suprasegmentals; but it is the learners who should be given the settings and opportunities to use their language repertoire as much as possible.

Regarding writing, she said she favors exposing her students to real life situations such as grocery shopping for example. During a shopping experience with her students, they had to take notes and then write a report on how the experience was carried out and how they felt about it. When correcting their drafts, Ms. Hsu made a list of errors that she would present to her class later by using an OHP and encouraged her students to classify the errors and propose their correct version for them.

Ms. Hsu said that she believes that language textbooks must link text with the real world. She says that textbooks should include meaningful and authentic materials that promote the use of language. What is more, she said that she believes that the role of a textbook should be to bring the teacher to principles such as summarizing, reporting, and applying language to real situations. Ms. Hsu said that she also believes in the importance of learning strategies. She says teachers should always be aware of the strategies their students use to acquire language; one way for her to learn this was to ask her students what they wanted to learn and how they learned. Based on their answers, she was able to write lesson plans and materials to cater for those styles successfully.

These three instructors all had or were about to receive their MA degrees in TESOL. They were highly motivated, and were willing to dedicate their time and effort to the development and piloting of this curriculum for pre-certified nursing assistants. Something else that supported their motivation is that their effort and contribution would influence and benefit the well-being of their students and their families, but it would also help IHC reach further into the local community. There is also the fact that they would be able to use their research and teaching as the means to obtain their Master's degrees at BYU.

Administrative factors.

Administrative issues such as “institutional support, physical resources, administrative support, and commitment to excellence” (Richards 2001, p. 98) must also be addressed when designing and putting in practice a language curriculum. From an interview with Ms. Hsu, it was learned that IHC's mission and vision was to provide quality health care services to people in the communities where it operates. In addition, one of the commitments IHC has relates to its employees as its most important source. Ms. Hsu mentioned that IHC is interested in attracting professionals to work in its system and always providing them with fair salaries and opportunities to grow personally and professionally. One of the ways for IHC to do that is through its university. IHC University offers a wide range of clinical and other courses at its campuses. Most of these courses are free to employees, but IHC also has a Tuition Reimbursement Program that offers up to \$2,000 to employees who formally register and continue their career development. By hosting and supporting the teaching of this ESP course, IHC was

faithfully fulfilling its values as described in its mission and vision statements. In addition, by supporting this ESP course and its employees to improve their English abilities, IHC would also be providing the communities in Provo, UT, with the quality service that characterizes it.

The implementation of the ESP course was greatly supported by IHC through the CNA instructor, Mrs. Kahoush, and through Ms. Hsu. It was mentioned that IHC would provide the ESP course with a classroom equipped with a TV, a DVD and video player, and an OHP. These resources were available to the ESP teachers and learners during the time they were in class.

Another very important type of support received by IHC came through its housekeeping manager. I met with him in order to negotiate for permission for the housekeepers to meet with me for several times and for a number of reasons. The housekeeping manager was the right person to talk to about the ESP learners, their schedules, the areas where they work, coordination for the housekeepers to meet and answer the questionnaire and take tests, and to negotiate the housekeepers' schedules to be able to attend the ESP course. The housekeeping manager was very supportive from the beginning and on more than one occasion, he moved the learners' schedules to accommodate the needs of the ESP curriculum.

Another important issue that must be mentioned here in relation to administrative support has to do with the teaching of content. Through meetings with Mrs. Kahoush, it was agreed that the ESP teachers would not teach nursing content with the CNA textbook, but language, in other words, they would not teach how to give an injection, but the language around that procedure. Mrs. Kahoush had been a little uneasy about the ESP

teachers delving into the teaching of nursing content. Mrs. Kahoush advocated that language should be taught by language specialists, and that content should be taught by a certified CNA instructor. CNA courses are always taught by certified CNA instructors who have been trained and been certified by the State of Utah, and it was agreed that the IHC CNA instructor, Mrs. Kahoush, would visit the ESP course to make sure nursing content would not be taught and to provide support to the ESP teachers. As an IHC course, this ESP curriculum would be under the supervision of IHC University and Mrs. Kahoush, the CNA instructor would play a monitoring role over it. This represented a challenge for the ESP teachers because language should be taught inside contexts. As it was discussed before, in ESP language and context are very closely related and language cannot be taught separately because language feeds into context and vice versa. In summary, it was agreed that context (nursing knowledge or nursing procedures) would not be touched in depth by the ESP teachers. They actually taught the language around nursing knowledge, oral and written ESP learners need to be able to interact in a nursing setting. In other words, they focused on helping learners to develop their receptive and productive oral and written skills inside the framework of specialized language for nursing.

The importance the CNA instructor gave to the CNA textbook had an effect on the course also. It was highly recommended by Mrs. Kahoush that CNA textbook should be used as the syllabus of the ESP course. As mentioned in the interview with her, when applicants to the CNA course are not accepted in the course, they are advised to obtain the CNA textbook and familiarize themselves with its contexts before applying again. Applicants who are accepted in the CNA course are also encouraged to read the textbook

before classes begin. It was clear then that the CNA textbook plays a very important role in the CNA course as a source of content knowledge. It also played a vital role in the ESP course as a source of language and content. However, it must be mentioned that the textbook contained a lot of information that the other two instructors and I could not cover in a few weeks of class. I was then charged to design an appropriate syllabus and teaching activities that would suit the learners' needs and IHC University's requirements. The goal then was to use the CNA textbook as a source of language that had to be taught through teaching procedures designed by the ESP teachers. In fact, it was somehow beneficial for the ESP teachers to have the CNA textbook as a guide, but more beneficial for the ESP students for the reasons explained above. After analyzing the textbook and its contexts, I prepared a curriculum for a 12-week ESP course that would cover most of the contents in the CNA textbook.

CHAPTER 4

AIMS AND OBJECTIVES

This chapter describes the aims and objectives for the learners and instructors in this curriculum to achieve. The chapter sketches (1) the aims as general objectives in terms of language ability, both oral and written; (2) the objectives planned based on the information about the learners' linguistic needs obtained through the instruments described in Chapter 3; and (3) the entry and exit levels that learners were expected to have at the beginning and end of the course, respectively. The entry levels have been designed in terms of the learners' proficiency in general English and English for nursing.

Aims

The syllabus of this ESP curriculum is based on the teaching of the English language and the specific language for nursing to help the participants in it improve their listening, speaking, reading, and writing language abilities. The major goal of this curriculum is that students will be able to understand language for nursing when spoken or written to them, and to produce language for nursing when addressing colleagues, superiors, patients and the public in general either orally or in writing to report or prompt actions. The specific aims follow.

Students in this program will:

1. Improve their ability to understand and produce oral and written English for nursing as used with colleagues, superiors, patients and the general public in different hospital-related situations.

2. Develop an understanding of what hospital culture means, and its impact on health professionals, patients and the public at large.
3. Develop positive attitudes toward the English language and the American culture in order to come to a clear understanding of what it represents for them and the people they work and interact with.

Objectives planned

The following objectives, detailed in Table 24, have been designed to guide the ESP instructors in planning their lessons, teaching, and testing. They are also intended to provide measurable outcomes that will call for accountability once the teaching of the syllabus takes place. The column on the right shows the aim number as detailed in the section right above and the column on the left shows the course objectives. As can be seen, the objectives have been designed to match the aims in the column on the left. Objective 1 has been furthered designed in terms of the four language skills. The vocabulary component of the course is addressed in aim 1 and can be found across the four language skills.

Table 24

Aims and objectives

AIM	OBJECTIVE
1	<p data-bbox="561 562 683 594">Listening</p> <ol data-bbox="561 632 1372 1325" style="list-style-type: none"> <li data-bbox="561 632 1372 737">1. Students will be able to get the gist of topics in oral interactions in nursing settings. <li data-bbox="561 779 1372 1031">2. Students will be able to understand spoken language in the form of directions, instructions, and commands in nursing settings such as training meetings, supervision activities, performing nursing procedures, etc. <li data-bbox="561 1073 1372 1325">3. Students will be able to understand nursing-related language when listened to in lectures, nursing settings and in oral interactions with supervisors, other health professionals, patients and the public at large. <hr data-bbox="561 1360 1372 1365"/> <p data-bbox="561 1367 683 1398">Speaking</p> <ol data-bbox="561 1440 1372 1835" style="list-style-type: none"> <li data-bbox="561 1440 1372 1692">1. Students will be able to express their opinions and stand up for an argument orally in English to interact with supervisors, other health professionals, patients and the public at large in nursing-related settings. <li data-bbox="561 1734 1372 1835">2. Students will use nursing-related language to report orally on duties and procedures performed.

Reading

1. Students will be able to identify core vocabulary words in nursing-related articles and lectures.
2. Students will be able to scan nursing-related documentation such as articles and language for nursing text in order to get specific information.
3. Students will be able to differentiate between relevant and irrelevant information in nursing-related articles.

Writing

1. Students will be able to spell nursing-related words correctly.
2. Students will be able to write narrative reports of nursing-related events.
3. Students will be able to record important nursing-related information through summarizing and paraphrasing.

-
2.
 1. Students will be able to understand work relationships in a nursing setting.
 2. Students will be able to understand nursing and administrative procedures to deal with colleagues, supervisors, patients, and the public at large.
 3. Students will be able to understand hospital policies and regulations.

-
3.
 1. Students will be able to understand the way American
-

people think and conduct themselves in a hospital setting.

2. Students will develop an understanding of how nursing is seen and conducted in America without criticizing or undermining its importance.

3. Students will be able to understand the importance of the English language as a means to communicate orally and in writing in the United States, and as a vital tool for career advancement.

Entry level

This ESP curriculum is directed to participants whose level of language proficiency is intermediate and above. The focus of the syllabus is the acquiring and improvement of their listening, speaking, reading and writing language abilities; vocabulary in the area of nursing will also receive attention. It is expected that the participants who will be accepted in this program will already be able to do the following in terms of general English and English for nursing:

General English.

- **Listening:** Their understanding of spoken American English is good but misunderstanding occurs when new words are introduced in conversation or lecturing. A change in stress and intonation poses a challenge to the listener but grasps the main idea or the gist of the spoken utterance by the context. Likewise, spoken contractions, linking, deletion, and assimilation

in rapid speech also represent a challenge; however, when spoken at normal speed, almost all of a conversation or lecture can be understood.

- **Speaking:** Oral utterances are faulty but meaning is conveyed. Mastery of American English pronunciation is not native-like because their native language gets in the way. Stress in sentences is sometimes faulty due to the stressed-time nature of the English language. Intonation to distinguish a verb from a noun needs practice. Use of pet expressions needs to be controlled.
- **Reading:** Understanding of written American English is good but the range of vocabulary words is limited. Medium-sized texts are easily dealt with but long texts pose a problem. The main ideas of most passages are usually easily found even though scanning for specific information is still not perfect. Following a narrative does not present a challenge if the content of the passages are about familiar topics; understanding of specific academic or scientific words and expressions is usually faulty.
- **Writing:** Most ideas are fully developed, but the introduction, body and conclusion of an essay are not correctly addressed. Essay issues are usually addressed but extraneous materials are present due to idiosyncrasy, cultural issues or the nature of their native language. Some problems with punctuation, spelling, mechanics, and capitalization. Good mastery of vocabulary and register when dealing with familiar topics. Academic or scientific topics pose a severe problem, especially in the area of

vocabulary. Word order is good but native language gets in the way sometimes.

- Grammar: Grammar is faulty but meaning is easily conveyed. Appropriate use of tenses but use of conditionals and modals needs improvement. Appropriate use of nouns; word formation poses a challenge but attempts to convey meaning by using prefixes and suffixes usually lead to success. Use of articles is good with few mistakes. Adjectives are used correctly but the influence of the learners' native language poses syntax problems. Basic use of complementation and coordination.

English for nursing.

- Language for nursing: Learners master basic nursing vocabulary picked up on-the-job while working as housekeepers. Most external body parts are known but knowledge of internal body parts is quite limited. Common names of common diseases are good but knowledge of scientific names of common diseases is non-existent. Knowledge of nursing jargon is minimal if not zero. Knowledge of words to refer to nursing equipment is non-existent, and knowledge of nursing procedures is nil. Basic knowledge of Latin and Greek roots that gave origin to nursing terms is also non-existent

Exit level

General English.

- Listening: Understanding of spoken American English is good when utterances are spoken in a rate of about 170 words per minute (the CNA instructor's speech rate). Understanding goes beyond isolated words to

complete phrases. Problems with stress, intonation, contractions, linking, deletion, and assimilation have been reduced whereas strategies to get the right meaning out of utterances are used regularly; such strategies include grasping the meaning of key words and expressions, use context, schemata, non-linguistic clues, etc..

- **Speaking:** Pronunciation of American English allows for a clear conveyance of meaning. Pronunciation is still not native-like but influence of native language accents is reduced. Oral utterances flow more easily as stress in words and sentences are appropriately placed. Intonation to convey appropriate meaning is controlled; pet expressions have almost disappeared.
- **Reading:** Understanding of written American English is very good and mastery of vocabulary has increased. Longer texts are not a challenge but academic and scientific vocabulary still need attention. Scanning for specific information and key vocabulary words is very good. Logical relationships are easily identified. Differentiating between relevant and irrelevant information is good but still needs a greater level of comprehension, as well as to identify instances of bias in written texts.
- **Writing:** Ideas are more fully expressed and written texts now have an introduction, body, and conclusion. Lines of thought are followed but go off topic sometimes. Essay issues are addressed and extraneous materials are no longer present. Errors in punctuation, spelling, mechanics, and capitalization have decreased. Good mastery of vocabulary; academic or

scientific register is present. Academic or scientific topics are addresses in the form of medium-sized paragraphs; knowledge of vocabulary for nursing has increased. Word order is correct and good and native language interference is minimal.

- Grammar: Use of grammar allows for a more easily conveyance of meaning. Appropriate use of tenses and conditionals occupied their right place in sentences and phrases. Appropriate use of nouns; word formation by using prefixes and suffixes usually leads to success. Use of articles is good with few mistakes. Adjectives are used correctly and syntax is not a problem. Complementation and coordination have improved but need polishing.

English for nursing.

- Language for nursing: Mastery of nursing vocabulary is evident as it is used in interactions with supervisors, colleagues, patients and the public. External and internal body parts have been learned. Knowledge of common and scientific names of common diseases is very good. Knowledge of nursing jargon is good but needs polishing through continuous practice. Knowledge of words to refer to nursing equipment is good; knowledge of nursing procedures is easily retrieved and used. Basic knowledge of Latin and Greek roots that gave origin to nursing terms is present.

CHAPTER 5

SYLLABUS

This chapter details the rationale behind the ESP for nursing syllabus to be taught at UVRMC. It also presents a general view of the syllabus, a detailed syllabus emphasizing the development of language skills, vocabulary and grammar, and a shorter syllabus reviewed and recommended by the CNA instructor. The syllabus has been organized in charts for a better understanding of its contents.

It is important to mention that social and economic efficiency is the driving force that provides direction to the designing of the UVRMC ESP syllabus. As stated in the study of the questionnaire results, the respondents came to the United States looking for a better life. Obtaining a better life in a foreign country where the host language and culture are different poses a great deal of a challenge. The learning of the host language becomes a necessity on its own; immigrant workers need to master this language at least the most basic level in order to get access to the services they need: food, clothes, banking, transportation, education. None of these benefits can be attained without a job. Jobs usually require mastery of English and the higher the level of proficiency in language skills the better the working conditions and the salary. Moving up in the labor market is a constant goal for every worker as it is for the UVRMC housekeepers who will take this course. Their goal is to improve their language skills in order to move to another field, nursing in this case, and expect to be better paid. The learning and mastering of the language of the host country is seen as an open door to better opportunities.

The participants in the ESP course expressed their desire and determination to advance up the employment ladder. They understood that the only way to achieve their

career – and educational goals – was through acquiring English. As an example, one of the participants said that she had applied to the CNA class before, but she was not accepted because of her low English language proficiency.

This syllabus was designed to help the participants in the ESP course improve their language skills, which in turn would help them achieve the goals discussed above. The content of this course is intended to be taught in sessions of one hour and a half each, three times a week for 12 weeks. The total number of sessions for the teaching of the course is 36. The topics of the course will be taught in the same order as they appear in the CNA textbook titled *The Nursing Assistant Acute, subacute, and long-term care* by JoLynn Pulliam (Prentice Hall, 2002). This syllabus focuses on the improvement of the learners' ability to use English orally and in writing, and vocabulary for nursing to prepare them to be able to successfully enter and graduate from a CNA course at UVRMC.

This syllabus consists of two parts (a) a general view of the topics to be taught, and (b) a detailed description of those topics. The general view of the topics can be seen in Table 25. The far left column shows the number of the instructional week, the second column shows the title of the week, the next column shows the title of the day's lesson, and the farthest column on the right shows the date on which the lesson day is taught. This general view of the syllabus was intended to be a blueprint for the teachers to see the order in which lessons would be presented and when. The detailed syllabus, which can be seen in Table 26, is organized in a table with five columns. From left to right, the columns show the instruction week number and title, the day lesson title, the skill to be focused on during that particular lesson, the vocabulary to be emphasized during the

lesson (the Latin words that were similar to their Spanish equivalents were bolded for the teacher to recognize them easily), and the grammar topics to be taught within that particular lesson.

Table 25

General view of the syllabus

Class instruc- tion week number	Week title	Day lesson title	Actual date
1	The role of the nursing assistant	1. Introduction to health care	Tues, Jan 11
		2. The nursing assistant	Wed, Jan 12
		3. Communication and interpersonal skills.	Thurs, Jan 13
2	Safety for the pa- tient and the nurs- ing assistant	1. Relating to your patients	Tues, Jan 18
		2. Infection control part 1	Wed, Jan 19
		3. Infection control part 2	Thurs, Jan 20

3	Basic nursing skills part 1	1. Environmental safety, accident prevention, and disaster plans	Tues, Jan 25
		2. Emergency situations	Wed, Jan 26
		3. Body systems and common diseases part 1	Thurs, Jan 27
4	Basic nursing skills part 2	1. Body systems and common diseases part 2	Tues, Feb 1
		2. Body systems and common diseases part 3	Wed, Feb 2
		3. Vital signs part 1	Thurs, Feb 3
5	Basic nursing skills part 3	1. Vital signs part 2	Tues, Feb 8
		2. Vital signs part 3	Wed, Feb 9
		3. Positioning	Thurs, Feb 10
6	Basic nursing skills part 4	1. Moving	Tues, Feb 15

		2. Ambulation	Wed, Feb 16
		3. Admission, transfer and discharge	Thurs, Feb 17
7	Providing personal care and comfort to the patient part 1	1 The patient's environment	Tues, Feb 22
		2. Hygiene and grooming part 1	Wed, Feb 23
		3. Hygiene and grooming part 2	Thurs, Feb 24
8	Providing personal care and comfort to the patient part 2	1. Hygiene and grooming part 3	Tues, Mar 1
		2. Special skin care	Wed, Mar 2
		3. Nutrition part 1	Thurs, Mar 3
9	Providing personal care and comfort to the patient part 3	1. Nutrition part 2	Tues, Mar 8
		2. Elimination needs part 1	Wed, Mar 9
		3. Elimination needs part 2	Thurs, Mar 10

10	Providing personal care and comfort to the patient part 4	1. Specimen collection and testing	Tues, Mar 15
		2. AM and PM care	Wed, Mar 16
		3. Restorative care and rehabilitation	Thurs, Mar 17
11	Specialized care procedures part 1	1. Additional patient care procedures part 1	Tues, Mar 22
		2. Additional patient care procedures part 2	Wed, Mar 23
		3. Preoperative and post operative care	Thurs, Mar 24
12	Specialized care procedures part 2	1. Sub acute care	Tues, Mar 29
		2. Special skills in long-term care	Wed, Mar 30
		3. Death and dying	Thurs, Mar 31

The detailed syllabus in its complete form follows. The grammar topics in the grammar column were chosen in connection with the topics displayed in the day lesson title column and with the vocabulary column. In other words, the curriculum-designer decided that the grammar topics shown would be easier to be taught in the context of the day lesson title and the vocabulary topics. This could seem a disparity, to present apparently easy grammar topics, such as the modal *can* [italics added] to express probability along with apparently complicated vocabulary, such as *pathogens, bacteria, bacterium, viruses* [italics added] and others, but this makes sense if a careful analysis of the day lesson topics is conducted.

Table 26

Detailed Syllabus

Week	Day lesson title	Skill	Vocabulary	Grammar
1.	The role of nursing as-resistant	1. Introduction to health care	Reading: Scan for key words on the topic: The health care system in the US: structure	Scan CNA, DRG (diagnostic related groups), man-aged care, acute illness, chronic illness, chain of Present simple: to be verb, de-sign, give, speak, mix, take, listen to, re-sponds, write,

monitoring. command, in- report, assist,
 terdisciplinary perform, collect,
 team, health or- etc.
 ganizations:
 SNF (skilled
 nursing facility),
 JCAHO (Joint
 Commission on
 Accreditation of
 Health Care Or-
 ganizations),
 extended care
 facility (ECF).

Writing: Define RN (Registered
 the nursing team nurse), LPN (Li-
 and the role of censed practical
 the NA; fill out a nurse), LVN
 Kardex sample. (Licensed voca-
 tional nurse),
 care plan, pri-
 mary nursing,
 team nursing,

functional

nursing, Kardex.

2. The nursing assistant	Speaking: Give a short summary on the role of a nursing assistant.	Job description, scope of practice, bathing, grooming, ensuring, assisting, duties, staff, mission statement, customer relations, individual respect, teamwork, productivity, direct patient care, nursing procedures, OBRA (Omnibus Budget Reconciliation Act).	ING form of verbs: helping, ensuring, assisting, etc.
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Listening: Identifying: AHA (American

tify true/false in- ferences after listening to a passage on Ethi- cal and legal is- sues.	Hospital ciation), confi- dentiality, pa- tient bill of rights, standards of care, liable, negligence, malpractice, patient abuse: physical, verbal, psychological; false im- prisonment, in- cidents.	Asso- ciation), confi- dentiality, pa- tient bill of rights, standards of care, liable, negligence, malpractice, patient abuse: physical, verbal, psychological; false im- prisonment, in- cidents.
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Speaking: Dif- ferentiate be- tween fact and opinion on the qualities of a nursing assis- tant.	Dif- be- fact and the a assis- tant.	Staying healthy, Adjectives practicing good hygiene, dress- ing profession- ally, neat, well- groomed, sensi- tive, trustworthy, dependable,
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honest, cheerful
 enthusiastic, re-
 spectful coop-
 erative, consid-
 erate, patient,
 and kind, job
 stress.

3. Communica- tion and inter- personal skills	Speaking: Make statements from vocabulary cues given appropri- ate contextual support on the topic of How to communicate ef- fectively with co-workers, pa- tients, visitors and the public.	Listening, em- pathy, courtesy, tact, respectful- ness, feedback, verbal commu- nication, non- verbal commu- nication, body language, non- judgmental, rude, objective reporting, call signal, knock, speaking on the phone.	Obligation: have to and must
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tis, pulmonary,
secretion,
tachycardia,
therapeutic,
thrombosis,
tracheotomy,
urinalysis.

2.	1. Relating to	Reading for gist:	Holistic health; Some, any
Safety	patients	Basic human	age-specific care
for the		needs.	considerations;
patient			Maslow's hier-
and the			archy of needs:
nursing			self-actualiza-
as-			tion, self-esteem,
sistant			belongingness
			and love, safety
			and security,
			physiological;
			physical needs:
			food, elimina-
			tion, rest, physi-
			cal activity,

sexuality, shelter
 and security;
 mental health
 and social needs:
 approval and
 acceptance, love
 and intimacy,
 respect and
 dignity, self-
 esteem, spiritual
 needs.

Listening	to	Loss,	depend-	Verb TO BE for
identify core vo-		ency	and help-	introductions
cabulary items:		lessness,	hope-	
Dealing with ill-		lessness	and	
ness		uselessness,	fear	
		or	confusion	
		concerning		
		changes;		
		changes in be-		
		havior: unmet		
		needs, life ex-		

periences, attitudes, prejudices, frustration, stage of development, cultural practices; difficult behavior: self-centered behavior, crying, dissatisfied (demanding behavior), aggressive, withdrawal and depression.

Writing:	Make	Cultural	diver-	First conditional
short statements:	sity,	illness,	re-	
Dealing with the	ligious	differ-		
patients' rela-	ences,	ban,		
tives and other	fasting,	items of		
groups	clothing,	tradi-		
	tions,	clergy,		

non-speakers of English, translation, sensory impairments, cognitive impairments.

2. Infection control 1	Reading to identify core vocabulary words: The chain of infection.	to Infection, microorganisms, pathogens, bacteria, bacterium, viruses, fungi, fungus, protozoa, protozoan, staph (staphylococcus), strep (streptococcus), infectious, causative agent, reservoir of the agent, carriers, fomites, portal of exit, portal of	Can for probability Present simple to explain a process
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entry, route of
transmission:
contact trans-
mission, droplet
transmission,
airborne trans-
missions, noso-
comial infec-
tions; suscepti-
ble host; de-
fense: skin, mu-
cous mem-
branes, cilia,
coughing,
sneezing, tears,
stomach acid,
phagocytes, fe-
ver, inflamma-
tion, immune
response.

Listening: Scan Medical asepsis, Imperative
for specific in- sterile, clean,

formation: dirty, con-
 Asepsis, hand taminated,
 washing, glov- sharps, expo-
 ing, masking, sure, hand-
 gowning. washing, PPE
 (Personal pro-
 tection equip-
 ment), gloving,
 masking,
 gowning, barri-
 ers.

3. Infection Writing: Write Disinfection,
 control 2 short sentences sterilization,
 when dictated: terminal clean-
 Clean equipment ing, isolation,
 and the patient dirty-linen ham-
 unit per, plastic bags.

Speaking: De- Isolation, stan- Imperative
 scribe actions in dard precau-
 sequence: Isola- tions: gloves,
 tion gowns or aprons,

mask and protective eyewear (face shield), hand washing, transportation, multiple-use patient care equipment; transmission-based precautions: contact precautions, droplet precautions, airborne precautions; flora, infectious waste, disposal company.

3. Basic	1.	Environ-	Reading for gist:	Identify the pa-	Imperative,
nursing	mental	safety,	Safety rules and	tient,	halls, relative clauses
skills	accident	pre-	the prevention of	stairs,	use (patients who...)
part 1	vention,	and	common acci-	equipment	

disaster plans	dents.	safely, maintain equipment, lin- ens, follow in- structions, report dangers; falls: spills, litter, side rails, wheeled equipment, body alignment, low heels, non-skid soles, disorien- tation; burns: smoking policy, water tempera- ture, food tem- perature, warm- ing and heating devices; poi- soning: labels, poisonous, locked cabinet, toxic; suffoca- tion: bathtub,
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chewing, swallowing, airway, breathing, Heimlich maneuver.

Listening	for	Body	mechan-	Imperative
gist:	Body	me-	ics,	Adverbs of fre-
chanics	and	re-	lifting,	quency: always,
strains			twisting,	never
			smoothly,	heavy,
			balance,	base of
			support,	coordi-
			nation;	re-
			straints:	chemi-
			cal	restraints,
			clove	hitch knot.

Writing:	Write	Fuel,	heat,	oxy-	Infinitive	of
small	paragraphs	gen,	faulty	elec-	purpose;	TO
from	sentences	trical	wiring,		ACTIVATE	
using	linking	overloaded	cir-		THE	
words:	Fire	cuits,	paper	or	EXTINGUISHE	

safety and prevention and disaster plans. cloth clutter, R, etc smoking; frayed cords, RACE (remove, alarm and contain (stop), extinguish); disasters: floods, earthquakes, hurricanes, tornadoes, crashes, explosions, riots, stay calm.

2. Emergency situations Speaking: Give opinions and hold floor on how to deal with life threatening situations

Choking, breathing, pulse, bleeding, shock, poisoning, code, assess, DNR (do not resuscitate), cardiac arrest, respiratory ar-

Nouns and verbs ending in "ING": breathing, knowing, etc.

rest, CPR (cardiopulmonary resuscitation), artificial breathing, compression, airway, circulation, defibrillator.

Listening	for	Choking: partial	Nouns and verbs
gist:	Dealing	blockage:	ending in
with	choking,	wheezing, gur-	“ING”: breath-
seizures,	and	gling, snoring,	ing, knowing,
falls		coughing; com-	etc.
		plete blockage:	
		no breathing,	
		speaking or	
		coughing, gasp,	
		clutch at the	
		throat, Heimlich	
		maneuver, finger	
		sweep; Seizures:	
		head injury,	

stroke, infection
 or high fever,
 brain disease,
 tumors, seizure
 syndrome (epi-
 lepsy), grand
 mal (tonic-
 clonic), petit mal
 (absence); falls:
 risk factors,
 moving.

3. Body systems and common diseases part 1	Speaking: Iden- tify and describe the Respiratory system and its common disor- ders.	Introduction to anatomy and physiology: cells, tissues, organs, growth, development, disease, signs, symptoms, complication, AIDS, safe-sex practices, can-	Present and third person's form. Demonstratives: That, this, these, those.	Simple:
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cer, tumor, benign, malignant; adenoids, tonsils, epiglottis, lungs, pleura, pulmonary vein, bronchiole, nasal cavity, oral cavity, tongue, larynx, trachea, diaphragm, mucus; respiratory disorders: URI (upper respiratory disorders), pneumonia, COPD (Chronic obstructive pulmonary disease), tuberculosis.

Speaking: Iden- Pulmonary cap- Present Simple:

tify and describe the Circulatory system and its common disor- ders.	illaries, major arteries, major veins, venule, arteriole, sys- temic capillaries, blood, the heart: ventricles, atriums, myocardium, epicardium; hypertension, arteriosclerosis, angina pectoris, MI (myocardial infarction), CHF (Congestive heart failure), pacemakers, edema.	third person's form. Demonstratives: That, this, these, those. Present Simple Passive voice
--	--	---

tify and describe the Gastrointes-	Speaking: Iden- Tongue, teeth, sublingual gland, trachea,	Present Simple: third person's form.
---------------------------------------	--	--

tinal systems esophagus, bile
and its common ducts, liver, Demonstratives:
disorders. gallbladder, co- That, this, these,
lon: ascending, those.
descending,
transverse, sig- Present Simple
moid; stomach,
spleen, cardiac Passive voice
sphincter,
cecum, appen-
dix, pancreas,
duodenum, il-
eum, rectum,
anus; emesis,
flatus, cancers,
inflammations,
ulcerations,
jaundice, hernia,
hemorrhoids,
cirrhosis,
ostomy, stoma,
colostomy, ileo-
stomy.

4. Basic nursing skills part 2	1. Body systems and common diseases part 2	Speaking: Identify and describe the Urinary system and its common disorders Identify and describe the Endocrine system and its common disorders.	Adrenal gland, kidneys, ureters, bladder, urethra, urination, urine; incontinence, retention, UTI (urinary tract infection), cystitis, renal calculi, nephritis; dialysis.	Present third person's form. Demonstratives: That, this, these, those. Present Simple Passive voice
		Speaking: Identify and describe the Endocrine system and its common disorders.	Glands: pineal, pituitary, thyroid, thymus, pancreas, adrenals, ovaries, testes; hormones, exocrine glands, endocrine glands;	Present third person's form. Demonstratives: That, this, these, those. Present Simple

thyroid disor- Passive voice
 ders, pancreatic
 disorders: diabe-
 tes mellitus,
 hyperglycemia,
 diabetic coma,
 hypoglycemia,
 insulin shock.

Speaking: Iden-	Male: testes,	Present Simple:
tify and describe	scrotum, penis,	third person's
the Reproductive	prostate gland,	form.
system and its	seminal vesicle,	
common disor-	ejaculatory duct,	Demonstratives:
ders.	ductus deferens,	That, this, these,
	prepuce, bulbo-	those.
	urethral gland,	
	epididymis; fe-	Present Simple
	male: ovaries,	
	uterus, fallopian	Passive voice
	tubes, ovary	
	tube, cervix,	
	clitoris, vagina,	

urethral meatus,
 hymen, labia
 minora, labia
 majora; dis-
 orders of the
 prostate gland,
 fungus infec-
 tions, hernias,
 STD (sexually
 transmitted dis-
 eases): gonor-
 rhea, syphilis,
 herpes, venereal
 warts,
 Chlamydia.

2. Body systems and common diseases part 3	Speaking: Iden- tify and describe the Integumen- tary system and its common dis- orders.	Skin: epidermis, dermis, subcu- taneous fatty tissue; capillary network, seba- ceous gland, ar- rector pili mus-	Present Simple: third person's form. Demonstratives: That, this, these, those.
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cle, shaft of hair,
 sweat gland, hair Present Simple
 root (bulb pa-
 pilla), deep fas- Passive voice
 cia; lesions,
 decubitus ulcers,
 burns, gangrene.

Speaking:	Muscles: del-	Present Simple:
Identify and de-	toid, pectoralis	third person's
scribe the Mus-	major, abdomi-	form.
culoskeletal	nal, sartorius;	
system and its	bones: 206:	Demonstratives:
common disor-	long, short, flat,	That, this, these,
ders.	irregular; frontal	those.
	bone, parietal,	
	clavicle, radius,	Present Simple
	femur, tibia,	
	humerus;	Passive voice
	marrow, joint,	
	connective tis-	
	sue: ligaments,	
	tendons, carti-	

lage; bursitis,
 arthritis, frac-
 tion, contracture,
 flexion, exten-
 sion, orthopedic
 patients, hip
 pinning.

Speaking:	Brain, spinal	Present	Simple:
Identify and de- scribe the Nerv- ous system and its common dis- orders.	cord, spinal nerves, motor neuron: nucleus, neuron, dendrite, myelin sheath, axon; central nervous system, peripheral nervous system, autonomic nervous system;	third person's form. Demonstratives: That, this, these, those.	Present Simple Passive voice
	CVA (cerebrovascular accident),		

hemorrhage,
thrombus o em-
bolus; Parkin-
son's disease;
multiple sclero-
sis; epilepsy;
meningitis;
hearing loss; vi-
sion problems:
glaucoma, cata-
ract; stroke,
hemiplegia;
aphasia, stages
of recovery:
flaccid, spastic,
recovery; mental
impairment,
cerebral palsy,
autism, spina
bifida, cystic fi-
brosis, paraple-
gics, quadriple-
gics; physio-

logical disorders: maladaptive behaviors: depression, agitation, hypochondriasis, paranoia, schizophrenia, alcohol and chemical dependency.

3. Vital signs Reading to Body temperature Numbers

part 1

identify core vocabulary words: Body temperature
 core words: Fahrenheit, centigrade; baseline, thermometer.

Speaking: Explain the importance of temperature and compares meth- Ex- Measurement methods: oral, rectal, axillary or groin, aural, thermometers: Present Simple Tense Present Continuous Tense

ods and instru- glass, electronic,
 ments to meas- paper or plastic,
 ure it. aural, security or
 stubby type;
 normal ranges.

5. Basic nursing skills part 3	1. Vital signs part 2	Speaking: scribe respiration, their role in the well-being patients.	De- pulse, and of	Pulse: rhythm, radial pulse, cal pulse, rotid brachial popliteal posterior pulse, pulse, pedis pulse breathing, ratory rhythm, ter, blue color of the	rate, force; api- cha- pulse, pulse, pulse, tibial femoral dorsalis pulse; deficit; respi- rate, charac- gasp- of the	Present Tense Present Con- tinuous Tense	Simple
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skin.

2. Vital signs part 3	Speaking: Describe blood pressure, weight, height, and their role in the well-being of patients.	De- scribe blood pressure, weight, height, and their role in the well-being of patients. Blood pressure: systolic pressure, stolic pressure, sphygmo- manometer, hy- pertension, hy- potension, cuff, gauge; weight and height: scale, measure- ment.	Present Tense Infinitive Simple of purpose
3. Positioning	Writing: Identify and explain positions a patient can take.	Body alignment, friction, shearing, catheters; positioning devices: pillows, folded or rolled towels or blankets, trochanter rolls, bedboard,	Passive voice: the head is supported by..., etc.

footboard, foot-
drop, turning
sheets, logroll-
ing,

Speaking:	De-	Body positions:	Passive	voice:
scribe	different	Fowler's;	the head is sup-	
positions	a pa-	Fowler's;	ported by..., etc.	
tient an take		pine; prone; lat-		
		eral: right-lat-		
		eral, left-lateral;		
		Sims';		
		trendelenburg;		
		reverse		
		trendelenburg;		
		postural sup-		
		ports, angle, flat,		
		extended.		

6. Basic	1. Moving	Speaking:	Dis-	Dangling, non-	Should	for ad-
nursing		cuss the steps to	skid soles, slip-	vice		
skills		move a patient	pers, dizziness,			
part 4		between chair	chair, armchair,			

and bed. wheelchair, gear
 chair, transfer
 belt, bath blan-
 kets, slide, piv-
 oting, twisting
 motion, straight-
 ening, footrest.

Speaking: Trans- Stretcher, safety Should for ad-
 ferring between devices, turning vice
 a bed and a sheets, bed
 stretcher wheels, fan-
 folding, expos-
 ing, mechanical
 lift, elevator,
 ramps, safety
 straps, unat-
 tended.

2. Ambulation	Speaking: De- scribes ambula- tion equipment and its use.	Ambulation, cane, walker, crutches, gait belt, lean, move	Imperative
---------------	--	--	------------

forward, slip-
page, falls, rub-
ber tips and
cracks, bolts.

Writing:	Com-	Dizziness,	Imperative
plete an incident		fainting, slip-	
report on causes		ping, stumbling,	
and care of fal-		tripping.	
ling patients.			

3. Admission, Speaking and Policies, in- Future with
transfer and writing: Explain structions, WILL
discharge the admission gather informa-
process in detail. tion, orient the
Fill out admis- patient.
sion forms.

Speaking and Policies, in- Future with
writing: Explain structions, new WILL
the transfer unit, belongings,
process. Fill out patient chart,
transfer forms report.

		Speaking and ADL (Activities Future with writing: Explain for daily living), WILL the discharge policies, in-process. Fill out instructions, fol-discharge forms. low-up proce-dures.	
7. Pro- viding per- sonal care and comfort to the patient part 1	1 The patient's environment	Writing: Write small paragraphs to describe pa-tients' furniture, equipment, and their environ-ment.	Bed, overbed ta-ble, bedside stand, chairs, curtains, screens, personal care items, call sys-tem, bathroom, health-related equipment, other equipment, temperature, ventilation, odors, lighting, comfort, safety, privacy.

Speaking:	Ex-	Close bed, open	Imperative
plains	types of	bed, occupied	
beds and	their	bed, surgical	Passive voice
use.		bed, mitered	
		corner, draw	
		sheet, mattress	
		pad, bottom	
		sheet, cotton	
		draw sheets, in-	
		continent pad,	
		top sheet, blan-	
		ket, bedspread,	
		pillow, pillow	
		case, assemble,	
		raise, place,	
		move, smooth,	
		tuck, pull,	
		straighten, in-	
		sert, grasp, tags,	
		zippers, report.	

2. Hygiene and Speaking: Give Dressing, un- Present Simple

grooming part 1 a short summary dressing, bath-
of the main ing, shampoo-
points on Hy- ing, complete
giene and bed bath, partial
grooming needs: bed bath, tub
bathing, giving a bath, shower,
shower. bedpan (urinal),
bath blanket,
linen hamper
(bag),
washbasin, soap,
deodorant, lo-
tion, comb,
brush, makeup,
bed linens.

3. Hygiene and Reading: Iden- Oral hygiene, Present Simple
grooming part 2 tify core vo- bad breath,
cabulary words bleeding, dam-
on Oral hygiene aged dentures,
and daily shav- loose or broken
ing teeth, sores,
coated tongue,

discomfort,
gloves; tongue
depressor, cot-
ton-tipped ap-
plicators, pe-
troleum jelly,
mouthwash, sa-
line solution;
razor, towel,
emesis basin.

8. Pro- viding per- sonal care and comfort to the patient part 2	1. Hygiene and grooming part 3	Speaking: Ex- plain Describe in detail hair, foot, nail, back, eye- glasses, and hearing aids care	Shampooing, combing, scalp; dryness, toes, circulation, skin breakdown, washcloth; or- ange stick, nail clippers, nail file, lotion; prone position, side-lying posi- tion, smooth	Present Simple
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strokes, down-
ward stroke;
wax buildup,
batteries,
moisture, heat.

2. Special skin care Reading for gist: Identifies core vocabulary words. Decubitus ulcers, risk factors: elderly, very thin, obese, unable to move, incontinent, pressure points.

Speaking:	Ex-	Stages of skin	Present Perfect:
plains	how	development,	Regular and Ir-
decubitus	ulcers	clean, dry, ap-	regular Verbs
appear.		ply, remove, lo-	
		tion, gentle	
		massage, red-	
		ness, heat, ten-	
		derness, broken	
		skin.	

Speaking: De-
 scribes devices
 used to prevent Pressure mat-
 decubitus ulcers tress, bed cra-
 dles, gel-filled
 flotation, foam
 rubber, sheep-
 skin heel, elbow
 protectors, foam
 mattress, egg-
 shell mattress,
 wheelchair
 cushion, foam
 padding, shield.

3.	Nutrition part	Reading for gist:	Nutrition, die- tary restrictions, nutrients, carbohydrates, proteins, fats, fats, vitamins, minerals, calo- ries, healthy,	Present Simple Infinitive of purpose: TO + Verb (base form), TO + Verb (ING form)
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weight, appetite,
 sleep, os-
 teoporosis,
 anemia.

Speaking:	Ex-	General	diet,	Present Simple
plain in detail		therapeutic diet,		
diets and their		sodium-re-		Infinitive of
importance.		stricted, low-fat,		purpose: TO +
		low-cholesterol,		Verb (base
		sugar level,		form), TO +
		cholesterol, un-		Verb (ING
		derweight, mal-		form)
		nourished,		
		growth, repair of		
		tissues, tempo-		
		rary diet, clear		
		liquid, full liq-		
		uid, soft, post-		
		operative dietary		
		routine.		

Reading:	Scan	Patient's	posi-	Present Simple
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		for contextual cues on Helping patients eat.	tion, tray, smell, prepackaged items, cut meats, pour liquids, plate in terms of a clock face, in-take record.	Infinitive purpose: TO + Verb (base form), TO + Verb (ING form)
9. Providing personal care and comfort to the patient	1. Nutrition part 2	Speaking: Identify and describe supplementary food and fluids.	Between meals food and fluids, force fluids, restricted fluids, NPO (nil per os: nothing by mouth).	Present Simple Infinitive purpose: TO + Verb (base form), TO + Verb (ING form)
part 3		Writing: Record intake and output.	Fluid intake, fluid output, metric measurements: cubic centimeters (cc), milliliters (mL),	Present Simple Infinitive purpose: TO + Verb (base form), TO +

graduate, intake Verb (ING
and output form)
record (sheet),
specipan.

Speaking: De- IV (intravenous Present Simple
scribe and dis- infusion), na-
cuss alternative sogastric tube Infinitive of
feeding meth- feeding, gas- purpose: TO +
ods. tronomy tube. Verb (base
form), TO +
Verb (ING
form)

2. Elimination Reading for gist: Feces, defeca- Present Simple
needs part 1 Normal elimina- tion, elimination
tion and prob- frequency, urine; Relative pro-
lems. constipation, nouns: that,
diarrhea, which
incontinence,
incontinent
briefs, bladder
retraining.

Speaking:	Give	Urinal, bedpan,	Present Simple
an oral presen-	tation on toilet-	portable bedside	
ing	commode,	Relative	pro-
	fracture	pan, nouns:	that,
	specimen,	ap-	which
	pearance, odor.		

3. Elimination	Speaking:	Dis-	Perineal	care,	Present Simple
needs part 2	cuss	perineal	perineum,	in-	
	care		continent	pa-	
			tients,	female	
			patients	after	
			childbirth,	wash	
			gently,	pat dry,	
			rinse.		

Reading:	Scan a	Urinary catheter,	Present Simple
text to find spe-	cific information	wipe downward,	
on Catheter care	wipe	upward,	Imperative
	urethra,	strokes,	
	foley	catheter,	
	condom		

catheter, urinary
meatus,
insertion, with-
drawal, leakage,
swelling, skin
irritation, dis-
coloration,
tubing, drainage
bag.

10. Pro- viding per- sonal care and comfort to the patient part 4	1. Specimen collection and testing	Specimen and Specimen collection.	Reading for gist: Urine col- mens, specimens, spu- tum, sterile, disposable, tongue blades, laboratory req- uisition slip, ac- curacy, label, medical asepsis, standard pre- cautions.	speci- stool ability	MAY for prob-
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Speaking: Ex- Routine urine AFTER,
 plains the im- specimen, mid- BEFORE
 portance of stream, clean-
 urine, stool, and catch, 24-hour
 other specimens. urine specimen,
 fresh-fractional
 urine specimen,
 specimen con-
 tainer, identifi-
 cation bracelet,
 three-quarters
 full.

Speaking: De- Stool, wooden Relative pro-
 scribes the de- tongue blades, nouns: THAT,
 vices used to wastebasket, ex- WHICH
 collect speci- pectoration, sa-
 mens. liva, sputum.

2. AM and PM Speaking: Ex- Rest, sleep, sen- Present Simple
 care plains the im- sitive to light
 portance of rest and noise, shift.
 and sleep.

Speaking: Give AM Care, to-
 an oral presen- leting schedule,
 tation on AM ADL (activities
 and PM care. of daily living),
 PM care (HS:
 hora somni).

3. Restorative Speak: Discuss Restorative care, Verbs ending in
 care and reha- the importance rehabilitation, ING: involving
 bilitation of restorative lost abilities, patients, etc.
 care and reha- adaptive be-
 bilitation as part haviors, inde-
 of ADL pendence, pro-
 ductive lifestyle,
 occupational
 therapist,
 physical thera-
 pist, speech
 therapist.

Writing: De- Assistive de- Relative pro-
 scribe assistive vices: special nouns: THAT,

devices, prosthe- eating utensils: WHERE,
sis and orthotics. easy-grip mug, WHICH
built-up handles,
swivel spoon,
one handed
knife, food
guard; devices
for walking:
personal care
devices: electric
toothbrushes,
suction
toothbrushes,
long-handled
combs, brushes
and sponges;
devices for
dressing: long-
handled shoe
horn, button
hooks, sock
pullers, zipper
pulls; walking

devices: walk-
ers, canes,
crutches, wheel
chairs, gait belts;
prosthesis, or-
thotic.

Reading for gist: Bowel and blad- der training and range-of-motion exercises	Incontinent, bladder, vowels, toileting tech- niques, patience, empathy, positive reinforcement, perinea; care, in- continent briefs; fecal impaction, suppository, spascity, ROM (range of mo- tion) exercises: passive, active, active-assistive;	Nouns ending in TION, ION: ad- duction, flexion, etc.
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types of movement: abduction, adduction, extension, flexion, rotation, supination, dorsal flexion, plantar flexion, pronation, radial deviation, ulnar deviation; injury, disease, surgery.

11.	1.	Additional patient care procedures	Listening: Identify true/false inferences relating to heat and cold treatments.	Dilates, constricts; cyanosis; dry cold treatments: ice bags, disposable cold packs; moist cold treatments: compresses, soaks, sponge	Passive voice
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baths; dry heat

treatments: heat

lamps, aqua-

matic pads;

moist heat

treatments:

compresses, sitz

baths.

Speaking: Make Before, during SHOULD for

short statements and after the ex- advice

on assisting with amination: dis-

a physical ex- robe, body posi-

amination. tions, lighting,

temperature,

disposable

drape, get

dressed, gowns;

instruments and

supplies: nasal

speculum, oto-

scope, ophthal-

moscope, vagi-

nal speculum,

percussion

hammer.

2.	Additional patient care procedures part 2	Speaking: swer questions and details de- scriptions enemas.	An- questions de- on	Enema, clean- sing enema: rectum, colon, tap water, soap- suds; oil-reten- tion enema: con- stipation, min- eral oil, olive oil; return-flow enema or Harris flush: abdominal distension (swelling); equipment: commercially packed enemas, standard enema equipment; po- sitions: left-lying	Present Simple
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Sims' position,
rotating position.

Speaking:	An-	Rectal tube, fla-	Present Simple
swer questions	tus bag, rectal	and detail de-	
and detail de-	scriptions on	suppositories:	
rectal tubes,	single-cone-	rectal tubes, shaped, double-	
connected flatus	bags, and rectal	coned-shaped,	
bags, and rectal	suppositories.	lubrication, re-	
		port procedures.	

3. Preoperative	Writing: Explain	Emotional sup-	Present Simple
and post opera-	preoperative	port, physical	
tive care	care, fill out	care, patient	
	preoperative	education, pre-	
	checklist.	operative check-	
		list, skin prepa-	
		ration; scratches,	
		pimples, cuts,	
		sores, rashes,	
		razor, electric	
		clipper, areas to	

be shaved,
depilatory.

Writing: Explain postoperative care and fill out preoperative checklist.	Anesthesia: general anes- thetics, local an- esthetics, aspi- rated, signs or symptoms of complication, tubing and drainage, infu- sions, leg exer- cises, deep- breath exercises, binders: T-bind- ers, breast bind- ers, abdominal binders, scultetus bind- ers; stockings: elasticized stockings (TED	Verbs ending in ING: explaining, rising, etc.
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			hoses or antiem- bolism hoses); phlebitis, thrombophlebitis .
12. Spe- cialized care proce- dures part 2	1. Sub acute care	Reading for gist: Understanding subacute care.	Multiple trauma MUST and injuries, HAVE TO for cardiopulmonary obligation conditions, major surgery, stroke, orthope- dic surgery, joint replacement, amputation; physiatrist, ser- vices: labora- tory, pharma- ceutical, respi- ratory, nutrition, psychological, pastoral ministry;

subacute pa-
tients: transi-
tional, general-
medical surgical,
chronic, long-
term transitional.

Speaking: Sum- marizes an oral presentation on skills in subacute care.	Dexterity, inva- sive equipment, noninvasive equipment, wounds, wound dressing, treat- ment, medica- tion, dressing changes.	MUST HAVE TO obligation	and for
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2. Special skills in long-term care	Reading for gist: Long-term care.	Long-term care facilities, eld- erly, age-ap- propriate be- havior, legal rights, visually	SHOULD advice	for
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thritus, stroke,
 emphysema,
 heart failure,
 gallstones, hem-
 orrhoids,
 Parkinson's,
 varicose veins,
 falls, burns, poi-
 soning, suffoca-
 tion.

Writing: Answer	Emotionalism,	MUST	and
questions on	dementia, Alz-	HAVE TO	for
cognitive im-	heimer's dis-	obligation	
paired residents.	ease, short-term		
	memory, re-		
	mindes, inde-		
	pendent, direc-		
	tions, agitated,		
	antisocial, for-		
	getful, combat-		
	ive, rude, stim-		
	uli, physical		

pain, fatigue,
 sundowning,
 catastrophic
 reactions, wan-
 dering and pac-
 ing, pillaging
 and hoarding,
 anxiety, hallu-
 cinations and
 delusions, calm
 down, distract,
 reality orienta-
 tion, validation
 therapy, remi-
 niscing.

3. Death and Reading: Scan Stages of dying: MUST and
 dying for specific in- denial, anger, HAVE TO for
 formation on the bargaining, de- obligation
 psychology of pression, ac-
 death and spiri- ceptance; fac- Present Simple
 tual and emo- tors: experience,
 tional needs of culture, religion,

the patient. age; clergy,
administer the
Sacrament,
priest, rabbi,
religious objects,
concern.

Speaking: Discuss the importance of caring for dying patients. Dis- Needs: sensory, communication, oral hygiene, respiratory, circulation, elimination, nutritional; DNR (do not resuscitate) orders, advance directive, hospice care, living will; organ and tissue donation. MUST HAVE TO obligation Present Simple and for

Writing: Take Loss, muscle MUST and

dictation on the control, limp- HAVE TO for
 physiology of ness, slow down, obligation
 death and post- swollen, drop,
 mortem care. death rattle, di- Present Simple
 lated pupils,
 body heat, fla-
 tus, rigor mortis,
 morgue,
 mortuary, au-
 topsy, shroud.

The detailed syllabus was reviewed by the CNA instructor, who made two important suggestions. One of them was about not entering into the realm of content and the other was about the vocabulary items she thought would be appropriate for the ESP learners to learn. As she had stated before during the interview with me, she required her CNA students to master only a basic general knowledge of vocabulary for nursing. She said that the ESP learners would pick up additional vocabulary for nursing when taking the CNA course. In this way, the original detailed syllabus was shortened to contain a limited number of vocabulary items. Table 27 shows the syllabus suggested by the CNA instructor after she reviewed it and took some words out.

Furthermore, I understood that such a great amount of words displayed in the original syllabus (Table 26) would be almost impossible to cover in only 12 weeks of

class. In addition and in relation to time constraints, pedagogical research teaches that in average 5 or 6 words could be taught in a twenty-minute period, which would account for about 20 or 22 words per lesson (Celce-Murcia & McIntosh, 1979). Realizing the total amount of vocabulary for nursing words was 2,064, I agreed on a reduction in vocabulary size.

Table 27

Syllabus suggested by the CNA instructor

Week	ti-	Day	lesson title	Skill	Vocabulary	Grammar
1.	The	1.	Introduction to health care	Reading: Scan for key words on the topic: The health care system in the US: structure and monitoring.	Scan CNA, chain of command, interdisciplinary team, health organizations.	Present simple: to be verb, design, give, mix, speak, take, listen to, responds, write, report, assist, perform, collect, etc.

Writing: Define RN (Registered nurse), LPN (Licensed practical nurse), and the role of the NA; fill out a Kardex sample.

LVN (Licensed vocational nurse), care plan.

2. The nursing assistant

Speaking: Give Job description, ING form of A short summary on the role of a nursing assistant.

scope of practice, bathing, grooming, ensuring, assisting, duties, staff, mission statement, customer relations, individual respect, teamwork, productivity, direct patient care,

nursing proce-
dures.

Listening: Iden- AHA (Ameri-
tify true/false can Hospital
inferences after Association),
listening to a confidentiality,
passage on patient bill of
Ethical and le- rights, standards
gal issues. of care, liable,
negligence,
malpractice,
patient abuse:
physical, verbal,
psychological.

Speaking: Dif- Staying healthy, Adjectives
ferentiate be- practicing good
tween fact and hygiene, dress-
opinion on the ing profession-
qualities of a ally, neat, well-
nursing assis- groomed, sensi-
tant. tive, trustwor-

thy, dependable,
honest, cheerful
enthusiastic,
respectful coop-
erative, consid-
erate, patient,
and kind, job
stress.

3. Communica- tion and inter- personal skills	Speaking: Make statements from vocabulary cues given appropri- ate contextual support on the topic of How to communicate effectively with co-work- ers, patients, visitors and the public.	Listening, em- pathy, courtesy, tact, re- spectfulness, feedback, verbal communication, nonverbal communication, body language, nonjudgmental, rude, objective reporting, call signal, knock, speaking on the	Obligation: have to and must
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phone.

Writing:	Work	Observations,	Obligation: have
on medical re-	cords: Observ-	reporting, re-	to and must
cords: Observ-	ing, reporting,	cording, chart,	
ing, reporting,	and recording	objective data,	
		subjective data,	
		flow chart, ink,	
		neat and legible,	
		accurate, ditto	
		marks (“).	

Reading:	Scan	Medical termi-	Word roots, pre-
for specific ter-	minology.	nology: asepsis,	fixes, suffixes
		biopsy, cardiac,	
		contraindicate,	
		dehydration,	
		diagnostic,	
		intravenous	
		(IV),	
		pulmonary, se-	
		cretion, thera-	
		peutic.	

2. Safety for the patient and the nursing assistant	1. Relating to patients	to Reading gist: Basic human needs.	for Age-specific care considerations. Self-esteem, belongingness and love, safety and security, physiological; physical needs: food, elimination, rest, physical activity, sexuality, shelter and security; mental health and social needs: approval and acceptance, love and intimacy, respect and dignity, self-	Some, any
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esteem, spiritual
needs.

Listening	to	Loss,	depend-	Verb TO BE for
identify	core	ency	and help-	introductions
vocabulary		lessness,	hope-	
items: Dealing		lessness	and	
with illness		uselessness,	fear	
		or	confusion	
		concerning		
		changes;		
		changes in be-		
		havior: unmet		
		needs, life ex-		
		periences, atti-		
		tudes, preju-		
		dices, frustra-		
		tion, stage of		
		development,		
		cultural prac-		
		tices; difficult		
		behavior: self-		
		centered	be-	

havior, crying,
dissatisfied
(demanding be-
havior), aggres-
sive, withdrawal
and depression.

Writing: Make Cultural diver- First conditional
short state- sity, illness, re-
ments: Dealing ligious differ-
with the pa- ences, ban,
tients' relatives fasting, items of
and other clothing, tradi-
groups tions, clergy,
non-speakers of
English, trans-
lation, sensory
impairments,
cognitive im-
pairments.

2. Infection Reading to Infection, in- Can for prob-
control part 1 identify core fectious, de- ability

vocabulary fense: skin,
 words: The mucous mem- Present simple
 chain of infec- branes, cough- to explain a
 tion. ing, sneezing, process
 tears, stomach
 acid, fever, in-
 flammation.

Listening: Scan Sterile, clean, Imperative
 for specific in- dirty, contami-
 formation: nated, sharps,
 Asepsis, hand exposure, hand-
 washing, glove washing.
 ing, masking,
 gowning.

3. Infection Writing: Write Disinfection,
 control part 2 short sentences sterilization,
 when dictated: terminal
 Clean equip- cleaning, isola-
 ment and the tion, dirty-linen
 patient unit hamper, plastic
 bags.

Speaking:	De-	Isolation,	Imperative
scribe actions in		gloves, gowns	
sequence: Isola-		or aprons, mask	
tion		and protective	
		eyewear (face	
		shield), hand	
		washing, trans-	
		portation, mul-	
		tiple-use patient	
		care equipment,	
		infectious	
		waste, disposal	
		company.	

3. Basic	1.	Environ-	Reading	for	Identify the pa-	Imperative,
nursing		mental	gist:	Safety	tient, halls,	relative clauses
skills part		safety, pre-	rules and	the	stairs, use	(patients
1		accident	prevention	of	equipment	who...)
		vention,	common	acci-	safely, maintain	
		disaster plans	accidents.		equipment, lin-	
					ens, follow in-	
					structions, re-	
					port dangers;	

falls: spills, litter, side rails, wheeled equipment, body alignment, low heels, non-skid soles, disorientation; burns: smoking policy, water temperature, food temperature, warming and heating devices; poisoning: labels, poisonous, locked cabinet, toxic; suffocation: bathtub, chewing, swallowing, airway, breathing, Heimlich ma-

neuver.

Listening	for	Body	mechan-	Imperative
gist: Body me-		ics,	posture,	Adverbs of fre-
chanics and re-		lifting, straight,		quency: always,
strains		twisting,		never
		smoothly,		
		heavy, balance,		
		base of support,		
		coordination;		
		restraints:		
		chemical re-		
		straints, clove		
		hitch knot.		

Writing:	Write	Fuel, heat, oxy-	Infinitive	of
small	para-	gen, faulty elec-	purpose;	TO
graphs	from	trical wiring,	ACTIVATE	
sentences	using	overloaded cir-	THE	
linking	words:	cuits, paper or	EXTINGUISHE	
Fire safety	and	cloth clutter,	R, etc	
prevention	and	smoking; frayed		
disaster plans.		ords, RACE		

(remove, alarm
and contain
(stop), extin-
guish); disas-
ters: floods,
earthquakes,
hurricanes,
tornadoes,
crashes, explo-
sions, riots, stay
calm.

2. Emergency situations	Speaking: Give opinions and holds floor on how to deal with life threatening situations	Give Choking, breathing, pulse, bleeding, shock, poisoning, code, assess, airway, circulation, compression.	Nouns and verbs ending in "ING": breath- ing, knowing, etc.
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Listening for gist: Dealing with	Choking: wheezing, gurgling, snoring,	Nouns and verbs ending in "ING": breath-
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seizures, and coughing; no ing, knowing,
 falls breathing, etc.
 speaking or
 coughing, gasp,
 clutch at the
 throat, head
 injury, stroke,
 infection or high
 fever, brain
 disease, tumors;
 falls: risk fac-
 tors, moving.

3. Body systems Speaking: Iden- Introduction to Present Simple:
 and common tify and describe anatomy and third person's
 diseases part 1 the Respiratory physiology: form.
 system and its cells, tissues,
 common disor- organs, growth, Demonstratives:
 ders. development, That, this, these,
 disease, signs, those.
 symptoms,
 complication,
 AIDS, safe-sex

practices, can-
 cer, tumor, ton-
 sils, lungs,
 pulmonary vein,
 nasal cavity,
 oral cavity,
 tongue, mucus;
 respiratory
 disorders:
 pneumonia.

Speaking: Iden- tify and describe the Circulatory system and its common disor- ders.	Major arteries, major veins, blood,	Present Simple: third person's form.
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Demonstratives:
That, this, these,
those.

Present Simple

Passive voice

Speaking: Identify and describe the Gastrointestinal systems and its common disorders.	Tongue, teeth, liver, gallbladder, colon: ascending, descending, transverse, sigmoid; stomach, spleen, cardiac sphincter, cecum, appendix, pancreas, duodenum, ileum, rectum, anus; emesis, flatus, cancers, inflammations, ulcerations, jaundice, hernia, hemorrhoids, cirrhosis, ostomy, stoma, colostomy, ileostomy.	Present Simple: third person's form. Demonstratives: That, this, these, those. Present Simple Passive voice
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4. Basic nursing skills part 2	1. Body systems and common diseases part 2	Speaking: Identify and describe the Urinary system and its common disorders	Kidneys, bladder, urination, urine; retention, tract, renal,	Present Simple: third person's form.
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Demonstratives:
That, this, these, those.

Present Simple

Passive voice

Speaking: Identify and describe the Endocrine system and its common disorders.	Glands, diabetic coma.	Present Simple: third person's form.
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Demonstratives:
That, this, these, those.

Present Simple

 Passive voice

Speaking: Identify and describe the Reproductive system and its common disorders.	Male, female.	Present Simple: third person's form.
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 Demonstratives:
 That, this, these, those.

Present Simple

Passive voice

2. Body systems and common diseases part 3	Speaking: Identify the Integumentary system and its common disorders.	Skin; fatty tissue; hair, gland, hair root, burns.	Present Simple: third person's form.
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 Demonstratives:
 That, this, these, those.

Present Simple

Passive voice

Speaking:	Muscles, bones.	Present Simple:
Identify and describe the Musculoskeletal system and its common disorders.		third person's form.
		Demonstratives:
		That, this, these, those.

Present Simple

Passive voice

Speaking: Identify and describe the Nervous system and its common disorders.	Brain, spinal cord, hearing loss, vision problems: physiological disorders: maladaptive behaviors: de-	Present Simple: third person's form.
		Demonstratives:
		That, this, these, those.

				pression, agita- tion, alcohol and chemical dependency.	Present Simple Passive voice
3.	Vital signs part 1	Reading identify vocabulary words: temperature	to core Body	Body tempera- ture, Fahrenheit, centigrade; ther- mometer.	Numbers
			Speaking: Ex- plain the im- portance of temperature and compares meth- ods and instru- ments to meas- ure it.	Measurement methods: of thermometers: glass, elec- tronic, paper or plastic, aural, normal ranges.	Present Simple Tense Present Con- tinuous Tense
5.	Basic nursing skills part 3	1. Vital signs part 2	Speaking: De- scribe respiration, their role in the	Pulse: rate, rhythm, force; breathing, res- piratory rate,	Present Simple Tense Present Con-

well-being of rhythm, charac- tinuous Tense
 patients. ter, gasping,
 blue color of the
 skin.

2. Vital signs Speaking: De- Blood pressure, Present Simple
 part 3 scribe blood cuff, gauge; Tense
 pressure, weight and
 weight, height, height: scale, Infinitive of
 and their role in measurement. purpose
 the well-being
 of patients.

3. Positioning Writing: Iden- Positioning de- Passive voice:
 tify and explain vices: pillows, the head is sup-
 positions a pa- folded or rolled ported by...,
 tient can take. towels or blan- etc.
 kets.

Speaking: De- Body positions, Passive voice:
 scribe different angle, flat, ex- the head is sup-
 positions a pa- tended. ported by...,
 tient an take etc.

6. Basic nursing skills part 4	1. Moving	Speaking: Discuss the steps to move a patient between chair and bed.	Nonskid soles, slippers, dizziness, chair, armchair, wheelchair, bath blankets, slide, pivoting, twisting motion, straightening, footrest.	Should for advice
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Speaking: Transferring between a bed and a stretcher	Stretcher, safety devices, turning sheets, bed wheels, exposing, elevator, ramps, safety straps, unattended.	Should for advice
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2. Ambulation	Speaking: Describes ambulation	Cane, walker, crutches, lean,	Imperative
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tion equipment move forward,
and its use. slippage, falls,
rubber tips and
cracks, bolts.

Writing: Com- Dizziness, Imperative
plete an incident fainting, slip-
report on causes ping, stumbling,
and care of fal- tripping.
ling patients.

3. Admission, Speaking and Policies, in- Future with
transfer and writing: Explain structions, WILL
discharge the admission gather informa-
process in de- tion, orient the
tail. Fill out ad- patient.
mission forms.

Speaking and Policies, in- Future with
writing: Explain structions, new WILL
the transfer unit, belong-
process. Fill out ings, patient
transfer forms chart, report.

			Speaking and Policies, in- Future with writing: Explain instructions, fol- WILL the discharge low-up proce- process. Fill out dures. discharge forms.
7. Pro- viding personal care and comfort to the patient part 1	1. The patient's environment	Writing: Write small para- graphs to de- scribe patients' furniture, equipment, and their environ- ment.	Bed, overbed table, bedside stand, chairs, curtains, screens, per- sonal care items, call sys- tem, bathroom, health-related equipment, other equip- ment, tempera- ture, ventilation, odors, lighting, comfort, safety, privacy.

Speaking:	Ex-	Mattress	pad,	Imperative
plains	types of	bottom	sheet,	
beds and their	cotton	draw	Passive voice	
use.	sheets,	inconti-		
	nent	pad,	top	
	sheet,	blanket,		
	bedspread,	pil-		
	low,	pillow		
	case,	assemble,		
	raise,	place,		
	move,	smooth,		
	tuck,	pull,		
	straighten,	in-		
	sert,	grasp,	tags,	
	zippers,	report.		

2. Hygiene and	Speaking: Give	Dressing,	un-	Present Simple
grooming part 1	a short summary	dressing,	bath-	
	of the main	ing,	shampoo-	
	points on Hy-	ing,	tub bath,	
	giene and	shower,	bedpan	
	grooming needs:	(urinal),	bath	
	bathing, giving	blanket,	linen	

a shower. hamper (bag),
washbasin,
soap, deodorant,
lotion, comb,
brush, makeup,
bed linens.

3. Hygiene and Reading: Iden- Oral hygiene, Present Simple
grooming part 2 tify core vo- bad breath,
cabulary words bleeding, dam-
on Oral hygiene aged dentures,
and daily shav- loose or broken
ing teeth, sores,
coated tongue,
discomfort,
gloves; tongue
depressor, cot-
ton-tipped ap-
plicators, pe-
troleum jelly,
mouthwash, sa-
line solution;
razor, towel.

8. Providing personal care and comfort to the patient part 2	1. Hygiene and grooming part 3	Speaking: plain Describe in detail hair, foot, nail, back, eyeglasses, and hearing aids care	Ex-	Shampooing, combing, scalp; dryness, toes, circulation, washcloth; orange stick, nail clippers, nail file, lotion; prone position, side-lying position, smooth strokes, downward stroke; wax buildup, batteries, moisture, heat.	Present Simple
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2. Special skin care	Reading gist: Identifies core vocabulary words.	for	Risk factors: elderly, very thin, obese, unable to move, pressure points.
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Speaking:	Ex-	Stages of skin	Present Perfect:
plains	how	development,	Regular and Ir-
decubitus ulcers	clean, dry, ap-	ply, remove, lo-	regular Verbs
appear.		tion, gentle	
		massage, red-	
		ness, heat, ten-	
		derness, broken	
		skin.	

Speaking:	De-	Bed	cradles,
scribes	devices	foam	rubber,
used to prevent	heel,	elbow	
decubitus ulcers	protectors, foam		
	mattress, egg-		
	shell mattress,		
	wheelchair		
	cushion, foam		
	padding, shield.		

1	<p>gist: Principles of nutrition.</p> <p>tary restrictions, nutrients, carbohydrates, proteins, fats, vitamins, minerals, calories, healthy, weight, appetite, sleep.</p>	<p>Infinitive of purpose: TO + Verb (base form), TO + Verb (ING form)</p>
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Speaking: Ex-plain in detail diets and their importance.	<p>Sugar level, underweight, malnourished, growth, repair of tissues, temporary diet, clear liquid, full liquid, soft, postoperative dietary routine.</p>	<p>Present Simple Infinitive of purpose: TO + Verb (base form), TO + Verb (ING form)</p>
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Reading: Scan for contextual	<p>Patient's position, tray, smell,</p>	<p>Present Simple</p>
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		cues on Helping patients eat.	prepackaged items, meats, pour liquids, plate in terms of a clock face, intake record.	Infinitive purpose: TO + Verb (base form), TO + Verb (ING form)	of +
9. Pro- viding personal care and comfort to the patient part 3	1. Nutrition part 2	Speaking: Identify and describe supplementary food and fluids.	Between meals food and fluids.	Present Simple	
				Infinitive purpose: TO + Verb (base form), TO + Verb (ING form)	of +
		Writing: Record intake and output.	Fluid intake, fluid output, metric measurements: cubic centimeters (cc), milliliters (mL),	Present Simple	
				Infinitive purpose: TO + Verb (base form), TO +	of +

intake and Verb (ING
 output record form)
 (sheet).

Speaking: De- IV (intravenous Present Simple
 scribe and dis- infusion), feed-
 cuss alternative ing. Infinitive of
 feeding meth- purpose: TO +
 ods. Verb (base
 form), TO +
 Verb (ING
 form)

2. Elimination Reading for Elimination Present Simple
 needs part 1 gist: Normal frequency,
 elimination and urine; inconti- Relative pro-
 problems. nent briefs, nouns: that,
 bladder retrain- which
 ing.

Speaking: Give Urinal, bedpan, Present Simple
 an oral presen- appearance,
 tation on toilet- odor. Relative pro-

ing nouns: that,
which

3. Elimination Speaking: Dis- Female patients Present Simple
needs part 2 cuss perineal after childbirth,
care wash gently, pat
dry, rinse.

Reading: Scan a Wipe down- Present Simple
text to find spe- ward, wipe up-
cific informa- ward, strokes, Imperative
tion on Catheter insertion, with-
care drawal, leakage,
swelling, skin
irritation, dis-
coloration,
tubing, drainage
bag.

10. Pro- 1. Specimen Reading for Sterile, dispos- MAY for prob-
viding collection and gist: Specimen able, tongue ability
personal testing collection. blades, labora-
care and tory, accuracy,

comfort			label.	
to the				
patient	Speaking:	Ex- Three-quarters	AFTER,	
part 4	plains the im-	full.	BEFORE	
	portance of			
	urine, stool, and			
	other speci-			
	mens.			
	Speaking:	De- Wooden tongue	Relative pro-	
	scribes the de-	blades, waste-	nouns: THAT,	
	vices used to	basket, saliva.	WHICH	
	collect speci-			
	mens.			
2. AM and PM	Speaking:	Ex- Rest, sleep, sen-	Present Simple	
care	plains the im-	sitive to light		
	portance of rest	and noise, shift.		
	and sleep.			
	Speaking:	Give AM Care, toi-		
	an oral presen-	leting schedule,		
	tation on AM	PM care.		
	and PM care.			
3. Restorative	Speak:	Discuss Lost	abilities, Verbs ending in	

care and reha- the importance adaptive be- ING: involving
 bilitation of restorative haviors, inde- patients, etc.
 care and reha- pendence, pro-
 bilitation as part ductive lifestyle.
 of ADL

Writing: De- Devices for Relative pro-
 scribe assistive walking: per- nouns: THAT,
 devices, pros- sonal care de- WHERE,
 thesis and or- vices: electric WHICH
 thotics. toothbrushes,
 suction
 toothbrushes,
 long-handled
 combs, brushes
 and sponges;
 devices for
 dressing; walk-
 ing devices:
 walkers, canes,
 crutches, wheel
 chairs.

Reading for Bladder, bow- Nouns ending in

			gist: Bowel and bladder training and range-of- motion exer- cises	els, patience, positive rein- forcement.	TIION, ION: ad- duction, flexion, etc.
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11. Spe- cialized care proce- dures part 1	1. Additional patient procedures 1	Additional care part	Listening: Iden- tify true/false inferences re- lating to heat and cold treat- ments.	Dilates, stricts; cyanosis; dry treatments: ice bags, disposable cold moist treatments: compresses, soaks, sponge baths; dry heat treatments: heat lamps, aqua- matic pads; moist heat treatments: compresses, sitz baths.	con- Passive voice cold ice packs; cold treatments: compresses, sponge heat heat pads; heat sitz
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Speaking: Make	Before, during	SHOULD	for
short statements	and after the ex-	advice	
on assisting	amination: dis-		
with a physical	robe, body posi-		
examination.	tions, lighting,		
	temperature,		
	disposable		
	drape, get		
	dressed, gowns;		
	instruments and		
	supplies.		

2. Additional	Speaking: An-	Rectum, colon,	Present Simple
patient care	swer questions	tap water, soap-	
procedures part	and details de-	suds; mineral	
2	scriptions on	oil, olive oil;	
	enemas.	abdominal dis-	
		tension (swell-	
		ing); positions.	

Speaking: An-	Rectal	tube,	Present Simple
swer questions	flatus bag, rectal		

and detail de- suppositories:
 scriptions on single-cone-
 rectal tubes, shaped, double-
 connected flatus coned-shaped,
 bags, and rectal lubrication,
 suppositories. report pro-
 cedures.

3. Preoperative and post opera- tive care	Writing: plain preopera- tive care, fill out preoperative checklist.	Ex- port, physical care, patient education, pre- operative checklist, skin preparation; scratches, pim- ples, cuts, sores, rashes, razor, electric clipper, areas to be shaved, depila- tory.	Emotional sup- Present Simple
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Writing: Explain postoperative care and fill out preoperative checklist.

Ex- Signs or symptoms of complication, and drainage, infusions, leg exercises, deep-breath exercises, binders.

Verbs ending in ING: explaining, rising, etc.

12. Specialized care procedures part 2	1. Sub acute care	Reading gist: standing subacute care.	for Multiple trauma injuries, major surgery, amputation; services: laboratory, pharmaceutical, respiratory, nutrition, psychological, pastoral ministry; subacute patients: transitional, general-	MUST HAVE TO for obligation	and for
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medical surgi-
cal, chronic.

Speaking:	Dexterity,	MUST	and
Summarizes an	wounds, wound	HAVE TO	for
oral presentation	dressing, treat-	obligation	
on skills in	ment, medica-		
subacute care.	tion, dressing		
	changes.		

2. Special skills	Reading	for	Long-term care	SHOULD	for
in long-term	gist: Long-term	facilities,	eld-	advice	
care	care.	erly, age-ap-			
		propriate be-			
		havior, legal			
		rights, visually			
		impaired, hear-			
		ing impaired,			
		privacy, confi-			
		dentiality,			
		grievance, dis-			
		pute, abuse,			
		mistreatment,			

neglect.

Speaking:	De-	Decrease, dete-	MUST	and
scribe physical	rioration,	loss,	HAVE TO	for
changes in ag-	sensitivity,	obligation		
ing	slowdown,			
	enlarge, recede,			
	brittle, porous,			
	weakening, al-			
	teration, mas-			
	turbation, dis-			
	eases and con-			
	ditions of the			
	elderly: falls,			
	burns, poison-			
	ing, suffocation.			

Writing:	An-	Short-term	MUST	and
swer questions	memory, re-	HAVE TO	for	
on cognitive	minders, inde-	obligation		
impaired resi-	pendent, direc-			
dents.	tions, agitated,			
	antisocial, for-			

getful, com-
 bative, rude,
 stimuli, physical
 pain, fatigue,
 sundowning,
 catastrophic
 reactions,
 wandering and
 pacing,
 pillaging and
 hoarding, anxi-
 ety, hallucina-
 tions and delu-
 sions, calm
 down, distract,
 reminiscing.

3. Death and Reading: Scan Stages of dying: MUST and
 dying for specific in- denial, anger, HAVE TO for
 formation on the bargaining, de- obligation
 psychology of pression, ac-
 death and spiri- ceptance; fac- Present Simple
 tual and emo- tors: experience,

tional needs of culture, religion,
 the patient. age; clergy,
 administer the
 Sacrament,
 priest, rabbi,
 religious
 objects, con-
 cern.

Speaking: Dis- Needs: sensory, MUST and
 cuss the impor- communication, HAVE TO for
 tance of caring oral hygiene, obligation
 of dying pa- respiratory,
 tients. circulation, Present Simple
 elimination,
 nutritional; or-
 ders, living will;
 organ and tissue
 donation.

Writing: Take Loss, muscle MUST and
 dictation on the control, limp- HAVE TO for
 physiology of ness, slow obligation

death and post-	down, swollen,	
mortem care.	drop, death rat-	Present Simple
	tle, dilated pu-	
	pils, body heat,	
	morgue, mor-	
	tuary, autopsy,	
	shroud.	

Having the syllabus in place was a very important step in the piloting of this ESP course. The syllabus became the blueprint for the piloting of the ESP course inasmuch it provided the ESP course instructors with direction regarding lesson plan preparation, methodology and teaching procedures, development of materials, and testing. It was agreed that the three instructors would teach the syllabus, but Ms. Tarawhiti would teach most of it. I would teach but also observe and conduct an evaluation of the teaching and of the whole curriculum-development in general.

CHAPTER 6

IMPLEMENTATION OF THE SYLLABUS

This chapter describes how the syllabus designed in the previous chapter was piloted. In other words, this chapter describes how the instructors designed their lesson plans, how their teaching was conducted separately, and how their teaching was viewed by the curriculum-developer and the learners.

This ESP syllabus was implemented in a course taught at UVRMC from Jan 11 through March 31, 2005. Classes were held at Room 3 at IHC University in Provo, UT. Eight students and the three ESP instructors, Ms. Tarawhiti, Ms. Hsu, and I, met to start out the course. During this first session, the initial introductions were made and the class schedule was also discussed and agreed upon; learners agreed on keeping the 5:30 pm to 7:00 pm, T-W-F schedule. The syllabus for the class was also presented and students agreed to attend at least 80% of all the lessons. Copies of the CNA textbook were distributed and students were asked to look through them and write their names on them. The instructors also introduced themselves and talked about their backgrounds for some minutes. Then the first lesson was taught.

The way the syllabus was organized allowed for variation in the way the lessons were taught. The syllabus was very versatile, which allowed the instructors use their own lesson plans, develop their own materials, and apply their own teaching styles to the teaching. For example, I selected week 9 to teach, “Providing personal care and comfort to the patient – part 3”. Because the lessons were organized in this way, any other instructor could have selected the same week topic and designed their materials and done their teaching by following their own styles and methodology. Whatever week topics or

day lessons instructors had chosen, the grammar topics, the language skills intended to be reinforced and the vocabulary selected for the class would have been covered.

Ms. Tarawhiti and I organized their lesson plans by following their preferred formats. Ms. Hsu taught using Ms. Tarawhiti's lesson plans. In her lesson plans, Ms. Tarawhiti listed objectives, materials developed, teaching procedures in terms of writing, speaking, reading, listening, error correction, homework assigned, and a teacher self-evaluation (Tarawhiti, 2005). On the other hand, I listed general information about the course; objectives, both general and enabling; class procedures, which had been organized to follow a student-centered approach (e.g. "Students read about nutrients and match the types of nutrients with their definitions" or "Students write a poster about nutrition and present it to the class orally",) across the following stages: warm-up, introduction and presentation, practice, evaluation, and application. My lesson plans also included a contingency plan if something would go wrong with the lesson. Furthermore, the learning procedures in my lesson plans were timed. Even though two types of lesson plans were used, the instructors designed their own materials, and conducted their teaching according to their teaching philosophy by following the same syllabus.

The teaching followed a communicative-skill-and-language for nursing-development approach. Besides teaching, I observed the teaching and wrote reflective reports about what happened during each lesson and why. Due to time constraints, my reports were organized in a slightly different manner from the way the lesson plans were organized. My reflective reports focused on discussing an introduction to the lesson, a presentation, practice and application, homework, what went wrong, what went well, suggestions, and extended learning-teaching procedures that could have been used to help

learners use language more extensively or give the teaching variety (See Appendix G for an example of a reflective teaching report).

In an average lesson, learners were asked to explain and discuss concepts such as hygiene, blood pressure, specimen, etc. Among other important procedures, students also (1) discussed the meaning of unknown words such as *sphygmomanometer*, *dehydration*, *cardiology*, *biopsy* [italics added], and others; (2) repeated words whose pronunciation was faulty or unknown; (3) used a dictionary to look up the meaning of new words; (4) wrote notes; (5) read paragraphs and paraphrased and explained them to the rest of the class orally; (6) wrote conversations between a nursing assistant and a patient in a given nursing scenario; (7) acted out those conversations; (8) listened to tapescripts and filled in gaps with the information they had just listened to; (9) described pictures of equipment; (10) read aloud and in silence; (11) answered questions orally and in writing; (12) scanned text for specific information; (13) skimmed text for the gist; and (14) wrote summaries.

All the procedures mentioned above were not used by only one instructor but all the instructors favored them because (1) a certain teaching procedure would allow for a certain lesson topic to be more effectively taught, such as for example, the reviewing of new vocabulary and their use in an oral description of how skin breaks and what is necessary to be done to prevent such a phenomenon, in contrast with the use of pictures in another lesson to explain the use of equipment to collect urine specimens. In other words, the syllabus allowed for interaction between the topics and the materials, and between the materials and the teaching. (2) Variety makes the learning process more enjoyable, but most importantly, permanent.

After four lessons, it was noticed that learners were not only struggling with language ability, but also with grammar and pronunciation. Even though grammar topics had been clearly defined in the syllabus and were being attended to, students consistently asked additional questions on grammar. Pronunciation was also of concern as the instructors found fossilization and mispronunciation problems. Based on this discovery, the three instructors decided to approach this issue by emphasizing the teaching of grammar and by adding a pronunciation component. The approach to dealing with these two issues consisted of *recycling* [italics added] lesson contents. During Ms. Tarawhiti's teaching, Ms. Hsu and I would catch and write down pronunciation and grammar errors respectively, errors made by the students when using language. The way the instructors dealt with the grammar and pronunciation issues proved to be beneficial to the learners. In order to deal with the pronunciation problems, Ms. Hsu wrote on the board the mispronounced words or phrases she had caught during the lesson. Then she taught the learners how to position the tongue in the oral cavity in order to produce the right sound for a vowel or consonant for segmentals. Some of the most relevant pronunciation problems were associated with the following phonemes: /θ/ was pronounced as /d/ and /t/ such as in *breath*, /a/ was pronounced as /æ/ /n/ and /ŋ/ and was pronounced as /n/ as in *dangling*. In addition, /dʒ/ was pronounced as /ʃ/ as in *judgment*, /f/ was pronounced /d/ or /t/ as in *data*, and /ei/ was pronounced as /a/ as in *patient* [italics added]. In addition, students repeated aloud and tried to memorize the pronunciation of a word or phrase. One student always had trouble with the word *patient*, but after continuous correction and practice, he finally mastered it. There was no much minimal pair emphasis, but mispronunciations of phonemes were resolved in a one-by-one basis. There was little

work on suprasegmentals, but Ms. Hsu focused on intonation and stress emphasizing content and function words.

In terms of grammar, I wrote a list of erroneous phrases and then produced them on the board. He analyzed the sentences with the students by asking them to identify where they thought the grammar error was. Once they expressed their opinions, I asked them what the correct grammar structure should be like. Again, with my help, learners arrived at the correct structure, which they wrote on their notebooks and whose pronunciation they practiced. As an extension, additional practice was provided for the grammar structure in play by using a different verb, adjective, adverb, etc. For example, in the incorrect sentence “Everybody **need** to eliminate carbon dioxide”, the error lies in the use of present simple tense in the third persons’ form. I provided a different verb for learners to use in a similar sentence such as “The heart **pumps** blood to other body parts”. Another example was the use of “to” and “for” with the infinitive and the gerund respectively. For example the sentence “it is a thing to bring fluids to the body” against “it is a thing for bringing fluids to the body”, or “it’s used to lift and roll the patient” against “it’s a thing for lifting and rolling the patient”. These mini lessons on pronunciation and grammar were in fact very helpful since they helped the learners be aware of their errors and work on correcting them for the sake of accuracy.

As part of the teaching the ESP instructors were observed in their teaching; their strengths and weaknesses are noted below in order to see how this contributed to the success of the teaching of the syllabus. Methodology and teaching styles varied greatly and they were closely related to the teachers’ philosophy teaching and experience.

Ms. Tarawhiti relied on explanations and was committed to help students develop their language abilities, so she preferred the use of listening, reading, writing, and speaking procedures. For listening, she played tapescripts and learners had to fill in blanks or write summaries and then present them orally to the rest of the class. She played tapescripts several times, so learners could understand and then complete their post listening exercises. For reading, she had learners read a paragraph and then present it to the rest of the class orally. Speaking was the ability she focused on more by having students prepare and give oral presentations on nursing topics such as describing a hospital room, nursing culture in the learners' country of origin, define and discuss key words, and other oral exercises. For writing, she asked learners to write sentences with key words, write conversations that promoted interaction among learners and between the teacher and learners. Grammar and pronunciation were barely touched by Ms. Tarawhiti since they were assigned to Ms. Hsu and I, respectively. She conducted error correction by asking clarification questions and then modeling the language structure or lexical item learners struggled with. Ms. Tarawhiti did an outstanding job at teaching and learners liked being encouraged to learn and use language and being praised when they were proficient.

I had a different teaching style. I preferred the use of what could be called an eclectic method that included procedures to promote the development of listening, reading, writing and speaking. Listening was not my stronghold, but for reading, I prepared pre-reading, reading and post-reading activities to ensure learners would exploit texts and benefit through their use of them. I also promoted reading and summarizing, in writing first and then orally. Regarding writing, I asked learners to summarize or

paraphrase text; write reasons to support the importance of for example, nutrition; write definitions of words; and other written exercises. For speaking, I favored pair work. I had learners read and explain a process orally, for example the process of skin breakdown, or had learners act out a conversation between a patient and a CNA they had just written down. Another technique was the use of handouts, which included visuals, and a mixture of activities to promote the use of oral and written language, and the development of vocabulary. I also favored counseling very much, which means that I moved around the classroom going from one pair to another providing correction and modeling language. I also provided error correction by asking rhetorical questions that included the mispronounced words or phrases; then I asked the learner who made the mistake to utter the same word or phrases again. I conducted error correction by providing immediate feedback and modeling language in order to avoid fossilization of mispronounced text.

Ms. Hsu's teaching was different from the other two instructors' teaching. She focused on the development of speaking more than anything else. Her classroom procedures involved group work, games, and plenty of student oral participation. During her lesson, students competed with each other to recognize vocabulary words and phrases; this competition promoted participation. Error correction was direct and conducted on the spot, and support materials were excellent (she used objects, and word cards.)

Regarding her mini lessons on pronunciation, Ms. Hsu listed the mispronounced words on the board and modeled their correct pronunciation; learners repeated after her in groups and then one by one. Practice was not only carried out at the segmental level but also at the suprasegmentals level when she had learners practice the pronunciation of

lexical items as part of sentences where stress and intonation were emphasized. One example of Ms. Hsu's teaching of pronunciation is how she taught the words *thermometer, oral, aural, canal, scenario, ancillary, stethoscope, and dioxide* [italics added]. All these words were taken from a lesson on body temperature and most of them can be pronounced in the native language of the students with some little variation. Ms. Hsu emphasized the pronunciation of the /θ/ in English comparing it with the pronunciation of /t/ in Spanish for the same phoneme.

It must also be mentioned that Ms. Hsu and I taught by using lesson plans that Ms. Tarawhiti had written. I found this a challenge since teaching styles can vary greatly from a teacher to another. For my teaching, I had to read carefully the lesson plans I was provided with in order to interpret what the lesson plan writer really intended learners to do with language. Sometimes the lesson plans came with teaching materials designed by the lesson plan writer. Using them effectively was also a challenge. In order to be successful I adapted the teaching procedures in the lesson plans and the materials provided to match my teaching style.

In addition to my observation and evaluation of the teachers' performance, an additional evaluation of their capabilities was conducted by the students in this ESP. The purpose of this evaluation was for the students to express their opinions about the instructors' teaching styles, the way the instructors presented and used materials, how teaching was conducted, learner activities they enjoyed, and the instructors' personal appearance and attitude towards student progress. It was also intended that this evaluation would yield information on what aspects of the course were useful to the students and which ones were not. This information was intended to serve as referential information

for other instructors who might read and use this syllabus in the future. In order to help learners examine the instructors, I had prepared a Student Appraisal Form (See Appendices J1 and J2 for versions of this form both in English and in Spanish) that had two sections: A. The teaching, and B. The course. In section A, learners had to answer 16 items about the teachers' performance by choosing and circling a number corresponding to the following key: 1. Poor, 2. Acceptable, 3. Good, 4. Excellent. It must be mentioned that learners filled out a student appraisal form for each instructor; in other words, each learner filled out three forms, one per each instructor in the course.

The items ranged from the teachers' personal appearance, enthusiasm, pace, clarity when giving instructions, thoughtfulness when correcting errors, variety in their teaching procedures, knowledge of the topics taught, time and classroom management, student counseling, to the quality and use of materials. In this part of the teacher evaluation, most teachers were rated excellent on all the criteria mentioned above. The last two items of section A of the examination two were open-ended questions that focused on the most helpful and the least helpful aspects of the teaching of the syllabus.

The aspects of teaching that learners found to be more useful were the teachers' knowledge of language for nursing, the use of reading activities, group-work, the promotion of the development of thinking skills ("think fast" the students called it), pronunciation exercises, the development of the learners' confidence to use English orally, promoting enthusiasm (by the instructors using variety in their teaching), grammar exercises, error correction, and patience to teach. Some learners expressed their gratitude for the teachers' effort to help them improve their language abilities. Regarding the

teaching procedures that were least useful, no significant comment was made by the learners.

In section B, part 1, learners had to choose and circle a number from 1 to 4 to rate their opinion of various aspects of the course according to the following criteria: 1. Not useful, 2. More or less useful, 3. Useful, and 4. Very useful. The 11 items referred to content, speaking, reading, listening and writing activities, grammar, language for nursing, cultural aspects of being a nursing assistant, the textbook, and the teaching materials. Again, most learners agreed on the fact that the course was very useful with the exception of items such as nursing culture, grammar, and listening activities, which were rated just useful.

In section B, part 2, the last three items were open-ended questions. The first two asked for aspects of the course that were the most and least useful, and the last one asked the learners to write three suggestions about how the course could be improved. Among the aspects of the course that were more useful were (1) reading for gist and reading to scan specific information in order to increase their comprehension of text in English; (2) pronunciation activities that learners used to reverse fossilization; (3) speaking activities in combination with thinking skills (a student called it *expressing oneself thinking in English* [italics added]); (4) vocabulary for nursing (it was referred to by the student as *medical terminology* [italics added] by one of the students); and (5) grammar activities. Other learners mentioned (6) the textbook as a useful instrument to provide language content; still another learner spoke about (7) the teachers' enthusiasm and patience; even another student (8) praised IHC for letting them use the building and a classroom where they could learn.

Regarding the aspects of the course that were the least useful, learners did not answer that question; they left it blank. This was an indication to the curriculum-developer that they had enjoyed the course, which in turn is an indication of commitment to learning on part of the students.

On the question about suggestions for ways this course could be improved, learners emphasized (1) the teaching of grammar (it must be remembered that as adults they prefer to see language in a structured way); (2) pronunciation to improve their communicative accuracy; (3) more communicative exercises, especially those that include interactions between a CNA and medical staff, administrators, and patients; (4) extending the duration of the course (it seemed to them that twelve weeks was not enough for them to learn all the vocabulary they wanted and to improve their English language proficiency in general; (5) inviting medical personnel or specialists in different aspects of the health sciences, such as nutritionists, nurses, or even an anesthetist to enrich and give variety to the lessons; and (6) more activities to improve their ability to speak in English.

CHAPTER 7

TEACHING MATERIALS DEVELOPMENT

The teaching materials for this course were developed in their majority by Ms. Tarawhiti and consisted of lesson plans and teaching materials in the form of handouts, overhead transparencies, tapescripts, word lists, and visuals. Ms. Hsu developed teaching games. I also developed lesson plans, handouts, and visual aids. Even though Ms. Tarawhiti's MA project was about the development and use of materials for use in this ESP course, an evaluation of her materials and the ones developed by myself will be conducted here. The purpose of this description of their materials is to show that the syllabus of the course can be taught by using a variety of teaching procedures and activities. Furthermore, this description will show the syllabus' versatility and flexibility by pointing out how any given topic in the syllabus can be taught in different ways.

Ms. Tarawhiti's lesson plans were organized to include objectives; materials developed, which were listed and organized according to unit and lesson numbers; and the procedures to use during the lessons. These procedures were organized according to the following categories: (1) review, where one or two activities to help learners remember what was taught the day before were put in place; (2) reading and writing, speaking and writing, listening and speaking and other combination of skills to help learners develop their oral and written abilities to communicate in English were presented; (3) error correction, where the mini lessons on pronunciation and grammar were announced; (4) homework, where reading and writing assignments mainly were described; (5) and a self-evaluation section, where topics of performance such as timing, objectives achievement, activities and materials effectiveness, and student performance

were listed. Ms. Tarawhiti's lesson plans were usually three or four pages long, and what was especially useful about her lesson plans was the fact that the learning-teaching procedures in them were described in detail. In addition, her lesson plans aligned perfectly with the objectives and the syllabus of the course that emphasized the developing of oral and written abilities and the acquisition of language specific to the area of nursing.

Ms. Tarawhiti's teaching materials consisted of handouts, word lists, tapescripts, and visuals. Her handouts contained new lexical items such as *tongue depressor*, *coated tongue*, *emesis basin* [italics added], and others to be defined; verb lists containing actions such as *protect body parts*, *document information*, *explain procedures* [italics added], and others learners had to work with; action lists that contained actions such as assess an emergency problem, remain calm while waiting for help to arrive, and others in which learners had to find key words in and paraphrase. In other types of handouts, Ms. Tarawhiti described to the learners how to summarize and included a section for the learners to summarize a listening passage. Other handouts prompted the summarizing of a procedure such as taking temperature, and included a conversation grid where learners had to write a conversation between a patient and a nursing assistant as part of a temperature-taking procedure. Still other handouts contained text that in turn had gaps learners had to fill out after listening to the text from a tapescript. Other handouts had pre-reading questions related to a chapter or specialized text; these were open-ended questions such as "What do you think restorative care is?" or "What do you think the role of a nursing assistant is in restorative care and rehabilitation?" that promoted the use and development of thinking skills. A very interesting and useful type of handout included the

use of a flowchart learners had to fill out to follow a process (i.e. how to take specimens such as *urine, stool, and sputum* [italics added]). Handouts developed and used by Ms. Tarawhiti were used as support material for the teaching, to engage learners in using language, and to add variety to the teaching. They were well designed and properly formatted, which made them easy to read and use. Ms. Tarawhiti's visuals consisted of overhead projector transparencies and figures. These visuals captured the learners' attention and added variety to the teaching.

Ms. Hsu's materials for vocabulary games consisted of word cards that she would stick on a wall and have students –in groups– take turns matching a definition given to them with one of the words on the wall. Groups that were able to discover a word by reading its definition were given a reward. In addition, she also used a handout where students had to fill in gaps after a listening passage on anesthesia had been played. Ms. Hsu's materials were motivating and promoted oral communication; they added variety to her teaching since they kept learners immersed in the content of the lesson by competing.

My lesson plans were one or two pages long (See Appendix H). These lesson plans included general information about the course such as learners' level of proficiency, class time, date, etc. The second section listed general and then enabling objectives. The third section contained class procedures organized by lesson stage (warm-up, introduction and presentation, practice, evaluation, and application), and the fourth section listed contingency plans or additional ideas for teaching. Section 3, which was titled "Class procedures," is worth special attention because it described what would happen in the classroom in terms of the learners' language development. For example,

one of the lesson plans included the description “Students write sentences to say where ‘pressure points’ are”, or “students use the pictures on page 230 of their textbooks to orally describe the stages of skin breakdown in small groups and/or to the class.” In another lesson plan, the strategies included activities like the following: “students read about nutrients and match types of nutrients with their definitions,” or “students design and write a poster about nutrition and present it to the class orally”. Other examples are “students label and describe devices used for elimination such as ‘A bedpan is a round-looking tray used to urinate and/or defecate in’” or “in pairs, students write and practice a conversation between a CNA and a patient who needs help with elimination”. By focusing on the learners’ linguistic needs, I intended my teaching procedures to become more meaningful in helping these learners improve their language abilities to achieve their linguistic and professional goals.

My materials consisted of handouts that included different types of activities. These handouts were designed to guide my teaching. Some of the activities in the handouts included a puzzle where learners had to find new words related to skin breakdown and treatment, body figures where learners had to identify *pressure points* [italics added], gap-filling activities, figures to promote speaking, reading passages that included pre and post reading activities, activities to promote writing such as summarizing a paragraph from the textbook, and the writing of a conversation between a CNA and a patient who needed help with elimination. These handouts were consumable, which means that learners had to read or write in them, or they read instructions in them that prompted them to speak or listen to different texts. One of the advantages of these materials was that they provided direction to the class; they also provided hands-on use of

language activities. These materials also allowed the instructor move around and provide counseling while students worked in groups.

As can be seen, materials greatly differed from one teacher to another according to their expertise in designing and using materials, and according to their teaching styles. One thing these materials had in common was that they were designed to provide learners with language practice procedures to help them become more proficient in communicative nursing situations. Other similarities among the materials used by these three instructors are that they not only promoted the use of language in the classroom and outside the classroom, but they gave the teaching of a given lesson direction; not that the materials completely dominated the teaching of the syllabus, but signaled the instructors what lesson topics were to be emphasized. Another common fact among the materials is that were used as informal testing instruments, such as in the case of consumable materials designed and used by Ms. Tarawhiti and I. For example, while learners worked on their handouts, these two instructors moved around the students providing feedback on what learners had written or the answers they had chosen to comprehension questions in their readings in their handouts.

CHAPTER 8

TESTING OF LANGUAGE LEARNING

Testing for this project attempted to measure the learners' level of proficiency and language learning. Three types of testing were conducted in relation to this course: placement, formative, and summative. Placement testing was conducted at the beginning of the course and had two parts: testing learners' language proficiency and knowledge of vocabulary for nursing, as a process to select those who would be in the course. For this purpose, I designed and wrote two tests. The General English Placement Test had three sections: the grammar section had 30 multiple-choice items; a reading section with 4 reading passages and 15 multiple-choice items; and the speaking section included 15 open-ended questions students had to answer in an oral interview. For more information on how this test was designed and used, see the sections Needs Analysis and General English Placement Test earlier in this report.

Formative testing was conducted using a small test given at the middle of the course (See Appendix I). This covered the content of the first five weeks (first five units) and had twenty multiple-choice questions that were designed to measure both language ability and knowledge of vocabulary for nursing. Table 28 and Figure 4 below show the percentage scores on this formative test.

Table 28

Formative test percentage scores

Names	Score	%
C	18	90
K	17	85
V	16	80
R	14	70
L	13	65
M	13	65

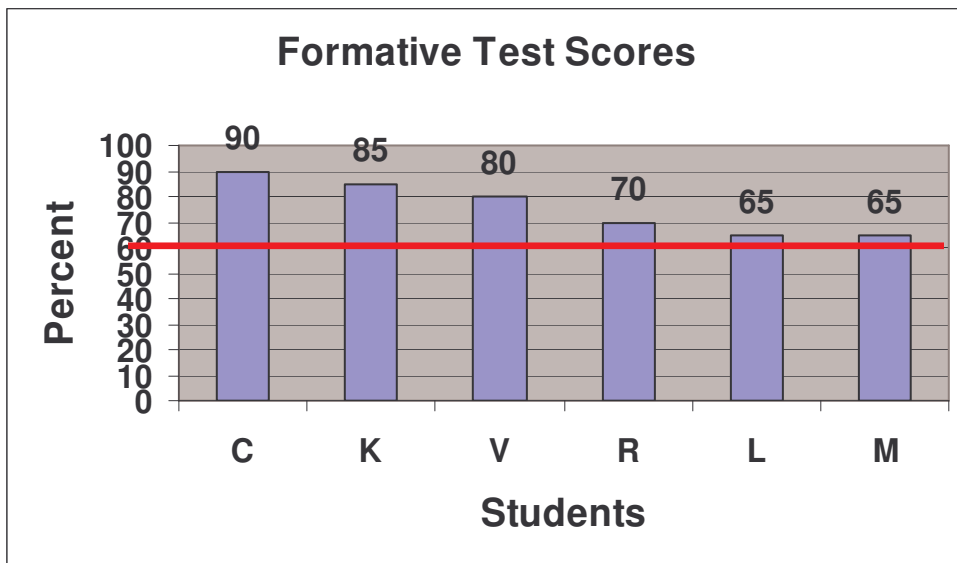


Figure 4. Formative Test Scores

As can be seen, all of the participants in the course scored higher than 60%. At the beginning of the course, it was decided that 60% on the Placement Test and 70% on the Test for Nursing would be the cut-off scores for learners to get in the ESP course. The scores obtained in this formative test are only indicative that progress and learning were taking place.

Summative testing was conducted at the end of the course and consisted of giving the learners the same Test for Nursing they took at the beginning of the course. The purpose of doing this was to discover, through comparing the learners' scores, how much learning had taken place, thereby evaluating how effective the teaching was and how accurately the testing was conducted. A comparative analysis of the scores obtained from the Pre and Post Tests for Nursing will be conducted and reported here now.

Table 29

English for Nursing Post Test Scores

Name	Total	%
K	58	80.56
R	58	80.56
L	57	79.17
V	57	79.17
M	54	75.00

C	47	65.28
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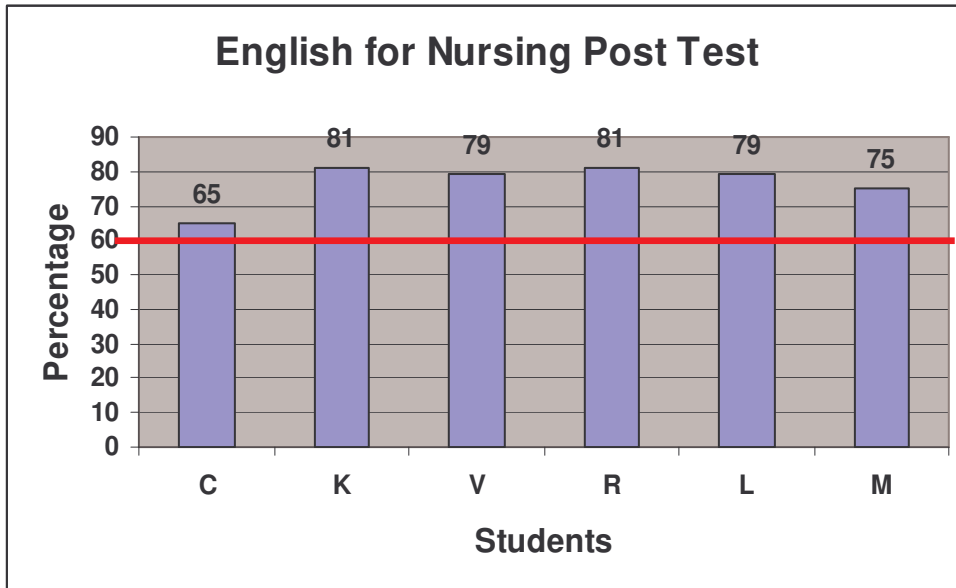


Figure 5. English for Nursing Post Test

Both Table 29 and Figures 5 and 6 show that at the end of the course, most learners' scores were above the cut-off point of 70%, indicating that the learning of language for nursing had taken place.

A comparison of the English for Nursing Pre and Post Test results is shown in Table 30.

Table 30

Comparison of scores obtained in the English for Nursing Pre and Post Tests

Name	Pre Test		Post Test	
	Total	%	Total	%
K	37	51.39	58	80.56
R	46	63.89	58	80.56
V	55	76.39	57	79.17
L	46	63.89	57	79.17
M	32	44.44	54	75.00
C	49	68.06	47	65.28

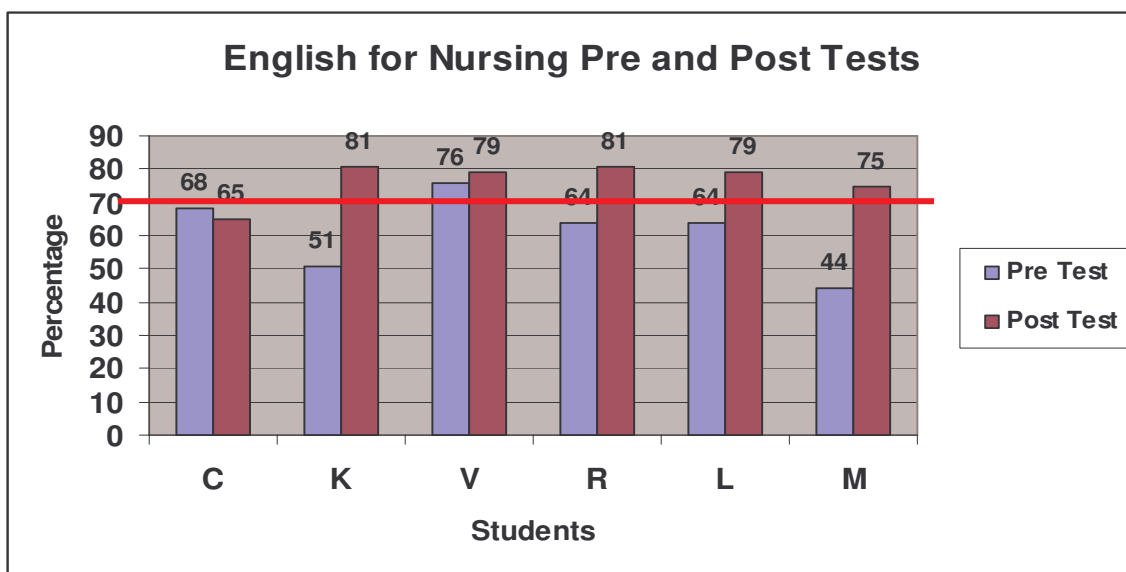


Figure 6. English for Nursing Pre and Post Tests

Table 30 and Figure 6 show the average scores obtained in the English for Nursing Pre and Post Tests. As can be seen, all of the learners but one improved their knowledge of language for nursing. For example, student K's learning jumped from 51% in the pre test to 81% in the post test. Similarly, great improvement was made by students L, M, R, and V, all of whom obtained scores over 70%, which was the cut-off score in the English for Nursing Pre Test for them to be accepted in the course. Student L deserves special attention because her score in the Pre Test was 64%, which was not enough for her to be part of the course; however, her score in the Post Test was 79%, which shows the efficacy of the syllabus, the teaching, materials, testing, and the curriculum in general. Of course, other factors need to be considered as collaborative to this success, such as personal effort, motivation, language learning skills, critical thinking skills, and others. The same can be concluded by looking at the scores of the other learners obtained in the Post Test.

Again, a more detailed analysis of learning gain can be done by looking into the DIs of the English for Nursing Test. This is shown in Table 31 below.

Table 31

English for Nursing Pre and Post Tests Difference Index by item

Item	Nursing topic	IF Post Test	IF Pre Test	DI
Introduction				
1	to health care	1	1	0

	Introduction			
2	to health care	0.67	0.83	-0.16
3	The nursing assistant	1	1	0
4	The nursing assistant	0.83	0.5	0.33
5	Communica- tion and inter- personal skills	0.67	0.67	0
6	Communica- tion and inter- personal skills	0.67	0.5	0.17
7	Relating to your patients	1	0.83	0.17
8	Relating to your patients	0.5	0.33	0.17
9	Infection con- trol part 1	0.83	0.83	0
10	Infection con- trol part 1	0.33	0.17	0.16
11	Infection con- trol part 2	1	1.00	0

12	Infection control part 2	0.67	0.67	0
13	Environmental safety, accident prevention, and disaster plans	1	1	0
14	Environmental safety, accident prevention, and disaster plans	1	0.17	0.83
15	Emergency situations	0.83	1	-0.17
16	Emergency situations	0.83	0.83	0
17	Body systems and common diseases part 1	0.5	0.17	0.33
18	Body systems and common diseases part 1	0.83	0.67	0.16
19	Body systems	1	1	0

	and common diseases part 2			
20	Body systems and common diseases part 2	1	1	0
21	Body systems and common diseases part 3	1	1	0
22	Body systems and common diseases part 3	0.33	0.83	-0.5
23	Vital signs part 1	1	0.67	0.33
24	Vital signs part 1	0.83	0.5	0.33
25	Vital signs part 2	0.83	0	0.83
26	Vital signs part 2	0.83	1	-0.17
27	Vital signs part 3	0.83	0.67	0.16
28	Vital signs part 3	0.83	0.83	0

29	Positioning	0.5	0.5	0
30	Positioning	1	0.5	0.5
31	Moving	0.83	0.33	0.5
32	Moving	0.17	0	0.17
33	Ambulation	1	0.83	0.17
34	Ambulation	0.67	0.5	0.17
35	Admission, transfer and discharge	1	0.67	0.33
36	Admission, transfer and discharge	0.83	1	-0.17
37	The patient's environment	1	1	0
38	The patient's environment	1	0	1
39	Hygiene and grooming part 1	0.67	0.33	0.34
40	Hygiene and grooming part	0.33	0	0.33

	1			
	Hygiene and			
41	grooming part	0.83	0.67	0.16
	2			
	Hygiene and			
42	grooming part	0.83	0.83	0
	2			
	Hygiene and			
43	grooming part	0.17	0.33	-0.16
	3			
	Hygiene and			
44	grooming part	1	0.83	0.17
	3			
	Special skin			
45	care	0.5	0.33	0.17
	Special skin			
46	care	0.33	0.17	0.16
	Nutrition part			
47	1	0.5	0	0.5
	Nutrition part			
48	1	0.83	0.5	0.33
	Nutrition part			
49	1	1	0.5	0.5

	2			
50	Nutrition part 2	0.83	1	-0.17
51	Elimination needs part 1	0.83	0.5	0.33
52	Elimination needs part 1	0.5	0.33	0.17
53	Elimination needs part 2	1	0.83	0.17
54	Elimination needs part 2	1	1	0
55	Specimen collection and testing	0.83	0.33	0.5
56	Specimen collection and testing	1	0.83	0.17
57	AM and PM care	1	1	0
58	AM and PM care	1	0.83	0.17
59	Restorative	0.83	0.83	0

	care and reha- bilitation			
60	Restorative care and rehabilitation	0.83	0.67	0.16
61	Additional patient care procedures part 1	0.33	0.33	0
62	Additional patient care procedures part 1	0.83	0.67	0.16
63	Additional patient care procedures part 2	0.33	0.33	0
64	Additional patient care procedures part 2	1	0.83	0.17
65	Preoperative and post	1	1	0

	operative care			
	Preoperative			
66	and post	0.33	0.17	0.16
	operative care			
67	Sub acute care	0.5	0.33	0.17
68	Sub acute care	0.33	0.33	0
	Special skills			
69	in long-term	1	1	0
	care			
	Special skills			
70	in long-term	0.83	0.33	0.5
	care			
71	Death and	0.5	0.5	0
	dying			
72	Death and	0.83	0.67	0.16
	dying			

In Table 31, Item 4 of the English for Nursing Pre Test, which corresponds to the topic of “The Nursing Assistant” in the content section of the syllabus, has an IF of 0.5, meaning that only 50% of the learners knew about this topic at the beginning of the course. The IF for item 4 in the English for Nursing Post test is 0.83, which means that 83% of the learners learned the content of this topic by the end of the course. The DI for

item 4 is 0.33, which means that there has been an increase of 33% in the learning of this topic by the end of the course. Similarly, Item 38 has an IF of 0% in the English for Nursing Pre Test, which means that none of the students knew about the item topic, which is “The patient’s environment” according to the syllabus. Item 38’s IF I the English for Nursing Post Test is 1, which shows that by the end of the course all of the students had learned the topic corresponding to this item. The DI is 1, meaning that there has been a 100% learning in this topic. These two items and other 39 items all have an ID greater than zero, which means that learning of the topics represented by these items has occurred. In other words, 41 items out of 72 show a positive ID, which in turns show the students’ improvement in the areas these items cover. This also means that the syllabus, teaching, materials, testing, and the curriculum in general were effective. The items with a DI equal to zero (0) or a negative figure were not appropriate (or the learners did not learn them very well) and need to be reviewed or rewritten. The ones with an ID equals to zero show that no learning occurred and those with a negative figure mean that learners somehow unlearned the topic corresponding to those items. The presence of DIs of zero could also mean that learners knew those topics because of the nature of their jobs at UVRMC; in other words, as they work in hospital setting, they are exposed to language for nursing and it could be possible that they picked up some of it while working before taking the course.

In addition, Table 32 has been created according to the DIs for the reader of this report to more easily visualize the nature of the items in the test.

Table 32

English for Nursing Pre and Post Tests Difference Index Arranged by DI Magnitude

Item	Nursing topic	IF Post Test	IF Pre Test	DI
38	The patient's environment	1	0	1
14	Environ-mental safety, accident pre-vention, and disaster plans	1	0.17	0.83
25	Vital signs part 2	0.83	0	0.83
30	Positioning	1	0.5	0.5
31	Moving	0.83	0.33	0.5
47	Nutrition part 1	0.5	0	0.5
49	Nutrition part 2	1	0.5	0.5
55	Specimen collection and	0.83	0.33	0.5

	testing			
	Special skills			
70	in long-term care	0.83	0.33	0.5
	Hygiene and			
39	grooming part 1	0.67	0.33	0.34
	The nursing			
4	assistant	0.83	0.5	0.33
	Body systems			
17	and common diseases part 1	0.5	0.17	0.33
	Vital signs			
23	part 1	1	0.67	0.33
	Vital signs			
24	part 1	0.83	0.5	0.33
	Admission,			
35	transfer and discharge	1	0.67	0.33
	Hygiene and			
40	grooming part 1	0.33	0	0.33

48	Nutrition part 1	0.83	0.5	0.33
51	Elimination needs part 1	0.83	0.5	0.33
6	Communica- tion and inter- personal skills	0.67	0.5	0.17
7	Relating to your patients	1	0.83	0.17
8	Relating to your patients	0.5	0.33	0.17
32	Moving	0.17	0	0.17
33	Ambulation	1	0.83	0.17
34	Ambulation	0.67	0.5	0.17
44	Hygiene and grooming part 3	1	0.83	0.17
45	Special skin care	0.5	0.33	0.17
52	Elimination needs part 1	0.5	0.33	0.17
53	Elimination	1	0.83	0.17

	needs part 2			
	Specimen			
56	collection and testing	1	0.83	0.17
	AM and PM care			
58		1	0.83	0.17
	Additional patient care procedures part 2			
64		1	0.83	0.17
67	Sub acute care	0.5	0.33	0.17
	Infection control part 1			
10		0.33	0.17	0.16
	Body systems and common diseases part 1			
18		0.83	0.67	0.16
	Vital signs part 3			
27		0.83	0.67	0.16
	Hygiene and grooming part 2			
41		0.83	0.67	0.16
	Special skin			
46		0.33	0.17	0.16

	care			
	Restorative			
60	care and rehabilitation	0.83	0.67	0.16
	Additional			
62	patient care procedures part 1	0.83	0.67	0.16
	Preoperative			
66	and post op- erative care	0.33	0.17	0.16
72	Death and dying	0.83	0.67	0.16
1	Introduction to health care	1	1	0
3	The nursing assistant	1	1	0
5	Communica- tion and interpersonal skills	0.67	0.67	0
9	Infection con-	0.83	0.83	0

	trol part 1			
11	Infection control part 2	1	1	0
12	Infection control part 2	0.67	0.67	0
13	Environ- mental safety, accident pre- vention, and disaster plans	1	1	0
16	Emergency situations	0.83	0.83	0
19	Body systems and common diseases part 2	1	1	0
20	Body systems and common diseases part 2	1	1	0
21	Body systems and common diseases part 3	1	1	0
28	Vital signs	0.83	0.83	0

	part 3			
29	Positioning	0.5	0.5	0
37	The patient's environment	1	1	0
42	Hygiene and grooming part 2	0.83	0.83	0
54	Elimination needs part 2	1	1	0
57	AM and PM care	1	1	0
59	Restorative care and rehabilitation	0.83	0.83	0
61	Additional patient care procedures part 1	0.33	0.33	0
63	Additional patient care procedures part 2	0.33	0.33	0

	Preoperative			
65	and post operative care	1	1	0
68	Sub acute care	0.33	0.33	0
	Special skills			
69	in long-term care	1	1	0
71	Death and dying	0.5	0.5	0
	Introduction			
2	to health care	0.67	0.83	-0.16
	Hygiene and			
43	grooming part 3	0.17	0.33	-0.16
15	Emergency situations	0.83	1	-0.17
26	Vital signs part 2	0.83	1	-0.17
36	Admission, transfer and discharge	0.83	1	-0.17

50	Nutrition part 2	0.83	1	-0.17
22	Body systems and common diseases part 3	0.33	0.83	-0.5

In the same venue of validity, an additional procedure was conducted in order to further contribute to determine the validity of the test. This was done by calculating and comparing the mean of the total score and the mean of the percentage score for both the pre and post tests.

Table 33

Mean of the Total Score and the Percentage Score for the Pre and Post Test for Nursing

	Mean Total Score	Mean % Score
Pre Test	44.17	61.43
Post test	55.17	76.62
Difference	11	15.19

The total score difference and the percentage score difference are 11 and 15.19, which shows that there has been improvement in the learners' special language ability, through teaching, from the pre-test to the post test. The implications of these figures are

that the test has been properly constructed and is valid. In addition, it also means that the teaching has been effective, which in turn implies that the teaching materials and the testing were effective. Other factors such as the learners' motivation and their personal effort should also be accounted as determining to their success in the ESP course.

CHAPTER 9

EVALUATION OF THE CURRICULUM DEVELOPMENT PROCESS

A vital part of designing and piloting a curriculum is the evaluation of the process followed to put it in place. As was stated earlier in this report, a curriculum is made out of smaller units or parts. In this chapter, those parts, namely the needs analysis, situation analysis, the designing of aims and objectives, the making of the syllabus, the teaching and teachers, materials, and the testing will be evaluated. An explanation of how these parts were carried out and their usefulness will be provided in this chapter.

Needs Analysis

As stated before, the linguistic needs analysis of this project was made through the analysis of information obtained through observation of a CNA course, an interview with a CNA instructor, a questionnaire, an English Placement Test, and a Test for Nursing.

The observation of the CNA course was one of the most important steps taken in the designing and putting in place of the ESP course at UVRMC. Its importance lies in the fact that the observers –Ms. Tarawhiti, Ms. Hsu, and I– were able to see first-hand what type and how much language proficiency participants in the ESP course should have in order to be able to enter and successfully finish a CNA course. During the observation, notes were taken and most classes were videotaped in order to be used as a source to look into the language used there. The experience of observing the CNA classes gave me very important insight on the nature of the CNA course. Basically, I realized two important things: (1) the level of English used in the CNA course was certainly high

judging by the way the lessons were conducted (the CNA instructor spoke 174 words per minute; there was a lot of oral interaction among instructor and students; students had to give oral presentations; read aloud; write notes, summaries, and reports; understand instructions on how to conduct CNA procedures; answer oral questions posed by the instructor; and answer test questions). (2) Non-native speakers of English who might take the CNA course needed to be able to cope with the language procedures just described and for instance needed to have at least an intermediate level of English proficiency and at least basic knowledge of English for nursing. Intermediate level of English proficiency should be understood as the entry level students should ideally have for this course (See Chapter 4 early in this report). The level of English proficiency, both general and specific, was measured through an English Placement Test and a Test for Nursing, whose usefulness will be described here afterwards.

The observation of the CNA course became then a very important starting point in terms of being a source of knowledge regarding what was expected of the UVRMC housekeepers who might enter that course.

The interview with the CNA instructor had been carefully designed and included questions to discover what general and specific English language skills the CNA instructor expected of non-native speakers of English. The interview was conducted at the CNA instructor's office at UVRMC and Ms. Hsu was also present. With the CNA instructor's permission, the questions and answers were recorded for future reference. I was very specific in asking the CNA instructor what she expected non-native speakers of English to bring to her CNA class in terms of the four main language abilities, vocabulary for nursing, pronunciation, and hospital culture.

The usefulness of this interview lies on the fact that the information obtained also served as the basis to design the ESP course. What I learned from this interview was that learners in the ESP course were expected to have, according to the CNA instructor, an intermediate level of proficiency in English in order to be able to participate in a CNA course. This information corroborated what had been previously learned in the observation of the CNA course. By using the information obtained through the interview and the information obtained through the observation of the CNA course I was able to design appropriate class objectives, a syllabus, materials, teaching procedures, and testing instruments in order to provide the ESP learners with the language procedures they needed to develop their language skills.

One of the drawbacks of the interview was that it did not touch on what type of effort IHC would be willing to make in order to support an ESP course for its housekeepers. The effort referred to above is meant to be in terms of (1) infrastructure support, such as providing for a classroom and equipment (TV, VCR, tape recorder, etc.), materials printing, etc.; (2) institutional support to allow the housekeeping department be flexible with the housekeepers' schedules; and (3) what incentives (monetary, recognition, etc.) would be available to its housekeepers to motivate them prepare and complete a CNA course. Even though these topics were given attention later through Ms. Hsu's intervention and conversations with IHC management, it would have been appropriate to touch upon them in the interview with the CNA instructor.

The questionnaire given to the housekeepers was also an important part of the linguistic needs analysis exercise. The questions were carefully designed in order to prompt respondents to talk as accurately as possible about their ability to use English, and

about other external factors such as goals, administrative constraints, etc. that could have either a positive or a negative effect on the curriculum.

Another of the benefits of the questionnaire was that it was presented in a user-friendly format, with both multiple-choice and open-ended questions. Instructions were clear and presented in simple language that hardly needed explanation. Additionally, the questionnaire was presented in Spanish to make it more friendly to the respondents and to increase their confidence to answer it. Additionally, presenting a questionnaire in the native language of the respondents, allowed them to broaden their answers and elaborate on them in order to provide as much information as possible.

However, a drawback of the questionnaire was that it failed to touch on the learning strategies respondents used to acquire English. No question in the questionnaire directly related to learning strategies. Later, I learned about what strategies the respondents used through informal conversations with them. Learning about learning strategies is of vital importance inasmuch as it would help curricula designers adjust the syllabus and teaching in order to provide quality teaching and materials.

The English Placement Test's usefulness must also be discussed here. The IF indexes showed that the items did a good job discriminating upper-level learners from the low-level ones. This shows that the test was in general well designed and constructed.

One of the disadvantages of the test was that it was designed to measure only three constructs, namely, grammar, reading comprehension, and speaking. Items designed to measure listening and writing were not included in the test because of the lack of appropriate infrastructure and because of time constraints. In addition, the test was a pen

and pencil and the scoring of items was somewhat difficult, so was the statistical analysis of the scores even though Excel® formulas were used.

The test was given to the learners in a small break room at UVRMC, where learners came in groups of 5 or 6. The furniture consisted of tables and chairs, which were not that big of a problem; but other people who worked at UVRMC kept entering and leaving the break room, which contributed to noise and nervousness by part of the learners.

Finally, the Test for Nursing was given to the learners at the beginning of the ESP course. As the test had 72 items, it was given in parts. In other words, it took three sessions of about half an hour each –the last half of an hour period of the class– for the students to complete this test. One of the advantages of designing and giving this test is that it allowed me to know what type of language for nursing learners had, and based on that information, design an appropriate syllabus to teach.

Another advantage is that the test was designed based on the contents of the CNA textbook, which textbook had become the source of specific language to be taught as agreed with the CNA instructor. On the other hand, the test had 72 items, which made it long enough to be taken by the learners in 3 sessions. In addition, the logistics for the taking of the test might have not been appropriate (given at the end of a class period, when learners were wrapping up their lesson and getting ready to go back to work or go home).

The scoring of the test and the analysis of the scores was not a difficult task. I had a template that helped score the learners' answers in very little time. The analysis of the

scores offered some difficulty and in order to do it correctly, consultations with a testing expert were conducted.

Situation Analysis

I conducted the situational analysis part of the ESP curriculum in close coordination with Ms. Hsu, who served as a liaison between the ESL-ESP specialist and the IHC management. This combined effort proved to be highly beneficial for the ESP curriculum and an asset for the success of the implementation and piloting of the ESP course. Through Ms. Hsu's effort, the ESP course for housekeeping employees at UVRMC received outstanding support from the IHC's management. When IHC management heard about the ESP course to be given through the university hospital, they invited Ms. Hsu to speak about this ESP initiative at a monthly meeting where IHC management and other personnel were present. Because of Ms. Hsu's effort, IHC gave the ESP course a classroom equipped with audiovisual equipment where classes were held; this classroom was booked for the ESP class to take place there for the entire 12 weeks it would last.

Another positive result of conducting the situation analysis in connection with IHC personnel was that Mr. Craig Fitts, the housekeepers' manager, agreed on supporting the housekeepers' desire and willingness to take the ESP course. For example, at the beginning of the ESP initiative, Mr. Fitts allowed his housekeepers to leave their jobs to meet with me to explain what the ESP course was about, answer the 29-item questionnaire, and take the placement test. Later, when the ESP course was about to start, Mr. Fitts allowed his housekeepers adjust their schedules to be able to attend the course.

During the implementation of the ESP course, Mr. Fitts also visited the ESP class, provided support, and participated in the language practice activities.

Another outcome of working as a team was the agreement between the instructors and IHC – represented by Ms. Hsu – to charge the course participants \$ 40 as a tuition fee. This money was used to pay for the class textbook (\$25), which would be the textbook the CNA instructor uses in her instruction, and the rest of the money would pay for extra materials and other miscellaneous expenses. The purpose and benefit of doing this was that the ESP learners would feel that they were contributing to their preparation, and in my opinion, this feeling in turn would increase their level of commitment to the course.

Aims and Objectives

The aims and objectives were chosen in order to provide direction to the teaching and learning of the syllabus topics.

One of the advantages of the aims was that they referred to language learning, cultural understanding, and attitude developing.

The objectives were written to offer more detailed information in the area of language learning. Their importance lies in the relevant fact that they covered the improving of the four language skills: listening, speaking, reading, and writing, with vocabulary for nursing to be taught across the four language skills. The objectives also detailed learner performance to improve hospital culture and attitude understanding by covering the topics of work relationships, administrative procedures conducted in a hospital, and hospital procedures. Finally, the objectives delved into the way nursing care

is conducted in America and how the learning of hospital culture can help CNAs be more effective in their performance as health professionals.

Furthermore, the aims and objectives were directed to help learners satisfy their need to master English and English for nursing. In other words, the aims and objectives were written in a way that their achievement would match with IHC's mission and vision to provide the local community with a better service through the incorporation of well-prepared professionals as part of their work force.

The tacit value of the aims and objectives designed for this ESP course lies on the fact that they were also used to write lesson plans, materials, tests, teaching procedures, and learning activities.

Syllabus Creation Process

An important fact that must be mentioned about the syllabus is that it was based on the CNA textbook used by UVRMC at IHC University. The topics chosen to be taught came from the CNA textbook and were included in the Detailed Syllabus. It was the CNA instructor who reviewed this syllabus and shortened the number vocabulary words for nursing to be taught. This shortening of the syllabus was done in agreement with me, who realized that it would not be possible to teach such a great number of specialized words contained in the original syllabus in a 12-week course. In addition, it was the CNA instructor's intention to provide the ESP learners with a basic knowledge of language for nursing with the intent that they would learn it more in depth in the actual CNA course.

I selected the language skills and grammar topics to help the ESP learners improve their oral and written receptive and productive skills (listening, reading,

speaking, and writing) as well as their critical thinking skills to be able to use language in and outside the classroom. The grammar topics were selected as the ones to be the most appropriate to be taught along with the content topics. However, even though grammar topics had been pre selected to be taught as part of the syllabus, the ESP teachers moved away from those structured topics to concentrate on what they found was more important: the grammar errors made when using language in real language situations (i.e. during classroom interaction.) The fact that complete attention was not given to all the grammar topics accounted for in the syllabus can be considered one of the reasons why the learners did not do that well on the Post Placement Test.

Teachers and Teaching

The teaching was conducted in room 3 at IHC University in Provo. The lessons were prepared and taught by Ms. Tarawhiti, Ms. Hsu, and I. Most of the lessons were prepared by Ms. Tarawhiti and I. Ms. Hsu taught using Ms. Tarawhiti's lesson plans and materials.

One of the advantages of having three instructors (for this particular course) was that while one of them was teaching, the other two helped learners with their language learning on a more personal basis. In other words, the two instructors that were not teaching a given lesson moved around the classroom providing students with counseling in the form of error correction, modeling language, monitoring learning, and extending language practice activities. One thing the two co-instructors did was, for example, ask open-ended questions that prompted students to use oral and written language for longer periods of time. They also provided additional examples, or provided explanations to

both language and content concepts. Another advantage of having what could be called *group teaching* or *co teaching* was that while one of the instructors presented the lesson and conducted language practice activities, one of the other two conducted an observation and evaluation of the performance of the teacher in action.

This way of having an instructor teach and the other two give support and observe the teaching became an advantage. The instructors who observed the teaching –when not giving support and when asked by me– were able to conduct an evaluation of the teacher and the teaching taking place. The purpose of conducting this teacher evaluation was twofold: (1) to identify the parts in the syllabus that needed special attention and provide for their strengthening, and (2) to provide the instructors with positive feedback on their teaching. This feedback was given at the end of the lesson emphasizing what went well in the lesson in terms of language procedures used, student-teacher interaction, materials, etc. The form used by the observers to evaluate the teaching instructors is provided in this report as Appendix F, Teacher Evaluation Checklist.

Teaching Materials

A detailed evaluation of the design, use, and effectiveness of the material has been given by Ms. Tarawhiti (Tarawhiti, 2005). However, a brief evaluation of the materials used in the ESP curriculum will be noted here.

Materials for this course took different forms. Visual aids consisted of overhead transparencies used to show hospital rooms and equipment. The illustrations on them were of excellent quality, colored, and the text was large enough for learners to read them easily. There was for example a transparency by Tarawhiti in which a maternity room

was depicted in which learners had to identify the different equipment in the room and what uses that equipment had. This material allowed students both oral and written language practice. Other visual materials appeared in handouts, which were abundantly used to provide language practice. I included visual aids in my handouts to show for example, pressure points, urination equipment, and others. Handouts worked well for this course since they contained key vocabulary words learners had to discuss in pairs in order to find out their meaning and use those words orally and in writing.

Another advantage of the handouts I created is that they were created to be consumable, which is they contained instructions on language activities students had to follow in order to use English either orally or in writing. One example of a consumable activity in a handout that was very useful was one in which learners saw pictures of the stages of skin breakout; they had to orally describe those stages to a classmate orally, and then describe those stages in writing (in their handout) and give them to a classmate to read about them.

Handouts were also useful because they served as a vehicle to deliver language and as a guide to practice it. They also allowed for a better interaction between teachers and learners, which is while learners worked on their handouts by themselves or in pairs, teachers could more easily provide learners with counseling going from one pair to another modeling language and providing error correction. One of the disadvantages of handouts for this particular course was that their excessive use tended to replace the textbook and took the place of more active, communicative, class-group language practice.

Audio materials were designed and used mostly by Ms. Tarawhiti. One of the great advantages tapescripts brought to class was that they were recorded by a native speaker of English at a natural speech rate. In fact, the accent in the tapescripts was American English, which would probably be the accent the learners in this course will be hearing throughout the CNA course and later in hospital settings in the US.

Audio materials were played for students to listen to and then work with fill-in-the-gap exercises, write summaries, answer questions, etc., which allowed for expanded practice of the learners' listening and comprehension skills.

Testing

The tests were designed to measure language ability in general through a general English Placement Test, an English for Nursing test, and a formative test. The first two were also given at the end of the course in order to discover how much learning had taken place. This way of testing language ability and language knowledge constituted an advantage of the curriculum itself because if language ability and knowledge had improved then the curriculum as a whole could be considered effective.

The logistics for the pre-testing constituted a little bit of a challenge. A break room (lounge) was used as the place for the students to take the placement test before the course commenced. People were coming and going during the taking of the test, which meant interruption and disruption occasionally. In addition, learners came in groups of five or six and it took various sessions to get everyone tested. The English for Nursing Test was given at the beginning of the course and learners used the first half hour of class time in order to do the test. This was disadvantageous because class time was not

properly used and learners might have had a chance to read their textbooks in preparation for the class that day. On the other hand, the tests seemed to have been too long, especially the English for Nursing Test.

What is important to note here is that the tests were generally well constructed. An analysis of the scores showed that the tests did a good job at discriminating high level from level learners and showed consistency when administered in two different occasions (See Chapters 3 and 7 in this report). Different types of test questions were used, most of them multiple-choice questions; the test item format was consistent, user-friendly, and easy to score.

I decided to make my own placement test for a number of reasons. First, commercially, standardized tests are expensive. For example, when I asked about the possibility to use the BYU ELC placement test, I was told that it would probably cost about \$1,000. Other tests are not so expensive but test-takers usually have to pay a fee and then travel to a test location in order to take it. This makes the test logistics more difficult, especially for this particular group of students where time availability was really an issue. Another practical reason for not using a standardized test is that most of standardized tests are computerized, for instance, students would have needed to go to a computer laboratory to take the test. Again, the logistics to get the test installed on the computers plus the unknown level of computer literacy of the test takers made me decide to make my own test. Even though a standardized test would have proven to be more accurate and reliable, I decided that my test could be analyzed and improved as it were used repeatedly by other groups of students in the future.

Another aspect of the placement test is that it failed in formally testing listening and writing. During the needs analysis I found that these two abilities were critical for the students to improve in order to be able to succeed in a CNA course. Because the improvement of these two abilities was so important, testing listening and writing should have taken place. This is a recommendation to take into account for other similar ESP curricula since the knowledge of what linguistic deficiencies learners have undoubtedly plays a very important role in shaping the objectives and syllabus in a language program.

The Test for Nursing was a necessity of its own. As I stated before, I based its construction on the CNA textbook, which in turn was used as part of the syllabus for this ESP course. For instance, it would have been very difficult or perhaps impossible to find a standardized test based on the CNA textbook that claimed to be valid and reliable. Again, by making my own test for nursing, this could be analyzed, modified, and improved.

A final comment on the Test for Nursing is that it was given at the beginning and the end of the course. This is a normal procedure to find out if learning has taken place after the teaching has concluded. The drawback is that even though an analysis of the test items was conducted in order to see if these were well constructed, the same version of the test was given at the end of the course. In other words, even though some items were identified as deficient, they were not replaced by their revised versions or new ones that could have helped determine test efficiency more accurately. There is no justification for this mistake. Defective items should have been reviewed, remade, and/or replaced.

Another important fact about the tests that must be mentioned here is that test specifications were written as footprints for them. Test specifications guided me to make the tests as accurate as possible by taking into consideration the rationale behind them.

The Curriculum

I have greatly benefited from the designing and piloting of this curriculum. One of this curriculum's strongholds is that it was constructed based on an analysis of the students' language abilities and deficiencies and an analysis of the human and administrative support provided not only by UVRMC, but also by the team of ESP specialists. By getting to know what students needed and how it could be met, I was able to customize a course that helped students to reach their linguistic goals and UVRMC fulfill its mission.

Another important aspect that is relevant to point out is that a structured process was followed to create this curriculum. It was developed as an ongoing process or system in which subsystems were linked and fed on each other. In other words, a subsystem was created based on a prior one, which in turn was created based on a prior one. This allowed for unity and correlation among the subsystems that comprised the curriculum.

Conducting an evaluation of the whole curriculum to point out its strongholds and deficiencies is also important if not vital in an attempt to discover what went well and what did not. This allowed me to see my strengths and weaknesses as a curriculum-developer so I could improve those aspects that needed improvement in another version of this ESP curriculum, or when it had to be revised, or when designing other curricula in the field of nursing or any other field of studies.

One of the limitations and I encountered during the designing of this ESP curriculum and that I would improve in future similar curricula, is to be more thorough when testing students' language ability as part of the needs analysis exercise. In this particular curriculum, I failed to discover students' initial listening and writing abilities, which in turn would have helped me design accurate objectives for the syllabus. That would have also affected the teaching and the designing and use of teaching materials. It is vital then to understand the way the subsystems work and interrelate with each other inside the bigger framework of the curriculum.

Another aspect that I would do differently would be to give greater emphasis to how students learn. In other words, I would focus on finding out what learning styles and strategies students have and use in order to acquire language. For this particular curriculum, even though that topic was touched upon informally, a more detailed description of what learning styles and strategies students favored was necessary.

CHAPTER 10

LESSONS LEARNED AND CONCLUSIONS

The designing and putting in place of an ESP curriculum at UVRMC has proven to be both a learning and a rewarding experience. The designing and use of data-gathering instruments, their use, the analyses and use of that information, the coordination with hospital personnel, the process of making and using lesson plans and materials, and the testing procedures used to measure language outcomes has given the author a broader understanding of the importance of working as a team with the other project stakeholders. It has been rewarding in the sense that learners involved in the learning-teaching process of the syllabus of this curriculum have improved their language skills, increased their confidence to use English orally and in writing, and provided the author with a sense of academic and professional accomplishment.

Five important lessons/conclusions have been drawn from the piloting of this ESP curriculum at UVRMC. They are described as follows:

First, ESP courses in which non-native speakers of English are involved as learners are of special nature in themselves because of the nature of the language to be taught and how it has to be taught. ESP-ESL courses deal with specific language in different fields of specialization, language that is very closely related to content. Inside this framework of *special fields of knowledge*, language must not be taught as part of an ESP course that is addressed to deal only with pronunciation, morphology, and memorization. Language and language learning and teaching are more complex than that. In ESP-ESL courses, English and English for special purposes must in turn be taught inside the framework of content. In other words, language must be taught in connection

with specialized procedures common to the area of specialization in which this special language will be used. Language cannot be disconnected from content, so ESP teachers need to use content as a vehicle to help their ESP-ESL learners develop their listening, reading, speaking, writing, grammar, vocabulary abilities. If that is to happen, then long vocabulary lists, continual oral and written repetition of words and their memorization must be put aside to allow communicative, collaborative, active methodologies be used by teachers to design and use more effective language activities that will prompt the improvement of learners' language competency and proficiency.

Second, a needs analysis exercise is vital in the designing and piloting of every ESP course. As part of the needs analysis, observation of how the ESP target language is used in the field is of paramount importance. By doing this, curriculum designers can learn first hand what type of language ESP learners will need to learn to become proficient. An analysis of the type of language in-use in real situations in specialized fields will help ESP instructors determine their own strengths; direct them in the writing of the course objectives, the syllabus, the materials, and the tests; and determine the methodology and teaching procedures to be used.

As part of the needs analysis, an analysis of the learners' language ability is necessary in order to get to know what type of language they already know and what type of language they lack. Again, this knowledge will not only allow curriculum designers to decide what and how to teach, but also decide on whom they will teach and how to cater for a myriad of learning styles preferred by the course students.

A needs analysis exercise would not be complete without conducting an analysis of the different situations that surround every curriculum. It is vital then to get to know

what administrators, content specialists, students, and perhaps the community at large think could contribute to the success of a given ESP curriculum, and how much of their time, effort, and resources they are able to put in place to make the implementation and piloting of the curriculum a success. Furthermore, none of the above could be accomplished without appropriate coordination among all the stakeholders in the curriculum. Again, teamwork and cooperation are key elements in the process of making a curriculum a success.

Third, close communication between the ESP-ESL teachers and the content area instructors is key to the success of any ESP-ESL course. Content instructors are vocabulary specialists and have ample knowledge of their fields of specialization, ESP-ESL instructors are teaching specialists and master teaching methods and are materials developers par excellence. A curriculum that is the result of continuous collaboration and contribution from both parties is likely to be successful in addressing ESP-ESL learners' linguistic needs and in improving their language ability.

Fourth, the ESP curriculum herein explained can be improved and used to prepare other non-native speakers of English improve their language ability and enter a CNA course and become nursing assistants. In fact, this is a course that must not stay inside IHC but be opened up to the community at large. There is a lot that diverse and bilingual CNAs can do for the people in their communities, especially in hospital settings where both their professional and language skills can be used to benefit other people's lives.

Fifth, this ESP-ESL curriculum can be used as the basis for other ESP curricula in the area of nursing and in other areas of specialization. The steps taken and the instruments used in this curriculum can be studied, modified, and adapted to be used for

designing other ESP courses in a variety of ESP settings. There has not been an ESP course for construction workers, janitorial workers, dental assistants, steel workers, mechanics, truck drivers, and other professionals in Utah yet. These courses will undoubtedly help these professionals become proficient in English in order to learn new skills, find better jobs or do their jobs more efficiently, and improve the quality of their lives.

REFERENCES

- Adamson, C. (1998). *Nursing matters*. U.S. Department of Education. (ERIC Document Reproduction Service No. ED 424781)
- Allen, J. P. B., & Widdowson, H.G. (1978). Teaching the communicative use of English. In R. Mackay, & A. Mountford (Ed.). *English for specific purposes*, (pp. 56-77). London: Longman.
- Bradley, J. C., & Edinberg, M.A. (1982). *Communication in the nursing context*. Norwalk, CT: Appleton-Century-Crofts.
- Briggs, L. (1977). *Instructional design: Principles and applications*. Englewood Cliffs, NJ: Educational Technology Publications.
- Brown, J. D., & Hudson, T. (2003). *Criterion-referenced language testing*. Cambridge: Cambridge University Press.
- Candlin, C. N., Kirkwood, J.M., & Moore, H.M. (1978). Study skills in English: Theoretical issues and practical problems. In R. Mackay & A. Mountford (Ed.). *English for specific purposes* (pp. 190-219). London: Longman.
- Career Resources Development Center, Inc., San Francisco, CA. (1994). *Bilingual vocational training for health care workers: A guide for practitioners*, Washington, D.C.: Department of Education.
- Celce-Murcia, M. (2001). *Teaching English as a second or foreign language*, (3rd ed.). Boston, MA: Heinle and Heinle.
- Celce-Murcia, M., & McIntosh, L. (1979). *Teaching English as a second or foreign language*. Rowley, MA: Newbury House.

- Davis, C. M. (1998). *Patient practitioner interaction: An experiential manual for developing the art of health care* (3rd ed.). Thorofare, NJ: Slack.
- de Grève, M., et al. (Ed.). (1973). *Modern language teaching to adults: language for specific purposes*. AIMAV: Brussels.
- Díaz, M. (2004, November 24). Hispanics are vital voting bloc. *The Deseret Morning News*, pp. A1.
- Douglas, D. (2000). *Assessing languages for specific purposes*. Cambridge: Cambridge University Press
- Ewer, J. R., & Latorre, G. (1969). *A course in basic scientific English*. London: Longman.
- Friedenberg, J., Kennedy, D. Lomperis, A., Martin W., & Westerfield, K. (2003). *Effective practices in workplace language training: Guidelines for providers of workplace English language training services*. Alexandria, VA.:TESOL.
- Halliday, M. A. K., McIntosh A., & Stevens, P. (1964). *The linguistic sciences and language teaching*. London: Longman.
- Hutchinson, T., & Waters, A. (1987). *English for specific purposes, a learning-centered approach*. Cambridge: Cambridge University Press.
- Kennedy, C., & Bolitho, R. (1985). *English for Specific purposes*. London: Macmillan.
- Knowles, M. S. (1990). *The adult learner: A neglected species*. Houston, TX: Gulf.
- Lee, K. C. (1976). Trends in the linguistic study of English for science and technology. In J. C. Richards (Ed.). *Teaching English for science and technology* (pp. 3-17). Singapore: Singapore University Press.

- Litwack, D. M. (1979). Procedure: The key to developing an ESP curriculum. *TESOL Quarterly*, 13, 383-391.
- Mackay, R., & Mountford, A. (Ed.). (1978). *English for Specific Purposes*. London: Longman.
- Munby, J. (1978). *Communicative syllabus design: A sociolinguistic model for defining the content of purpose-specific language programmes*. Cambridge: Cambridge University Press.
- Nicholls, A., & Nicholls, H. (1972). *Developing curriculum: A practical guide*. London: Allen and Unwin.
- Paraprofessional Healthcare Institute, Inc. (2004). *Clearinghouse on the direct care workforce, background*. Retrieved November 28, 2005, from http://www.directcareclearinghouse.org/s_state_det.jsp?action=view&res_id=44
- Perren, G. (Ed.). (1969). *Languages for special purposes*. CILT Reports and Papers 1. London: Centre for Information on Language Teaching and Research.
- Richards, J. (Ed.). (2001). *Curriculum development in language teaching*. Cambridge: Cambridge University Press.
- Robinson, P. (1980). *ESP (English for Specific Purposes)*. New York: Pergamon.
- Robinson, P. (1991). *ESP Today: A practitioner's guide*. New York: Prentice Hall.
- Rodgers, T. (1989). Syllabus design, curriculum development and polity determination. In R. K. Johnson (Ed.). *The second language curriculum* (pp. 24-34). New York: Cambridge University Press.
- Sifakis, N.C. (2003). Applying the adult education framework to ESP curriculum development: An integrative mode. *English for Specific Purposes*, 22, 195-211.

- Sigrid, V. (1984). ESP for nursing assistants and home health workers. *The ESP Journal*, 3, 165-170.
- Stevens, P. (1977). Special-purpose language learning: A perspective. *Language Teaching & Linguistics: Abstracts 10*, (3): 145-163.
- Swales, J. (1971). *Writing Scientific English, a textbook of English as a foreign language for students of physical and engineering sciences*. London: Nelson.
- Tarawhiti, N. (2005). *The development of a certified nursing assistant English for specific purposes curriculum: Teaching materials and methods*. Unpublished master's thesis, Brigham Young University, Provo, Utah.
- Tickoo, M. L. (1976). Theories and materials in EST: a view from Hyderabad. In J. C. Richards (Ed.). *Teaching English for science and technology* (pp. 97-120). Singapore: Singapore University Press.
- Trimble, L., & Trimble, R.M. (1977). *The development of EFL: materials for occupational English*. London: British Council.
- Tyler, R. (1949). *Basic principles of curriculum and instruction*. Chicago: University of Chicago Press.
- Weir, C. (2005). *Language testing and validation: An evidence-based approach*. NY: Palgrave Macmillan.
- West, L. (1984). Needs assessment in occupational specific VESL. *The ESP Journal*, 3, 143-152.
- Widdowson, H. G. (1979). *Explorations in applied linguistics*. Oxford: Oxford University Press.

APPENDICES

APPENDIX A**INTERVIEW WITH MRS. ANGELA KAHOUSH, CNA INSTRUCTOR AT IHC –
PROVO, UTAH**

1. What is the university hospital's mission and vision?
2. What classes are offered through University hospital?
3. Please describe the process of admission to the CNA class?
4. What of these classes do you teach?
5. What are the objectives of the CNA class?
6. What background knowledge must your students bring to the CNA class?
7. What level of English proficiency must non-native speakers of English have in order to be able to cope with the language exigencies of the CNA class? What must they be able to do in terms of listening, speaking, reading, writing, grammar, vocabulary, pronunciation, and cultural aspects of working in a nursing setting?
8. What are some of the nursing procedures CNA students have to perform in class?

9. What type of help do non-native speakers of English need in order to become prepared to get in the CNA class?

10. If an ESL class were put in place to prepare non-native speakers of English to enter the CNA class, what would you expect that class to offer?

APPENDIX B1

NEEDS ANALYSIS QUESTIONNAIRE - ENGLISH

We are trying to learn what linguistic needs you have in order to design and put in place an English curriculum to help you improve your English language proficiency and prepare you to take a CNA class. We would appreciate your taking a few minutes to answer the questions in this questionnaire.

Instructions: Read the questions carefully and answer them completely. You can write your answers in your native language. If you need more space, please use the back of the page. Your personal information will not be divulged to other parties; we will use it to contact you if we have follow-up questions while we are designing the curriculum and to inform you of when classes will begin. Thank you very much.

I. Contact Information

1. Full name: _____
2. Phone number: _____
3. E-mail: _____

II. Background

1. What is your gender?
 - a. Masculine
 - b. Feminine
2. What is your age?
 - a. 20 or under
 - b. 21 – 25
 - c. 26 – 30
 - d. 31 – 35
 - e. 36 – 40
 - f. 46 – 50
 - g. Over 50

3. What is your native language?

4. How many years of school have you completed? Write the number of years in the space provided:

- | | | |
|------------------------|-------|-------|
| a. Elementary | _____ | years |
| b. High School | _____ | years |
| c. Technical education | _____ | years |
| d. University | _____ | years |

5. If you attended university in your country, what was your major?

6. Do you have a degree in that major?

- a. Yes
- b. No

7. What is the degree you obtained?

- a. Bachelor's
- b. Master's
- c. Doctorate
- d. Post doctorate

8. Did you work in the field of your major after you left university?

- a. Yes
- b. No

9. What type(s) of work did you do in your country before you came to the United States?

List them below and write the number of years you worked in each area:

- | | | | |
|----------|-----|-------|-------|
| a. _____ | for | _____ | years |
| b. _____ | for | _____ | years |
| c. _____ | for | _____ | years |
| d. _____ | for | _____ | years |
| e. _____ | for | _____ | years |

III. Language skills

1. Did you study English before you came to the United States?

- a. Yes
- b. No

2. If so, how long and how many hours a week did you study English?

	Years	Months	Hours per week of English instruction
a. Elementary school			
b. High school			
c. Technical school			
d. University			
e. Private classes			

3. Have you studied English while in the United States?

- a. Yes
- b. No

4. If so, where, for how long and how many hours a week of English instruction did you receive?

	Years	Months	Hours per week of English instruction
a. Community program			
b. Intensive program			
c. Tutoring program			
d. Private classes			
e. Self-study lessons			

5. What level of English proficiency do you think you have? Check those that apply.

	Beginning	Low Inter- mediate	Intermediate	High Interme- diate	Advanced
a. Listening					
b. Speaking					
c. Reading					
d. Writing					
e. Grammar					

IV. Work information

1. What type of work do you now do at UVRMC?

2. For how long have you had that job?

3. What professional goals do you have for the future? Circle your answers and check the type of assistance you think you need to achieve your goals.

Goals/type of assistance	Financial aid	English classes	A flexible work schedule
a. Get a higher paying job			
b. Get a job with a better work schedule			
c. Learn new work skills			
d. Communicate better in English on the job			
e. Other (specify)			

V. English improvement goals

1. If there were a specialized nursing English program in place at UVRMC, would you be willing to participate?
 - a. Yes
 - b. No

2. How many class hours a week would you be willing to spend on this English program? (Over the next three months)
 - a. 1 hour per week
 - b. 2 hours per week
 - c. 3 hours per week
 - d. 4 hours per week

3. How many hours of homework would you be able to dedicate to your study of English in this program? (Over the next three months)
 - a. 1 hour per week
 - b. 2 hours per week
 - c. 3 hours per week
 - d. 4 hours per week

4. When would you have time available to take these English classes? Write the times.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

5. How much would you be able to pay for this English course?

- 6. How much would you be able to pay for textbooks and other course materials?

- 7. Do you have your own transportation to get to the place where the classes might be held?
 - a. Yes, I have my own transportation
 - b. No, I depend on public transportation

- 8. What English skills do you need to develop to achieve your professional goals? Mark the right box.

	Not at all	Little	Some	Very much
Listening				
Reading				
Speaking				
Writing				
Vocabulary				
Grammar				
Pronunciation				
Culture				

9. What and how much specific medical English for nursing do you need to achieve your professional goals?

	Not at all	Little	Some	Very much
Listening to lectures				
Understanding nurses/doctors' instructions				
Understanding patients' requests				
Other listening skills (please specify)				
Reading articles on nursing				
Reading nurses/doctor's written prescriptions				
Reading clinical histories				
Other reading skills (please specify)				
Giving oral presentations				
Describing medical procedures				
Giving reports to nurses/doctors				
Interacting with patients				
Taking notes in class				
Writing reports for a teacher				
Writing reports for nurses/doctors				
Other writing skills (please specify)				

APPENDIX B2**PROYECTO DE CURSO DE INGLÉS PARA PROPÓSITOS ESPECÍFICOS
PARA ASISTENTES DE ENFERMERÍA****CUESTIONARIO – ESPAÑOL**

El propósito del siguiente cuestionario es obtener información acerca de tus necesidades lingüísticas con el propósito de diseñar y organizar un curso de inglés para ayudarte a mejorar tu habilidad para comunicarte en este idioma y prepararte para la clase de asistentes de enfermería del Centro Medico Regional del Valle de UTAH. Apreciaríamos tomaras unos minutos para contestar las preguntas en este cuestionario.

Instrucciones: Lee las preguntas cuidadosamente y contéstalas con respuestas completas. Si necesitas más espacio puedes escribir en la parte posterior de la hoja. Tu información personal no será divulgada sino que será utilizada para diseñar el curso de inglés antes mencionado y para mantenerte informado sobre el mismo. Muchas gracias.

I. Información de contacto

1. Nombre completo: _____

2. Teléfono: _____

3. E-mail: _____

II. Información general

1. Sexo

- a. Masculino
- b. Femenino

2. ¿Cuál es tu edad?

- a. Menor de 20
- b. 21-25
- c. 26-30
- d. 31-35
- e. 36-40
- f. 41-50
- g. Más de 50

3. ¿Cuál es tu idioma natal?

4. ¿Cual es tu grado de instrucción? Escribe el número de años por cada nivel.

- a. Primaria _____ años
- b. Secundaria _____ años
- c. Educación técnica _____ años
- d. Universidad _____ años

5. ¿Si asististe a la Universidad en tu país de origen, que estudiaste?

6. ¿Te graduaste en esa profesión?

- a. Sí
- b. No

7. ¿Cuál es el grado académico que obtuviste?

- a. Bachillerato
- b. Maestría
- c. Doctorado
- d. Post-doctorado

8. ¿Trabajaste en tu profesión después de graduarte de la universidad?

- a. Sí
- b. No

9. ¿Que tipo de trabajo realizaste en tu país de origen antes de venir a los Estados Unidos? Escribe los trabajos que tuviste y el número de años que trabajaste en cada uno:

- a. _____ por _____ años
 b. _____ por _____ años
 c. _____ por _____ años
 d. _____ por _____ años
 e. _____ por _____ años

III. Habilidad lingüística

1. ¿Estudiaste inglés antes de venir a los Estados Unidos?

- a. Sí
 b. No

2. ¿Si la respuesta a la pregunta anterior es **Sí**, por cuanto tiempo y cuántas horas a la semana estudiaste inglés?

	Años	Meses	Horas de clase por semana
a. Primaria	_____	_____	_____
b. Secundaria	_____	_____	_____
c. Instituto Técnico	_____	_____	_____
d. Universidad	_____	_____	_____
e. Clases particulares	_____	_____	_____

3. ¿Has estudiado inglés en los Estados Unidos?

- a. Sí
 b. No

4. ¿Si la respuesta a la pregunta anterior es SÍ, por cuanto tiempo y cuantas horas a la semana estudiaste inglés?

	Años	Meses	Horas de clase por semana
a. Programa comunal	_____	_____	_____
b. Curso intensivo	_____	_____	_____
c. Programa de tutoría	_____	_____	_____
d. Clases particulares	_____	_____	_____
e. Clases de auto-estudio			

5. ¿Que nivel de inglés piensas que tienes?

	Básico	Interme- dio infe- rior	Interme- dio	Interme- dio supe- rior	Avan- zado
a. Habilidad de compren- sión oral					
b. Habilidad para hablar					
c. Habilidad de compren- sión de lectura					
d. Habilidad para escribir					
e. Gramática					

IV. Información laboral

1. ¿Que tipo de trabajo realizas en Centro Medico Regional del Valle de UTAH?

2. ¿Por cuánto tiempo has tenido dicho trabajo?
3. ¿Que metas profesionales tienes para el futuro? Circula tus respuestas y escribe un check en el tipo de ayuda que piensas necesitas.

Metas/tipo de ayuda	Ayuda financiera	Clases de inglés	Horario de trabajo flexible
a. Conseguir un trabajo mejor pagado			
b. Conseguir un trabajo con un mejor horario			
c. Aprender nuevas habilidades laborales			
d. Comunicarse mejor en inglés en el trabajo			
e. Otro (especificar)			

V. Metas relacionadas al aprendizaje de inglés

2. ¿Si se organizara un curso de inglés en el Centro Medico Regional del Valle de Utah, especialmente relacionado con enfermería, estarías dispuesto a participar?
- Sí
 - No
2. ¿Cuántas horas a la semana estarías dispuesto a invertir en dicha clase de inglés?
- 1 hora a la semana
 - 2 horas a la semana
 - 3 horas a la semana
 - 4 horas a la semana
3. ¿Cuántas horas de tarea adicional en casa estarías dispuesto a dedicar a tu aprendizaje de inglés? (en los próximos 4 meses)
- 1 hora a la semana
 - 2 horas a la semana
 - 3 horas a la semana
 - 4 horas a la semana

4. Escribe el horario en el que piensas la clase se debe llevar a cabo.

	Lunes	Martes	Miércoles	Jueves	Viernes
Mañana					
Tarde					
Noche					

5. ¿Cuánto dinero piensas que debe costar el curso de inglés?

6. ¿Cuánto dinero estarías dispuesto a pagar por libros y otros materiales de enseñanza?

7. ¿Tienes un medio de transporte para llegar al lugar donde las clases se llevarían a cabo?

- Sí, tengo mi propio medio de transporte
- No, dependo del transporte público

8. ¿Que habilidades lingüísticas en inglés necesitas desarrollar para lograr tus metas profesionales? Escribe una X en la casilla correspondiente.

	Nada	Muy poco	Algo	Mucho
Comprensión oral				
Comprensión de lectura				

Habilidad de comunicación oral

Habilidad de comunicación escrita

Vocabulario

Gramática

Pronunciación

Aspectos culturales del idioma inglés

9. ¿Que tipo y cuanto inglés específico para enfermería necesitas para lograr tus metas profesionales?

	Nada	Muy poco	Algo	Mucho
Comprensión de presentaciones en el tema de enfermería				
Comprensión de instrucciones de parte de enfermeras/doctores				
Comprensión de pedidos de parte de pacientes				
Otras habilidades de comprensión oral (especifique)				
Comprensión de lectura de artículos de enfermería				
Comprensión de recetas				
Comprensión de historias clínicas				

Otras habilidades de comprensión de lectura (especifique)

Habilidad oral para dar presentaciones en clase sobre temas de enfermería

Habilidad oral para describir procedimientos médicos

Habilidad oral para dar informes verbales a enfermeras/doctores

Habilidad oral para interactuar con pacientes

Habilidad para tomar notas en inglés

Habilidad para escribir reportes acerca de temas en enfermería para un instructor

Habilidad para escribir reportes para enfermeras/doctores

Otras habilidades de expresión escrita (especifique)

APPENDIX C

GENERAL ENGLISH PLACEMENT TEST SPECIFICATION AND TEST

TEST SPECIFICATIONS

I. Statement of the problem

An English for Specific Purposes (ESP) curriculum is being designed for non-natives speakers of English who work at Utah Valley Regional Medical Center (UVRMC) in Provo, Utah. This curriculum will prepare the UVRMC workers mentioned above to develop their English skills to participate in Certified Nursing Assistant (CNA) course at the hospital. An important component of this curriculum is the initial assessment of the prospective participants' level of general English proficiency. In order to measure their level of general English proficiency, a placement test is necessary. The purpose of the placement test is to identify and select prospective students whose level of general English proficiency ranges from intermediate to highly advanced.

II. Content

The placement test will have grammar, reading, and speaking components.

1. Operations

- a. For the grammar component, students will choose the correct answer out of four alternatives to fill in gaps with correct verbs, nouns, adjectives, adverbs and other grammar items.
- b. For the reading component, students will skim and scan texts for main ideas and detailed information.
- c. For the speaking component, students will be asked 10 oral questions on personal information and general life activities.

2. Types of text

- a. The grammar texts will be communicative in nature, i.e. they will be exchanges that involve two people.

- b. The reading texts will be those in which general topics will be addressed. They will be taken from magazine articles, the Internet, etc.
- c. The oral questions will also be communicative in nature involving the tester and the testees.

3. Addresses

UVRM workers who are interested in taking a CNA class at the UVRMC.

4. Length

- a. For the grammar component, there will be 30 exchanges that are communicative in nature.
- b. For the reading component, 15 items in which students have to choose the right answer from a list of four alternatives.
- c. For the oral component, 10 questions on general topics that include personal information and daily life activities.

5. Topics

The text items will be based on general topics such as daily activities, etc.

- a. Beginning:
 - Verb To be
 - Present simple
 - Past Simple
 - Attributive adjectives
 - Nouns
 - Subject pronouns
 - Prepositions of place
 - Articles
 - Demonstrative adjectives
 - Imperatives
- b. Intermediate
 - Present continuous
 - Future simple
 - Comparison of adjectives
 - First conditional
 - Past continuous

- Adverbs
- Prepositions of time
- Infinitive of purpose
- Tag questions
- Object pronouns

c. Advanced

- Present Perfect
- Passive voice
- Phrasal verbs
- Second conditional
- Modals
- Reflexive pronouns
- Relative clauses and relative pronouns
- Coordination
- Subordination
- Prefixes and suffixes

6. Readability

The grammar items and the passages will range from beginning to advanced level of general English.

7. Structural range

Unlimited

8. Vocabulary range

General, diverse general topics

9. Dialect, accent, style

Standard American English, formal and informal

III. Structure, timing, medium and techniques

1. Test structure:

Three sections: grammar, reading, speaking

2. Number of items

- | | |
|-------------|----|
| a. Grammar: | 30 |
| b. Reading: | 15 |
| c. Speaking | 10 |

Total:	55
--------	----

3. Medium

Pen and paper. Each section (component) will begin on a new page. The oral test will be conducted as an informal interview.

4. Techniques

- a. Grammar: The items will be multiple-choice ones.

Example:

A: Where _____ you live?

B: In a house near the river

- b. Reading: Students will infer meaning from the context and will choose the correct alternative in multiple-choice questions.

Example:

What did Jane do in 1983?

- c. Speaking: Students will use appropriate pronunciation, intonation and rhythm to speak about their personal information and their daily life activities.

IV. Criterial levels of performance

1. Grammar

In order to be accepted in the ESP course at UVRMC, students will obtain a score of 60% or above in both the Grammar and Reading sections of the test.

2. Speaking

- Beginning: Accuracy: Native language gets in the way distorting pronunciation; simple grammatical structures are easily controlled but

lack cohesiveness; native speakers find the individual hard to follow and understand. The individual is able to handle everyday social, casual conversations. Appropriacy: The individual speaks slowly and pauses to find the appropriate word or grammar structure. Language use is appropriate for high-frequency words, phrases, and expressions. The individual relies on cognates in order to convey meaning. The tester provides prompts to keep the conversation going. Length: utterances are short and limited in scope, usually accompanied by pet words. Flexibility: The individual has trouble shifting from one topic to another and asks for repetition or says something that is not related to the topic of conversation.

- Intermediate: Accuracy: The individual communicates meaning with a high degree of fluency and easy of speech. Pronunciation, rhythm, and intonation are appropriate for most conversational situations, but tend to deteriorate when there is a shift from one topic of conversation to another, or when the individual gets under pressure when prompted to use critical thinking. Appropriacy: Good control of vocabulary but control of grammar is not yet complete; the individual is inaccurate in phrasing thoughts and in the use of the right person, tense, or time reference. The individual needs to adjust their language to meet cultural and/or local references, usually with the help of a native speaker. Length: the individual can utter longer phrases and is able to add additional information to the topic of conversation. Flexibility: Changing from a topic into another is marked by false starts, but it is repaired by asking for clarification. The individual repeats their interlocutors' utterances in order to get the topic being discussed.
- Advanced: Accuracy: Pronunciation is clear and smooth making meaning accurate. Intonation resembles that of a native speaker but still some imperfections are evident. Cohesiveness is greatly achieved in both formal and informal discourse but not in scientific or academic settings. Native speakers rarely ask for clarification but find the accent somehow foreign. Appropriacy: Vocabulary and structure are effectively combined to convey meaning. The individual speaks at a normal rate of speech and their comprehension is complete. The individual mastery of idiomatic expressions, proverbs, nuances in meaning, and cultural references are almost complete but conversation can be repaired by asking for clarification. Length: The individual can hold long conversations, adds vocabulary words, and uses correct grammar structures; the individual is able to prompt a conversation. Flexibility: The individual is able to prompt a shift in conversation and successfully take turns to speak with their interlocutors.

In order to be accepted in the CNA class, students need to obtain a score to place them in the Intermediate level. This Intermediate level is equivalent to 60% according to the following criteria:

0 - 40%	Beginning
41 - 70%	Intermediate
71 - 100%	Advanced

V. Scoring procedures

Responses for the grammar and reading components will be on a separate response sheet. This will allow for scoring the test easily and quickly.

VI. Informal trialing

The informal trialing will be carried out on 20 native speakers of English.

VII. Trialing and analysis

The test items will be submitted to statistical analysis (percentages and distribution of scores) and traditional items analysis (item facility and item discrimination). Then new items will be constructed to replace those that are not appropriate; these new items will be trialed with the students. Administration and scoring problems will be noted and addressed.

VIII. Validation

Content validity will not be given great emphasis; what is important is to get to know if the test will do the job it was constructed for. It will be validated against the criterial levels of performance in order to place students in their appropriate level of proficiency group; actually, what it is being looked for is to identify what students have intermediate level of proficiency and above. The test will be reliable if a small proportion of misplacements occur.

PLACEMENT TEST

Name: _____

Date: _____

I. Grammar (30 points). Choose the correct word or phrase.

1. A: Hello Sara, how are you?
B: I _____ very well, thank you.

a. be
b. stand
c. am
d. live

2. A: What do you _____ ?
B: I am a pianist.

a. did
b. do
c. done
d. does

3. A: Where did you travel in the summer?
B: I _____ to Italy

a. went
b. was
c. gone
d. going

4. A: Is your father in this picture?
B: Yes, he is the _____ one on the far left

a. yellow
b. insensible
c. mannered
d. tall.

5. A: What is that long stick you use to play baseball with?
B: It is a _____.
- a. kite
 - b. boat
 - c. key
 - d. bat
6. A: These are my friends Kevin and Sue.
B: _____ are from Pennsylvania.
- a. They
 - b. Them
 - c. These
 - d. Their
7. A: Where is your car?
B: It is _____ the parking lot.
- a. upside
 - b. on
 - c. between
 - d. in
8. A: How many children do you have?
B: Two boys and _____ girl
- a. two
 - b. a
 - c. an
 - d. the
9. A: Whose is _____ bicycle?
B: It's mine
- a. that
 - b. these
 - c. those
 - d. their

10. A: _____ the door please, it is cold in here
B: Sure
- kill
 - paint
 - shut
 - lift
11. A: He's _____ to dance to salsa music.
B: He is enjoying it it very much
- to learn
 - learn
 - learns
 - learning
12. A: I don't have any money.
B: Don't worry, _____ lend you some.
- I'll
 - I'm
 - mine
 - me
13. A: Mountain climbing is probably the _____ sport in the world
B: Yes, I agree
- dangerous
 - more dangerous
 - so dangerous
 - most dangerous
14. A: _____ you punch me, I will tell the teacher
B: Oh, yeah!
- It
 - If
 - In
 - Is

15. A: What happened to your hand?
B: I burned it while I _____
a. were cooking
b. was cooking
c. be cooking
d. cooking
16. A: When Julie was a child, she lived in a _____ decorated house
B: She told me she liked it very much

a. nice
b. nicest
c. nicely
d. nicety
17. A: We usually have lunch _____ one thirty in the afternoon
B: We usually have it at noon

a. with
b. for
c. out
d. at
18. A: Why is Kim leaving her parents' house?
B: She wants _____ live alone

a. for
b. to
c. than
d. with
19. You just came in the classroom, _____ you?

a. didn't
b. don't
c. won't
d. aren't

20. A: If Mom and Dad ask you about me, tell _____ I went for a walk with a friend
B: Ok
- a. their
 - b. they
 - c. them
 - d. theirs
21. A: I have never _____ to New York before
B: Neither have I
- a. be
 - b. been
 - c. being
 - d. was
22. A: Tons of rice is _____ in China every year
B: Some of it comes to the US
- a. produced
 - b. producing
 - c. produce
 - d. produces
23. A: I didn't get the linen from the dry cleaners
B: Don't worry, I'll _____ them _____ for you
- a. let out
 - b. take off
 - c. pick up
 - d. catch on
24. A: If I had a lot of money, I _____ buy a new car and a new house
B: That's my dream too
- a. would
 - b. will
 - c. won't
 - d. shall

25. A: Please don't make any noise. You _____ wake up the baby
B: Sorry!
- a. aren't
 - b. mustn't
 - c. won't
 - d. don't
26. A: I'm not hiring a plumber to fix the kitchen sink. I have decided to do it _____
B: Good idea, darling
- a. me
 - b. I
 - c. my
 - d. myself
27. A: Wait! We know _____ that man is!
B: You're right, we saw him talking to Dad last week
- a. who
 - b. whose
 - c. whom
 - d. why
28. A: Our new Spanish teacher is friendly; _____ he likes talking a lot
B: Ours is a little boring
- a. before that
 - b. in fact
 - c. in this case
 - d. not only that
29. A: _____ he was very late, he didn't even apologize
B: How rude of him
- a. Even though
 - b. Much as
 - c. In addition
 - d. Of course

30. A: I don't like Victor; he is an _____ and _____ worker
B: I don't agree with you on that matter

- a. unreliable, careless
- b. public, careful
- c. unguent, nice
- d. interesting, bluish

II. Reading: (30 points). Read the passages and then answer the questions below**Passage 1 (6p)****The Parent-Teacher Conference**

- Teacher:** Hello. I'm Mrs. Hill, the kindergarten teacher.
- Mrs. Lee:** It's nice to meet you. I'm Mrs. Lee. My son is Sam.
- Teacher:** Oh, yes. He's a very nice boy. This is some of the work he's done already.
- Mrs. Lee:** He likes your class very much.
- Teacher:** I'm happy he's in my class.
- Mrs. Lee:** How can I help him at home?
- Teacher:** It would really help Sam if he practiced writing his letters with you. You can also count pennies with him. Please read to him every night.
- Mrs. Lee:** I can't read well in English and my husband comes home very late from work.
- Teacher:** That's O.K. You can read to Sam in Korean. Then talk about the story and enjoy it together. The important thing is that he's learning about new things and learning to love reading. He can learn the English names in school for the things you have taught him at home. He'll always remember the good feeling he has reading with his mother. There are many books in the library in Korean.
- Mrs. Lee:** Thank you very much. I will try that. I want to help you in class, but my English is not very good.
- Teacher:** Yes it is! You can come in any time. You could help at the art, writing or the counting center. You could also come on field trips or help me put together little books for the children.
- Mrs. Lee:** O.K. I will help. I could come Monday.
- Teacher:** Great! Can you be here at 9:30?
- Mrs. Lee:** Yes, 9:30 is fine. I'll see you Monday. Good-bye.
- Teacher:** Good-bye and thanks for volunteering.

The Parent-Teacher Conference. (n.d.). Retrieved September 20, 2004 from <http://www.eskimo.com/~cjh/esl/book2/chap1.html>

1. In the conversation, Mrs. Lee implies that:
 - a. Her husband is a good worker
 - b. Her husband is not Korean
 - c. Her husband cannot help Sam very often
 - d. Her husband does not get up early

2. The teacher encourages Mrs. Lee to do all of the following but one thing:
 - a. Read to her son in their native language
 - b. Teach him English vocabulary
 - c. Discuss their readings
 - d. Remember the good feeling that comes from reading

3. By the conversation between Mrs. Lee and Sam's teacher we can infer that:
 - I. Sam needs help with Math
 - II. There are many volunteering opportunities at the school
 - III. Mrs. Lee's English is improving
 - IV. Volunteering at school will improve Sam's test scores
 - a. I and II
 - b. III and IV
 - c. Only II
 - d. Only IV

Passage 2 (4p)

Rice is the only major grain crop that is grown exclusively as human food. There has been a series of remarkable genetic advances that have made it possible to cultivate high-yield varieties that are resistant to disease and insect pests.

Because rice constitutes half the diet of 1.6 billion people, and another 400 million people rely on it for between one-fourth and one-half of their diet, these advances have deterred disasters that otherwise would have left millions of people severely underfed.

1. The relationship between rice and science lays on the fact that:
 - a. There are more human foods than in the past
 - b. There are now more resistant varieties of rice
 - c. Grains are used exclusively as human food
 - d. Diseases and insects cannot damage rice

2. Because of the advances in rice genetics:
 - a. Almost two billion people stopped eating rice
 - b. Almost 400 million people eat rice nowadays
 - c. Millions of people had been able to get something to eat
 - d. Millions of people increased the amount of rice in their diets

Gear, J. & Gear, R. (2002). *Cambridge preparation for the TOEFL test* (3rd ed.). Cambridge: Cambridge.

Passage 3 (10p)

The food we eat seems to have profound effects on our health. Although science has made enormous steps in making food more fit to eat, it has, at the same time, made many foods unfit to eat. Some research has shown that perhaps eighty percent of all human illnesses are related to diet and forty percent of cancer is related to diet as well, especially cancer of the colon. People of different cultures are more prone to contract certain illnesses because of the characteristic foods they consume.

That food is related to illness is not a new discovery. In 1945, government researchers realized that nitrates and nitrites (commonly used to preserve color in meats) as well as other food additives caused cancer. Yet, these carcinogenic additives remain in our food, and it becomes more difficult all the time to know which ingredients on the packaging labels of processed food are helpful or harmful.

The additives that we eat are not all so direct. Farmers often give penicillin to cattle and poultry, and because this, penicillin has been found in the milk of treated cows. Sometimes similar drugs are administered to animals not for medicinal purposes, but for financial reasons. The farmers are simply trying to fatten the animals in order to obtain a higher price on the market. Although the Food and Drug Administration (FDA) has tried repeatedly to control these procedures, the practices continue.

A healthy diet is directly related to good health. Often we are unaware of detrimental substances we ingest. Sometimes, well-meaning farmers or others who do not realize the consequences add these substances to food without our knowledge.

Pyle, M. & Munoz, M.E. (1995). *Cliffs TOEFL preparation guide (5th ed.)*. Lincoln: Cliffs.

1. One of the disadvantages of science is:
 - a. It has caused cancer of the colon
 - b. Harmful substances have been added to the food we eat
 - c. It has made meat look redder
 - d. The gap between diet and illnesses has decreased.
2. Culture and the contracting of illnesses are related in that:

- a. People eat what they produce
 - b. Traditional foods are healthier than international foods
 - c. People in a country contract illnesses that are different from the illnesses people in another country contract.
 - d. Some cultures are more powerful than others are
3. The phrase: “these carcinogenic additives” refers to:
- a. The color of meats
 - b. Penicillin
 - c. Cattle and poultry
 - d. Cancer-causing substances
4. Studies about additives in food have been known for:
- a. 26 years
 - b. 41 years
 - c. 59 years
 - d. 72 years
5. Because of their desire to obtain better profits, farmers:
- a. Lower the price of meats
 - b. Raise the prices of meats
 - c. Fatten their animals using harmful additives
 - d. Fatten their animals using healthy additives

Passage 4 (10p)**Barter Versus the Use of Money**

When Stanley Jevons, in an early textbook on money, wanted to illustrate the tremendous leap forward when civilization turned from exchange by barter to the use of money, he could not do better than to quote experiences like the following:

Some years since, Mademoiselle Zélie, a singer of the Théâtre Lyrique at Paris . . . gave a concert in the Society Islands. In exchange for an air from *Norma* and a few other songs, she was to receive a third part of the receipts. When counted, her share was found to consist of three pigs, twenty-three turkeys, forty-four chickens, five thousand cocoanuts, besides considerable qualities of bananas, lemons, and oranges. . . . [I]n Paris . . . this amount of livestock and vegetables might have brought four thousand francs, which would have been good remuneration for five songs. In the Society Islands, however, pieces of money were scarce; and as Mademoiselle could not consume any considerable portion of the receipts herself, it became necessary in the mean time to feed the pigs and poultry with the fruit.

This example shows the nature of barter. Barter consists of the exchange of goods for other goods, rather than the exchange of goods for a commonly accepted medium of exchange, or money.

Inconvenient as barter obviously is, as shown by the comical example of exchanging songs for pigs, it actually represents a great step forward from the state of complete self-sufficiency, where each household made everything it needed and where everyone had to be a jack-of-all-trades and a master of none. Nevertheless, barter operates under grave disadvantages. An elaborate division of labor would be unthinkable without the introduction of a great improvement — the use of money.

Once economics leave the most rudimentary stages, people do not directly exchange one good for another. Instead, they sell one good for money, and then use money to buy the goods they wish. At first glance, this seems to complicate rather than simplify matters, to replace one transaction by two.

Thus, if I have apples and want nuts, would it not be simpler to trade one for the other rather than sell the apples for money and then use the money to buy nuts?

Actually, the reverse is true. The two transactions are simpler than one. Ordinarily, there are always people ready to buy apples and always some willing to sell nuts. But it would be an unusual coincidence to find a person with tastes exactly opposite your own, with an eagerness to sell nuts and buy apples. This situation, called the “double coincidence of wants,” would be extraordinarily unlikely.

Adapted from: Nordhaus, W. D., & Samuelson, P. A. (1989). *Economics*. New York: McGraw-Hill.

1. In his book about money, Mr. Jevons refers to:
 - a. Leaping to earn money
 - b. The evolution of trade
 - c. Experiences about illustrations
 - d. Civilization changes in matters of textbooks

2. The sentence: **an air from *Norma*** probably means
 - a. Norma’s stomach problems
 - b. A singer’s manner
 - c. Mademoiselle Zélie’s partner in the Society Islands
 - d. The main part of a musical composition

3. The story about Mademoiselle Zélie shows that she:
 - a. Made a deal to sell fruit in Paris
 - b. Was a bad trader
 - c. Exchanged work for goods
 - d. Fed her pigs with the poultry

4. Disadvantages of barter are:
 - I. It is not convenient when what one needs can not be found
 - II. People become experts at trading
 - III. It consists of only one transaction
 - IV. Division of labor would not exist

- a. I and II
- b. I and III
- c. I and IV
- d. Only I

5. The use of money facilitates trading because:

- a. Two transactions are better than one
- b. It allows the “double coincidence of wants”
- c. There are people with different tastes
- d. Most people have the same tastes

IV. Speaking (15p) Placement Test*

It is very important to properly place adult students in order to maintain their interest in studying English. If material is too easy, students may become bored and drop out. If the material is too hard, they may not return for the next class.

The most common method of assessing adult students' oral proficiency in order to place them in appropriate classes is to engage them in a brief oral interview. For non-literate students this approach is particularly valuable. Be aware that the students' fear level may be very high. This fear can be broken down by a friendly smile and pleasant small talk prior and even during the questions. In fact, you may intermingle small talk and actual assessment questions in such a manner that the students may not know that they are being assessed. Be sure to explain to the students that the purpose of the interview assessment is for placement and not for examination.

The following questions are appropriate for this interview.

Student's name: _____

1. What is your name? _____
2. Where do you live? _____
3. Are you married? _____
4. Do you have any children? _____
5. Where were you born? _____
6. What day is today? _____
7. Where do you work? _____
8. What kind of work do you do? _____
9. How long have you lived in this city? _____
10. What do you need the most help in:
speaking, reading or writing? _____
11. Why do you want to study English? _____
12. What do you like to do for fun? _____
13. Tell me something about your family _____

14. What do you expect of this course? _____

15. What are your goals for the future? _____

Total score _____

At all times be relaxed and friendly with the students. Make them feel comfortable. Reassure them that this is for placement purposes only, and it is not an examination. Repeat the question or statement if necessary. You may clarify a response or even prompt students to help them feel more at ease. If they give a correct and clear answer in English, give two points for each item. If they give an unclear, inappropriate answer, give them one point. For no answer give them a zero. Add up the points for a total score.

Students with a total score of about 0 – 10 should probably be placed in a beginning class. Those with scores of about 10 – 20 should be placed in an intermediate class; and those who scored above 20 should be placed in an advanced class. These scores are only estimates, and the examiner must use own judgment in determining the class that could be appropriate for each individual, especially those whose scores fall near the breaking points.

*** Taken and adapted from *Adult Education ESL Teachers Guide*, by C. Ray Graham and Mark M. Walsh. Pub. By Texas Education Agency, Kingsville, Texas.**

Speaking scoring chart**Name:****Date:**

Level	Description	Grade
Beginning	<p>Accuracy: Native language gets in the way distorting pronunciation; simple grammatical structures are easily controlled but lack cohesiveness; native speakers find the individual hard to follow and understand. The individual is able to handle everyday social, casual conversations.</p> <p>Appropriacy: The individual speaks slowly and pauses to find the appropriate word or grammar structure.</p> <p>Language use is appropriate for high-frequency words, phrases, and expressions. The individual relies on cognates in order to convey meaning. The tester provides prompts to keep the conversation going. Length: utterances are short and limited in scope, usually accompanied by pet words. Flexibility: The individual has trouble shifting from one topic to another and asks for repetition or says something that is not related to the topic of conversation.</p>	
Intermediate	<p>Accuracy: The individual communicates meaning with a high degree of fluency and easy of speech. Pronunciation, rhythm, and intonation are appropriate for most conversational situations, but tend to deteriorate when there is a shift from one topic of conversation to another, or when the individual gets under pressure when prompted to use critical thinking. Appropriacy: Good</p>	

control of vocabulary but control of grammar is not yet complete; the individual is inaccurate in phrasing thoughts and in the use of the right person, tense, or time reference. The individual needs to adjust their language to meet cultural and/or local references, usually with the help of a native speaker. Length: the individual can utter longer phrases and is able to add additional information to the topic of conversation. Flexibility: Changing from a topic into another is marked by false starts, but it is repaired by asking for clarification. The individual repeats their interlocutors' utterances in order to get the topic being discussed.

Advanced

Accuracy: Pronunciation is clear and smooth making meaning accurate. Intonation resembles that of a native speaker but still some imperfections are evident. Cohesiveness is greatly achieved in both formal and informal discourse but not in scientific or academic settings. Native speakers rarely ask for clarification but find the accent somehow foreign. Appropriacy: Vocabulary and structure are effectively combined to convey meaning. The individual speaks at a normal rate of speech and their comprehension is complete. The individual mastery of idiomatic expressions, proverbs, nuances in meaning, and cultural references are almost complete but conversation can be repaired by asking for clarification. Length: The individual can hold long conversations, adds vocabulary words, and uses correct grammar structures; the individual is able to prompt a conversation. Flexibility: The individual is able to prompt a shift in conversation and successfully take turns

to speak with their interlocutors.

APPENDIX D

ENGLISH FOR NURSING ASSISTANTS PRE-TEST

TEST SPECIFICATIONS

I. Statement of the problem

An English for Specific Purposes (ESP) curriculum is being designed for non-natives speakers of English who work at Utah Valley Regional Medical Center (UVRMC) in Provo, Utah. This curriculum will prepare the UVRMC workers to develop their English skills to participate in Certified Nursing Assistant (CNA) course at the hospital. An important component of this curriculum is the initial assessment of the prospective participants' level of English vocabulary for nursing. This knowledge of vocabulary for nursing will be measured by using an English for nursing pre-test. Once this test is ready, lesson plans and materials will be developed to "teach to the test". In order to measure acquired learning, the same test will be given to the participants at the end of the course. The scores obtained will be submitted to score distribution analysis and different index (intervention) analyses to see how much learning has been achieved after the teaching has taken place.

II. Content

Test structure

- a. The test will be a pen and paper test that will have only one section of 72 items.

10. Cognitive operations

- a. Students will choose the correct answer out of four alternatives to fill in gaps in sentences, phrases, or short reading passages.

11. Audience

- a. UVRM workers who will take an ESP course in preparation to take a CNA class at UVRMC.

12. Readability

- a. The items' content will be in the range intermediate-advanced level of vocabulary for nursing.

13. Structural range

Unlimited

III. Techniques

- a. The items will be multiple-choice type.

Example 1: Complete the following statement:

“When taking _____ samples, you are expected to get a _____ catch”

- A. blood
- B. tissue
- C. final
- D. clean

Example 2: Patients can use the following devices for walking or ambulating:

- I. Crutches
 - II. Prosthesis
 - III. Canes
 - IV. Walkers
- A. I and II
 - B. II, III and IV
 - C. I, III and IV
 - D. All of the above

Example 3: Read the short passage and fill in the blanks with the right words.

Patients can perform their daily tasks and improve their self-image by using _____. On the other hand, when they have a body part that is injured or impaired, they can use artificial supports or _____.”

- A. Prosthesis and carotid
- B. Restorative and orthotic

- C. Prosthesis and orthotic
- D. Therapeutic and prosthesis

IV. Topics

1. English language and text
 - a. The test will measure English ability inside the context of vocabulary for nursing. The items will be closely related to vocabulary for nursing to describe nursing procedures, equipment, body parts, illnesses, quantities, hospital culture, and policies.
 - b. The dialect, accent and, style will be Standard American English, formal.
 - c. The text items will be those described in the syllabus; they are included here as a guide to design the test:

Week	Title	Lessons/day
1	The role of the nursing assistant	1. Introduction to health care 2. The nursing assistant 3. Communication and interpersonal skills.
2	Safety for the patient and the nursing assistant	1. Relating to your patients 2. Infection control part 1 3. Infection control part 2
3	Basic nursing skills part 1	1. Environmental safety, accident prevention, and disaster plans 2. Emergency situations 3. Body systems and common diseases part 1
4	Basic nursing skills part 2	1. Body systems and common diseases part 2

		2. Body systems and common diseases part 3
		3. Vital signs part 1
5	Basic nursing skills part 3	1. Vital signs part 2
		2. Vital signs part 3
		3. Positioning
6	Basic nursing skills part 4	1. Moving
		2. Ambulation
		3. Admission, transfer and discharge
7	Providing personal care and comfort to the patient part 1	1 The patient's environment
		2. Hygiene and grooming part 1
		3. Hygiene and grooming part 2
8	Providing personal care and comfort to the patient part 2	1. Hygiene and grooming part 3
		2. Special skin care
		3. Nutrition part 1
9	Providing personal care and comfort to the patient part 3	1. Nutrition part 2
		2. Elimination needs part 1
		3. Elimination needs part 2
10	Providing personal care and comfort to the patient part 4	1. Specimen collection and testing
		2. AM and PM care
		3. Restorative care and rehabilitation
11	Specialized care procedures part 1	1. Additional patient care procedures part 1
		2. Additional patient care procedures part 2

		3. Preoperative and post operative care
12	Specialized care procedures part 2	1. Sub acute care
		2. Special skills in long-term care
		3. Death and dying

VI. Criterial levels of performance

1. Vocabulary. Students will be able to use 80% of nursing language and vocabulary words in order to be able to quantify, record, and describe nursing procedures, body systems and their common illnesses, nursing equipment, and nursing procedures.

VII. Scoring procedures

The right answers for the test questions will be on a separate response sheet. This will allow for an easy and fast objective scoring of the test.

VI. Trialing and analysis

The trialing of the test will be carried out on the participants of the ESP for nursing course to take place at the UVRMC. Once the test is distributed and answered, its items will be submitted to statistical analysis (score distribution studies and different index (intervention studies)) to see how much learning has been gained after the teaching has taken place. Defective items will be discarded and new items will be constructed to replace those that are not appropriate; these new items will be trialed with the students during the piloting of the course. Administration and scoring problems will be noted and addressed.

VIII. Validation

The test will be validated against the criterial levels of performance in order to find out how much learning has taken place since the beginning of the course. This will be done through score distribution studies and different index (intervention studies) of the scores obtained both at the beginning and at the end of the course. The test will be valid if higher test scores are obtained in the post-test in comparison to the ones obtained in the pre-test. The test's content validity is then the goal of the statistical analysis of scores obtained.

ENGLISH FOR NURSING TEST

Name: _____

Date: _____

Choose the correct answer.

1. Which one of these is not a health-care organization?
 - a. Hospitals
 - b. Hospice care facilities
 - c. Social security administration
 - d. Special hospitals and centers

2. What are three other titles nursing assistants hold?
 - I. Home health aide
 - II. Freelancer
 - III. Orderly
 - IV. Nursing attendant
 - a. I,II,III
 - b. I, II, IV
 - c. I, III, IV
 - d. Only II

3. Which of the following is not legally permitted for a nursing assistant to perform?
 - a. Taking vital signs
 - b. Helping patients with personal needs
 - c. Making sure patients enjoy a clean and safe environment
 - d. Giving medications

4. What are three characteristics of a good nursing assistant?
 - I. Uninterested
 - II. Clean
 - III. Professionally dressed-up
 - IV. Healthy

- a. I, II, III
 - b. I, III, IV
 - c. II, III, IV
 - d. I, II, IV
5. The following definition corresponds to:
“The ability of a person to understand another person’s point of view and share in another’s feelings or emotions”
- a. Friendliness
 - b. Empathy
 - c. Charity
 - d. Acceptance
6. Word parts that can help understand medical terminology are:
- a. Word root, prefix, suffix
 - b. Word root, grammar, phoneme
 - c. Prefix, suffix, affix
 - d. Speaking, writing, listening
7. What is not a basic human need?
- a. Physiological
 - b. Safety and security
 - c. Traveling
 - d. Love
8. Holistic health means:
- a. Body, mind and spirit as interrelated dimensions of a person’s well-being
 - b. Needs that need to be satisfied in order to feel good
 - c. People’s sense of their own value and self-respect.
 - d. Recover from surgery
9. What are the four most common types of microorganisms that cause disease?
- a. Typhoid, AIDS, amoeba, insects
 - b. Bacteria, viruses, fungi, protozoa
 - c. Pneumonia, gonorrhea, gangrene, boils
 - d. Worms, fleas, ticks, cockroaches

10. An infection acquired while in a health care facility is called:

- a. External
- b. Reinfection
- c. Nosocomial
- d. Susceptible

11. **“Sterilization”** means:

- a. Taking urine samples
- b. Cleaning a room after a patient is discharged
- c. Killing all microorganisms
- d. Isolating a patient not to infect others

12. Complete the following definition about barriers:

“Barriers are _____ equipment, such as _____, masks, and goggles, designed to _____ contact with the body _____ of patients”

- a. protective, gloves, prevent, fluids
- b. security, guns, avoid, diseases
- c. common, hats, be in, discharges
- d. clean, gloves, prevent, diseases

13. A synonym for poisonous is:

- a. Suffocating
- b. Fall
- c. Toxic
- d. Burning

14. The following definition corresponds to:

“Especially designed techniques that allow nursing assistants to coordinate balance and movement in order to prevent injuring patients or themselves”

- a. Base of support
- b. Restraints
- c. Disaster plans
- d. Body mechanics

15. What is not a life-threatening situation?

- a. Choking
- b. Driving
- c. Poisoning
- d. Shock

16. The abbreviation “**CPR**” stands for:

- a. Cardiopulmonary Resuscitation
- b. Chest Pressure Resuscitation
- c. Cardiopulmonary Restoration
- d. Chest Preparation for Respiration

17. The four basic types of tissues are:

- a. Epithelial, connective, muscle, nerve
- b. Integumentary, cells, organs, systems
- c. Connective, psychological, endocrine, respiratory
- d. None of the above

18. A tumor that is benign:

- a. Doesn't grow fast and doesn't move
- b. Grows fast and moves
- c. Cannot be removed
- d. Is contagious

19. Which organ is not in the respiratory system?

- a. Lungs
- b. Nose
- c. Liver
- d. Larynx

20. “**Dialysis**” means:

- a. The inability to control bladder or bowel function
- b. The removal of waste from the blood as treatment for kidney failure
- c. A chemical substance that regulates certain reactions in the body
- d. A wound, sore, or rash caused by injury or disease

21. A break or a crack in bone is called:
- Contracture
 - Traction
 - Contraction
 - Fracture
22. When caring for the stroke patient, nursing assistants must not:
- Help patients with ambulation
 - Prevent falls
 - Be encouraging
 - Be patient
23. Vital signs are:
- Temperature, pulse, respiration, blood pressure
 - Centigrade, Fahrenheit, Celsius, Degree
 - Life, heart, soul, brain
 - Breathing, respiration, temperature, body heat
24. The least accurate _____ to measure body _____ is axillary
- Guideline, healthiness
 - Procedure, parts
 - Method, temperature
 - Principle, illness
25. A synonym for sphygmomanometer is:
- Blood pressure controller
 - Blood pressure device
 - Blood pressure cuff
 - Blood pressure gauge
26. Those patients who have abnormal high blood pressure are said to have:
- Hypotension
 - Hypertension
 - Super tension
 - High tension

Answer questions 27 and 28 based on the following reading passage:

“An accurate measurement of the patient’s vital signs form the basis for detecting a problem with body function. It is required that the nursing assistant report any abnormal measurement to the supervisor immediately. Skill in using various instruments to measure the vital signs must be achieved if the results are to be accurate. In addition to the vital signs, the patient’s height and weight are measured. Treatment and medication the patient is given are often based on height and weight. The doctors and nurses depend on the nursing assistant to be skillful and accurate in taking these measurements.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

27. It is important to measure vital signs properly because:

- a. Nursing assistants might be fired
- b. Doctors might be fired
- c. An illness might be found
- d. Nursing skills will be improved

28. Measuring weight and height are important whereas the right:

- a. Diet could be recommended
- b. Medicine can be prescribed
- c. Exercise could be announced
- d. Pain could be suppressed

29. Complete the statement below:

“Logrolling” a patient means turning the patient without _____ their _____.

- a. Splitting, head
- b. Hurting, legs
- c. Bending, spine
- d. Rubbing, backs

30. “Lying flat on the back” is a body position that is also called:

- a. Prone
- b. Supine
- c. Lateral
- d. Sim’s

31. “**Dangling**” a patient, means helping the patient to:

- a. Put on their robe
- b. Roll over to get out of bed
- c. Lie down in bed
- d. Sit up at the edge of their bed

32. Another name for “**stretcher**” is:

- a. Mechanical lift
- b. Gait belt
- c. Gurney
- d. Elevator

33. When a patient “**ambulates**”, he or she:

- a. Walks
- b. Jumps
- c. Dances
- d. Sleeps

34. The main idea of the following paragraph is:

“Routine turning of patients prevents the formation of sores over bony prominences”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

- a. Sores appear because the patient routinely turns
- b. Broken skin can be prevented by moving the patient periodically.
- c. Surgeons make the patient turn over their bones for support
- d. Bones are strengthened because of continuous turning.

35. Information about a new patient can be obtained through:
- A personal interview
 - An admission checklist
 - A letter of recommendation
 - A conversation with the patient's doctor
36. Transferring a patient involves:
- Feeding the patient healthy meals
 - Sending the patient back home
 - Accepting the patient in to a health care facility
 - Moving the patient to another health care facility
37. Which of the following **is not** standard equipment in a patient's unit?
- Bathroom
 - Cell phone
 - Chair
 - Bedpan
38. Which of the following are four methods of bedmaking?
- Wooden bed, metal bed, sea bed, bunk bed
 - River bed, futon, mattress, box springs
 - Closed bed, open bed, occupied bed, surgical bed
 - Surgical bed, post-operative bed, draw sheet, high bed
39. When giving a bath mitt, a nursing assistant must use a:
- Washcloth
 - Towel
 - Roll of toilet paper
 - Mitten

40. Complete the statement below:

“Bathing can also provide a small _____ of exercise for the _____.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

- a. Benefit, body
- b. Amount, muscles
- c. Number, legs
- d. Advantage, arms

41. Complete the following statement:

Dentures or _____ false teeth should be cleaned as often as _____ teeth.

- a. clean, dirty
- b. loosen, tight
- c. removable, natural
- d. movable, realistic

42. You should never trim the nails of a patient who has:

- a. Circulatory problems or diabetes
- b. Heart problems or headaches
- c. Respiratory problems or digestive problems
- d. Red cuticles and bunions

43. If a patient drops their hearing aid, the nursing assistant should:

- a. Wash it before it is used again
- b. Leave it on the floor so a housekeeper will pick it up
- c. Help inserting it back in the patient’s ear
- d. Call a dealer to see if it is broken

Answer question 44 based on the passage below:

“The nursing assistant performs the hygiene and grooming activities for the patient until the patient can do it so again. Encouraging patients to do as much as they are able promotes well-being. The exercise they get is beneficial also”.

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

44. Patients will be groomed by a nursing assistant until:

- a. The nursing assistant is released
- b. The patient becomes more self sufficient
- c. The nursing assistant becomes an expert
- d. The patient's relatives arrive in the room

Answer question 45 based on the passage below:

“Decubitus ulcers can occur in any patient, but some patients are more at risk than others. Prolonged pressure, shearing, and skin friction are causes of skin breakdown leading to ulcers. Keeping the skin clean and dry helps prevent breaks in the skin also. Special equipment may be used to prevent or help decubitus ulcers.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

45. The purpose of the paragraph above is to explain how decubitus ulcers:

- a. Are treated
- b. Appear
- c. Are cleaned
- d. Disappear

46. Complete the definition below:

“A specialty bed _____ the patient without _____”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

- a. Lifts, effort
- b. Moves, trouble
- c. Positions, shearing
- d. Turns, friction

47. Which one **is not** a major type of nutrient?

- a. Water
- b. Fats
- c. Proteins
- d. Minerals

48. Which of the terms listed below corresponds to the following definition:

“A blood disorder characterized by a lack of the oxygen-carrying component (called hemoglobin) in the red blood cells. The most common type is caused by a lack of iron intake”

- a. Osteoporosis
- b. Anemia
- c. Leukemia
- d. Diabetes

49. The acronym **NPO** comes from the Latin **nil per os**, which means:

- a. Nothing but food
- b. Nothing but medicine
- c. Nothing by force
- d. Nothing by mouth

50. Complete the following description:

“A(n) _____ (IV) infusion feeds the patient through a vein”

- a. Nasogastric
- b. Intravenous
- c. Digestive
- d. Gastric

51. Which of the following **is not** a characteristic of normal urine:

- a. Pale yellow
- b. Free of particles
- c. Frequently dark
- d. Free of blood

52. One way to avoid embarrassing the incontinent patient is:

- a. Avoiding the use of the word “diaper”
- b. Hurrying them to the toilet
- c. Teaching them urinating techniques
- d. Asking them to clean themselves

53. Complete the statement below:

“Since the perineum is delicate, use warm water (100° to 105 °F), wash very _____, and pat _____”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

- a. Well, hard
- b. Roughly, good
- c. Nicely, shoulder
- d. Gently, dry

54. A catheter is a device used to:

- a. Drain fluids out of the body
- b. Operate on the body
- c. Help patients lie down on a side
- d. Take a clean-catch

55. Which one is a type of specimen a nursing assistant may not collect?

- a. Urine
- b. Stools
- c. Sputum
- d. Blood

56. The container used to collect samples is called a specimen _____.

- a. Glass
- b. Container
- c. Bowl
- d. Bucket

57. In nursing, the acronym **ADL** stands for:

- a. Activities of deadly living
- b. Activities of daily living
- c. Activities of disinfection and learning
- d. Activities of draining liquids

58. In the paragraph below, the word *patterns* is close in meaning to:

“Patients have their own individual sleep patterns. These patterns were developed based on their personal, work, and family needs.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

- a. Hobbies
- b. Habits
- c. Cultures
- d. Traditions

59. A “**prosthesis**” is:

- a. An artificial body part
- b. A health condition that affects the reproductive system
- c. A device for eating
- d. A post-operative procedure

60. Which one **is not** a type of movement when performing ROM exercises?

- a. Rotation
- b. Extension
- c. Abduction
- d. Kidnapping

61. A hot treatment dilates the blood vessels, but a cold treatment _____ them.

- a. Constructs
- b. Constricts
- c. Repairs
- d. Heals

62. Re-write the following statement in two lines so that the main idea stays the same:

“Great caution must be taken in applying heat or cold to a patient. Treatments that are too hot or too cold or treatments that are left on too long can result in severe injuries and changes in body functions.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

63. Complete the definition below:

“A compress is a _____ of gauze, a washcloth, or a small towel that is placed in a basin of cold water, wrung out, and then applied to the body part.

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

- a. Piece
- b. Part
- c. Type
- d. Section

64. Physical examinations can be conducted by:

- a. CNAs and LPNs
- b. Physicians and nurses
- c. Clergy and physical therapists
- d. Social worker and pharmacist

65. Anesthesia is meant to help patients:

- a. Sleep and dream peacefully
- b. Improve circulation and prevent infection
- c. Block pain and provide muscle relaxation for surgery
- d. Relax and ease the patient's mood

66. The purpose of postoperative ambulation and exercise is necessary to:

- a. Help the patient feel better
- b. Prevent the formation of blood clots
- c. Prepare the patient for postoperative life
- d. Avoid tripping and falling

67. **“Dexterity”** is defined as the ability to:

- a. Understand surgical procedures
- b. Assemble and disassemble equipment
- c. Handle equipment and patients carefully and correctly
- d. All of the above

68. Complete the statement below:

“It is important to be alert to wound problems or improvement, which must be _____ and _____.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

- a. Cured and healed
- b. Reported and documented
- c. Recorded and dressed
- d. Cleaned and medicated

69. The care of the elderly is also called:

- a. Pediatric care
- b. Aristocratic care
- c. Democratic care
- d. Geriatric care

70. Paraphrase the statement below in two lines so the meaning stays the same:

“People in long-term care facilities are referred to as residents because the facility has become their home as well as a place to receive health care. The majority of the residents are elderly.”

71. What is the purpose of the statement below?

“In giving post-mortem care, treat the body with the same respect you showed the living person. Close the door or pull the curtain for privacy. Touch the body lightly, since pressure from your hands can leave marks. Work quickly and quietly. Follow infection control procedures.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

- a. Describe a set of steps to perform a procedure
- b. Explain a group of instructions in private
- c. Describe a certain number of rules to follow
- d. Explain regulations to follow in a specific procedure

72. Summarize the paragraph below in two lines:

“A terminal illness is an illness or injury from which the patient is not likely to recover. It is expected to cause death within the near future – within days, weeks, or months or, possibly, within 1 or 2 years. No one can predict exactly how long the patient will survive. The patient’s own hope and will to live have a powerful influence on the dying process.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

APPENDIX E

ESP-ESL TEACHERS QUESTIONNAIRE

1. How listening, reading, speaking, and writing should be taught?
2. How grammar, pronunciation, culture, and pragmatics should also be taught?
3. How error correction should be conducted?
4. Why ESP-ESL teachers should be aware of the importance of learning styles?
5. Please comment on your philosophy teaching. What teaching methods and approaches do you favor and why?
6. What is, in your opinion, the best way to use a textbook?
7. How important are teaching materials and what type do you favor and why?

APPENDIX F

REFLECTIVE TEACHING REPORT 017

Date: 02-16-05

Introduction and presentation

The teacher started the class asking students about the topics studied in class the day before. Students contributed with definitions for “friction”, “shearing”, “catheter”, “positioning devices”, “folded towels”, “rolled towel”, “blanket”, “trochanter”, etc.

Practice, application, and evaluation

On page 172 of their textbooks, the teacher assigned a “body position” to each of the students. They had to read about their assigned position and its characteristics. The teacher explained the meaning of the word “characteristics” before allowing the students to work. After the students studied their assigned positions, they wrote what they had understood; they also wrote some tips to maintain good alignment with their corresponding position; then they presented their findings to the rest of the class. Students did their presentations in front of the class. The presentations helped them use English orally and develop their confidence to speak in public.

Homework

The teacher asked students to read in their books in preparation for next class.

What went right

The lesson included reading, writing, and speaking tasks. This variety allows for a better engagement of the students in using English. It also helps the lesson move smoothly.

Suggestions

Before presenting their reports to the class as a whole, students could have done it in small groups or pairs to gain confidence. In addition, error correction in small groups is less embarrassing.

Error correction:

- **Grammar**

The grammar instructor taught on the use of “to” and “for” when followed by verbs, and singular and plural forms (see below).

- ❖ It’s a thing to bring the fluid of the body
- ❖ For feel more comfortable – **to feel** more comfortable
- ❖ The pillow has a different uses
- ❖ Support for not sagging
- ❖ It’s used to lifting and roll the patient- **to lift/for lifting**
- ❖ Go the floor

- **Pronunciation**

- ❖ Catheter
- ❖ Rolls vs. rose

APPENDIX G

TEACHER EVALUATION CHECKLIST

GENERAL INFORMATION

Teacher:

School:

Observer:

Date:

CRITERIA	Very good (5)	Good (4)	OK (3)	Poor (1-2)	Comments
A. LESSON PREPARATION					
1. Relevant to social and cultural needs of the learners					
2. Integrated with ongoing work					
3. Meaningful and relevant contents					
4. Clear lesson plan					
5. Able to discuss the lesson plan rationale					
6. Other					
B. LESSON EXECUTION					
1. Personal appearance					
2. Correct use of voice projection					
3. Establish rapport and convey enthusiasm					
4. Self-control before unexpected learning situations					

5. Sensitive to students' pace					
6. Tactful error correction strategies					
7. Use of language teaching methodology is evident					
8. Use of language use, meaning, and form					
9. Instructions are clearly explained					
10. Effective class organization and management					
11. Other					
C. TEACHING METHODOLOGY					
a. MOTIVATION					
1. Engage students' attention					
2. Ability to elicit language from students					
3. Acknowledge learner's interests, needs and contributions					
4. Create the need for language use					
5. Other					
b. PRACTICE					
1. Guide language comprehension/production					
2. Monitor learning tasks					
3. Encourage learner's participation					
4. Assist learners with needed language					
5. Appropriate use of questions					
6. Appropriate round-off					

7. Other					
c. EVALUATION					
1. Guide/provide appropriate feedback					
2. Check on learning process					
3. Monitors student's oral and written language					
4. Other					
D. TEACHING AIDS					
1. Engaging teaching materials: handout, visuals, etc					
2. Effective use of teaching materials					
3. Other					
GRADE	PARTIAL				
GRADE	TOTAL			/ 10	
GRADE		Qualitative			
		Quantitative			

Grading criteria

- 00 – 10 = D (Poor)
 11 – 13 = C (OK)
 14 – 16 = B (Good)
 17 – 20 = A (Very good)

Taken and modified from a similar Teacher Evaluation Checklist designed by Rosa Martinez, Cajamarca, Peru.

APPENDIX H

LESSON PLAN 1

I. General Information

- | | | |
|----|------------------|-----------------------------|
| 1. | Setting: | UVRMC |
| 2. | Learners' level: | Intermediate adult students |
| 3. | Class time: | 5:30 p.m. to 7:00 p.m. |
| 4. | Date: | 3-1-05 |
| 5. | Teacher: | Javier Romo |

II. Objectives

1. General objective:

Students will be able to identify and use core vocabulary words related to skin care and decubitus ulcers.
2. Enable objectives:
 - 2.1. Student will be able to get the gist of a passage and report what they understood.
 - 2.2. Student will be able to write short paragraphs describing equipment used to prevent or help heal decubitus ulcers.

III. Class procedure

Stage	Strategies (teacher/student)	Materials	Time
Warm-up	1. Teacher introduces himself and the lesson		5'
Introduction and Presentation	1. Students are given a puzzle to find key words for the next three-week lesson period: decubitus ulcers, elderly, redness, nutrients, diet, fluids, intake, output, elimination, toileting, etc.	Handout	10
Practice	1. Students are given a handout with	Handout	60'

	<p>a figure in it and identify “pressure points” (places in the body where bones lie close to surface of the skin) and body parts that rub together.</p> <p>2. Students write sentences to say where “pressure points” are. E.g., the knees are part of the legs; the backbone is in the back, etc.</p> <p>3. In their handout, students do a matching exercise. They read definitions that they have to match with key words for the lesson today (risk factors on decubitus ulcers). E.g., elderly, very thin, obese, unable to move, and incontinent. Then they rewrite three of those definitions.</p> <p>4. Students listen to a quick explanation of Present Perfect. Write some sentences in the PPT and then complete text in the topic of “stages of skin breakdown”.</p> <p>5. Students use pictures on page 230 of their textbooks to describe orally the stages of skin breakdown in small groups and/or to the class.</p> <p>6. Students identify devices used to prevent decubitus ulcers. They write sentences to describe those devices. E.g., Sheepskin or foam padding is used to shield the skin from friction.</p>		
Evaluation	1. Teacher walks around the classroom listening to the students and providing counseling and correction.		
Application	1. Students write a 5 line summary of the topics studied today.		10'

III. Contingency plan

1. Students read on page 228, underline unknown words. Teacher explains the meaning of those new words, and students write sentences using those words.
2. Students read the chapter summary and re-write it.

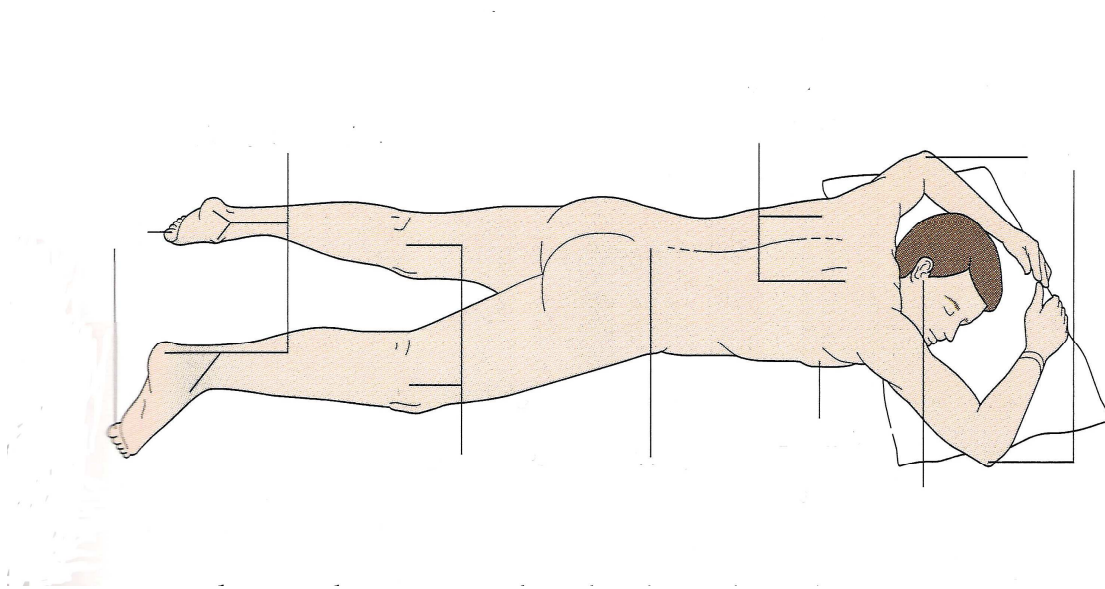
Lesson Handout

1. Find the following words in the puzzle

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

Elderly	Heels	Tail bone	Floatation pad	Vitamins	Growth	Bedpan	Constipation
Pressure points	Knees	Obese	Carbohydrate	Diet	Lubricate	Diaper	Intake
Decubitus ulcers	Ankles	Incontinent	Fats	Anemia	Diabetic	Swallow	
Shearing	Elbow	Lesion	Minerals	Wipe	Urinal	Diarrhea	
Toes	Spine	Blisterlike	Proteins	Nutrients	Chew	Perineum	

2. Identify the body's pressure points and body parts that rub together in the following figure:



3. Write four sentences to describe where those pressure points and body parts that rub together are.

E.g.

The backbone is located in the lower part of the back.

4. Read the following definitions and match them with their corresponding concepts.

pressure point	redness	lesions
ulcers	shearing	friction
		to aggravate

- a. An area in the body where bones lie closer to the skin. They also bear the body weight when a person is sitting or lying.

- b. Forces that cause the skin move in one direction; at the same time the tissue below moves in the opposite direction.
- c. A localized abnormality of the skin, such as a wound, sore, or rash, caused by injury or disease.
- d. Sores or breakdowns of tissue.
- e. To become worse.
- f. The rubbing of tubing or other equipment against the skin.
- g. The state or quality of being red. In Nursing, it is usually associated with swell and heat.

5. Re-write three of those definitions

- a. _____

- b. _____

- c. _____

6. Fill in the blanks to complete the four steps of skin breakdown

Stage 1: Redness has _____ on the skin over a pressure point. The area has _____ hot. (develop/become)

Stage 2: The skin has _____ with blisterlike lesions, or the skin surface has _____. (redden/break)

Stage 3: The layers of the skin have _____ destroyed and a deeper crater has _____. Infection and a scab might have _____. (be/form/result)

Stage 4: The ulcer has _____ skin and other tissues, and muscle and bone have _____ exposed. (erode/be)

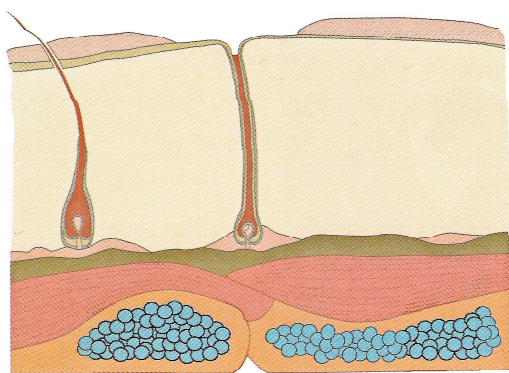
Present Perfect

HAVE			
	+		VERB (Past participle)
HAS			

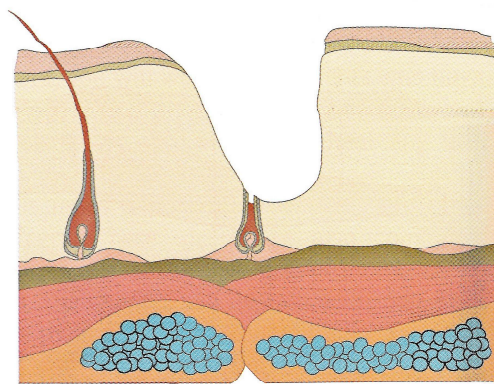
The ulcers have eroded

The skin has broken

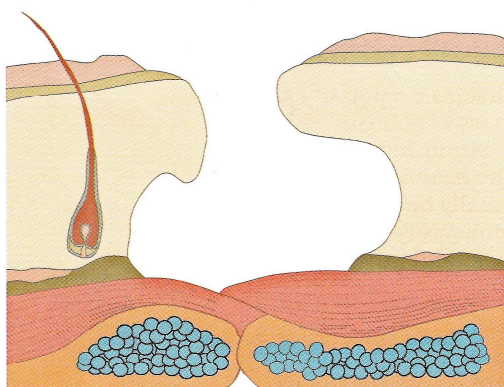
7. Use the pictures below to explain the steps of skin breakdown.



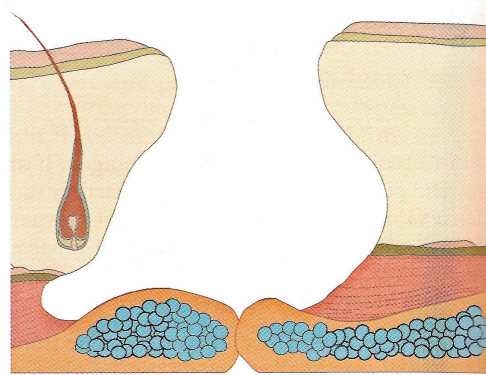
Stage 1



Stage 2



Stage 3



Stage 4

8. Write a 4-line paragraph about what you learned in class today.

LESSON PLAN 2

I. General Information

1. Setting: UVRMC
2. Learners' level: Intermediate adult students
3. Class time: 5:30 p.m. to 7:00 p.m.
4. Date: 3-2-05
5. Teacher: Javier Romo

II. Objectives

1. General objective:

Students will be able to identify and use core vocabulary words related to nutrition.
2. Enable objectives:
 - 2.1. Student will be able to get the gist of a passage and report what they understood.
 - 2.2. Student will be able to write short paragraphs describing the principles of nutrition.

III. Class procedure

Stage	Strategies (teacher/student)	Materials	Time
Warm-up	1. Students respond questions about the class the day before.		5'
Introduction and Presentation	1. Students receive a handout and name different foods. Students write the names of the different food groups.	Handout	10'
Practice	1. Students read about nutrients and match the types of nutrients with their definitions. 2. Students write a poster about nu-	Handout	60'

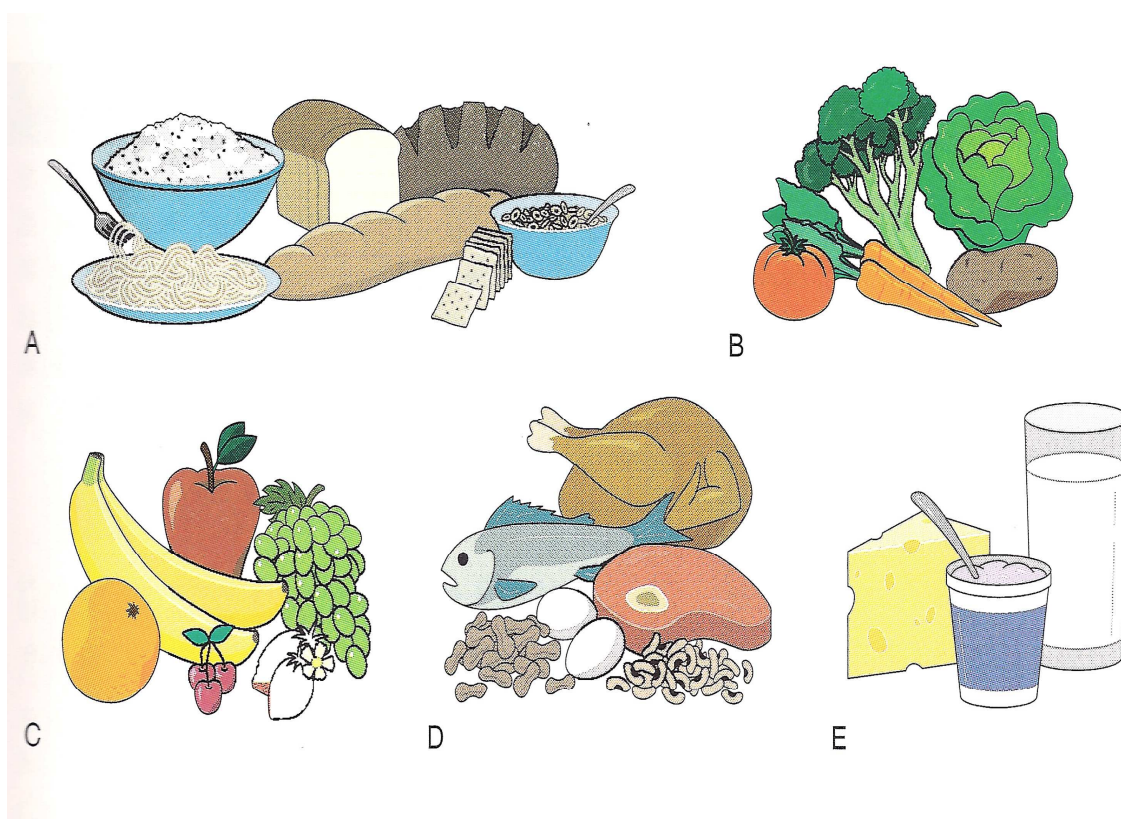
	<p>trition and present it to the class.</p> <p>3. Students read for the gist on the topic of nutrition.</p> <p>4. Students write about the importance of nutrition and nutrients.</p> <p>5. Students scan text for specific information on the topic of diets.</p>		
Evaluation	1. Students write a four-line summary of what was learned in class today.	Handout	10'
Application	1. Students report the lesson today to their supervisor.		

III. Contingency plan

3. Students write and/or orally describe a special diet them or a relative was put on while in hospital.
2. Students read the chapter summary and re-write it.

Lesson Handout

1. Name the food in the pictures and write the name of the food groups:



2. Read about the types of nutrients below and match them with the rest of the information in the table.

a. Carbohydrate: A type of nutrient that is made up primarily of starches and sugar. It is used by the body to produce heat and energy.

b. Fat: A type of nutrient that provides the most concentrated form of energy and it is used by the body to store energy. They can be found in two forms: animal and vegetal.

c. Mineral: A type of nutrient that is made up of non-living chemical compounds that functions in metabolism and helps build body tissue.

d. Protein: A type of nutrient that consists of amino acids derived from food. It is essential for growth and the repair of body tissue. Regulate body

processes by helping to build strong teeth and bones, promote growth, and strengthen resistance to disease.

- e. Vitamin: They are of plant or animal origin. Their function is to trigger a wide variety of bodily processes.*

Nutrient	Food sources
	Fruits, vegetables, breads, cereals, pasta products, milk.
	Complete proteins are derived from meat, poultry, fish, and cheese. Vegetables contain incomplete proteins.
	Vegetable fats, oils, butter meats, milk products, poultry.
	Vegetables, fruits, milk products, meat, poultry, fish, breads, cereal, pasta products.

3. Work in pairs. Your teacher will give you a piece of paper. Prepare a poster about nutrition and nutrients to put up on one of the hospital walls. Present your poster to the class.

4. Write at least three reasons why **nutrition** is important:

5. Write definitions for the following words:

a. Diet : _____

b. Intake: _____

c. Output: _____

6. Read the different types of diets below, underline all new words, and then answer the questions **TRUE (T)** or **FALSE (F)**.

Therapeutic diets that eliminate, restrict, or change the proportion of foods or nutrients		
Name of diet	Description	Purpose
Sodium-restricted	Limits food containing salt or includes only salt-free foods	For patients with heart or kidney problems
Diabetic	Combines a balanced diet with insulin or hypoglycemic drugs	To maintain blood sugar levels in diabetic patients
Low-fat/low-cholesterol	Limits fats and calories and increases proteins and carbohydrates	For patients who have trouble digesting fats or to regulate cholesterol in the blood
Low-calorie	Limits calorie intake	For patients who need to lose weight
Low-fiber	Omits foods high in fiber and bulk	With patients with digestive problems
High-calorie	Increases foods high in protein, carbohydrates, vitamins, and minerals	For patients who are underweight or malnourished
High-protein	Supplements meals with high-protein foods	To assist in the growth and repair of tissues
Therapeutic diets that are served in a particular form		
Name of diet	Description	Purpose
Clear liquid	A temporary diet. Made up of water, tea, broth, soda pop, strained juice, and gelatin.	For patients with acute illness, vomiting, or diarrhea; first stage of post-operative dietary routine.
Full liquid	May be used for long periods. Made up of clear liquids plus sherbet, pudding, milk, custard, ice cream, and yogurt.	For patients with stomach irritation, nausea, or vomiting; patients who have difficulty chewing or swallowing; second stage of postoperative dietary routine.

Soft	Made up of liquids and semisolid foods that are soft and easy to digest; May include foods on a regular diet that are pureed or strained.	For patients who have difficulty chewing or swallowing, digestive problems, or infections; third stage of postoperative dietary routine.
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- a. Insulin is added to high-protein diets ()
- b. A high-calorie diet is the best for patients with anemia ()
- c. Hypoglycemic patients should never be put on a diabetic diet ()
- d. A low-calories diet would be appropriate for overweight patients ()
- e. Soda would be a good example of a low-calorie diet ()
- f. For patients with stomach problems, a full liquid diet is the most appropriate ()
- g. A patient with a wound should be put on a sodium-restricted diet ()
- h. A high-fat diet is recommended for slim people ()
- i. A soft diet is more closely related to patients with infections than to patients who have difficulty swallowing. ()
- j. Patients with osteoporosis lack calcium in their bones. ()
7. Choose one diet and present it to the class orally.
8. Write a four-line summary of what you learned in class today.

Source: Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

LESSON PLAN 3

I. General Information

1. Setting: UVRMC
2. Learners' level: Intermediate adult students
3. Class time: 5:30 p.m. to 7:00 p.m.
4. Date: 3-3-05
5. Teacher: Javier Romo

II. Objectives

1. General objective:

Students will be able to identify and use core vocabulary words related to elimination and its disorders.
2. Enable objectives:
 - 2.1. Student will be able to get the gist of a passage and report what they understood.
 - 2.2. Student will be able to write short paragraphs describing the principles of elimination.

III. Class procedure

Stage	Strategies (teacher/student)	Materials	Time
Warm-up	1. Students respond questions about the class held the day before.		5'
Introduction and Presentation	1. Students brainstorm the word "elimination" and write a two-line definition for the word elimination.		10'
Practice	1. Students receive a handout and fill in gaps with key vocabulary words. 2. Students listen to a tapescript and check their answers for procedure 1 above.	Handout	60'

	<p>3. In pairs, students read about common problems with elimination. They then do an oral presentation on the “elimination problem” assigned to their pair.</p> <p>4. Students label and describe devices used for elimination. E.g. A bedpan is a round-looking tray used to urinate and/or defecate in.</p> <p>5. Students work in pairs. One person in the pair receives the picture of a device used for elimination and describes it to the other person in the pair, who in turn, has to draw it. Those who draw, write the description they heard.</p> <p>6. In pairs, students write a conversation between a CNA and a patient who needs help with elimination.</p>		
Evaluation	1. Students write a four-line summary of what was learned in class today.	Handout	10'
Application	1. Students report the lesson today to their supervisor.		

III. Contingency plan

4. Students read about “toileting”, underline new words, are explained their meaning, and write sentences with them.
2. Students read the chapter summary and re-write it.

Lesson handout

1. Use a monolingual dictionary to find the meaning of the following words:
 - a. Urinate:
 - b. Defecate:
 - c. Bowels:
 - d. Urine:
 - e. Feces:

2. Read the paragraph below and fill in the blanks so the text would make sense. Then listen to your teacher for the right answers.

“Elimination of waste _____ is a natural process. To maintain health, people must _____ urine and feces regularly. Urine is a liquid waste product _____ by the kidneys. Feces are the _____ waste products eliminated through the anus. Defecation also referred to as having _____ movement, is the process of _____ feces from the rectum through the anus.

People usually urinate at _____ and after waking up. Urinary frequency varies _____, however, from one person to another. Some people _____ every two to three hours whereas others may go only once every 8 to 12 hours. Regardless of _____, people must eliminate a sufficient _____ of fluids in the form of urine or a fluid _____ may result.

Frequency of bowel _____ is also very individualized. Some people have two or three bowel movements a day. Others may only have one bowel movement every 2 to 3 days. The time of day also _____ greatly. Some people defecate in the _____ whereas others defecate in the morning.

The _____ of an individual’s elimination may be _____ by diet (including the amounts and kinds of fluids _____), exercise, age, illness, and certain _____. Frequency may also be related to the accessibility of the urinal, bedpan, bedside commode, or _____.”

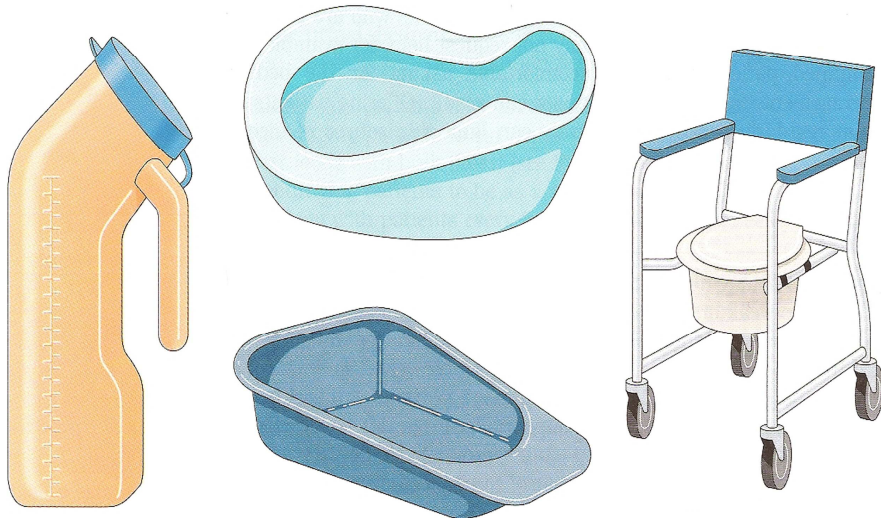
Patients can be helped to maintain normal elimination by:

- *“_____ sure patients have an adequate fluid _____.*
 - *_____ patients to eat fruits, vegetables, bread, cereals, and other food with _____ (fiber).*
 - *_____ patients to be as active as possible.*
 - *_____ with patients every 2 hours to see if they _____ to urinate or defecate.*
- _____ sure patients have _____ and plenty of time for toileting to ensure _____ and comfort.”*

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

- 3. Listen to your teacher read the article and check your answers.
- 4. Summarize the passage in 2 in 7 lines.

- 5. Work in pairs. Tell your partner what the passage in 2 was about.
- 6. In pairs, your teacher will assigned you a “problem with elimination” Study the problem you received on page 251 in your textbook, write a summary of it, and then present it to the class.
- 7. Name the following devices used for elimination:



8. Work in pairs. Sit back to back with your partner. Choose a device used for elimination and describe it orally. Your partner will draw it and write your description. Change roles as you work with the four devices.
9. Write a conversation between a CNA and a patient who needs help with elimination.

Patient: _____

CNA: _____

Patient: _____

CNA: _____

Patient: _____

CNA: _____

Patient: _____

CNA: _____

Patient: _____

CNA: _____

Patient: _____

CNA: _____

Patient: _____

CNA: _____

Patient: _____

CNA: _____

Patient: _____

10. Act out the conversation in front of the class.

Source: Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

Complete text for activity 2:

“Elimination of waste products is a natural process. To maintain health, people must eliminate urine and feces regularly. Urine is a liquid waste product secreted by the kidneys. Feces are the semisolid waste products eliminated through the anus. Defecation also referred to as having bowel movement, is the process of discharging feces from the rectum through the anus.

People usually urinate at bedtime and after waking up. Urinary frequency varies greatly, however, from one person to another. Some people urinate every two to three hours whereas others may go only once every 8 to 12 hours. Regardless of frequency, people must eliminate a sufficient amount of fluids in the form of urine or a fluid imbalance may result.

Frequency of bowel movement is also very individualized. Some people have two or three bowel movements a day. Others may only have one bowel movement every 2 to 3 days. The time of day also varies greatly. Some people defecate in the evening whereas others defecate in the morning.

The frequency of an individual’s elimination may be affected by diet (including the amounts and kinds of fluids ingested), exercise, age, illness, and certain medications. Frequency may also be related to the accessibility of the urinal, bedpan, bedside commode, or toilet.”

Patients can be helped to maintain normal elimination by:

- *“Making sure patients have an adequate fluid intake.*
- *Encouraging patients to eat fruits, vegetables, bread, cereals, and other food with bulk (fiber).*
- *Encouraging patients to be as active as possible.*
- *Checking with patients every 2 hours to see if they need to urinate or defecate.*
- *Making sure patients have privacy and plenty of time for toileting to ensure dignity and comfort.”*

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

APPENDIX I

ENGLISH FOR NURSING FORMATIVE TEST 1

Name: _____

Date: _____

Instructions: Circle the correct answer:

1. The following statement is describing a:

“A group consisting of various health care professionals and non-professionals who work together in the care of an individual patient.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

- a. Holistic care team
 - b. Interdisciplinary team
 - c. Humanitarian team
 - d. International care team
2. What is **not** another name for nursing assistant?
- a. Orderly
 - b. Homemaker
 - c. Care giver
 - d. Nursing attendant
3. The phrase “*legally permitted*” is closest in meaning to:
- a. Capable of doing something
 - b. Supported by law
 - c. Forced liability
 - d. Shared responsibility

4. Fill in the blanks of the following definition:

“_____ is a principle that protects patients’ _____ information”

- a. Secrecy, personal information
- b. Security, social security
- c. Privacy, own
- d. Confidentiality, private

5. Define the following types of communication:

- a. Verbal: _____
- b. Nonverbal: _____

6. An example of a **prefix** and a **root** would be:

- a. Cardiology
- b. Asepsis
- c. Disciplinary
- d. Urine

7. Re-write the following paragraph in two lines so the meaning stays the same:

“You must always keep in mind that your patient may be from a different cultural or religious background than what you expect. It is important to learn these things as early as possible before caring for the patient.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

Answer question 8 based on the passage below:

“Every health care facility must be concerned about infection control. It is the most basic and important procedure in nursing care, and it will determine the quality of care given in a facility. Your facility has policies and procedures designed to keep infection from spreading.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

8. The main idea of the passage is:
- a. Infection control is a vital and high priority issue in nursing care
 - b. If infections spread, there are always procedures to follow
 - c. Health institutions worry too much about infection control
 - d. Infection control will determine your success as a nursing assistant
9. The words “sterile” and “contaminated” are closest in meaning to:
- a. Washed, free
 - b. Entry, exit
 - c. Clean, dirty
 - d. Soft, hard

Answer question 10 based on the following reading passage:

“There are many potential hazards in health care facilities. Some, such as falls, fires, and collisions with swinging doors or heavy equipment, may also occur in other places. But some hazards are unique to hospitals and long-term care facilities.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

10. The main idea of this passage is:
- a. A health care facility is as dangerous as your own home
 - b. People in hospitals are exposed to danger
 - c. Long-term care facilities are safer than hospices
 - d. Patients are exposed to danger more than health personnel

11. There are several steps to follow when responding to an emergency. Paraphrase step 1:

Assess the problem

12. Complete the following definition

“Choking occurs when a person’s airway is _____ or blocked. A choking person will not be able to speak or _____”

- a. Stopped, move
- b. Opened, eat
- c. Closed, breath
- d. Tired, drink

Answer questions 13 and 14 based on the passage below:

“Human beings do not remain the same throughout life. As they age, many changes occur. The process that includes normal changes over time is called growth and development. Growth generally refers to physical changes. It is measure by an increase in height and weight and the maturation. It also includes the normal physical changes that occur after middle adulthood, such as the gradual decline of sight and hearing. Development involves the intellectual, emotional, and social changes that occur. At each stage of life, there are certain development tasks that a typical person performs. For example, toddlers learn to talk; adolescents develop their own values; young adults choose a career and a partner; and older adults adjust to retirement and the loss of a partner.”

Pulliam, J. (2002). *The nursing assistant: acute, subacute, and long-term care*. NJ: Prentice Hall.

13. The main idea of the passage is:

- a. Humans do different task from childhood to adulthood
- b. Humans increase in their heights and weights
- c. Humans learn when toddlers and forget when old
- d. Humans go through different changes as time passes

14. The purpose of the passage is:

- a. Make people aware of importance of two health-related issues

- b. Explain two different processes of maturation
- c. Describe how people become more responsible as time passes
- d. Present two facts that can lead people to improve their health

15. The antonym (opposite) of the word **“hypertension”** is:

- a. Hypotension
- b. Hypodermic
- c. Hypochondriac
- d. Hypothermia

16. The prefixes **“endo”** and **“exo”** mean:

- a. to, from
- b. into, out
- c. on, under
- d. for, at

17. The word **“integumentary”** is closest in meaning to:

- a. Hiding
- b. Hoarding
- c. Saving
- d. Covering

18. In a hospital setting, the word **“disorder”** is closest in meaning to:

- a. Revolution
- b. Illness
- c. Careless
- d. Disruption

19. Write a definition for the following temperature measurement method:

Oral method

20. Complete the following definition

“A sphygmomanometer is an instrument used to _____ blood _____ . It is also called blood pressure cuff”

- a. Detect, rate
- b. Discover, rhythm
- c. Measure, pressure
- d. Analyze, pulse

APPENDIX J1

STUDENT APPRAISAL FORM - ENGLISH

Instructions: The purpose of this questionnaire is to provide your teacher with feedback on their teaching performance. Your feedback is a very important part of the learning-teaching process and will help your teachers improve their teaching. Please think carefully before you write your answers.

Teacher: _____
 Class: ESP course for Pre-Certified Nursing Assistants
 Date: _____

A. Teaching

I. Circle the number that reflects your evaluation of the different aspects of the learning-teaching process. Please use the following key as a guide.

1. Poor
2. Acceptable
3. Good
4. Excellent

1. Teacher's personal appearance	1	2	3	4
2. The teacher was able to convey enthusiasm	1	2	3	4
3. The teacher was sensitive to their students' pace	1	2	3	4
4. The teacher engaged students' attention	1	2	3	4
5. The teacher explained instructions clearly	1	2	3	4
6. The teacher corrected students' error tactfully	1	2	3	4
7. The teacher used a variety of language practice activities	1	2	3	4
8. The teacher was knowledgeable	1	2	3	4
9. The teacher used class time effectively	1	2	3	4
10. The teacher managed class interaction effectively	1	2	3	4

11. The teacher provided appropriate feedback	1	2	3	4
12. The materials were relevant: well designed, colored, etc.	1	2	3	4
13. The materials promoted language use	1	2	3	4
14. In overall, I rate the teaching	1	2	3	4

II. Answer the following questions

1. What aspects of the teaching were most helpful?

2. What aspects of the teaching were least helpful?

B. Course

I. Circle the number that reflects your evaluation of the course. Please use the following key as a guide.

1. Not useful
2. More or less useful
3. Useful
4. Very useful

1. Content: topics, concepts, etc.	1	2	3	4
2. Speaking procedures	1	2	3	4
3. Reading procedures	1	2	3	4
4. Listening procedures	1	2	3	4
5. Writing procedures	1	2	3	4
6. Vocabulary for nursing	1	2	3	4
7. Grammar	1	2	3	4
8. Cultural aspects of nursing settings	1	2	3	4
9. Textbook	1	2	3	4
10. Teaching materials: handouts, visuals, etc.	1	2	3	4
11. In overall, I rate the course	1	2	3	4

II. Answer the following questions

1. What aspects of the course do you think were the most useful?

2. What aspects of the course do you think were the least useful?

3. Give some suggestions on how this course could be improved

APPENDIX J2

HOJA DE EVALUACIÓN DEL DOCENTE – ESPAÑOL

Instrucciones: El propósito de este cuestionario es obtener información acerca del estilo de enseñanza de tus instructores y acerca del curso de inglés para preasistentes de enfermería. Tus respuestas son parte importante del proceso de enseñanza-aprendizaje y serán utilizadas para mejorar nuestro curso en general. Por favor escoge tus respuestas cuidadosamente. Gracias.

Instructor: _____

Clase: Curso de inglés de propósitos específicos para preasistentes de enfermería

Fecha: _____

A. Enseñanza

I. Haz un círculo alrededor del número que refleja tu opinión acerca de los diferentes aspectos del proceso de enseñanza-aprendizaje. Utiliza la siguiente clave como guía:

1. Pobre
2. Aceptable
3. Bueno
4. Excelente

1. Apariencia personal del instructor	1	2	3	4
2. El instructor comunica entusiasmo	1	2	3	4
3. El instructor enseña de acuerdo al paso de los estudiantes	1	2	3	4
4. El instructor mantiene la atención de los alumnos	1	2	3	4
5. El instructor explica instrucciones con claridad	1	2	3	4
6. El instructor es cuidadoso al corregir los errores de sus alumnos	1	2	3	4

7. El instructor utiliza variedad en sus actividades de práctica del inglés.	1	2	3	4
8. El instructor conoce los temas que enseña	1	2	3	4
9. El instructor utiliza el tiempo de clase eficazmente	1	2	3	4
10. El instructor supervisa la interacción en clase con eficacia	1	2	3	4
11. El instructor da sugerencias y consejos acerca del aprendizaje	1	2	3	4
12. El instructor utiliza materiales apropiados: bien diseñados, en colores, del tamaño apropiado, etc.	1	2	3	4
13. Los materiales que el instructor utiliza promueven el uso del idioma inglés.	1	2	3	4
14. En general, este instructor enseña de forma:	1	2	3	4

II. Contesta las siguientes preguntas

1. ¿Qué aspectos de este(a) instructor(a) y su enseñanza te ayudaron más?

2. ¿Qué aspectos de este(a) instructor(a) y su enseñanza no fueron tan útiles?

B. Curso

I. Haz un círculo alrededor del número que refleja tu opinión del curso. Utiliza la siguiente clave como guía.

1. No fue útil
2. Más o menos útil
3. Útil
4. Muy útil

1. Contenido: temas, conceptos, etc.	1	2	3	4
2. Actividades de práctica oral del inglés	1	2	3	4
3. Actividades de lectura del inglés	1	2	3	4
4. Actividades de comprensión oral del inglés	1	2	3	4
5. Actividades de escritura del inglés	1	2	3	4
6. Vocabulario específico para Enfermería	1	2	3	4
7. Gramática	1	2	3	4
8. Aspectos culturales del trabajo como asistente de enfermería	1	2	3	4
9. El libro de texto	1	2	3	4
10. Materiales de enseñanza: hojas de práctica, ayudas visuales, etc.	1	2	3	4
11. En general este curso fue:	1	2	3	4

II. Contesta las siguientes preguntas

4. ¿Qué aspectos del curso piensas que fueron más útiles?

5. ¿Qué aspectos del curso piensas que fueron menos útiles?

6. Escribe tres sugerencias acerca de cómo este curso puede mejorarse
