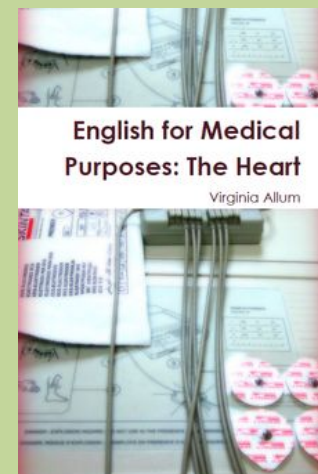
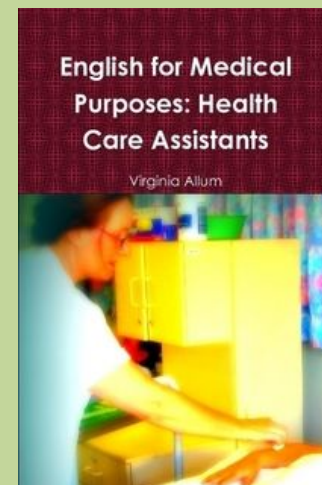
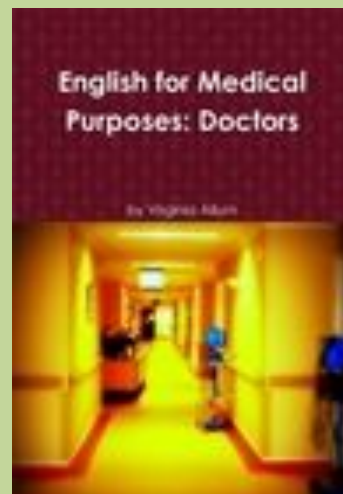
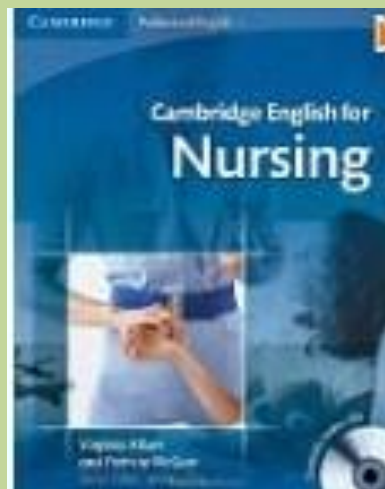
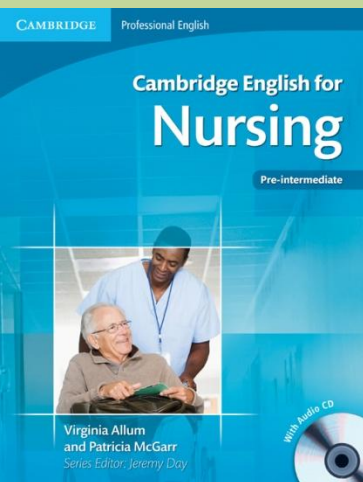


English for Medical Purposes



Background to starting in EMP teaching and authoring

- Start BA/LLB then → Nurse Training → BA
- Set up Home Nursing Service 1985-1990
- Nurse Facilitation 1990
- Move into TESOL 1990 (General English)
- Development of English for Nursing and Health at TAFE – Advanced Level and Study Tours
- Cross-over to Diploma of Nursing + international student support
- Return to clinical practice 2006 - currently RN in SW England

EMP authoring and consultancy

- Co-author 'Cambridge English for Nursing' books
- Author EMP materials (journals, online course, EMP books)
- Development of Teacher Training Seminars with Ros Wright and Marie McCullagh
- Volunteer 'Teachers Without Borders' - development of teacher training resources
- Consultant in English for Medical Purposes

Feel free to contact me

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Why I author EMP books?

- First hand experience of difficulties faced by international nursing students in an Australian Diploma of Nursing –want to help individuals!
- Improve the retention rate of nurses and doctors – want to help my profession!
- Unique position to use past experience to create authentic situations

Background to the need for EMP

- Changes in language testing for doctors and nurses in the UK
- Nursing and Care Quality Forum (Sally Brearley) – set up to discuss improvements in patient care including language competency
- Safety issue
- Increases participation in global medical research area

English for Medical Purposes can be..

- Workplace orientated course (overseas or in own country)
- PAL training for university course (degree, Masters)
- Part of local curriculum – more European degrees undertaken in English
- Online course + or – f2f sessions
- Academic – conference participation, journal articles

What type of course are you delivering?

- Needs analysis essential
- PAL
- Remember courses often need to fit in with shifts
- Online courses – accessible any time
- f2f – essential for communication scenarios
- Blended learning – time to ‘think about’ and review content



English for Doctors/Nurses – workplace oriented course

- Communication focus
- Appropriate writing focus
- Medical terminology and everyday health terminology
- Appropriate reading focus



English for Doctors/Nurses – academic course

- Communication focus – conference presentation
- Communication focus – conference / forum participation
- Professional development course attendance
- Authoring journal articles

Why are EMP courses necessary?

- Specialised vocabulary
- Need for accuracy in communication (safety)
- General English courses – limited use in healthcare environment
- Healthcare environment can be pressured
- Other similar courses –Oil and Gas, Aviation

Communication focus in EMP

- Asking for information e.g on admission
- Giving instructions e.g medication use
- Asking about past habits
e.g asking about past medical history
- Talking about pain level
e.g location, intensity
- Asking about feelings
- Asking for co-operation e.g lift your arm



Finding resources

- A lot more available to general public
- Books , online courses, online materials, blogs
- Health information e.g Patient UK, Medline Plus
- BBC Health, ABC Health
- Uni sites – resources for medical students, nursing students etc
- Greater need for authentic/near authentic material

Always keep in mind

- In most cases, your students will have the background in medical/nursing area
- They know the procedures
- They know the equipment
- They know the medical terms (possibly similar to English)
- **YOU ARE NOT TEACHING CONTENT**

Adapting authentic materials

- **Remember to remove any logos - privacy**
- Some charts and policies are available online e.g SAGO
- Some medical/nursing institutions will give copies of charts (as long as the hospital logo is removed)
- Look for course books/online courses with authentic resources

Clinical Review Criteria	
<ul style="list-style-type: none"> Poor peripheral circulation Exsist or increasing blood gas Respiratory Rate 5 - 15 or 25 - 35 breaths per minute SpO₂ 92 - 96% and/or increase in oxygen (O₂) requirement Systolic Blood Pressure 90 - 100 or 180 - 200mmHg Heart Rate 40 - 50 or 120 - 140 beats per minute 	<ul style="list-style-type: none"> Increase in level of consciousness from alert (A) to unstable only by voice (V) in the RPPJ or vice versa of unstable Temperature > 38.3 °C or < 36.2 °C Anuria, failure to void in 24 hours or urine output < 20ml over 3 hours Greater than expected fluid loss from a drain or polyuria (> 200 ml/hr for 2 hours in the absence of diuretic) Blood Glucose level 1 - 4 mmol/L Seizure, increasing or uncontrolled pain (including chest pain)
<p>IF A PATIENT HAS ANY ONE (1) OR MORE CLINICAL REVIEW CRITERIA PRESENT, YOU MUST CONSULT PROMPTLY WITH THE NURSE IN CHARGE AND ASSESS WHETHER A CLINICAL REVIEW IS NEEDED (REFER TO YOUR LOCAL ESCALATION PROTOCOL) AND</p> <ol style="list-style-type: none"> You MUST initiate appropriate clinical care Repeat and record observations as indicated by the patient's condition, but at least within 30 minutes If you called for a Clinical Review and it has not been attended within 30 minutes, you MUST ACTIVATE YOUR LOCAL RAPID RESPONSE If the patient's observations enter the RED Zone while you are waiting for a Clinical Review, you MUST ACTIVATE YOUR LOCAL RAPID RESPONSE (see below) You may call for a Clinical Review at any time if worried about a patient or are unsure whether to call 	
<p>You should consider</p> <ol style="list-style-type: none"> Whether abnormal observations reflect deterioration in your patient What is usual for your patient or if there are already calling criteria (see front of chart) Whether there is an adverse trend in observations 	
Rapid Response Criteria	
<ul style="list-style-type: none"> All 1 respiratory and circulatory arrests Airway obstruction or distress Seizures Deterioration not reversed within 1 hour of Clinical Review Patient deteriorates further, before or during Clinical Review Arterial Blood Gas: P_aO₂ < 60, or P_aCO₂ > 90, or pH < 7.2, or BE < -5 	<ul style="list-style-type: none"> Yemove Blood Gas: P_aO₂ > 60, or pH < 7.2 Respiratory Rate < 5 or > 35 breaths per minute SpO₂ < 90% and/or increase in oxygen (O₂) requirement Systolic Blood Pressure < 90 or > 200mmHg Heart Rate < 40 or > 140 beats per minute Only responds to central pain (P) or unresponsive (U) or sudden decrease in level of consciousness of 2 points on GCS Blood Glucose Level < 1 mmol/L Serious concern by any staff member
<p>IF A PATIENT HAS ANY ONE (1) RAPID RESPONSE CRITERION PRESENT, CALL FOR A RAPID RESPONSE (REFER TO YOUR LOCAL ESCALATION PROTOCOL) AND</p> <ol style="list-style-type: none"> You MUST initiate appropriate clinical care Inform the Nurse in Charge Repeat observations as indicated by the patient's condition 	
<p>CHECK THE CLINICAL RECORD FOR ADVANCE CARE DIRECTIVES OR ALTERATIONS TO CALLING CRITERIA WHICH MAY AFFECT WHETHER A CLINICAL REVIEW OR RAPID RESPONSE CALL IS INDICATED</p>	
<p>DOCUMENTATION</p> <ol style="list-style-type: none"> Write interventions on the front of the chart under 'interventions' Write treatment, escalation process, and outcome in the clinical record Write date, signature and designation with each entry 	

SAGO

SBAR REPORTING	
<p>BEFORE CALLING:</p> <ol style="list-style-type: none"> 1. Assess the patient 2. Know the admission diagnosis 3. Read most recent events / progress 4. Have available: Observation Chart, Fluid Balance Chart, Drug Chart, Latest Laboratory Results, DNR Status 5. Be sure you are calling appropriate team / physician 	<p>WARD: _____</p> <p>DATE: _____</p> <p>TIME OF CALL: _____</p> <p>REPORTING NURSE: _____</p> <p>PERSON CONTACTED: _____</p> <p>TIME PATIENT REVIEWED: _____</p>
<p>SITUATION</p> <p>State your name and area of work</p> <p>"I am calling about" (Give patient name and location)</p> <p>"The situation is" (Briefly outline the problem)</p>	
<p>BACKGROUND</p> <p>"The background is"</p> <p>State admission diagnosis and date of admission</p> <p>Give brief, relevant medical history and treatment to date</p>	
<p>ASSESSMENT</p> <p>"My assessment is"</p> <p>List changes in the patient's condition, which give cause for concern:</p> <p>AIRWAY e.g. Is the airway patent? Noisy breathing? Is the patient receiving OXYGEN?</p> <p>BREATHING e.g. Respiratory rate, breathing pattern, SpO₂, skin colour,</p> <p>CIRCULATION e.g. Pulse rate, rhythm changes, blood pressure, CRT</p> <p>DISABILITY e.g. AVPU assessment, change in GCS, pain assessment, blood glucose</p> <p>EXPOSURE e.g. wound drainage, urine output</p> <p>State here if you are concerned that the patient is rapidly deteriorating and at risk of cardiac arrest</p>	
<p>RECOMMENDATION</p> <p>"I recommend that you / I would like you to"</p> <p>State what you would like to see done e.g. Come to assess the patient immediately, Review DNR status; consider transferring the patient to Critical Care</p> <p>"How long will you be?" (Ensure you are given a time for the patient to be assessed)</p> <p>"Is there anything specific you would like me to do now?"</p> <p>E.g. CXR, ABG, ECG, Contact Outreach Team</p>	

SBAR

Nursing video



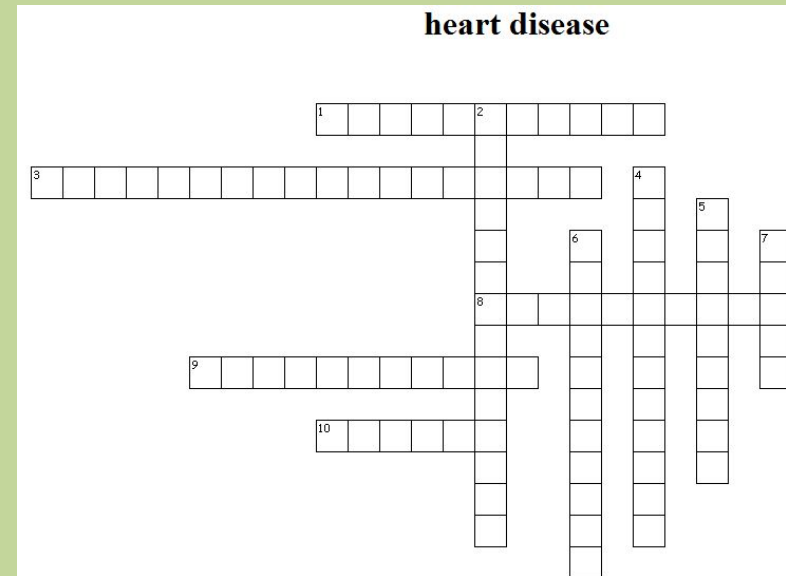
Using the video



- Ask students to identify the equipment used in the video
- Ask students to explain the process described in the video. What does the nurse/doctor do first?
First, she asks the ‘patient’ for permission to take a BP reading. Then she ...
- Students write a role play which matches the video. Role play the dialogue.

Using online resources: Puzzlemaker

- <http://puzzlemaker.discoveryeducation.com/CrissCrossSetupForm.asp>
- <http://puzzlemaker.discoveryeducation.com/code/BuildCryptogram.asp>



Crossword

- Look at the crossword example : Taking a patient's blood pressure'
- In pairs, complete the crossword.
- Students can produce their own crosswords .
Exchange crosswords with a class-mate.

Cryptograms

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
						25						4						14							

S S S S G M M M
 22 8 23 14 10 14 8 14 10 12 14 5 11 1 25 4 19 4 12 22 19 4 10 26 10 23

G S S
 19 23 12 7 20 25 20 26 12 9 18 9 19 19 7 5 23 10 14 14 8 23 10

M S S
 4 12 24 11 20 22 10 26 19 26 12 15 10 12 18 9 19 19 7 5 23 10 14 14 8 23

G
 10 23 10 12 7 20 22 25

Learning medical terminology

- Essential part of any EMP course
- Best integrated within each lesson
- Memorising + placing in context
- Use as many tricks as possible to minimise tedium!

Prefix charades

- Divide class into two groups
- Start Group A – one person select a card
- Role play the prefix e.g Hypo = low
- Group B – guess the prefix
- If unable to guess the prefix, Group A gets the point

and so on...

Follow on to...

- Fill in the missing vowel
- Give each student a handout, face down
- Ask students to turn over and start
- First to finish, call out!
- Read through prefixes – students call out the meaning

Networking and finding contracts

- LinkedIn – share experience, job market
- Blogs and websites – make your own
- Consultancy – new area
- EMP a wide area – specialise in a particular area
- Build up profile –contribute to magazines, journals, blogs



references

- <http://www.wales.nhs.uk/sitesplus/documents/861/Additional%20Info%20048.pdf>
- http://nswhealth.moodle.com.au/DOH/DETECT/content/00_worry/when_to_worry_07.htm