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Nursing English Nexus

Edited by Mike Guest & Mathew Porter



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Nursing English Nexus

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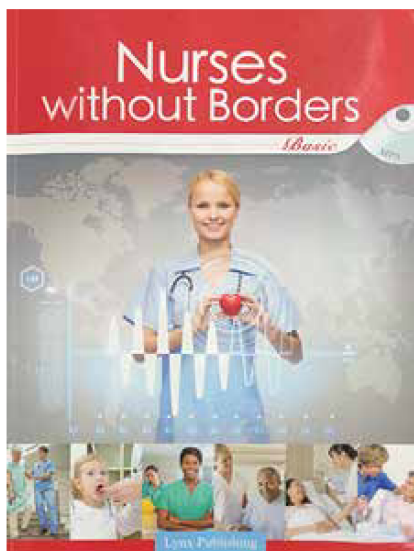
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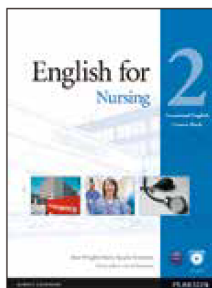
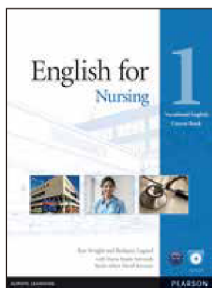
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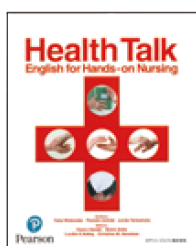
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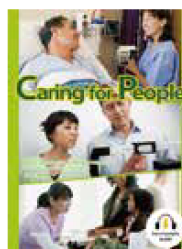
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From the Editor
Michael Guest

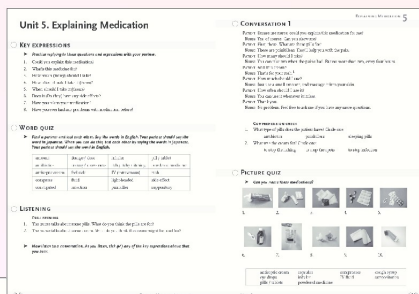
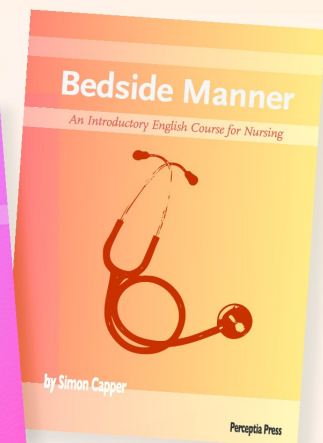
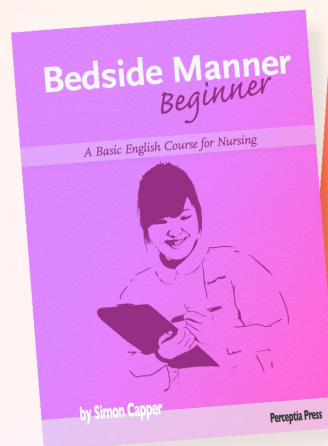
Welcome to the April, 2019 issue of Nursing English Nexus. In this issue, we will present three very distinct papers. Cindy Chiu talks about some of the successes that have arisen as a result of focusing upon games in nursing English pilot programs at Tohoku University, Ray Franklin discusses his attempts to build a vocabulary list for nursing students at Osaka Prefecture University's School of Nursing using existing basic vocabulary lists as signposts, and Mathew Porter identifies authentic opportunities for spoken interaction between nurses and patients in the workplace that can aid in the development of more authentic and accurate needs analyses, ultimately benefiting teachers and materials designers. Ray Franklin has also contributed a short item on managing poster projects for nursing students.

Keeping in mind that Nursing English Nexus also welcomes commentary, reviews, materials and other non-research items, for our next issue in October we would like to move away from reports and research papers and instead present an issue under the theme of 'Materials that Work' – those classroom materials that you find productive or helpful and why. As loose guidelines, we would like to ask contributors to outline and explain their materials in about 700-1000 words, with samples/examples of the materials being discussed provided on top of that. If you'd like to contribute, please follow the guidelines (which can be found at janetorg.com/nexus) and send your manuscript to Nursing English Nexus at janetorg.com@gmail.com.

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A Message from the JANET Coordinator

Simon Capper

Welcome to the fourth edition of JANET's online journal, Nursing English Nexus. With each new volume we feel Nexus is a little closer to achieving our goal of providing an established outlet for teachers of nursing English to express themselves and share their work, and for readers to broaden their horizons and be stimulated by new ideas and approaches to nursing English pedagogy.

As part of our efforts to ensure that Nexus is seen as a credible platform for such research, we're currently in the process of obtaining JANET's official accreditation with the Science Council of Japan (日本学術会議). We feel this will give our publications and events greater academic recognition and validity, while also ensuring that we continue to conduct and organise ourselves in a responsible, professional manner.

On the subject of events, although the Call for Papers, has closed, I would like to remind readers that JANET's 2nd Annual Conference will be taking place June 22-23 at Seisen Jogakuin College Nagano Station Higashiguchi Campus in Nagano City. For more details, please visit the website at <https://www.janetorg.com/janet-conference>.

We hope to be able to welcome you to the Nagano conference, but for now, please enjoy the stimulating and innovative articles in this edition of Nursing English Nexus.

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

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Using Games to Promote Confidence in English Communication Among Japanese Nursing Students

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Abstract: *Tohoku University has been progressively implementing various initiatives towards the goal of becoming a more globalized university. There is a growing emphasis on raising students' global perspective, cultural competency, and English proficiency level. In this article, we describe two pilot programs conducted in 2017 by the School of Nursing to expose students to everyday English through games, cooking, and movie nights. Students were recruited for pilot 1 (eight 2-hour sessions) and pilot 2 (four 1.5-hour sessions) through the smartphone app LINE, and participated in an average of four and two sessions, respectively. Pre- and post-pilot questionnaires were administered to the students to measure the change in self-perceived English ability. Among the 16 students who participated, self-reported speaking ability increased by 40.5% on average, self-reported listening ability increased by 25.0%, and self-reported confidence in English communication increased by 58.3%. The most commonly reported difference between the pilot program and traditional English classes was the opportunity to communicate and express oneself in English (50.0%). Here, we demonstrate that something as simple as playing games, even for just a few sessions, can create an opportunity for English communication and impact students' self-perceived English abilities.*

Keywords: English communication, adult learning, games, Japanese nursing students.

In the last decade, there has been an increasing emphasis by the Government of Japan on maintaining its competitive edge by developing a workforce with a global perspective, global awareness, and language competency (Yonezawa, 2014). This extends to the healthcare workforce, for which the government has developed a strategic plan to cultivate future global health leaders (International Health Policy Human Resources Development Working Group, 2016). Initiatives such as the Global 30 Project, which was started in 2009 and evolved into the Top Global University program in 2014, have also aimed to globalize Japanese universities and to improve their global rankings (Yonezawa, 2014; Ministry of Education, Culture, Sports, Science and Technology [MEXT], n.d.). Tohoku University, which was selected as a type A university under this initiative, is currently undergoing reforms to transform itself into a more globalized university, with one of the objectives to raise students' English proficiency level (Tohoku University, 2018a).

To achieve this goal, the School of Nursing at

Tohoku University has developed a strategic plan and has progressively rolled out different initiatives. These initiatives include incorporating an English test during the entrance exam from February 2018, creating a web portal of English resources for nursing students which was launched in August 2018, and providing English exposure to students in both credit courses and non-class activities. Currently, compulsory courses include weekly English classes in their first and second year, and Academic English Writing and Global Health courses during their third and fourth year. In addition, students have a limited list of optional courses taught in English to select from, if desired. Students also have the option to participate in various study abroad programs, but these can be expensive for some students (Tohoku University, 2016; Tohoku University, 2018b). There are some free and informal English activities offered by Tohoku University (Tohoku University, 2018b). However, most of these programs and activities are offered on other campuses, which may discourage nursing students from attending unless they are highly

motivated.

To address this, in 2017 we designed and trialed two pilot programs to provide nursing students with English exposure in a fun and relaxing environment. The objective of this article is to share our approach and findings from these two pilots.

Methods

Target Group

This program, called "Games Night in English," was designed and piloted in June-July (pilot 1) and November-December (pilot 2), 2017. The target group for this program was undergraduate nursing students at Tohoku University. First- to fourth-year students were recruited through the smartphone app LINE via a student representative. Pilot 1 consisted of eight 2-hour sessions, with sessions held twice a week, while pilot 2 consisted of four 1.5-hour sessions, with sessions held once a week. Both pilot programs lasted 4 weeks.

Program Objectives

The objectives of these pilot programs were 1) to examine the effectiveness of using games and other group activities in improving students' self-reported English ability and confidence, and 2) to inform future development of appropriate and effective programs for students in the School of Nursing at Tohoku University.

Program Design

Our program consisted of a mix of different activities, predominantly commercially available English board games, as well as movie and cooking nights, guided by the interests of the participants. The cooking night allowed the students to follow English instructions on the recipes while chatting with each other. The movie night provided students the opportunity to practice their listening skills while reading English subtitles. The games night included games that either focused on vocabulary and expression enhancement, such as *Telestration*, *Blurt*, *Game*

of Things, and *Double Ditto*, or on communication, such as *Jenga* with conversation prompt cards and *Life Stories*. In *Telestration*, players sketch a word and the next player guesses the word based on the drawing. *Blurt* is a game where a player reads a phrase such as "a dried grape," and then another player would guess "raisin." *Game of Things* is played by drawing a card with a topic such as "things you wish grew on trees" and then every player has to write down their answer and guess who wrote which responses. In *Double Ditto*, a card such as "Disney princesses" is read and then players need to come up with two answers and match them with other players' answers. *Jenga* is a game with a tower of stacked wooden blocks, in which the players take turns to remove a block without the stack tumbling over. In our version, in addition to removing a block during their turn, the player also answers a question from a prompt card. *Life Stories* is a board game where each player has to answer questions like, "Tell me about an incident where you couldn't stop laughing."

Prior to the pilots, we carefully tailored the materials and screened out game cards that were too difficult, inappropriate, or negative to ensure acceptability of the activities with the students. We also ordered the sequence of the games as the sessions progressed, from lower to higher skill level, as well as from less personal tasks, such as guessing words, to more personal tasks such as talking about their childhood or favorite vacation.

Program Evaluation

Pre- and post-pilot self-administered questionnaire. Students' baseline self-perceived English ability was measured through a pre-pilot questionnaire on a Likert scale of 0 (no ability) to 10 (full ability) with 5 being a neutral response. The self-perceived English ability assessment questions were identical for the pre- and post-pilot questionnaires and for pilot 1 and 2. The post-pilot questionnaire contained additional questions to

assess students' experiences such as their overall enjoyment, their enjoyment level of different activities, how this program differed from other English classes, and their preferences if this program was to be rolled out again.

Focus group discussion. After pilot 1, we conducted a focus group discussion to understand students' preferences to adapt our program for pilot 2. We used a focus group guide that consisted of 14 questions to guide the discussion and asked the students to share their thoughts on the Games Night in English, what worked well, and their ideas for further improvement. We also asked about the desired session length and frequency.

Results

All participants (n=16) from pilot 1 (n=8) and pilot 2 (n=8) were female. Of the 16 participants in both pilots, 50% (n=8) were fourth-year students, followed by first-year (n=3, 18.8%) and third-year (n=3, 18.8%), and second-year (n=2, 12.5%) students. The average number of sessions attended was 4.5 (SD=2.07, range = 2 – 8 sessions) for pilot 1 and 2.1 sessions (SD=1.25, range = 1 – 4 sessions) for pilot 2.

Based on the students' enjoyment scores (0=did not enjoy at all, 5=enjoyed very much), the top sessions were the movie night (mean score = 5) and the cooking night (mean score = 4.9; Table 1). The top games were *Jenga* with conversation prompt cards (mean score = 4.7), *Telestration* (mean score = 4.6), *Life Stories* (mean score = 4.5) and *Blurt* (mean score = 4.4). The lowest-scoring game was *Double Ditto* (mean score = 3.7).

Students were asked about their self-perceived English ability (0=lowest score, 10=highest score) before and after the Games Night in English (Table 2). The average score for self-reported speaking ability increased from 3.7 to 5.2, representing a 40.5% increase. The average score for self-reported listening ability increased from 5.2 to 6.5, representing a 25.0%

increase. The average score for self-reported confidence in English communication increased from 3.6 to 5.7, representing a 58.3% increase. Interest in improving English ability remained high and increased very slightly from 9.0 to 9.1, representing a 1.1% increase.

During the focus group discussion following pilot 1, due to students' other commitments such as part-time jobs and club activities, the overall consensus among the students was to have fewer sessions, adjust the session length to 1.5 hours, and change to 1 session per week. Despite the high enjoyment for the movie night, students expressed a desire to exclude this from future programs. Participant A explained, "I can watch movies and read books by myself at home, so I would like to have the chance to have real practice speaking English."

The participants seemed generally happy with the program design; Participant B pointed out, "It is good that by using games everyone gets a turn, so there is the opportunity for everyone to speak, especially since Japanese people are shy." Another participant, Participant C, concurred that "In our English classes during the first year, it's mostly reading books out loud, solving questions, and listening to CDs. There is no opportunity to talk." Participant D agreed, saying "This (Games Night in English) is good because we can generate 'output'." When asked about their view on adding medical English to "Games Night in English," they all said it was too early for that, and that they preferred a step-by-step approach. One student, Participant E, expressed her concern as follows: "We don't even have basic English yet, so it's too fast to move to medical English. It's better to build our basic skills first." When asked about how they felt before they signed up for this program, while they attended, and after completion, Participant F revealed, "When I first saw the message on LINE, I thought this looked fun, but I didn't really know what it was. The first time I attended, I felt like I had zero skill, but as I became more relaxed, it got

Table 1. Students' Enjoyment for the Different Sessions in the Games Night in English Pilots, School of Nursing, Tohoku University, 2017

Sessions	Pilot	Mean score ^{1,2} (SD)	Maximum score	Minimum score
Vocabulary and expression enhancement				
<i>Telestration</i>	Pilot 1 & 2	4.6 (0.73)	5	3
<i>Blurt</i>	Pilot 1 & 2	4.4 (0.55)	5	4
<i>Game of things</i>	Pilot 1 only	4.3 (0.50)	5	4
<i>Double Ditto</i>	Pilot 1 only	3.7 (0.95)	5	3
<i>Movie night with English subtitle</i>	Pilot 1 only	5.0 (0.00)	5	5
Communication/ conversation opportunities				
<i>Jenga + conversation prompt cards</i>	Pilot 1 & 2	4.7 (0.48)	5	4
<i>Life stories</i>	Pilot 1 only	4.5 (0.58)	5	4
<i>Cooking night</i>	Pilot 1 & 2	4.9 (0.33)	5	4

¹Sample size ranged from 4 to 10 students for each session depending on the attendance rate and whether the session was trialed in pilot 1, pilot 2, or both.

²Score ranged from 0 (didn't enjoy at all) to 5 (enjoyed very much).

Table 2. Self-Perceived English Ability Before and After the Games Night in English Pilots, School of Nursing, Tohoku University, 2017

Indicators of self-perceived English ability		Pre-English Games Night (N=16)	Post-English Games Night (N=16)	Mean difference	% of Mean difference
		Mean score (SD)	Mean score (SD)		
i)	Speaking ability ¹	3.7 (1.78)	5.2 (0.91)	1.5	40.5%
ii)	Listening ability ²	5.2 (1.87)	6.5 (1.32)	1.3	25.0%
iii)	Confidence in English communication ³	3.6 (1.67)	5.7 (1.70)	2.1	58.3%
iv)	Interest in improving English ⁴	9.0 (1.16)	9.1 (1.54)	0.1	1.1%
v)	Number of vocabulary increased ⁵	-	7.1 (1.00)	-	-
vi)	Number of expressions increased ⁵	-	7.1 (1.18)	-	-

¹Score ranged from 0 (cannot express anything I want to say) to 10 (can express everything I want to say).

²Score ranged from 0 (understand nothing) to 10 (understand everything).

³Score ranged from 0 (not confident at all) to 10 (completely confident).

⁴Score ranged from 0 (not interested at all) to 10 (completely interested).

⁵Score ranged from 0 (did not increase at all) to 10 (increased a lot).

better." Finally, when asked about the best recruitment methods for pilot 2, students said that it would be best to continue recruiting through LINE via a student representative. Participant G clarified this, saying "It is nice that

the information is sent out informally through a student. It makes it less intimidating."

In the post-pilot questionnaire following pilot 2, we asked the eight participating students about the most critical difference between the Games

Night in English and traditional English classes. The responses were the opportunity to communicate and express oneself in English (n=4, 50.0%), to learn English while enjoying chatting (n=2, 25.0%), and to learn English while having fun (n=2, 25.0%).

Discussion

In the School of Nursing at Tohoku University, one major goal in recent years has been to globalize the school and raise the English level among nursing students. In this article, we describe one of our initiatives to use different commercially available English board games and other group activities as a way for students to practice daily English in a relaxing setting. We showed that even with a brief intervention using this approach, it was possible to increase student's self-perceived English speaking ability, listening ability, and confidence in English communication.

Using Games as a Tool to Improve English Communication among Adult Learners

Using games for language learning is not new and has been shown to be effective in English education for younger students (Dewi et al., 2017; Mahmoud and Tanni, 2012). Although there are advocates for using games to promote language learning among adults (Zhu, 2012), and fun and enjoyment can be crucial in adult learning (Lucardie, 2014), games are often less valued and scarcely used among adult learners. In Japan, throughout English education in school, there is often a greater emphasis on knowledge-focused teaching than on communication-focused teaching. This means students are often more focused on generating a sentence with perfect grammar than on expressing their ideas and opinions. This often results in delayed communication or an unwillingness to communicate. Creating a safe environment with humor and laughter, and minimizing fear and anxiety, have been suggested to encourage deep adult learning (Penman and Ellis, 2009; Biggs and Tang, 2011). Therefore, we

believe this makes games and other fun group activities like cooking and movies useful tools to create this ideal learning environment. Zhu also argued that games are easily accepted by students, can help students practice all the different language skills, and can create a relaxing and enjoyable setting where they may be less afraid of making mistakes (Zhu, 2012).

For the reasons stated above, we believe our approach could be particularly relevant for our students, who are mostly from the Tohoku region, where students are generally perceived to be more reserved and have less exposure to foreigners and English compared to students from the Kanto and Kansai regions. At least one other university in the Tohoku region has also utilized a combination of games and activities in 'English cafés' to shift the focus from correcting grammatical mistakes to encourage the timely transmission of ideas (Chang, 2017). Similar to our findings, the author observed that participants developed greater confidence in English communication, maintained eye contact, and appeared more comfortable while communicating (Chang, 2017). It is important to note that games utilized in our program are not specifically intended for language teaching, but are commercially available family board games that can be enjoyed by all age groups. Beyond creating an opportunity for communication, we believe these games also offer students a platform to learn about the Western culture, as well as common expressions used among native English speakers.

Using a Participatory Approach to Develop and Tailor Programs for Students

In these pilots, we took a participatory approach by involving students in the recruitment process and the development and tailoring of the program. We believe this may have also contributed to the effectiveness of the Games Night in English pilots. We believe careful tailoring

of our program and involving students in the decision-making process were particularly important for our target group, especially considering the unique characteristics of students from the Tohoku region.

After pilot 1, we adapted pilot 2 and incorporated many program characteristics from pilot 1 based on students' preferences. We also used their enjoyment level for each game/activity to design pilot 2. Pilot 2 consisted of *Blurt*, *Telestration*, *Jenga* + conversation cards, and cooking night. We hypothesize that their favorite and least favorite games and activities may have been related to their fears and anxiety. *Double Ditto*, their lowest ranked game on the enjoyment scale, required quick thinking to write two answers in a short timeframe. We believe this was difficult for some students who may feel pressured and discouraged if they were the last to complete the task, holding up the game. We therefore believe to accommodate students who are still building confidence around their language skill, it may be necessary to remove the "timing" component, which has the potential to backfire and discourage students.

A Positive Feedback Loop in Building Confidence

We were surprised by our students' self-reported English improvement, especially the large increase in their confidence in English communication, despite the few sessions they attended. This could be due to a few reasons. Firstly, as students explained during the focus group, in this program they have the opportunity to use English and can freely express their ideas. This is in contrast to formal English classes offered in the university, which are largely focused on reading and writing. Secondly, we believe the fun nature of the games and activities reduced students' level of anxiety and established an optimal environment for learning and sharing ideas with less fear of being judged (Biggs and Tang, 2011). Finally, in accordance with

Bem's self-perception theory, it is believed that we form opinions about ourselves in the same way as we form opinions about others (Bem, 1967). Therefore, we hypothesize that when students observe that they could be understood when they communicated in English, their confidence increases, which in turn encourages them to communicate more, creating a positive feedback loop.

Limitations

There are some limitations to this study. Firstly, this study used self-reported data instead of an objective, standardized assessment to measure students' English ability. Each student may rate themselves differently. Therefore, we cannot eliminate the possibility of response bias. Secondly, this study had a small sample size with specific characteristics (self-selected, highly motivated female nursing students). Therefore, our data may not be generalizable to the rest of the School of Nursing students, which reduces the value of statistical testing. Thirdly, it is possible the personal characteristics and attitude of the facilitator may also affect students' sense of ease, motivation, and willingness to communicate. It is difficult to estimate how much this may have affected the level of improvement seen. Finally, although we saw an increase in self-perceived English ability immediately following the pilot program, we do not have any data to determine the longer-term impact of this program.

Conclusions

In our study, we demonstrated that something as simple as playing games, even for just a few sessions, can have a big impact on students' self-perceived English abilities. Based on the positive findings from both pilots, we have transitioned this program into a permanent 'Monthly Global Night' since 2018. This is based on the same concept of promoting conversational English in a fun and relaxing setting, but is now open to all students in the School of Nursing at Tohoku

University.

We believe the outcome we saw was in part due to the approach we took. We encourage other nursing English educators to explore different avenues to provide opportunities for students to use the language skills they learned in formal English classes, continually monitor and adjust the program to the students' needs and preferences, and actively involve students in the process of developing and evaluating programs.

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Development of a Vocabulary List for Nursing Students

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Abstract: Nurses in Japan need a basic knowledge of common English health terms, which are understood by the general English-speaking population rather than being specific to the medical profession. This article describes the development of a 314-word Nursing Vocabulary List (NVL) designed for such a purpose (Appendix A). The list was analyzed for lexical frequency, finding that 44.6% fell within the 2000 most frequently used words, plus the Academic Word List. Examples of 18 activities that could be used for teaching and/or assessment of vocabulary learning from the NVL are also included.

Keywords: Nursing, health, vocabulary, list

Vocabulary is the foundation of any language, upon which most communication is based, whether through speaking-listening, or writing-reading. Most topics have vocabulary items specific to their theme, which are particularly relevant to many English for Special Purposes (ESP) curricula. This report details the development of a vocabulary learning program for nursing students, including the creation of a 314-item Nursing Vocabulary List (NVL) (Appendix A).

Literature Review

Within any given language, some words are naturally more frequent than others, and so vocabulary has been classified as being made up of high-, mid-, or low-frequency words (Webb & Nation, 2017, p.6). For the English language, many researchers have produced various lists of word frequency (Webb & Nation, 2017, p.10). The grandfather of such lists is West's (1953) General Service List (GSL), comprising the 2000 most frequent word families. One of the most prominent lists was recently developed by Paul Nation (2012), based on the British National Corpus/Corpus of Contemporary American English (BNC/COCA), which consists of vocabulary from both spoken and written English in the UK and USA. The BNC/COCA list is sub-divided into 1000-word levels for the 25,000 most common English word families, but of most value are the first two 1000-word levels, as these 2000 most frequent

word families have been found to account for around 90% of lexical coverage in conversation (89.4%), lectures (89.6%), TV programs (89.5%), films (90.7%), and novels (87-92%), as well as 82-84% of newspapers (Webb & Nation, 2017, p.11). The third 1000-word level adds only 2-5% more lexical coverage, depending on the spoken or written context, while the 2000 words of both the 4th and 5th levels combined would add only 3% more coverage (Nation, 2006). These diminishing returns in lexical coverage are explained by Zipf's law, named after the psycholinguist who discovered that, "the most frequent word [*the*, comprising 7% of all running words] was about twice as frequent as the next most frequent word family [*be*], approximately three times as frequent as the next most frequent word [*to*], and so on" (Webb & Nation, 2017, p.286).

In addition to the BNC/COCA lists, another important word list is the Academic Word List (AWL), which identifies 570 word families that account for approximately 10% of all words in a corpus of 414 written academic texts comprising 3.5 million running words (Coxhead, 2000). Most of the AWL are mid-frequency words (and exclude any of the first level of 2000 words), so after learning the first 2000 most frequent words, the next step for English learners (especially those with academic goals) is to learn these 570 word families which were gleaned from 28 different subject areas across four disciplines: arts,

commerce, law, and science (Nation, 2008, p.125). Learning this list would also add around 4% to coverage of the running words in newspapers (Nation, 2013, p.95), thus lifting its overall coverage to around 87%, which approaches the figures given above for conversation, lectures, novels, TV shows, and movies. The AWL is often included, along with the first 2000 word families, in vocabulary analysis computer programs that provide the lexical composition of any chosen text.

A third important category of vocabulary frequency is that of technical vocabulary, which are the particular words that occur frequently only within a specific subject. From pop songs to cooking to sports to rocket science, any given topic has its own technical vocabulary, which often runs into thousands of words. The medical field has over 10,000 technical vocabulary words (Nation, 2008, p.135). Technical vocabulary is often low-frequency, but some could also be at high- or mid-frequency word levels. Technical vocabulary might also be included in academic word lists, as these words are often learned in the academic context of studying a particular discipline.

For nursing purposes, two lists of related academic vocabulary are available. First, the Medical Academic Vocabulary List (MAVL) consists of 819 lemmas (a headword and its inflections) based on a combination of a 2.7 million-word corpus of medical academic English, and a 3.5 million-word corpus of medical English textbooks (Lei & Liu, 2016). Second is the Nursing Academic Word List (NAWL), which lists 676 word families, and covers 13.64% of the Nursing Research Articles Corpus (NRAC), consisting of just over 1 million running words from 252 articles in nursing research publications (Yang, 2015). These lists were not chosen for my own vocabulary-learning program because they are 1) too large for practical use in this program (more than double the 314-item NVL), and, 2) based on

academic research publications, which is generally beyond the purview and proficiency level of nursing students learning English in Japan. In other words, both the MAVL and the NAWL are too large, as well as too focused on academic research vocabulary, than the practical nursing vocabulary that I wanted my students to learn. A comparison of the NVL with Yang's NAWL identified 110 concurrent items, which account for 16.2% of the NAWL. A similar comparison of the NVL with the MAVL found 126 concurrent items, accounting for 15.4% of that list.

Teaching Context

Due to my context of teaching English to 2nd year university nursing students, I decided to develop a vocabulary-learning program, which in turn led to the creation of my own list of technical vocabulary for nurses, hereafter dubbed as the Nursing Vocabulary List (NVL). The textbook I chose for my classes was *Healthtalk: Health Awareness and English Conversation* (McBean, 2014), which is a content-based communicative EFL text written for Japanese university students. It contains 12 units based on topics such as exercise, smoking, alcohol, cancer, obesity, depression, stress, AIDS, and dental care. Although *Healthtalk* is at an appropriate level for first- or second-year nursing students' English proficiency, I felt that it was too general with regard to nursing vocabulary, and began to consider more useful and appropriate nursing vocabulary that I believed nurses should learn in English. The next section explains the genesis, design, and a description of the NVL.

Design and Description of the Nursing Vocabulary List (NVL)

The 314-word NVL was developed over a number of stages:

1. First I brainstormed a list of body parts, going from head to toe, including major organs, and came up with 48 items.
2. Next I brainstormed a list of hospital departments, and then supplemented it by

checking the *Netdoctor* web page (Henderson, 2016) for an A to Z of hospital departments, coming up with 32 items.

3. Then I brainstormed a list of 60 commonly known health terms (based on daily life and my own hospital stays), and supplemented it with another 60 items from the glossary of *Healthtalk*, which brought the NVL to 200 items.
4. When researching mobile-phone flashcard applications such as *Quizlet* and *iKnow!*, I came across some sets with medical terminology worth including, such as wound and tumor. Sixteen items were added at this stage, bringing the total to 216 items thus far.
5. After comparisons with the MAVL and the NAWL, an additional 98 items were added from both, for a final tally of 314 items on the NVL.

The words chosen for the NVL conform to Step 3 of the four-step rating scale for technical vocabulary as proposed by Chung and Nation (2003, p. 105). That is, words that are closely related to the nursing field, but not too technical, such as Step 4 terms *cranium* or *thorax*, nor too general, such as Step 2 words *normal* or *part*, and also not words that are independent of the subject matter, such as Step 1 terms *amount* or *adult/child*, or function words. Although this vocabulary list is not based on the corpus-comparison approach (i.e. comparing a nursing-based text with a broader-based corpus such as BNC/COCA), a brief scan by any native English speaker would find few if any unknown words, and the list is based on real-world experiences and common knowledge, supplemented by the research listed earlier, resulting in a list of very relevant vocabulary for nursing students to learn in English. The total number of items in the NVL thus stands at 314.

Having generated the NVL over numerous iterations, it was then analyzed by frequency, in order to determine which words are worth

learning first. For this, the NVL was run through both Lawrence Anthony's *AntWordProfiler* program and Tom Cobb's *VocabProfile* website, which gave similar results (Appendix B). To summarize the analysis, the NVL was comprised of 16% level 1 words, 19% level 2 words, and 9% of the AWL, accounting for a total of 44.6% of the NVL. The remaining 55.4% were beyond the first 2000+AWL levels, which would be expected of a technical word list. Curiosity about the frequency levels of the 55% off-list words led to a comparison with the entirety of 34 lists developed by Nation. This analysis is also included in Appendix B.

Assessment of Vocabulary Learning

To establish a baseline assessment, the entire NVL would be presented, with students asked to mark each item/word on the following scale:

- 0: I don't know the word at all.
- 1: I have seen the word before, but don't know the meaning.
- 2: I have seen the word before, and think I know the meaning.
- 3: I know what it means in Japanese.
- 4: I can use this word in an English sentence.
- 5: I can give its meaning in English.

As 35% of the NVL falls within the first 2000 words, it would be expected that the students already know about a third of the list, or around 100 of the 314 items. Students would then be told to study the unknown words on their own, using self-made word cards.

To check the progress of students' learning of the items on the NVL, various assessment methods could (and should) be used, which would range from receptive recognition and recall, to productive elaboration and use. While most assessments are done with paper-based worksheets, many of the examples listed below can be performed orally, with a fairly quick and easy five or ten point quiz at the end of a vocabulary session. Although most of the 18 assessment

samples listed below would be given throughout the course in worksheet form (or else performed orally), most could easily be scored for grading purposes.

1. True/False statements, which could be done orally as well as in writing:

An eye doctor is called an ophthalmologist.

The intestines process the air that we breathe.

2. Multiple-choice questions (which also could be performed orally or in writing):

A heart doctor is called a(n): a) oncologist

b) neurologist c) cardiologist.

For an extra challenge, students could spell the answer, rather than choose a, b, or c.

3. Definition Matching (levels matching test): Which of the above three choices (a, b, c) match with these three definitions:

1) heart doctor 2) cancer doctor 3) brain doctor.

4. Fill-in-the blanks (productive levels test): This could be performed either with choices given in a word bank (for difficult words), or without any choices for easier words. For a wider variety of usage, inflections and derivations could also be used.

Ray had an _____ to remove his appendix. (operation)

Ray ate some old sushi and got a _____. (stomachache)

5. Word associates, connecting words from two lists could also be performed orally. In this activity the teacher supplies the first word, and the students must add the collocation:

heart – attack, blood – pressure, nasal – congestion, cardiac – arrest, allergic – reaction, life – expectancy, immune – system, etc.

This could also be done with synonyms (*shot – injection, fluid – liquid, broken – fractured, etc.*) or antonyms (*injured – healed, heatstroke – hypothermia, physical – mental, etc.*)

6. As a more receptive variation of the above, identify the misfit in a set of words:

wheelchair / crutches / walker / cane/ fever

Infection / antibiotics / medicine / prescription / drug

7. As a more productive variation of the above two exercises, students could be given a

prompt, such as *cancer*, and try to provide some associated words, such as *tumor, oncology, or chemotherapy*.

8. Listen and fill-in the missing words, or listen and answer questions. Again, choices could be given for harder words with low frequency (the off-list words of the NVL), or choices not given for easier words of higher frequency (the level 1 or 2 words of the NVL).
9. Same as above, except with the input introduced from reading rather than listening.
10. Peer testing of word cards, in which partners quiz each other using their own flashcards (Nation, 2008, p. 147).
11. Translate the Japanese kanji of a word into English.
12. Identify the part of speech of a word, and give its derivations:

operation (n.), operate (v.), operating room (adj.).
13. Write (or give orally) a definition in English of a word. For this I use the higher frequency words of levels 1 and 2 on the NVL.
14. Use the word in a sentence that makes clear its meaning. This could be performed orally (and used in games such as bingo or tic-tac-toe), or in writing. Again, such productive assessment would be more suitable for the higher frequency items on the NVL.
15. Definition completion, which also could be performed orally:

The joint in the middle of one's arm is called our _____.
16. Forced choice, which also could be performed orally: Which sentence is correct?

A dehydrated person needs to drink water.
A dehydrated person needs to take a pain killer.
17. Pronunciation assessment: Can students produce these words in speech properly?

hypothermia, mucus, chemotherapy, syringe, obesity, diabetes
18. Students record a video of their hospital experience stories for speaking fluency assessment.

Conclusion

The author created a vocabulary list for EFL nursing students in Japan, which resulted in the development of the 314-item NVL, a list of the most useful technical nursing vocabulary for EFL learners. Various assessment activities are suggested that could be used to track learner progress and/or scoring achievement based on the list. These 18 example activities would be expected to fully engage nursing students and result in successful English vocabulary development. Having created the NVL, the next step is to design an accompanying teaching program involving various vocabulary activities.

For future research, it would be interesting to determine what percentage of the 314 items on the NVL are already known by most nursing students (such as most of the body parts sub-list), and how many new items could be learned after engaging in various vocabulary development activities, such as those presented in the assessment section above. A pretest-posttest study of NVL acquisition would be a further step for future research, in addition to refinement of the NVL based on stakeholder and student feedback, as well as the learning that results from its implementation.

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Appendix A: The Nursing Vocabulary List (NVL)

- | | | | |
|-----------------------|--------------------------|------------------------------------|--------------------------------|
| 1. Ankle | 51. Throat | 99. Alzheimer's | 147. Damage |
| 2. Arm | 52. Waist | 100. Ambulance | 148. Data |
| 3. Back | 53. Wrist | 101. Antibiotics | 149. Death |
| 4. Belly button | | 102. Antibodies | 150. Degrees |
| 5. Brain | 54. Anesthetic | 103. Antiseptic | 151. Dehydrated |
| 6. Bladder | 55. Burn Unit | 104. Artery | 152. Dementia |
| 7. Blood | 56. Cardiology | 105. Asthma | 153. Depression |
| 8. Bones | 57. Dermatology | 106. Bacteria | 154. Diabetes |
| 9. Butt (bottom, ass) | 58. Ears, Nose, & Throat | 107. Bandage | 155. Diagnosis |
| 10. Calf | 59. Endoscopy | 108. Band aid | 156. Diarrhea |
| 11. Cheek | 60. Emergency Room | 109. Benign | 157. Disease |
| 12. Chest | 61. Gastroenterology | 110. Biochemical | 158. Disorder |
| 13. Chin | 62. General Surgery | 111. Biopsy | 159. Dizzy |
| 14. Ears | 63. Geriatrics | 112. Bleeding | 160. Drug Overdose |
| 15. Elbow | 64. Gynecology | 113. Blood Pressure | 161. Drunk |
| 16. Eyes | 65. Hematology | 114. Blood Transfusion | 162. Effect |
| 17. Finger | 66. Intensive Care Unit | 115. Bowel Movement | 163. Epidemic |
| 18. Foot | 67. Maternity | 116. Breast (feeding) | 164. Examination |
| 19. Forehead | 68. Microbiology | 117. Breathing | 165. External |
| 20. Gallbladder | 69. Neonatal | 118. Cancer | 166. Fart (pass gas) |
| 21. Genitals | 70. Nephrology | 119. Cane | 167. Fatal |
| 22. Hand | 71. Neurology | 120. Cardiac Arrest (heart attack) | 168. Fatigue |
| 23. Head | 72. Obstetrics | 121. Caregiver | 169. Female |
| 24. Heart | 73. Occupational Therapy | 122. Cast | 170. Fever |
| 25. Heel | 74. Oncology | 123. Cause | 171. Flu (influenza) |
| 26. Hip | 75. Ophthalmology | 124. Cells | 172. Fluid (liquid) |
| 27. Intestines | 76. Orthopedic | 125. Chart | 173. Follow-up |
| 28. Kidneys | 77. Pain Management | 126. Checkup | 174. Fractured (broken) |
| 29. Knee | 78. Pediatric | 127. Chemotherapy | 175. Function |
| 30. Leg | 79. Pharmacy | 128. Chicken pox | 176. Gauze |
| 31. Lip | 80. Psychiatry | 129. Choking | 177. Genetic |
| 32. Liver | 81. Physiotherapy | 130. Cholesterol | 178. Germs |
| 33. Lungs | 82. Radiotherapy | 131. Chronic | 179. Glucose |
| 34. Mouth | 83. Rheumatology | 132. Circulation | 180. Headache |
| 35. Muscles | 84. Sexual Health | 133. Clinic | 181. Heal |
| 36. Nails | 85. Urology | 134. Cold | 182. Heatstroke |
| 37. Neck | | 135. Colleagues (coworkers) | 183. Height |
| 38. Nerves | 86. Abdominal pain | 136. Colon | 184. HIV |
| 39. Nose | 87. Abnormal | 137. Coma | 185. Hormone |
| 40. Pancreas | 88. Abuse | 138. Conscious | 186. Hospital |
| 41. Ribs | 89. Accident | 139. Constipation | 187. Hurt |
| 42. Shoulder | 90. Ache | 140. Consult | 188. Hypertension |
| 43. Skin | 91. Acute | 141. Coronary | 189. Hypothermia |
| 44. Skull | 92. Addiction | 142. Coughing | 190. Illness (sickness) |
| 45. Sole | 93. AED | 143. CPR | 191. Immune System |
| 46. Stomach | 94. Aged (elderly) | 144. Critical Condition | 192. Indigestion (stomachache) |
| 47. Thigh | 95. Aid | 145. Crutches | 193. Infant |
| 48. Thumb | 96. AIDS | 146. Cure | 194. Infection |
| 49. Toe | 97. Allergic Reaction | | 195. Inflammation |
| 50. Tooth (teeth) | 98. Alleviate | | |

- | | | |
|--|------------------------------------|--------------------|
| 196. Injection (shot) | 247. Prescription | 298. Tumor |
| 197. Injury | 248. Procedure | 299. Ulcer |
| 198. Inpatient | 249. Prognosis | 300. Ultrasound |
| 199. Insulin | 250. Prostate | 301. Unconscious |
| 200. Intravenous (IV) | 251. Psychological (mental) | 302. Undergo |
| 201. Invasive | 252. PTSD | 303. Underweight |
| 202. Iodine | 253. Pulmonary | 304. Unhealthy |
| 203. Irritation | 254. Pulse | 305. Urinate (pee) |
| 204. Laboratory | 255. Rash | 306. Vaccine |
| 205. Lesion | 256. Recovery | 307. Vein |
| 206. Life Expectancy | 257. Recurrence | 308. Virus |
| 207. Limb | 258. Reduce | 309. Vomiting |
| 208. Male | 259. Rehabilitation | 310. Walker |
| 209. Malignant | 260. Relieve | 311. Weight |
| 210. Maximum | 261. Renal | 312. Wheelchair |
| 211. Measles | 262. Respiration | 313. Wound |
| 212. Medicine | 263. Risk Factor | 314. X-ray |
| 213. Menstrual | 264. Sample | |
| 214. Metabolism | 265. Scab | |
| 215. Midwife | 266. Sensitive | |
| 216. Minimum | 267. Shot (injection) | |
| 217. Moderate | 268. Sick (ill) | |
| 218. MRI | 269. Slurring | |
| 219. Mucus | 270. Sneezing | |
| 220. Mumps | 271. Sore | |
| 221. Nasal Congestion
(stuffy nose) | 272. Specimen | |
| 222. Nausea | 273. Spinal | |
| 223. Needle | 274. Sprained | |
| 224. Negative | 275. Stable | |
| 225. Numb | 276. Standard (normal,
regular) | |
| 226. Nurse | 277. Sterile | |
| 227. Obesity | 278. Stethoscope | |
| 228. Onset | 279. Stimulate | |
| 229. Operation | 280. Strain | |
| 230. Oral | 281. Stress | |
| 231. Organ Failure | 282. Stretcher | |
| 232. Outpatient | 283. Stroke | |
| 233. Overweight | 284. Suffer (from) | |
| 234. Pain (killer) | 285. Survive | |
| 235. Paralyzed | 286. Swollen | |
| 236. Pathology | 287. Symptoms | |
| 237. Patient | 288. Syndrome | |
| 238. Pharmacology | 289. Syringe | |
| 239. Physical | 290. Temperature | |
| 240. Physician (doctor) | 291. Test Results | |
| 241. Pill (tablet, capsule) | 292. Therapy | |
| 242. Pneumonia | 293. Tissue | |
| 243. Poison | 294. Toothache | |
| 244. Positive | 295. Toxic | |
| 245. Pregnant | 296. Trauma | |
| 246. Premature | 297. Treatment | |

Appendix B: Analysis of the Nursing Vocabulary List (NVL)

Families Types Tokens Percent

K1 Words (1-1000): 48 50 57 16.29%

Function: (1) (0.29%)

Content: (56) (16.00%)

> Anglo-Sax (30) (8.57%)

K2 Words (1001-2000): 60 63 67 19.14%

> Anglo-Sax (36) (10.29%)

1k+2k (35.43%)

AWL Words: 30 32 32 9.14%

> Anglo-Sax (1) (0.29%)

Off-List Words: ? 192 194 55.43%

138+? 337 350 100%

1k types [48 families: 50 types: 57 tokens]: aged_[1] arm_[1] attack_[1] back_[1] bleeding_[1] blood_[3] broken_[2] burn_[1] care_[1] cause_[1] cold_[1] condition_[1] death_[1] degrees_[1] doctor_[1] drunk_[1] ears_[2] effect_[1] expectancy_[1] eyes_[1] failure_[1] feeding_[1] follow_[1] gas_[1] general_[1] hand_[1] head_[1] heart_[2] ill_[1] illness_[1] killer_[1] life_[1] mouth_[1] movement_[1] operation_[1] pass_[1] pressure_[1] reduce_[1] results_[1] room_[1] sensitive_[1] shot_[2] shoulder_[1] standard_[1] stroke_[1] system_[1] test_[1] unit_[2] up_[1] wound_[1]

First 500 (16 tokens): aged back condition death effect expectancy eyes follow general hand head life movement results room system

Second 500 (40 tokens): arm attack bleeding blood blood blood broken broken burn care cause cold degrees doctor drunk ears ears failure feeding gas heart heart ill illness killer mouth operation pass pressure reduce sensitive shot shot shoulder standard stroke test unit unit wound

2k types [60:63:67]: accident_[1] ache_[1] arrest_[1] bones_[1] bottom_[1] brain_[1] breathing_[1] chest_[1] conscious_[1] coughing_[1] critical_[1] cure_[1] damage_[1] disease_[1] elderly_[1] examination_[1] female_[1] fever_[1] finger_[1] foot_[1] heal_[1] health_[1] hospital_[1] hurt_[1] knee_[1] leg_[1] limb_[1] liquid_[1] lungs_[1] male_[1] management_[1] medicine_[1] moderate_[1] nails_[1] neck_[1] needle_[1] nose_[3] nurse_[1] organ_[1] pain_[2] patient_[1] poison_[1] regular_[1] relieve_[1] risk_[1] sample_[1] sick_[1] sickness_[1] skin_[1] sore_[1] stomach_[1] swollen_[1] teeth_[1] temperature_[1] throat_[2] thumb_[1] toe_[1] tooth_[1] treatment_[1] unconscious_[1] waist_[1] weight_[1] wrist_[1]

AWL [30:32:32]: abnormal_[1] aid_[1] aids_[1] chart_[1] colleagues_[1] consult_[1] data_[1] depression_[1] external_[1] factor_[1] function_[1] injury_[1] intensive_[1] interaction_[1] maximum_[1] mental_[1] minimum_[1] negative_[1] normal_[1] occupational_[1] physical_[1] positive_[1] procedure_[1] psychological_[1] reaction_[1] recovery_[1] sexual_[1] sole_[1] stable_[1] stress_[1] survive_[1] undergo_[1]

OFF types [?:192:194]: abuse_[1] acute_[1] addiction_[1] aed_[1] allergic_[1] alleviate_[1] alzheimer_[1] ambulance_[1] anesthetic_[1] ankle_[1] antibiotics_[1] antibodies_[1] antiseptic_[1] artery_[1] ass_[1] asthma_[1] bacteria_[1] bandage_[1] benign_[1] biochemical_[1] biopsy_[1] bladder_[1] bowel_[1] breast_[1] butt_[1] calf_[1] cancer_[1] cane_[1] cardiac_[1] cardiology_[1] caregiver_[1] cells_[1] checkup_[1] chemotherapy_[1] choking_[1] cholesterol_[1] chronic_[1] circulation_[1] clinic_[1] colon_[1] coma_[1] congestion_[1] coronary_[1] coworkers_[1] cpr_[1] crutches_[1] dehydrated_[1] dementia_[1] dermatology_[1] diabetes_[1] diagnosis_[1] diarrhea_[1] disorder_[1] drug_[1] elbow_[1] emergency_[1] emphysema_[1] endoscopy_[1] epidemic_[1] fart_[1] fatal_[1] fatigue_[1] flu_[1] fluid_[1] forehead_[1] fractured_[1] gallbladder_[1] gastroenterology_[1] genetic_[1] genitals_[1] geriatrics_[1] germs_[1] glucose_[1] gynecology_[1] headache_[1] heatstroke_[1] heel_[1] height_[1] hematology_[1] hip_[1] hiv_[1] hormone_[1] hypertension_[1] hypothermia_[1] immune_[1] indigestion_[1] infant_[1] infection_[1] inflammation_[1] injection_[2] inpatient_[1] insulin_[1] intestines_[1] intravenous_[1] invasive_[1] iodine_[1] irritation_[1] kidneys_[1] laboratory_[1] lesion_[1] liver_[1] malignant_[1] maternity_[1] menstrual_[1] metabolism_[1] microbiology_[1] midwife_[1] mri_[1] mucus_[1] muscles_[1] nasal_[1] nausea_[1] neonatal_[1] nephrology_[1] nerves_[1] neurology_[1] obesity_[1] obstetrics_[1] oncology_[1] onset_[1] ophthalmology_[1] oral_[1] orthopedic_[1] outpatient_[1] overdose_[1] overweight_[1] pancreas_[1] paralyzed_[1] pathology_[1] pediatric_[1] pee_[1] pharmacology_[1] pharmacy_[1] physician_[1] physiotherapy_[1] pill_[1] pneumonia_[1] pregnant_[1] premature_[1] prescription_[1] prognosis_[1] prostate_[1] psychiatry_[1] ptsd_[1] pulmonary_[1] pulse_[1] radiotherapy_[1] rash_[1] recurrence_[1] rehabilitation_[1] renal_[1] respiration_[1] rheumatology_[1] scab_[1] scan_[1] skull_[1] slurring_[1] sneezing_[1] specimen_[1] spinal_[1] sprained_[1] sterile_[1] stimulate_[1] stomachache_[1] strain_[1] stretcher_[1] stuffy_[1] surgery_[1] symptoms_[1] syndrome_[1] syringe_[1] therapy_[2] thigh_[1] tissue_[1] toothache_[1] toxic_[1] transfusion_[1] trauma_[1] tumor_[1] ulcer_[1] ultrasound_[1] underweight_[1] unhealthy_[1] urinate_[1] urology_[1] vaccine_[1] vein_[1] virus_[1] vomiting_[1] walker_[1] wheelchair_[1] xray_[1]

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Identifying Nursing Duties for the Nursing English Curriculum: A Target Task Analysis Using Written Sources from the Field of Nursing in Japan

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Abstract: Needs assessment is essential in designing English language courses for occupational purposes. However, existing research into the specific tasks in which English language skills are needed by Japanese nurses is limited. Using a 2015 study of nursing duties conducted by the Japan Hospital Association as a framework and additional domain-specific literature related to nursing duties, the author investigated the duties nurses were responsible for in five areas of the hospital in order to develop a list of target task types to be used in the design of a needs assessment tool. From the literature, the author identified 100 instances of potential nurse-client spoken interaction, which could be organized into 24 target task types following an inductive content analysis. The resulting list provides a starting point for designing a needs assessment tool but needs to be verified by practicing nurses, nursing educators, and nursing English educators to identify missing and/or mislabeled items.

Keywords: English for nursing, needs assessment, target tasks

In ESP, needs assessment (NA) has been called the starting point of any vocationally-oriented course (Anthony, 2018) because it plays a central role in the design of learning objectives and the selection of teaching methodology, materials, and learning assessments. A number of studies targeting the needs of nurses and nursing students have been carried out in Japan. These studies have found a high demand for English among nurses (Watanabe, 1998; Inoue, Sato, & Kanda, 2005; Mori & Suzuki, 2018) and nursing students (Takakubo, 2002; Suzuki & Mori, 2017), as well as a need for English proficiency in both general and nursing-specific situations (Yamanaka & Parker, 2004; Miyake & Tremarco, 2005; Nagasaka, Noro, Uchida, & Takeda, 2005; Mori & Suzuki, 2018). Researchers have also found the approach to English language classes at Japanese nursing schools inadequate at providing nursing students with relevant English courses (Yamanaka & Parker, 2004; Porter, 2018) and dissatisfaction with university-level English language education among current nurses (Inoue, Sato, & Kanda, 2004; Nagasaka, et al., 2005; Willey, McCrohan, Nishiya, & Tanimoto, 2016).

In addition to the above, Watanabe (1998), Inoue, et al. (2004), Nagasaka, et al. (2005), and

Mori & Suzuki (2018) have explored the need for English in nursing scenes, or *bamen* in Japanese. Mori & Suzuki (2018) define these scenes as the “situations in which the nurses actually find themselves while working in the hospital” (112). This echoes Long (2015) who argued for tasks, “our students need, or will need, to be able to do in the L2” (Ch. 5.5), as the unit of analysis in NA because they can be immediately understood by domain experts as well as by ESP professionals who can use them to organize lessons. They also provide an ideal context for linking linguistic forms and functions and their obvious relevance to learners’ future occupations can be meaningful and motivational for students (Long, 2005). Knowledge of the tasks that students will perform in their future careers links directly to decisions in the language classroom, as Serafini, Lake, & Long (2015) explain: “Once target tasks (TTs) (e.g., serving breakfast, lunch, dinner and drinks) and target task types (TTTs) (e.g., serving food and beverages) are identified based on the results of the NA, course designers can proceed with the latter phases of creating the program, which involve deriving pedagogic tasks (PTs), or what learners and teachers actually do in the classroom” (13).

Study	Method	Tasks
Watanabe (1998)	Open-ended question on a survey	(1) communicating with a non-Japanese patient* (2) reading physician notes on a medical chart (3) reading international research (4) communicating with and understanding physicians* (5) common sense as an adult (6) handling foreign visitors and researchers* (7) studying abroad and overseas training* (8) reading medical exam reports (e.g., CT scan, MRI) (9) understanding medical terminology (10) understanding manuals of imported medical devices
Inoue, et al. (2004)		(1) explaining about a treatment* (2) explaining to a patient about care* (3) explaining about an illness or wound* (4) asking a patient about lifestyle* (5) asking about a medical condition* (6) providing moral support to a patient* (7) meeting a new patient* (8) giving instructions*
Nagasaka, et al. (2005)	Selecting from a list of situations	(1) understanding medical charts and exam results (2) talking about non-medical topics* (3) talking about medical topics* (4) reading research for self-improvement (5) researching information on the Internet (6) studying abroad* (7) receiving foreign visitors and researchers*
Mori & Suzuki (2018)		(1) explaining operation procedures* (2) having a bedside conversation* (3) instructing how to take medication* (4) explaining medical tests or treatment* (5) explaining admission procedures* (6) indicating locations in the hospital* (7) taking vital signs* (8) reading medical records (9) reading related literature

Fig. 1: Situations investigated in four assessments of the English needs of Japanese nurses.

Asterisks denote a situation requiring oral communication skills.

All NA are limited by constraints, such as time, financial resources, and access to domain insiders, that can reduce their reliability and validity. Although many of the studies mentioned above have contributed valuable insights into the tasks in which Japanese nurses require English skills, weaknesses can be found in the methods and sources used. Watanabe (1998) and Inoue, et al. (2004) gathered examples of scenes (Fig. 1) through open-ended questions on a questionnaire, analyzed the results, and categorized the responses. Open methods, such as these open-ended questions, are exploratory, inductive tools, which Long (2005) and Serafini, et al. (2015) recommend using before quantitative tools, such

as surveys, to allow for initial categories of tasks to emerge so their generalizability can be tested on a larger sample of the population through surveys. This open-before-closed sequence was followed in Nagasaka, et al. (2005) and Mori & Suzuki (2018), where lists of situations in which nurses might need English (Fig. 1) were included on questionnaires and nurses were asked to indicate which situations they had encountered at work (Nagasaka, et al., 2005) or the frequency at which they encountered the scenes at work (Mori & Suzuki, 2018). However, Nagasaka, et al. (2005) did not report how the situations presented on the questionnaire were sourced, while Mori & Suzuki (2018) appear to have used nursing English

textbooks. Although, NA often relies on the intuitions of applied linguists and language teachers to identify vocational duties, they perform poorly compared to domain insiders (Long, 2005; Serafini, et al., 2015).

Serafini, et al. (2015) created the Adaptable Methodological Checklist for Reliable and Valid NA Practice which recommends gathering data from two or more sources using two or more methods. Ideally, an NA will follow an open-before-closed sequence with research tools informed by insider knowledge from domain experts. One source of insider knowledge can be written literature from the domain, which Long (2005) recommends as a first step before consulting domain insiders. Long (2005) performed a literature survey to identify sources, methods, and source x method combinations for NA and then evaluated their relative merits in identifying the language and tasks of airline flight attendants (FA). He found written sources, representing "insider-to-insider communication," were "the richest sources of information for the tasks involved in an FA's work" (50).

The creation of a tool for assessing the language needs of Japanese nurses following a methodological approach such as the one recommended in Serafini, et al. (2015) is a critical first step in a larger plan to conduct a nationwide survey to measure the English language needs of nurses in Japan. The purpose of this paper is to create a list of target task types based on a review of written sources produced by Japanese nurses, nursing educators, and professional organizations for use on a future NA survey instrument.

Methodology

This analysis was carried out in three steps. First, I identified opportunities for spoken interaction between nurses and clients, defined as the patient and their families, from among the nursing duties investigated by the Japan Hospital Association (JHA) in a 2015 study, presupposing that these

opportunities are independent of the interlocutor's first language. Throughout the paper, I refer to this type of interaction as *nurse-client spoken interaction*.

The purpose of the JHA study was to identify and predict changing trends in the division of labor related to nursing duties. The JHA study investigated 24 nursing duties across 5 areas: outpatient ward, endoscopy unit, dialysis unit, inpatient ward, and operating room. The outpatient ward, inpatient ward, and operating room are representative nursing assignments in Japan, but other assignments may include the ICU, the ER, and the cardiac cath lab. For each duty, head nurses from 947 JHA member institutions were asked to report who currently performed the duty, who performed the duty five years prior, and who was expected to perform the duty five years in the future.

Next, I explored written sources from within the field of nursing to clarify ambiguous situations and identify duties not investigated by the JHA study, focusing on each of the five areas. A key consideration was the perceived transparency of the nursing duty and the associated task or tasks from the perspective of a domain outsider, such as an English instructor. For example, it may be easy to imagine the tasks a nurse must perform when explaining a medical examination to a client—describing to the client the reason for the exam, procedural steps, necessary preparations, and any risks. However, it may not be easy to imagine the potential tasks associated with the nurse's role when accompanying the doctor during a medical interview.

Finally, I conducted an inductive content analysis in the manner of Elo & Kyngäs (2008) in which I coded examples of nurse-client spoken interaction, grouped similar instances, and created categories, resulting in target task types with examples.

Results & Discussion

Nursing Duties

Of the 24 nursing duties examined in the JHA study (Fig. 2), 12 (50%) indicated potential for nurse-client spoken interaction. These are italicized in Fig. 2. Of the 12 duties which suggest opportunities for nurse-client spoken interaction, 8 duties were unambiguous and mostly concerned with the performance of an act, such as making a bed, collecting blood, or washing a patient's hair. The remaining 4 duties, indicated by an asterisk in Fig. 2, were ambiguous and served as a starting point for the exploration of written sources from inside the domain.

Outpatient Department

Three of the four nursing duties in the outpatient department investigated by the JHA study indicate potential for spoken interaction between nurses and clients. The actions that constitute two of those duties, blood collection and explaining examinations, are straightforward, whereas those related to accompanying doctors are vague and in need of clarification. In a MedPeer's (2013) study of outpatient services, 1,350 doctors indicated that a nurse was present during outpatient consultations. In the open comments, doctors reported that they relied on nurses to perform the following duties: guiding patients in and out of the exam room, checking blood pressure, conducting preliminary medical interviews, and explaining

Outpatient Department	<i>*accompanying doctors when explaining medical conditions, operations, and examinations to patients</i>
	<i>blood collection</i>
	<i>explaining examinations</i>
	straightening up, cleaning, and disposing of waste
Inpatient Ward	preparing the environment (room)
	<i>Bedmaking</i>
	<i>personal care and grooming (sponge bath, washing hair, assisting with bathing, oral care)</i>
	<i>toilet assistance (leading to the toilet, changing diapers)</i>
	<i>*inpatient orientation</i>
	<i>blood collection</i>
	preparing and mixing injections
	<i>checking medicine the patient brought with them</i>
<i>*watching over patients with dementia or who appear disquieted</i>	
Operating Room	preparing the OR
	laying out surgical instruments
	peripheral duties (indirect assistance)
	passing surgical instruments (direct assistance)
	post-op cleaning
Endoscopy Unit	preparation and verification of lighting and equipment
	<i>*assisting the endoscopy and endoscopic treatment</i>
	cleaning the scope
Dialysis Unit	<i>insertion and removal of dialysis needles</i>
	inspection and management of equipment
	straightening up afterward, cleaning, throwing away garbage

Fig. 2: Nursing duties investigated in the 2015 Japan Hospital Association study.

Opportunities for nurse-client spoken interaction are italicized. Ambiguous duties are indicated with an asterisk.

and assisting with the exam. Nurses who accompany doctors during outpatient consultations experience a variety of expectations related to doctor-patient interactions. Slingsby, Yamada, and Akabayashi (2006) explored the communication styles used by outpatient doctors by employing direct observation of the interactions and conducting follow up interviews with doctors, nurses, and patients. They observed two communication styles involving nurses: an individual style in which nurses were not expected to assist with doctor-patient communication and a collaborative style in which they were. They also identified two motives for adopting this collaborative style, one positive—improving patient-provider communication, and one negative—minimizing doctor communication with the patient. The follow-up interviews revealed that nurses were often seen as mediators or facilitators of doctor-patient communication.

Nursing outpatient services. An area not explored by the JHA was nursing outpatient services. In response to the increasing number of patients visiting outpatient departments who are in need of managed, ongoing care, often of a specialized nature, more hospitals have begun to offer nursing outpatient services where nurses, coordinating with doctors and other healthcare professionals, play a central role in providing outpatients with lifestyle-appropriate care and assistance in learning to manage their own conditions (JNA, 2010). A 2009 survey of nursing directors at 3,495 medical facilities conducted by the Japan Nursing Association (2010) found that 975 (27.9%) medical facilities had established nursing outpatient services and that 868 (35.1%) were considering doing so. From among the 14 services respondents could choose from, the most common services offered were stoma, wound, ostomy, and continence care (522, 14.9%), foot care (422, 12%), and diabetes-related care (300, 8.6%). Less common services included pediatric nursing care, cancer nursing care, palliative care,

care related to lifestyle diseases and lymphedema, smoking cessation, and advising about home oxygen treatment.

The JNA (2010) described the skills desired of outpatient nurses and those involved in nursing outpatient services. Basic outpatient nursing skills include the ability to provide or assist in providing reassuring, safe, and reliable care so patients can recover and to coordinate with doctors so that patients can receive medical consultation efficiently. The JNA indicated that both outpatient nurses and nurses working in nursing outpatient services should be able to evaluate a patient's condition based on facial expressions, words, and actions; be able to explain and advise about the patient's condition, reactions to treatment, or health maintenance; and respond to questions about the patient's condition or course of treatment. They also indicated that nurses involved in nursing outpatient services should be able to provide advice about lifestyle adjustments and about improving patients'/patients' family's quality of life; gather information about any latent problems from patients/patients' family's shared thoughts and help patients/patients' families to become aware of problems or latent problems within their everyday lives; obtain informed consent and support patients/patients' families in making their own decisions about treatment; and provide specialized knowledge and care that will lead to an alleviation of the patient's symptoms.

Inpatient Ward

Ward nurses are responsible for providing care to hospitalized patients from the moment they are admitted until their discharge. The JHA study investigated nine duties of ward nurses, with seven implying some degree of nurse-client spoken interaction. Duties such as bed making, toilet assistance, and blood collection are immediately clear; however, additional sources were consulted to clarify the content of duties related to the inpatient orientation and treating

patients with dementia.

Inpatient orientation. While inpatient orientation may imply the explanation of daily schedules, hospital services, and rules to patients when they are admitted to the hospital, this is certainly not the case at every hospital. In response to changes in the medical fee schedule by the Japanese Ministry of Health, Labour, and Welfare (N.D.), which aims at creating community-based integrated care systems comprising various health care professionals working together to guide patients into hospital care and back into their communities, some hospitals have introduced pre-hospitalization support services through patient support centers. At these centers, nurses, coordinating with other medical staff, provide guidance to patients as they prepare for hospitalization and their eventual discharge. Seto and Mitsuhashi (2013) investigated the effects of the introduction of a patient support center on nursing duties at their hospital. The content of pre-hospitalization support sessions provided to patients at their hospital focused on not only explaining the treatment process to patients, performing detailed assessments and history-taking, and conducting pre-operation orientations, but also often consisted of explaining medical fees; listening to patient needs related to diet, rooming, and accompanying family members; explaining post-operative rehabilitation, and introducing and providing training with assistive medical devices, such as breathing aids.

Treating patients with dementia. Patients facing a decline in their cognitive functions often experience problems communicating, altered personality traits, and disturbances in their emotions, moods, perceptions, thoughts, and motor activity, which can present a variety of obstacles for nurse-client spoken interaction on the ward. Chida & Mizuno (2014) investigated the experiences of 26 nurses at two hospitals who were working with elderly patients experiencing dementia. Using semi-structured interviews, they

identified three sets of difficulties containing 29 subcategories relating to dealing with the symptoms of cognitive impairment, the nurse-patient relationship, and caring for elderly patients with cognitive impairment.

Subcategories relevant to this analysis include dealing with patient behaviors such as refusing any kind of care or treatment, removing necessary equipment such as catheters, trying to leave the hospital without permission, eating non-nutritious items such as hair or chalk, and soiling themselves. It also includes nurses not being able to understand the patient's complaints and having to make decisions for patients who cannot make their own decisions or express their own will. Nurses also reported problems getting the patient to understand the need for treatment or care as well as reports of patients who were angry or violent, caused problems with other patients, and needed to be physically restrained.

Discharge planning. Although the JHA study considered inpatient orientations, it did not examine discharge planning, which can be an additional area of responsibility for nurses on (and off) the ward. A study of 839 hospitals of over 150 beds found that 558 hospitals (67.1%) had already established a department responsible for coordinating patient discharge while an additional 83 (9.9%) intended to establish one (JVNF, 2011). Nurses staffed these departments at 470 (83.5%) hospitals, second only to medical social workers. Of the 276 hospitals without a discharge planning department or the expressed intent to create one, ward nurses were responsible for discharge planning at 86 (31.2%) hospitals (JVNF, 2011).

The JVNF study identified 23 duties related to coordinating patient discharge in which nurses play a central role, almost all of which provide opportunities for nurse-client spoken interaction. These duties involve negotiating family relationships and methods for at-home health care; explaining the prognosis and care plan to patients and their families; providing guidance to

patients and their families regarding post-discharge treatment, including explaining how to use medical equipment, perform self-care techniques, or provide nursing or medical care to recovering family members; introducing the patient and/or the patient's family to various health care providers, such as care specialists, local doctors, visiting nursing stations, home helpers, public health facilities, as well as available social resources and schemes; providing counseling and psychological support to patients and their families; organizing and holding a pre-discharge conference with necessary stakeholders; and visiting the patient's home prior to discharge in order to advise about preparing the environment for at-home care and treatment, as well as on the day of discharge (JVNF, 2011).

Operating Room

The JHA study investigated 5 roles carried out by operating nurses, but none of these implied nurse-client spoken interaction. However, as a member of the operating room team along with anesthesiologists and surgeons, nurses are responsible for ensuring the patient's safety from pre-op to post-op. With the reduction in hospitalization periods, more hospitals are performing pre-op assessments on an outpatient basis to help the patient prepare both physically and mentally for the operation with the aim of reducing potential risks during and after the operation (Ishibashi, 2015). Depending on the hospital, these orientations are conducted by operating room, ward, or outpatient nurses.

Comprised of history taking, physical examinations, and explanations, the pre-operation orientation presents considerable opportunities for nurse-client spoken interaction. The history may consist of a medical history (current medication, complications, past illnesses, experiences with anesthetics, allergies) and a social history (occupation, lifestyle, use of alcohol and tobacco, etc.), while the physical examination

covers the entire body, including teeth and the oral cavity. In addition, the nurse might conduct a screening to prevent a pulmonary blood clot, which would rely on assessing signs, symptoms, and risk factors. During the pre-op assessment, the nurse might explain the fees associated with surgery and hospitalization as well as the process on the day of the surgery, including a walk-through of the operation room. Finally, there may be a need to educate the patient about post-operative breathing methods and the importance of refraining from smoking (Ishibashi, 2015).

Endoscopy Unit

Endoscopic procedures include examinations of the genitourinary system and the digestive system using a small camera inserted directly into body openings or small incisions in the body. For the layperson, endoscopy may suggest a visual observation of the inside of the body using a special camera, but endoscopic procedures also include the collection of cell and tissue samples, direct treatment of internal bleeding, and removal of growths. In the endoscopy unit section of the JHA survey, a single duty implying nurse-client spoken-interaction was identified—assisting with the endoscopy and endoscopic procedures.

Although there is considerable variation by hospital regarding how a nurse might assist endoscopies and endoscopic procedures, the nursing committee of the Japan Gastroenterological Endoscopy Technicians Society has released a standard for nursing duties in the endoscopy unit. It contains five primary objectives related to nursing practice in the endoscopy unit: (1) provide physical, mental, and social assistance to people in need of care; (2) provide support so the patient can undergo an endoscopy or endoscopic therapy with peace of mind; (3) continuously monitor people in need of care, ascertain problems, and respond appropriately; (4) respond effectively to emergencies; and (5) carry out medical procedures under the direction of doctors and

monitor the patient's response. Each of these objectives is composed of a dozen or more overlapping and interrelated expectations profuse with opportunities for nurse-client spoken interaction (2008), which could be grouped into three broad categories—educating the patient and gathering information, assessing the patient and providing support or care, and acting as an intermediary. The opportunities for nurse-client interaction identified repeat those already discussed in the three areas above, and due to space limitations will not be discussed here.

Dialysis Unit

Dialysis is a treatment available to patients with compromised kidney function. The kidneys filter waste products from the blood and regulate the body's fluid balance. With hemodialysis, the most common type of dialysis, the kidneys' functions are performed externally by a machine, which requires the placement of needles in the patient's arteries and veins. Dialysis therapy and the underlying disease it treats results in considerable changes to the patient's lifestyle. Standard hemodialysis therapy requires 4 hours and 3 visits to the hospital per week, but it can also be done at home with training. Since dialysis is a lifetime treatment, barring a transplant, opportunities for nurse-client spoken interaction are plentiful. Mizutsuki, et al. (2004) reported on the current state of dialysis nursing and the expected roles of dialysis nurses from the perspective of nephrologists, clinical engineers, social workers, and nurses themselves. Based on their responses, opportunities for nurse-spoken interaction could be found when providing care during treatment, educating the patient and patient's family, caring for the patient's mental health, and providing the patient with support to adapt socially to lifestyle changes brought on by treatment. As these are similar to the target tasks already identified in the three main areas above, they will not be discussed further here.

Target Task Types

Over 100 duties that feature potential for nurse-client spoken interaction were identified in the exploration of domain literature and were organized into 23 target task types, as seen in Figure 3. Only one of the four studies above, Inoue, et al. (2004), focused exclusively on spoken interaction. The task types proposed in Figure 3 expand considerably upon those found by Inoue, et al. (2004), which were gathered directly from nurses in their study. In this list of target tasks, situations such as "giving instructions" reported in the Inoue, et al. study were divided into giving instructions about how to use a medical device and giving instructions about how to perform a technique, but entirely new tasks such as acting as an intermediary and obtaining informed consent were also identified. These results support conclusions by Long (2005) and Serafini, Lake, and Long (2015) about the high value of domain-insider sources of information when identifying potential tasks of a domain and the importance of carrying out this kind of detailed target type analysis before undertaking quantitative survey research on members of the target population.

As for the nursing English curriculum, the resulting list of target task types implies a substantial range of potential pedagogical tasks. This list contains tasks already found in nursing English materials, such as drawing blood and checking blood pressure, guiding patients in/out of an exam room, explaining medical exams, and conducting preliminary medical interviews—tasks that nurses with low- to intermediate-level English language proficiency might be able to accomplish with a limited repertoire of vocabulary and set expressions. However, more complex English language demands could be placed on nurses if they are involved in obtaining informed consent, advocating for patients' needs, or helping patients and their families to make lifestyle changes. These tasks demand not only greater English language proficiency, particularly

	Target Task Type	Example Tasks
1.	Collecting information from clients about the patient's chief complaint or current condition	Conducting a preliminary medical interview or an ongoing assessment, assessing adverse reactions, performing a physical assessment or blood clot screening, checking on a patient during nursing rounds, checking on a patient during a procedure
2.	Collecting information about potential problems	Recognizing clients' latent problems, fears, doubts
3.	Collecting information from clients about the patient's lifestyle	Conducting a social history, asking about the patient's ability to perform activities of daily life and instrumental activities of daily life, assessing challenges related to the client's health, behavior, cognitive ability, communication ability.
4.	Collecting information from clients about the patient or family members' medical history	Conducting a medical history, asking about allergies and current medications
5.	Collecting information from clients about family relationships	Understanding family structure and roles, who is assisting the patient, methods for home health care
6.	Obtaining informed consent from clients	Explaining the nature, purpose, risks, and benefits of an intervention, obtaining clients' consent
7.	Explaining to clients about a procedure that another medical professional will perform on the patient	Explaining a medical exam, giving a walk-through of the operation room, explaining purpose and content of a procedure
8.	Explaining the patient's condition to clients	Explaining about the patient's disease, symptoms, prognosis, care plan, reactions to treatment, changes in condition, health maintenance
9.	Explaining the patient's treatment or care to clients	Explaining about dialysis, endoscopy, endoscopic procedures, the treatment process, an operation, and post discharge treatment
10.	Explaining about hospitalization to clients	Explaining medical fees or post-op rehabilitation
11.	Giving instructions about how to use a medical device to clients	Explaining about home oxygen treatment or home dialysis, training clients to use assistive medical devices
12.	Giving instructions about how to perform a technique to clients	Explaining nursing care or medical skills for use in home care, explaining post-op breathing methods
13.	Providing advice or support to clients related to necessary lifestyle changes	Providing support for smoking cessation, lifestyle adjustments, improving client quality of life, restructuring family roles, accepting changes, maintaining health, and doing self-care
14.	Checking clients' comprehension	Confirming clients understand the doctor, providing supplemental explanations
15.	Responding to clients' questions and requests	Responding to questions about condition, care, treatment. Responding to clients' needs relating to diet, rooming, accompanying family members
16.	Performing a procedure on the patient	Collecting blood, checking blood pressure, inserting/removing needles
17.	Providing care to clients	Providing care during treatment, providing specialist care such as foot care or stoma/wound care, changing dressings, making the bed, providing toilet assistance
18.	Providing moral or psychological support to clients	Alleviating anxiety, discomfort, fear, pain; helping clients become aware of latent problems; helping clients maintain a good relationship
19.	Providing physical assistance to clients	Guiding clients in/out of exam rooms, assisting patients with eating, evacuating, moving, changing positions
20.	Dealing with upset, aggressive, disoriented, or uncooperative clients	Alleviating the situation and accomplishing the nursing goal
21.	Acting as an advocate for clients	Supporting clients when making decisions about treatment, understanding and respecting clients' wishes
22.	Acting as an intermediary between the clients and medical/social services	Introducing social resources and schemes or other health services to the client, holding a pre-discharge conference, contacting family members in an emergency
23.	Visiting the clients' home	Performing a home inspection or site visit, providing on-call care

Fig. 3: Target Task Types for Nursing English with Examples

in the areas of speaking and listening, but also the ability to understand and convey specialized information to non-specialists.

Conclusion

Using the above list (Fig. 3) on a NA instrument with a sample population that takes into

consideration the size and location of hospitals and clinics as well as the experience and duty stations of nurses will shed light on which target task types are most relevant to particular nurses, thereby helping nursing English instructors design better courses, materials, and assessments. However, before that can happen, the list needs

to be evaluated by nurses, nurse educators, and nursing English educators in order to verify the target task types, identify missing and/or mislabeled items, and thereafter, refine the list. In addition, a list of high priority items can provide a starting point for building a database of pedagogical tasks that could be used by nursing English teachers and materials designers to design and deliver content more relevant to nurses and nursing students seeking higher proficiency in English. Finally, the refined list could be used by teachers of other languages to identify the needs of nurses working with patients that speak Korean, Chinese, or another frequently encountered languages.

Returning to the original purpose of the JHA study, which was to identify changing trends in nursing duties, English educators must also recognize that nursing in Japan is moving towards more specialization and, as a result, this will mean changes in the duties performed by nurses and the nursing English curriculum. Duties such as hygiene care, blood collection, and the verification of medicines are already being taken over by certified caregivers, clinical technicians, and pharmacists, while duties requiring less specialized knowledge such as bedmaking and toilet assistance are shifting to nurse assistants. Although the introduction of team-based medical care has been heralded in Japan for some time, these changes may be slow to manifest due to a lack of specialized staff, training, and guidelines to facilitate these changes. However, it is certain that these changes will come, signifying the importance of developing and maintaining a list of target task types in order to conduct high quality needs assessments in the future.

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Poster Projects for Nursing Students

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Posters are a great way to engage EFL students in both individual and group projects that include both written and spoken output. Such projects can be used at various levels of proficiency and with different age groups. For example, students from elementary, junior high, and high schools could be asked to make a poster about their favorite animal, food, sport, or manga character. For general English topics, high school or university students could be asked to make a poster about a famous person, an important invention, or a historical event. For cultural purposes, students could make posters about a foreign country or city they would like to visit, or a Japanese festival or holiday.

In the context of teaching English to university nursing students in Japan, I have recently carried out two relevant poster projects described here: 1)

major organs and parts of the body (in the spring semester), and 2) health-related NGOs (in the fall semester). The posters were then displayed on the classroom walls (for a week or two), and following the carousel presentations (explained below), students were given small stickers to put on their favorite posters, as a form of voting for the best examples, the creators of which were then 'cheered' for their job well done.

Organ/Body Part Posters

To begin the poster project on major organs and parts of the body, I first generated a list of 17 relevant topics, as follows: eyes, ears, nose, mouth, brain, bones, blood, muscles, skin, heart, lungs, stomach, intestines, liver, kidneys, bladder, and gallbladder.

I then wrote these items on slips of paper and put them in a container. As there were about 30

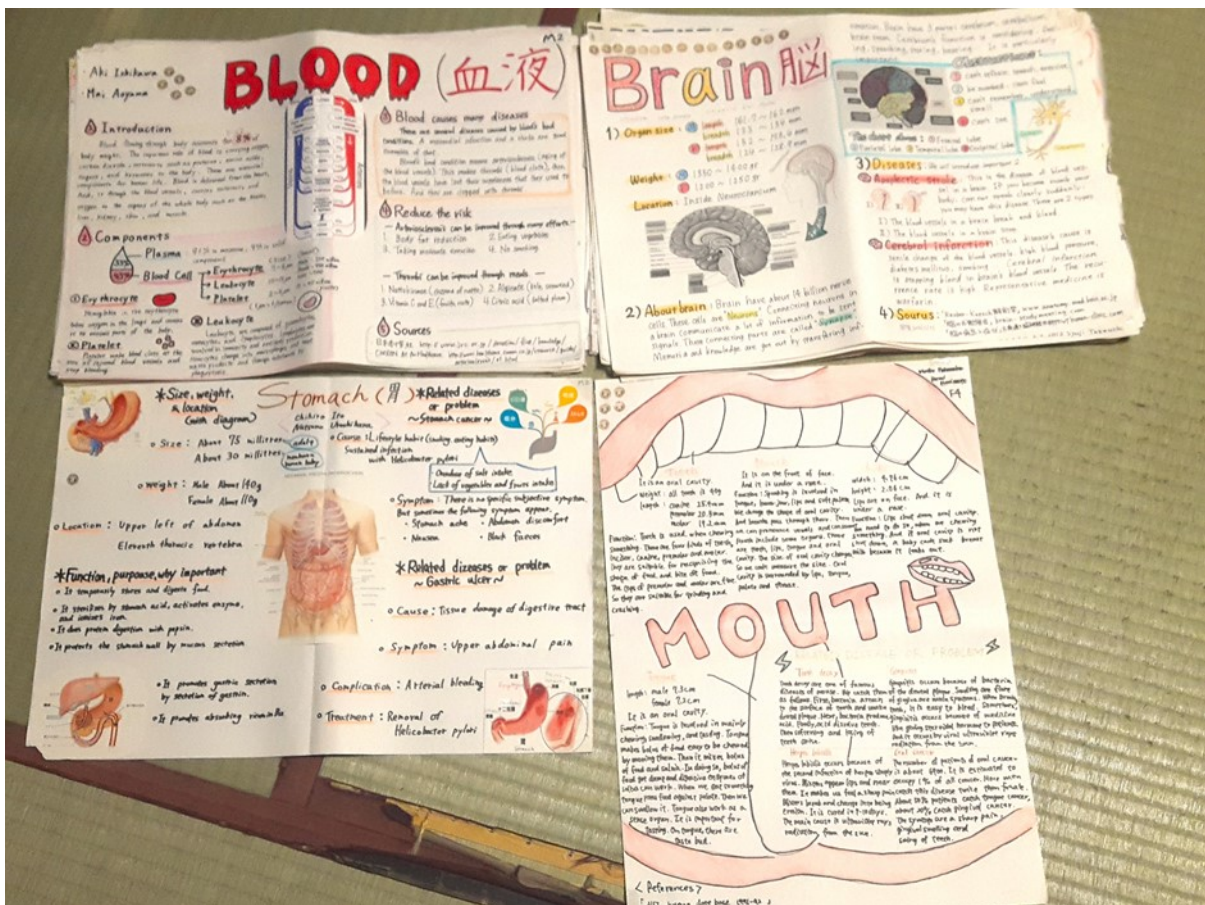


Fig. 1: Organ/body part posters created by first-year students in 2018.

students per class—and not enough topics to do individual posters—I asked them to find a partner on their own. The pairs then randomly chose one slip of paper from the container, to avoid a situation where multiple pairs would want to do the same organ/body part. After the 15 items were drawn, I allowed the pairs to either exchange their topic with either of the two remaining items, or else trade amongst each other if they wanted.

Next, I passed out a blank A3 paper to each pair, and explained that they should research and design a poster about their chosen organ/body part which included the following: 1) a diagram of the organ/body part, 2) its average size and location, 3) its function/purpose, and 4) common problems that affect the organ/body part. Examples of the posters can be seen in Fig. 1.

Medical NGO posters

For the second semester poster project, I created a handout (Appendix A) with a number of suggested NGOs to choose from, and the following points for inclusion:

- Logo & Pictures
- Countries where it operates

- Purpose: Mission statement
- Annual budget or donations
- When it was founded (& by whom)
- Website or QRD code
- Where it is based (headquarters)
- Appeal for support

Some of the suggested health-related NGOs included: The Japanese Red Cross Society, Medicines Sans Frontiers, Mercy Corps, Oxfam, Japan Heart, Good Neighbors Japan, Save the Children, Plan International, World Vision, UNICEF, AAR Japan: Assoc. for Aid & Relief, JOICFP, CARE, BAJ: Bridge Asia Japan, JVC: Japan Int'l Volunteer Center, ICAN: Int'l Children's Action Network, ACE: Action against Child Exploitation, Peace Winds Japan, and Humanitarian Medical Assistance.

As with the organ/body part poster project, the students could choose their own partners, and either randomly choose their NGO from a container, or else sign-up on a list on a first-come, first-serve basis (alternatively, the teacher can assign partners and/or NGOs if they wish). Examples of these posters can be seen in Fig. 2.

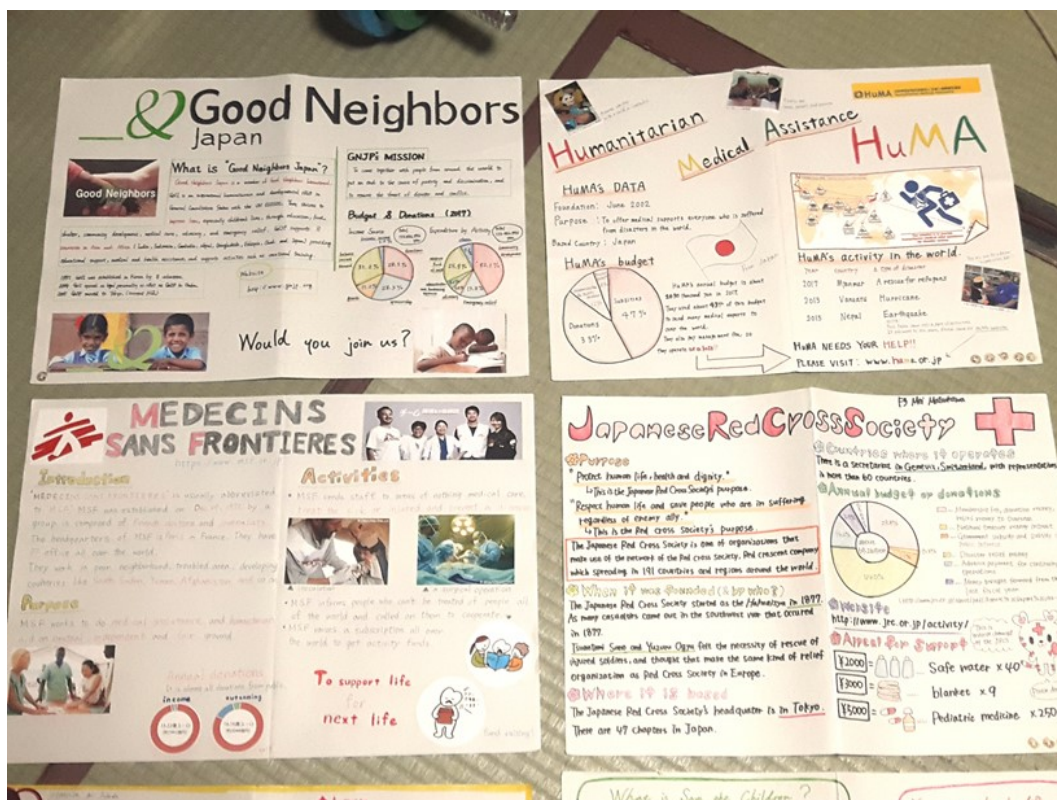


Fig. 2: Medical NGO posters created by first-year students in 2018.

As with the organ/body part poster project, the students could choose their own partners, and, either randomly choose their NGO from a container, or else sign-up on a list on a first-come, first-serve basis (alternatively, the teacher can assign partners and/or NGOs if they wish).

Among the benefits of these projects, beyond the written and spoken output in English, are that students develop skills in researching topics, selecting relevant data, summarizing information, designing layout, and engage in peer-to-peer learning.

List of benefits for students

- Developing research & writing skills
- Displaying creativity with colorful design
- Advocating for a cause they care about
- Using persuasion to gain support (marketing)
- Understanding that writing is more than just reports for the teacher to grade
- Using English for real-world communication
- Presenting the results of their work publicly
- Learning from each other about organs/body parts and NGOs dealing with health problems
- Bonus: Helpful school promotion for Open Campus, Festivals, or Parents Days

Speaking Activity: Poster carousel

In order to make this project interactive, with spoken output that included task repetition, the following poster carousel activity was used, in the same manner as explained by Foster and Hunter (2016):

Rather than have the students present to the whole class, the teacher divides the

pairs into As and Bs. The As stay with their poster while the Bs move in a clockwise direction to the next poster. The As make their presentation using the poster as a guide, and answer the Bs' questions. When they have finished, the Bs move in a clockwise direction to the next poster. The As now have to present for a second time to a new interlocutor. The process repeats until the Bs have returned to their original partner. At this point, the As and Bs swap over and the Bs make the presentation while the As visit the other presentations (p.289).

In conclusion, poster projects are an effective way to engage students in learning opportunities for both written and spoken output. For nursing students, the topics of organs/body parts and health-related NGOs are particularly relevant, and my students seemed to enjoy this interesting change of pace from their usual textbook-based lessons. Furthermore, they seemed very intrigued to see the concrete, real-world products of their classmates, which brought their academic studies to life. Therefore, I highly recommend this project for your own nursing students as well.

Reference

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Appendix A

Handout for NGO Poster Project

PROMOTING A BETTER WORLD with NGO POSTER PROJECTS

Who?: High School or University Students (Writing class)
 • Individually or in pairs/groups of 3



By Ray Franklin

What?: Choose an NGO or NPO
 • Health or environmental related; non-political
 • Either Japan-based or International



Where?: Research on the Internet: Download Logo & Pictures

When?: Due in 2 weeks (or let students decide deadline)



Why?: Consciousness raising about world problems

How?: Include:

- Logo & Pictures
- Purpose: Mission statement
- When it was founded (& by who)
- Where it is based (headquarters)
- Countries where it operates
- Annual budget or donations
- Website or QR code
- Appeal for support



- Step 1 – Explain the project; Show examples if possible
- Step 2 – Students research on the Internet; Take notes (Don't copy!)
- Step 3 – Students *handwrite* their posters on A3 paper (Not cut & paste)
- Step 4 – Posters are displayed in classroom or school hallway
- Step 5 – Presentation of posters to classmates in carousel format
- Step 6 – Students put a small sticker on the poster they like best
- Step 7 – Winners get cheered, and maybe a small prize



Benefits for Students:

1. Given **autonomy** in choosing topic
2. Develop research & writing skills
3. Display **creativity** with colorful design
4. Advocate for a cause they care about
5. Attempt **persuasion** to gain support (Marketing)
6. See that writing is more than just reports for the teacher to grade
7. Use English for **real-world message** communication
8. Present the results of their work publicly
9. **Learn from each other** about world problems and possible ways to solve them



Bonus: Good school promotion for Open Campus, Festivals, or Parents Day



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