ESL Health Unit

Unit Two
The Hospital

Intermediate

Concept and initial activities by Heather Musselman with additional activities and materials by Marni Baker Stein and Hilary Bonta

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Acknowledgments

Thematic units were developed by ESL practitioners teaching ESL Health Literacy classes to elder immigrants at five senior centers in Philadelphia. Each instructor selected two topics of greatest interest to their class from a list of health literacy topics, identified by immigrant elders participating in focus groups in Philadelphia and San Jose. SHINE staff conducted regular curriculum development meetings at which teachers discussed themes emerging from their classes and methods for encouraging learners to write about these topics. Many of the lesson activities within the units are based on learner narratives, in which elder immigrants share their experiences accessing healthcare in the US.

The project would like to thank the elder immigrants who participated in the ESL Health Literacy classes and who shared their stories and health concerns with us. Many thanks to the teachers who taught the classes, participated in the curriculum development process, formulated the topics upon which the units are based and developed many of the activities in the units. We would also like to express our gratitude to Gail Weinstein for her work on the Learners’ Lives as Curriculum framework, which provided the inspiration for this curriculum development process. Many thanks to Marni Baker Stein, Hilary Bonta, Melissa Halaway and Sharon Nicolary for their careful work in developing additional activities and instructional materials, ensuring that activities were at consistent proficiency levels, and standardizing the format of units.

The initial concept and activities for this unit were developed by Heather Musselman, in collaboration with elder learners at the Golden Slipper Senior Center in Philadelphia. Additional activities and revision by Marni Baker Stein, author of Talk it Through: Listening, Speaking and Pronunciation (Houghton Mifflin) and Hilary Bonta of the English Language Program at the University of Pennsylvania. Patricia Dillon, RN, PhD, of Temple’s School of Allied Health, provided input on health content.
# The Hospital
A Thematic Unit for Intermediate Level Learners

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**Note to Teachers!**

The following websites were used in developing this site. You may find them useful references to support your instruction.

The Mayo Clinic
http://www.mayoclinic.com/programsandtools/index.cfm

Diversity Rx
http://www.diversityrx.org/HTML/ESSEN.htm

Coping.org: Improving assertive behavior
http://www.coping.org/relations/assert.htm
 Goals for this lesson:
Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.

- Use the simple past tense when telling a story
- Use the past progressive when telling a story.
Lesson One: Emergency

Reading and Writing Practice

Before You Read!

*In this lesson, you will read about Izabella’s trip to the emergency room.*

*Before you read, discuss the following questions with your classmates and your teacher.*

1. Have you or anyone you know been to the Emergency Room in the United States? What happened? Was it a good/bad experience?

2. Was this experience different from visiting an Emergency Room in your native country? How was it different?
Reading One - A Visit to the Emergency Room

Now you are going to read the story of Izabella’s trip to the emergency room. Read about Izabella’s experience and then answer the questions.

One year ago, I broke my hand. I was going to my dentist when I fell. When I got to the dental office I called my son and told him this bad news. He took me to the emergency room of the Jefferson Hospital. He helped me to fill out the forms and waited with me and my husband for one hour. Then he went back to his job.

I with my husband stayed there to wait for a doctor. I felt nervous about my English. We waited for the doctor for a very long time. At last the nurse called me to a big room. There were many patients. He measured my blood pressure and gave me two tablets of Tylenol, and asked me something.

Two or three hours passed when the doctor examined my hand and took an x-ray. My hand was swollen and I could not move it. I wanted to tell the doctor about that, but I could not explain in English. He asked me something but I understood only some words. After they examined my hand they put on the cast and when it dried I was let out.
Questions:

Answer questions about Izabella’s story and then discuss them with your classmates and your teacher.

1. How did Izabella break her hand?
2. Who took Izabella to the Hospital?
3. Did the doctor see Izabella right away?
4. What did the nurse do for Izabella?
5. Was Izabella able to effectively communicate with her nurse and her doctor?
6. What did the doctor put on Izabella’s hand?
7. When was she allowed to leave the emergency room?
Before we go on, here is a grammar lesson on telling stories with the simple past tense.

When we tell stories in English, the **Simple past tense** is usually used. The simple past is used to talk about an action that began and ended in the past.

Examples:

One year ago, I **broke** my hand

My son **helped** me to fill out the medical forms

The nurse **gave** me two tablets

To form the simple past:

- Verb + ed (regular): help + ed = helped
- Or irregular form: gave
Regular Verbs

Most verbs are regular verbs. Regular verbs are those whose past tense and past participles are formed by adding a -d or an -ed to the end of the verb.

To help is a good example of a regular verb:

\[(\text{present tense}) \text{help} \quad (\text{past tense}) \text{helped}\]

Sometimes the last consonant must be doubled before adding the -ed ending. For example:

\[(\text{present tense}) \text{plan} \quad (\text{past tense}) \text{planned}\]

Irregular Verbs

There is no formula to predict how an irregular verb will form its past-tense and past-participle forms. There are over 250 irregular verbs in English. Although they do not follow a formula, there are some fairly common irregular forms.
Some of these forms are:

<table>
<thead>
<tr>
<th>Present</th>
<th>Simple Past</th>
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<tbody>
<tr>
<td>be</td>
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<td>break</td>
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<td>take</td>
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<tr>
<td>tell</td>
<td>told</td>
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</tbody>
</table>
How do I know whether a verb is regular or irregular?

Dictionaries are the best way to find out whether a verb is regular or irregular.

*When to use the past progressive tense*

Sometimes when we tell a story we also need to use the **Past Progressive Tense** to emphasize a continuous action - something that was happening, going on, during some time in the past. To form the past progressive we use:

- was or were + verb + ing

  example: was +go + ing = was going

  I **was working** in the supermarket all day yesterday.

  We **were waiting** for the doctor for several hours.

We often use the past progressive tense to talk about something that took place (in the simple past) while something else was happening:

  I **was waiting** in the car while Carlos bought the groceries.

The past progressive can also be used to describe an action that was not finished when another action happened.
Carlos was walking to the supermarket when he fell and broke his arm.

Often the past progressive is used with words of time like while, and when.

Activity One:

Read through Izabella’s story again and underline all of the verbs or action words. What do you notice about these words? What tense does Izabella use to tell her story?
Activity Two:

Read the sentences below that tell a story about an accident that Carlos had yesterday and his experience in the emergency room and talk about the meanings of the words in **bold** with your classmates and teacher. Then, fill in the blanks with the correct form of the verb (simple past or past progressive).

1. Carlos ________ (walk) to work when he _________ (stumble) on the sidewalk and fell. He _________ (be) in a lot of pain and could not walk. Carlos ________ (look) at his **swollen** ankle and _________ (decide) to go to the emergency room.

2. Carlos ________ (see) a taxi and got inside. He _________ (tell) the taxi driver to take him to the emergency room. The driver _________ (follow) the signs to the Emergency room and _________ (help) Carlos inside with a **wheelchair**.

3. Carlos ________ (talk) to the **Triage Nurse** who _________ (take) his **temperature, pulse, and blood pressure**. She also _________ (ask) him questions about his
current medical history including past medical problems, 

**medications and allergies.**

4. Carlos _________ (go) to a desk to **register**. A man 
__________(ask) him about his insurance information, and 
__________(ask) to see his Medicare, Medicaid or HMO card.

5. Carlos _________(wait) for two hours. While he 
__________(wait) he _________(see) that some patients 
entered the **examination area** immediately after seeing the 
**triage nurse**.

6. Two large doors _________(open) and someone wearing 
hospital clothes _________(call) his name. A nurse 
___________(come) and wheeled his wheelchair through the 
doors into a large area with many small examination rooms. 
The nurse wheeled him into a room, _________(ask) him 
more questions and _________(look) at his ankle.

7. Next Carlos _________(see) an emergency-medicine 
physician. He asked more questions and _________ (give) 
Carlos a **physical examination**. He _________(tell) Carlos he 
would need an **x-ray**.
8. An emergency room technician wheeled Carlos to another room for an **x-ray**. After the **x-ray**, Carlos _________(go) back to the small examination room. He _________(wait) for an hour. He was now getting bored.

9. The doctor _________(come) with Carlos’s x-ray. He _________(say) it was sprained but not broken. While he was carefully _________(wrap) Carlos’s ankle in a special bandage he gave him instructions about how to take care of his ankle.

10. Carlos’s son _________(come) to pick him up. As he wheeled him out to his car in a wheelchair, Carlos _________(talk) about his long day in the emergency room.
Activity Three:

Accidents sometimes happen when we’re not paying attention. The sentences below describe accidents that happened when people were not paying attention to what they were doing. Read them and underline the verbs.

Ivan: I was driving to work and talking on the cell phone, when a car stopped suddenly in front of me. I put on the breaks but hit the car anyway.

Sung: I was watching television upstairs when the doorbell rang downstairs. As I was hurrying to answer the door, I tripped and broke my leg.
Goals for this Lesson

Below are some of the goals of this lesson. Which ones are your goals too? Check (√) them.

☐ Use the simple past tense when telling a story
☐ Learn how to effectively communicate when you call 9-1-1 in an emergency
☐ Pronounce numbers and street addresses
Lesson One: Emergency

Listening and Speaking

Before You Listen!

Try to read the following advice about how to deal with reporting and medical emergency. Discuss the meanings of the words in bold with your classmates and teacher and then answer the questions that follow with your classmates and teacher.

A medical emergency demands immediate action. Follow these simple steps to get help if you have, or witness, a medical emergency:

From any telephone DIAL 9-1-1 for reporting a medical, fire or police emergency. When calling from a pay phone, 9-1-1 calls are free.

1. State calmly, “This is a medical emergency. I need an ambulance.”
2. Tell what is wrong with the victim (unconscious victim, bad fall, heart attack, etc.)
3. Give location of the victim, nearest cross street and your name.
4. Follow any instructions you are given.
5. DO NOT HANG UP until asked to.

After you call,

1. DO NOT MOVE THE VICTIM unless there is danger from fire or other hazard.
2. Keep the victim warm and comfortable.
3. Apply first aid, according to your ability.
4. Remain with the victim.

5. Watch for, or have others watch for, emergency vehicles, and assist rescue personnel in locating the victim.

What is a medical emergency?

An accident or sudden illness may be a MEDICAL EMERGENCY that needs immediate attention. These are some conditions requiring immediate medical care:

- Not breathing or difficulty breathing
- Unconscious person
- Choking
- Severe bleeding or injury caused by a vehicle accident, fall, gunshot, stabbing, or other assault.
- Heart attack warning signs such as:
  * severe squeezing pains or discomfort in the chest
  * pain or discomfort that radiates from the chest into either arm, neck, or jaw
  * sweating or weakness, nausea or vomiting
  * pain or discomfort that extends across the shoulders to the back
- Suspected poisoning
- Drug overdose
- Serious burns
- Electric shock
- Seizure

DON’T WAIT; MINUTES CAN MAKE A DIFFERENCE BETWEEN LIFE AND DEATH!
Questions:

1. What information should you tell the 9-1-1 dispatcher?
2. What actions should you take with the victim?

Activity One:

Play the game – Is it an emergency?

**Note to teacher: Xerox the page with the game cards and cut them out. Refer to chart A

Directions:
1. Divide learners into two teams.
2. Give each group a set of cards instructing them not to read until everyone is ready to begin.
3. Team members will take turns reading a card aloud.
4. Then the team should collectively decide which of three categories to place the card, (1) call 9-1-1, (2) call a doctor, (3) treat at home.
5. The winning team categorizes the cards correctly in the least amount of time.
Chart A: (for the “Is it an Emergency?” game)

<table>
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<tr>
<th>You burn your finger while picking up a hot pan.</th>
<th>You have a pain in your chest that spread to your neck, jaw, or left arm.</th>
<th>You have difficulty speaking.</th>
</tr>
</thead>
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<tr>
<td>You cannot stop throwing up.</td>
<td>You have a fever of 105°F.</td>
<td>You hit your toe on the table.</td>
</tr>
<tr>
<td>You have a sudden severe headache.</td>
<td>You ate too much and have a stomachache.</td>
<td>You have severe abdominal pain.</td>
</tr>
<tr>
<td>You have a bad headache.</td>
<td>You develop sudden back pain.</td>
<td>You are dizzy and have a numb tingling feeling.</td>
</tr>
<tr>
<td>You have a bad cough and chest pain accompanied by a low-grade fever.</td>
<td>A pot of boiling water spilled onto your arm.</td>
<td>Your spouse is unconscious.</td>
</tr>
<tr>
<td>You have acute chest pain.</td>
<td>You feel a squeezing in your chest.</td>
<td>You have difficulty breathing.</td>
</tr>
<tr>
<td>You feel tired after walking 3 miles.</td>
<td>You are suddenly extremely tired.</td>
<td>Your spouse cannot get out of bed and hasn’t urinated for 12 hours.</td>
</tr>
</tbody>
</table>

Now listen to the following dialogue between a 9-1-1 dispatcher and a caller. Answer the questions that follow with your classmates and teacher.
Listening One - Calling 911

**Note to teacher: Do not pass out the written message in the box below until students are ready for the “Talk About It!” activity. Record it onto a cassette (ask a friend to “play” one of the parts) and have students listen to the recording. Play once or twice before they begin to listen for specific information.

911 Dialogue

*Li Mei heard her husband shout for help from the bathroom. He slipped and fell when he was climbing into the bathtub and now he can’t move. She decides to call 911.*

- Dispatch: 911, where's your emergency?
- Li Mei: Hello, I need to get a ...
- Dispatch: Hello? Hello?
- Li Mei: Are you there?
- Dispatch: I didn't hear what you said. Your cell phone's cutting out. What do you need?
- Li Mei: I need an ambulance.
- Dispatch: Where are you?
- Li Mei: Uh, I'm in South Philadelphia.
- Dispatch: Where, where in South Philadelphia? Give me an address.
- Li Mei: 888 South 19th Street.
- Dispatch: 888 South 90th Street?
- Li Mei: No, No, South 19th.
- Dispatch: 90th? ..... nine ... zero?
- Li Mei: No 19th, one..... nine.
- Dispatch: 19th, is that right?
- Li Mei: Yes, that’s right.
- Dispatch: What's going on?
- Li Mei: My husband fell down in the bathroom and he can’t move. Please send someone quickly. I can’t pick him up.
- Dispatch: Ok, don’t try to move him. Ok?
- Li Mei: Ok.
- Dispatch: I have an ambulance on the way but I need to ask you questions. Ok? Is your husband awake? Is he breathing?
Li Mei: Yes, he’s breathing. He’s awake but he is in a lot of pain and he can’t move.
Dispatch: How old is he?
Li Mei: He is 60.
Dispatch: He’s 16?
Li Mei: No, no… 60… six… zero
Dispatch: 60? Ok…… Does he have any health problems? Is he on any medications?
Li Mei: Yes, he has back problems and high blood pressure. He takes pills for his blood pressure.
Dispatch: What pills?
Li Mei: I don’t know the name. They are small blue pills.
Dispatch: OK, so he's fallen in the bathtub?
Li Mei: Yeah, inside.
Dispatch: Is there an apartment number?
Li Mei: Uh, no, it's just a house.
Dispatch: OK, are you with him?
Li Mei: No my son is with him.
Dispatch: Go to the bathroom and stay with him while we’re talking. If he needs medical help I can tell you what to do.
Li Mei: Ok.
Dispatch: Is your front door open?
Li Mei: No, but I’ll send my son outside now to wait for the ambulance.
Dispatch: Good, they are almost there.
Activity One:

*Change the verbs in the following sentences to the past tense.*

1. Li Mei’s husband (fall) ____________ in the bathtub.

2. He (take) ________________ a bath when he (fall) _____________and now he can’t move.

3. Li Mei (call) _______________ 9-1-1.

4. She (tell) __________________ the dispatcher her location and the problem.

5. While Li Mei and the dispatcher (talk) __________________ her son (wait) ____________ for the ambulance outside of the house.

6. Li Mei (have) _________________ problems making the dispatcher understand her address and her husband’s age.

Activity Two:

*Now retell Li Mei’s story to a partner. Be careful to use past tense and past progressive tense as you retell the story. Use the above sentences to help you.*
Activity Three:

*Li Mei had problems pronouncing numbers. The following exercise will help you hear and practice pronouncing different stress patterns. Listen to the difference as your teacher pronounces the following numbers.*

1. Sixteen
2. sixty
1. Thirteen
2. thirty
1. Forty
2. fourteen
1. Nineteen
2. ninety
1. Eighty
2. eighteen

Activity Four:

*Now listen as your teacher pronounces one word from each pair. Hold up one finger if you hear your teacher saying the word from list one and two fingers if you hear the word from list two.*
Talk About It!

Activity One:

Now read the following addresses aloud to a partner. Your partner will tell you if you are saying the numbers correctly.

1. 19 South 20th street.
2. 1600 Connecticut Avenue.
3. 13 South Broad
4. 40 Maple Street, Apt 14 – B
Activity Two:

*Role Play the following situation with a partner*

Role #1: You have invited your neighbor to dinner. Your address is 1530 South 60th street. Your neighbor falls as she is walking up the steps to your apartment. She is awake but in a lot of pain and she cannot move her leg. You are very worried because your neighbor has recently had heart surgery. You call 9-1-1.

Role #2: You are a 9-1-1 dispatcher: You are trying to get as many details as you can from the caller so that you can give the information to the paramedics. Make sure you get the caller’s exact address, the location of the victim, the condition of the victim and any medical information the caller has about the victim.
Goals for this Lesson

Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.

☐ Use the simple past tense when telling a story
☐ Learn how to effectively communicate when you call 9-1-1 in an emergency
☐ Pronounce numbers and street addresses
Lesson One: Emergency

Real Practice!

The best way to respond to a medical emergency is to PREPARE yourself and family for any potential medical emergency that you think might occur at your location. Answer these basic questions:

1. What medical emergency are you most worried about occurring in your house?

2. What can you learn (such as CPR, first aid or how to administer a shot) to respond to this kind of emergency?

3. If this emergency occurred and you had to call 9-1-1, what would you say to a 9-1-1 dispatcher to describe the location of your house?

4. What words would you say to describe the emergency? What details about medical conditions or medications would you want to be sure to tell the 9-1-1 dispatcher?
Checklist for Learning

Vocabulary Log:

In the space below, write down all of the new words you learned during this lesson that you want to remember. Try to separate your list of words into nouns (person, place or thing), adjectives (describing words) and verbs (action words). For extra practice use them in sentences of your own.

New words I learned during this lesson:

Nouns:

Adjectives:

Verbs:

What can you do?

Below are some of the language goals you worked on during this lesson. Check (√) what you learned from this lesson. Add more ideas if you wish.

I learned to…

☐ Use the simple past and past progressive tense when telling a story
☐ Learn how to effectively communicate with the 9-1-1 dispatcher in the case of an emergency
☐ Pronounce numbers and street addresses
☐ ________________________________
Goals for this lesson:
Below are some of the goals of this lesson. Which ones are your goals too? Check (√) them.

- Understand more about what to expect before surgery
- Learn important information to have ready in case of an emergency
Lesson Two: Surgery

Reading Writing Practice

Before You Read!

*In this lesson, you will read about the frustrating experience one patient had when he could not communicate with his doctor. Before you read, discuss the following questions with your classmates and your teacher.*

1. Have you ever had a problem communicating with your doctor?

2. How does it make you feel when you have problems communicating something that you feel is very important?

3. Since the year 2000, in the United States, there has been an executive order that as a patient in a doctor’s office or hospital, you have the right to be communicated with in a manner that is clear, concise and understandable. If you do not speak English, you should be provided an interpreter. Have you ever used an interpreter in your doctor’s office or the hospital? If yes, who helped you to find this interpreter? Was he/she provided by your doctor’s office?
4. One Spanish-speaking patient in Philadelphia said, “I have had three surgeries. During all of the three surgeries, my children have been the translators.” Do you have children, a friend or a caretaker who can help you in the case that you need translation at the doctor’s office or hospital?

**Reading Two - Emergency Surgery**

*Now you are going to read about the experience one patient had when he could not communicate with his doctor. Please read the story and then answer the questions with your classmates and your teacher.*

“Once I had a friend who was brought to the hospital in an ambulance and he needed urgent surgery, but when the doctors got together, they couldn’t understand [him] when he was talking about his symptoms, so my friend had to call his English teacher and ask her to come explain what was happening.”

- Russian Speaker, Philadelphia
Questions:

1. How did the patient get to the hospital?

2. How was the patient finally able to communicate with his doctor?

3. The Mayo Health Clinic suggests that your children, close friends and or caretakers should have the following information about you in case you are taken to the hospital for emergency surgery:

   1. **Names of doctors.** This is the most important piece of information.
      Why? Chances are good that your doctors can provide important information such as details about your specific health history.

   2. **Birth date.** Often medical records and insurance information are cataloged according to birth date. This can improve communication in an emergency or a crisis.

   3. **List of allergies.** This is especially important if you are allergic to medication — penicillin, for example.
4. **Advance directives.** An advance directive is a legal document that outlines your decisions about your health care, such as whether or not you agree with resuscitation efforts and the use of life-support machines.

5. **Major medical problems.** This includes such diseases as diabetes or heart disease.

6. **List of medications.** It's especially important that a doctor know if you use blood thinners.

7. **Religious beliefs.** This is particularly important in case blood transfusions are needed.

8. **Insurance information.** The name of your health insurance provider and your policy numbers.

9. **Prior surgery.** List past medical procedures, such as cardiac bypass surgery.
10. **Lifestyle information.** Do you drink alcohol or use tobacco?

Do you have someone (a child, friend or caretaker) who could provide this information for you in the case that you needed emergency surgery?
Health Watch: Questions to Ask Before You Have Surgery

What is the operation (procedure) that is recommended?
Ask your surgeon to tell you about the type of operation, technique used, and why it should be performed. (Ask for pictures and drawings to help you understand.)

What is the surgeon's experience with this procedure?
Ask the surgeon about his experience with this procedure – how many times has he performed the surgery? What is his success rate?

What is the reason that this procedure is necessary at this time?
Is the procedure being done to relieve pain, diagnose a condition, correct deformity, for cosmetic reasons, or what exact purposes?

What are the options if this procedure is not done?
What are the non-surgical or medical treatments available to help the condition? What will/might happen if the operation is not done. If the operation is not done at this time, can it be done later? What are the
advantages and disadvantages of having the surgery now?

What is the anticipated outcome of the procedure?

What exactly are the expected or possible benefits of doing the procedure?

*What are the specific risks that this procedure involves?*

What are the problems, complications, or conditions that are the risks of the procedure? What are the risks of the type of anesthesia to be used? What are the possibilities for anesthesia methods (local, regional, general, etc.)?

*What about a second opinion?*

A second opinion is very reasonable for an elective procedure. This will not be a problem with the first surgeon who will recognize this as a normal request. Second opinions can reassure anxious patients (and family members) to make the whole process easier for all involved.

*What is the recovery process after this procedure?*

Procedures each vary in terms of wound recovery and rehabilitation programs. It is very important for patients to know the long-term program ahead of time for the best planning.
Questions:

1. Are there any words in this reading that you do not understand? If yes, please discuss them with your classmates and teacher.

2. The reading suggests that if you do not agree with your doctor’s diagnosis you should ask for a second opinion. In your native country, is it normal for a patient to disagree with their doctor or to demand a second opinion?

3. Would you feel comfortable telling your doctor that you would like to get a second opinion?

Information taken from MedicineNet.com
Goals for this lesson:
Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.

- Understand more about what to expect before and after surgery
- Learn important questions to ask my doctor before I choose to have surgery
- Use the present perfect tense to talk about my health history
- Understand the difference between “say” and “tell”
Lesson Two: Surgery

*Listening and Speaking Practice*

**Before You Listen!**

With your classmates or teacher, work together to create a list of instructions for patients to follow before they are admitted to a hospital for surgery. If you or your group members have never had an operation, try to imagine what kinds of instructions a doctor would give a patient who is going to have surgery.
**Note to teacher: Do not pass out the dialogue below until students are ready for the “Talk About It!” activity. Record it onto a cassette and have students listen to the recording. Play once or twice before they begin to listen for specific information.**

Listen to the following telephone conversation and then discuss the answers to the questions with your classmates and teachers.

Nurse: You’re surgery is on September 25th at 9am.

Patient: Are there any special instructions I need to know about?

Nurse: Yes, listen carefully. It is very important that you follow these instructions exactly. If you don’t, it could endanger your life during the surgery.

Patient: Okay. What do I need to do?

Nurse: You need to fast after midnight the night before the surgery.

Patient: I’m sorry. I don’t understand. What do you mean by “fast?”

Nurse: It means don’t eat anything.

Patient: Nothing? Can I drink something?

Nurse: Yes. You can have clear liquids up to two hours before the surgery. After that, you cannot drink anything. Not even water.

Patient: Clear liquids means I can only have water?

Nurse: Clear liquids means anything you can see a newspaper through such as apple juice or chicken broth. Also, do not take any aspirin or ibuprofen for three weeks before the surgery.

Patient: Why can’t I take those?
Nurse: It increases your risk of bleeding too much.

Patient: Okay. I’ll be sure to follow those instructions.

Nurse: Great. If you have any questions feel free to call me.

Patient: Thanks. I will.

Questions:

1. Why is it important for the patient to follow the nurse’s pre-op instructions?

2. What does “fast” mean?

3. When does the patient need to start fasting?

4. What is the patient allowed to drink after midnight?

5. What does the nurse mean by “clear liquids?”

6. Why isn’t the patient allowed to take aspirin or ibuprofen for three weeks before the surgery?
Health Watch: What to Expect After Surgery

Depending on your type of surgery, you may wake up with...
(Ask your doctor what to expect for your type of surgery.)

- Intravenous lines (IV) in your arm or hand to give you medicine, fluids and/or nourishment. Don’t worry if it starts beeping. This means your nurse needs to check it to adjust the fluids.

- A breathing tube (attached to a respirator) in your throat to help you breathe. Try to relax if this is uncomfortable.
  
  - Many people wake up with a gagging sensation. Relax and let the machine breathe for you until it’s removed (usually within 12 hours).

  - You may have soft wrist restraints to remind you not to pull on the tube. (The restraints are removed when the breathing tube is taken out.)

  - You won’t be able to talk with the tube in. You can nod your head "yes" and "no" to answer questions.

- Monitoring wires on your chest (EKG lines) or on your stomach (pacemaker wires) to check your heart.

- A tube placed through your nose to your stomach to remove
Talk About It!

First a grammar lesson on the present perfect

The present perfect is used to describe:

1. An action or situation that started in the past and continues in the present.
   Example: *I have lived in Philadelphia since 1984 (= and I still do.)*

2. An action performed during a period that has not yet finished. Example:
   She *has been* to the doctor twice this week (= and the week isn't over yet.)

3. A repeated action in an unspecified period between the past and now.
   Example: We *have been* to the emergency room several times.

4. An action that was completed in the very recent past, (expressed by 'just'). Example: I *have just finished* my exercise.

5. An action when the time is not important. Example: He *has had* heart surgery. (the fact that he *has had heart surgery* is what is important, not exactly when he had it.)
Note: When we want to give or ask details about *when, where, who*, we use the **simple past**. Example: He **had** heart surgery last week.

The present perfect of any verb is composed of two elements: the appropriate form of the verb **to have** (present tense), plus the past participle of the main verb. The past participle of a regular verb is **base+ed**, for example: *played, arrived, looked.* For irregular verbs, see the **Table of irregular verbs** at the end of this lesson.
Example: *to visit*, present perfect

**Positive Statements**

Subject  
*to have*  
past participle

*She*  
*has*  
*Visited*

**Negative Statements**

Subject  
*to have + not*  
past participle

*She*  
*hasn't*  
*Visited*

**Questions**

*to have*  
*subject*  
past participle

*Has*  
*she*  
*visited..?*

**Negative Questions**

*to have + not*  
*subject*  
past participle

*Hasn't*  
*she*  
*visited...?*
Example: *to walk*, present perfect

<table>
<thead>
<tr>
<th>Positive Statements</th>
<th>Negative Statements</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have walked</td>
<td>I haven't walked</td>
<td>Have I walked?</td>
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<tr>
<td>You have walked</td>
<td>You haven't walked</td>
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<td>He, she, it has</td>
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<tr>
<td>They have walked</td>
<td>They haven't walked</td>
<td>Have they walked?</td>
</tr>
</tbody>
</table>

Examples:
1. Actions started in the past and continuing in the present.
   
   a. They *haven't lived* here for years.
   
   b. She *has worked* in the doctor’s office for five years.
   
   c. We *have had* the same doctor for ten years.
   
   d. *Have you smoked* since your were a teenager?

2. When the time period referred to has not finished.
   
   a. *I have worked* hard this week.
   
   b. It *has snowed* a lot this year.
   
   c. We *haven't seen* her today.

3. Actions repeated in an unspecified period between the past and now.
   
   a. He *has seen* the specialist two times.
   
   b. It *has happened* several times already.
   
   c. She *has visited* her sister many times.
4. Actions completed in the very recent past (+just).
   a. *Have you just finished* your work?
   b. *I have just eaten.*
   c. *We have just seen* her.
   d. *Has he just left?*

5. When the precise time of the action is not important or not known.
   a. *Someone has eaten my soup!* 
   b. *Have you seen* the doctor?
   c. *She’s studied* Japanese, Russian and English.
Activity One:

Rose has taken her sister to the emergency room and learned that she will need an operation. She needs to discuss her sister’s medical background with the nurse by answering the following questions. Fill-in the blank with the correct form of the verb; either simple past or past perfect.

Nurse: I need to ask you questions about your sister’s conditions. Ok? Has she had chronic health problems?

Rose: Yes she has high blood pressure and heart disease. For the past 10 years she (have) _______________ some problems with asthma.

Nurse: How many years has she had these problems?

Rose: She (have) _______________ high blood pressure for 20 years and heart disease since 1999.

Nurse: Has she had any heart attacks or strokes?

Rose: Yes. She (have) ____________ a heart attack in 1999.

Nurse: Has she had any operations for her heart or any other problems?

Rose: Yes she (have) _________ an operation for her heart.

Nurse: How many operations?

Rose: She (have) __________________ only one.
Nurse: When?

Rose: She (have) ___________ bypass surgery in November, 2002.

Nurse: Has she had any previous hospitalizations other than for her heart attack and surgery?

Rose: No. She (have not) __________.

Nurse: Does she smoke?

Rose: No. She (smoke) ___________ until her heart attack but then she quit.

Nurse: Does she drink alcohol?

Rose: Yes. Sometimes

Nurse: Does she take any illegal drugs?

Rose: No

Nurse: When did she last eat?

Rose: She (have) _____________ breakfast this morning at 6:00 but she (not eat) ___________ anything since then.
Activity Two:

Now role-play this same situation with a partner. Imagine you are going into the hospital for surgery. Take turns acting out the conversation with one person playing the role of nurse asking the questions above and the other person playing the role of the patient.

Activity Three:

Before you begin this activity, remember:

Use *say* for direct quotations.

The doctor said, “Take this medicine.”

Use *tell* for indirect quotations.

The doctor told me to take this medicine.
Part One: Write the correct form of say or tell in the blank spaces. Read the sentences to a partner.

1. The nurse ____________, “Drink this liquid.”
2. He ______________ the patient to relax.
3. The registration clerk _______________ her to fill out the forms.
4. She ________________, “Fill out these forms.”
5. The anesthesiologist wanted to ________________ me what would happen.
6. I ________________ to him, “Give me the injection in this arm.”
7. He _________________ the nurse to give him the injection in his left arm.
8. I was _________________ the doctor where it hurt when the phone rang.
9. They were _________________ that the medicine was expensive.
10. The surgeon had ________________ him to be careful of pulling the muscle.
Part Two: (Instructions for the teacher)

1) Two people leave the classroom. While they are gone, the teacher passes out three to four index cards with medical instructions (see chart B for the cards) to one of the remaining students. That student reads the cards aloud and the class discusses the card to make sure everyone understands.

2) Student number one returns to the classroom. The cards are read to the student two times. He/she may ask two questions for clarification.

3) Student number two returns to the classroom. Student number one must tell student number two what was read from the cards. The other students in the room may correct anything that is incorrect or missing. The cards are read again to check the accuracy of student number one’s memory.

Chart B: Medical Instructions

| Take two Tylenol and lie down for two hours. | Fast after midnight. | Drink only clear liquids after midnight. |
| Do not take any aspirin. | Keep your foot elevated as much as possible. | Stay in bed for a week. |
| Call the hospital if you have not gone to the bathroom by noon tomorrow. | Do not eat any salt. | Eat only bland food for a week. |
| Take 3 cc’s of this medicine every four hours. | Drink plenty of fluids. | Call the ER if you have a fever over 102° F. |
Goals for this lesson:
Below are some of the goals of this lesson. Which ones are your goals too? Check (√) them.

- Understand more about what to expect before and after surgery
- Learn important questions to ask my doctor before I choose to have surgery
- Use the present perfect tense to talk about my health history
- Understand the difference between “say” and “tell”
Lesson Two: Surgery

Real Practice!

The best way to stay safe and get the best care possible in your hospital is to be an active member of your healthcare team. Review these simple suggestions before you are admitted to the hospital.

What Can You Do?

- Tell all of your doctors about any prescriptions and over the counter medicines as well as dietary supplements, such as vitamins and herbs that you are taking.
- Make sure your doctor knows about any allergies and adverse reactions you have had to medicines.
- Make sure that all health professionals involved in your care have important health information about you.
- Make sure that someone, such as your personal doctor, is in charge of your care.
- If you are having surgery, make sure that you, your doctor, and your surgeon all agree and are clear on exactly what will be done.
- Learn about your condition and treatments by asking your doctor
and nurses and by using other reliable resources.

- Ask for information about your medications in terms you can understand. If you feel you need translation services ask for them.
- Speak up and ask questions anytime you have concerns or are unsure about your care.
- When you are being discharged from the hospital ask your doctor to explain the treatment plan you will use at home.
- When your doctor writes you a prescription, make sure you can read it.
- When you pick up your medicine from the pharmacy, ask questions such as: Is this the medicine my doctor prescribed for me? How often should I take the medicine? Are there any special food or drug interactions with this medicine? Ask for written information about side effects your medicine could cause.

Adapted from information from the St. Joseph Medical Center
Checklist for Learning

Vocabulary Log:

In the space below, write down all of the new words you learned during this lesson that you want to remember. Try to separate your list of words into nouns (person, place or thing), adjectives (describing words) and verbs (action words). For extra practice use them in sentences of your own.

New words I learned during this lesson:

Nouns:

Adjectives:

Verbs:

What can you do?

Below are some of the language goals you worked on during this lesson. Check (√) what you learned from this lesson. Add more ideas if you wish.

I learned to...

☐ Use the simple past and past progressive tense when telling a story
☐ Learn how to effectively communicate with the 9-1-1 dispatcher in the case of an emergency
☐ Pronounce numbers and street addresses
☐ ____________________________________________________________
Goals for this lesson:

Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.

☐ Practice speaking assertively but politely in healthcare situations
☐ Improve understanding of some cultural differences between how patients and healthcare professionals interact in the United States and other countries
Lesson Three: Taking Charge While You Are In the Hospital

Reading and Writing Practice

Before You Read!

In this lesson, you will read Anna’s description of her trip to the hospital.

Before you begin, read the following definitions with a partner and then answer the questions together.

Intimidated – frightened or forced into doing something

Frustration – disappointment, discouragement or a discouraging situation

1. Have you ever felt intimidated by medical staff? What intimidated you?

2. How do you express frustration when you have a problem with a doctor or nurse?

3. Do you believe a doctor always knows what is best for you?

4. Do you feel comfortable disagreeing with your doctor? Why or why not?

5. Do you believe it is okay to ask for a second opinion if you disagree with your doctor’s recommendations? Have you ever done this?
Reading Three – A Confusing Trip to the Hospital

One patient talks about feeling confused about her visit to the local hospital:

A couple of months ago I was taken to County Hospital by my son. A couple of days before, I fell down. I tripped on a cord and fell down in my apartment and hurt all my left side. The head too, a little bit, not much. And it was ok. I was on my feet and it ached a little bit, but not much. At night before the day I went to the hospital, I lay on my left side and all around me, the walls, the ceiling, began to whirl. The sensation was extremely awful. I turned on my back and it all vanished. In some hours, it happened the second time. This time, it was even worse because I felt like being thrown out of my bed. When I turned it went away.

I waited until morning and then very cautiously went out of bed. Nothing happened. I called to emergency service of my physician. She told me “Go to hospital.” I can say nothing because you fell down.” And then, my son took me to County Hospital. There, there was no line at all. I was only one emergency patient. It was Sunday. I was taken to a small, small room with all the gadgets. And I lay there 3 hours. The nurse measured my blood pressure constantly all 3 hours. They measured my heart somehow. They took me to another room and did something to my head.
Then, the doctor came and shook my hand and told me his name. And told me all is okay. I asked him, “What will be next with me? I cannot lay on my left side.” He told me, “It’s in your ear.” The nurse gave me 2 pills and in 10 minutes she told me, “Go on your left side.” And I was afraid. Nothing happened. They gave me a prescription and said it might return in 3 weeks, but it never did. **Knock on wood!**

**Activity One:**

*Discuss the meanings of the words and phrases in bold with your teacher.*
Activity Two:

Read the sentences and write T if the statement is true and F if the statement is false.

_____1. Anna fell down the stairs.
_____2. She hurt her left side.
_____3. She ached a little, not to much.
_____4. When she laid down on her right side, the room began to whirl.
_____5. She had the sensation five times.
_____6. When she turned on her left side, the feeling became worse.
_____7. She called an ambulance.
_____8. She was the only patient in the emergency room.
_____9. The nurse checked her blood pressure.
_____10. They checked her heart and head.
_____11. The doctor said she had a serious problem.
_____12. The nurse gave her two pills and she was fine.
Activity Three:

Now discuss the questions below with your classmates and teacher.

1. What was wrong with Anna’s health?
2. Do you think the doctor’s explanation of Anna’s health problem was clear? Why or why not?
3. If you were Anna, what questions would you ask the doctor about your health problem?

Learning to be Assertive!

What is Being Assertive?

Standing up for your rights and not being taken advantage of is one definition of being assertive. Being assertive also means communicating what you really want clearly and directly, respecting your own rights and feelings and the rights and feelings of others.
How is Being Assertive different from Being Aggressive?

Being aggressive means standing up for yourself in ways that do not respect the rights of others. Aggressive behavior is typically angry, hostile, blaming, and demanding. It can include threats, name-calling, and even actual physical contact.

Adapted from information from the Counseling and Mental Health Center at The University of Texas
**Example of Aggressive vs. Assertive language**

<table>
<thead>
<tr>
<th>Aggressive Language</th>
<th>Assertive Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No! I don’t want that medication. Go away now!</td>
<td>1. I’m sorry but I am not going to take this medication. I told the doctor that I do not want to take this medication anymore.</td>
</tr>
<tr>
<td>2. You are a terrible nurse. You never come to help me when I push the button. You need to help me!</td>
<td>2. I know you are very busy but I need your help. I pushed the button three times and no one came to help me.</td>
</tr>
<tr>
<td>3. That is a stupid idea!</td>
<td>3. I appreciate your suggestion but I don’t think it will work because....</td>
</tr>
</tbody>
</table>
What causes people to avoid being assertive?

Most people are not assertive and are too polite or meek because they do not want to displease others. However, if you are not assertive, your doctors and nurses may not be aware of your needs and feelings. This may make you feel angry over time and may result in serious problems for your health care. In addition, in the United States, doctors and nurses will expect you to be assertive. If you are too polite or meek, your busy doctors and nurses will probably not take the time to figure out what you want or need and will spend more time with patients who are communicating more directly with them. In this culture, “The squeaky wheel gets the oil!”


Example of assertive language vs. language that is too polite or meek

<table>
<thead>
<tr>
<th>Meek</th>
<th>Assertive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I know that you are a very busy person, but could you please possibly ask the doctor if it is okay for me to walk in the hall?</td>
<td>1. Would you ask the doctor if it is okay for me to walk in the hall?</td>
</tr>
<tr>
<td>2. I guess I am a little worried about by blood pressure.</td>
<td>2. My blood pressure hasn’t been checked today. Could you please check it for me as soon as you get a chance?</td>
</tr>
</tbody>
</table>
Three Types of Assertion

1. **Basic Assertion**

This is a simple, straightforward statement of your beliefs, feelings, or opinions. It's usually a simple "I want" or "I feel" statement.

   *I want you to help me get to the bathroom.*

   *I feel sick to my stomach. Could you please call the nurse?*

2. **Sensitive Assertion**

This type of assertion lets the other person know that you understand them and you are sensitive to their needs. It usually contains two parts- a recognition of the other person's situation or feelings, followed by a statement in which you stand up for your rights.

   *I know you've really been busy, but I have been having this pain in my arm all day. I am really worried about it and I want you to call the doctor.*
3. **Second Assertion**

This occurs when the other person fails to respond to your basic assertion and continues to not respect your rights. When you make your second assertion you need to be firm. It may even include the mention of some type of action on your part, made only after several basic assertive statements.

For example,

> I have asked you three times to change my sheets. I have been sleeping on these dirty sheets for two days. If you do not change them today, I'll be forced to call your supervisor.
How Assertive Are You?

Ask yourself the following questions.

- Do you ask for help if you need it?
- Do you express anger and annoyance appropriately?
- Do you ask questions when you're confused?
- Do you volunteer your opinions when you think or feel differently from others?
- Do you speak up in class fairly frequently?
- Are you able to say "no" when you don't want to do something?
- Do you speak with a generally confident manner, communicating caring and strength?
- Do you look at people when you're talking to them?
Learn to Be Assertive In a Positive Way

*How to begin*

Develop a value and belief system which allows you to assert yourself. This is the hardest part. It means giving yourself permission to be angry, to say "No," to ask for help, to make mistakes.

*Learn assertiveness skills.*

These include learning how to make Basic Assertions, Sensitive Assertions, and Second Assertions.

*Use your best communication skills.*

When you are communicating with your doctors and nurses, make direct eye contact; keep your posture open and relaxed; be sure your facial expression agrees with your message; keep a normal tone of voice, do not yell; and choose the right time to be assertive.

*Practice, practice, practice!*

 Learning to be assertive takes practice. You will have a chance today to practice with your classmates and teacher. You can also practice on your friends and family, but tell them what you are doing first! Ask for their help; ask for suggestions on how you are doing.
**Activity One:**

Now read the following dialogues between patients or caretakers and medical professionals. First, work with your partner to underline the words and phrases that are not appropriate. Then write an improved dialogue for the patient and caretakers. When you are finished writing, read your new dialogues with your partner.

*Note – as you are reading, discuss any words you do not know with your classmates and instructor. If necessary, use a dictionary to help you understand the meaning of the new words.

1. Amira is six months pregnant and has been experiencing bad stomach pains. Her family including her father, brother and sister are with her in her room. She is modest and does not want to be examined in front of men and would prefer not to be examined by Dr. Morgan, a young male resident.

Dr. Morgan: Amira, I need to do a pelvic examination
Amira: Not now please.
Dr. Morgan: I’m sorry Amira but I need to do it now. It’s important to check your condition quickly.
Amira: I’m sorry but you cannot. Leave please.
New Dialogue:

2. The following is a conversation between an oncologist, Dr. Davis and a patient, Tzu-Hung about options he has to treat his cancer. Tzu-Hung is confused about all of the options and does not feel that a patient should make final decisions. He also thinks it might be a good idea to get a second opinion but is afraid it might be rude to ask for one.

Dr. Davis: So if cancerous cells remain in your liver after the operation we will need to make decisions about how aggressively we treat the cancer.

Tzu-Hung: Aggressively?

Dr. Davis: Yes... You might decide to undergo chemotherapy and radiation. Or you can try just radiation. Or if the cancer does appear to be gone, you might decide not to pursue these therapies.

Tzu-Hung: Who decides -- me?

Dr. Davis: That’s right. We will need to discuss each option. I will give you information about each and then you can read and talk about it with your family. I also recommend that you seek a second opinion from another doctor. But the next time I see you, I will need to know your decision.

Tzu-Hung: Just you tell me what to do. I don’t want to decide.
New Dialogue:

3. Svetlana does not like taking Western medicine, usually preferring to take homeopathic treatment. When she does take medicine, she usually takes a smaller dose than recommended and stops immediately as soon as she feels better even when her Doctor asks her to take it longer. She has asthma and is supposed to use an inhaler twice a day. But she doesn’t unless she feels bad. She just had an asthma attack and is talking about her medication with a nurse.

Nurse:   How often do you use your inhaler?
Svetlana: Maybe one or two times in a week.
Nurse:   You should use it everyday.
Svetlana: No, I won’t. It is dangerous to use so many drugs.
Nurse:   No, the drugs will make you feel better. It is dangerous to have an asthma attack.
Svetlana: You Americans take drugs for everything and think everything is better.
New Dialogue:

4. Prima is in the hospital with her sister who is recovering from an operation. The nurses are always rushing and never talk to her. They rush into the room, quickly do something and then leave. Prima wants to know more about her sister’s condition.

Prima: Nurse, you are very busy.
Nurse: Yes we are understaffed today.
Prima: It’s too bad you don’t have time to take care of my sister.
New Dialogue:

5. Chang-Ho is in the hospital with his wife to visit his daughter who is recovering from surgery after delivering a baby. His daughter cannot move and needs help to sit-up and hold her new baby. He and his wife do not think the nurses have enough time to help their daughter and are upset because they will need to leave at 8:00 pm after visiting hours.

Chang-Ho: You must let my wife stay here past visiting hours.
Nurse: I’m sorry, what did you say?
Chang-Ho: (Yelling) My daughter cannot stay alone. Your nurses cannot take care of her and she needs her family.
New Dialogue:

6. Mariko and Takeru are talking to their cardiologist about Mariko’s health condition. Unfortunately they do not understand the doctor who uses a lot of technical language.

Dr. Rosenthal: Mariko has dilated cardiomyopathy which probably happened as a result of an autoimmune disorder.

Takeru: Ah… I see…

Dr. Rosenthal: She exhibits signs of arrhythmia but hasn’t progressed to the heart failure stage which is good. We will need to perform an electrocardiogram, an echocardiography and probably angiography. After we collect information from these procedures we may decide to do a biopsy.

Takeru: I don’t understand completely but we will do what you think is best.
New Dialogue:

Activity Two:

Read through the situations below. First, write some ideas about what to say if you were the patient in each situation. Then practice your polite but assertive language in pairs. For each situation take turns being the patient and the medical professional.

1. The nurse hands you a cup with 4 pills. You check your list of medications and there are only 3 pills on your list. What can you say to the nurse?

2. You are having severe chest pain. You call 9-1-1 and an ambulance comes. You want to go to a specific hospital. What can you say to the emergency medical technician?

3. You want to know which hospital your doctor recommends for your condition. What can you say to your doctor?
4. You look at the hospital identification nametag on your wrist and notice someone else’s name, not yours, is on the tag. What can you say?

5. You’re allergic to iodine and you’re about to have a diagnostic procedure done that requires an injection. You want to know if the injection contains iodine. What can you say to the technician?

6. A technician is putting in a catheter. It really hurts. What can you say to the technician?

7. You’ve been given an IV drip and your arm is very swollen and discolored. What can you say to the nurse?

8. You’ve had a bad reaction to a medication. You want to change the medication or the dosage. What can you say to the nurse or doctor?
Now read through the following short article about cultural expectations and healthcare and then do the activities with your classmates and teacher.
**Culture Box: Cultural Expectations and Healthcare**

Different cultures have different expectations about contact between health care professional and patients. Below are examples of some expectations you might find in the U.S health system. Read them and discuss any words you don’t know with your teacher.

- The patient has a right to know everything about his or her condition, even if the news is bad.
- A health care professional is expected and allowed to touch a patient’s body during examination.
- A patient should look a doctor or nurse in the eye as they are speaking although it is ok to look away occasionally.
- The patient is the person who makes the final decision about medical treatment unless he or she is too sick. Family members and doctors help in the decision making but in most cases, the patient has the final decision making power.
- The patient’s family members are expected to stay in the hospital only during visiting hours. Most patient care is provided by health care professionals, not family members.
Activity Three:

In small groups or pairs talk about which expectations are similar to those in your native country? Which are different?

Activity Four:

Now read the story below about Minh, whose husband has different cultural beliefs about a doctor touching his body.

My husband had been in the hospital for about 2 hours when the trouble began. He had been feeling very dizzy and had been experiencing bad headaches for the past three weeks. Finally we decided to make an appointment with his doctor. His doctor was concerned so he referred us to a specialist for tests. A neurologist* was examining my husband when he touched his head. In my culture, it is very insulting to touch a person’s head. My husband was so upset that he left the hospital and now my husband refuses to see this doctor.

* neurologist – A doctor who specializes in treating the brain and nervous system.
Activity Five:

*In your group or pair, answer the following questions*

1. What cultural expectation did the doctor not know?

2. What is appropriate physical contact between patient and doctor in your country?

3. Has a doctor or health care professional done something that confused or upset you?

4. What should Minh do to help solve the problem?
Goals for this lesson:

Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.

- Improve understanding of some cultural differences between how patients and healthcare professionals interact in the United States and other countries
- Use the present unreal conditional (If I were…. I would….)
- Improve listening comprehension and use of vocabulary related to numbers
- Understand your rights as a patient in the U.S.
Lesson Three: Taking Charge While You Are in the Hospital

Listening and Speaking Practice

Before You Listen!

How do you say and write the following numbers? Fill in the chart with the correct information and discuss your answers with your classmates and teacher.

<table>
<thead>
<tr>
<th>Number</th>
<th>How do you say it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td></td>
</tr>
<tr>
<td>1,000</td>
<td></td>
</tr>
<tr>
<td>10,000</td>
<td></td>
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<tr>
<td>100,000</td>
<td></td>
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<tr>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td>130</td>
<td></td>
</tr>
<tr>
<td>1,230</td>
<td></td>
</tr>
<tr>
<td>13,030</td>
<td></td>
</tr>
<tr>
<td>130,313</td>
<td></td>
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<tr>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>1, 213,433</td>
<td></td>
</tr>
<tr>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>4.5%</td>
<td></td>
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<tr>
<td>¼</td>
<td></td>
</tr>
<tr>
<td>1/3</td>
<td></td>
</tr>
<tr>
<td>½</td>
<td></td>
</tr>
<tr>
<td>1969 (the year)</td>
<td></td>
</tr>
<tr>
<td>1976 (the year)</td>
<td></td>
</tr>
<tr>
<td>1988 (the year)</td>
<td></td>
</tr>
<tr>
<td>1992 (the year)</td>
<td></td>
</tr>
<tr>
<td>2002 (the year)</td>
<td></td>
</tr>
</tbody>
</table>
**Listening Three - Language Barriers and Health Care**

**Note to teacher: Do not pass out the written message in the box below. Record it onto a cassette and have students listen to the recording. Play once or twice before they begin to listen for specific information.**

About 32 million people in the United States speak a language other than English at home. A recent study of hospitals found that more than 11% of patients need interpreter services. In some areas, the number of non-English speaking patients is much higher. At San Francisco General Hospital, 25% of patients staying inside the hospital need interpreters to effectively communicate with their doctors.

During the 1980s, 9.5 million people came to America from over 100 countries. 80% of this group came from outside Europe, the traditional source of U.S. immigrants. Because of this, the number of languages for which interpreters are required also has greatly increased. In some cities, residents speak more than one hundred different languages and dialects.

Despite the growing need for health care services for groups speaking other languages, many health care providers have not done enough to provide professional interpreter services to their non-English speaking patients. Most times health care providers rely on untrained bilingual staff, such as janitors or food service workers, and friends and family members of patients for
interpreting. In addition, less than one fourth of hospitals provide any training for their staff in interpreting.

Patient care has often suffered because of this. Children have been asked to interpret for parents about sensitive matters such as sex and spousal abuse. Non-English speaking patients sometime wait for hours for treatment because there are no interpreters to help them. Communication problems cause delays in diagnosis and treatment, the use of needless and expensive tests and patient failures to follow doctor's orders.

U.S. health care providers should offer interpreting services to non-English-speaking patients and non-English speaking patients should demand interpreting services when they need them.

Adapted from http://www.diversityrx.org
Activity One:

*Listen again and fill in the blanks with the missing numbers and words.*

1. About ____________ people in the United States speak a language other than English at home.

2. At San Francisco General Hospital, _____________ of patients staying inside the hospital need interpreters to effectively communicate with their doctors.

3. During the __________, ________ million people came to America from over 100 countries.

4. In some cities, residents speak more than ____________ different languages and dialects.

5. In addition, less than ____________ of hospitals provide any training for their staff in interpreting.
Activity Two:

First read the questions below. Now listen again and check off the answers you hear. Each question has more than one answer.

1. Why is the need for interpreters increasing?
   ____ The number of non-English speaking U.S. residents is increasing.
   ____ The number of Spanish speaking residents is increasing.
   ____ The number of languages for which interpreters are required has greatly increased.

2. When a trained interpreter is not available, who often helps patients and health care staff communicate?
   ____ Untrained bilingual staff, such as janitors or food service workers
   ____ Friends and family members of patients
   ____ Police officers who speak more than one language.
3. What kinds of problems can poor communication with health care providers cause?

_____ Delays in diagnosis and treatment

_____ Use of needless and expensive tests

_____ Patient failures to follow doctor's orders.
Talk About It!

Unreal Present Conditionals

Read the following text about an imagined situation.

If I were in the hospital and I felt confused about my situation, I would ask my doctor to explain everything to me very clearly with simple, direct language. If he were explaining a procedure, I would ask him to use paper and a pen to draw pictures. If I still didn’t understand, I would ask for a translator to help. I would definitely ask for an interpreter if I didn’t understand his instructions about how I need to take care of myself once I leave the hospital.

The words written in bold are examples of the present conditional tense.

We use the conditional tense to talk about imagined or untrue events.

Look at the examples below:

If I were in the hospital, I would not be afraid to ask for help when I need it.

If I didn’t understand something, I would ask for an interpreter.
Present unreal conditionals have two parts:

(1) the *if* clause + (2) the result clause

<table>
<thead>
<tr>
<th>If clause</th>
<th>Result clause</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I were in the hospital,</td>
<td>I would ask for an interpreter.</td>
</tr>
<tr>
<td>If he were explaining a procedure,</td>
<td>I would ask him to draw a picture.</td>
</tr>
<tr>
<td>If I became a doctor,</td>
<td>I would always provide an interpreter for my patients.</td>
</tr>
</tbody>
</table>

Notice that a comma (,) separates the clauses when the if clause is before the result clause. When the if clause and the result clause change places, you do not need to use a comma.

<table>
<thead>
<tr>
<th>If clause first with a comma</th>
<th>Result clause first without a comma</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>If my doctor recommended that I have surgery, I would ask for a second opinion.</em></td>
<td><em>I would ask for a second opinion if my doctor recommended that I have surgery.</em></td>
</tr>
</tbody>
</table>
To form the unreal conditional, use the simple past tense in the if clause and would + the base form in the result clause. Look at the chart below for some examples.

<table>
<thead>
<tr>
<th>If Clause: Simple Past</th>
<th>Result Clause: Would + base form of the verb.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If she were a doctor,</td>
<td>she would provide interpreters for all her patients.</td>
</tr>
<tr>
<td>If we were in the hospital,</td>
<td>we would speak politely but assertively.</td>
</tr>
<tr>
<td>If I had a million dollars</td>
<td>I would buy a new car.</td>
</tr>
</tbody>
</table>
In conversation, many people use **contractions** in the result clause. Look below for some examples.

If I were you, **I’d** get a second opinion from a doctor before having surgery.

**We’d** buy a bigger house if we won the lottery.

<table>
<thead>
<tr>
<th>Contractions</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>I would = I’d</em></td>
</tr>
<tr>
<td><em>you would = you’d</em></td>
</tr>
<tr>
<td><em>he would = he’d</em></td>
</tr>
<tr>
<td><em>she would = she’d</em></td>
</tr>
<tr>
<td><em>we would = we’d</em></td>
</tr>
<tr>
<td><em>they would = they’d</em></td>
</tr>
</tbody>
</table>
Activity One:

Fill in the following blanks with the correct words.

1. If I ___________ in the hospital and a nurse gave me pills, I___________ ask for the name of the medicine.

2. We’__ ask to speak to a nurse’s supervisor, if we ______ not getting good nursing care.

3. If Yasmin didn’t understand her doctor, (she) _____________ ask for help from an interpreter.

4. My husband _____________ get a second opinion if his doctor (recommend) _____________ surgery.
Activity Two:

Read the following statements about medical situations. With your classmates and teacher, talk about what you would do if you were in a similar situation using the present unreal conditional when necessary.

*Note – as you are reading, discuss any words you do not know with your classmates and instructor. If necessary, use a dictionary to help you understand the meaning of the new words.

Situation #1

Carla has been admitted to the hospital after her doctor noticed that her heart was beating irregularly. She knows that she will undergo a series of medical tests but she doesn’t understand how long she will be in the hospital or if she will go home that evening. She is embarrassed because she thinks maybe a nurse mentioned something but she didn’t understand.
Situation #2

Wen-Liu has been in the hospital for a day and is very angry with one of the nurses. This nurse never smiles, rolls his eyes every time Wen-Liu asks a question and waits for a long time when Wen-Liu presses the buzzer. At one point the nurse yelled into his room that he must wait after Wen-Liu asked for a drink.

Situation #3

Maria’s husband has been diagnosed with cancer. Her doctor has been very kind and she respects him. Her doctor told her that there are different treatments her husband could get. Maria is confused and would like to get a second opinion from a different doctor but is embarrassed and doesn’t want to offend the doctor.
**Activity Three:**

My Rights as a Patient

Discuss the definition below with your teacher.

| A “Right” is an opportunity to act or be treated in a certain way that is protected by law. |

A. Read the two learner narratives below.

<table>
<thead>
<tr>
<th>“The nurses at X hospital don’t enjoy or respect their patients…When I was in the hospital I felt like I was <strong>being taken advantage of</strong> because I don’t speak English.”</th>
<th>“I think the X hospital is more friendly and kind. (They are) concerned with the patient more. Even though I have an English problem sometimes, I feel very comfortable.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish Speaker, Philadelphia</td>
<td>Korean, Philadelphia</td>
</tr>
</tbody>
</table>
B. These two people live in the same city and are about the same age. They had very different experiences in the hospital. Compare and contrast the two paragraphs, then answer the questions.

1. Why do you think they have very different opinions about hospital X?

2. Is there anything that they agree on?

3. Do they have a “right” to expect respectful treatment in a hospital?
   What other “rights” do you think they have as patients?
C. In small groups read the statements below. Discuss the words you don’t know with your teacher. Then decide whether or not they are true. If you feel it is true, write T on the line. If your opinion is that it is false, write F on the line.

_______1. You have the right to free medicine while in the hospital.
_______2. You have the right to respectful, courteous treatment by all hospital staff.
_______3. You have the right to emergency services.
_______4. You have the right to know the names of all the medical personnel who attend to you.
_______5. You have the right to a television in your hospital room.
_______6. You have the right to have someone in the operating room while you are unconscious.
_______7. You have the right to decide what treatments and procedures you want.
_______8. You have the right to an advocate or advanced directive.
_______9. You have the right to a private room.
_______10. You have the right to privacy.
If one of your rights as a patient was being violated who would you talk to and what would you say?
Checklist for learning:

Below are some of the goals of this lesson. Which ones are your goals too? Check (√) them.

☐ Practice speaking assertively but politely in healthcare situations
☐ Improve understanding of some cultural differences between how patients and healthcare professionals interact in the United States and other countries
Lesson Three: Taking Charge While You Are In the Hospital

Real Practice!

Are you interested in learning more about your rights as a patient? The following list will help you to better understand your rights as a patient and your responsibilities too!
Patients Rights and Responsibilities

Patient's rights are to be supported by all medical and dental treatment health facility personnel and are an integral part of the healing process. These patient rights are:

Health Care. The right to quality care and treatment consistent with available resources and generally accepted standards. The patient has the right to participate in planning medical treatment including the right to refuse treatment to the extent permitted by law and government regulations and to be informed of the consequences of his/her actions.

Respectful Treatment. The right to considerate and respectful care, with recognition of personal dignity and consideration of the psychological, spiritual, and cultural variables which influence his or her perceptions of illness.

Privacy. The right to privacy during the provision of treatment. Confidentiality. The right to expect all communications and records pertaining to his/her health care is to be treated confidential.

Identity. The right to know, at all times, the professional status and credentials of health care personnel, as well as the name of the health care provider primarily responsible for their care.

Explanation of Care. The right to an explanation from a committed and trained staff member in plain language of the diagnosis, treatment, procedures, and anticipated outcomes of care. Patients and their families have a right to be informed by a committed and trained staff member of unanticipated outcomes of care and events. When it is not possible or medically advisable to give such information to the patient, it will be provided to family members or another appropriate person.

Informed Consent. The right to be advised in non-medical terms on information needed in order to make knowledgeable decisions for consent or refusal of treatment. Such information should include significant complications, risks, benefits, and alternative treatments available.
Vocabulary Log:

In the space below, write down all of the new words you learned during this lesson that you want to remember. Try to separate your list of words into nouns (person, place or thing), adjectives (describing words) and verbs (action words). For extra practice use them in sentences of your own.

New words I learned during this lesson:

Nouns:

Adjectives:

Verbs:

What can you do?

Below are some of the language goals you worked on during this lesson. Check (√) what you learned from this lesson. Add more ideas if you wish.

I learned to…

☐ Use the simple past and past progressive tense when telling a story
☐ Learn how to effectively communicate with the 9-1-1 dispatcher in the case of an emergency
☐ Pronounce numbers and street addresses