

BAHASA INGGRIS KESEHATAN MASYARAKAT

English For Public Health

In each session, simple explanations about English in daily communication in medical terms are simply explained and described in order to gain a goal of communicative ability for understanding daily English activity in public health working places, especially for the activities related with public health and environment. For this reason, the competency of each session is tested after passing each level of ability in English either for public health students or anyone to explore their competencies in English communication for the activities related with public health.

The scopes of this book are divided into several language skills and components as below:

1. Language Skills: Listening, Speaking, Reading, Writing
2. Language Component: Grammar, Spelling, Vocabulary, Pronunciation



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BAHASA INGGRIS KESEHATAN MASYARAKAT English For Public Health

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BAHASA INGGRIS
KESEHATAN
MASYARAKAT
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UU No 28 Tahun 2014 tentang Hak Cipta

Fungsi dan sifat hak cipta Pasal 4

Hak Cipta sebagaimana dimaksud dalam Pasal 3 huruf a merupakan hak eksklusif yang terdiri atas hak moral dan hak ekonomi.

Pembatasan Pelindungan Pasal 26

Ketentuan sebagaimana dimaksud dalam Pasal 23, Pasal 24, dan Pasal 25 tidak berlaku terhadap:

- i. penggunaan kutipan singkat ciptaan dan/atau produk hak terkait untuk pelaporan peristiwa aktual yang ditujukan hanya untuk keperluan penyediaan informasi aktual;
- ii. penggandaan ciptaan dan/atau produk hak terkait hanya untuk kepentingan penelitian ilmu pengetahuan;
- iii. penggandaan ciptaan dan/atau produk hak terkait hanya untuk keperluan pengajaran, kecuali pertunjukan dan fonogram yang telah dilakukan pengumuman sebagai bahan ajar; dan
- iv. penggunaan untuk kepentingan pendidikan dan pengembangan ilmu pengetahuan yang memungkinkan suatu ciptaan dan/atau produk hak terkait dapat digunakan tanpa izin pelaku pertunjukan, produser fonogram, atau lembaga penyiaran.

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PREFACE

Assalamualaikum Wr Wb...

English For Public Health (*Bahasa Inggris untuk Kesehatan Masyarakat*) is written for the Public Health. In each session, simple explanations about English in daily communication in medical terms are simply explained and described in order to gain a goal of communicative ability for understanding daily English activity in public health working places, especially for the activities related with public health and environment. For this reason, the competency of each session is tested after passing each level of ability in English either for public health students or anyone to explore their competencies in English communication for the activities related with public health.

The scopes of this book are divided into several language skills and components as below:

1. Language Skills: Listening, Speaking, Reading, Writing
2. Language Component: Grammar, Spelling, Vocabulary, Pronunciation

After completing this book, students are required to use suitable expressions related to the context and time.

Author

CHAPTER 1

INTRODUCTION OF PUBLIC HEALTH

In the first session, it is started from reading about Public health that is the science and art of maintaining, protecting and improving public health through community efforts in providing health services, preventing and eradicating disease.

Public health includes all activities, both direct and indirect, to prevent disease (preventive), improve health (promotive), therapy (curative) and recovery (rehabilitative).



After learning this session (Chapter 1 - Chapter 3), the students are expected to :

1. To understand basic structure (Tenses) in English
2. To understand pronoun in daily English communication.
3. To understand Passive Voice in English
4. To be able to implement basic structures in the English sentences

A. Structure - Tenses

Tenses : Masa-masa kalimat dalam Bahasa Inggris

Basic Tenses : Simple Present Tense, Past Tense, Simple Future Tense, Perfect Tense, Present Continuous Tense.

1. **Simple Present Tense** : Masa kalimat yang terjadi secara terus-menerus (habitual action)

Formula :

S + V1 + Object / Adverb (+)

S + do/does + not + V1 + Object/Adverb (-)

Do/does + S + V1 + Object/ Adverb (?)

Example: He speaks English well

I speak English well

S + Verb (present) + s/es + Object / Adverb
S + does + not + verb (present) + Object/Adverb
S + do + not + verb (present) + Object/Adverb

When we use subjects : I, We, You, They or Plural Nouns

When we use subjects : He, She, It or Singular Nouns

Examples :

I **work** in a hospital everyday (+)

I **do not work** in a hospital everyday (-)

Do you work in a hospital everyday? (?)

He **writes** a letter to pen pal in Africa once a week (+)

He **doesn't write** a letter to pen pal in Africa once a week (-)

Does he write a letter to pen pal in Africa once a week ? (?)

2. **Past Tense:** Masa kalimat yang terjadi dimasa lampau dan tidak ada kaitannya pada saat dibicarakan.

Formula :

S + V2 (past) + Object/ Adverb (+)

S + did not + V1 (present) + Object/ Adverb (-)

Did + S + V1 (present) + Object/ Adverb (?)

Example :

I studied in Medical Institute.

3. **Present Future Tense** : Masa kalimat yang terjadi dimasa mendatang.

Formula :

S + will/shall + V1 (present) + Object/ Adv (+)

S + will/shall not + V1(present) + Object/ Adv (-)

Will/Shall + S + V1 (present) + Object/ Adverb (?)

Example :

I will study in Medical Institute.

4. **Present Perfect Tense** : Masa kalimat yang terjadi dimasa lalu dan masih terjadi pada saat dibicarakan.

Formula :

S + have/has + V3 (past participle) + Obj/ Adv (+)

S + have/has not + V3 + Object/ Adverb (-)

Have/Has + S + V3 + Object/ Adverb (?)

Example :

I have studied in Medical Institute.

5. **Present Continuous Tense** : Masa kalimat yang sedang terjadi dimasa sekarang

Formula :

S + tobe (are, am, is) + Verb-ing + Obj/ Adv (+)

S + tobe + not + Verb-ing + Object/Adverb (-)

Tobe (are, am, is) + S + Verb-ing + Obj/ Adv (?)

Example :

I am studying in Medical Institute.

B. Reading

Please read the following text!

Introduction of Public Health

Public health science is one of the sciences who studies health in a community. Public health science focuses on prevention (preventative). Public health consists of There are two basic words, namely healthy and society. Healthy based on the WHO definition (1947) is a condition perfect both physically, mentally and socially as well not only free from disease or infirmity. Definition Health continues to change from year to year.

- a) Law No. 9 of 1960 Health is defined as a condition in a person that makes it possible for the party concerned to fulfill his life duties in the midst of society without feeling anxious in maintaining and advancing himself and his family on a daily basis.

- b) Republic of Indonesia Law no. 23 of 1992 article 1 Health is a state of physical, mental and social well-being that enables every person to live a socially and economically productive life.
- c) Health Law No.36 of 2009 Health is a state of health, both physically, mentally, spiritually and socially, which enables every person to live a productive life socially and economical.

The development of the definition of health from year to year broadens as the indicators for someone to be said to be healthy increase. There are several aspects that must be considered in determining whether someone is healthy or not. The aspects reviewed are:

1. Physical (Body)
2. Mental (about a person's soul)
3. Spiritual (about the relationship between humans and their creator/beliefs, reflected in the way a person expresses gratitude, praise or worship towards lovers of nature and everything in it which can be seen from religious practices and beliefs as well as good deeds that are in accordance with societal norms)
4. Social (about human interaction with other humans)
5. Social and economic productive (having a job or producing economically).

For children and teenagers or for those who are no longer working, health from an economically productive aspect is a person's ability to be socially productive.

The next important word is society, society according to free boundaries is any group of humans who have lived and worked together long enough, so that they can

organize themselves and think about themselves as a social unit with certain boundaries. Meanwhile, according to Linton, the family is the smallest form of society.

Public health is the science and art of preventing disease, prolonging life and improving health through "Community Organizing Efforts" to

1. Improve environmental sanitation
2. Eradication of infectious diseases
3. Education for personal hygiene
4. Organization of medical and treatment services for early diagnosis and treatment.
5. Development of social engineering to ensure that every person's needs for a decent life are met in maintaining their health.

Initially, public health was defined as an effort to overcome problems that disturb health related to the environment, even focusing only on sanitation programs. At the end of the 18th century, public health activities began to develop, efforts to prevent disease were not only through efforts to improve sanitation but also through immunization activities. Immunization is a process to improve the body's immune system by inserting a vaccine, namely a virus or bacteria that has been weakened, killed, or parts of the bacteria (virus) have been modified. Immunization activities developed after the discovery of vaccines. The boundaries of public health also developed in the early 19th century, which was an integration of sanitation science with medical science. And in 1920, public health was defined as a science and art: preventing disease, prolonging life, and improving health, through "community organizing efforts initiated by Winslow.

According to WHO (World Health Organization), the goal of public health is to protect and improve the health of the population using three main methods, namely:

1. Protect the population from health threats (health protection)
2. Prevention of disease (disease prevention)
3. Increasing the level of population health (health promotion)

Exercises :

1. Translate the above reading into Bahasa Indonesia!
2. Give underlines for the tenses that you know!
3. How is your opinion about public health in Indonesia?



CHAPTER 2

PROFESSION RELATED TO PUBLIC HEALTH

In second session or Chapter 2, the lesson will be continued with the next structures of English that is also important to understand English better. The reading text used in this chapter will be more related with the Profession Related To Public Health.

A. Structure

1. Pronoun

Pronoun is a word which takes the place of noun in a sentence.

Personal Pronouns are used instead of repeating the names of people. Following is the list of personal pronoun as subject and possessive adjective :

	Subjective		Possessive Adjective	
	Singular	Plural	Singular	Plural
First Person	I	We	My	Our
Second Person	You	You	Your	Your

Third Person	He She It	They	His Her It	Their
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Examples :

She wrote a letter to her brother in Paris.

We invited them to come to my party

Pronoun (Kata Ganti Orang)

Subject Object Poss. Adjective Poss. Noun

Reflexive Pronoun

I	me	my	mine	myself
They	them	their	theirs	themselves
We	us	our	ours	ourselves
You	you	your	yours	yourself/-selves
He	him	his	his	himself
She	her	her	hers	herself
It	it	its	its	itself

Example :

I myself want to prepare my examination in Medical Institute.

Relative Pronoun

Relative Pronoun : Kata ganti penghubung 2 kalimat (who, whom, whose, which).

Example of relative pronoun for people/human (whom, who, whose):

Who : He is the man who work in that medical clinic.
Whom : He is the man whom I talked to yesterday
Whose : He is the man whose wife is the a midwife in birth center.

Example of relative pronoun for non-person/things/place :

Which : We need some papers which are used for the meeting
When : I don't know when you will visit the patient
Where : She don't know where you live in this city.
What : They will not understand what to do
How : Anita doesn't think how to come there

Conditional

Conditional : Kalimat pengandaian / perumpamaan dari kejadian yang sebenarnya

Type 1 (Real Conditional)

Formula :
If + simple present, S + will/shall + V1 + Object/ Adverb
Example :
If she come early, she will not come late

Type 2 (Unreal Conditional)

Formula :
If + past tense, S + would/should + V1 + Object/ Adverb
Example :
If she came this morning, she would not come late

Fact : *She doesn't come in the morning, so she comes late*

Type 3 (Impossible Conditional)

Formula : If + past perfect, S + would/should + have + V3 + Object/ Adverb

Example : If she had come since two days ago, she would not have come late.

Fact : *She didn't come two days ago, so she came late*

Gerund

Gerund : Verb-ing (kata kerja bentuk ing) yang berfungsi sebagai kata benda.

Fungsi Gerund antara lain :

Subject : **Reading** health magazine is my hobby.

Subjunctive Complement : My hobbies are **reading** and **singing**.

Object of Preposition : I am tired **of** working in that clinic.

Direct Object : John and Christ **enjoy** dancing.

B. Reading

Text 1 - Read the following text carefully and discuss!

Professions Related With Public Health

Public health is one of the college majors that is much needed in many sectors. If you are a prospective student and are still confused about what graduates of a public health degree become, check out the following review.

According to US News, public health majors study matters regarding health education, safety standards, disease outbreaks, and others.

Here are public health graduates who have a career choice.

1. **Health administrator.** Healthcare administrator or health administrator is a profession responsible for policies, facilities, services and operations. His duties mostly revolve around service administration, licensing and program implementation. Salaries for this position vary, but the average health administrator earns IDR 48 million per year.
2. **Occupational health and safety expert.** Occupational Health and Safety Experts (K3 or HSE) play a role in evaluating safety policies and programs, as well as identifying hazards. These technical personnel are tasked with supervising the company to protect the safety and health of the workforce. Almost all companies, especially in the construction or project sector, need K3 experts. The salary earned by an K3 expert at officer level is around IDR 120 million per year, and can even be higher at manager level.
3. **Nutritionist.** The next profession for public health graduates is nutritionist. Its job is to help people to provide quality nutrition-related counseling and services to the community. Nutritionists can open independent practices or work in health facilities, such as hospitals, clinics or community health centers. The salary range for a novice nutritionist is around IDR 30-55 million per year.

4. **Biostatistician.** Biostatistician is a profession with biostatistical expertise whose job is to research information related to public health. A career as a biostatist can earn a salary of IDR 60-80 million per year. Biostatistics itself is a basic science that is used as a method for studying population problems, as reported on the FKM UI page.
5. **Epidemiologist.** Referring to Healthcare, Epidemiology is a profession that is predicted to continue to grow until 2026. This profession has insight into the prevention and control of disease, including epidemics. His job is to analyze data, conduct health surveys, and make recommendations. As for salary, on average an epidemiologist can earn more than IDR 120 million per year, as quoted from SalaryExpert
6. **Public health instructor** or PKM is a profession tasked with carrying out health education or health promotion activities to the community. PKM's prospects are quite promising because their career path is as a Civil Servant (PNS). The types of professions range from Executive Public Health Instructor, to Intermediate Public Health Instructor. For salaries, PKM can earn around IDR 48 million per year.
7. **Health Promoter.** Health promoters are responsible for providing education and encouraging public awareness of physical and mental health. The job prospects that are widely available for this major are health promoters or health promotion. The salary of a health promoter is unique, starting from IDR 36 million per year or more. This depends on the company or agency where you work.

Exercises :

1. *Translate the above reading into Bahasa Indonesia!*
2. *Give underlines for the usages of pronoun, relative pronoun, conditional and gerund that you know!*
3. *How is your opinion about medical practitioners related to public health in Indonesia?*

Text 2 - Read the following text carefully and discuss!

Dan Bachmann is a Medical Team Manager for Ohio Task Force 1, leading the medical side of a search and rescue team that operates under the Federal Emergency Management Agency (FEMA). He manages the medical rescues and ensures safety of the team, works side by side with others that manage logistics, technical search and rescue, K-9 missions and materials. Each of the team members are specifically trained within their own scope of practice, ready to hand the reins over when best suited for the rescue. Dan highlights that each leader has something to offer, each complimenting the other members and providing a level of support that keeps the team functioning.

This team deploys to some of the worst natural disasters our nation has seen, witnessing the deep human aspect of loss and catastrophic change. This kind of work calls for leaders with insight, quick and thoughtful decision making, and the ability to make tough decisions. During Dan's 'day job' as an Emergency Department physician these traits are part of team leadership theory built on real-life group work. As an ED physician, Dan often has to make timely decisions that affects both the treatment team and the patient outcome. These skills are directly transferred to

his role leading rescue missions with TF-1. On each mission, Dan discusses how hard it is to 'sit back' and 'wait your turn'.

In this atmosphere, sitting and waiting, rather than doing and working, is the hardest part. Logically, he and the other leaders are aware that resting and creating a well thought out mission is ultimately the most important and efficient way to function, as with so many moving parts and aspects to their team, an ill thought out plan could cause more damage.

Northouse highlights team leadership as having a flatter organizational structure, not operating from the top down, allowing the team to communicate across the plane and enhancing decision making and problem solving. Dan provides a great example of a leader being able to shift the power around to create the most positive outcomes, and in this case, saving lives. Team leadership also allows for full assessment of both internal and external circumstances which will come into play within a rescue event, creating an environment of assessing ability and determining what control exists in the current climate.

As one of the leaders, Dan will need to assess internally the skills of his team, communicate the goals of the mission for the team, and advocate for input from other perspectives to ensure a successful mission. Externally, Dan will communicate with those outside of the direct mission to determine next steps for the group and report back what was successful or challenging to better inform outside sources of circumstances for the team.

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CHAPTER 3

WHAT DO PUBLIC HEALTH DO?

In Chapter 3, the lesson will be concentrated on the advance structures of English (passive voice; verb/sentence pattern; countable and uncountable noun etc) that is also required to implement English in daily communication. The reading text used in this chapter will be more related to the activities of Public Health.

Reading

Reading Text 1 - Read the following text carefully and discuss!

WHAT DO PUBLIC HEALTH DO?

Public health, the art and science of preventing disease, prolonging life, and promoting physical and mental health, sanitation, personal hygiene, control of infectious diseases, and organization of health services. From the normal human interactions involved in dealing with the many problems of social life, there has emerged a recognition of the importance of community action in the promotion of health and the prevention and treatment of disease, and this is expressed in the concept of public health.

Comparable terms for public health medicine are *social medicine* and *community medicine*; the latter has been widely adopted in the United Kingdom, and the practitioners are

called community physicians. The practice of public health draws heavily on medical science and philosophy and concentrates especially on manipulating and controlling the environment for the benefit of the public. It is concerned therefore with housing, water supplies, and food. Noxious agents can be introduced into these through farming, fertilizers, inadequate sewage disposal and drainage, construction, defective heating and ventilating systems, machinery, and toxic chemicals.

Public health medicine is part of the greater enterprise of preserving and improving the public health. Community physicians cooperate with diverse groups, from architects, builders, sanitary and heating and ventilating engineers, and factory and food inspectors to psychologists and sociologists, chemists, physicists, and toxicologists.

Occupational medicine is concerned with the health, safety, and welfare of persons in the workplace. It may be viewed as a specialized part of public health medicine since its aim is to reduce the risks in the environment in which persons work.

Questions :

1. What do the public health do to help community?
2. What can the other activities of public health do for family health?
3. How can the public health get for having professional skills?
4. Tell us the roles of public health professions in our country?

Structure

Passive Voice (Kalimat pasif) : Kalimat yang berfungsi sebagai kalimat pasif.

Formula: **To be** (*is/are, was/were, be, been, being*) + **V-3** (**past participle**)

Attention: Saat akan mengubah dari aktif ke pasif maka subject berubah menjadi object dan sebaliknya.

Active Sentence : *Amir buys a flower*

Passive Sentence: *A flower is bought by Amir*

Example :

She is invited to follow the meeting (present tense)

She was invited to attend the seminar (past tense)

She has been invited to carry out the tasks (present perfect)

She is being requested to sing a song (present continuous)

She will be called to have an interview (present future)

Verb / Sentence Patterns

Just about all sentences in the English language fall into ten patterns determined by the presence and functions of nouns, verbs, adjectives, and adverbs.

The patterns are most easily classified according to **the type of verb** used:

Verb of being patterns (1, 2, 3) use a form of the verb **to be** as the main verb in the sentence.

is are was were has been have been had been

Linking verb patterns (4, 5) use one of the linking verbs as the main verb in the sentence. The linking verb is followed by a noun or adjective functioning as a subjective complement.

smell taste look feel seem become appear grow

Action verb patterns (6, 7, 8, 9, 10) use one of the many action verbs as the main verb in the sentence. The action verb may be either transitive (take a direct object) or intransitive (not take a direct object).

see jump embrace write imagine buy plummet think

etc.

Adjectives and Adverbs

Adjectives are words that describe or modify another person or thing in the sentence. The Articles – *a, an,* and *the* – are adjectives.

Examples :

the tall professor

the lugubrious lieutenant

a solid commitment

a month's pay

a six-year-old child

the unhappiest, richest man

If a group of words containing a subject and verb acts as an adjective, it is called an **Adjective Clause**. My sister, who is

much older than I am, is an engineer. If an adjective clause is stripped of its subject and verb, the resulting modifier becomes an Adjective Phrase: He is the man who is keeping my family in the poorhouse.

b. An adverb is a part of speech. It is a word that modifies any other part of language (verbs, adjectives (including numbers), clauses, sentences and other adverbs) except for nouns; modifiers of nouns are primarily **determiners** and **adjectives**. Adverbs typically answer such questions as *how?*, *when?*, *where?*, *in what way?*, or *how often?* This function is called the adverbials function, and is realized not just by single words (ie. adverbs) but by **adverbial phrases** and **adverbial clauses**.

Adverbs can be put into several groups:

Adverbs of manner (adverbs that tell how)

Examples: happily, quickly, slowly, badly

Adverbs of time (adverbs that tell when)

Examples: then, now, soon

Adverbs of place (adverbs that tell where)

Examples: there, here, nowhere

Adverbs of degree (adverbs that tell to what extent)

Examples: more, very, barely, vaguely

Adverbs which comment on the whole sentence.

Example: **Stupidly**, she answered the questions. (Cf. She answered the questions stupidly)

Adverbs which link sentences.

Example: Miss Gold, **therefore**, left the room. (The adverb *therefore* links this sentence to another.)

Countable and Uncountable Nouns

What is a **countable noun**?

a) It is a noun which is for things we can count.

Examples of countable nouns: table, bag, school

We can say: one table, two tables... one bag, two bags...

b) It usually has a plural form:

Examples: table > tables | bag > bags | school > schools

What is an **uncountable noun**?

a) It is a noun which is for things we cannot count.

Examples of uncountable nouns: tea, sugar, water, air, rice.

b) Uncountable nouns are often the names for abstract ideas or qualities.

Examples: knowledge, beauty, anger, fear, love.

c) They usually do not have a plural form. They are used with a singular verb.

Examples: we cannot say "sugars, angers, knowledges".

d) We cannot use a/an with these nouns. To express a quantity of one of these nouns, we use a word or expression like:

some, a lot of, a piece of, a bit of, a great deal of...

Examples:

He gave me a great deal of advice before my interview.

They've got a lot of furniture.

The complete Expression of Quantity are noted as below.

Expressions of Quantity

Expression of Quantity	Count (C) / Uncountable (NC) / Both (B)
not any	B
no	B
one	C
two	C
Both	C
a couple of	C
three, four, six, etc.	C
a few	C
Few	C
a little	UC
Little	UC
Some	B
Several	C

Much	UC
Many	C
a lot of	B
lots of	B
plenty of	B
a number of	C
Most	B
each	C
every	C
all	B

Countable Nouns	Uncountable nouns
Countable nouns have both a singular and a plural form.	Uncountable nouns do not usually have a plural form
an apple - two apples a camel - two camels	bread, rice, coffee, tea, water, (<i>You can not use a/an with uncountable nouns.</i>)

We usually use some in affirmative sentences for both countable and uncountable nouns.

I would like to buy some apples please. (countable)	Please give me some coffee. (uncountable)
--	--

You usually use any in negative sentences and questions, for both countable and uncountable nouns.

We don't have any apples. (negative sentence with countable noun) Are there any apples? (negative question with countable noun)	There isn't any coffee. (negative sentence with uncountable noun) Is there any coffee? (negative question with uncountable noun)
You usually use many in negative sentences and questions (for countable nouns.)	You usually use much in negative sentences and questions (for uncountable nouns.)
We don't have many apples.	There isn't much coffee.

How **many** camels
did you see?

How **much** coffee
should I buy?

Please fill in the blanks with **Some, Any** or **No** :

1. Only ___ of his friends came. Not all of them.
2. There isn't ___ food in the refrigerator, is there?
3. We are broke. We have ___ money to buy grandpa a gift.
4. I bought a loaf of bread and ___ cheese at the supermarket yesterday.
5. Don't you know the proverb: "___ news is good news"?
6. We don't have ___ sugar or flour to make the cake.
7. ___ place he chooses to go will be fine.
8. Don't close the door. There are still ___ children outside.
9. Why don't you decorate the room with ___ white flowers?
10. I'm busy. I have ___ time to chat with you now.
11. ___ people prefer to study in the morning; others at night.
12. If you have ___ problem, call me.
13. There aren't ___ books on this topic in the library.
14. ___ book about camping will tell you how to put up a tent.
15. I gave him ___ medicine for his headache, so he feels much better now.

CHAPTER 4

NATIONAL HEALTH SYSTEM

After completing Chapter 1 – Chapter 3 (Basic Structure), the next lesson that will be explained in Chapter 4 are focused on the **Vocabulary** especially related to health and medical activities. The vocabulary that you can memorize will be much helpful to implement your English in daily communication. The reading text used in this chapter will be more focused to national health system.

The students are expected to know and understand :

1. English vocabulary related to human body
2. General English conversation by using medical English
3. The reading texts that use medical English.
4. The terminology in midwifery practices.

Vocabulary

Definition Of Vocabulary

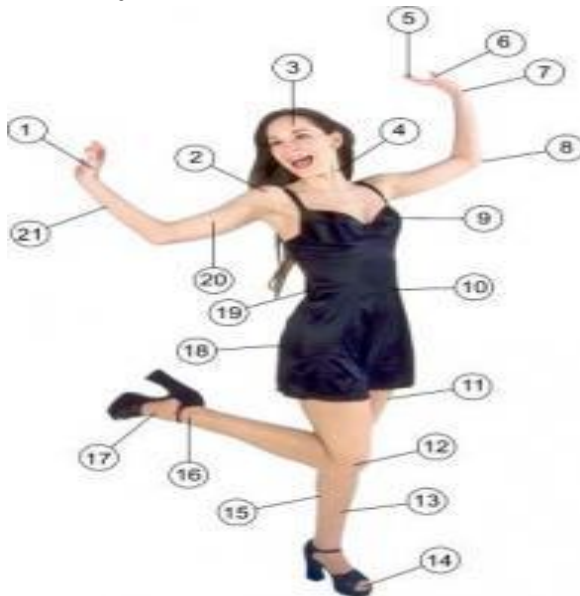
Vocabulary means a list of words. Someone's vocabulary is all the words that he or she knows. A five year old would probably know about 5000 words. An adult who has studied at university or college may know at least 20000 words in their language.

The vocabulary of a language is always changing. New words are invented or words change their meaning. This means that dictionaries have to be updated. It is good to develop a wide vocabulary. Knowing lots of words helps

with reading, listening, writing, and talking to people. The English language has a very large vocabulary.

One of the first things you need to know when working in English is the parts of the body. You will need to learn the names of the internal (inside the skin) and external body parts. You will also need to learn the words for the functions of each of these body parts. Here are the basics to get you started.

Part Of The Body



Label of The Human Body Diagram :

- | | | |
|---------------|-------------|------------|
| 1. Hand | 2. shoulder | 3. head |
| 4. Neck | 5. finger | 6. thumb |
| 7. Wrist | 8. elbow | 9. breast |
| 10. Belly | 11. thigh | 12. knee |
| 13. lower leg | 14. toe | 15. calf |
| 16. Ankle | 17. foot | 18. bottom |

19. Back
forearm

20. upper arm

21.

c. Description Part of Bodies

Head

Inside the head is the brain, which is responsible for thinking. The top of a person's scalp is covered with hair. Beneath the hairline at the front of the face is the forehead. Underneath the forehead are the eyes for seeing, the nose for smelling, and the mouth. for eating. On the outside of the mouth are the lips, and on the inside of the mouth are the teeth for biting and the tongue for tasting. Food is swallowed down the throat. At the sides of the face are the cheeks and at the sides of the head are the ears for hearing. At the bottom of a person's face is the chin. The jaw is located on the inside of the cheeks and chin. The neck is what attaches the head to the upper body

Upper Body

At the top and front of the upper body, just below the neck is the collar bone. On the front side of the upper body is the chest, which in women includes the breasts. Babies suck on the nipples of their mother's breasts. Beneath the ribcage are the stomach and the waist. The navel, more commonly referred to as the belly button, is located here as well. On the inside of the upper body are the heart for pumping blood and the lungs for breathing. The rear side of the upper body is called the back, inside which the spine connects the upper body to the lower body .

Upper Limbs (arms)

The arms are attached to the shoulders. Beneath this area is called the armpit or underarm. The upper arms have the muscles known as triceps and biceps. The joint halfway down the arm is called the elbow. Between the elbow and the next joint, the wrist, is the forearm. Below the wrist is the hand with four fingers and one thumb. Beside the thumb is the index finger. Beside the index finger is the middle finger, followed by the ring finger and the little finger. At the ends of the fingers are fingernails.

Lower Body

Below the waist, on left and right, are the hips. Between the hips are the reproductive organs, the penis (male) or the vagina (female). At the back of the lower body are the buttocks for sitting on. They are also commonly referred to as the rear end or the bum (especially with children). The internal organs in the lower body include the intestines for digesting food, the bladder for holding liquid waste, as well as the liver and the kidneys. This area also contains the woman's uterus, which holds a baby when a woman is pregnant.

Lower Limbs (legs)

The top of the leg is called the thigh, and the joint in the middle of the leg is the knee. The front of the lower leg is the shin and the back of the lower leg is the calf. The ankle connects the foot to the leg. Each foot has five toes. The smallest toe is often called the little toe while the large one is called the big toe. At the ends of the toes are toenails.

Vocabulary Note

It is important to state your purpose clearly at the beginning of your talk. Here are some ways to do this:

talk about = to speak about a subject

- *Today I'd like to talk about our plans for the new site.*
- *I'm going to be talking to you about the results of our survey.*

report on = to tell you about what has been done.

- *I'm going to be reporting on our results last quarter.*
- *Today I will be reporting on the progress we have made since our last meeting.*

take a look at = to examine

- *First, let's take a look at what we have achieved so far.*
- *Before we go on to the figures, I'd like to take a look at the changes we have made.*

tell you about = to speak to someone to give them information or instructions

- *First, I will tell you about the present situation, then go onto what we are going to do.*
- *When I have finished, Jack will then tell you about what is happening in Europe.*

show = to explain something by doing it or by giving instructions.

- *The object of this morning's talk is to show you how to put the theory into practice.*
- *Today I'm going to show you how to get the most out of the new software.*

outline = to give the main facts or information about something.

- *I'd like to outline the new policy and give you some practical examples.*

- *I will only give you a brief outline and explain how it affects you.*

fill you in on = to give some extra or missing information

- *I'd like to quickly fill you in on what has happened.*
- *When I have finished outlining the policy, Jerry will fill you in on what we want you to do.*

give an overview of = to give a short description with general information but no details.

- *Firstly, I would like to give you a brief overview of the situation.*
- *I'll give you an overview of our objectives and then hand over to Peter for more details.*

highlight = draw attention to or emphasize the important fact or facts.

- *The results highlight our strengths and our weaknesses.*
- *I'd now like to go on to highlight some of the advantages that these changes will bring.*
- *discuss = to talk about ideas or opinions on a subject in more detail.*
- *I'm now going to go on to discuss our options in more detail.*
- *After a brief overview of the results, I'd like to discuss the implications in more detail.*

▪ *Reading Text*

▪ *Translate the following text and write the important vocabulary in your note!*

▪ *Taking Care Of Your Reproductive System*

▪ *Your reproductive system is extremely sensitive and reacts to even the slightest hormonal imbalance, which is why it is so important to take care of it. Learning how your reproductive system works is one way to make sure it stays in top form. For a quick overview, check out What*

You've Got!. Also, having regular pap smears is an important step in keeping your reproductive system healthy. Additionally, it is important to be on the lookout for signs of toxic shock syndrome, an uncommon but potentially life threatening condition that all women should know more about.

- *Your Fertility. Without a healthy reproductive system, it can be very difficult to get pregnant. Couples who are experiencing fertility problems may want to take a look at infertility and Conception. Here you will find information on all the different factors that can make conceiving difficult. If you are thinking about becoming pregnant but have had a tubal ligation, read Tubal Ligation Reverse to learn more about what the procedure involves and what your chances are of getting pregnant after such a procedure. Improving Your Fertility will give you many helpful tips on how to increase your chances of conceiving naturally. If getting pregnant just does not seem to be happening for you, though, you may want to consider if other factors are at play, like a thyroid problem.*

Some factors that can seriously impair your reproductive health include endometriosis, PCOS, pelvic prolaps, pelvic inflammatory disease and cervical cancer. Although there are a number of ways to treat cervical cancer, many of these methods, including hysterectomies, can leave you completely infertile. However, cervical dysplasia, the precursor to cervical cancer, can easily be caught through regular pap smears, thereby preserving your fertility.

Having a pelvic infection can also lead to infertility as well as increase your risk of an ectopic pregnancy.

3. Health Terminology

Terminology used in Health

Cessation : Pregnancy or maternal condition of having a developing fetus in the body

Embryo : Developing organism during first 8 weeks

Fetus : Human concepts from 8 weeks until delivery

Viability : Capability of living

Gravid : A woman who is or has been pregnant, regardless of pregnancy outcome

Nulligravida : A woman who is not now and never has been pregnant

Primigravida : A woman pregnant for the first semester

Multigravida : A woman who has been pregnant more than once

Para : Refers to past pregnancies that have reached viability

Nullipara : A woman who has never completed a pregnancy to the period of viability

Primipara : Refers to woman who had completed one pregnancy to the period of viability

Multipara : Refers to a woman who has completed two or more pregnancies to the stage of viability

Obstetric History

In some obstetric service, a woman's obstetric history is summarized by a series of four digits, such as 5-0-2-5. These digits correspond with the abbreviations F/TPL

F/T : represents preterm deliveries, 20 to 37 weeks

A : represents abortions, elective or spontaneous loss of pregnancy before the period of viability

L : represents the number of children living.

Example: a particular woman's history is summarized as Gravida 7, Para 5, 5-0-2-5, and then she has been pregnant seven times, delivered five times past the age of viability. Had five term deliveries, zero preterm deliveries. Two abortions and five living children.

Signs & Symptoms of Pregnancy

Striae gravidarum : Appear to the breast, abdomen and thighs caused by stretching rupture

Morning sickness : Nausea or vomiting occurs usually in the morning

Quickening : Sensations of fetal

Hagar's sign : Lower uterine segment softens 6 to 8 weeks after the onset of LMP

Chadwick's sign : Bluish or purplish discoloration of cervix and vaginal wall

Goodell's sign : Softening of the cervix, may occur as early as 4 weeks

Braxton Hicks : Intermittent contraction of the uterus (painless)

Ballottement : A sinking and rebounding of the fetus

	in its surrounding amniotic fluid
Leucorrhoea	: Increase in vaginal discharge
LMP	: Last Menstrual Period
Menarche	: First of menses

Ward Department

a. Department

- Cardiology Problems of heart
- Chemical Pathology Analysis of substances found in samples of blood
- Dermatology Problems of skin
- Ear, Nose and Throat Problems of ear, nose, throat and sinuses
- Endocrinology Problems of endocrine glands and hormones
- Gastroenterology Problems of stomachs and intestine
- Hematology Disease of the blood
- Microbiology Identification of organisms that cause disease
- Nephrology Problems of the kidneys
- Neurology Problems of brain and nerves
- Neurosurgery Brain and spinal cord surgery
- Obstetrics Care of woman and babies during pregnancy, birth and post natal period
- Oncology Treatment of the cancers
- Ophthalmology Problems of the eye
- Orthopedics Surgical treatment of bone and joint disorder
- Pediatrics All the health problems affecting children
- Psychiatry Mental illness and emotional disturbance

- Radiology X-rays and their interpretation
- Rheumatology Problems of the joints and surrounding tissues
- Thoracic Surgery Chest and lung surgery
- Urology Problem of the kidneys and urinary tract
- Venereology Venereal disease

b. Ward

- Nurse station
- Procedure room
- Utilities room
- A medicine chest
- A trolley
- A hydraulic bed
- Wheel chair

Instruments

- A syringe

A syringe consists of a plunger, a barrel and a needle. These are the parts of a syringe. It contains a drug solution. This is what is inside the syringe. The needle is fitted into the barrel. A syringe is used for giving injections. Insert the needle to the vein.

- A stethoscope
- Rectal thermometer
- Oral thermometer
- Catheters
- Scissors : Suture scissors

Lister's bandage scissors

- Forceps : Cheatle's forceps
- Dressing trolley
- Gallipots
- Tray
- Bowl
- Kidney dish (receiver)

4. Words that go together / Collocation

Words that go together or also called Collocation is two or more words that often go together. These combinations just sound "right" to native English speakers, who use them all the time. On the other hand, other combinations may be unnatural and just sound "wrong".

Look at these examples:

Natural English...

the fast train

fast food

a quick shower

a quick meal

Unnatural English...

the quick train

quick food

a fast shower

a fast meal

Types of Collocations :

Adverb + Adjective: completely satisfied (NOT downright satisfied)

Adjective + Noun: excruciating pain (NOT excruciating joy)

Noun + Noun: a surge of anger (NOT a rush of anger)

Noun + Verb: lions roar (NOT lions shout)

Verb + Noun: commit suicide (NOT undertake suicide)

Verb + Expression With Preposition: burst into tears (NOT blow up in tears)

Verb + Adverb: wave frantically (NOT wave feverishly)

Multi-word verbs are made up of a verb, an adverb and a preposition. Because they end with a preposition, multi-word verbs always take a direct object. Also, the three words that combine to form multi-word verbs cannot be separated. We have selected ten multi-word verbs, which are defined below. You will see that, as with many phrasal verbs, some of the multi-word verbs can have more than one meaning.

Examples :

a. Come up with something to think of or to suggest a plan or idea, a solution to a problem, or an answer to a question

A team of advertisers is hard at work trying to come up with a slogan for the product.

Experts have failed to come up with an explanation of why the explosion happened.

b. Come up with : to get or produce something which someone needs or which they have asked you for

Each member of the expedition needs to come up with £3,000 to fund their trip

a. Watch out for something to be careful to notice something, especially something that might cause you problems

Drivers were told to watch out for black ice on the road.

b. Watch out for somebody/something to be careful to notice someone or something interesting

- Watch out for his latest movie which comes out next month

Vocabulary in Medical Sciences (Continued)

Medical Specialists

Medical specialists are experts in certain fields of medicine. They either treat specific parts of the body, such as the back or the brain, or they specialize in certain diseases, such as cancer. Family doctors keep a list of local specialists and can help patients choose the right specialist for each medical issue. In many cases specialists require a referral from a family doctor before they will see a patient. Here is a list of the most common types of specialists. Study the list and then check your understanding by taking the quiz.

Allergist	: specializes in determining food and environmental allergies
Anesthesiologist	: specializes in pain prevention during surgery
Cardiologist	: heart specialist
Chiropractor	: back specialist
Dentist	: tooth specialist
Dermatologist	: skin specialist
Fertility specialist	: helps people who have difficulty getting pregnant
Gynecologist	: specializes in women's needs
Massage therapist	: specializes in muscle relaxation
Midwife	: helps women deliver babies in a natural way
Naturopath	: specializes in natural cures and remedies
Neurologist	: brain specialist
Obstetrician	: specialist for pregnant women
Occupational therapist	: specializes in workplace health

Oncologist	: tumor specialist, including cancer
Ophthalmologist	: specializes in eye diseases
Pediatrician	: specialist for babies and children
Radiologist	: specializes in imaging tests
Physical therapist	: specializes in the body's movement
Podiatrist	: foot specialist
Psychiatrist	: specialist in mental health

Activity :

National Health System

The National Health System (SKN) is health management carried out by all components of the Indonesian nation in an integrated and mutually supportive manner to ensure the achievement of the highest degree of public health (Presidential Decree no. 72 concerning the National Health System). There are many challenges faced in building a strong and reliable health system, including a lack of health workers, lack of coordination between institutions and inadequate financing of health services. A weak SKN is very dangerous when faced with abnormal conditions (disasters and health crises).

This SKN policy has made many changes, one of which is in terms of changes to the sub-system of health efforts and health financing. However, health problems that continue to grow require SKN to become a strong structure in health development. Strengthening SKN must be able to meet public health needs both in normal and abnormal conditions. This page will display the national

health sub-system, regulations, books and journals related to the national health system.

CHAPTER 5

HEALTHCARE

In Chapter 5 up to Chapter 7, the lessons of study are focused on the **Skimming and Scanning Of The Text (Reading Comprehension)** especially related to healthcare. Each reading text will be presented and each student should understand quickly after reading slightly.

After completing this section (Chapter 5 - Chapter 7), the students are expected to :

- 1) Understand how to skimm the reading text.
- 2) Understand how to scan the reading text and picture
- 3) Understand how to summarize immediately after reading

1. Skimming and Scanning English Text

In real life, job advertisements are written to be read. In the classroom we can use them for developing reading strategies such as:

- Skimming - a rapid glancing through the text to determine general content or a gist
- Scanning - a rapid glancing through the text to find a specific information (a deadline for the application, age, languages required etc.)

This section includes activities whose primary aim is to concentrate on developing reading comprehension.

Methods Of Skimming - Scanning

When you scan a text you are looking through it quickly to find key words or information. After scanning a text you should know if it has references to things you want to know about. Skimming is looking quickly through a text to gain a general impression of what it is about. You can often do this by reading only the title and sub-titles of a text, and the first sentence of each paragraph. You can do all this type of reading without using a dictionary! Remember the house – you haven't stepped inside it yet, you are still looking at it from the outside.

Surveying the text (title, author, date, etc) and skimming and scanning are essential academic reading skills for you and for native English speakers too who also need to develop these skills. The trick is to have the confidence to jump through a text ignoring whole bits of it. It may seem strange to you to do this. It may even feel like you are cheating! But it is an essential element to being an ACTIVE reader.

Reading Text 1

MEDICAL CARE

Do you want to be sick? It might be silly question, but it is true that no one who wants to be sick. By the way, you have to keep your body healthy in order not to be hospitalised. A hospital is a place where patients get their medical care. In hospital, nurses and doctors will help to treat patients and cure their illness. Doctors will diagnose the disease. By knowing the disease, a doctor does treatment and rehabilitation. It is the duty of a nurse to help the doctor treat the patients by carrying out his orders.

Facing serious disease, a doctor needs to discuss it with other doctors and even with the patients relatives. To cure a patient, the doctor asks the nurse to treat him well by taking the temperature, bathing, giving meals and medicine regularly. All these are done everyday just to help a patient to cure him. If a patient wants to be well again, he should listen to the doctor's advice and follow his instruction.

Task

Comprehension Questions.

Answer the following questions!

1. Why don't people want to be sick?
2. Why should a patient be hospitalized?
3. What is a hospital?
4. What is done by a doctor in a hospital? Explain it!
5. What is done by a nurse in a hospital? Explain it!
6. What should the doctor do before giving medicine!
7. What does the doctor do when he finds serious disease?
8. Mention some serious disease!

Reading Text 2

IMPACT OF POPULATION ON PUBLIC HEALTH

Over the past three decades, researchers have investigated population density and health outcomes at different scales. No systematic review has been conducted to synthesize this evidence. Following Preferred Reporting Items for Systematic Reviews (PRISMA) guidelines, a review was published in the International Journal of Environmental Research and Public Health in 2022.

Researchers systematically reviewed quantitative evidence published since 1990 on population density and

non-communicable diseases (NCDs) in western countries. Fifty-four studies met the inclusion criteria and were evaluated using the quality assessment tool for ecological studies. As a result, high population density appears to have an impact on higher death rates.

Deaths occur mainly due to various types of cancer, cardiovascular disease, chronic obstructive pulmonary disease (COPD), asthma, and club foot. In contrast, the incidence of diabetes was found to be associated with low population density.

Therefore, both high and low population density are risk markers for various NCDs, indicating that there are unidentified factors and mechanisms underlying the etiology. Apart from the physical, population density can also have an impact on mental health. Higher density can lead to stress and social isolation, which are often linked to depression and anxiety disorders.

High-density housing that is poorly built or poorly laid out can also cause problems, such as:

- Poor ventilation and insulation.
- Lack of sunlight.
- Insufficient public and private open space.
- Exposure to pollutants.
- Annoying noise.

Answer the following questions :

1. What is the main idea of the above paragraph?
2. Do you feel enjoyable with your public health profession?
3. Tell us the comparison of some profession of public health in Indonesia?

4. What kind of trainings did the public health professions get from the government?
5. What does the impact of populations on the condition of community health?

Task

Please answer the following questions shortly !

Example : Are you doing your Mathematics home works? (Yes) *Yes I am*

1. Do we go for holiday to Kuta Beach this weekend?
(No)
2. Did you find the place for our accommodation?
(No)
3. Will the accident cause the serious destructions?
(Yes)
4. Are the pepper and salt kept in a right place?
(No)
5. Are you going to attend the seminar in Quality Hotel?
(Yes)
6. Is your birthday celebrated today?
(No)
7. Is that shirt made of cotton?
(Yes)
8. Should they do these jobs immediately?
(Yes)
9. Are you going to leave Hawaii next month?
(No)
10. Did the girl bring the packets for us?
(Yes)

Reading Text 3

HOW TO KEEP HEALTH

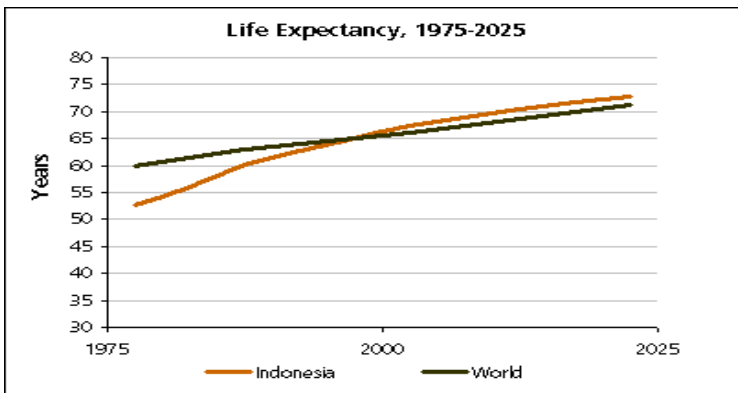
Everybody will agree that physical fitness is one way to be health. As reported in the *Journal of American Medical Association*, researches tested the physical fitness of more than 13,000 healthy men and women and followed them for an average of eight years. Fitness was measured by performance on a treadmill, rather than by relying on verbal reports on exercise. The subjects were then grouped into five categories, from least to most fit. The least -fit group had death rates more than three times that of the most fit. But the biggest health gain came from just getting out of the least-fit category. From the explanation the daily activities of people to keep health is one way to be health.

From the text above, please write at least 5 daily activities to be health!

1.
2.
3.
4.
5.

\

Reading Text 4



POPULATION EXPLOSION

Many experts believe that the population explosion is the greatest danger facing man. They estimate that the population will almost double again by the end of this century. This would mean that shortly after the year 2000, there would be 7,000,000,000 (billion) people.

A doubled population means that more land will be needed to grow food. More land will also be used for building roads for the increased number of vehicles. As the graphic stated above that life expectancy is increase by the year 2025, as notes :

1. Total fertility rate is an estimate of the number of children an average woman would have if current age-specific fertility rates remain constant during her reproductive years.
2. Deaths per 1,000 live births. Infant mortality rate refers to children under one year of age.
3. Data are for the most recent year within the range specified.

Will there be enough food for so many people? Even today, more than one half of the people in the world do not have enough to eat. Agricultural experts have developed new kinds of rice and wheat plants that yields bigger crops per acre.

Answer the following questions :

1. What is the main idea of the first paragraph?
2. What is the main idea of the second paragraph?
3. What is the main idea of the 3rd paragraph?
4. What do you suggest when your patient is pregnant?
6. How is the pregnant woman feel?
7. What kind of activities do a patient do during pregnancy?

CHAPTER 6

DESEASES AND SICKNESS

In Chapter 6, the final lessons of the **Skimming and Scanning Of The Text (Reading Comprehension)** will be continued and the reading texts provided are especially related to Diseases and Sickness. After reading the text, you are requested to answer the questions immediately. After completing all readings at Chapter 5 up to Chapter 7, all students are expected to be more familiar with the readings and texts related to health, medical and midwifery.

1. Skimming and Scanning English Text (Continued)

Describe the following Pains and Sickness!



Reading Text 1

CRAMPS

Night Cramp is something from which a great many people occasionally suffer - and they don't easily forget it. Even the healthiest people may get a short, sharp pain in the legs after a strenuous day.

Many older people can bring it on by making powerful stretching movements while lying down in bed. If this sort of night cramp becomes a real nuisance, avoiding over-stretching and tablets containing quinine sulphate at bed-time may be all that is needed. A very small number of patients, however, cannot take quinine without becoming dizzy or getting buzzing in the ears. They may have to decide whether they would rather have cramp and no dizziness, or the reverse.

But cramp in the lower limbs in the daytime and in younger, active patients can be very distressing and is more serious. It is not uncommon and has the rather clumsy name of intermittent claudications. The patient first complains of aching legs after exercise. It may be slight, but gradually becomes more pronounced. Then the pain is not merely an ache, but a definite, crippling cramp, which can become so severe that the patient finds he or she cannot stand after much walking.

Intermittent claudication is caused by the narrowing of the arteries and often starts in the 30s. It generally means that the arteries everywhere in the body have become narrowed and blood cannot reach the muscles fast enough when they are in use. The heart muscles may be equally affected

Answer the following questions :

1. What is night cramps? Describe it
2. Did you ever have a night cramp? Why
3. How is the way to prevent us from night cramps
4. What is the medicine that we should need to less the pain?
5. Why does Intermittent claudication happen?

Reading Text 2

Could it be diabetes?

Everyone thinks that diabetes is a disease where the patient excretes a lot of sugar, is very thin and is inordinately thirsty. But there are many people who probably have diabetes and won't know they have it until a severe symptom arises. However, there are some minor warning symptoms to look out for. Diabetes tends to be hereditary. If you have a diabetic parent, brother, sister or even aunt, there is an increased risk of the disease. But people often don't realize that although it often causes youngsters to lose weight, later on in life there may be a filling out of the waistline. And on the subject of weight, overeating can also trigger off diabetes. If a woman who unexpectedly has one or two failed pregnancies, it will need to be investigated in several ways, but the possibility of her being a diabetic must be reckoned with. Similarly, a mother who produces a really large child – for example, over four and a half kilos – needs to consider this possibility.

Another way the diagnosis can arise is when a patient goes for a life assurance medical examination and is rejected when they believed they were fit and healthy. If this happens, the patient needs to go and see their own

doctor and take a specimen of urine with them. One of the early signs of diabetes is when the patient becomes plagued with boils for no apparent reason. Diabetes is not really a definite entity of a disease, but it is said that about 13 people in every 1,000 Western Europe has a sugar defect in the urine – and about half of them are unaware of the fact. Before insulin, a diabetic 10-year-old only had a life expectancy of less than two years – this expectancy is now about 45 years. Older patients will generally get less serious effects. Lastly, if it turns out that you do have diabetes, don't jump to the conclusion that injections will be essential. It may well be possible to treat you either by diet alone or by insulin taken by mouth.

Reading Text 3

Summary the above text immediately by your own words!

Travel Sickness

Motion sickness – or travel sickness – spoils many journeys. Yet it is possible to control this unpleasant and often embarrassing condition. Although it most traditionally occurs when travelling by sea, motion sickness can also affect travelers on trains, aero-planes, buses and motor cars.

In fact, so many more people travel by road than by sea that the number of children who suffer from motion sickness in cars and buses is higher than in any other category. It is children rather than who suffer mostly from motion sickness. But, for some reason that researchers don't entirely understand, the problem tends to disappear with time.

Researchers are constantly studying the subject of motion sickness. From what we know, it seems that the

special organs of balance inside the ear have a vital part to play.

The physiological pathways are still something of a mystery, but it is now recognized that any type of regular movement can cause motion sickness. For example, motion sickness is common among people who go on roundabouts and rides at the fairground.

Over the years, I've lost count of the number of 'cures' for travel sickness that I've come across. One of the most convincing pieces of research I've seen suggests that when the brain is receiving plenty of visual information about what is going on, it balances that information against the motion and is less likely to become disturbed.

This is why most car drivers, aero plane pilots, boat helmsmen and bike riders don't suffer from motion sickness. With this evidence in mind, one of the best ways to avoid motion sickness is to take an active interest in what is going on outside.

Trying to read or play a game inside a car will make things worse because the information being received through the eyes won't match the info. Try games such as counting lorries, looking for blue cars or counting sheep in the fields instead.

You can also help minimize the problem by avoiding rich, spicy or fatty foods before travelling. Of the many drugs available to stop motion sickness, the best ones are antihistamines. But since they cause drowsiness in many cases, they could be problematic for drivers and people doing dangerous work.

Questions By Scanning The Text

1. What is the main idea of the first paragraph?
2. What is the main idea of the 2nd paragraph?
3. Did you ever get travel sickness?
4. What kind of transportation made you in travel sickness?
5. How to avoid the travel sickness?

Reading Text 4

STROKE

Stroke occurs when blood flow to the brain is interrupted or blocked, cutting off the brain's supply of oxygen. When this happens, brain cells are damaged or destroyed. A serious stroke can cause death or severe disability. Approximately 150,000 people suffer a stroke every year in the UK. Stroke is the third commonest cause of death in the country, while over 250,000 people presently live with disabilities caused by stroke. Stroke generally happens suddenly and the symptoms appear straight away.

Symptoms vary, depending on which part of your brain has been damaged, but the main ones include:

- Difficulty speaking and/or understanding conversation
- Feeling numb, weak or paralyzed down one side
- Severe headache
- Feeling dizzy
- Loss of sight or blurred vision
- Being unsteady on your feet

Scanning the text and answer the questions below :

1. Do you know stroke?
2. What is your definition of stroke?
3. Why does somebody get stroke?
4. How is the way to prevent the stroke disease?
5. Did you have an experience to take care of stroke patient?
6. Can pregnant woman get stroke?

CHAPTER 7

WRITING MEDICAL ENGLISH (PART 1)

In Chapter 7, the lessons of the **Writing Medical English** will be concentrated on the ability and skills of students to write, especially related to their profession as health practitioners.

After completing Chapter 8 - 10, the students are expected to have the following abilities :

- 1) Able to write daily activity by using simple sentences and structures
- 2) Understand how to write report and medical note
- 3) Able to write application letter and curriculum vitae
- 4) Know how to write presentation materials

1. **Write about your daily activity!**

Example : I wake up at 5am and I usually pray Subuh. After that

- o Picture writing :

Write a paragraph that tells the above activity!



The ideal English text is easy to read and understand. Even scientific texts are usually written in plain English words. So try to keep your sentences plain, clear and well structured.

When writing in English, keep the following rules in mind:

- a. use simple language
- b. keep subordinate clauses short
- c. prefer verbs to nouns (not: The meaning of this is that ..., but: This means that ...)
- d. avoid slang and techy language

Whether you are writing a memo to your co-worker or a report for your boss, you should decide what information you want to convey. Here is how to do this:

- List each item you need to discuss in your memo or report
- Put them in order – from most to least important.
- Write a brief summary of your entire memo – this will be your first paragraph.
- Expand on each item listed in step 1.
- If any action needs to be taken by the recipient, state that in your closing paragraph.

Reading Text 1 (How To Write Medical Writing)

Medical Writing

Medical writing is an interdisciplinary field that applies knowledge of both rhetoric and science to enhance reader understanding of medical phenomena. There are many different audiences in medical writing, which accompany its wide spectrum of subspecialties. The audience of a medical journalist, for example, is different from the audience of a grant writer. Nevertheless, nearly all medical writers share a like-minded value: to articulate medical information to their readers in the most effective ways possible.

Medical writing is different from other types of professional writing because it incorporates knowledge, methods, and terminology from a variety of fields. For instance, biostatistics, journalism, medicine, English, public health, and pharmacy are fields that most medical writers tend to consult regularly.

Medical journalism, a subspecialty of medical writing, is important because it helps connect the scientific community with the general public. Newspapers and magazines like the *Los Angeles Times* and *Scientific American* are well-known for publishing public-oriented articles on science and medicine.

Reading Text 2 (Medical Practice)

Fertility Treatments

Today, doctors have a wealth of medications with which to treat women who are infertile due to ovulation disorders. Medications for infertility can induce or regulate ovulation. Drugs such as the follicle-stimulating hormone

(FSH) and the luteinizing hormone (LH); used to set off ovulation, work like natural hormones.

Common fertility drugs include:

Clomid or Serophene (clomiphene citrate)-An oral treatment that causes the pituitary gland to release the hormones that stimulate the growth of egg containing ovarian follicles.

Repronex (human menopausal gonadotropin, or hMG)-An injection for direct stimulation of the ovaries, this drug is useful when the pituitary gland fails to stimulate ovulation and contains FSH and LH.

Gonal-F, Follistim, Bravelle (follicle-stimulating hormone or FSH)-Ovaries are stimulated causing maturation of egg follicles.

Ovidrel, Pregnyl (human chorionic gonadotropin, or HCG)-This drug causes the follicle to release its egg (ovulation) and is used in combination with Clomid, Repronex, and the FSH drugs.

Factrel (gonadotropin-releasing hormone analogs or Gn-RH)-This treatment helps regulate ovulatory cycles which aid in inducing follicle growth with FSH.

Femara (letrozole)-One of a class of aromatase inhibitors and an approved treatment for advanced breast cancer, letrozole may help women who haven't responded to Clomid, though the Food and Drug Administration has not approved its use as a fertility drug, since it can cause miscarriage or birth defects.

Glucophage (metformin)-An oral drug that can boost ovulation, Glucophage is used when insulin resistance may be the cause of infertility.

Bromocriptine-Bromocriptine is used to inhibit prolactin production, one cause of irregular ovulation cycles.

How To Improve Writing

Getting your point across in writing is necessary for many jobs. Learn how to improve your writing skills.

Difficulty: Average

Time Required: n.a

Here's How:

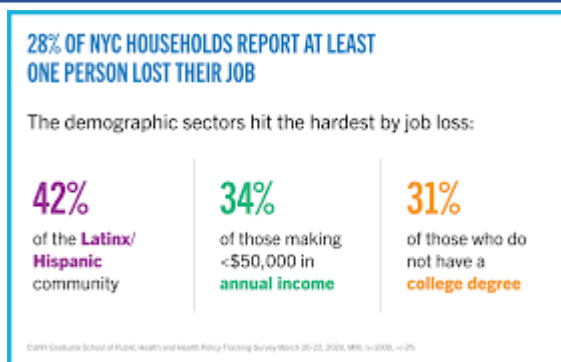
- Draw up an outline, listing each item you need to discuss in your memo, letter, or report.
- Put items in order -- from most to least important
- Gather information to backup what you plan to say, or to help illustrate your points
- If appropriate, get input from others who are involved in the project you're discussing
- Write a brief summary of your entire memo -- this will be your first paragraph.
- Expand on each item listed in step 1, to make up the body of the memo.
- In your last paragraph tell the recipient if he or she needs to take any action.
- Set your document aside before proofreading it. This will allow you to look at it with a fresh eye

CHAPTER 8

WRITING MEDICAL ENGLISH (PART 2)

In Chapter 8, the lessons of the **Writing Medical English** (Part 2) will be continued on the ability and skills of students to write, especially related to their profession as health practitioners in making reports and letters in formal and non-formal communications.

Are you a medical practitioner? Do you have trouble with report?



1. Purpose Of Writing Report

The purpose of a written report is to convey information to its readers. Everyday of the week you see in your local newspaper accounts of events that have just happened. These are the common reports you encounter. Some reports that you should know like routine reports, special reports, eye-witness reports and even verbal reports. For complete understanding, try to see this chapter more deeply.

A report is an account, or description of something that has happened, or something that has been investigated. The purpose of written report is to convey information to its readers. Every day of the week you see in your local newspaper accounts of events that have just happened. There are the most common reports you encounter. In fact, they are so common place that most people do not even think of these accounts in newspapers as reports, but they are reports. For, after all, they are written by a reporter – a name which literally means, someone who makes reports. You also hear verbal reports on TV and radio which are similarly presented by a report. However, in business many reports have to be presented in writing. These can vary from very short, simple, reports to ones that are nearly as long as a book.

When you have a short report to write, you can do it either in the form of a memo or of a letter. If it is internal circulation, we suggest you do it as a memo. If it is going to outside people, do it in the form of a business letter.

2. Types Of Reports

Routine reports are reports that are made regularly and for which there is a set of procedure. A good example of a routine report is the regular report that a salesman has to make. Almost every salesman in the world has to send a regular report to his manager about the work he has done.

Special Reports are not regular reports and is usually written as the circumstances demand. A very complex report (such as proposals to build a new factory) could run to hundreds of pages with supporting documents and is almost like a small book.

Eye-witness reports are not common in business but are frequently used by newspaper, radio and television. These reports are simple, straightforward descriptions of an event that has been seen by the reporter. They can be either written or oral and they should always be in chronological order.

Verbal reports are short, simple, and often given as progress reports in the day-to-day running of an organization. If you ever have to give a long verbal report – either on its own or to back up a written one – here are some guidelines for you to follow :

- a. The more preparation you do the better will be your report
- b. Make outline notes of everything you want to say, and put them into logical order.
- c. Do not overload your presentation with details and facts/
- d. Start your presentation with a brief outline of the subject of the report/
- e. The length of your report will vary according to circumstances, but try to keep it as short as you can, while including all the necessary information
- f. Give diagrams, graphs, illustrations, all help to maintain interest. They will make your presentation much more interesting.
- g. Your presentation must always be accurate.
- h. Try to answer any questions that are asked.

FORMAT OF A REPORT

Some short reports can take the form of a memo or a letter. There are also some routine reports that are presented on

pre-printed forms. Now, we will concentrate on the layout of longer, written reports that are not on pre-printed forms. Here is an example of a framework for your report layout :

<u>Reference No.</u>	<u>TITLE</u>	<u>Author</u>	<u>Date</u>
<u>Circulation List</u> – Names of people who are to receive a copy			
<u>Introduction</u> – showing			
	(a)	The aim of the report	
	(b)	The background	
	(c)	How the report is arranged	
<u>Findings</u> – The facts in detail. They go under clear headings.			
<u>Conclusions</u> – Summary of the facts			
<u>Recommendations</u> – What should be done			
<u>Appendices</u>			

How Should The Medical Report Be Written?

It would help if the subject is treated part by part.

1. What is the patient's story on their medical condition?
Listen, record and refer to your notes when writing the report. There are many instances where details are far different from what was given by the patient. Add what your senses of sight and hearing tell you based on your observation of the patient. Please do not refer to the patient as a subject. Use their names as often as you can.
2. Write an assessment based on your examination and assessment of the condition. Record all the facts correctly. What conclusions have you arrived at? Consider the legal and other implications of your report.
3. What are the options in terms of treatment, medications, therapies, further tests, examination and consultation?

Consider this as a whole approach towards the patient's healthcare. What are your specific and general recommendations?

4. Mark out any mistakes made when writing the report with a single line across a word or sentence. Do not try to camouflage errors. Acknowledge errors with your initials next to it.

Medical Reports

Physicians were interviewed about their routines in everyday use of the medical record. From the interviews, we conclude that the medical record is a well functioning working instrument for the experienced physician. Using the medical record as a basis for decision making involves interpretation of format, layout and other textural features of the type-written data. Interpretation of these features provides effective guidance in the process of searching, reading and assessing the relevance of different items of information in the record. It seems that this is a skill which is an integrated part of diagnostic expertise. This skill plays an important role in decision making based on the large amount of information about a patient, which is exhibited to the reader in the medical record. This finding has implications for the design of user interfaces for reading computerized medical records.

Exercise

Make a simple report from a doctor to a heart attack regarding a patient that need an emergency action !

CHAPTER 9

LISTENING ENGLISH (PART 1)

In Chapter 9, the lessons of the **Listening English** (Part 1) are given to the students to support the ability and skills of students to listen, especially related to their listening ability to hear English medical text or any texts related to profession as health practitioners.

Listening Text 1.

One of the most common serious afflictions in modern society is **heart disease**. This general label encompasses many different abnormal conditions, including congenital heart defects (many of which can be repaired surgically), **diseases** of the pericardium (the tissue surrounding the heart muscle), and diseases affecting the heart muscle itself (the myocardium). **Physicians** can not often detect or predict heart problems by measuring the rate of **heartbeat** (called pulse) and by taking patient's blood pressure. Another important diagnostic tool is the electrokardiogram (EKG), a record of the electrical activity of the heart, which can reveal abnormal cardiac rhythm and **myocardial damage**. When heart disease is suspected and more detailed information is needed, an angiogram is ordered. This series of X-ray films (taken after the injection of a radiopaque substance) defines the size and shape of various **veins and arteries**.

The most common **cardiovascular** disease is atherosclerosis (hardening of the arteries). Atherosclerosis of the **coronary arteries** may cause the development of a coronary

thrombus (blood clot), which block the flow of blood to the heart muscle. If, as a result, part of the heart muscle dies, the condition is called myocardial infarction (a heart attack). Some **symptoms** and signs of a heart attack are pain in the chest (and sometimes also in the jaws and arms), shortness of breathing, irregular pulse, nausea, and perspiration. Prompt cardiopulmonary resuscitation can save victims from **sudden death**.

Among the emergency procedures used is a technique known as percutaneous transluminal angioplasty (PTA). This technique widens coronary arteries that have become dangerously narrow do to deposits (called **plack**) on their interior walls. The procedure involves manipulating a cathiter (flexible tube) into the constricted vessel, then inflating a small balloon at its tip, thereby compressing the plaque and widening the passage. This procedure can sometimes substitute for a much more traumatic one - bypass surgery.

Listen to the following conversation carefully! Tell your summary of the conversation!

Listening Text 1.

Arthritis and rheumatism are general names for approximately 100 diseases that produce **inflammation** or degeneration of connective tissue. Some of these diseases are infectious and primarily affect younger people. Rheumatic fever, for example, is a **bacterial infection** that occurs mostly in children or teenagers. Rheumatoid arthritis predominantly **strikes** women between 20 and 60. However, the most common rheumatic disease is a noninfectious, non-inflammatory degenerative joint

disease - osteoarthritis. To some degree, it affects nearly all older adults, causing swelling, pain, and **stiffness** in joints. **Treatment** may include heat, exercises, and drugs that reduce pain and inflammation.

Besides osteoarthritis, many other noninfectious diseases can limit the activities of the elderly. **Osteoporosis** (a condition in which **bone loss** exceeds bone replacement so that the bones become less dense, more porous, and more brittle) often leads to fractures, especially of the hipbone. Many conditions conspire to decrease the **sensory perception** of the elderly. Cataracts are created when the lens of the eye - or a portion of it - becomes opaque and sometimes swells or shrinks and interferes with vision. **Deterioration** of nerves in the inner ear causes the characteristic old-age **hearing loss**, most severe in the high-pitched tones. The senses of taste and smell also deteriorate in old age.

Source: Tiersky, E.M. (1992) The Language of Medicine in English, Englewood Cliffs: Prentice Hall, pp. 39-44.

TEST OF LISTENING

A. Pictures

1.



2.



3.



4.



5.



6.



7.



8.



9.





10.

B. Listening. Question - Response Session

Just listen carefully and fill your answer with a, b or c!

11. Mark your answer on your answer sheet.
12. Mark your answer on your answer sheet.
13. Mark your answer on your answer sheet.
14. Mark your answer on your answer sheet.
15. Mark your answer on your answer sheet.
16. Mark your answer on your answer sheet.
17. Mark your answer on your answer sheet.
18. Mark your answer on your answer sheet.
19. Mark your answer on your answer sheet.
20. Mark your answer on your answer sheet

CHAPTER 10

LISTENING ENGLISH (PART 2)

After completing Chapter 10 (Listening Part 1), the lesson that will be continued with Chapter 13 that are focused on the **Advance Listening** especially related to health and medical activities. The vocabulary that you can memorize will be much helpful to implement your English in daily communication.

Listen to the following conversation carefully! Tell your summary of the conversation!

a. How to improve your listening

Here are 10 top tips to improve your listening :

Tip 1 - Know the problem

First of all, if you can't spell, you're not (necessarily) an idiot. English spelling is horrible for one very good reason - what we say and what we write are often two very different things.

Tip 2 - Learn to look at words

The next tip may sound strange, but it is key. It is to learn to look at words, see them as pictures. As I say this may sound weird, but it does work. Some of the best spellers of English are speakers of Asian languages which use pictures or ideograms instead of letters. They tend to spell well in English because they see words as pictures.

Tip 3 - Write words down

To me this is obvious: spelling is writing. Therefore if you want to learn how to spell a word, you need to write it

down. Curiously, this is something that many learners miss.

Tip 4 - Test yourself

Again, this may sound obvious, but it's something many people miss. Repetition is an important part of language learning: typically, to learn how to use a word properly you need to use it around 6 times. I would suggest that the same applies to spelling - once you have spelled a word correctly 4-5 times, then it is learned.

Tip 5 - Look for spelling patterns

English spelling may look random, but there is at least logic to it. This logic is found in spelling patterns or combinations of letters that are repeated from word to word. Most of you will be familiar with "-ation", so let's look at one you may not have thought about - "ture".

Tip 6 - Think grammar

This leads me onto the next related step. Grammar and spelling are connected. A suggestion is to notice common endings for nouns, verbs and adjectives. There will be some guesswork involved here, but it can help to be aware that "ence" is a very common way for nouns to end.

Tip 7- Don't learn everything- focus on key vocabulary

The dictionary is a big book and you can't possibly read it all. Still less can you learn to spell all the words. A good resource here is the General Service Word List or the Academic Word List, as they contain the words you are most likely to want to use in IELTS.

Tip 8 - Read as much as you can

In my experience, the best spellers are people who read lots. The idea is that if you read and read, you simply become

used to “seeing” the right spelling of a word without having learned it.

Tip 9 – Use the computer

I hate Microsoft, but it can help you. If you turn spellcheck on when you use a computer, you get corrected when you misspell. It’s not perfect, but it will help you identify some errors anyway.

Tip 10 – Learn to check – with your pencil

Lastly, but by no means least: check your spelling. Once you’ve written, go back and read it again. Spelling should always be on your personal error correction list. I would only add that this works best if you have a written/mental list of those words you personally get wrong.

Another small point is that you check with your pen/pencil in your hand: that way you are much more likely to see the mistakes. If you just read with your eye, you tend to see what you expect to see and so do not find the mistakes.

Listen the below audio and write them!



TEST OF LISTENING

TOEFL TEST

CHAPTER 11

SPEAKING ENGLISH (PART 1)

After completing Chapter 11 (Listening Session), the lesson that will be continued with Chapter 13 that are focused on the **Speaking English (Part 1)** especially related to health and medical activities. The vocabulary that you can memorize will be much helpful to implement your English in daily communication. The conversation used in this chapter will be more focused on speaking in daily activity as a medical practitioner.



Please Introduce Yourself!

The following details are describing about the conversation texts required for medical practitioners :

.1 Asking Questions

Asking question for nurses and midwife is an important part to identify patient's problem.

In English, we have basically 4 types of question which are commonly used in speaking

- (1) Yes/No question,
- (2) Information question,
- (3) Choice question, and
- (4) Attached/negative question/T ag question.

The following explanation below will address the four question;

(1) Yes/no question and short answer

(2) Information question

A question that asks for information by using a question word: 5W & 1H

How

How have many uses.

- (1) One use of how is to ask about means (ways)

- How pain is your chest?
- How to measure Blood Pressure?

Yes/no questions Short answer

(+Long answer)

Yes or No question is question that can be answered yes or no

Do you know Yusuf?

Are you ready to go an operation?

Yes, I do (I know Yusuf)

No, I don't (I don't know Yusuf)

Yes I am

- (2) *How often*: asks about frequency

- How often do you wake during your sleep?
- How many times a week does your family visit you?

- (3) *How far*: The most common way of expressing distance

- How far is your house to Dr. Soetomo Hospital?

- (4) *How long/how many (time)*: asks for information about length of time

- How long will an operation are run?

Who, Whom, and What

(1) *Who*: is used as the subject(s) or question

- Who come? Someone come

(2) *Who (m)*: is used as the object (O) in a question

- Whom did you see? I saw someone

(3) *What*: can be used as either: S and O

- What happened with your stomach?

- What do you think about nursing profession?

(4) *What kind of*: asks for information about specific type

- What kind of medicine did you receive?

(5) *Which*: is used when the speaker wants some to make a choice, when

the speaker is offering alternatives

- Which one of leg is fracture?

(6) *Where*: asks for place

- Where are you going to see a doctor?

(7) *When*: asks for time

- When should Mrs. Ani get a laboratory test?

(8) *Whose*: asks about possession

- Whose book is this?

(3) Choice question

A question that can be used first by using to be (is, are, am, were, was) and do, does, did, has, have, etc

- Is your pain in the left or right of your chest?

- Are you hungry or suffering?

(4) Attached/negative questions/tag questions

The statement sentences which a speaker supposed to be or already known the answer.

- You look very pale, don't you?

- You are felling well after taking medicine, aren't you?

Example of asking question

Asking question purpose to gather information needed in order to explore and identify the relevance data.

For example:

1. Excuse me, can I ask you something?
2. What symptoms do you have?
3. Do you have pains here?
4. Are you covered by any health insurance?
5. Are you allergic to any antibiotics?

Practice the dialogue:

(1) Preparing patient's equipment

N : Good morning, Mr. Joni. How are you today?

P : Fine thanks

N : Have you been fasting since last night?

P : Yes I have

N : Good. Are you ready for the urine and blood test now?

P : Of course,

N : Do you want anything for your breakfast afterwards?

P : Yes please. Something light.

N : You mean fruit...cereal...or...

P : Just one apple and banana, thanks.

N : Not a problem.

1.2 Daily Expressions For Medical Practitioners

1) Introducing yourself

Skills for introduction yours elf is the first step of starting communication between nurse and patient. The most

important things of introducing yourself are by saying greeting, explaining time, and mentioning your name.

For example:

1. Hello, my name is Joni
2. How do you do?
3. Nice to meet you
4. I am in charge today
5. How do you spell your name?

Practice the dialogue

(1) Visit the patient

N : Hello, Mr. Joni, I'm Ani. I'm on duty tonight

P : I see...

N : How are you?

P : I'm better thanks

N : Alright Mr. Joni, see you later.

2) Offering services

In some activities, one of the nurse' role is encouraging patient to offer nursing care to the patient.

For example:

1. What can I do for you?
2. Do you need any help?
3. Do you want me to help you?
4. If you need anything, let me know.
5. Is there anything I can do?

Practice the dialogue

(1) In the patient room

N : Did you press the buzzer Joni?

P : Yes I did
N : What is it?
P : Can I have rice for my lunch today?
N : I'll ask the doctor. Anything else?
P : I miss ice cream
N : Wow... let me ask the doctor, OK?
P : Thanks.
N : Welcome

3) Giving Direction

Giving direction is one of competence that nurse and midwife must be possess. Nursing intervention needs the direction, clearly, accurately, and relevance.

For example:

1. You'd better sit down, madam
2. After that, you need to do the pre admission test.
3. Before the test you must be fasting
4. When you get the results, please come back here.
5. The laboratory is down the hallway

Practice the dialogue

(1) In the laboratory

P : Good morning, I'm Rini. This is the note from the registration office
N : Thank you Mister...
P : Rini... Rini Dahlan
N : Mr Dahlan... Right. Now, Mr. Dahlan... you take this (note) to the gentleman in that room
P : I see
N : You will have a urine test. When it's done, you'll go to the lady in the opposite room.
P : Alright. What did I do there?

N : She will do the blood test

P : Thank you

N : Welcome

5) Explaining

Explaining is used to explain something about information questions. You need to use some conjunction words such as: and, but, or, then, after that, because, for example etc.

For example:

1. Let me tell you this...
2. Generally speaking, smoking is harmful
3. However, they should maintain balanced diet.
4. This will give you a lot of energy
5. Because milk contains a lot of energy.

Practice the dialogue:

(1) A patient afraid will be examined by doctor

P : Nurse, what's going to happen there?

N : First, the doctor will ask you detailed questions.

P : About what?

N : About your health... and any illness you may have had.

P : Then?

N : The doctor will physically examine you.

P : With my cloths on?

N : Well you may need to take off most of your clothing.

P : But...?

N : You can ask to be examined by a doctor of the same sex as yourself.

P : Oh Okay.

6) Describing

The Function of describing is focused on describing something, such as instruments, part of the body, diseases, and procedures of intervention.

For example:

1. How is she?
2. She doesn't look very good (seriously ill)
3. How was it? (How was the operation?)
4. It went very well
5. The theatre was very cold though.

Practice the dialogue:

(1) The condition of patient

S : How is your little patient?

N : His throat is swollen and he's got temperature.

S : Do you think it's just infection?

N : I guess so...the secondary viral infection after the flu

S : I see... So, nothing serious.

N : Well looks better than yesterday, but I'd better watch out

S : He's a happy kid.

N : You're right. He's a lovely boy

7) Convincing

The function of convincing is to make sure about our intervention that it will help patient of recovery.

For example:

1. Don't worry, it has no side effects.

2. I'm sure you'll get well soon
3. I think surgery is the only solution
4. You'll be home in a couple of days
5. You should really consider it

Practice the dialogue:

(1) Convincing the patient in order to reduce the weight

P : What do you think?

N : It looks like you've been putting on weight, madam

P : Really? Wow

N : You're supposed to lose some/ it's extremely important

P : Is it?

N : Sure it is

P : But I've tried to eat less and sometimes I skip dinner

N : well, you need to consider both quantity and quality. You consider the carbohydrate and fat content

P : That is not easy, isn't it?

8) Persuading

Persuading purposes to persuade patient to obey all regulations. The words that commonly used in persuading are *probably, would be, likely* etc.

For example:

1. I would say that you need a doctor
2. It is a likely that you need medication
3. We really need your supports
4. Could you consider the proposals?
5. Staying in the hospital is not bad idea

Practice the dialogue:

(1) Persuading to see the operation

N : Doctor Joni, can I ask you something?

D : Sure, what is it?

N : May I watch you perform the operation today?

D : But you're a ward nurse.

N : I know, but I want to be in the theatre once a while.

I don't dare ask the other doctors.

D : Wouldn't you be on duty this afternoon?

N : No, I'll be free after lunch. Is okay doctor?

D : Not a problem. I'll let the theatre people know.

N : Thank you very much, doctor. I really appreciate that.

D : Don't mention it. See you there.

N : see you, doctor.

9) Consoling/soothing

Consoling purposes to consul patient to be calm down or relax

For example:

1. Take it easy...
2. Calm down...
3. Don't worry...
4. Take a deep breath ...
5. You're in pain. Aren't you?

Practice the dialogue:

(1) Patient need comfortable and relaxing

N : Good morning... How are you?

P : Well... not very good, I'm afraid

N : I can see that..., but we'll help you out. Now...

shall we try to something to make you relaxed?

P : Do you think it will work?

N : It usually does. Just relax... Take this seat and put your head down here...Dr, Joni is a real expert here.

P : Is she?

N : Yes... she knows what to do. You will like her

P : I hope so.

10) Encouraging/motivating

Encouraging is used by nurse to encourage patient to have a positive thinking about her/his disease.

For example:

1. I'm sure you will make it.
2. Have faith and everything will work out well
3. Be brave and you'll be okay
4. You need to see the bright side of it.
5. Just does it, you've got nothing to loose.

Practice the dialogue:

(1) A patient gets loss of her leg and doubt to go home.

P : I don't know what to do...

N : You may not know what to do now, Sir. But once you're out there...There's so much to do.

P : I feel so useless

N : I understand the feelings. Some people think this is the end of the world. But many handicapped people do useful things, Things they never thought of before.

P : Like what?

N : One of our patients last year... You know, he writes now. He says he can't be happier.

P : Really? I should think of hobby now.

N : Why not. Everyone has potentials.

P : That's true. Thanks.

N : Welcome.

11) Reprimanding

Reprimanding purposes to reprimand patient politely

For example:

1. That's not right thing to do.
2. This is not good for your digestion
3. As far as I know, you're not supposed to smoke
4. STOP it, will you?
5. I'm sorry, but you have deliberately broken the rule.

Practice the dialogue:

(1) Reprimanding the visitors at the hospital

N : Excuse me, ladies. I'm sorry to tell you that no more than 4 persons are allowed

V : But nurse... we came all the way from central java

N : I see. But... that's the rule here

V : Are you saying that we came here in vain?

N : Alright. Let me tell you what I'll do. I'll take four people at time. So, you'll take turns. The rest please stay here

V : (*visitors mengambil oleh-oleh makanan untuk diberikan ke pasien*)

N : One more thing ladies... Food from outside is not allowed

V : What do you mean?

N : I'm sorry... you have to leave the food here

V : Oh...no

N : I'm so sorry

12) Complaining

Complaining is used to express the complain of patient

For example:

1. Is this what you call 'first class hospital'?
2. How come he did that to us?
3. Oh.....not again.....
4. How could you do this to me?
5. What kind of service is this?

Practice the dialogue:

(1) Condition at the hospital

N : Look at this mess... Is this what you call 'first class hospital'?

S : Well. That's what it is

N : Why on earth don't they hire more cleaners around here?

S : Efficiency, I guess.

N : That doesn't make sense

S : It does to them

N : It's always about money, right?

S : What can I say?

N : Right...who cares...

13) Praising. Praising is used to praise patient.

For example:

1. Aren't you looking great this morning?
2. You've made a lot of progress
3. You look stunning!
4. That's excellent!
5. You've been very helpful

Practice the dialogue

(1) Praising the doctor after operating

D : Well Ira, it's over

N : Doctor, I can't help saying that you just did miracle

D : Thanks Ira, but I think it was just my lucky day

N : Lucky day? That's not good enough to describe the situation. You're genius. I can't imagine what they do without you

D : Thanks. I'm flattered

N : You need a break, I'm afraid

D : I think so. I'll out to lunch. Are you coming with me?

N : Well...why not

D : Let's go

N : Let's

14) Entertaining

Entertaining purposes to help patient to be happy.

For example:

1. Look what I've got here...
2. I've got surprise for you...
3. You deserve a reward...
4. Everyone...let's have fun!!!
5. Party time

15) Apologizing

Apologizing is used to ask apologizing caused you may make mistakes

For example:

1. Excuse me... May I get through?
2. Sorry, I was on your way
3. I'm sorry for being so late
4. Please forgive me. I didn't mean to hurt you
5. I owe you an apology.

6. Sorry about that
7. I would like a apologize
8. I feel really bad about it
9. I am so sorry
10. Do forgive me please

Practice the dialogue:

(1) Feeling guilty

N : Doctor Aji, I have to apologize. I failed to keep the record. I'm sorry

D : Your apology is accepted. Please don't forget again next time

N : It won't, doctor, I promise

D : Very good. Do your best.

16) Disclaiming

Disclaiming is used to express that you have no idea about the topic

For example:

1. I have no idea
2. Sorry, I really don't know
3. I suggest that you ask the doctor
4. I'm not in the position of answering that question
5. I'll see if I can ask the doctor for you.
6. Sorry, we don't do that here
7. You can't expect me to answer that
8. Sorry, I can't answer that question.
9. Why don't you ask somebody else?
10. I'm not telling...

Practice the dialogue:

(1) Patient's family want to know patient's condition

F : Nurse, how long do you think she's going to stay here?

N : I'm sorry ...It depends...

F : You mean, depends on what?

N : Depends on what the doctor thinks

F : Do you think it is serious?

N : Sorry, madam I have no idea.

F : You're the one checking her, right?

N : That's true. But I'm not in the position of telling you that.

F : But...can't you say anything?

N : I'm very sorry, madam. I'm afraid I can't

17) Requesting/ordering

The function this word is to request someone to do something

For example:

1. Open your mouth.
2. Somebody help!
3. Can you take a deep breath for me?
4. Could you please help me
5. Give me a hand, will you?
6. You are staying tonight
7. I look forward to hearing from you very soon

Practice the dialogue:

(1) Need a help

N : Somebody...HELP!!!

S : What is it?

N : Help me please...

S : Oh you poor thing... You slipped, did you?
 N : Yes... Could you help me?
 S : Sure... Take it easy. Now slowly... Sit down here, I will see
 N : Oh . . . knee
 S : Now, try to bend your knee
 N : I can't. It's hurting
 S : Then I'll go get some help. Stay right here. I'll be back in a flash
 N : Thanks.

18) Answering Telephone

For example:

1. Dr. Soetomo Hospital, Ira speaking.
2. Nurse Ira's surgery, may I help you?
3. Could you hold on second
4. May I ask who is calling, please?
5. Could you call again later?
6. Thank you for calling.
7. Sorry, Doctor Joni is not in at the moment.
8. Can I take a message?
9. Yes, ma'am, what can I do to help
10. Maternity ward, may I help you?

Practice the dialogue

(1) To help patient who needs information

N : Good morning..Dr Soetomo Hospital, Can I help you?
 P : Good morning. I have an enquiry about the bill, please
 N : I see. I think you need to refer you to somebody else

P : Thank you
 N : And... May I know your name, Sir?
 P : Joni... Joni Wijaya
 N : And your phone number please, Sir?
 P : 383976
 N : Very well, Sir. Somebody will give you a call very soon.
 P : Thank you. Bye
 N : Bye, Sir

19) Making a telephone call

For example:

1. I'm calling to find out...
2. I'm calling to enquire about the problems you have
3. The reason I'm calling is...
4. I'm calling about...
5. I'd like to ask if...
6. I was wondering if you could tell me
7. I'd like to talk to somebody from the Finance Department, please

Practice the dialogue:

(1) Asking information

N : Hello...It's Ira from Ward C
 S : What can I do for you, Ira?
 N : I need details about diet recommendation for Mrs. Supiyah, please. Do you think you can help me?
 S : Sure...I'll go and check for you.
 N : Thanks.....(wait)
 S : Are you there, Ira ?
 N : I'm listening.

S : I'm afraid it is Nil by Mouth this morning. Then she can start the regular diet at lunch time

N : Thank you very much

S : Welcome

20) Advising

For example:

1. Consider this...
2. Listen to me...
3. You can take this advice...
4. Make up your mind !
5. Let me give you some fatherly advice...
6. You should see the two sides of the coin
7. You should learn from the lesson

Practice the dialogue:

(1) Advice to children

N : Now..You need to listen to you mother. I'm sure you'll be alright

P : I want to see my friends

N : You should be patient. You will see them sooner if you listen to your mum

P : I miss them

N : I know...I guess they miss you too. But you need to stay.. You can't rush...

Or.. you break your leg again

P : How long will I use these crutches?

N : It wouldn't be long if you listen to my advice

P : Can I play with ma ball again?

N : Sure. So...promise me?

P : (non verbal)

N : Good bye

21) Rejecting. *Rejecting is used to reject that you do not agree.*

For example:

1. No way
2. Not a chance!
3. Forget it
4. Thanks, but no thanks
5. I'd really rather not do it
6. We would like to inform you with regret that the position has been filled.
7. I don't particularly like seafood

Practice the dialogue:

(1) Reject the helps

N : Good morning Mrs. Anita. You're going home today, aren't you?

P : You're right. I can't wait

N : I can imagine

P : Yuli... I want you to have this (to show something that is very expensive)

N : Oh..thanks Mrs. Anita, but no thanks

P : Why not ? You've been taking good care of me. I think you deserve it

N : I don't think I can accept that I'm very sorry

P : I see...well...

N : Thanks anyway...

P : Can you keep my flowers?

N : Sure I can

22) Giving Opinion

Giving opinion purposes to give opinion in order to solve a problem .

For example:

1. In my opinion, it's worth considering
2. Not everyone will agree with me, but
3. I do believe he's the person in command
4. I personally, believe we ought to discipline the children
5. I think we should go
6. I feel that you should be present
7. I personally think so

23) Consulting

Consulting is used to consult something that is unclear or need more explanation

For example:

1. What do you think ?
2. Do you think it is a good idea ?
3. Do you have any doubts ?
4. Are you convinced?
5. What do you mean by that?
6. Any suggestions?
7. I need to clarify this matter
8. I'd like to crosscheck with you...
9. Let's get this straight...
10. Why do you think so?

Practice the dialogue:

(1) Consult with the doctor

N : Doctor I've been having this problem. It worries me

D : What is it ? Tell me
N : Yesterday when I went shopping... I felt dizzy...
things were moving. I thought I was fainting.
D : Then what did you do ?
N : I sat down somewhere... I had some fruit juice...
Then I felt better
D : Then what did you do ?
N : I went home and took an Aspirin. It bothers me..
D : Well...I'd better take a look. Let me check
N : Thanks doctor

24) Reporting

Reporting purposes to report about activities that had been occurred

For example:

1. To begin with, he offered me a cigarette
2. The next thing I knew, I was in The ER
3. I did not recognize him.
4. So then he was put in the detention
5. So, I fell over

Practice the dialogue

(1) Routine report

S : Ready for the reports?
N : Yes, Mrs. Ira. Ward B...all done. All patients seem
to be alright. No emergency cases.
S : What about Mrs. Alit?
N1 : She's been in the ICU
S : Good
N2 : Children Ward's rather crowded today. New
patients with hay fever...
S : Typical Spring epidemic?

N2 : Yes, but all under control
 S : Very well
 N3 : Day Patient Ward, all clear. One patient went home rather late. She seemed to be in pain. But she was better when she left.
 S : Minor surgery?
 N3 : Yes, but with general anesthetic.
 S : Whose patients?
 N3 : Doctor Joni
 S : You'd better put in the record
 N3 : I will
 S : Alright...Done for today. Thank you. Bye.
 Please memorize the short conversation below and make a conversation in front of us?



An Appointment with a Doctor and Patient

Patient – Good morning, doctor. Can I come in?

Doctor – Good morning. How are you feeling today? You seem a bit under the weather.

Patient – Indeed, doctor. I've been feeling unwell for a few days. I have a headache, a runny nose, and a sore throat.

Doctor – I see. Let's check your temperature and throat. Have you been in contact with anyone who is sick?

Patient – Not that I'm aware of, doctor.

Doctor – Well, it seems like you have a flu. It's important that you rest, hydrate and take the prescribed medication. Also, avoid contact with others to prevent spreading the virus.

Patient – I will do as you say, doctor. Thank you for your advice.

Doctor – You're welcome. Get well soon.

Reading Text For Presentation

Please read the following text and then try to explain again in front of the class by your own words!

Experiences in Hospital

Bhanu Wunnava, MD, Resident, Family Medicine
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Life is full of surprises sometimes good and sometimes bad. Good encounters are enjoyable; however, it is the bad experiences or circumstances that usually help a person to grow and better understand the complexities of life. Such experiences, if properly analyzed, can give new wisdom, understanding, faith, and appreciation of one's surrounding support system. It is for this reason that I would like to share my recent experience as a patient.

I was recently hospitalized because of excruciating abdominal pain, which turned out to be a hernia that needed to be surgically repaired. Before this episode, I had never been hospitalized. Being a patient was a different experience altogether for me. To play the role of a patient is strange and humbling for a doctor.

I have seen thousands of patients moaning and groaning in pain in my clinical experience, but I could only sympathize with their pain and suffering. I could never empathize or identify completely with their anguish and distress. Many of them would request more and more pain medication, and even increased frequency of doses, as they were unable to tolerate the pain. Before my hospitalization I had always thought that such patients were abusing the pain medications unreasonably and unnecessarily.

However, when the tables were turned on me during my hospital stay, I found myself behaving in the same way. I was constantly pressing the button to call the nurse so that I could get additional pain medication more frequently, because I couldn't bear the pain after my surgery. While doing so, it never crossed my mind that the nurse would think that I, too, was trying to abuse the pain medications.

My hospitalization also taught me the importance of family support and friends. During my practice, I have time and again seen family and friends visiting my patients, and many times I felt it cumbersome to repeat the prognosis of the patient to each visitor. In the past, I never realized the mental and even physical support it provided to the patient. But when I was the patient, my wife, my family, colleagues, and friends were similarly eager for news of my condition. It was comforting and healing beyond words to be taken care of, cared for, and cared about by my loved ones. It was such a wonderful feeling to know how much they were all concerned about me. Moreover, this made me remember my patients who walked through the hospital doors in pain by themselves or who lay in bed for days with no visitors. From now on, I will be sure to give a few extra

words of consolation and support, and a few extra minutes of my time to such patients during my practice.

After 36 hours of postsurgery hospital stay I was back on my regular diet, and the doctor on call was supposed to make rounds that evening. I was overjoyed at the prospect that I might be discharged that evening. I was so impatient to go home, even though I was still in pain.

I recall that while working as a resident, I had often been tied up in my clinic and thus had been late to get to my patients' rooms to discharge them. I never realized how fervently patients wait to hear from their doctor that everything looks good and they can be discharged. The waiting is never ending for a patient. Now, playing the role of the patient, I had to go through the same experience.

As it turned out, my doctor was called to perform emergency surgery on another patient that evening, thus delaying my discharge by a couple of hours. I never realized that every minute of the wait feels like an hour. Those 2 hours seemed like 20 hours for me. And as I lay there waiting for my discharge, I vowed to myself that in the future, I would try my best to minimize the waiting time for my patients.

The entire experience of being a patient in the hospital taught me a lot as a doctor, as well as a human being. It taught me to be a more caring, understanding, and compassionate person not just to my patients but also to others in my day-to-day activities. It gave me the strength to face the unexpected, and often agonizing, battles life brings. This incident helped me to learn humility, empathy, and faith.

Catchwords : Complaint against a midwife - unsatisfactory professional conduct - professional misconduct - removal from the Register of Midwives

Vocabulary To Memorize :

There are serious health implications associated with being obese and the condition is known to shorten life expectancy.

Those with a body mass index (BMI) of 30 or more have a very real risk of:

High blood pressure

People who are obese are twice as likely to have it as people who are a healthy weight

High blood cholesterol

Obese people are more likely to have high levels of "bad" cholesterol in their blood, particularly if fat is stored around the waist or abdomen

Cancer

There is evidence to suggest that being obese can increase the risk of developing certain cancers

Gallstones

Obesity increases the likelihood of your developing gallstones

Heart attack

The health of a person's heart is directly linked to body fat and obese people are more susceptible to heart disease and heart attacks

Gout

Being overweight or obese increases the chances of developing this painful condition

Stroke

Obesity is a major risk factor, particularly if fat is stored around the waist

Infertility

Obesity is recognised as a contributory factor in infertility

Type 2 diabetes

Obesity (and increased waist size in particular) significantly increases the chances of developing Type 2 diabetes

Depression

Obesity is commonly associated with low self-esteem and depression

Eating disorders

Eating an abnormally large amount of food is sometimes part of an eating disorder which may be related to psychological issues

Low sex drive

Obese people can experience problems with energy levels, sexual desire and performance

Arthritis

If you are obese then your joints are supporting much more weight than they should. It is therefore more likely that you will develop arthritis, particularly of the knees, hips and back

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