

Working with English Language Learners in PA School

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Emily J. Davidson
York College/CUNY PA Program



At the conclusion of this session

- ▶ Formulate some simple strategies to generally support English Language Learners (ELLs) in the classroom
- ▶ Give useful feedback to ELLs regarding writing and grammar
- ▶ Employ specific methods to help non-native speakers of English develop clarity in their medical writing and discourse



“Teaching the new population of this country, especially students who come from non-English-speaking backgrounds, will involve much more than ‘celebrating’ cultural differences”

- Valdes (1992)



First a little background

- ▶ Generation 1.5 vs. International students

- ▶ These two groups of students have different learning strengths/needs



“How did they get this far and not know how to do this?”

- ▶ Conversational vs. Academic English

- ▶ Differences between genres and disciplines
 - Mastery of one does not guarantee mastery of the next
 - We need to teach our own genres



All Teachers of ELLs are English Teachers



Above all it is crucial to be CLEAR

1. Speak slowly and paraphrase a lot
 - "The cell membrane is impermeable so nothing can get through it"
2. Watch for culture-bound phrases
 - "It was a knock-out"
 - "Garden variety staph infection"
3. Scan often for furrowed brows
4. Be **painstakingly clear** about expectations
5. Provide opportunities to discuss meaning & compare understandings



Consider that it takes second- language speakers longer to process information:

- Provide a skeleton, but leave some things out
- Increase the visual content
- Pause procedure*- Talk Less→ Learn More
- Consider podcasting - even though not high efficiency



* Ruhl & Hughes (1987)

Many students need a LOT of practice to improve their writing

- ▶ Low stakes practice
 - Quizzes, big ideas, minute papers
 - Think-pair-share
 - Short writing prompts
- ▶ For maximum success, low stakes writing needs proximate feedback (but you don't necessarily have to be the one giving it)



Add Structure to Improve Reading Skill and Acquisition of Content



Workshopping basic skills early provides a firm footing at the start *

- ▶ Reading skills
 - 3 Rs**
 - Summarizing skills
 - Self-testing
- ▶ Study techniques
 - How to schedule study so there's no need to cram
 - Discuss high and low-yield study techniques
 - Address test-taking skills
- ▶ Writing a specific professional genre



*Sedrak & Massey
<http://www.paeonline.org/index.php?ht=d/sp/i/76087/pid/76087>
 ** McDaniel, Howard, & Einstein 2009

Reading Guide Questions:

- ▶ Journal Article
 - What are the main points in this article?
 - What research question was asked?
 - How can you know if it is trustworthy?
- ▶ Pathophysiology Chapter
 - How are obstructive and restrictive lung disease different?
 - What are the main mechanisms involved in bronchospasm?



Graphic Organizers

3 Ds of Dementia

	Delirium	Dementia (AD, VaD, DLB)	Depression or Pseudodementia
Attention		Relatively intact	Short attention span
Progression	Acute or sub-acute		
Reversible?		Not usually	
Fluctuation?			
Somatic Symptoms?		Not common	
Hallucinations?		In DLB	
MMSE		Poor performance	
Clock Drawing	Fluctuating ability		

Mini-Learning Objectives

For Cancer Prevention and Detection you should be able to:

- Discuss the difference between prevention and screening and what kinds of measures are appropriate for each.
- Discuss the prevention and detection methods for breast, colon, prostate and cervical cancers.
- Find the most current guidelines for prevention of and screening for specific cancers
- Explain why some screening methods used in the recent past (specifically for breast, lung, and prostate cancers) are no longer routinely recommended
- Develop an appropriate list of screening tests for an adult patient, when given the relevant family history and risk factors

Small Group Work → Practice Talking and Checking Understanding

- ▶ Think-pair-share is the most basic version
- ▶ If have more than one student speaking another language, put them together, but with some EL1 students

Correction of errors needs to be useful rather than punitive

- ▶ Choose feedback carefully
- ▶ How much can be absorbed in this one paper?
- ▶ Realize that ideas come first, then grammar
- ▶ Difference between clear ideas and perfect grammar
- ▶ Use of a coding sheet



Students learn more when you indicate the error, but don't correct it*

- ▶ Coding sheet or just underline/circle
- ▶ Most helpful if you can note a recurring error
- ▶ Exception - "Untreatable errors" - just have to be learned
- ▶ Think first before correcting clear, but "odd-sounding" phrases or British spellings



*Ferris (2002)

Of all the things we've discussed

- ▶ Which are only true of ELLs?
- ▶ Could most of these strategies also be useful for other students?
- ▶ What other students would benefit from these strategies?



References

- › Ferris DR. Treatment of Error in Second Language Student Writing. Ann Arbor, Michigan: University of Michigan Press; 2002.
- › Gottschalk K, Hjortshoj K. The Elements of Teaching Writing. Bedford/St. Martin:Boston; 2004.
- › Hyland K. Genre and second language writing Ann Arbor: University of Michigan Press; 2004.
- › McDaniel MA, Howard DC, Einstein GO. The Read-Recite-Review Study Strategy. Psychological Science. (2009) 20:4 516-522.
- › Rosenthal JW. Teaching Science to Language Minority Students. Clevedon, UK: Multilingual Matters Ltd.;1996: 201.
- › Ruhl KL, Hughes CA, Schloss PJ. Using the pause procedure to enhance lecture recall. Teacher Education and Special Education. 1987;10:14-18.
- › Sedrak M, Massey S. Teaching Basic Skills: Yes, They Should Know It, But They Don't. PAEA Webinar series. Retrieved 9/30/11 <http://www.paeaonline.org/index.php?ht=d/sp/i/76087/pid/76087>



Rubric for History of Present Illness

Element	Excellent Performance (3)	Needs Improvement (2)	Unacceptable performance (1)
First Line	Contains age, gender, & imp. pre-existing conditions	Omits some of these variables	Does not include any of these variables
(P)OLD CARTS + What can't you do?	Most or all of relevant elements are present	Only 5-8 are present	Fewer than 5 are present
HPI tells Story of CC	From trigger event to present in orderly fashion & includes all relevant information	Includes most of the relevant information, but is not well organized	Lacks important information
Mechanism of Injury if relevant	Includes activity, body part involved, precipitating factors, vehicles/work involved	Lacks some of these or other details important to DX	Lacks this aspect entirely
Hospital course if relevant	Is presented with relevant findings, tests, and diagnoses with rationale	Either diagnoses or relevant findings are absent	Hospital course is not included even though relevant
F/U of any serious symptoms elicited in history	Symptoms are explored in depth with follow-up questions	Are noted and somewhat explored	Are noted only
Pertinent positives/negatives	Are addressed thoroughly	Are addressed, but significant items are left out	Are not addressed at all
Relevant information from PMH/ROS	Is "promoted" fully to HPI	Is noted in ROS or PMH with reference to HPI	Is noted in ROS or PMH with no connection to HPI indicated
Succinctness	The story is brief & succinct without extra "content-less" phrases	The story contains extra unnecessary phrases	There are multiple repetitive "content-less" phrases
Grammar/spelling	There are no errors or only minor errors which do not change meaning	There are many errors, but the meaning is clear	There are errors that alter the meaning of the reported information
Drug names	Are spelled correctly with generic names included	Are spelled correctly without including generic names	Are misspelled
Correction of Errors	Any errors are crossed out with a single line and initialed	Errors are crossed out multiple times or not initialed	Writing is squeezed in by writing above the line or in margins

Possible Study Schedule that gets you to bed no later than Midnight (hopefully earlier)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
PA Prof					Complete any 1 st Rev. not done 1-2 hrs	Pre-read for Mon Classes – 45 mins. - 1 hr
Micro/Immunol	PD Lab	Biomed Ethics	PD Lect	Anatomy		
Int & Couns.		Pathophysiol	Pharm		2 nd Rev for as many classes as possible – esp. Pharm 2-4 hrs	Work on upcoming Ethics assignments/reading – 2-3 hrs
1 st Rev. for Mon. classes 2-3 hours	Pre-read for Ethics & Patho 45 mins	1 st Rev for Wed. classes 1-2 hours	1 st Rev for PD Lect & Pharm 2-3 hrs	1 st Rev for Anatomy		
Pre-read for PD Lab 20-45 mins	3 rd Rev for Test on Wed. 2-3 hours	Pre-read for PD Lect.& Pharm – 40 mins	Pre-read for Anat. 20-40 mins	Take a Break	Catch-up on anything not done prev. wk. 3 hrs	Finish up H&P if due – 2-3 hrs
Consider pre-reading for PD Lect. at same time	Organize notes for H&P if hosp. visit that day 1 hr If time, start writing up the HPI portion of the H&P	3 rd Rev for Exam Thurs 2-3 hrs	Spend any remaining time on H&P write up or Ethics assignments	Hang out with family/friends Do something fun		
					Total 6-9 hrs	Fill in blanks for upcoming exams so you're ready for efficient review Tu/Wed Nights 1-2 hrs Total 6-9 hrs

1st Rev. = Review by writing questions, making charts/diagrams, noting big ideas and identifying what you don't understand

2nd Rev = Test yourself using questions, charts/diagrams – note the things you DON'T know and read about them or talk to professors/other students to improve understanding.

3rd Rev = Preparing for test - first focus on big ideas esp. things you didn't know on 2nd rev. Then focus on remaining material

Note: There is also a long time-slot on most Tuesday mornings for additional catch-up

Important Points about this chart:

- Studying for an exam longer than 2-3 hours probably gets you less return with every 30 minutes more you spend – and less sleep which makes you a less efficient test-taker
- The reason you can spend just 2-3 hours studying for the test is because you prioritized study ahead of time. If you don't do the 1st and 2nd review regularly, you will be unable to do high-efficiency study for the test (in other words, even if there is a test the next day, do the 1st review for classes that day first or soon you will be locked into the “slip and slide syndrome”)
- Making some time for a break helps you stay sharp. Falling victim to the idea that constant study is always productive guarantees fatigue, burn-out, and poor test-taking.
- The central idea here is to always keep an eye on what's happening in the next week or two – not just what's happening the next day or two