SPANISH FOR SCHOOL NURSES:

A specialized program
for use in teaching basic Spanish to nurses
who work in a multicultural
environment

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By

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This project by William E. Wood, Jr. is accepted in its present form.

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ABSTRACT

During the past twenty years, there has been a great influx of Spanish speaking people into the United States, especially the state of North Carolina. This increase of Spanish speakers has had an impact on all areas of society: employment, housing, health care, transportation, and education. This project focuses on language training for a specialized group who has a daily need to communicate in this new environment: school nurses. It examines materials that are currently available to teach nurses the Spanish language. It discusses the language requirements that nurses use to function in a multicultural environment. It looks at some of the Hispanic culture related to nursing care and provides an audio program designed to help school nurses learn enough basic Spanish to meet their professional needs while dealing with Spanish speaking students and their parents.

ERIC/CLL Key Words

FOREIGN LANGUAGE CIJE: RIE: GC:

- Spanish for Special Purposes
- Medical Spanish
- Spanish for Nurses
- School Nurses
- Second Language Learning

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CHAPTER ONE

PROJECT OVERVIEW AND GOALS

"… all give and no take too often results in

all teach and no learn."[1]

-Raymond C. Clark
on "Interplay"

After ten years of teaching Spanish to U. S. citizens of various ages and backgrounds, I have formed five basic beliefs about second language acquisition:

- **People tend to learn new language material when it is relevant to them on a personal level.** This relevance may be to meet an academic requirement, facilitate international travel, assist with professional goals, acquire a better job, or simply to be more personable with a neighbor or friend. Even parental and teacher approval can play roles in the relevance of language learning.
- **People seek to learn by the method that requires the least amount of money, time, and effort.** I have met many people who "wished" they knew more than one language but were quick to admit that they lacked the "talent" for other languages, did not have the "time" to study a new language, or found courses and materials just "too expensive".
- **People tend to learn words and phrases of other languages more readily, and more rapidly, when the new language has immediate value.** Students do not all gravitate toward grammar structures, vocabulary drills, games, songs, or cultural material that is intended to "assist" in language learning. Some learners want

[1] Clark, Raymond C. Language Teaching Techniques. PRO LINGUA Associates. Brattleboro, VT. p.117.

immediate useful results and see some types of material as unnecessary and even as a waste of time.

- **All people do not begin the study of a new language with equal experiences or linguistic backgrounds.** Therefore, no single approach, method, or technique will be suitable for all learners. Just as a group can not speak for each of its individual representatives, a group can not learn for each of its individual members.
- **Fluency in more than one language only comes with actual use of more than one language.** Simple memorization or learning of grammar structures will not produce communication skills. Learning to read does not mean learning to speak. Learners require opportunities to hear and say words, hear and say phrases, exchange concepts, and perform mental operations requiring both deductive and inductive reasoning (e.g.: arithmetic; questions and answers; guessing).

With these five beliefs in mind, I went to work looking for a way to produce a product that could be of value in today's multicultural environment. This paper and the program, Spanish Headstart for School Nurses, are the results of my efforts.

A Shift in the Population

The influx of Spanish speakers to the United States has increased dramatically over the past ten years. The state of North Carolina has been greatly affected by this change. According to the U.S. Census Bureau, the Hispanic population in North Carolina grew by an estimated 94.7 percent from 1990 to 1997.[2] According to the last census, the total Hispanic population is now more than 378,963 individuals.

[2] Rosen, James. The News and Observer, "Adding to the Ethnic Mix", Raleigh, Friday, September 4, 1998. p. 1.

Population Data from the 2000 Census[3]

SUBJECT	NUMBER	PERCENT
North Carolina Total Population	8,049,313	100%
Hispanic or Latino (of any race)	378,963	4.7%
Mexican	246,545	3.1 %
Puerto Rican	31,117	0.3%
Cuban	7,381	0.1%
Other Hispanic or Latino	93,912	1.2%
Not Hispanic or Latino	7,670,350	95.3%

TABLE 1. Current Census figures relating to Hispanics in North Carolina. (These figures do not include migrants who move annually, even if they stay in the state more than one year.)

Tom Fischer, Director of the Immigration and Naturalization Service's regional office in Atlanta, estimated that the number of illegal Hispanics in North Carolina could exceed 100,000 people.[4] In addition, census figures do not include annual migrant workers and their families.

As more and more Latino faces pop up in neighborhood grocery stores, on the job, and at the mall, native North Carolinians might well wonder: Where are all these folks coming from?

This growth has had a tremendous effect on many sectors of business and services, both public and private. Although Mexicans make up the majority of those coming to the state, there are many people coming from other Central and South American countries. Issues relating to this shift in population cover all areas of social interaction including housing, health care, education, transportation, economics, unemployment, social

[3] U.S. Census Bureau. Census 2000. TABLE DP-1. Profile of General Demographic Characteristics for North Carolina 2000.
[4] Glascock, Ned. The News and Observer, "Diversity within Latino Arrivals", Raleigh, Sunday, February 22, 1998.

services, law enforcement, and religion.

Issues that Arise

The influx of new Hispanics to the state does not just affect the native North Carolina culture. It also has an impact on the new Hispanic arrivals. Consider the following situations:

- A family of eight is looking for housing in rural Wayne County when no one in the family speaks English. The parents do not read and write. They are not familiar with security deposits, installation fees for electricity, phone, or gas. And, they do not know what a lease is.
- New arrivals from Latin America finally get a used van and do not know that they need an inspection sticker. They do not know that the license plates need to be renewed annually. They have never seen a child safety seat, much less used one. They see no reason why they can not cram four or five people to a seat even though there are only three seat belts available. They do not know that children under a certain age or size must not ride in the front seat. They believe that the operator's license that they bought through a third party in Texas will meet their needs in North Carolina.
- A child enters school whose name is Candido Francisco Vega Cruz. Official records and teachers call him Candido Cruz because they do not know that many Latin Americans have <u>two</u> last names, and that the correct name to use would be Candido Vega (or Candido Vega Cruz). The boy's mother is upset with teachers and school administrators for seven years because she can not speak enough English to explain the situation.
- Mothers are trying to register their children for school and do not know the age

requirements, the need for immunizations, truancy laws, or what types of proof of residency are required simply to let their kids go to school.

- A ten year old boy from Honduras is constantly referred to as a "damn Mexican" by his rural classmates who think that everyone who speaks Spanish is from Mexico City.
- Thirty Spanish speaking families live in a county that has no Catholic Church to perform weddings, baptisms, or funerals. (Many Hispanics in North Carolina still feel the obligation to be religious and, because of the institutions available, are now becoming Baptists, Methodists, and Evangelical Christians.)

Language is Not the Only Difference

No single aspect of either culture can explain the difficulties that have arisen as these new groups have begun to merge with the local population. There are differences in customs, laws, mores, values, ethics, diet, language, attitudes, race, and religion. These differences are compounded by the fact that a large number of the newcomers are illegal aliens who feel the need to avoid authority, use false documentation, and keep low profiles. Many come here without money and only have the clothes on their backs. This often leads to a lack of trust, fear, or worse yet, the newcomers subjugating themselves to the wills of less scrupulous individuals.

Improving the Situation

Many things can make this situation better. Money to assist in providing food and housing can help. Education for the children of the newcomers can help. Programs ranging from pre-natal care and nutrition to job placement and occupational education

can help. Diversity sessions through the schools, religious institutions and community centers can help.

However, regardless of all the programs that are funded and implemented, the greatest need in solving cultural differences between the two groups is better communication. Not just the ability to speak each other's languages, but also an increase in the amount of talking, sharing, playing, and caring that reduces the "static" or "atmospheric disturbances" that also affect good communication.

Some of the Solutions

Translators are now being recruited and used in the state court system. The requirement for teachers of English as a Second Language now exists in every school. Spanish signs are up in every hospital. There are advertisements for translation services and bi-lingual personnel administrators in most issues of the state's major newspapers. Every community college is now offering free English classes for new immigrants. State employees are taking basic Spanish classes. Law enforcement Spanish is being taught by the State Bureau of Investigation, the Justice Academy, the Highway Patrol, the Department of Motor Vehicles, county sheriffs' offices, and city police departments. Hospital staffs include translation services. Emergency medical personnel and firefighters are all getting basic training in the Spanish language. Qualified Hispanic recruits are being hired in many sectors of state and city governments. More than 40 state and federal agencies have programs designed to assist with the issues of new Hispanic arrivals. North Carolina is the first state to have a Mexican Consulate. There are 15 new Spanish radio stations in the state. Local cable television providers are carrying Spanish stations, and there are now locally produced Spanish newspapers and magazines found on newsstands.

Where to Now?

The communication gap is still very large. The shift in the Hispanic population is continuing and is expected to continue to grow for decades. The number of Hispanic children in U.S. public schools is expected to increase 60 percent over the next 20 years, from 7.9 million to 12.7 million.[5]

The number of students heading into America's classrooms this fall (53 million) is at an all-time high, a result of a baby boom and a long-lasting wave of new immigrants. The challenge is not acute in all parts of the country. School populations have declined in some rural states such as Maine, Alabama, and Indiana.

But other states have seen explosive growth. Thirteen can expect at least a 15 percent increase in the number of graduates from public high schools in the next decade, according to the U.S. Department of Education. Nevada is witnessing the biggest surge (65.7 %), followed by Arizona (40 %), Florida (27 %), North Carolina (26 %), and California and Illinois (20 % each).

The new pressure on public schools stems from more than the enrollment numbers. The new waves of students are expected, in some cases, to need different types of services from their schools. From 1991 to 2001 the percentage of Hispanic students in North Carolina's public schools rose from less than 1 percent (8,530 students) to 4.4 percent (56,232 students). These demographic changes have implications for instruction, testing, and for community building.

[5] U.S. Department of Education. National Summary. "State Indicators with a Focus on Title I". 2001.

State	Hispanic Population (% of total)
Georgia	435,227 (5.3%)
North Carolina	378,963 (4.7%)
Tennessee	123,838 (2.2%)
South Carolina	95,076 (2.4%)
Alabama	75,830 (1.7%)

TABLE 2. Hispanic Population in Southeastern States

North Carolina has the second largest Hispanic population in the southeast, and its population is changing faster that any other state.

Until there are enough bilingual individuals (from both cultures) to assist in the merge of these cultures, social issues will continue. The need for more teachers, administrators, emergency personnel, heath care workers, and law enforcement personnel who can communicate sufficiently to bridge the culture gap is continuing to increase.

Defining a Part of the Fix

When the requirement to produce an Individual Professional Project (IPP) became a reality for me as a part of my masters program, I could have simply written a research paper or conducted a research project based on any aspect of my classroom activities. Neither of these options really appealed to me. I wanted to do something different. That left just one alternative. Find a product development project that I wanted to take on.

Jack's Guidance

During our introduction to the IPP, our advisor, Jack Millett, gave us two pieces of guidance for our projects:

1. Whatever you do should be something that you are interested in that relates to your teaching. (Relevant)

2. It should be something related to the field of language learning that others would want to read or use. (Valuable to the profession)

I have tried to use these two pieces of advice to gauge every step of this project. They have often guided me toward relevant information and enabled me to discover concepts and practices to use in my teaching.

Choice of Project

In September of 2001, I put a request for information on Web Sites that deal with nursing and the Spanish language. Bea Stephens, a nurse from North-Central Florida responded as follows:

> " … many of my clients are Spanish speaking only. They come to my clinic frequently without a translator.
>
> What I need is a basic Spanish course –preferably all audio… I've been listening to something called Pimsleur's Spanish and it's great –except it was developed for folks other than the medical profession.
>
> "I can speak great Spanish and ask where the hotel is. But when it comes to asking my clients if they are having problems with their birth control pills, etc. then I'm at a loss. Sure wish Pimsleur made an edition specifically for the medical community!"

Bea's response outlines the initial concept of my project very well. The purpose of this project is to develop an audio course designed to teach basic Spanish to nurses.

Through previous experiences teaching "specialty" Spanish, I learned that nurses wanted a program that was tailored for their professional needs. Nurses want to learn Spanish that can help them perform their jobs.

Focusing the Material

After months of research and drafting, I had a growing sense that something was wrong with my approach to my work. I had forgotten to review the five basic beliefs about language learning that I listed in Chapter One. I took another look and discovered that “nurse” means many things. There are practical nurses, registered nurses, and nurses who have a Ph.D. There are more than 50 types of nurses.

Some of the Specialties in Nursing

Ambulatory Care	Infectious Disease Nursing	Plastic and Reconstructive Surgery
Cardiac Care	Medical-Surgical Nursing	Perioperative Nursing
Case Management	Midwife Nursing	Parish Nursing
Correctional Nursing	Neonatal Nursing	Psychiatric Nursing
Disaster Nursing	Neuro-Surgical Nursing	Public Health Nursing
Emergency Care	Nurse Anesthetist	Pulmonary Nursing
Flight Nursing	Nurse Practitioner	Rehabilitation Nursing
Forensic Nursing	Nursing Educators	Renal-Dialysis
Gastroenterology Nursing	Nursing Informatics	Nursing Research
Genetics in Nursing	Nursing Management	School Nursing
Geriatric Nursing	OB-GYN Nursing	Sub-Acute Nursing
Holistic Nursing	Occupational Health Nursing	Tele-medicine Nursing
Home Health Nursing	Oncology Nursing	Telephone Triage Nursing
Hospice Nursing	Operating Room Nursing	Transcultural-Multicultural Nursing
Hyperbaric Nursing	Orthopedic Nursing	Travel Nursing
IV Therapy Nursing	PACU	Urology Nursing
Legal Nursing	Pediatric Nursing	Wound Care

TABLE 3. Nursing Specialties

Nurses work in many different environments, have differing degrees of contact with the emerging Hispanic community and, in many cases, have special language requirements within each of their specialties. Some of the language used by nurses is not common enough to be understood by the average lay person, whether they speak English or Spanish.

Nurses need a Spanish program tailored around nursing, not tailored around the Spanish language (pronunciation, vocabulary, and grammar), the entire field of medical Spanish, or current topics used in teaching (shopping, travel, the restaurant, etc.). They need a program that is oriented toward interpersonal communication – listening and speaking – as opposed to reading and writing. They also need a program that addresses the needs of their individual specialties. That means they really need many mini-programs that go beyond the basics if they are going to be able to communicate with their patients in their respective fields.

In short, this program needs to address one group of nurses and focus on the duties they perform with Hispanic patients. It should minimize unnecessary material and give the student many opportunities to hear Spanish, speak Spanish, and practice with the Spanish language.

Making a Choice

The next step was to determine what type of nurse to focus the course materials around.

After looking at the nursing specialties, I eliminated those who worked in fields with little exposure to Spanish-only speakers. I then eliminated nurses in highly technical areas who only need Spanish from time to time (nice to know but not necessary).

I also remembered that the proposed materials are to teach Spanish to nurses who work with the Hispanic population in the United States, as opposed to those work in foreign countries.

The program would be for nurses with a specialty that brought them into daily contact with the Hispanic community. The specialties that showed the most demand for Spanish knowledge were:

- Emergency Care Nursing because of the nature of the job and because services are free to those who cannot afford to pay.
- Public Health Care Nursing because it is a primary source of health care used by the migrant and illegal portions of the Hispanic population.
- School Nursing because the law requires all children of Hispanic families to go to school.

I decided to focus this project on School Nursing because of my own experiences working in the public schools and translating for administrators, nurses, parents, and students.

PROJECT GOALS

The goals of this project are:

- To examine the need for increased Spanish language training among people in the nursing profession.
- To identify one nursing specialty that can benefit from additional Spanish language materials tailored to their needs.

- To examine existing materials to determine what is available, what is needed, and how to provide a better product.
- To develop a basic audio-lingual program designed to assist in teaching Spanish to the nursing specialty selected.

CHAPTER TWO

THE SCHOOL NURSE

"Healthy Children Learn Better…

School Nurses Make it Happen"

- Motto of the School Nurse
Association of North Carolina

Nursing has many definitions, but the essence of nursing is that nurses combine the art of caring with the science of health care. Nursing places its focus not only on a particular health problem, but also on the whole patient and his or her response to treatment. Care of the patient and a firm base of scientific knowledge are indispensable elements.

What do Nurses do?

Nurses work in many different areas, but the common thread of nursing is the nursing process which is the essential core of how a registered nurse delivers care.
This process involves five steps:

- **Assessment:** collecting and analyzing physical, psychological and socio-cultural data about a patient.
- **Diagnosis:** making a judgment on the cause, condition, and path of the illness.
- **Planning:** creating a care plan that sets specific treatment goals.
- **Implementation:** supervising or carrying out the actual treatment plan.
- **Evaluation:** continuous assessment of the plan.

The School Nurse

A few years ago, the school nurse cleaned and bandaged the occasional scraped knee and sent children home if they had stomachaches or fevers. The modern school nurse does much more than that.

The following information about School Nursing is from a Wed-based article featured in Education World:[6]

The Education for All Handicapped Children Act -- originally passed in 1975 and later amended and renamed the Individuals With Disability Education Act (IDEA) -- guarantees a free, appropriate education to all children in the least restrictive environment possible. As a result of that legislation, many children with severe disabilities, who previously would have been institutionalized or assigned to special education buildings, now attend public schools, a change commonly referred to as inclusion or mainstreaming. School nurses now may care for students with intravenous tubes for medication, gastrostomy (feeding) tubes, tracheotomies, and ventilators. Those advanced technological devices require care and monitoring and students in wheelchairs may be unable to use the toilet by themselves or may require the insertion of a catheter.

Students without physical disabilities are also requiring more care. School nurses administer more medications than ever before. In addition to dispensing prescription medications, such as Ritalin, nurses help students with chronic conditions manage their health.

Students with diabetes or asthma must have a plan of care in place. It is the school

[6] Education World, key words “School Nurses” at www.education-world.com/a_admin/admin146.shtml

nurse's responsibility to help students follow their care plans during school hours. The school nurse must be familiar with every student's treatment regimen, including any devices or medical procedures the treatment requires. Students who have diabetes must monitor their blood glucose level, often several times a day, and may require insulin injections during school hours.

School nurses also help the growing number of children with asthma monitors and control their condition. For reasons that experts cannot explain, the incidence of childhood asthma has risen dramatically in recent years. According to the American Lung Association, asthma accounts for 10 million lost school days a year and is the leading cause of school absenteeism attributed to chronic conditions.

Children who have asthma often use a peak flow meter (a device that measures the amount of lung obstruction) and, when necessary, an inhaler. Severe attacks may require a nebulizer, a device that uses compressed air to deliver medication in a fine mist that is inhaled through a face mask. Use of a nebulizer involves combining the prescribed amount of medication with the appropriate amount of water. By helping students manage their asthma at school, nurses may be able to reduce the number of school days the children miss because of their condition.

Society's Expectations

There is definitely a shift in expectations from parents. Schools are expected to assume responsibility for many aspects of a child's physical, social, and emotional wellbeing. This is a role families and medical providers were once expected to provide.

It's not unusual for parents to ask the school nurse to look at their child's ears or throat and advise whether the child needs to see a doctor. For immigrant families, particularly if

parents don't speak much English, a child's school nurse may be the point of entry into the health-care and social service systems.

No Staffing Standards

There are no national standards established for the number of students a school nurse cares for. If there is a limit, it is usually established by individual states. The National Association of School Nurses recommends these nurse-to-student ratios:

- 1:750 in general populations
- 1:250 in mainstreamed populations
- 1:125 in severely handicapped populations

In North Carolina nine school districts have no school nurses and even more share "roving" nurses. The school nurse-student ratio approaches one nurse per 2,000 students in some school systems – and one per 10,000 students in a few counties.[7]

Most school nurses today face more demands than they can meet. The typical school nurse's office is teeming with students in need all day long. As the public continues to demand more and more from schools in the form of health care and the percentage of Hispanic students continues to rise, the need for Spanish speaking nurses in the public schools will also increase.

[7] "School Nursing in the New Millennium." 17th Annual School Nurse Conference. Chapel Hill. October 2001.

CHAPTER THREE

EXISTING MATERIALS

"You have just spent money on a catchy title…"

-Ana Malinow Rajkovic
Manual for (Relatively) Painless Medical Spanish

If one purchases all of the products that are available on the subject of Spanish for nurses, or Spanish for medical personnel, the total bill would be almost $600. All of the available products have come on the market since 1980 as a direct result of the influx of Spanish-speaking individuals to the United States, but it has only been in the past three years that items have been directly marketed for nurses. With few exceptions, these products are designed around "simple", "quick", "pocket", or "speedy" formats. They are auxiliary materials meant to aid those who already have some knowledge of the Spanish language. Most of these products are "phrase" oriented, "command" oriented, or "yes/no" response oriented. None are designed around hearing and speaking the language in useful contexts. There are few dialogs.

In this chapter, I describe the materials that are found on today's market that are designed for teaching Spanish to nurses or assisting nurses in dealing with Spanish-speaking patients.

Rather than organizing or ranking the materials in any way, I am going to describe them based on the impacts each made upon me as I unpacked them from their shipping boxes. Table 4 on the following page summarizes these materials.

EXISTING PRODUCTS

Title	Product	Cost	# of Pages	Audio Time	Comments
Say it in Spanish	Book	$19.95	425	0	Thematic Expressions
Spanish for Health Care Professionals	Book	$10.75	312	0	Thematic Vocabulary and Pronunciation
Manual for (Relatively) Painless Medical Spanish	Workbook	$15.16	249	0	Grammar-based Exercises and Vocabulary
An Introduction to Spanish for Health Care Workers	Book	$18.00	257	0	Complete Course (Culture, Dialog, Grammar, Vocab)
Outreach Spanish	Book	$10.95	380	0	Thematic Vocabulary
Medical Spanish	Book	$21.00	175	0	"Yes/No" Questions
¿QUÉ PASÓ?	Book	$ 6.25	77	0	"Yes/No" + Vocabulary
Essential Spanish For Doctors and Nurses	Pocket Book	$ 3.95	32	0	Thematic Vocabulary
Speedy®Spanish for Nursing Personnel	Pocket-size Flip-chart	$ 4.45	24	0	Vocab, Phrases, and Pronunciation
Speedy®Spanish for Medical Personnel	Pocket Flip-chart	$ 4.45	24	0	Vocab, Phrases, and Pronunciation
Essential Spanish for Healthcare	Book and Tapes	$35.00	327	3 Hours	Phrasebook, Culture Notes Vocabulary
Pocket Medical Spanish Tape	Audio Tape	$ 9.95	0	1 Hour	English/Spanish Phrases Plus Flip-chart Reference
Pocket Medical Spanish and Audio Tape	Flip Chart and Tape	$19.95	135	1 Hour	English/Spanish Phrases
Spanish for Nurses and Other Health Professionals	Book	$53.92	292	0	Thematic/Grammar
ProSpanish Healthcare Spanish for Nurses	Book and Tapes	$78.72	291	3.75 Hours	General Medical Spanish Workbook + Tapes

TABLE 4. A comparison of products designed to help nurses and medical personnel learn Spanish.

Speedy©Spanish

The first two items I want to discuss are “Speedy©Spanish for Nursing Personnel” and “Speedy© Spanish for Medical Personnel”. Both are pocket-sized, quick reference, flip charts. Both have eleven categories of information. Common topics on both charts include numbers, greetings, basic anatomical terms, patient complaints, and basic examination. Items listed for medical personnel, but not for nurses, include abdominal disorders, allergies and breathing problems, burns/chest pain, diabetes/neurological disorders, OB/GYN-overdose/poisoning, and seizures/trauma.

Just by looking at the items *not* included in the chart for nurses that are found in the other, it can be determined that “Speedy©Spanish for Nursing Personnel” is missing a lot of necessary language. Although both charts have useful commands, and a lot of questions, there are no representative dialogs, and little or no examples of variations in patient response. Pronunciation guides are minimal in both, and pronunciation of Spanish words is written below the words using simple English phonetics. There is no grammar or culture in either product. Both items retail for $4.45, and are readily available in bookstores and on the internet. Based on my experience, both of these items have very limited value. The language is minimal, and unless the user is extremely familiar with the information layout, these products would be very difficult to use in an emergency, or time-critical situation. Unless the user has previous knowledge or additional instruction in the Spanish language, possible distortions can arise in Spanish pronunciation that could create confusion and lack of understanding on the part of Spanish speaking patients. The benefits of these products are mainly in their size. They can fit in most pockets, medical kits, or bags.

Essential Spanish for Doctors and Nurses

"Essential Spanish for Doctors and Nurses" by Dr. Joe H. Alcorta is also a pocket-sized reference for helping in a bilingual Spanish-English environment. It is forty pages long, if you include the title page, copyright page, a one-page introduction, four pages of pronunciation, a five-page glossary, a one-page biography on the author, and one page giving order information. In other words, you get thirty-two, pocket-size pages which include vocabulary on professions and trades, sports and leisure, foods and refreshment, table settings and clothing. There is no discussion of grammar or examples of dialogs. Hidden toward the end of the booklet are eight pages that contain fifty common phrases for doctors and nurses, some of which are confused with possible patient responses. This booklet is available through several sources and can cost between $3.95 and $5.00 per copy. Again, the size of this product is its chief selling point.

Pocket Medical Spanish

Russell K. Dollinger, Ph.D. has two products sold under Booksmythe and JVD Publishing Company labels. They are "Pocket Medical Spanish and Audio Tape (with Native Speakers)" and "Pocket Medical Spanish Audio Tape (with Native Speakers)". Both products are packaged, advertised and sold separately. If ordered through a catalog, or over the internet, it is possible that they might be considered as distinctly separate products when in actuality, the one-hour audiotape is an identical component of both. The tape sells separately for $9.95, but for an additional $10.00, you can also get the 135 page pocket-sized reference booklet. I believe that the booklet is the better of the two components of this product, but I have not found it sold by itself. The booklet is in the format of "yes/no/I don't know" questions and commands. It is designed for use by first-

responder personnel, such as firefighters and paramedics, as well as hospital personnel. Each page is produced in duplicate so that the user can see the English phrase, its Spanish translation, and a phonetic transliteration so that the patient may read along. This does not work very well with many migrants because of high illiteracy rates among that portion of the population. One good point made in the disclaimer for this product is that it "… is not necessarily in the proper or appropriate order sequence for the examination of every patient." Of the products that I have reviewed thus far, this booklet provides more language and is better organized. It still offers little or no conversational instruction for the user.

The Use of Glossaries

Table 5 illustrates the point that most materials incorporate glossaries that simply duplicate information that can easily be found in most Spanish/English dictionaries. It

Number of Index/Glossary Pages Found in Materials

Title	Total Number of Pages	# of Text Pages	#of Index/Glossary Pages
Say it in Spanish	425	325	100 (**24%**)
Spanish for Health Care Professionals	271	200	71 (**26%**)
Manual for (Relatively) Painless Medical Spanish	249	180	69 (**28%**)
Spanish for Health Care Professionals	312	212	100 (**32%**)
An Introduction to Spanish for Health Care Workers	257	230	27 (**11%**)
Outreach Spanish	380	326	54 (**14%**)
Spanish for Nurses and Other Heath Professionals	292	242	50 (**17%**)
Medical Spanish	175	144	31 (**18%**)

Table 5. Percentages of Text to Index/Glossary pages found in available materials.

may be argued that it is nice not to have to buy a dictionary when considering which language materials to use. The opposite can also be said. It might be better to buy a good Spanish/English dictionary instead of many of the products currently available on the market. The dictionaries generally provide a greater range of useful vocabulary, and are arranged in a predictable and user friendly format.

Audio Programs

Table 4 shows that only four of the available products contain audio-lingual materials. Further only four hours of specialized audio materials are available for all types of nurses and medical personnel to master the Spanish language.

There is a need for better products to help nurses learn to communicate in the Spanish language and work with Spanish speaking patients. This is evidenced by the quality of material that has become available during the past few years and which can be purchased today. Thus far, materials have been limited in their scopes and have been designed around preexisting materials intended for other uses (and different audiences). From their titles and packaging, it is evident that content has taken second place to marketing strategies with most of these products. It is also evident that speed, size, and simplicity are deemed more valuable by producers than teaching relevant language skills.

CHAPTER FOUR

DESIGNING THE COURSE MATERIALS

"… success or failure in a language course depends less on linguistic analysis and pedagogical techniques, than on what goes on inside and between the people in the classroom."[8]

- Earl W. Stevick

There are many programs and courses on the market for teaching Spanish in the United States. In Chapter Three, I discussed the emergence of products designed to teach Spanish to people in the medical professions, including materials designed specifically for nurses. Although these products are available in most bookstores, they have some deficiencies that have been noted in the professional community. The most common comment is, "This product does not help me learn how to understand or speak Spanish."

My observations indicate that all of the products on the market today are products designed to supplement classroom instruction, or to aid individuals who already have an understanding of the Spanish language. They are designed for people who lack the Spanish vocabulary and knowledge of the Hispanic culture specific to the medical environment. Although a few of the more advanced texts are thorough in covering introductory material, there are no adequate audio programs for teaching Spanish to nurses. There are no programs designed around the specialized areas of nursing. There are no texts, aides, or audio programs designed just for School Nurses.

[8] Stevick, Earl W. Working with Teaching Methods. Heinle & Heile Publishers. Boston. 1998. P. xii.

In developing this program, I have referred to the questions asked by Diane Larsen-Freeman in her book, Techniques and Principles in Language Teaching."[9]

1. **What are the goals for teachers using this material**? My program, Spanish Headstart for School Nurses, is designed primarily for individuals who plan to learn Spanish on their own, outside of a classroom environment. The program introduces vocabulary, phrases, and expressions required for use between nurses and Hispanic students. It is intended to permit nurses to move at their own pace when learning the language. It can be used alone or to supplement other course materials. Teachers and learners can use the material to provide additional listening and exercise practice in the Spanish language. It can be used to introduce new material, review old material, or to permit students to work in a more specialized area of study. It can also be used by small groups of students who need initial practice with the language or a stimulus when an instructor is not available for small group activities.

2. **What is the role of the program (teacher)? What is the role of the student?** This program provides models for language learning. It provides new vocabulary and expressions in lists, sample dialogs, exercises and practice conversations. Students listen, repeat, and react to information and stimuli provided in each audio lesson.

[9] Larsen-Freeman, Diane. Techniques and Principles in Language Teaching. Oxford University Press. Oxford. 2000. pp. 7-8.

3. **What are some characteristics of the teaching/learning process?** The lessons in this program are based on developing listening and speaking skills of the student. Learning is based on imitation and repetition. Exercises (e.g.: repetition, substitution, chain, transformation, and question and answer) are used to develop vocabulary, structure, and understanding of the language. Lessons are interrelated and progressive in nature.

4. **What is the nature of the teacher (program)/student interaction?** This program can be used alone or for group study. When used to support classroom instruction or small group study, the program materials can serve as a focal point for discussion topics or as a starting point to discuss more advanced language concepts.

5. **How are the feelings of the students dealt with?** Lesson length and the amount of new material presented in each lesson are designed so that students are not overwhelmed. Words and phrases that are not related to nursing are eliminated to conserve student time and to maintain student interest. Student questions are anticipated so that answers are covered at critical intervals in the material.

6. **How is language viewed? How is culture viewed?** School Nursing has its own specific language requirements. Every effort has been made to limit lessons, examples, and activities to those relating to the daily functions of the

school nurse. Everyday speech is emphasized. The complexity level of the language has been reduced whenever possible so that only simple models are presented. Cultural knowledge is considered critical to the nurse-patient relationship. Relevant cultural materials are provided within the lessons and material is summarized in a separate section at the end of the text.

7. **What areas of language are emphasized? What language skills are emphasized?** Emphasis is placed on pronunciation, vocabulary, and interpersonal communication. Priority is given to listening and speaking skills.

8. **What is the role of the students' native language?** The students' native language is used in the text and in the audio materials to give initial instructions and explanations. As students progress through the program, the amount of native language is slowly replaced with the Spanish language.

9. **How is evaluation accomplished?** There are no formal evaluations provided in this program. The goal is that students will have confidence as the acquired language skills are applied in on-the-job situations.

10. **How are student errors dealt with?** This program attempts to eliminate student errors through repetition and practice. The materials have been designed to permit students to move at their own pace, reviewing as necessary

prior to advancing to new material. Recorded material has the advantage of being used over and over again.

PROGRAM GOALS

For

SPANISH HEADSTART FOR SCHOOL NURSES

My goals in developing the audio program, "Spanish Headstart for School Nurses", are:

1. To provide an introductory course for school nurses that will aid them in learning to speak and understand the Spanish language when it is required in their job setting.
2. To provide a natural progression of lessons that will help nurses to build upon previously learned materials.
3. To reduce non-essential materials to a bare minimum. Eliminate all grammar and structural references unless they are absolutely necessary to acquiring communication skills. Eliminate all glossary materials. (Students who desire a greater vocabulary should invest in a good general Spanish-English dictionary or an advanced Spanish-English medical dictionary.)
4. To provide for two levels of learners:
    - Students with no previous knowledge or who desire a review of the basics.
    - Students who have some previous experience yet desire specialized language skills.

5. To provide inter-cultural information that will assist nurses in understanding and treating the Hispanic patient.
6. To develop materials that permit students to work at their own pace and to review as often as necessary.
7. To motivate learners to seek more advanced instruction in medical Spanish.

Less is More

Sections of "glossary" and "self-evaluation quizzes" were initially planned as a part of this program. They are commonly found in other programs. I decided to delete them. Both sections are nice to have but not necessary. A good Spanish-English medical dictionary or a good unabridged Spanish-English dictionary is better than any glossary that I can develop. Not only does a dictionary include all of the words that I am using in this program, but thousands more words and phrases that will allow students to expand their knowledge (as they desire) beyond the scope of the program.

Self-evaluation quizzes are just forms of additional exercise material. Instead of dedicating special sections to quiz material, I decided to incorporate more exercises. Students should get a clear sense of their mastery of the material based on the difficulties they encounter moving from one exercise to the next. If a test is necessary, I hope that learners will use the language in their work environment, take chances, and work with their errors in order to gain reinforcement and feedback.

Developmental Considerations

To develop this audio program for teaching Spanish to nurses I, had to understand the interaction that takes place between English speaking nurses and Hispanic patients. I had to address the challenges of stress, fear, trust, and prejudice that can

accompany relationships between people from different cultures. I had to get inside the minds of the individuals and determine what happens between people in the medical environment. This was based on my own personal experiences as a translator between school nurses and students, conversations with Hispanic students, school nurses, and through additional research.

I wanted to tailor the program so that the language was as useful and relevant as possible. I specifically wanted to provide the nurses (learners) with words and phrases relating directly to their job responsibilities and to avoid unnecessary words, phrases, grammar, and explanations. I turned to the nurses themselves to determine which words and phrases to teach, and the order in which to present them. During this process, I became acutely aware of the fact that nurses are not all alike. Each type (specialty) has its own unique characteristics. That is when I had to decide whether or not to create a general program for all nurses, or try to deal with each type individually. By limiting the scope of the program to one specialty, I found that the material was more useful and relevant to the nurses' job. I included only topics that were applicable to my target audience. Therefore, the entire program became more relevant to the learners.

Determining the order in which to present the material was easy since nursing is an ordered profession. Many activities are performed in sequences designed around specific objectives. Nurses also follow routines in the performance of their duties. The exercises found in Spanish Headstart for School Nurses are task-oriented, and sequenced as nurses would perform them with patients regardless of language differences.

Throughout the material development, I had to remember that this course was intended to be an initial, basic program. As such, it would not include all aspects of any

part of the language. I had to realize that even when it was completed, it would be incomplete. Some materials have been limited, and others have been eliminated all together. The choice of what to include and what to exclude was not always easy, nor will it always be justifiable. Many students will want more than this program provides and there will continue to be a need for the development of more advanced materials.

CHAPTER FIVE

CULTURAL ISSUES

". . . culture is difference, variability, and

always a potential source of conflict. . ."[10]

- Claire Kramsch

The information in this chapter is the result of research into cultural issues. I believe that information contained in this chapter relates to the importance of improved communication between Hispanic and non-Hispanic portions of American society. Some of the information may be common knowledge and some very controversial. The relevance of this material to this paper may be debated, but it is included in the hope that it may clarify the need for improved communication and better cultural understanding among members of American society. It is also being incorporated as an appendix to Spanish Headstart for School Nurses. (**Caution: This section is provided to create awareness and sensitivity on the part of caregivers. It is not intended to establish a "stereotypical" Hispanic patient or to collectively explain the attitudes of all non-Hispanic citizens of North Carolina.**)

La población / The Population

The cultural issues relating to the Spanish-speaking population in North Carolina are not as easy to explain today as they would have been just fifteen years ago. The population has grown and become more diverse. Most people in the state do not understand the terms "Hispanic" or "Latino". A large number of people believe that all of

[10] Kramsch, Clare. Context and Culture in Language Teaching. Oxford University Press. Oxford. 1993

the Spanish speakers that are here now are Mexicans. The term "***mexican***" has come to mean many things and most of those are negative. Some responses to the question, "What is a ***mexican***?" are:

- People who speak Spanish.
- Fieldworkers, especially tobacco croppers and broccoli pickers.
- People who are here illegally and don't deserve to be.
- Poor people who do not know how to live.
- Mostly men who only come here to work and send money home.
- Uneducated illiterates who work and don't pay taxes.
- They live in shacks or trailers.
- Their kids don't speak English and don't do well in school.
- All they do is take from society.

The concept of "mexican" is still negative in many places in North Carolina. Things would be a lot worse if there were not active efforts to correct the situation. There are also efforts on the parts of the state and local governments to help deal with the challenges of diversity which are occurring.

Who are the Spanish speaking people in North Carolina? Where do they come from? Are they all alike? What are the implications for people in health care professions? What do nurses need to be aware of?

Spanish speakers in North Carolina come from various segments of the world

population. They are not all alike. Some of these groups are:

1. **Spanish-speaking tourists.** These include those who travel the I-95 and I-85 corridors between Florida, Washington, and New York; those who use the international airports and AMTRAC; and those who come to visit tourist sites within the state. This group represents all Spanish speaking countries and cultures.

2. **Spanish-speaking students.** These include undergraduate and graduate students at more than one hundred public and private post-secondary institutions; foreign exchange students in our high schools; and children of Hispanic parents who reside within the state.

3. **Foreign-born residents.** This group includes completely bi-lingual professional people, individuals with limited English proficiency, and the children of illegal migrant workers with little or no Spanish education, and no ability to speak English.

4. **Native-born North Carolina residents.** These include an increasing number of people who live in homes where the first language is Spanish. These individuals cover the entire gambit of social and economic levels.

5. **Migrant farm workers.** Each year, thousands of workers come to North Carolina from many Latin American countries to work in agriculture. Some move from state to state to harvest crops as they ripen, and others stay in locations for up to three years, working on just one farm. Mostly, these

individuals work from sunup to sundown, collect their paychecks on Fridays, and enjoy Saturdays and Sundays in town. Many send most of what they earn back home.

6. **Illegal aliens.** This group includes men, women, and children. The total number of individuals in this group approximates 500,000 people, or approximately 5,000 individuals per county.

La cultura medical /The Medical Culture

Knowledge of the different groups of Hispanics is important. It is also important to note that several common cultural threads exist among these groups. These cultural issues can pose possible conflict for Americans dealing with Spanish speaking patients. Formalities, courtesies, and customs are stressed in Hispanic cultures. Political correctness is not.

The concept of regular checkups and preventive medicine does not exist in Spanish-speaking countries. Ailing adults usually try home remedies, leftover medicines, or medicines suggested by a pharmacist. It is not required to obtain a prescription before buying medicines in most parts of Latin America. If a person is really sick, or in great pain, they may go to a doctor. Treatment by other healers is also very common. (***Curanderos, yerberos*** or ***santeros*** are types of faith healers, witchdoctors, or naturalists who exist in many parts of Latin America.)

For some Latinos, illness is considered a weakness of character or a punishment from God. This may be attributed to religion and other cultural beliefs. When people finally decide to seek medical attention from a doctor, or through a hospital, they have usually

exhausted all other possible remedies. Many Latin American patients believe that if a person goes to a hospital they will not come out alive. They will die there. So, the act of just going for medical treatment may be considered a drastic step for some of these people.

Another cultural concept to be aware of is that some Hispanics believe that ill health may be a result of an imbalance in the body. This is known as the concept of "homeostasis". For example, if they believe that sexual performance can be affected by a loss of blood, then they are not going to like it very much when someone says the doctor needs to "take some blood". Some parents may also feel that a baby needs to restore fluids every time the child has diarrhea.

In their own countries, Hispanics are accustomed to appointments on a first-come, first-served basis. As a result, Latin Americans are often alarmed or dismayed when they call for help and are given an appointment in three or four weeks. This causes many to seek help in emergency rooms, or avoid getting help at all.

Hispanic patients are not used to asking questions or clarifying points. Hispanic children are generally taught not to question others, especially people in authority. It is considered impolite and disrespectful. If this is continued into adulthood where health care providers are regarded in the same manner as priests and governmental officials, the patients may tend to agree with everything that is said. That way, they will not come across as wasting the doctor's time, or appear to be questioning authority.

When Hispanics do seek medical attention, they are accustomed to a personal touch in health care. It is still common for doctors to make house calls in Latin America. It is also

not uncommon for the doctor or nurse to phone the patient following treatment in order to check on his progress.

People from Latin American countries are not accustomed to the cost of medical care in the United States. They are not accustomed to health insurance. Many believe that they are not entitled to treatment and services that they can not afford. Again, this often leads to prolonging the time Hispanics go without care.

La Familia / The Family

Within the Hispanic culture, the extended family plays an important role. Hispanics and Latinos form close-knit groups. Often patients are accompanied to a clinic or hospital by other family members and friends for moral support, out of habit, or due to "**cariño**" (affection). An American nurse may feel frustrated, overwhelmed, or even become defensive when crowds show up for services. There is no need to. It is merely customary.

Los viejos / The Elderly

Another important group within a family or community is ***"los viejos"*** (the elderly). Age is respected in the Hispanic world. Unlike the American culture where gray hair is dyed, and wrinkles are removed, Hispanics work on ways to highlight, and give dignity to the changes that come to the body with age.

Throughout the Hispanic culture, the elderly are respected, loved, and remembered. Although the Hispanic culture is changing, the Hispanic family unit is still multi-generational as opposed to the modern American family that is split by distance, generation, and cultural norms. Parents, grandparents, and even great-grandparents, in the Hispanic society are considered a hierarchy of authority figures to be consulted on all matters that involve politics, finance, marriage, property, business, health care, and the

family. The elderly normally live in their own homes until such time as they need help. At that time, they may move in with a child or other relative, or they may require the caregiver to move in with them.

In many families, land and business ownership belongs to the oldest male (sometimes the oldest female) relative and is "shared" by the family based on age, relationship, and status. Even the honorific titles ***"Don"*** and ***"Doña"*** which were once reserved for nobility, are bestowed on the oldest men and women living in even the poorest of Latin American villages.

Many Hispanic families care for the elderly in their homes. The reasons for this are simple. One reason is the religious commandment, "Honor thy father and thy mother that thy days may be long upon the land…." Another reason is the fact that most Hispanics do not have the income to support placing the elderly in convalescent homes, hospitals, or assisted care facilities. A third reason is that the culture has not supported the construction of such facilities. The most important reason is that ***"la familia"*** is an institution that is key to the very existence of the Hispanic culture.

Los hombres /The Men

The term ***"macho"*** is not native to the English language. It is often used in the American culture to mean "manly" or "masculine". The Spanish take it just a bit further and mean "virile", "brave", and "strong" ("Macho" kids do not cry!). The Hispanic world is still very much heterogeneous. The roles of males and females are still very clearly defined, strictly delineated, and clearly appreciated by a large majority of the population. When dealing with Hispanic patients, nurses should remember that gender is almost always an issue when dealing with the body, illness, or pain. It can also play a role

in determining the relationship between a patient and caregiver. An Hispanic male does not relate to female nurses and doctors like their American counterparts. An American may be embarrassed when dealing with a female healthcare worker, and still consider them to be professional and effective sources of assistance. An Hispanic male may be reluctant to accept the fact that females are more than "assistants" to a male doctor. Male patients are not accustomed to having their genitalia or anal orifices handled by other males. The fact that female nurses and female doctors in the United States are performing physical exams on male patients, or may be present when male patients are in various states of undress, may cause difficulties with Hispanic male patients, and even result in a patient refusing services.

Although the Hispanic male is "macho", and women are supposed to be feminine, sexual topics are not traditionally discussed in the home. Sex education is not a part of the curriculum in most Hispanic schools.

A dual role has existed in Spanish society for centuries, where male virility has been celebrated and female virtue protected. Men often view sexually active or liberated women who are single as being less than desirable, or socially unacceptable as wives, daughters, or mothers. Men serve as role models for their sons and women as role models for their daughters.

Until the outbreak of AIDS ***(SIDA)*** during the latter part of the last century, sex education was not considered necessary in many parts of the Hispanic culture. Even today, much of the AIDS awareness, testing and prevention which is taking place in many parts of Latin America is being conducted by agencies from the United States, or international organizations.

Some aspects of sexual behavior are considered “a sin in the eyes of the church”, and are not discussed in polite company regardless of circumstances. Birth control, homosexuality, masturbation, prostitution, and sexual roles are still considered religious matters, and 99% of the Spanish speaking world considers itself a part of the Catholic Church. (Birth control, homosexuality, masturbation, prostitution, and varying sexual roles are known to exist within the Hispanic world, but are not generally accorded much importance until made public.)

When dealing with male Hispanic patients, discussions concerning types of sexual activity or sexual orientation may be misunderstood, construed as rude, considered a threat, or even be taken as a proffered sexual advance by some Hispanic men.

When in doubt concerning the cultural attitude of a male Hispanic patient, care can be taken to explain procedures and questions before they occur, and when possible, the patient can be given the option of dealing with male medical personnel, or foregoing certain parts of an examination.

Las mujeres / The Women

When it comes to dealing with Hispanic women in a medical environment, they are truly equal to their male counterparts when it comes to dealing with issues of illness, pain, or the body. Hispanic women, especially those born and raised in Latin America, are not accustomed to disrobing in the presence of others. It is advisable to have a gown available, and permit a patient to change in privacy before entering a room. Only those parts of the body that are being examined should be uncovered during an exam. When male doctors are examining female Hispanic patients, it is advisable to have another female in the room whenever possible.

Discussion of sexual matters is also a sensitive topic for Hispanic females. It is more easily done female to female. Some topics, such as birth control, are still a religious matter, but in the case of female patients, a discussion of birth control may be misconstrued as interfering with a husband's rights as the head of household, or as an invitation to "sin" on the part of his spouse. A response that appears to be embarrassment on the part of a female patient may actually indicate a conflict in moral and social values in dealing openly on sexual topics with strangers.

Pregnancy and birth are rarely thought of as medical situations in much of Latin America. Most Hispanic women do not seek medical advice or help until they are in labor. Prenatal care is often unheard of. In poorer families, many Hispanic children continue to be born in homes as opposed to hospitals. (This is also occurring in the homes of migrant families in rural parts of the United States. Sometimes because of tradition, and sometimes because the parents are illegal and are avoiding the authorities.)

Caring for children in the Hispanic world is still the role of women. Family planning is not a part of Hispanic culture outside of the United States. There are still instances of families with ten or more children. When family size is large, and financial resources are limited, nutrition, sanitation, and preventive health care all suffer.

Women are still responsible for supervising and caring for members of the family who are sick, hurt, or just not in balance.

Los niños / The Children

Hispanic children who come from lower income families, and who are still close to their native-cultural roots, have some traits that need to be noted for people in both the heath care and education professions.

Many Hispanic children come from large families, and for many reasons, both parents have to work. Because of this, it is common for an oldest daughter to take on the responsibilities of caring for her "siblings". In situations when two or three generations of adults live next door to each other, a young girl may find herself responsible for looking after smaller brothers, sisters, cousins, nieces, and nephews.

A typical case: One of my former students was responsible for caring for six younger children from the time school ended every day, until her Mom got home from shift work at 6:00 each evening. Her father was a long-haul truck driver who was gone for weeks at a time. She was twelve years old and still a "child" herself.

She was responsible for keeping the house straight, keeping the kids clean, changing the young ones when they needed it, and fixing supper for the family. When her brothers and sisters entered school, she had to help them with their homework (neither parent had gone past the 8th grade). She generally helped clean up after supper, helped her Mom get the other children ready for bed, and attempted to get her homework done before going to bed. She caught her bus every morning at 6:15 after getting all of her siblings ready for school.

The children in her family qualified for the Free and Reduced Lunch Program at our school. This entitled her and her sister and brothers to eat a small breakfast and have a free lunch every school day. She skipped breakfast and lunch on the days she did not have $2.00 because her pride would not let her accept charity.

The background on Luz is important in understanding why she was always nodding off in class, why she always appeared disheveled, and why she did not have her homework done on many days. It also explains why teachers seldom had correspondence

returned from her parents pertaining to all the kids. She belonged to one of sixty-five such families at the school where I was working.

A case involving the boys: "Macho" does not just relate to the adult Hispanic adult male. It is probably a "socio-genetic" trait that is passed from generation to generation beginning in the womb.

Miguel was also a student from a low-income family in which both parents worked. Miguel was raised to be proud of himself, his family, and his Mexican heritage. But it was hard.

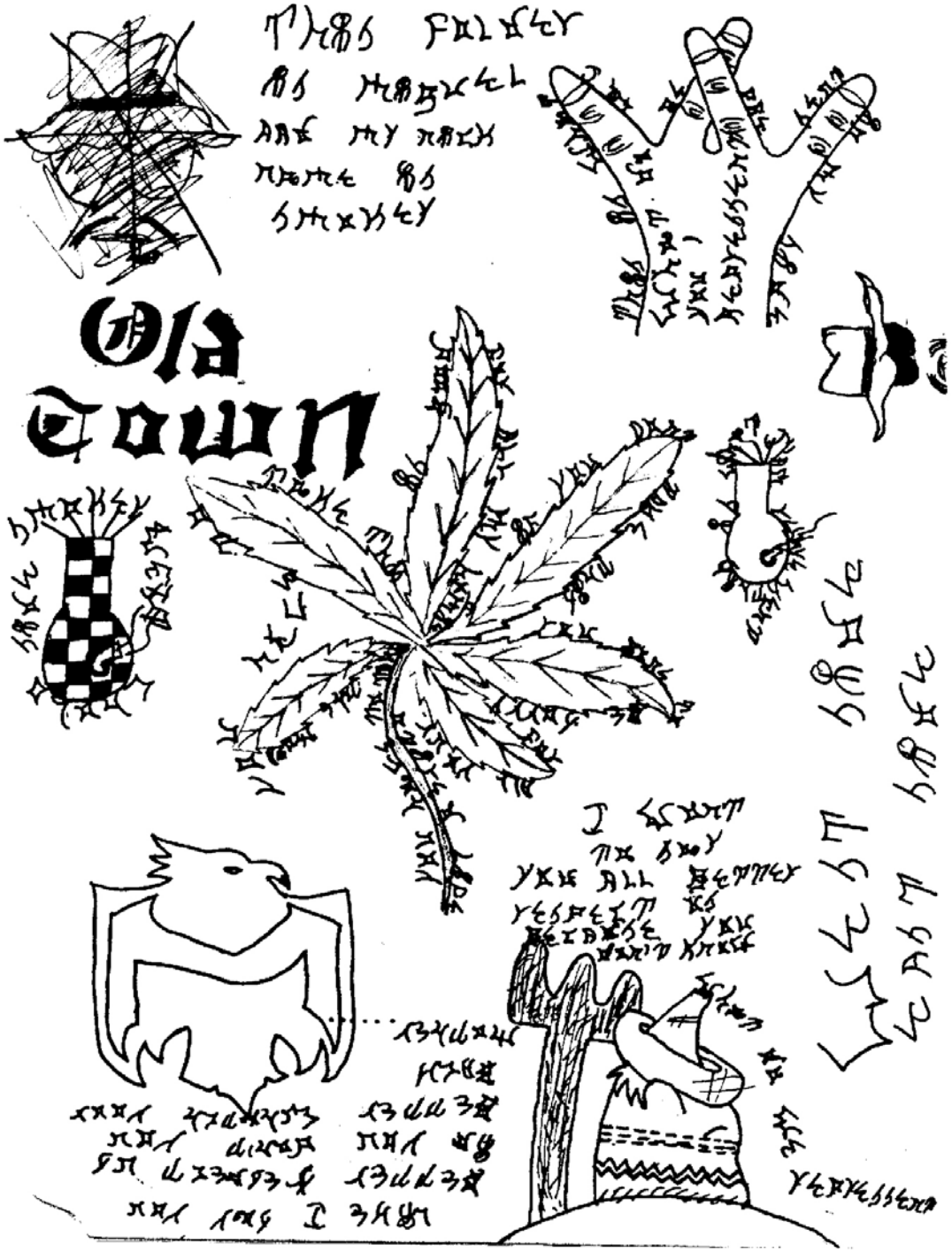
Miguel's father could not afford to buy him "cool" clothing to wear. The family lived in an old sharecropper's cabin that had only one bedroom. Miguel slept with his two sisters and his brother on the floor in the living room.

Miguel was used to the "barrio" in San Antonio, and was now living in rural North Carolina where the nearest stoplight might be 15 miles away.

Neither of Miguel's parents finished high school, and Miguel did not appear to be headed in that direction. He had already been held back twice by the time he was in the seventh grade.

Some of Miguel's "art work" that he drew on his Spanish folder is displayed on the next page. The drawings reveal quite a bit about Miguel's thoughts as well as some of the cultural aspects of his world that have relevance among his peers.

Miguel did not finish the year at my school. He ended up in the county alternative school before the end of the year. The last I saw him, he had come to get a brother who had gotten sick one day at school. Miguel was free that day. He had been expelled.



Miguel's drawings illustrate the concepts of the "Lazy Mexican", the drug culture, and the eagle associated by some with "La Raza". The "cool" writing styles and symbols are associated with some Hispanic music and/or gang cultures.

Los niñitos / Young Hispanic School Children

Young Hispanic school children come from many backgrounds, however the "Spanish-only" segments of the population tend to be from upper class families or the very poor. Regardless, Hispanic mothers try to send their children to school clean. They feed them the best that they can and take pride in their achievements.

Little girls often wear dresses or skirts to school. They are seldom seen in tennis shoes during their first year or so in the United States. They are often very shy and do not Usually volunteer to answer questions in the classroom. They take a lot of pride in themselves and are very competitive in nature. Often they have to work two or three times as hard to overcome language deficiencies, but by the time their English is fluent, their academic skills are so sharp that they pass their North American contemporaries.

CULTURAL SCHOOL NOTES

- 15% percent of the student body in American public schools is Hispanic.
- 4% of the public school teachers are Hispanic.
- More than 30% of Latinos age 15 to 17 are enrolled below grade level.
- Latino students comprise three-quarters of all students enrolled in Limited English Proficiency (LEP) programs. (Not all Hispanic students are LEP)
- The High School completion rate for Latinos is 18% below that of African Americans and 27% below that of whites.
- 22% of Hispanics in the United States live in poverty.

Taken from "Latino Population Statistics" published by the Latin American Association. More information is available through www.latinamericanassoc**. org/stats.**

Boys will wear long trousers or jeans with long sleeved, collared shirts, until they have become “Americanized”. At times even boys in primary grades wear highly polished cowboy boots to school, hand-tooled leather belts, and a kid-sized rodeo belt buckle.

Boys can be loud and are very competitive. Some times when they can not speak enough English, they make their presence known through different and sometimes disruptive means. They love to receive a teacher’s attention and can use their language deficiencies as a “crutch”. When two boys of limited English skills are in the same classroom, their competitive spirits can take over. They may even draw blood to become the teacher’s favorite. Other “competitive” behaviors that I have personally seen include destroying another boy’s work, throwing objects while a class is being conducted, crying spells, pouting, refusal to perform even the most menial tasks, stealing, kicking, and repeatedly wanting to go to the bathroom.

Some cultural aspects of Hispanic school behavior are beyond the individual child. Hispanic parents will seldom take the time to carry their children to school if the kids miss the school bus. Notes and excuses for absences and tardies are not to be expected from newcomers. Children will often wear the same clothing for days, but it is often washed every night and hung up to dry. Bathing is different. The Saturday night bath is still a common concept.

Some of the common problems associated with the migrant population are: head lice, tooth decay and disease, poor diets, skin problems, and occasionally, parasites.

It is Not all Bad

Hispanic children are competitive. Those with the best skills at adapting to their environment in the United States can do very well. One statistic in North Carolina makes me very proud of our Latino students. **The only group of high school students in North Carolina that has SAT scores above the national average is our Hispanic students.**[10]

La salud/ Health

Many Hispanics have cultural attitudes and perspectives that are very different from those held by most of mainstream America. Some of these are discussed in the next section on syndromes.

Los síndromes[11]

For lack of a better word, there are also "syndromes" that appear with greater frequency among Hispanic patients. The first three of these have real physical symptoms, and are recognized as physical ailments among the medical community. They should be taken seriously when confronted. **Los síndromes** include:

Caida de mollera (fallen or depressed anterior fontanelle**):** ***Caida de Mollera*** is believed to be caused by pulling the baby away from the breast or bottle too quickly. It has also been attributed to holding babies incorrectly or allowing an infant to fall. Possible symptoms include diarrhea, loss of appetite, fever, irritability, and vomiting. A few perceived cures are to push the thumb up in the palate to try to raise and reshape the

[10] North Carolina Department of Public Instruction. "North Carolina Close to Southeast Average on SAT". September 1, 1998.
[11] Trotter II, Robert T. "Folk Medicine in the Southwest". Interstate Postgraduate Medical Assembly, 78 (December, 1985) 8:169-170.

fallen area (causing more serious damage); to hold the child upside down and shake him; or to pat salt on his head. The medical diagnosis is dehydration. ***No debes de agitar mucho a los hijos porque se les cae la mollera*** (One should not agitate a child too much because it can cause the crown of the head to fall in.).

Susto or **mal de susto (**reactive depression or post-traumatic stress disorder**): *El susto*** is thought by some to be a departure of the soul from the body. It is said to be preceded by a startling or frightening event. Some of the symptoms are irritability, diarrhea, depression, insomnia at night, daytime drowsiness and lack of appetite or loss of weight This has been credited with bringing on TB, diabetes, miscarriages, and other disorders. Traditional cures have included ritual cleansings and herbal teas. Healers might suggest that an herbal potion be sprayed on a patient while another suddenly covers them with a towel. That way, one ***susto*** is cured with another. The medical diagnosis may be reactive depression, an anxiety reaction, or post-traumatic stress syndrome.

Empacho (a blockage of the intestines**):** The word ***empacho*** derives from the Indo-European word ***ped***, meaning “foot”, and ***impedire***, “to impede”. It is thought to be caused by a bolus of food that sticks to the intestinal wall as a result of eating certain foods at incorrect times, swallowing gum, swallowing too much saliva during teething, or eating too many sweets. The undigested food sticking to the intestine wall is perceived to be different from “normal” indigestion, perhaps as a result of social forces. For example, ***empacho*** in a child may occur if a child is forced to stop playing in order to eat dinner, or is forced to eat a food that he strongly dislikes. The symptoms are diarrhea, constipation, vomiting, indigestion, and feeling bloated and lethargic. Healers might suggest a back

massage, rubbing a raw egg over the area, or drinking herbal tea. The medical diagnosis may be gastroenteritis, appendicitis, intestinal parasites, or even food poisoning.

Mal de ojo (the evil eye**):** This condition is supposed to be brought on by admiring or covetous looks. Although it pertains mostly to babies and young children, it is also taken very seriously by the extremely superstitious. Symptoms include irritability, crying, sleeplessness, and fever. Prevention and treatment vary widely among Latinos from different regions. In the United States and Mexico, touching a baby after admiring him or showing affection wards off ***mal de ojo***. In other regions, they use an amulet called ***ojo de venado*** (deer's eye) made from a tree nut and amber tied with a red string. This is tied around the baby's neck or wrist. Sometimes only a red string is tied around a baby's waist. In the Caribbean, it is considered "harmful' to touch a child after giving an admiring look. This also passes on the ***mal de ojo***. In Cuba, a mother may say ***"Bésale el culito"*** ("Kiss his little ass.") after someone admires a baby. A prophylactic used against this malady in the Caribbean is ***azabache*** (jet lignite). In many countries, a treatment may be the passing of an unbroken egg, representing a pure unborn entity, over the child's body.[12]

Mal aire (bad air**):** ***Mal Aire*** is thought to be night air that can enter any body cavity and cause distention or gas. It also implies exposure to extremes in temperatures. The complaint is often stated, ***"Me dio un aire."*** ("I caught (bad) air."). Symptoms include red eyes, pains in the side, chest, or back. Patients who have resorted to home-remedies, or seen healers, may display signs of "cupping" as a result of placing heated glasses on

[12] Ríos, Ph.D., Joanna and José Fernández Torres. Medical Spanish. McGraw-Hill. New York. 2001. p. 243.

the skin to create a suction to draw out the ***"mal aire"***. In Spanish, this treatment is referred to as ***"venosa"*** which refers to the drawing out of poisons. Patients who have been treated like this may show patterns of circular bruising or "hickey-like" indentations.

Mal de orina: This is a urinary tract infection, which can also be referred to as ***"Chistata"***. Symptoms include change in frequency of urination, and/or pain upon urination.

Fogaso: This term refers to tiny red spots on the mouth and tongue, as well as skin rashes and stressed feet.

Postemilas (fuegos): This term is generally used to refer to soreness in the mouth. It may be caused by chancre sores, fever blisters, or toothaches.

Chípil. This is a reference to malady in young children who have just finished weaning. It is also blamed on jealousy and envy of older siblings, and may be contracted while the younger child is still in the womb. A child who is ***"chupíl"*** often displays behaviors of crying, whining, and throwing tantrums.

Los Remedios / The Cures

Many people in Hispanic communities still rely on the remedies prescribed by ***la abuelita*** (grandmother). Many of these treatments have been used for generations, are used in other cultures, and are recognized to have a chemical property which validates their uses as medical treatments.

The more common home remedies used by Hispanics are:

ESPAÑOL	ENGLISH	CUSTOMARY USE
aceite de olivo	olive oil	burns, constipation
ajo	garlic (tea)	blood pressure, asthma, TB, worms
alcanfor	camphor (tea/lotion)	laxative
cabellos de elote	corn silk (tea)	kidney stones, urinary problems
cebolla	onion	burns, warts, tumors, coughs
cilantro	coriander (tea)	cramps, laxative, purgative
flor de azahar	orange blossom (tea)	insomnia, tranquilizer, nerves
jengibre	ginger (tea)	colds, cough, colic, indigestion
gordolobo	mullein	cough, bronchitis, varicose veins
hierba buena	mint (tea)	stomach disorders, nerves, colic
manzanilla	chamomile (tea)	stomach problems, diarrhea, cramps
ruda	rue (tea)	headaches, nerves, menstrual cramps, early abortion
sábilla	aloe	burns, skin rashes, scars, swelling
tila	linden (tea)	sleeplessness, nerves
vainilla	vanilla	colds, cough, colic

By now it should be evident that sensitivity to and awareness of cultural dynamics can greatly improve the relationship between the heath care provider and the Hispanic patient.

CHAPTER SIX

LESSONS LEARNED

"*Learning without thought is labor lost;*

thought without learning is perilous ."[13]

- Confucius

Developing this Independent Professional Product (IPP) as a culmination of my masters program, has been a thought provoking, learning experience. I decided to add this chapter late into the research phase of the project. It is meant to help me recount some of the lessons that I want to capture for myself. It is also provided to help others understand the effort that has gone into the project as it has developed.

I am separating my lessons learned into the following topics:

- Nursing
- Teaching Spanish
- Technology
- Myself

Learning about Nursing

When I first thought about doing this project, I thought of nurses as one group of professionals. I was interested in helping "them" learn Spanish so that they could function better in a multi-cultural environment. After months of research, interaction, and reflection I have come to think of nurses not as one group, but as many sub-groups of highly trained professionals that have traditionally been referred to under one title.

[13] Confucius. "The Confucian Analects". Book 2:15. Approx. 525 B.C.

Nurses have language specific requirements that are unique from tourists, law enforcement personnel, and high school students. Each nursing specialty has unique job functions and different language requirements as well. Nurses easily fall into more than fifty different specialties.

The location and environment where nurses work also impact the need and relevance of language training. Some states, counties, and municipalities do not have a sufficiently diverse population to justify the expense of training personnel to speak a second language. Nurses who work in emergency rooms, schools, public health clinics, and places where government assistance is available to minority groups are more likely to interact with the "Spanish-only" migrant population in the United States than nurses in other work environments. Nurses who work in a laboratory, or upper-level administrative positions where the population is diverse, may not interface with a population that does not speak English.

Nurses who are training to work in the international health care environment outside of the United States, such as the International Red Cross, the Peace Corps, and CARE are in need of specialized language training. In addition to Spanish for use on the job, they also want, and need, language skills to help them perform personal functions relating to living routines and recreational pursuits.

Medical vocabulary varies from specialty to specialty. In some cases, it is not even relevant to nurses at all. Some nurses perform duties that require language that nurses in other specialties do not need.

Most nurses who interact with Hispanics want to learn enough Spanish to help their patients.

Learning about Teaching

Teaching through audio is different than classroom instruction. Through the development of this audio program I have had to find ways to "teach" Spanish through a very restricted process. New dynamics are involved in the relationships between teacher, student, and subject.

The personalities of the teacher and students are of very little importance in this type of program. Physical and cultural characteristics (race, appearance, gender, biases) and differences in individual learning styles are unknown. Some efforts have been taken to orient the product toward the majority of nurses, who are women. However, the fact that more and more nurses are males has forced a more "equal opportunity" approach to product development. Only one common trait among the students is primary to this type of program – their listening skills.

As the "instructor" behind the product, I have tried to anticipate student needs. Input from prospective users has been used as a type of "feed forward" to replace the usual concept of "feedback", and to provide a program that anticipates and meets the needs of each student.

Defining and meeting student needs. Keeping student goals in mind has been a priority throughout this project. The number one objective has been to help nurses learn to speak and understand spoken Spanish. Included in that concept is the importance of cultural knowledge in improving interaction with Hispanic patients. This has meant:

1. Establishing a level for the instruction (beginning, intermediate, advanced).
2. Choosing one nursing specialty as the basis for instruction.

3. Anticipating student questions and needs.
4. Incorporating relevant aspects of cultural information.

Minimizing Non-essential Material

There are some common elements of vocabulary that over-lap the needs of all communicators (e.g.: numbers, the months, days of the week), yet there are also words and phrases that are specific to occupation, environment, and culture (e.g.: x-ray, compound fracture, thyroid gland). Developing this program for nurses has meant inclusion of some common elements used by all communicators while omitting language that is non-essential to nursing duties (e.g.: shopping, buying tickets, and ordering a meal).

Existing materials developed to teach Spanish to nurses and other medical personnel devote too much time to teaching grammar. After working on this project, I believe that including grammar as a part of language lessons is only helpful to those who have a first language grammar to compare it to. Using grammar to teach communication can divert students and teachers alike from the objective of communicating in the target language. Young children and people who have never had formal education, as well as the illiterate, do not rely on grammar knowledge to communicate orally. For this reason, I decided to minimize the grammar that I placed in the written portion of the program, and have completely eliminated grammar points and discussions from the audio scheme of Spanish Headstart for School Nurses.

Developing the audio lessons has caused me to have a deeper respect for the varying communication techniques that can be applied in the classroom. Each portion of the audio lessons has been made with student participation in mind. Some of the techniques used

include variations of rituals, recitation, interviews, constructalogs, operations, prose passages, and interviewing techniques.

Although the importance of grammar rules has been down played, the correct use of the language has been emphasized through substitution drills, expansion drills, question and answer practice, transformation drills, and visual stimuli–response practice.

Learning about Technology

The requirements for the Individual Professional Project (IPP) include the submission of one copy of the final project to be submitted on a floppy disc. The disc files must be saved in three formats: Rich Text Format, MSWord, and Plain Text Format. To a person who grew up in the typewriter age, and who never had a keyboarding class, some of the technological requirements for this product provided a challenge.

Four months into this project, it took 15 floppy discs to create one backup copy in one of the three formats. Photos, graphics, and other illustrations caused the file size to exceed the original, single floppy disc requirements of the assignment.

This project went well beyond the simple word processing functions required to produce a research paper. In order to include some materials and ensure that the final product had a proper appearance, I had to become more proficient in the use of Microsoft Word, the internet, scanner programs, and my digital camera.

In order to overcome the storage capacity of the floppy disc, I purchased a CD burner, and learned to use its properties to assist in solving backup issues.

Twice, I ran into issues related to document formatting, and ended up calling the technical help desk at Microsoft. Although each call cost $35, it was money well spent. My abilities to use the default settings, place footnotes, divide sections of the text, and position page numbers improved tremendously.

Learning about Product Development

The most important lesson that I have learned while completing this project concerns the need to "define the objective". I have spent a great deal of time thinking, writing, and rewriting because I did not sufficiently narrow the topic in the beginning. I jumped into the writing stage of the project before completing enough research into nursing and the needs of nurses to learn Spanish. What resulted was a great deal of frustration, many pages of un-used material, and time wasted.

Learning about Myself

Less is more. I tended to work on this project like I tend to eat chocolate. The more the better! Initially, I planned to incorporate aspects from all of the other audio-lingual programs that I have worked with. I wanted the project to be whole, complete, and perfect. Therefore, it got bigger, and bigger, and bigger. Like the chocolate, it gave me a "stomach ache". I got "dizzy" and often felt disoriented. That's when I decided to see what I could do to cut back. Finding out what I did not need to include, took off some of the pressure. It forced me to look at the basics. Reducing the scope of the project helped me to become more focused, better organized. I started looking for "necessary" material rather than trying to "eat it all".

Before working on this project, I taught Spanish "curriculum" to school aged children in grades K-12. I based my lessons on the content of a text or a guide. I organized

material around traditional themes and topics, and covered grammar points through lecture, charts, and handouts. I taught nouns, pronouns, adjectives and adverbs.
I spent hours on all the parts of speech, the tenses and moods of verbs, and the structures of sentences and paragraphs. I attempted to make class interesting by making the room my “stage” and, like an actor, attempted to use humor and other methods to make an academic subject more entertaining (and thus more “relevant”, “meaningful”, and “comfortable”) for my audience.

I have come to believe that “specialty” Spanish means “relevant” and “useful” Spanish. I am now looking for the “contexts” through which my students can use their second language. I am tailoring activities around the characteristics of my students. I want them to practice, observe, evaluate, experiment, and ask their own questions. I look for ways to let my students speak to each other about their own topics, to read material that they are interested in, and to produce written work on topics that relate to their lives. I am now observing more, listening more carefully, and asking questions rather than making statements. I want my students to experience their own discoveries (not just hear about mine). I have given them the stage, provided them the necessary props, and now, I have become the audience. Sometimes they make me laugh. Sometimes I feel like crying. Some days the show they perform is so good I want to invite a friend.

Regardless, I always applaud. Sometimes it’s in appreciation for a job well done, and other times because it is just good manners.

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