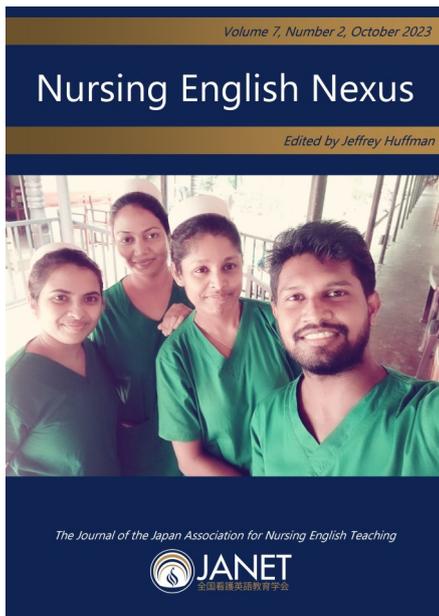# Hospital Dialogue Writing Involving Multiple Cycles of Indirect Instructor Feedback and Collaborative Pair Revisions

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Hospital Dialogue Writing Involving Multiple Cycles of Indirect Instructor Feedback and Collaborative Pair Revisions

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Abstract: When Japanese English learners make presentations in the classroom, they tend to look down at their manuscripts without looking straight at the audience. This commonly observed trait is likely primarily due to insufficient practice and lack of confidence. To improve this situation, teachers need to give students more opportunities to present while controlling their anxiety about presentations. Previous research suggests that pair work often makes learning enjoyable (Koskinen & Blum, 1986) and can lower students' anxiety (Koga, 2010). In addition, though students prefer direct feedback, indirect feedback can contribute to an equal or greater level of writing accuracy over the long term (Bitchener, Young, & Cameron, 2005). A study was conducted to verify these claims. Working in pairs, 112 second-year university students majoring in health sciences devised their own hospital dialogues. They revised their scripts in pairs three times based on indirect feedback from the teacher before performing the dialogue in front of the class. Students' initial manuscripts and post-activity feedback were used to examine the effects of dialogue writing through multiple cycles of indirect teacher feedback and pair revisions. The positive student reactions suggest that the instruction is worth trying when teachers assign a hospital dialogue-writing or roleplaying activity in their class.

Keywords: dialogue writing, repeated feedback, pair work

About the Author: Tomoyuki Kawashima is an Associate Professor at the Graduate School of Health Sciences, Gunma University. He taught English to high school students for 25 years. His research interests include pedagogical applications of World Englishes in English language teaching, affective factors in speaking English, and developing speaking and writing skills.

Introduction

This section reviews four research areas that led the author to the current form of dialogue writing instruction. First, the author's initial research interest in constructing the lesson was feedback. Feedback is defined as "input from a reader to a writer with the effect of providing information to the writer for revision" (Keh, 1990, p. 294). Depending on who offers the advice, it can be classified as teacher, peer, or machine feedback, and also as direct or indirect feedback. Direct feedback is explicit advice that includes specific alternatives, whereas the indirect feedback is implicit guidance with no concrete suggestion offered. Though most students prefer direct feedback, it is widely assumed that indirect feedback contributes more to the development of long-term writing skills (e.g., Bitchener, Young, & Cameron, 2005).

Furthermore, feedback can be provided in either written or oral form, with oral feedback often referred to as 'conferences'. Conferences between a student and a teacher benefit both parties. Students can ask teachers questions about the errors and the corrections they received and get further explanations (Bitchener, Young, & Cameron, 2005). Teachers, on the other hand, can ask students for clarification and check their understanding of the written and/or oral comments the teachers have given (Keh, 1990). Teachers can hold group conferences with two to three students in addition to individual conferences. According to Keh (1990), group conferences are more successful than individual conferences because students can feel more at ease speaking in a group. Based on the research findings on feedback, indirect feedback and group conferences were chosen for this study.

Collaboration and peer feedback was another research area used as a reference for developing the instructional design employed in this study. Collaborative work outperforms individual work (Kang & Lee, 2019), and what is particularly important for Japanese students who tend to have a higher level of speaking anxiety is that a sense of cooperativeness can reduce student apprehension toward speaking (Koga, 2010). Kang and Lee (2019) assigned two groups of 8th-grade Korean students to two story-writing tasks, with either individual or collaborative pre-task planning. The results indicated that collaborative pre-task planning led to higher fluency (the number of words per minute) and syntactic complexity (the mean length of T-unit and mean length of clause). In Iran, Baleghizadeh (2010) revealed that students performed significantly better in word-building tasks when working in pairs than when working individually. Furthermore, the positive effects of peer feedback on Japanese college students were documented by Kamimura (2006). She compared holistic ratings of the essays students wrote and the number of words written in several revisions by students before and after receiving peer feedback. The findings showed that peer feedback had a beneficial effect on overall essay quality. Koga (2010) investigated the relationship and dynamicity of seven variables, including communication apprehension and cooperativeness, in Japanese college students majoring in physiotherapy over 15 weeks. Based on the results, he concluded that increased cooperativeness led to decreased communication apprehension. Pair work was adopted for the classroom activity based on the research evidence on collaborative work and peer feedback.

The third area of research that was considered in drafting the current teaching plan was task repetition. Though it was tested with speaking tasks, Date (2013) found with Japanese college students that task repetition facilitates proceduralization, or the process of storing and developing the specific knowledge necessary for using language spontaneously. He found that task repetition improves fluency and accuracy in a new task.

Role play was the fourth research area the author referred to when preparing the lesson plan. Bray (2010) identified the risks when introducing roleplay in Japan. He contended that roleplay might be challenging in Japanese EFL classrooms as students are used to teacher-led lessons and form-focused, strictly-supervised language practice activities. Based on these concerns, the author chose to modify impromptu roleplay as dialogue writing and presentation to reduce the difficulty level. Moreover, the instruction was introduced in the second semester when students had already learned some medical English and expressions that might be used in hospital dialogues.

By applying an instruction plan that would incorporate repeated peer and teacher feedback in a hospital roleplay script–writing activity and by collecting and analyzing dialogue scripts and student reflections, the author sought to answer the following two questions:

RQ1 What characteristics can be observed in student word choice?

RQ2 How do students perceive the repeated cycles of indirect teacher feedback and collaborative pair revisions?

Method

Participants

The activity was conducted as part of a regular English class for 112 second-year university students. Students belonged to three intact groups according to their specialties: 38 nursing students (19 pairs), 37 laboratory sciences students (17 pairs and one group of three), and 37 physical therapy (PT) or occupational therapy (OT) students (17 pairs and one group of three). For 15 weeks, the teacher (the author) met the students once a week. A different textbook was used for each major. Capper's (2014) *Bedside*

Manner was used with nursing students, Inoue et al.'s (2016) *English for Healthcare Communication* was used with laboratory sciences students, and Vincent and Meadows' (2017) *Speaking of Nursing* was used with physical and occupational therapy students. However, the instruction of dialogue writing was conducted as a common activity irrespective of student majors.

Instruction

The activity was conducted over four weeks. In Week 1, students paired up and started preparing a script for a 2-minute dialogue in a hospital. They were allowed to choose anyone as their partner. The teacher provided the specific situation of the roleplay, which differed depending on the major (Table 1).

Table 2 describes the four-week instruction schedule. The first pair work took 30 minutes to complete. Students submitted their first drafts via Moodle within two days of the class. The teacher printed the students' drafts and provided implicit feedback; i.e., underlined and marked the parts that needed modifications. He avoided giving direct feedback or providing correct forms in order to make students think. In Week 2, students worked in pairs on their second drafts in response to the teacher's indirect feedback for another 30 minutes. On the second draft (again submitted online), the teacher gave implicit feedback again. In Week 3, 45 minutes were set aside for the oral conference, where students in pairs could ask the teacher questions to confirm the meaning of his feedback. It was a 45-minute in-class pair-work session with the teacher walking around and being available. Again, the teacher refrained from offering direct answers or suggesting specific terms. Instead, he explained in Japanese why the parts needed to be modified.

According to Bray (2010), students must understand the pragmatic aspects of language use to create a naturally flowing dialogue. In this regard, the group conference provided students

Table 1. Setting for Roleplay

Major	Setting
Nursing	➢ Two medical personnel are about to change shifts. They exchange information about their patients.
Laboratory Sciences	➢ A patient is going to undergo a medical test. A medical professional informs the patient about the test, how it works, and what he or she should or should not do before the test.
PT/OT	➢ A medical expert assesses a patient's motor function to make a rehabilitation plan.

Table 2. Schedule of Dialogue Writing

Week	Duration	Student Task in Class	Teacher Feedback
1	30 min.	Making pairs & preparing the script	Indirect written FB
2	30 min.	Revising the script	Indirect written FB
3	45 min.	Revising the script & attending an oral conference with the teacher	Indirect oral FB
4	60 min.	Performing the dialogue in class	Direct written FB

with good opportunities to learn about social distance, politeness, or the level of formality required in specific contexts. After the third round of revisions, students submitted their final drafts. In Week 4, students performed their dialogue in class. In Week 5, final drafts with direct corrective feedback from the teacher and grades were returned. The teacher either corrected errors or offered more acceptable expressions. The grades were based on the length of dialogues, the accuracy of the final draft, the duration of the presentation, levels of memorization during the performance, and fluency of speech.

Data Collection and Analysis

To determine patterns in student word choices (RQ1), the first drafts written by the 55 pairs were analyzed. The manuscripts were stored in three separate files based on student majors, and the following analyses were carried out independently using *AntConc*, a free software for quantitative content analysis. The N-Grams and Concordance tools were employed to identify frequent expressions used by students. First, the N-Grams tool scanned the whole text for 2-gram, 3-gram, and 4-gram expressions (i.e., 2-word, 3-word, and 4-word clusters) that were used ten times or more. After reviewing the N-Grams tool's output, the author selected nineteen clusters that could be used in combination with many words. The author then used the Concordance tool to check how each cluster was used in the text. Finally, several expressions that showed a strong bias in

use by certain majors were further examined to determine whether they matched the expressions in the students' textbooks.

To investigate student perceptions of the instruction (RQ2), they were asked to comment in Japanese on any aspect of the instruction they chose. To this end, an anonymous reaction paper was distributed in Week 5. It consisted of one open-ended question in Japanese: "What do you think about the pair dialogue-making and presentation? Please write your thoughts freely." The students' responses were coded and thematically sorted, and their frequency recorded, to investigate the effect of repetitive indirect teacher feedback and pair revisions on student language learning and the final oral presentation. Participants were told that their writing and reflections would be used in a research study. They were asked to express their wish to have their responses removed from the data if they were not comfortable participating.

Results

RQ1 What characteristics can be observed in student word choice?

Students chose a medical expert or experts as interactants in their dialogues in the given setting. Except for one pair, all nursing students chose nurses. The laboratory sciences students' selections were diverse: eleven pairs chose a doctor, four picked a nurse, and two selected a medical laboratory technologist. Most rehabilitation students chose a PT or an OT based on their majors, while two pairs chose a doctor-patient interaction.

Table 3 shows the eleven clusters most frequently used by all pairs revealed by the concordance analysis and the frequency breakdown of each expression by major. The frequency breakdown shows whether the use of expressions was biased by majors. For example, "I'm" was the expression most frequently used in the dialogues (30 times) and its use skewed to the

laboratory sciences students. They used the expression 23 times out of 30 times (76.7%). This section reviews four clusters that showed biased use by a particular major: "I'm" (Ranking 1st), "I feel" (Ranking 4th), "I can't" (Ranking 6th), and "to take a" (Ranking 7th). The appendix illustrates how students used these four clusters and the expressions in the students' textbooks.

The term "I'm" was used most frequently by laboratory sciences students (76.7%), and their use could be divided into two patterns. The first pattern was the use of an adjective phrase or prepositional phrase to express the patient's feeling or condition, such as "I am relieved a little to hear it," "I am in good health except for arrhythmia," and "I am tired, and my hands and feet are painful." The other pattern was the use of the idiom "be going to do" to describe the test the medical professional was going to perform. For example, these expressions included, "I am going to attach some electrodes to your chest." "I am going to use disinfectants other than alcohol." "I am now going to take a blood sample." The latter type of expression was in the students' textbook, while the former was not (Inoue et al. 2016, p. 24).

The clusters "I feel" and "I can't" were found primarily in the dialogue created by PT/OT students (81.8% and 82.4%, respectively). Further examination showed that the phrase "I feel" was always used to express the patient's condition, mostly with the word "pain," such as "I feel a little pain in my shoulder" or "I feel the pain at this angle." Likewise, the phrase "I can't" was used to

Table 3. Eleven Most Frequently Used Clusters

Ranking	Cluster	Frequency	Frequency Breakdown by Major					
			Nursing		Lab. Sciences		PT/OT	
1	I'm	30	3	10.0%	23	76.7%	4	13.3%
2	do you have	27	6	22.2%	13	48.1%	8	29.6%
3	let me	23	2	8.7%	6	26.1%	15	65.2%
4	I feel	22	1	4.5%	3	13.6%	18	81.8%
5	I want	21	9	42.9%	7	33.3%	5	23.8%
6	I can't	17	0	0.0%	3	17.6%	14	82.4%
7	If you feel	15	0	0.0%	6	40.0%	9	60.0%
7	to take a	15	8	53.3%	7	46.7%	0	0.0%
9	thank you for	14	6	42.9%	6	42.9%	2	14.3%
10	I have a	13	1	7.7%	5	38.5%	7	53.8%
10	you should	13	5	38.5%	4	30.8%	4	30.8%

show the patient's inability to do something in their everyday life, e.g., "I can't walk a long time," or in response to therapist directions, e.g., "I can't go any further." Subsequent investigation revealed no matching between the students' expressions and those in their textbooks.

Nursing and laboratory sciences students used the cluster "to take a." Except for two, all nursing pairs used it with "bath," while the remaining two pairs and the majority of the laboratory sciences pairs used it with "blood sample." This suggests that nursing students thought of bath quickly as the information to pass on to the nurse taking over, whereas laboratory sciences students associated the verb 'take' with the test specimen. As for the expressions used by nursing students, no matches were found with those in their textbooks. On the other hand, the expression that four laboratory sciences pairs used "to take a blood sample" was found in their textbook (Inoue et al., 2016, p. 24).

RQ2 How did students perceive the repeated cycles of indirect teacher feedback and collaborative pair revisions?

Table 4 shows the results of the thematic analysis of student comments in descending order of frequency. A total of 93 comments from 82 students were collected and categorized into seven topics. The response rate based on the total number of participants (N = 112) was 73.2%.

The largest proportion of responses (18.3%) were about the benefits of the instruction in helping them use more appropriate and natural expressions. Students reported being able to consider further details and use proper language. "I was able to express what I wanted to say more appropriately and translate it into English through repeated corrections," wrote student A17. Moreover, repeated pair revisions were likely to assist students in polishing their dialogues and making their English more natural. The following entry supports this assumption. "It was nice that I

could understand a little bit of natural English because I revised it many times" (A5).

The second most common response (16.1%) concerned the ample time allowance for revisions and practices. Students stated that the ample time provided enabled them to focus their thinking during their final presentation. This conclusion is based on comments like the following: "I think we were able to become more deeply immersed in English by practicing conversations we devised rather than simply reading the textbook" (A21). Moreover, the fact that students could review their manuscripts during class was an important factor influencing their reactions. For example, one student responded, "Three times of correction was just fine. I found it good because we could correct them in class" (B15).

Another common theme was student satisfaction with more accurate use of English (15.1%). The benefit of increased accuracy was mentioned in the following three remarks: "I was less likely to remember incorrect English by reviewing the sentences three times, and I thought it was very helpful" (B11), "I felt that we learned a lot because we could see what was wrong and right in the sentences we created" (C14), and "It was beneficial to have many opportunities to review sentences and to learn about subtle nuances and proper grammar" (B7).

Increased familiarity with medical English came in fourth place (14.0%). According to the following remark, students appeared to have familiarized themselves with English in the

Table 4. Thematic Analysis of Student Comments

Ranking	Theme	N	%
1	More appropriate and natural expressions	17	18.3%
2	Ample time allowance for revisions and practice	15	16.1%
3	More accurate use of English	14	15.1%
4	Increased familiarity with medical English	13	14.0%
5	Implications for English language learning	10	10.8%
6	Adequate feedback frequency	9	9.7%
7	Sense of accomplishment	6	6.5%
8	Other comments	5	5.4%
9	Joys of being in pairs	4	4.3%
	Total	93	100%

medical area after realizing that not all medical English is difficult: "When I first heard the phrase 'medical English,' I imagined that it was full of very difficult phrases. However, I found that even if some vocabulary was new, it was possible to create a natural conversation without much grammatical complexity" (B14). Furthermore, for students who had started clinical training, roleplay in the hospital seemed more accessible than before. One student stated, "It was easy for me to construct a dialogue because I started in-hospital training in the second semester and learned clinical conversations" (C3).

Following up next was the implications for their English learning (10.8%). The comments below indicate that students learned some tips from this activity to help them study English. Students commented, for instance, "I have acquired the ability to construct an English dialogue, which would be impossible through rote memorization" (A9), "I learned how to express what I wanted to say using simple English" (A1), and "I was able to get a big hint for my future English studies" (A13). A related comment categorized in this theme, "When composing a conversation in English, I was able to review English expressions that I had learned in junior and senior high schools" (A7), indicates the students' realization that medical English is not totally different from general English.

Some students acknowledged the adequate feedback frequency and the group conference with the teacher (9.7%). Students appeared to benefit from examining their writing three times with a one-week delay. "I think multiple revisions like this was good, especially since there were certain issues that could be found out by looking at them again after some time," wrote student C13. In addition, student feedback suggested that the group conference after the second revision encouraged students to deepen their understanding of English. For instance, one student remarked, "I received feedback directly from the teacher during class time, so I could improve my comprehension" (C3). Multiple revision activities may also contribute to increased self-confidence in performance, according to the following comments: "I thought...the number of times I revised also gave me confidence" (B5), and "Having ample time for correction before performance helped me to have confidence in my presentation" (A3).

The remaining comments concerned a sense of accomplishment (6.5%) and the joys of being in pairs (4.3%). Their satisfaction was reflected in the following responses: "It was hard to remember, but I felt a sense of accomplishment when I finished a 2-minute conversation" (A7), "It was rewarding that we had to think about how to express ourselves while preparing the manuscript" (C9), and "It was good to get a sense of satisfaction in terms of the accuracy, time, and quality of the presentations, which improved as we practiced more and more" (C11). On the other hand, pair work seemed to lower the perceived difficulty level of a task. One student commented, "It was challenging to think of a sentence from scratch in English, but I was glad that I could think together with my partner and create a sentence" (A24). "I was able to take responsibility for the presentation because it was a pair presentation rather than a group presentation," wrote another student (A21). Still another student admitted that, though pair work was less time-efficient than individual work, it was worth the time and effort, stating, "It was fun to work together in pairs to create a manuscript, even though it took a little bit more time and effort" (A12).

Finally, a few criticisms and suggestions were classified as "other comments" (5.4%). Three students proposed that the dialogues should be impromptu. They wrote, "I think that just making English sentences and doing them by rote is not a good way to improve our English. I thought it would be more helpful to create dialogues on the

spot without following a script" (B13), "I felt that even if I could produce accurate English, it wouldn't mean much if I couldn't say it immediately" (C16), and "I think a scene outside a hospital or in an unexpected situation would be interesting" (B17). These remarks implied that some students valued spontaneity above correctness. Other proposed ideas included using props during the final presentation (C4) and distributing copies of dialogue scripts during the presentations (A24).

Discussion

The findings of this study raised some points for discussion. First, the predominance of particular expressions by certain majors suggests that the scene settings and the choices of interactants most likely influenced student word choice. Moreover, the finding that only two expressions students used matched the expressions in their textbook implies that students did not necessarily use the expressions in the text verbatim but instead devised sentences that suited the situation on their own. Though their textbooks did not contain dialogues students could copy, there were a few similar topics in their textbooks. For example, the textbook for laboratory sciences students included topics comparable to the scenario in this task. Moreover, it featured supplementary reading material in Japanese that explained the complete physical exam called 'human dock' (Inoue et al. 2016, p. 23). The textbook also had a dialogue in which a nurse answered a patient's questions about the pelvic examination she would undergo (p. 32). Similarly, the textbook for nursing students provided two short conversations whose contexts were similar to those they were assigned. Two nurses talked about a patient in one dialogue (Capper, 2014, p. 25), and a nurse told her friend working in an insurance company about her work in the hospital (p. 52). Despite these similarities in the topics, students explored their use of language

independently of the textbook. This finding hints at the possibility of encouraging students to use words they have learned elsewhere more proactively by providing settings not available in the student textbook.

Teachers must construct a specific scenario rather than a general scene, such as 'in the hospital.' Chetsadanuwat (2018) is a good reference for teachers when considering roleplay scenarios in the hospital. He asked 100 nurses at five international hospitals in Thailand how much they needed English in terms of four language skills and for what specific functions. The results illustrated that listening was the most highly needed language skill and that listening to a patient's history, symptoms, and requests was the particular function for which participating nurses felt they needed English listening skills.

On the other hand, student perceptions of multiple cycles of indirect teacher feedback and collaborative pair revisions in this study revealed that most participants favored the instruction, owing to the ample time allocated to review their writing and collaborative learning environments, including the group conference with the teacher. As a result of these aspects, students gained a deeper understanding of the English language, felt progress in creating dialogues in more appropriate, accurate, and natural English, and, most importantly, felt greater confidence in the final presentation.

In addition, there appear to be some minor but crucial additional factors that may contribute to student satisfaction. One point to mention is the language students use when revising dialogue scripts. Teachers should allow students to use their L1. Otherwise, students will be unable to discuss "subtle nuances and proper grammar" (student B7) during the preparation.

Another factor is how students are paired. In this study, students were paired with anybody they wished among their classmates. In the case of Japanese students, pairing flexibility, or lack of

it, can significantly impact the depth of interaction during pair work. According to Storch (2002), four distinct dyadic interaction patterns, i.e., collaborative, dominant/dominant, dominant/ passive, and expert/novice, can be found, and collaborative and expert/novice pairs show more transfer of knowledge than dominant/dominant and dominant/passive pairs. Her study examined international students in an Australian university. When comparing Australian and Japanese students, it is probable that Japanese students refrain from making critical remarks to a greater extent than their Australian counterparts. This propensity can increase when students feel a distance between themselves and their partners. Therefore, pairing of Japanese students should be handled with great care, allowing them to choose their own pairs as much as possible.

In addition, some researchers discuss the need for training in order to maximize the educational benefits of peer feedback. For instance, Kamimura (2006) suggested giving preliminary training on peer feedback in EFL writing instruction to compensate for the inadequacies of peer evaluation in non-Western, harmony-emphasizing rhetorical/cultural contexts. Similarly, Sato (2013) highlighted the need to encourage Japanese English learners to consider their peers as learning resources and decrease the face-threatening aspects of peer interaction. He offered intensive training on peer interaction and corrective feedback to Japanese college students to foster a collaborative environment before doing a classroom intervention. Furthermore, Baleghizadeh (2010) contended that students should be aware that the following collaborative skills are required for successful collaborative work: asking for help, providing reasons, disagreeing politely, requesting clarification, actively listening, making suggestions, and encouraging others to participate. These study findings suggest that before beginning collaborative pair work in class, it may be

worthwhile for teachers to consider whether to provide some form of training on peer feedback.

Another factor influencing student satisfaction is doing collaborative pair work in class rather than out of class. Student comments such as, "It was good that we could correct them in class" (B15) and "It was fun to work together in pairs to create a manuscript, even though it took a little bit more time and effort" (A12) imply that the importance of ensuring time for collaborative work in the classroom should not be taken lightly.

Finally, this study had some limitations that should be taken into consideration when interpreting the results. Because their teacher conducted the study, students may have refrained from writing critical comments. As a result, it cannot be ruled out that this influenced students to write positive reactions. Moreover, this study employed just one post-activity free-response questionnaire item, so further data collection and analysis, such as student interviews, would be useful. Despite these shortcomings, this study may shed some light on the introduction of hospital dialogue writing and roleplaying for healthcare students.

Conclusion

This study applied repeated implicit feedback from the teacher and collaborative pair revisions to script writing for hospital roleplay. Examining student writing for frequently used expressions revealed that student word choice is not necessarily influenced by the expressions used in the students' textbooks, but instead they tended to devise expressions appropriate to the situation on their own. This finding emphasizes the importance of scene setting in influencing the language students use. A qualitative analysis of student responses to the instruction demonstrated that it was well received. Their favorable reactions were influenced by a number of factors, such as the frequency of revisions, the length of the interval between revisions, the availability of the

group conference with the teacher, the freedom to choose their own pair partners, and the provision of review time during the class period.

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Appendix

Student Use	Expressions in the Textbook
"I'm" (Lab. sciences students) I am here for my son's vaccinations of flu. I am in good health except for arrhythmia. I am not good at pain. (x3) I am tired and my hands and feet are painful. I am relieved a little to hear it. (x2) I am going to attach some electrodes to your chest. I am going to use disinfectants other than alcohol. I am now going to take a blood sample*.	**Inoue et al. (2016)** I am now going to take a blood sample. (p. 24)* I'm going to take your blood pressure now. (p. 25) I'm just going to wrap this cuff around your arm, OK? (p. 25)
"I feel" (PT/OT students) I feel a little painful. I feel a little cramping pain in my left knee. I feel a little pain. (x3) I feel pain in my shoulder. I feel pain when standing and sitting. I feel pain when I bend down my wrist. I feel sharp pain. I can't move any more. I feel some pain. I feel the pain when I play tennis. I feel the pain at this angle. (x2) I feel discomfort a little in right knee joint. I feel like it's really stretched.	**Vincent & Meadows (2017)** She is feeling faint. (p. 49) She feels dizzy. (p. 51)
"I can't" (PT/OT students) I can't do anything more. I can't do it anymore. I can't flex my leg any more. I can't go any further. I can't move any more. I can't move my right arm well. I can't raise my arm normally. I can't squat down and sit square. I can't turn left. I can't turn my head. I can't walk long time.	**Vincent & Meadows (2017)** The elderly man cannot remember things and has trouble thinking clearly. (p. 49) The patient cannot feel anything in his right hand. (p. 49)
"to take a" (Nursing students) to take a bath? to take a bath in the evening to take a bath in the evening to take a bath every day to take a bath to take a blood sample at 2:00 p.m. to take a blood sample well?	**Capper (2014)** Have you taken your temperature? (p. 11) Take off your shirt. (p. 30) Take a deep breath. (p. 31) What time did you take your medication? (p. 36) She is taking the patient to rehab. (p. 51)
"to take a" (Lab. sciences students) to take a barium for the examination to take a blood sample* to take a blood sample* to take a blood sample for a routine checkup* to take a blood sample* to take a rest today	**Inoue et al. (2016)** ...to take a specimen from your nose. (p. 6) Be sure to take the medicine. (p. 7) Let me take your temperature. (p. 8) You will be taken to the ER. (p. 11) Try to take some deep breaths. (p. 14) We are going to take good care of you. (p. 15) I am now going to take a blood sample. (p. 24)*

Note. An asterisk indicates that the student's textbook used the same expression.