IN THEIR OWN WORDS: HEALTHCARE WORKER NARRATIVES

Summary

In **Unit One**, students studied graphs to learn the big picture of employment today, and used career database websites to conduct research based on their own interests.

In **Unit Two**, students learned how careers relate to one another and can lead to advancement, using CUNY’s Labor Market Information Service (LMIS) Career Maps and other documents.

In **Unit Three**, students’ research becomes personalized. They hear from healthcare workers themselves, through firsthand accounts and interviews from workers in text and video, and discuss what they learn. They read a personal narrative of a healthcare worker and write a response. They develop informational interview questions and conduct further research on healthcare careers of interest.

1. **CAREER NARRATIVES IN HEALTHCARE SERIES**

Students practice reading, research and note-taking skills by reading healthcare career narratives, then conducting further research on the healthcare career of their choice.

1.1 • Using Question Stems for Reading
Students develop and answer questions about career narratives as a reading technique.

1.2 • Computer Research: Career Narratives in Healthcare
After reading a healthcare career narrative, students learn more about the career by reading about it on a career database, such as the Bureau of Labor Statistics, for example.

1.3 Peer Career Learning Share
Students share what they learned from conducting research with their peers.

2. **HEALTHCARE VIDEO INTERVIEW SERIES**

Students watch videos of home health aides describing various aspects of their work. Resources for additional healthcare career videos are included.
2.1 • Video 1: Cynthia Gets a Promotion
Students watch a video of a seasoned home health aide who explains what she did to earn a promotion. Her tips can be applied to various careers and sectors.

2.2 • Video 2: Zaida’s Advice for Working with Supervisors
Another seasoned home health aide shares her tips for problem-solving with supervisors. Students think about her and their own experiences with supervision at work or at home.

2.3 • Additional Healthcare Video Interview Resources
A listing of some of the dozens of healthcare video interviews that can be found on YouTube. Selections include entry-level and mid-level positions such as medical assistants, EMTs and ultrasound technicians.

3. A DENTAL ASSISTANT’S MATH: CALCULATIONS WITH PERCENTAGES AND DECIMALS
Students learn about the responsibilities of dental assistants and try their hand at performing the types of calculations dental assistants perform at work.

4. WRITING ABOUT A HEALTHCARE NARRATIVE SERIES: NURSE BONNIE ARCHER’S STORY
Students read a two-part narrative from a surgical nurse, then write about her work and their own interest in healthcare careers. Peer edits and revision activities are included as optional extensions.

4.1 • Nurse Bonnie Archer’s Story, Part 1
Students read and discuss the first installment of a two-part reading about a surgical nurse.

4.2 • Nurse Bonnie Archer’s Story, Part 2
Students read and discuss the conclusion of Bonnie Archer’s story and prepare to write a response to it.

4.3 • Writing Activity: Nurse Bonnie Archer
Students write a first draft of a response to Bonnie Archer’s story, describing her job as well as their own interests in healthcare careers.

ACTIVITY EXTENSION

4.4 • Peer Editing and Revision
Students read each other’s written responses and offer feedback. Each writer then revises his or her response based on partner feedback.
### Career Narratives in Healthcare Series

Students read one or more healthcare career narratives, develop and answer questions about it using question stems. Then they research one healthcare career of their own choosing.

#### Activities in This Series

1.1 • Using Question Stems to Read Healthcare Career Narratives

1.2 • Computer Research: Career Narratives in Healthcare

1.3 • Peer Career Learning Share
Using Question Stems to Read Healthcare Career Narratives

Students read one or more healthcare career narratives, then develop and answer questions as a reading strategy.

PREP

In the preceding class, have students sign up to read the healthcare narrative of their choice. It's okay if there is a career that no one signs up for.

Be prepared to discuss the utility of this activity for students who are interested in sectors other than healthcare.

Examples of uses include improving reading skills, practicing developing questions about reading, expanding vocabulary, learning about healthcare professions they may come in contact with as a patient.

MATERIALS

- Career Narratives in Healthcare Sign-up
- Career Narrative Questions handout
- Career Narratives

EXPLAIN

1 Distribute the Career Narrative Questions handout. Ask students to complete the first three prompts explaining why they chose the story, what they predict it will be about and what they expect to learn from reading it.

2 Ask students to annotate their reading, marking parts they thought were important, interesting, surprising or confusing.

3 Distribute the career narratives, and give students time to read and annotate.

4 When students have finished reading, direct them back to the questions page. Explain that research shows that when people ask their own questions, they remember more of what they read. Here, part of the question is written for them, and part of the question they will have to fill in. Ask students to complete the questions. You may want to have students read aloud a few of the questions once they are completed, or you can circulate to check progress.

5 After students write the questions, ask them to answer the questions.
### Career Narrative Sign-up

In the space below, sign up to read a story about one of the following careers:

- Certified Nurse’s Assistant
- Emergency Medical Technician (EMT)
- Massage Therapist
- Medical Translator
- Community Healthcare Worker

<table>
<thead>
<tr>
<th>Name</th>
<th>Career Narrative</th>
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Section 1.1

Career Narrative Questions

Before reading the story, complete the statements below:

1. I chose the story about being a ____________________________ because ____________________________

2. I predict this story is about ____________________________

3. I expect to learn ____________________________ from reading this story.

After reading the story, complete and answer the following questions:

1. What does a ____________________________ do every day?

2. What are the best parts of being a ____________________________?
3. What are the challenges of being a ________________?

4. Why did ________________ say ________________? What does it mean, and why is it important?

5. What is one other surprising and/or interesting thing you learned about being a ________________?

6. What else do you want to find out about being a ________________ that’s not explained in the article?

7. Do you think you would want to be a ________________? Why or why not?
A Typical Day for an EMT

Adapted from http://www.shmoop.com/careers/emt/typical-day.html

EMT Wendy Cureall starts her 24-hour shift at midnight. The private company that employs her is under contract to cover a suburban community Monday through Friday. Volunteers take over the duty on weekends.

Wendy's partner, Luke Tardy, has not arrived at the ambulance station yet. The ambulance, aka “the rig,” needs to be checked at the start of each shift. A written checklist has to be completed to be sure that all medical equipment is working, enough supplies are on hand, and the vehicle itself is ready to drive. It's embarrassing to have to stop for gas on the way to the hospital. The last crew to use this rig was responsible for replacing any supplies they used, but you never know.

Rig check takes about two hours. It's a hassle to do, but you don't want to be on an emergency scene and find out that you don't have something you need. Example: During this rig check, Wendy finds out that one of the portable oxygen tanks is empty. The last crew used it and neglected to refill it. If you need to change tanks on a job and the spare you grab is empty, the patient could end up hurting, i.e. not breathing.

Wendy and Luke finish the rig check at 2:30am and head for the cots in the squad room. With any luck, it will be a quiet night of uninterrupted sleep. At 3:45, Wendy is sleeping deeply when some strange noise intrudes. It's the sound of her radio alarm activated by the 911 dispatcher. She heads out to the ambulance bay where Luke is already starting the rig.

The call is for a collapsed elderly male at a private residence. Luke knows where the street is without asking the dispatcher for directions. One of an EMT's responsibilities is to know the area they cover, including street names. One nice thing about being dispatched at 3:45am is that there isn't much traffic. Luke will not need to use the siren, which is good, because you never know how motorists will react.

Pulling onto the patient’s street four minutes later, the house with the patient is identified by the flashing lights of two police cars outside. Wendy is first out of the rig. She grabs the first aid and respiratory kits. Luke brings the oxygen bag and defibrillator.

A police officer at the door directs her upstairs. The patient is sitting on the hallway floor leaning against the wall flanked by a police officer and a younger woman...
his daughter? He is conscious and turns his head to face Wendy, which causes her stress level to fall dramatically. It’s always a relief to find your patient alert and breathing. The woman reports that the man, whose name is Hector and is her father, apparently got up to go to the bathroom. She woke up with a loud noise and found him unconscious on the hallway floor.

While Luke takes Hector’s health history from the woman, Wendy starts her examination. Talking quietly to the patient while she works, she finds that his vitals are satisfactory, but notices several problems. His speech is slurred and he is leaning to one side. He has trouble formulating answers to her simple questions, like his age. Wendy goes downstairs out of earshot to call in her findings to the ER physician. He agrees with her suspicion that Hector has probably suffered a stroke. The faster a patient is treated after the onset of a stroke, the better the outcome, so Wendy wants to get him to the hospital quickly.

Luke and one of the police officers carefully move Hector to the ground floor using a stair chair. There, they transfer him to the stretcher that Wendy has brought from the rig. The transport to the hospital is uneventful. At this hour, 5am, there is no waiting, so the EMTs can quickly transfer the patient and leave. No one thanks them for their work.

Wendy says it is too late to go back to sleep. Luke offers to buy breakfast. He is still trying to make up for the siren scare back at the station. Wendy is on her second bite of pancakes in the diner when the radio alarm goes off. The 911 dispatcher: “Mountain View nursing home requesting transport for a patient with dehydration.” Wendy heads out to start the rig while Luke pays.

The lobby of the nursing home is completely dark and empty as Wendy and Luke enter with the stretcher and first aid kit. They have no idea what room the patient is in. Wendy goes right and Luke goes left as they search for a staff member. Eventually, Wendy spots a maintenance worker at the end of a corridor. He calls for the duty nurse on his walkie talkie. She soon appears and guides Wendy and Luke to the right room.

The smell as they enter is overwhelming. It is obvious why the patient, an elderly woman named Maria, is dehydrated. She has been suffering from diarrhea in her bed. After taking the patient’s vital signs, Wendy starts her on an IV as per the ER doctor’s orders. The EMTs and nurse carefully lift Maria from the bed to the stretcher for an uneventful run to the hospital. By this hour, the ER has begun to fill up, so the EMTs must stay with their patient for 30 minutes until a bed opens up. After the patient has been moved, they disinfect the stretcher and are ready to leave.
They are scheduled to stand by at a high school football game at 4:00pm. Until then, they spend the time at the ambulance station taking a nap, watching TV, and playing cards. They also spend time on the computer taking online courses for the continuing education credits they will need for re-certification.

When they arrive back at the station, the dispatcher calls them out to an MVA (motor vehicle accident) on Treadway Avenue. Upon arriving at the scene, they find a young female driver behind the wheel of a subcompact. Apparently she didn’t see the back of the tractor trailer truck stopped in front of her. (Want to bet she was texting?) Wendy realizes that extrication tools will be needed to get the woman out of the car. She confirms that the police on scene have already dispatched the fire department with its hydraulic tools known as the Jaws of Life. Firefighters live to cut up cars. While waiting for the firefighters, Wendy squeezes into the back seat of the car to stabilize the woman’s spinal column while Luke takes her vitals through the window. It seems that the driver is more frightened than injured, but spinal injury is always a possibility in an MVA so Wendy applies a cervical collar. The firefighters arrive to remove the car door and they help the EMTs to put the driver onto a spineboard and move her into the rig.

The rest of the shift is uneventful. The relief crew arrives at 11:45pm and makes small talk with Wendy and Luke. As these two get ready to go home, the radio alarm goes off at 11:58. Technically, Wendy and Luke are still on duty, but the relief crew offers to take the call if they get an IOU for dinner. Wendy and Luke gratefully promise to pay up.
It’s Just Who I Am – A Hospice Nursing Assistant’s Story

Posted on June 5, 2013 by Celtic Healthcare in Hospice
www.celtichealthcare.com

After 16 years working with hospice, Connie Marshall, Celtic Hospice CNA (Certified Nursing Assistant) says, “It’s just who I am. I have always been the one who takes care of everyone. If someone needs help – I help them. I love what I do, and I would never think of doing anything else.”

Even when probed about a bad day or bad experience, Connie is the most positive, warm, caring person you might ever encounter. There is never a day she feels like quitting or doing something different. She is where she is meant to be. And Celtic Healthcare is certainly fortunate to have her!

What does Connie love most about being a Hospice CNA?

“I like both the emotional and physical aspects of my job,” says Marshall.

“It makes me happy to go to work when I know I have built a caring and trusting relationship with my patients and their families… to know they are comfortable with me coming in… knowing that they can share those sometimes deep, dark secrets that they can’t with anyone else, but need to let go of to attain peace.”

Connie shared the story of one of her patients, Veteran Tom*. As a young man, Tom was engaged to be married to his sweetheart when he was drafted to serve his country. After several years of serving his time, Tom lost contact with this young lady. He came home, but he never reconnected with her. Time passed and life moved on. Tom fell in love with someone else, married, and lived a happy life. But Tom was haunted with the shame and guilt of just leaving his first love to hang – never personally talking to her and properly ending the relationship. He never told his wife or family, but finally unburdened the story on Connie during one of her visits with him during his last few days. Connie comforted him, and Tom was released of this ghost he could never share.

“It is such a privilege to be with people who are so comfortable with you that they can tell you these important secrets that need to be unburdened.”

Connie also loves the physical care she provides as a hospice nurse’s assistant.

“Massaging, bathing my patients, getting them relaxed and comfortable and feeling fresh,” comments Marshall, “makes me feel good too.” “Seeing them feel good, putting on a brightly colored top, applying lotion to soothe their skin – the physical contact is really important.”

When asked about the hardest part of her job, Connie revealed it is losing patients that she has become attached to.
“After they pass, you know you did your job and took care the best you could,” remarks Marshall, “but it is still hard sometimes.”

“Fortunately,” continues Marshall, “we have an amazing support system within our Celtic hospice team. If I am feeling down, I call one of my fellow co-workers – maybe another aide or a nurse, maybe the chaplain or bereavement counselor, or maybe someone in the office. Everyone is so supportive and understanding. We lean on each other for support.”

Connie recalls a particular son of one of her patients from years ago. This son, Jake*, wasn’t ready for mom to be terminally ill. He wasn’t ready to lose her. So every time Connie visited her patient, she made sure she spent some time talking with Jake too. Little by little, she would explain things to him that were happening, and every time she could see Jake feeling a bit more comfortable. By the time Mom passed, Jake was ready. For years after that, Connie received Christmas cards from Jake.

“Helping families get prepared” is one of Connie’s favorite aspects of her job. She will never forget Jake, and Jake will most likely never forget Connie.

Some days are a little harder than others. “It’s the little old ladies,” Marshall chuckles, “that can sometimes be a challenge.” Connie has the bruises and scrapes to prove it as she’s been hit, kicked, pinched and poked more times than she can count, but Connie calmly states: “You just have to be gentle and calm them down and do the best you can to help them through this difficult time. In their mental state, they don’t realize what they are saying or what they are doing. I realize they are sick and just do what I can for them.”

“Hard days are also when the patients are young,” continues Marshall, “I recall one patient who was much younger than I expected when I arrived. He and his wife were just newly married with what should have been a long exciting journey ahead, but it was not meant to be for them. I made it through the visit fine, but after I got to my car, I broke down sobbing and called my husband who comforted me through it. Young people are more challenging because they haven’t lived their lives yet, and that makes me sad.”

As if bathing, comforting, being kicked and punched aren’t enough to be all in a day’s work, Connie also reports to the office two afternoons a week with the responsibility of ordering and inventorying all the hospice supplies.

In her spare time, Connie loves to bake. In fact, she is baking the wedding cake for her son’s upcoming wedding in just a few weeks. It’s a full life, but Connie Marshall is just where she loves to be – caring for people at work and at home. As Marshall so simply states, “It’s just who I am.”

If you would like more information on hospice services or working as a hospice aide, please visit our website at www.celtichealthcare.com.
On the Job: Community Health Worker
Specialized outreach worker reduces barriers to care

By Tara Bannow / The Bulletin

Adapted from: http://www.bendbulletin.com/health/3004536-151/on-the-job-community-health-worker

Elva Lopez is invaluable to Mosaic Medical. If patients with complicated cases - severe health issues and personal hardships such as homelessness - go off the providers’ radar and can’t be reached by phone, she goes out and tries to find them. Sometimes that means going to their homes. If they don’t have homes, she goes to where they might be. “We’ll just go,” Lopez said. “We’ll meet under a bridge. We’ll jump under a couple fences, if need be, to get a hold of the patient.”

Lopez is a community health worker. She connects patients with important services and other necessities that are not directly related to the treatment of their physical health conditions. In many cases, it’s helping them enroll in health insurance. It’s helping them find affordable housing. It’s helping them pay for their medications. It’s finding a place where they can get dental care.

Asked the full list of things she does, Lopez’s eyes widen. “There are so many!”

MANY FACTORS TO HEALTH
The factors that contribute to a person’s health extend well beyond treatments and medications. If people lose their homes or jobs, they probably aren’t going to be thinking about going to the doctor, said Elaine Knobbs, Mosaic’s director of programs and development.

“They have some crisis in their life and all of a sudden they’re staying with someone else and their lab work and prescriptions aren’t at the top of their minds,” she said. “They’re thinking, ‘What am I going to eat?’ But at the same time, we don’t want them to get sicker.”

Lopez said her job is to remove those social, financial or logistical barriers so people can focus on improving their health. For example, she’s working with a patient who wants to start exercising again but has an ostomy, a surgically created opening in the abdomen to allow waste or urine to leave the body. “She needs to start feeling better. She wants to do that,” Lopez said. But patients with ostomies have pouches covering the openings that collect the waste but aren’t waterproof. Lopez and her team at Mosaic were recently approved funding for a device that will cover the opening and allow the patient to swim.

In another case, Lopez helped secure funding through state and federal programs to fix an electric wheelchair for a patient. The process, however, took two years.

Lopez also helped get dentures for an uninsured patient who suffered from depression because of her bad teeth. She wouldn’t smile and often held her hand over her mouth.
Lopez connected the woman with insurance and got her an appointment to have the dentures fitted. “She got her dentures and, my gosh, no more depression, none of that,” Lopez said. “She goes out in the community now and just does for herself. She was going downhill so much, and it was just one little thing: dentures.”

And there’s the patient who brings Lopez nearly to tears to think about: a homeless man who initially came to the clinic very angry. “He felt like everybody was just pushing him away,” she said. It turned out the man had an enlarged heart and had been told he was going to die from the condition, Lopez said. He simply wanted to know that his two children would have a place to live and someone to look after them once he was gone. Lopez secured housing for the kids and the man, in addition to a caregiver who agreed to stay with the kids. She also secured insurance through the state for the man. “He eventually did pass away, but he got better before that actually happened,” she said. “For me, that’s one of the stories that has stayed with me for the longest time. Even if it’s not helping the patient now, it’s helping them somewhere in their lives.”

**COMMUNITY NEED**

Not everyone can do what Lopez does. It requires an extensive knowledge of the community and a wealth of connections to the various local organizations that provide the services patients need. Lopez was one of Mosaic’s first employees when it opened in 2002, starting as an outreach worker and then transitioning to become a community health worker nine years ago.

Many community colleges have community health worker training programs, after which students can apply for certification through the state. The challenge now is getting the entities that pay for health care to provide reimbursement for community health workers, she said. As a federally funded community health center, Mosaic already gets funding for outreach workers, which it uses to pay community health workers, Knobbs said. But for other clinics, paying for such positions is a challenge, she said.

On a recent Friday, Lopez spent the morning documenting what happened at a home visit the previous day. Then she met with a couple of patients who were transitioning into assisted living facilities to see what help she could offer. She checked in with another patient who needed vision help. She called up some patients to see how they were doing. She did a home visit for a patient her team hadn’t been able to reach.

On a typical day, Lopez said she sees between five and 12 patients, depending on which Mosaic clinic she’s working at. The most important thing about being a community health worker is having a passion for helping people, Lopez said. “We love it,” she said. “We love what we do. This is our calling, and not many people can say that. It’s what we were born to do.”
A Day In The Life of a Massage Therapist

Adapted from: http://dept.cccillinois.edu/biodv/healthlibrary/pdf/life_MassageTherapist.pdf

One of the reasons many get into the career of Massage Therapy is due to its flexibility and possibilities. Whether a person is just entering the work world or leaving a life of 9 to 5 for something completely different, there is something available in this health field for everyone.

It's hard to give just one idea of what a day in the life of a massage therapist looks like because it's different for all therapists. So I'll tell you a couple different experiences I've had in my short, but full, 4 year career as a MT, and how I went about making the choices I have made.

When making my decision to go into this field, I asked myself many questions: Am I looking to massage full time or part time? What environment can I see myself working in? What type of clientele would I enjoy seeing? Do I want to work at one place or multiple? Or do I want to work for myself? There are many questions I had to ask in determining what my day may look like, and the above are just a few to get me started.

When entering MT School I thought I was going to use massage as a way to supplement my income. I wanted something extremely flexible that I could do anywhere, anytime. What I didn't realize was how drastically my life would shift upon seeing all the possibilities available in this career choice. With the bowling industry struggling to stay afloat, and not too many places for a female bowler to compete, I decided to look at other opportunities. Some of the most common employers of Massage Therapists are spas, chiropractic offices, physical therapy offices, health clubs, hotels, and privately owned massage studios. Another option I considered was working for myself. That may mean opening a storefront, traveling to clients' homes, working out of my own home, or renting space from someone.

A month into school, I was completely enthralled. I couldn't get enough of what I was learning. I decided that I wanted to get started right away and learn as much as I possibly could.

I started looking for a job that would allow me to be in the field I was so captivated by, so that when I was licensed, I would have a full working knowledge of the industry. When looking at the above choices, I decided the best bet for me was to work for someone else to learn the ins and outs of all that went into running a massage business. Within weeks I found myself working at a privately owned massage studio. My rationale was I would learn more working for an independent company with many areas that I could take part in.

Prior to finishing school, my day was mostly cleaning and administrative duties, but I also completed my hands-on outreach hours for school while at work. Once licensed, my role was massage therapist and manager of that massage studio. Of course, first
priority was servicing clients needing massages but when there weren’t bodies to massage, I was making advertisements, e-newsletters, adding to our client database, and other administrative/advertising/marketing activities.

My day looked something like this:

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<tr>
<th>Time</th>
<th>Activity Details</th>
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<tr>
<td>10:30am</td>
<td>Walk to work</td>
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<tr>
<td>11:00am</td>
<td>Shift started</td>
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<tr>
<td>11:00–12:00pm</td>
<td>If no client, check messages, return calls, start laundry</td>
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<td>12:15–1:15pm</td>
<td>Greet client, take history, massage session</td>
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<tr>
<td>1:15–1:30pm</td>
<td>Use restroom, ring up that client, get table ready for next appointment, and switch the laundry</td>
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<tr>
<td>2:30–3:30pm</td>
<td>Greet client, take history, massage session</td>
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<tr>
<td>3:45pm</td>
<td>Lunch</td>
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<tr>
<td>4:45–5:45pm</td>
<td>If no client, create an e-newsletter, add to client database, laundry, etc</td>
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<tr>
<td>5:45–6:45pm</td>
<td>Greet client, take history, massage session</td>
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<tr>
<td>6:45–7:00pm</td>
<td>Use restroom, ring up client, get table ready for next appointment, and switch the laundry</td>
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<tr>
<td>7:00–8:00pm</td>
<td>Last Massage Session of the day – Greet, history, massage</td>
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<tr>
<td>8:00pm</td>
<td>Close up duties: Clean table, fold laundry, etc</td>
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<tr>
<td>8:30pm</td>
<td>Walk home/dinner</td>
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The above was a pretty typical day for my first two years of employment in the Massage Therapy industry. I worked 5 days a week, 11am to 8pm or 12pm to 9pm, and weekends, as this is when most people are free to receive massage. My days off were Monday and Wednesday, or two days during the week. Some days I would have as many as five clients and some days as little as 0 or 1. Days with 5, all I did was massage, laundry, and lunch. Days with very little massage were geared toward getting more people in the door. If I was working for myself, the day would be very similar except I would have leeway to decide if I wanted to leave early, when I want to book clients, maybe I need a full day to work on generating clients etc.

Wages: There are a few different options in payment arrangements. Generally in MT, a therapist is either an employee paid hourly with tips or an independent contractor working on a percentage split, that is unless one is self-employed. The example above, I was an employee at $14/hour with tips. If working on a percentage split a MT might expect to take home 30% or 40% of what the client paid, while the employer keeps the rest. A good split for a therapist would be 50/50. The benefit of being an employee is making a stable, dependable income. However, as an independent contractor, the benefit is the high earning potential.
Being a Medical Interpreter

by Kristie North

Adapted from: http://lrc.wfu.edu/careersinlanguages/main/article-north.htm

A crying child who misses his mother. A woman who ecstatically receives the news that she is pregnant. A couple who has tested positive for a serious STD. These are only a few examples of the situations that I encounter every day.

I am a medical interpreter. I am also a student. I am very thankful that the interpretation certification program came to Wake Forest University during my time here. In May, I will be one of the first two students to graduate with the certificate.

I decided to take the Interpretation and Translation survey class with Dr. Furmanek last year more out of curiosity than any other reason. After discovering that I have an interest in and affinity for the work, I am taking the course in consecutive and simultaneous interpretation and performing a paid internship to complete the requirements.

I have quickly discovered that, while I do not plan to make Spanish/English interpretation my career, it is a growing field which can open doors to other professional opportunities. No matter if a student is interested in business, law, or medicine (like me), interpreting in your chosen field gets you involved in ways that most interns can only imagine.

After volunteering as a medical interpreter for a year and a half, I was offered a job this semester interpreting at a local OB/GYN center. Not only can I make a contribution to patient’s medical care, but I also get the invaluable opportunity to observe professionals at work. I am involved and actively consulted as doctors take a medical history, perform a physical exam, and offer a diagnosis and treatment. The people with whom I work know about my aspirations and make a special effort to teach me. They explain symptoms, let me watch procedures, and show me interesting specimens under the microscope.

My best experience as an interpreter, however, was just a couple of weeks ago. A woman for whom I had interpreted came in for her post-partum checkup. She brought her newborn with her to the appointment. His name is Javier. As his mother was examined, and I interpreted, I held Javier and stroked his hair. Every so often his big brown eyes would open to squint at me before falling closed again. It was just so incredible to think that I played a very small part into bringing this healthy, beautiful child into the world. In the field of interpreting, you bring people together; and together, people can do amazing things.
Computer Research: Career Narratives in Healthcare

Students conduct additional research on the career they read about in the Career Narrative activity, using a career database.

PREP

- Explore the following career database websites and choose one for this activity:
  
  
  **www.careerzone.ny.gov** – The New York State career database
  
  **www.careercruising.com** – A subscription-based career database. Requires a login and password. Many programs have subscriptions to this database.
  
- Choose a career from the database and be prepared to navigate to, explore and discuss this example career with students.

MATERIALS

- *Researching Careers Online* worksheet

EXPLAIN

1. If students have not previously used the chosen database in Unit 1, give a brief introduction to the website (*Refer to Career Database Lessons in Unit 1 for database information*). Emphasize ways the database is organized and how students can use it to find careers.

2. Ask students to navigate to the website. Look at a sample career as a class, discussing what information is included and how it is organized.

3. Distribute *Researching Careers Online* worksheet. Ask students to explore careers related to the one they read about in the Career Narratives and complete the worksheet.

4. If time remains, students can research the career of their choice, paraphrasing the information they find.
Researching Careers Online

Use the career database to answer the questions below.

1. What are some careers that are similar or related to the career narrative you read in the previous lesson? Find at least 6 and list them below:

2. Choose one of the careers you listed above. Write four questions you would like answered about this career.

3. Research the career listed above, and write the answers, in your own words, to the questions you wrote in #2.
Peer Career Learning Share

Students present what they learned from conducting career research by exchanging information with their peers.

MATERIALS

- Career Share handout

DISCUSS

1. Now that you’ve researched careers related to the career narrative you read, we are going to share this new knowledge with each other.

2. Distribute Career Share handout. Ask students to complete the worksheet by talking to each other about what they learned, and writing down the most interesting or surprising thing about a career their partner talked about. This can either be done in groups or with students walking around the room to learn from each other.
**Career Share**

Talk to at least 3 of your classmates who read about and researched a different career than you did. For each classmate you talk to, write down the name of the career they read about, their name, and the most interesting or surprising thing you learned about it.

1. **Career:** ___________________________  **Peer:** ___________________________
   
   One thing that interested me/surprised me was: __________________________________________
   
   __________________________________________
   
   __________________________________________

2. **Career:** ___________________________  **Peer:** ___________________________
   
   One thing that interested me/surprised me was: __________________________________________
   
   __________________________________________
   
   __________________________________________

3. **Career:** ___________________________  **Peer:** ___________________________
   
   One thing that interested me/surprised me was: __________________________________________
   
   __________________________________________
   
   __________________________________________

Are you interested in any of the careers you learned about from your classmates? Why or why not?
Students watch and discuss videos of experienced home health aides describing various aspects of their work. Links to additional healthcare videos are provided.

**ACTIVITIES IN THIS SERIES**

2.1 • Video Interview 1: Cynthia Gets a Promotion

2.2 • Video Interview 2: Zaida’s Advise for Working with Supervisors

2.3 • Additional Healthcare Video Interview Resources
Video Interview 1: Cynthia Gets a Promotion

Students watch a video about an experienced home health aide describing the steps she took to get a promotion. The skills she discusses are applicable across a variety of labor sectors.

PREP

- Watch Cynthia’s interview at https://www.youtube.com/watch?v=dbNio6ZoW-U&feature=youtu.be

MATERIALS

- This activity requires computer projection with internet and sound.

EXPLAIN

1. You’re going to watch a short video interview with a home health aide named Cynthia who gives her advice on how to get a promotion. Ask students: If you were interviewing Cynthia, what would you ask?
   Possible questions might include:
   - How long did it take you to get a promotion?
   - Did you have to ask for it or was it offered?
   - Do you have regularly scheduled performance evaluations?
   - Have you ever had an evaluation you disagreed with?
   - Has a patient ever complained about you?
   - What if your supervisor doesn’t like you?
   - Would you have stayed at your job if you had been denied a promotion? Why or why not?

DISCUSS

Cynthia says several times that she loves her job. What do you think she likes about it?

» She gets to help people.

What are some of her responsibilities at work?

» Make the client’s food, listen to them, support them, comfort them.

How did Cynthia get promoted?

» She fulfills her duties and does them very well.

List three pieces of advice Cynthia gives to new employees.

» Present yourself professionally, have a good attitude, respect your elders, be yourself, do your best, ask questions.

Cynthia talks about being a peer mentor. What is that?

» She teaches less experienced HHAs how to do their jobs well.

Having seen the video, what are some additional questions you have?

Do you think you would like Cynthia’s job? Why or why not?

Do you think Cynthia should stay in her job? Why or why not?
Video Interview 2: Zaida’s Advice for Working with Supervisors

Students watch a video about an experienced home health aide who gives advice about working with supervisors. Students discuss Zaida’s advice and their own experience with supervisors and supervising, at work and home. The skills Zaida discusses are applicable across a variety of labor sectors.

PREP

- Watch Zaida's interview at https://vimeo.com/115571766 by logging on with the password CUNYHHA.

MATERIALS

- This activity requires a computer with projection.

EXPLAIN

1. Zaida is a home healthcare worker who speaks about working with supervisors to solve problems. She also speaks about getting a raise. What questions do you have for Zaida? Write students’ questions on the board. Possible questions might include:
   - What is the best way to speak to a supervisor about a problem?
   - When should I talk to a supervisor?
   - What kinds of things can a supervisor help me with?
   - How do you develop a good relationship with supervisors?
   - What did you do to get a raise?

2. Students watch the video and listen for the answers to their questions.
DISCUSS

Cynthia and Zaida have different suggestions about how employees can get the hours they need. What is Zaida’s advice? What is Cynthia’s advice? Which do you prefer?

Zaida’s advice: Keep calling your employer from home until you get a case
Cynthia’s advice: Go to your job in the morning and see if there are cases for you.

Watch the video a second time and discuss:
Why did Zaida’s mentee consider applying for unemployment? How did Zaida help her?

➢ She didn’t have enough hours. Zaida spoke to the supervisor for her.

Why does Zaida say, “you have to know how to play the game?” What is the game?

➢ Knowing who to talk to, what questions to ask, how to get what you need.

What does Zaida say about not speaking English well? Do you agree with her?

➢ If you don’t speak English, that doesn’t mean you are going to be without work.

Why did Zaida and Cynthia go to Albany? Who are the “big men” they spoke to?

➢ To speak with government representatives about improving their working conditions.

How much do Zaida and Cynthia get paid? How much do they want to get paid?

➢ They make $10/hr. They want to get paid $15/hr.

Why does Zaida mention restaurant and daycare workers?

➢ She believes they do not make enough money either

Have you ever had a difficult experience with a supervisor? Were you able to solve it? If so, how? If not, why do you think you could not reach a solution?

Do you ever have to supervise anyone, either at home, such as a younger sibling, or at work? What do you think makes people listen to a supervisor? What do you think makes an effective supervisor?

Footnote: Since the making of this video, the governor of New York State has approved a raise to $15/hour for home health aides beginning in 2018.
### Additional Healthcare Videos

There are dozens of career-related videos on YouTube, containing short video interviews with healthcare professionals speaking about their jobs. Classes can discuss these videos similarly to the ones of Cynthia and Zaida. YouTube can also be searched to find additional career videos by using a keyword search.

1. **Healthcare Career Pathways**  
   A 6-minute video introducing healthcare careers that do not require Bachelor’s degrees. Many require certificates or Associate’s degrees. Includes job descriptions, salaries and education.  
   https://www.youtube.com/watch?v=fvkCs_63HSM

2. **Healthcare Managers**  
   A 3-minute video introducing what healthcare managers do and where they work.  
   https://www.youtube.com/watch?v=fvkCs_63HSM

3. **Healthcare Information Management**  
   A 3-minute video explaining the data-related world of healthcare information, including what college courses are required.  
   https://www.youtube.com/watch?v=lTbY8taAMcg

4. **Medical Assisting**  
   A medical assistant is interviewed and describes a sample appointment. She explains many of her responsibilities in detail.  
   https://www.youtube.com/watch?v=dNM_OpSmMyc

5. **Surgical Technology**  
   A 5-minute video showing the duties of surgical technologists.  
   https://www.youtube.com/watch?v=uNDR2ZT9Yxl

6. **Ultrasound Technology**  
   An ultrasound technologist explains her responsibilities, demonstrating the equipment she uses, and describing educational requirements.  
   https://www.youtube.com/watch?v=s3McedzGDgg

7. **Paramedic**  
   A “ride-along,” this video takes place in an on-duty ambulance.  
   https://www.youtube.com/watch?v=87DvYA3nX_M

8. **Community Health Worker/Health Promoter**  
   Immigrant Community Health Workers explain how members of the local community who share language and culture with residents can help improve local health.  
   https://www.youtube.com/watch?v=_ia9Cf9KgE

9. **Healthcare Interpreter**  
   A college professor describes a new certificate in Healthcare Interpretation.  
   https://www.youtube.com/watch?v=N3_jrrXbu94
A Dental Assistant’s Math: Calculations with Percentages and Decimals

Students learn about the role of a Dental Assistant including inventory management, while using percentages, decimals and multiplication to solve workplace math problems.

PREP

- Students should already be familiar with the following concepts: percentages, decimals and rounding.

- **Background knowledge**
Following are some general responsibilities of Dental Assistants:

_Dental Assistants prepare patients for treatments, conduct teeth cleanings, and sterilize instruments. They often assist dentists during procedures by using suction equipment to clear patients’ mouths of fluid. Dental Assistants might take oral X-rays, manage inventory of supplies, place orders and help maintain patient records._

MATERIALS

- _Dental Assistant Inventory_ sheet

EXPLAIN

1. Jacqueline is a Dental Assistant. List what you think her work responsibilities are in pairs.

2. Write student responses on the board.

3. One of Jacqueline’s responsibilities is managing inventory. What are some of the tasks that might be included in this work?

   - Counting inventory items, recording totals on the inventory sheet, reviewing totals for discrepancies, identifying products that need to be re-ordered and placing orders.

4. What are some types of math that might be included in these tasks?

   - Calculations involving addition, subtraction, multiplication and division; calculating with decimals; calculating with percents.
5 Distribute the *Dental Assistant Inventory* worksheet and ask students to complete it in pairs.

6 Once students have completed the worksheet, ask for volunteers to write their answers, including all steps they took to solve the problem, on the board. The class should evaluate the responses, saying if they got the same or different answers, and if they took the same or different steps.

**DISCUSS**

- What information did you use to solve the problem?
- What steps did you take to solve the problem?
- Which part was most challenging in this activity?
- Would you like this type of job? Why or why not?

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**Dental Assistant Inventory—Teacher Answer Key**

800 adults × 2 visits/year × 90% show-up rate = adult visits
800 × 2 = 1,600 visits
1600 visits × .90 = 1,440 adult visits
1,440 adult visits × 4 films = 5,760 films for adults

700 children × 2 visits/year = 1,400 visits
1,400 visits × 90% show-up rate = child visits
1,400 visits × .90 = 1,260 child visits
1,260 child visits × 2 films = 2,520 films for children

5,760 + 2,520 = 8,280 films needed
8,280 – 350 = 7,930 (Subtract Current Inventory)
7,930 films ÷ 100 (films per package) = 79.3 = 80 packages
Dental Assistant Inventory Problem
(Adapted from Math in the Workplace, Micron Foundation, www.micron.com)

Jacqueline is a dental assistant at a private practice dental office. The staff consists of two dentists, four dental hygienists and an administrative assistant. Jacqueline’s responsibilities include preparing patients for treatments, conducting teeth cleanings, sterilizing dental instruments, taking oral X-rays, assisting dentists during procedures by using suction equipment to clear patients’ mouths of fluid, managing inventory of supplies, placing orders and helping maintain patient records.

Once a month, she conducts inventories of dental supplies and places orders as needed. It is time to order a year’s supply of cavity detecting X-ray film. There are 800 adults and 700 children who are supposed to come in every 6 months to have check-ups. 90% of the patients follow this schedule.

For each visit, adults need 4 films for Bitewing X-rays and children need 2 films for Bitewing X-rays. The number of Bitewings currently in stock at the office is 350 films. Kodak distributes the film in packages of 100 units.

Determine how many packages Jacqueline should order based on the information above. Write all necessary calculations in the space below.

Number of Packages to be ordered ____________________________
Writing About a Healthcare Narrative Series: Nurse Bonnie Archer’s Story

Students read a two-part narrative from a surgical nurse, then write about her work and their own interest in healthcare careers. Peer edits and revision activities are included as optional extensions.

ACTIVITIES IN THIS SERIES

4.1 • Nurse Bonnie Archer’s Story, Part 1
4.2 • Nurse Bonnie Archer’s Story, Part 2
4.3 • Writing Activity: Nurse Bonnie Archer
4.4 • Activity Extension — Peer Editing and Revision

UPDATED FEB. 2018
Lesson Guide

Section 4.1

75 MINUTES

**Nurse Bonnie Archer’s Story, Part 1**

Students read and discuss a story told by Bonnie Archer, a nurse in the coronary unit at Columbia Presbyterian Hospital, in preparation for writing a response to it.

**PREP**

- Read Parts 1 and 2 of Bonnie Archer’s story and discussion guidelines. Be prepared to explain vocabulary: donor/donation, transplant, recipient, suspense.

**MATERIALS**

- Bonnie Archer story, pp. 84-86

**EXPLAIN**

1. Today you will practice your reading skills by reading the story of a nurse who worked in a New York City hospital. Even if you are not interested in nursing, improving your reading skills will help you no matter what career you’d like to pursue.

2. If you were going to interview a nurse about her job, what are some questions you would ask? Write the responses on the board. Possible questions might include:

   - What hours do you work?
   - What do you do in a typical day?
   - What is most difficult about your job?
   - What do you like about your job?
   - How much money do you make?
   - Why did you decide to become a nurse?

3. Distribute pp. 84-46 of the Bonnie Archer reading and ask students to read and annotate it.
DISCUSS

Bonnie Archer talks about a big problem in her nursing unit. What is it?

➢ There are not enough nurses.

Bonnie Archer describes a course she teaches for nurses at her hospital.
If they are already nurses, why do they have to take a course? What happens if they don’t pass the course?

➢ To be a critical care nurse. They get dropped out of the program.

What kind of surgery does she describe?

➢ A heart transplant.

Why did she go to Michigan?

➢ To pick up a donor heart.

Why does she say, “The heart surgery unit is run by nurses?”

➢ Because doctors are not always available and nurses have to act in their place sometimes.

According to her, why are some heart surgeries canceled?

➢ Because the donor heart ends up being “no good.”

Whose family does she describe? How does she think they feel?

➢ The heart donor—a 17-year-old boy who has lost brain function as the result of a motorcycle accident. She thinks they are grieving the loss of their son and then feel relieved to find out his heart will go to a young mother.

This isn’t the whole story. What do you think happens next?
We’re in a conference room next door to the coronary unit where the open heart and transplant patients are taken directly after surgery. Ten minutes into our conversation, a nurse appears at the door and beckons her to the unit. A patient is just coming down from the operating room.

The patient, a gray-haired man who appears to be about fifty, is wheeled into a room filled with high-tech equipment. A closed-circuit television camera perched in the corner of the room transmits a picture of the patient to the nurses’ station at all times. An electrocardiogram machine is next to the bed, as are a respirator and a cart holding the equipment necessary to care for this patient. We stand in a corner of the room watching the feverish activity as the sleeping patient is hooked up to the many mechanical-assist devices and monitors. In less than twenty minutes, the hookup is complete. The patient is still sleeping soundly as his assigned nurse takes over. We return to the conference room.

BONNIE ARCHER, R.N.
Assistant Head Nurse,
Surgical Cardiac Intensive Coronary Care Unit

The heart surgery unit is run by nurses. When a nurse comes to work here, he or she has to forget about being task oriented. Nurses here have to gear their thinking to clinically managing a patient. Here you must think like a doctor. You have to. A patient has a crisis, there’s not always time for you to go get a doctor. They’ll die.

Our standards are extremely high. The hospital runs a core course which you have to pass before you can be a critical care nurse. They weed out people who can’t make it. I run the clinical orientation course, which is a six-week training course for nurses who want to work in this unit. My last group, in September, started with eight nurses, and only four made it through the core course. It’s a waste of time and money to bump someone out of the program, but the alternative is they could injure a patient. So if they’re not up to our standards, out they go.

It’s hard to turn down a nurse. We need everyone we can get. This unit is going through a horrible crisis. There are just not enough nurses. Actually, there’s a massive shortage of nurses everywhere. They are not graduating as many—people aren’t going into it like they used to. Critical care units, open heart, and ER are hardest hit. We have a three-hundred-dollar bounty here. If one of our recruits another RN, we get paid three hundred bucks. And still, no one has recruited anybody. Not one nurse. No kidding.

Most of the pre-transplant patients are at home waiting for a heart to become available. When we get a heart, the patient it’s for is called and told to come directly up to us. When they arrive, when they see this place, they just stand there, dazed. They can’t believe it! The unit looks to them like something from outer space. The first thing we do is put them in a room and prep them. We draw blood, shave them, do all the usual prep things. It can take about two hours. And then we wait.

The worst thing that can happen preoperatively is that the donor heart is no good. You don’t know that for sure until the team has gone in; but you can’t hold off bringing the patient in, because time is so important. If the heart is no good, the team won’t take it. We’ve had patients go upstairs and be put to sleep, and then the surgery is canceled. The patient knows that this can happen—some have had three or four false alarms. Even our children say, “Maybe I’ll get it this time, maybe I won’t.” Sometimes when they see someone else getting a heart they’ll say, “You know I’ve waited three times?” But we try to assure them—“You’ll get yours, you’ll get it. Don’t worry.”

and the bag goes directly into a Styrofoam ice-chest. They see us being really calm, and Reemtsma is so easy going. When we got ready to take the heart the anesthesiologist looked at me for direction in everything. When the other teams got what they wanted we opened the chest. Greg, who was the chest resident, clamped the aorta and I was supposed to flush this special solution on the heart and assist the anesthesiologist. I’ll never forget that moment. The blood pressure was 120 over 70; then they clamped the boy’s aorta, removed his heart, and the pressure dropped to zero. There was no blood. I held the bag and they dropped the heart into it and I put it in the ice chest. Everyone was standing around saying, “Oh, my goodness. Is that all there is?” It really looks so simple. An amazing organ, the heart.

We left the hospital as soon as we finished. We were rushing like crazy, because our patient at home was very sick. We were going to be lucky if we could make it back in time. I mean, minutes were important! The plan was, when we were in the air coming back I was to radio in to Eric Rose, who was standing by in the Presbyterian OR with the patient asleep. He needed the estimated time of arrival so he could put her on bypass and remove her heart. Timing was everything. This woman was dying. When we were up in the air, I radioced in and said we’d be arriving at Teterboro almost on the dot of two in the morning. That was the signal to Eric to begin removing her heart. After I hung up the phone, the pilot said to me, “Miss Archer, what’s the nearest airport?” I said, “What do you mean, what’s the nearest airport?” He told us there was a storm coming up and we were going to have to land elsewhere. I said, “We can’t! We can’t land anywhere else! They’ve cut her heart out! They already put the woman on bypass!”

So, with our fingers crossed, we landed at Teterboro. It had taken us an hour and a half to fly to Detroit and we made it back in forty-five minutes. The storm practically carried the plane. It was just me, Reemtsma, the chest resident, and the two pilots. We had flown out of the storm. When we got to Jersey, the ambulances rushed us across the bridge and we met the state troopers from New York. We got to the ER platform, ran into the hospital, went right up to the operating room, gave them the heart, and they put it into the patient. Just in time. Believe me, just in time.
Nurse, Bonnie Archer’s Story, Part 2

Students read and discuss the conclusion of the Bonnie Archer story in preparation for a writing activity.

MATERIALS

• Bonnie Archer story, Part 2

EXPLAIN

1 Ask the class to recall what they read in the first part of Bonnie Archer’s story. If they have trouble recalling, use the questions below.

   Examples:

   What was her job?
   ➢ Nurse, Cardiac surgical.

   What happened in what you read last time?
   ➢ She was preparing to do a heart transplant.

   Where was the surgery?
   ➢ She had to go to Michigan to get the heart.

   What happened at the very end of what you read?
   ➢ The donor was on the operating table, with the operation ready to begin.

   Who was the donor?
   ➢ A 17 year old who lost brain function from a motorcycle accident.

   Who was with him in the hospital?
   ➢ His family.

   What does Bonnie Archer say about her job?

2 What were some of your predictions about what happens next in Bonnie Archer’s story? Write predictions on the board.

3 Distribute Bonnie Archer Story, Part 2. Ask students to finish reading and annotating Bonnie Archer’s story and prepare to discuss it.
DISCUSS

What happened in the rest of the story?

- Surgery was completed successfully. The heart was successfully removed from the donor and placed in the recipient, just in time.

How did you feel when you were reading the story? Nervous it wouldn’t be completed in time? Excited?

In addition to the heart, what else was removed from the donor’s body?

- Pancreas and liver.

The organs had to be removed in a particular order. Why?

- So that heart could pump blood to other organs.

There were several suspenseful moments in the story. What questions were left unanswered?

1) Would the donor heart be healthy?  
2) Would the transplant team make it on time?

What were some of the healthcare jobs you encountered in this story?

- Nurses, doctors (surgeons), residents, anesthesiologist, pilots.

What are some jobs that weren’t mentioned in this story, but were in some way involved in the care of the donor, recipient and their families?

- Airport staff, such as airport traffic controllers, airplane maintenance people, such as the person who puts gas in the plane, the mechanics, the person who cleans the plane; hospital staff such as hospital custodians, person who schedules surgeries, person who prepares legal documents such as death certificates and agreements to donate organs; nurses who help patients recover after surgery; people who picked up pancreas and liver and everyone involved in those surgeries.

What did you find interesting in this story? What was difficult? Does this make you want to know more about any specific healthcare jobs? Which ones?
Bonnie Archer Story, Part 2

Once I went to Michigan with Dr. Reemtsma to pick up a donor heart. I remember him reading a horror book the whole way there—a horror story! He’s a lot of fun. He’s just the way anybody else is, you know? Even his position, he’s always the same. He and a chest resident were scheduled to go and no one else was available, so we went. He asked, “Sure, you’re on the ride.”

We took an ambulance out of Detroit, and we took a Lear Jet to a hospital in the northeast. The people there were really excited about our coming. I think they were our first time to meet the operating team, but the donor family was still alive. When we walked into the operating room, the donor family was still alive. When we walked into the operating room, the donor family was still alive.

We couldn’t forget the day. It was a lot of fun. We were all crying and the donor family was still alive. When we walked into the operating room, the donor family was still alive.

So we went to the bedside like a family. Right away, the donor had a second heart, which is unusual. The donor had a second heart, which is unusual.

The donor had a second heart, which is unusual.

We couldn’t forget the day. It was a lot of fun. We were all crying and the donor family was still alive. When we walked into the operating room, the donor family was still alive.

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We couldn’t forget the day. It was a lot of fun. We were all crying and the donor family was still alive. When we walked into the operating room, the donor family was still alive.
**Writing Activity: Nurse Bonnie Archer**

Students respond in writing to the Bonnie Archer story, thinking about the nurse’s career and their own career interests. As an optional learning extension, teachers may choose to have them conduct peer edits by reading a classmate’s writing or ering and receiving feedback, and revising their writing using the feedback. They will then revise their writing.

*Note:* Rather than focus on one writing strategy, this activity is designed to be flexible and invites teachers to use the activity as is (good for lower level students) or incorporate a focus on a specific writing skill of their choosing, such as topic sentences, paragraph structure, or transitional sentences.

**PREP**

- Review the writing assignment.
- **OPTIONAL:** Choose a writing strategy to incorporate into the activity. This could be a skill you have already introduced or are introducing for the first time. Some possible options include:

  **Topic Sentences:** Use sentence starters/stems to help students focus on developing effective topic sentences for their paragraphs. For example:

  - *According to the article,*...
  - *The article focused on*...
  - *The key issue discussed in the article*...

  **Paragraph Structure:** Use a Sandwich Paragraph (or other) graphic organizer to help students understand the different parts of a paragraph. See the following link or google “sandwich paragraph” for more guidance.

  [https://missisparagraphpage.weebly.com/paragraph-sandwich.html](https://missisparagraphpage.weebly.com/paragraph-sandwich.html)

  **Transition phrases/sentences:** Use transitional sentence stems/starters to help students understand strategies useful for transitioning between ideas. For example:

  - *In addition,*...
  - *As a result,*...
  - *First,*... *Second,*... *Third,*... *Finally,*...
MATERIALS

- Writing Activity: The Nursing Profession

EXPLAIN

1. Today you are going to write about Bonnie Archer’s story. You’ll need some paper and a pen or pencil.

2. OPTIONAL (See Prep section): Review any applicable writing skills you have been working on, such as topic sentences, transition sentences, outlining, etc.

3. Review any applicable writing skills you have decided to focus on, such as topic sentences, paragraph structure, transition sentences, etc. (See Prep section for examples.)

4. Distribute Writing Activity: The Nursing Profession handout. Have students read and explain the instructions and then give students time to write. Allow students ample time to write their first draft in class, and let them know they will need to bring it to the next class, since they will be doing peer edits.
Writing Activity: The Nursing Profession

In this three-paragraph writing activity, you will write about the nursing profession from Bonnie Archer's point of view, and how it relates to your own career interests and explorations. Write in as much detail as possible, using the template below as a guide. Each paragraph should have a topic sentence, details, and examples. Make sure your sentences flow with clear logic from one idea to the next and that your paragraphs address the topic completely.

PARAGRAPh 1: Bonnie Archer’s Job

Describe Bonnie Archer's job in as much detail as possible. Make sure to include where she works, who she works with, what she does at work, and what you think she might like or dislike about her job. Include any other details about Bonnie’s job you think are important to understanding the nursing profession.

PARAGRAPh 2: A Special Surgery

Describe the surgery you read about in as much detail as possible. Be sure to include the type of surgery, any challenges with the surgery, if it was successful (why or why not), and what made the surgery interesting to you as a reader? Include any other details you think are important to understanding the nursing profession as it relates to a situation like this surgery. Imagine if this surgery was being performed on someone in your family, what questions would you ask the nurse on duty?

PARAGRAPh 3: My Interest in Healthcare

You were introduced to several different jobs in healthcare. Write about your own interests in healthcare. They do not have to be jobs you saw in this story. Write in as much detail as you can, including:

If you are not interested in the healthcare field as a possible career, write about why you are not interested in healthcare and what careers you are interested in. Write in as much detail as you can, including:
Extension Activity
Peer Editing: The Nursing Profession

Students engage in a revision process of reading one another’s writing, providing feedback, receiving feedback from their partner, and revising their writing based on the feedback.

**PREP**
- Be prepared to explain vocabulary: relevant, peer, edit, revise

**MATERIALS**
- Extra copies of writing assignment
- *Peer Editing Worksheet and Error Log*

**EXPLAIN**

1. Even the most successful writers have editors. Editors can catch mistakes writers have missed. Before you have someone else look at your writing, it’s always important to re-read it yourself and make sure it’s the best it can be.

2. Ask students to re-read what they have written to make sure:
   - It has at least 3 paragraphs and all the writing in each paragraph is relevant to the assignment and focused on one idea.
   - The writing is clear and easy to understand.
   - The writing is grammatically correct. It can help to read aloud or think each word to yourself.
   - There are no spelling mistakes.
   (You may want to write these on the board so students can refer to them as they re-read.)

3. If you encounter any mistakes, correct them now.

4. Now, write down three questions you have for your editor. These are parts of your writing that you are unsure of, for example, a question about the clarity of a certain part, or a question about whether one sentence is too long and should be split in two. Your editor is here to help you, so ask questions that will help clarify what might make your writing better.
5 Distribute *Peer Editing Worksheet and Error Log*.

6 Exchange your writing with a partner, read your partner’s writing and complete the following peer editing worksheet based on what you read. You will also need the assignment when completing the peer edit worksheet. Your goal is to help your partner make her writing the best it can be.
Peer Editing Worksheet

Complete this sheet based on your reading of your partner’s writing.

Editor ___________________________________________________________

Date _____________________________________________________________

Writer __________________________________________________________

A particularly effective part of this writing was:

PARAGRAPH ONE

This paragraph was about:

It was / was not (circle one) closely related to the assignment because:

It was / was not complete because:
PARAGRAPH TWO
This paragraph was about:

It was / was not \((circle \ one)\) closely related to the assignment because:

It was / was not complete because:

PARAGRAPH THREE
This paragraph was about:

It was / was not \((circle \ one)\) closely related to the assignment because:

It was / was not complete because:
## Error Log

Complete the chart below to help your partner refine his or her writing.

<table>
<thead>
<tr>
<th>I found the following grammatical errors:</th>
<th>Where I found them:</th>
<th>Why they are incorrect:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I found the following problems with organization:</th>
<th>Where I found them:</th>
<th>Why this was a problem:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I found the following parts unclear:</th>
<th>Where I found them:</th>
<th>What made these parts unclear:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 4.4

**Discussing Feedback**

When students are finished with the peer editing sheet, they should discuss all points with their partners, and give their partners the sheet. Once they are finished, they should switch speaking and listening roles, so that both students’ writing is discussed. Once both are discussed, the editor should give the feedback sheet.

Students should bring their first draft and the peer edits of their own writing to the next session.

**Revision, Based on Feedback**

With their partner’s feedback in front of them, writers should make changes to their writing on the first draft or on an additional sheet as necessary. The teacher circulates to check progress and answer questions. Pairs should continue to sit together in case they have questions for one another.

**Final Draft**

Using revisions, students write final drafts, at computers or by hand. Students turn in the first draft, peer edit worksheet, revision notes and final draft by the end of the class.

**A Celebration of Writing: Sharing Excerpts**

As the teacher circulates, she selects components of students’ writing that are particularly effective and asks the writer to share with the class, discussing as a class what made these parts particularly effective.