English for Specific Purposes 75 (2024) 69–83

Contents lists available at ScienceDirect

English for Specific Purposes

journal homepage: http://ees.elsevier.com/esp/default.asp

Learning to read patient notes in the workplace: How reading aloud and reading alongside can help students for whom English is an additional language

Caroline Havery

University of Technology Sydney, 15 Broadway, Ultimo, NSW 2007, Australia

ARTICLE INFO

Article history:
Available online 8 May 2024

Keywords:
English for nursing students
Patient documentation
Reading
Workplace learning
English as an additional language
Discourse analysis

ABSTRACT

Much of the recent research in English for nursing has focused on the specialised spoken discourses rather than the written documentation that nursing students need for patient care. However, patient documentation can be challenging to learn, particularly for some students for whom English is an additional language. This study investigated how novice English as an additional language students learned to read patient documentation during their work placements, and the role that their workplace supervisors played in helping them learn. An ethnographic approach and discourse analysis of workplace interactions with three supervisors and 16 students in three Australian hospitals showed that most nursing students observed required explicit guidance from their supervisors to read the documentation and to understand the linguistic and rhetorical functions of those notes. The findings suggest that developing reading skills in the workplace should involve explicit guidance in learning to read the requisite documentation. It is recommended that English for Specific Purposes courses for nursing students pay attention to written as well as spoken discourses and that language specialists work with nursing educators to provide professional development for workplace supervisors and to ensure that guidelines and expectations for reading documentation are clear for supervisors and students.
© 2024 The Author. Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

1. Introduction

The linguistic diversity of undergraduate nursing cohorts and the nursing workforce has focused attention on the challenges that students and health practitioners for whom English is an additional language (EAL) may face in learning and using the specialised discourses of nursing (e.g., Crawford et al., 2017; Dahm et al., 2022; Huang and Yu, 2023; Lu, 2018; Mikkonen et al., 2016a, 2016b). Much of this research has investigated the use of spoken language in nurse patient interactions, finding that students and healthcare workers from EAL backgrounds may have some difficulties in: providing emotional support to patients (Huang and Yu, 2023); building rapport with patients (Crawford et al., 2017; Lu, 2018; Staples, 2015); and shifting register between medical terms and everyday language (Huang and Yu, 2023). Other challenges include pronunciation, limited vocabulary, and understanding different accents (Lu, 2018). English for Specific Purposes (ESP) courses for nurses have focused mainly on these challenges (e.g., San Miguel and Rogan, 2009; Huang and Yu, 2023; Lu, 2018), teaching students how to introduce themselves to patients, explain procedures, build rapport, provide information, and learn medical terminology.

E-mail address: Caroline.Havery@uts.edu.au.

https://doi.org/10.1016/j.esp.2024.04.003
0889-4906/© 2024 The Author. Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

Several studies have also investigated the verbal practice of clinical handover, that is, when nurses pass on information about patients to other nurses (Dahm et al., 2022; Pun, 2023).

A further important discourse of nursing is patient documentation, that is the written documents that nurses need to complete as part of patient care. Several studies have investigated the processes of learning to write patient documentation (Hobbs, 2004, 2007; Parks, 2000, 2001; Parks and Maguire, 1999) (discussed in detail in section 1.2). These studies found that reading the documents of other health professionals played a large role in learning to write. However, the participants in these studies were either medical residents with English as a first language (Hobbs, 2004, 2007) or qualified French speaking Canadian nurses who were commencing work in English speaking hospitals (Parks, 2000, 2001; Parks and Maguire, 1999). These EAL nurses therefore had prior knowledge of writing patient documentation in their first language. Novice EAL students would not have this prior knowledge. It is well established that language is a major challenge for many EAL students during clinical placements (Juntunen et al., 2024), including the language of patient documentation where students can have trouble not only with medical terminology but also with unfamiliar non-technical terms (Dickson, 2013). Studies have found that positive experiences with workplace supervisors can make a difference to student learning during clinical placement (e.g., Mikkonen et al., 2016b). However, there is, to date, no research on how novice EAL nursing students learn to read patient documentation during clinical placements, and the role that their workplace supervisors may play in helping them learn.

Investigating how students learn in the workplace is important for several reasons. Firstly, data collected in workplace settings can provide evidence-based materials for the development of ESP courses (Dahm et al., 2022; Staples, 2015). Given that most ESP courses focus on spoken language rather than written documentation required for patient care, the language demands and pedagogic strategies adopted by supervisors to help students learn patient documentation is an important area of investigation. Secondly, as Bosher (2012) notes, there has been little collaboration between ESP professionals and nurse educators. She argues that such collaboration could help prevent or respond to some of the challenges students face in their studies by investigating the situation of EAL nursing students and advocating for English for nursing courses that could help students to succeed. Investigating how students learn language in the workplace and the role that plays in patient care can contribute to better understanding the needs of nursing students and provide important evidence for nurse educator and ESP professional collaborations.

1.1. Clinical placements and clinical facilitators

Clinical placements often begin within the first year of nursing degrees. One widespread model of clinical supervision relies on clinical facilitators, that is qualified nurses employed by the university to supervise and assess students. Clinical facilitators can play a large role in student learning, acting as expert others to help socialise students into the community of practice of nursing (Havery, 2019; Lave and Wenger, 1991) including the language of nursing (Duff, 2012). However, clinical facilitators are not language educators and language is frequently cited as the greatest challenge for EAL students and their facilitators (Mikkonen et al., 2016a, 2016b). This study is part of a larger study that investigated how clinical facilitators created or constrained learning opportunities for EAL students during their clinical placements. The larger study found that there were key spaces in hospital settings where learning activities occurred (Havery, 2019). Students' access to these spaces and to the opportunities to learn the language of nursing that was embedded within these activities depended largely on the pedagogic practices of the clinical facilitators. In particular, the hospital corridor acted as a gateway to learning opportunities. Clinical facilitators used the corridor to 'set up the shift', that is to make sure students had a registered nurse to work with and that they knew who their allocated patients were. Secondly, clinical facilitators used the corridor to 'check in' with students. One form of checking in was a guided approach, that is facilitators monitored whether students were doing what facilitators expected them to be doing. A second form, an ad hoc approach, was to walk around the corridors and ask students if they had any questions. Setting up the shift and checking in potentially created access for students to a space away from the corridor where students could learn more with the clinical facilitator about the patients they were caring for (see Havery, 2019 for more details on these activities). Two spaces students moved to were the nurses' desk or tearoom. Here, the main learning activities were reviewing patient documentation. This paper focuses on these activities and compares the pedagogic practices of three facilitators to demonstrate how EAL students were socialised into the discourse of patient documentation.

1.2. Patient documentation

Patient notes and charts play a vital role in maintaining accurate records for patients and communicating information amongst healthcare team members (Hobbs, 2004, 2007), which is essential for patient safety (Garling, 2009). Healthcare workers refer to these notes, which include details about the patient's admission, medical treatments, and doctors' and nurses' progress notes, to plan patient care. Doctors' progress notes are a 'running log of the patient's care' (Hobbs, 2007, p. 41). Similarly, nurses' notes are a record of activities carried out during their shift; they are also a place for nurses to record and report concerning signs (Hobbs, 2007). This extensive patient documentation differs from what is commonly referred to as the handover sheet, which is a summary of brief points about patients that nurses use when giving a verbal handover about the patients they have been caring for to an incoming nurse.

Progress notes are 'a complex technical account in a highly condensed form' (Hobbs, 2004, p. 1588). The notes contain many medical terms and abbreviations that are based on Latin terms (usually medical conditions), English terms (for example, SOB for 'short of breath'), and iconic symbols (for example, $\bar{c}$, a c with a line above, denoting 'with') (Hobbs, 2004).

They are also written with 'telegraphic syntax' (Hobbs, 2004, p. 1587), omitting words, such as articles and auxiliary verbs. Although this style of writing contributes to notes being completed in an efficient way, the condensed nature and the unfamiliar terminology can make the notes difficult for novices to read.

Previous research investigating how medical residents (Hobbs, 2004) and French speaking nurses in Canada, who were transitioning to work in English speaking hospitals (Parks, 2000, 2001; Parks and Maguire, 1999), learned to write patient documentation found that they learned over time from both direct and indirect guidance from other professionals. Direct guidance included feedback on drafts, and direct corrections; indirect guidance occurred by participating in patient care, hearing talk of colleagues as they discussed care (Hobbs, 2004), and reading notes written by other professionals (Hobbs, 2004; Parks, 2000; Parks and Maguire, 1999). The guidance offered was linguistic, that is, vocabulary, and grammar; rhetorical, that is, indicating what to include in nursing notes and modelling specific phrases; and finally, information, which is related to disciplinary knowledge (Parks, 2000). Parks (2001, p.421) also refers to the reading of notes written by other professionals as 'covert' help.

This type of covert help is 'a kind of prewriting heuristic' (Parks and Maguire, 1999, p. 161) and is the first step in appropriating the genre of patient notes by first 'reading – or, more accurately, decoding – the notes of others' (Hobbs, 2004, p. 1601). Students learn about the structure and content of notes, medical terms and abbreviations, and 'discursive forms that constitute the specialty idiom' (Hobbs, 2004, p. 1603). The term 'decoding' draws attention to how unfamiliar patient notes are for novices and, to understand them, novices need to 'crack the code'. The term decoding in this sense can be used interchangeably with reading but it highlights the highly specialised nature of patient notes.

However, whilst acknowledging the importance of decoding notes, the above studies do not focus on how students come to decode those notes, nor what role supervisors play in that process. They also do not focus on how novice students learn about the purpose of reading documentation and what role it plays in patient care. Learning to write patient notes by reading the notes of expert others may not be a successful strategy for novice EAL nursing students, due to the highly specialized form of writing (Hobbs, 2004). This study extends the previous research on patient documentation by investigating how novice EAL students rather than advanced students or qualified professionals learned to decode these notes and what role the clinical facilitator played in their learning. It concludes by considering the implications of the study for ESP courses and collaboration between ESP professionals and nurse educators.

2. Method

The research is a multi-site case study. It used an ethnographic approach combined with discourse analysis to investigate the interactions of three groups of students and three clinical facilitators during clinical placements in three hospitals. This approach focuses on a macro analysis of context and micro analysis of interactions and has been used in previous studies of healthcare communication (e.g. Dahm et al., 2022). The settings were three major teaching hospitals located in the same city in Australia. All had linguistically diverse patients and staff. All had multiple specialty wards. All regularly hosted large numbers of students who were undertaking clinical placements. Participants were three clinical facilitators and 21 students, 16 of whom spoke English as an additional language. Students came from China, Nepal, Cambodia, Taiwan, India, Vietnam, Malaysia, Indonesia, and Japan. The study focused specifically on the students from EAL backgrounds, seven of whom were international students and the rest had immigrated to Australia. One of the students had previously studied nursing overseas. Other students had a range of previous educational and work experiences in Australia and elsewhere including business, social work, and commercial cookery. The students were at the end of the first year of an undergraduate nursing degree. Each group of students worked in the same hospital with the same facilitator for a two-week period. The students were located across several wards in the one hospital and worked alongside a registered nurse each day who was assigned as their buddy.

I observed a seven hour shift each day for a total of six weeks across the three hospitals, here called Green, Red and Blue Hospitals. The students were placed in these hospitals by their university for the two-week clinical placement and research access to the hospitals was negotiated with the university, the relevant local health district, and the individual hospitals. These hospitals were chosen as all facilitators and students placed in these hospitals had agreed to participate in the study. Challenges of gaining access to workplaces (Roberts, 2010) and clinical placements (Duff et al., 2002) have been noted in previous studies. Recruiting participants and gaining ethical approval was a complex process (see Havery, 2018 for details). Ethical approval was received from all institutions involved. Consent was received from all participants.

2.1. Data collection

Data collection was underpinned by key characteristics of ethnographic work (Hammersley and Atkinson, 2007): it was naturalistic; a range of data were collected including informal conversations with participants, interviews, written field notes and audio recordings; and the data collection did not follow a predetermined framework. Extensive field notes were taken during observations using a handwritten notepad, noting where interactions occurred, who was present, and what happened during interactions. Audio recordings were made with a small digital recorder of all interactions between EAL students and clinical facilitators when patients or other healthcare workers were not present. I also held semi-structured interviews with students who consented to interviews after the clinical placements. The interview questions invited students to discuss their overall experiences of clinical placement, including what they had learned, what had helped them learn, and what had made learning difficult. Table 1 shows details of data collected.

Table 1
Data collection.

Participants	Three clinical facilitators
	Three groups of 1st year nursing students (7 or 8 students per group)
Sites	Three hospital sites: Green Hospital, Red Hospital, and Blue Hospital
Observations	Green Hospital: 75 h
	Red Hospital: 80 h
	Blue Hospital: 75 h
Field notes	From each site – unstructured: included observations and my reflections
Audio recordings	Green Hospital (approximately 6 h)
	Red Hospital (approximately 22 h)
	Blue Hospital (approximately 18 h)
	*the variation in hours recorded is indicative as to how much time students and facilitators spent where recording could occur- that is away from patients and other healthcare staff
Interviews	Facilitators x 3
	Students x 10

Excerpts of transcripts of audio recorded interactions about patient documentation between clinical facilitators and students are analysed in this paper. The first excerpt analysed occurred in Green Hospital between Kim, the facilitator, and Jing, a Chinese student. Jing had previously completed an undergraduate degree in business in Australia. Kim was relatively new to clinical facilitation but was an experienced hospital educator. The second interaction occurred in Red Hospital between Glenda, a clinical facilitator with more than twenty years' experience, and Ryoko, a Japanese student. Ryoko had worked in business in Japan and had completed an academic writing preparatory course in Australia. The final interaction is from Blue Hospital between Mel, who had more than five years of facilitation experience, and Liming, a student from Hong Kong, who had completed a foundation course in accounting. The audio recordings were selected as being representative of each facilitator's style of interactions with students. Names used for all participants are pseudonyms.

2.2. Data analysis

For the larger study I first completed an ethnographic analysis from fieldwork, which highlighted the importance of space and activities in creating learning opportunities for students (Havery, 2019). One of the key spaces was the nurses' desk where the main activity was reading patient notes. This activity occurred in only two hospitals, Red and Green. A second activity related to patient documentation occurred in Blue Hospital only. This activity focused on reading the clinical handover sheet and occurred in tearooms. I then chose audio recordings that were typical of these two activities. The activities were analysed using a framework that drew on a 'theme oriented' approach to discourse analysis (Roberts and Sarangi, 2005); frame analysis (Goffman, 1974); the SPEAKING grid from the ethnography of communication (Hymes, 1972); and exchange structure using the initiation, response, follow up (IRF) pattern (Sinclair and Brazil, 1982), which has been widely used in educational research to study pedagogic interactions. The framework developed for the analysis is illustrated in Figure 1. Audio recordings were transcribed using conventions adapted from Roberts (2006) and Forman (2005) (Table 2). Interviews were analysed for key themes.

Prior to this research, I had developed and facilitated clinical language programs for nursing students in preparation for their clinical placements. I was aware that this experience could influence what I noticed, as well as influencing how facilitator and students interacted. I included in my field notes any reflections I had about my presence and its influence on what was happening. In initial discussions with facilitators, I clarified that I was happy to talk about the decisions facilitators were making about students in term of assessments but would not make any recommendations about those assessments. Discussions I had with facilitators became part of the data and were included in the analysis of my field notes. I was also aware that students might feel intimidated by having a researcher observe their interactions. I explained to students at the beginning of each placement that I was not assessing them; reassured them that anything they said would remain de-identified; and offered them a choice not to be audio recorded. Any discussion I had with students was recorded in field notes.

3. Findings

Hospital wards usually have a nurses' desk where patient records are kept. In this study, one of the main activities that occurred at the desk was reading patient notes. The facilitator and students sat behind the desk reading patient notes, and I sat alongside them. This activity was carried out in both Green and Red Hospital, but not in Blue Hospital. The way students gained access to these activities at the nurses' desk was different in each hospital. In Green Hospital students moved from the corridor to the desk if they asked the facilitator, Kim, a question during her daily rounds. On the fourth day, for example, Jing, a student, met the facilitator in the corridor and Jing reminded her, 'you were going to go through the file of that patient with me- do you remember'. These activities are categorized as *unplanned*. In contrast, most of the activities in Red Hospital were initiated by the facilitator, Glenda, who approached students in the corridor and directed them to the desk to read patient notes or research information on the online systems. The activities in Red Hospital are categorized as *planned* activities. Planned here is used in the sense that Glenda monitored what students were doing in terms of planning care for their patients

Activity	• What is the activity?
Setting: where located in time and space	• The physical environment: (what it is usually used for and how it is repurposed) • The relational aspect of space (who the space 'belongs to') • How students gain access to the space
Frame	• 'What is going on here?' (education: patient care; daily work practices)
Ends	• What is the goal of the activity?
Genre	• Does it belong to a recognised 'type' e.g., clinical handover?
Participants	• Who takes part and what role?
Instrumentalities	• What channels are used – speaking writing; computer screens; phones; physical equipment e.g., stethoscope tools?
Norms: what rules are there	• Who speaks? • Turn taking; who initiates; who stays silent?
Act sequence: what speech acts make up the activity	• What exchange structure is used (initiation, response, feedback) • What pedagogic style is used?
Key	• What tone is used? (e.g., joking, serious, admonishing)

↓

Analytic questions asked based on above framework

- What opportunities does the activity of reading patient documentation provide for students to learn about the professional role and content of nursing?
- What opportunities does the activity of reading patient documentation provide for students to learn the language of nursing?

Figure 1. Framework used for analysing discourse.

Table 2
Transcription conventions.

(.)	Pause of less than 1 s
(2)	Pause indicating time in seconds
[	Overlapping talk where utterances start and/or end simultaneously
]	
-	(dash) speaker breaks off
//	Latching – when one turn follows another without a pause
[*Ryoko writes in chart*]	Additional information
(*unclear*)	Unclear speech
.	Falling tone
?	Rising tone
!	Rising/falling intensity, animation
(,)	Mid rising tone – often when recounting a list of terms
((yes))	Backchannel comments in longer stretches of talk where the listener is making comments indicating they are listening
CONSTRICTED	Capital letters show emphasis

as she checked in with them each day. As she walked around the corridors she wrote notes in her notepad, deliberately monitoring which students had spent dedicated time with her to look at patient documentation. She asked students directly if they had made a plan and, if not, directed them to another space where she spent time with them reading notes and planning care.

Similar to Red Hospital, the clinical facilitator in Blue hospital, Mel, also had a planned approach to finding out about patients that students were caring for, but her expectations about which documentation students needed to read seemed to differ from Glenda. Mel met the students in the corridor, checked with their buddy nurse which patients students were caring for and then often took students to a tearoom to spend time looking at the clinical handover sheet (the brief details that accompanied verbal handover).

The goal of *unplanned* and *planned* activities differed. In Green Hospital, the goal was to find the answer to questions that students had asked, which were mostly requesting information about patients or medications. In Red Hospital, the goal was to understand how to use notes, to plan care for a patient in a way that did not just rely on the information received in clinical handover. Glenda's *planned* approach to the activities at the nurses' desk illustrates how Glenda was expecting students to research patient conditions, check all the patient documentation and provide individual patient care based on the patient's situation. In Blue Hospital, the goal was to ensure students understood who their patient was, why they were in hospital and when they would be discharged. However, notably, the only documentation referred to here was the brief written clinical handover sheet.

The two different approaches by facilitators led to different learning experiences for students. Table 3 (below) summarises the activities that occurred with each student at the nurses' desk in Red and Green Hospitals, and in the tearoom in Blue Hospital. As illustrated in Table 3, all students in Red and Blue Hospitals spent time with their facilitator reading patient documentation. However, in Green Hospital, only three from a total of seven students spent time at the nurses' desk with Kim, the facilitator.

Table 3
Reading patient documentation: record of activities.

GREEN HOSPITAL (Kim)			
	Planned activity	Unplanned activity	
Day 2	None	Hongyan	Patient notes
Day 3	None	Jing	Patient notes
Day 4	None	Jing	Patient notes
Day 7	None	Jing	Patient notes
		Priya	Patient notes
Day 9	None	Jing	Patient notes
Day 10	None	Jing	Patient notes

RED HOSPITAL (Glenda)				
	Planned activity		Unplanned activity	
Day 1	Soo-jin	Patient notes	None	
Day 2	Ravindra, Hua & Hannah-	Patient notes	None	
	Mingxia	Online resources		
	Soo-jin	Online resources		
Day 3	Ravindra, Hua	Patient notes	Ryoko	Patient notes in response to Ryoko's question
Day 4	Ryoko, Soo-jin & Mingxia	Online resources	None	
		Patient notes		
	Ravindra & Hua	Online resources		
	Hua	Patient notes		

Table 3 (*continued*)

RED HOSPITAL (Glenda)			
	Planned activity		Unplanned activity
	Ravindra	Patient notes	
Day 7	Mingxia	Patient notes	None
Day 8	Ryoko	Patient notes	None
	Mingxia		

BLUE HOSPITAL (Mel)			
	Planned activity		Unplanned activity
Day 2	Liming	Clinical handover sheet	None
	Mouy	Clinical handover sheet	
	Binh	Clinical handover sheet	
	Narinder and Dilip	Clinical handover sheet	
Day 6	Mouy	Clinical handover sheet	None

3.1. Decoding notes to learn about a patient's medical condition (Green Hospital)

Most activities at the nurses' desk in Green Hospital were unplanned. Jing was the only student who regularly spent time with the facilitator at the nurses' desk. Jing initiated questions when she met Kim, her facilitator, to find out about things she wanted to know. When Jing asked questions that required referral to patient notes, Kim took Jing to the nurses' desk to read the notes.

In investigating the responses to Jing's questions, Kim adopted the role of expert practitioner. She held the notes, flipped through the pages, and searched for relevant information. She read aloud the notes but usually at a fast pace, and selected parts to read with Jing. The focus of the activity was on finding out the patient's medical condition and explaining it to Jing. As illustrated in Table 4 below, the three key focal themes were patient care; how to read notes; and the purpose of reading notes. These themes are representative of all the interactions that Kim had with students when reading patient documentation, where a major focus was on medical terminology, although she did also explain non-technical terms.

Table 4
Focal themes in reading notes in Green Hospital.

Focal themes	Sub themes
Patient care	Medical terminology
	Abbreviations
	Non-technical terms
How to read notes	Which forms to read
	Decoding handwriting
Purpose of reading notes	Understanding the patient diagnosis

The following extract illustrates the type of interactions between students and facilitator in Green Hospital. Prior to this interaction, Jing had noticed a doctor talking to a patient's family, and thought the family looked upset. Jing had brief details about the patient on the handover sheet. Although Jing had not been allocated this patient, she asked Kim what was wrong with the patient. Kim directed Jing to the nurses' desk where they sat next to each other, with the notes on the desk. Both looked at the notes, but Kim turned the pages and chose what sections to read. Jing's knowledge about the patient was limited to something she had observed. Because she had not been involved in his care she would not have seen the documentation previously. Nevertheless, this interaction is typical of interactions Kim had with students about patients they had been caring for.

Excerpt 1: Decoding notes to learn about a patient's medical condition

Day 4: Green Hospital: nurses' desk
Jing (student)
Kim (facilitator)
Researcher

1 Kim: so THIS is actually from the emergency department … [*looking at patient's file*]
2 Jing: oh?
3 Kim on the 17th he came in with nausea dizziness xxxx and a background of xxx syndrome … I find the emergency notes really helpful because these are all written by the doctors
4 Jing: oh?
5 Kim: okay so these are from emergency … these are the doctor's progress notes in emergency they type up their notes a lot of the time um and so I find these really helpful because it gives you the history, medication, allergies, history presented on the 17th history of xxxx um (2) … this what they think impression

6	Jing:	mm
7	Kim:	that's what they think is wrong (1)
8	Jing:	I like this because it's not handwriting//
9	Kim:	//yes it's not handwriting [*both Kim and Jing are laughing*] you can read it (4) yes this is the plan this is a long plan see it starts from here
10	Jing:	ECG – I know ECG sinus sinus [Jing mispronounced this word with a short i] what's that [*looking at the word tachycardia and not knowing how to pronounce it*]
11	Kim:	tachycardia, tachycardia yes, you know what tachycardia is.
12	Jing:	I have seen that
13	Kim:	yes? what's tachycardia (3) what's bradycardia. (3)
14	Jing:	no I I er I'm very not
15	Kim:	it's a fast heart rate
16	Jing:	oh okay (4) OH I know …
17		[*Kim continues to look through the notes*]
18	Kim:	he's got ongoing post xxx abdominal pain (1) bowels open, ulceration and colitis he's got inflammation inside his xxxx … they're thinking all sorts of things okay question mark ischaemic bowel disease which is where your stomach your bowel is er not getting enough blood you know you've got the vasculitis
19	Jing:	yes.
20	Kim:	which is? (1) inflammation of your vessels and it's a general word you can have vasculitis in different parts of your body but he's got it like quite all over because its affecting his lungs, his kidneys his heart and his stomach area//
21	Jing:	//so it's spread everywhere
22	Kim:	so yes so xxxx some ischaemic bowel disease … so he's very interesting and he has a lot of problems when you do your research you can see whether people can be cured of that
23	Jing	oh yeah sure//
24	Kim	//or not …
25	Jing	oh I'm waiting for the obs …

Although Jing initiates the question about the patient's medical condition and closes the interaction by stating that she needs to go and measure a patient's vital signs (e.g., blood pressure and pulse) (turn 25), Kim controls most of the talk. She holds the notes, turns the pages, and skims through the notes, looking for relevant information. At times she reads aloud, but quietly as if to herself, and at times she reads aloud to Jing. She points out which notes to read (turns 1 and 5) and why they are useful. In focusing on the patient's medical condition, Kim reads the doctors' progress notes rather than nurses' progress notes. She also explains the language of the notes to Jing, telling her that 'impression' is what doctors think is wrong with the patient. Overall, Kim offers direct guidance to Jing, similar to the nurses in Parks' (2000) study.

The direct guidance is mainly providing students with information about the medical condition of the patient; examples are seen in turns 18 and 20. On two occasions, Kim asks Jing display questions (turns 11 and 20). In asking Jing what 'tachycardia' (a fast heart rate) means, Kim seems to be assuming that Jing will know this term, and Jing probably has come across the term during her studies. However, Jing cannot recall what it means, and although Kim tries to help her by prompting her with the term that means the opposite, bradycardia (a slow heart rate), Jing does not know. In turn 20, Kim asks Jing what vasculitis means but here leaves only a one second pause, perhaps assuming Jing will not know this term. The focus is on explaining what problems the patient has rather than finding out what Jing knows. Kim's comment in turn 22, that the patient is very interesting, sums up what the goal of this activity seems to be; to find out about unusual medical conditions, with the explanation of notes as secondary focus.

This extract also illustrates one of the challenges for students in reading documentation, that is the large amount of unfamiliar medical terminology. Words with which Jing was probably not familiar in this extract include: xxx syndrome; tachycardia; bradycardia; ulceration; colitis; ischaemic bowel disease; and vasculitis. This extract is only approximately one minute from a seven-minute interaction. The rest of the interaction also consisted of many medical terms.

The purpose for reading notes in Jing's case was one of satisfying her curiosity and extending her knowledge about medical conditions. As well as finding out about the patient's condition, Jing learned that reading emergency notes or doctors' progress notes will provide her with information about the patient's medical condition, and other relevant medical history. However, she has not learned how she should read patient notes to ensure she plans care for her patients. There was only one occasion where I saw Kim point this out to a student, Priya. As Kim completed her daily rounds, she noticed Jing and Priya practising giving a handover, in preparation for doing handover with the registered nurses that afternoon. When Priya reported that she felt nervous, Kim took her to the desk to look at the patient's notes. Whilst reading the notes, Kim told Priya 'when you look after a patient you need to know what's wrong with them- you can't just look after them'. Kim then went through the notes with Priya, reading aloud as she did with Jing in the extract above, and at the end of the session concluded it by saying:

> So when you've got a patient sit down and read the notes … It's very important you get in the habit … if I was coming on the afternoon shift … I would come and read the notes … I would read … the emergency notes because that will tell you what they came in with and it tells you what their history is PMH is past medical history and then I'd go to the doctor's notes at the very beginning and I'd read what they think is wrong … and they'll give you a plan okay … and then I would go to today and I'd read what's happened …

Here Kim points out the nurse's responsibility in reading notes every day. This interaction occurred on the seventh day, but it was the only time I explicitly heard Kim talking about the need to read notes.

3.2. Decoding notes to plan a patient's care (Red Hospital)

Whereas Kim concentrated mostly on the doctors' progress notes, Glenda, facilitator in Red Hospital, took a broader approach to decoding notes. Previous research has focused on writing nurses' and doctors' progress notes and nursing care plans. However, Glenda's interactions with students demonstrated that there is a large range of forms with which students need to be familiar, and that understanding these forms can be challenging for students, particularly EAL students. Some of the documents that Glenda referred to in interactions with students included: forms, e.g., admission forms and patient consent forms; charts, e.g., vital signs charts, surgery charts, medication charts, and falls charts; and discursive notes e.g., nurses' progress notes, doctors' progress notes, dietitians' notes, and social workers' notes.

Most of the interactions at the nurses' desk in Red Hospital were *planned* and initiated by Glenda. The goal of decoding patient notes was to gather information that was relevant to planning care. Glenda expected students to take care of one patient a day, and to plan their care not just by reading the handover sheet but by referring to patient notes. The interactions with Glenda provided an opportunity for students to find out about their patient, to ask questions and learn about medical conditions, and the health care system. Unlike Kim, who emphasized the medical conditions, Glenda went through not just the medical progress notes, but also notes related to the patient's admission, the nursing notes, the nursing care plans and a range of charts. This broader focus meant there was also a range of non-technical vocabulary that was new for students, as well as information about the healthcare system. These focal themes are summarized in Table 5 below.

Table 5
Focal themes in reading notes in Red Hospital.

Focal themes	Sub themes
Patient care	Medical terminology
	Abbreviations
	Non-technical terms
	Healthcare system
How to read notes	Which forms to read
	Decoding handwriting
Purpose of reading notes	Making a daily care plan
	Understanding the patient diagnosis
	Professional responsibility
How to write notes	Legal documentation

Glenda had met Ryoko in the corridor and directed her to the nurses' desk to find out information about a patient that Ryoko was caring for, and to 'go through the notes' with Ryoko. Glenda split this session into two 30 min sessions.

Excerpt 2: Decoding notes to plan a patient's care

Day 8: Red Hospital: nurses' desk and small lounge
Ryoko (student)
Glenda (facilitator)
Researcher

1	Glenda	… this is the admission page and it's good to read this because it gives you an idea of where they live … he's married so you know there's going to be some sort of support for him when he leaves the hospital and there she is living at the same house … it's good to know those things because then you have an understanding of what it's going to be like for him to leave here …. we'll just read this first okay so (3 secs) can you read the notes
2	Ryoko	that one
3	Glenda	here
4	Ryoko:	oesopho oessopho oespophogeal [*trying to pronounce the word*]
5	Glenda:	that's pretty good … yes so oespophogeal
6	Ryoko:	oesophageal so you don't pronounce that one [*pointing to the first o*]
7	Glenda:	no yes the o is SORT of silent um and the g is soft oesphogeal [*Ryoko repeats the word*]
8	Glenda:	And then that's squamous (1) cell carcinoma yes (7)
9	Ryoko:	can you say that again sorry
10	Glenda:	[*Glenda spells the words and Ryoko repeats back and writes the word*] squamous s q u ((s q u)) a m ((a m)) o u s ((o u s)) cell in other words c e l l carcinoma c a r ((c a r)) c i n ((c i n)) o m a ((o m a)) and that's a cancer so squamous cell cancer … do you want to have a read and you can stop me if you feel you want me to explain [*Glenda passes the notes back to Ryoko*]
11		[*Ryoko reads quietly as if reading aloud to herself. When she cannot understand the handwriting or terminology she asks Glenda. Sometimes Glenda continues to read and they swap the notes back and forth]*
12	Glenda	… now if you've got … progress notes further in do you mind if I take this [*Glenda takes the notes and flips through the pages*] … we'll start with today's … so these were his night notes
13	Ryoko	… patient appeared and leeping on ward leeping?
14	Glenda	yes
15	Ryoko	what does leeping mean.
16		[*Glenda mimes being asleep*] sleeping
17	Ryoko:	oh sleeping I thought leeping sleeping on the ward

18	Glenda:	you're not supposed to say appeared … why they say appeared rather than sleeping is because if you don't say appeared and they turn around and say I haven't slept a wink but
19	Ryoko:	they're just looking
20	Glenda:	yes so whether you just say eyes are closed and breathing heavily, you say what you … noticed but people still put appeared even though they say you shouldn't …
21	Glenda:	… [*Ryoko hesitates when trying to read a phrase*] E N T so its ear nose and throat
22	Ryoko:	(2) ENT (4) E N T ear nose and ear nose and [*Ryoko write this down as she is talking*
23	Glenda:	throat
24	Ryoko:	throat yes
25	Glenda	(2) so ears nose and throat
26	Ryoko	ears nose//
27	Glenda	//and throat so nurses ((nurses)) so ENT nurse have attempted
28	Ryoko	(2) to unblock unblock?
29	Glenda	unblock
30	Ryoko:	unblock the valves (3) valves without success
31	Glenda	mm they couldn't unblock the nasal gastric tube
32		[*This reading notes activity continues for a total of 30 min*]
33	Glenda	… it's only if you start doing this that you're going to get comfortable with the writing he has horrible writing okay … and unfortunately that doctor's information is so important that's the unfortunate thing about it …

After a tea break, Glenda and Ryoko meet again for another session with notes.

34	Glenda:	so we've got the idea about um reading the progress notes … the important thing also with progress notes is that you've got to have the label on both sides because if the label is not there you don't know who they're actually written about okay so if … for example there was no label there you could not write here you draw a line and start a new page with a label … … this here is the pre op check list so pre op check list …. have you done this? [*Ryoko says no and Glenda explains it*] … so are you comfortable with the care plan how the daily care plan (12)
35	Glenda:	do you look at these each day
36	Ryoko:	no
37	Glenda	[*flipping pages in the notes*] … so I'm asking you to look at these it should be at the front there it is okay [*Glenda reads aloud the care plan*] so … he needs assistance with his activities of daily living and showers … so very important when I'm asking you to read their notes so tomorrow I'd be asking that you read the progress notes from the night staff tonight and the morning staff if you're going to follow this patient okay and also look at his care plan on his bed charts so that you can make your time management plan
38	Ryoko	who's going to write down the … management the nurse?...
39	Glenda	they do but when you're taking care of the patient I'm wanting you to do it … so that's why we're trying to get you familiar with reading the notes and reading the handwriting

This extract illustrates how Glenda uses notes to focus on holistic patient care. In this interaction Glenda pointed out the admission form, the doctors' and nurses' progress notes; the pre-operative checklist; and the daily care plans. This attention to holistic care was also reflected in the order in which Glenda read forms with students. She suggested they began with the admission form. Hence her focus for the nurses' role was not only on knowing the patient's medical condition but also the support they would have when they were discharged. Reading the admission form also opened opportunities for students to learn about the healthcare system. One student asked Glenda if patients who were unable to return home immediately on discharge would go to a nursing home. Glenda explained the difference between rehabilitation and nursing home care. Another student, in reading the patient admission form, followed up with questions about private health care – a system with which she was unfamiliar.

Whereas Kim in the previous extract mainly read aloud the notes, Glenda often asked students to read (turns 1 and 10). This strategy meant that she could see what students were capable of reading by themselves, and step in when they needed help. The help required could be because students were unfamiliar with a medical term or abbreviation, for example ENT (turn 21), or the pronunciation of a term they have seen, for example oesophageal (turn 4). Students also needed help with some of the 'telegraphic syntax' (Hobbs, 2004, p. 1587) of the forms; for example, in this interaction, Ryoko asked Glenda, 'Radio therapy day 2 does that mean second day'. Glenda confirmed it meant 'he had had two days of radiotherapy'. When students were in control of reading the notes, the reading process was slowed down as the students set the pace. They seemed to regularly ask questions about the meaning of medical and non-medical terms, and asked how to spell or pronounce them, as Ryoko illustrates in this extract. Ryoko's confirmation strategies, as well as Glenda looking over Ryoko's shoulder to observe as she was writing down new terms, resulted in repeated explanations until students understood the terms (turns 21–27). Another strategy students used was to repeat back the spelling of words to confirm they had understood correctly and to give them time to write down the terms, illustrated here in turns 10 and 22.

Although Glenda asked students to read the notes, she at times also read them aloud, particularly when there was a large amount of medical terminology. Some of the terms that were new for Ryoko in this interaction were: prostate cancer, dysphagia, GORD (gastro oesophageal reflux disease); endocrine; and nasal feeds. Glenda also often used a 'reading alongside' strategy, where both Glenda and the student read together in a to-and-fro sequence (turns 27–31). Glenda leaves silences for Ryoko to take up the reading aloud (turn 28), confirms her attempts at decoding words (turn 29) and rephrases what Ryoko has read, to clarify what the notes meant (turn 31). Finally, Glenda related the activity of reading notes to students' daily practice, explicitly stating when, how and why they should be reading notes. Glenda used the reading patient notes activity to

check whether students were planning care and to reinforce what she wanted them to do. This monitoring of expectations was important, as, despite Glenda's instructions from day one to read patient documentation to plan care students, it became clear in this interaction from the eighth day of placement, that Ryoko had not been reading patient documentation.

3.3. Decoding the clinical handover sheet (Blue Hospital)

Mel in Blue hospital, like Glenda in Red Hospital, used a planned approach to ensuring students knew who their patients were. However, unlike Glenda, she only spent time with students reading the clinical handover sheet. At the end of day three, Mel explained to students what she wanted them to know from the clinical handover sheet:

> … every morning … why your patient is here … the background history … then once I know who they are, what, which doctor they're under … why are they in the hospital, what's their background illnesses contributing to that admission … I want to know … your assessment and what are you doing for the patient today … and then after that I want to know what you've done about it … and I always want to know … when are they going … home

She did not explain to students that she expected them to read any other patient documentation for further information. This resulted in the focal themes in this activity being more restricted than in the other two hospitals; they were patients' diagnoses and medical terminology. Like Kim in Green Hospital, Mel mainly adopted the role of a clinical expert who could pass on her knowledge to students. In the excerpt below, Mel had met Liming on the ward in the morning and had taken him to the tearoom and asked him to read from the clinical handover sheet to tell her about his patient. This interaction lasted approximately 15 min.

Excerpt 3: Decoding the clinical handover sheet

Day 2: Blue Hospital: tearoom
Liming: student
Mel (facilitator)
Researcher

1		*Liming has read the word photophobia from the handover sheet*
2	Mel:	so any phobia … in this particular case it's a medical term meaning um aversion to light ((oh)) so they would put dark sunglasses on or ((oh)) …
3	Liming:	so actually they can't see the light directly they need to put sunglasses on …//
4	Mel:	//correct … [(*unclear*)
5	Liming:	even] even the light just like they can't//
6	Mel:	//yes correct … and what else does it say
7	Liming:	um weaknesses G GTS GT GCTS [*trying to read the letters*] x 4 at home and Hx the (2) the … I'm not sure this one and also this one as well [*points to words on the sheet*]
8	Mel:	oh right
9	Liming:	GTCS
10	Mel:	[*looks at the h/o sheet and reads aloud*] weakness (1) clonic tonic seizure x 4 at home (1) you're going to have to learn this stuff but it's okay it's okay because these are the terms that we need … okay one of the most significant and common brain injuries that you can have is a thing called epilepsy (1) have you ever heard of epilepsy
11	Liming:	I heard of it but I'm not sure what's the meaning
12	Mel:	yes it just means … [*explains*] [*1 min. 30 secs*] … [is what
13	Liming:	seizure] if a patient got a seizure that mean she is it that mean he may be overactive …
14	Mel:	not not overactive … our neurons … [*explains neurons*] … they move in what we call a tonic clonic seizure activity … [*2 mins. 11 secs*]
15		*[Mel explains further about epilepsy]*
16		*[Liming tries to read a word from the handover sheet. It is an abbreviation Hx and Rx. Mel explains what they mean]*
17	Mel	so that says what history of what
18	Liming	er she got a history of [*tries to pronounce a word*] (2)
19	Mel	we were just talking about it … let me have a look
20	Liming:	is it the um
21	Mel:	epilepsy
22	Liming:	yes epilepsy epilepsy …
23	Mel:	epilepsy epilepsy which is what what does that mean what's going to happen to her if she's got epilepsy (1) she could have a something (1)
24	Liming:	um ah so epilepsy is the neurons inside the brain [they
25	Mel:	beautiful] high 5 to that you've got it
26	Liming:	can I say that there is a neuron inside the brain they not working in order
27	Mel:	correct
28	Liming:	yes so that's why the patient … when they the movement or … their vision is not working properly because the neuron in the brain is not according to the way that they should have
29	Mel:	beautiful okay …

In the above excerpt, the focus is on learning new medical terminology. Liming also learns abbreviations for treatment (Rx) and history (Hx). All these terms were written on the handover sheet for one of his patients. Up to turn 17, the interaction pattern is predominantly one of Liming asking for explanations of medical terms and Mel providing lengthy follow up explanations. Although there are few silences and only one request by Mel for a confirmation that Liming has understood (turn 23), Liming manages to confirm his understanding by interjecting with his confirmations (turns 3, 5, 13, 26, 28). In this extract,

Mel demonstrates the direct approach she often used to teach students about medical terminology. However, unlike the previous two excerpts it is also clear that Liming is not learning anything about other aspects of the patient's care that are noted in the patient documents, nor how he should be planning patient care by reading more than the clinical handover sheet.

3.4. Interviews with students

Four key themes emerged from student interviews: learning opportunities; access to learning; challenges to learning; and student agency. Learning opportunities related to *what* students had opportunities to learn and the other three themes related to *how* students learned, that is factors that affected students' access and engagement in learning. In terms of what they learned, students discussed opportunities they had to learn about becoming a nurse, which incorporated how clinical facilitators helped students learn clinical skills and tasks, including reading patient documents. Some students also commented that they had learned to think like a nurse in terms of planning and prioritsing care.

The second theme, access to learning included the pedagogic practices adopted by facilitators. There were two aspects to pedagogic practices: the overall approach facilitators adopted in terms of how facilitators managed their time with students and how the day was organised overall and the style they adopted in interacting with students. Most students felt that a more planned approach to facilitation with dedicated time away from patient care with their facilitator was beneficial. Both Glenda and Mel adopted this more planned approach. The style of interaction related to whether facilitators asked questions, the amount of information they gave, and the pace of talk. There were positive comments regarding Glenda's style of interaction in Red Hospital. Three students (including Ryoko) liked that Glenda encouraged them to talk; was a good listener; spoke slowly and took time when doing activities with them; for example, she read notes with them slowly and explained everything. Ryoko described the experience of reading notes with her facilitator as 'like [reading with] my mum'. In contrast, some students from Green and Blue hospitals reported that their facilitator talked too much, which sometimes resulted in them being overwhelmed by large amounts of information.

A third theme was the challenges to learning that students experienced, which included a more ad hoc approach to facilitation that relied on students asking questions to get time with the facilitator, and students' own perception of their English language performance. In Green Hospital where the pedagogic approach was less planned, two students thought their learning opportunities had been constrained because they had few opportunities to engage with the facilitator on an individual level. Only two of the ten students interviewed felt confident about their English language, and one of those students was Jing. Even though Jing felt that her language was not good enough, she said it was not a big problem as she always clarified. Students also reported being nervous when speaking in front of each other and one was nervous speaking English when the facilitator was observing her.

The final theme was student agency, which helped provide access to learning opportunities, but it also constrained learning opportunities. Access or constraint depended on students' own sense of agency and how that interrelated with the facilitators' pedagogic practices. Some students had a high sense of their own agency in learning, whereas other students seemed to be wanting direction. Jing, who had a high sense of agency, felt 'grabbing opportunities' was important. She also set her own goals to be an independent practitioner and drew on all resources to achieve this goal, including other nurses and the facilitator. A second student felt it was 'up to the students' to be involved. However, some students seemed to be more dependent on nurses and facilitators telling them what to do and were disappointed when they did not receive that guidance.

According to students, it seems that learning in the clinical environment is influenced by a complex set of factors including students' sense of agency, their own perception of their English language performance, and the pedagogic practices of the facilitator. For some students, the interplay between these themes resulted in positive learning opportunities. For others, it resulted in limited learning opportunities. However, it seems from these interviews that first year students who speak EAL benefit more from a planned approach to facilitation, where they are guided in learning activities and where the facilitator can spend time with them on activities such as learning to read notes. They also benefit from a pedagogic style where the facilitator asks questions, speaks slowly, and provides support when needed.

4. Discussion

Accurate hospital documentation is important for patient safety. In Australia, one of the professional standards for registered nurses states that a nurse 'maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations' (Standard 1.6, NMBA, 2016). The legality and importance of documentation is also stressed in undergraduate nursing texts (e.g., Levett-Jones and Bourgeois, 2015). However, the emphasis in these areas is often on the production of accurate documentation, rather than reading and using documentation in daily practice. Reading documents written by other experienced health professionals plays a vital role in learning to write notes (Hobbs, 2004; Parks and Maguire, 1999); however, this study demonstrates that EAL novice students may not be able to read those notes without guidance. Two key challenges for the students in this study were firstly understanding the purpose of the notes and the role they played in patient care and secondly, decoding the specialised discourses of patient documentation.

It is also clear from this study that there are no clear guidelines for students and supervisors about what they should be learning during clinical placement regarding patient documentation. The reliance on the clinical handover sheet, as in Blue Hospital, may not lead to safe practice. In an inquest into a patient death in an Australian hospital, it was found that nurses

caring for the patient had not checked the patient documentation and had missed a vital instruction from doctors. At the inquest, the nurse caring for the patient said that he had not had time to read the patient documentation, and that nurses often relied on verbal handover for information about patients. The coroner disputed this claim and asked, 'how on earth can a system like this be relied on in a major tertiary hospital' (Opie, 2016). What is at issue is the amount of information nurses need to look after patients. Whilst the clinical handover sheet that accompanies verbal handover lists information about the patient's medical condition, background medical problems and current treatment, it is limited compared to information that is documented in the patient notes. It is not clear from this study whether the students in Blue Hospital understood the importance of patient documentation in planning care. Glenda was the only facilitator who systematically and explicitly showed all students under her supervision the importance of reading notes and followed up on her expectation that they read patient documentation to plan their patient care. It is outside the scope of ESP professionals to determine which discourses should be learned during clinical placements and when. However, workplace research such as that presented in this paper provides a platform for language professionals to begin collaborating with nurse educators to address important questions about which healthcare discourses should be the focus of clinical placements, at what stage they should be learned, and what the expectations are for both students and their clinical facilitators in teaching and learning these discourses.

The data presented here show the challenges of decoding notes, particularly for EAL students. One of the challenges is the local knowledge contained in the notes, which ranges from the Australian healthcare system, the internal structures of the hospital (for example, how patients are admitted), and social and cultural knowledge about patients' home lives (for example, relationships, living arrangements, vicinity to hospital and follow up treatment). A further challenge is the unfamiliar terminology with which students are faced when decoding notes. Given these challenges, reading notes alone seemed to be an activity that was beyond most students' capabilities. Based on a review of ten recent research studies in reading in a second language, Grabe and Stoller (2019) argue that paying explicit attention to reading can improve students' performance. Although these studies were classroom rather than workplace based, the findings and implications are relevant to this study. The authors conclude that some of the key factors associated with developing reading skills in an additional language include reading for a purpose, reading often, and reading a lot; understanding a range of vocabulary; and being familiar with the structure of texts. Based on this research, the authors propose some evidence-based reading strategies to improve students' readings. However, what differs in the workplace is that facilitators need to firstly create the space and time for reading in otherwise busy days, and as indicated above, Glenda is the only facilitator who did this for all students. For novice students, who may have a low sense of agency in learning during their early placements, the planned approach that Glenda adopted is one way of ensuring that all students gain access to reading patient documentation in a structured way.

Once students gained access to reading documentation with the facilitator, both Glenda and Kim adopted strategies that helped students to understand the purpose of what they were reading and to decode individual words on the page by reading aloud or reading alongside students. Grabe and Stoller (2019) stress the importance of teachers acting as reading coaches by demonstrating to students how expert readers read. Both Glenda and Kim act as expert coaches, explaining to students the importance of reading documentation and how to read it. The read aloud strategy, demonstrated mostly by Kim, was a more time efficient way of finding answers to specific questions, and of pointing out key words. This strategy is similar to what Parks (2000) described as direct instruction. This strategy can help build students vocabulary, but students tended to ask fewer questions when the facilitator read aloud. When the facilitator was in charge of reading, it was also difficult to judge the extent to which the student could read the notes themselves. In contrast, reading alongside, as mostly demonstrated by Glenda, meant that the facilitator could judge how much of the documentation students could read independently, and when direct instruction was needed. This strategy combined both direct instruction and covert help, as found in Parks (2000, 2001). Glenda's strategies of reading aloud and reading alongside are also more akin to the silent and scaffolded reading practices Grabe and Stoller (2019) suggest, where teachers monitor students' abilities in reading and provide guidance to help them go beyond their current independent reading capacity. This approach was appreciated by students who felt they were able to ask questions.

Patient notes are highly discipline specific to medicine, nursing, and allied health and if students are to succeed in learning to read discipline specific material in a second language, they need to develop a large body of disciplinary terms that they recognise and to recognise the rhetorical structure of texts (Grabe & Stoller, 2012, 2019). The interactions above show some ways in which facilitators can guide students to read patient notes, thereby learning both about the rhetorical functions and the linguistic features of patient documentation. These pedagogic practices can help students to become members of the community of practice of nurses (Lave and Wenger, 1991) by learning the practices of using patient documentation in patient care and by being socialised into its specialised discourse (Duff, 2012). However, it is unrealistic to expect that facilitators alone can teach students to read documentation in the workplace. Reading documentations is only one of the many clinical tasks students need to undertake in a busy day. ESP teachers could work with nursing academics to build in more explicit reading strategies into the nursing curriculum to help EAL students learn to read patient documentation prior to clinical placements.

The study has several limitations. Firstly, it only considered the practices of three facilitators; there may be other pedagogic approaches and styles to facilitation that were not seen in this study. Secondly, the study did not follow up explicitly with students and facilitators regarding their views on teaching and learning about patient documentation. Finally, as the students were observed only for their two-week placement, no conclusions can be drawn about the long-term effects of the facilitators pedagogic approaches to reading patient documentation.

5. Conclusion

This study provides important insights into the opportunities students have for learning about patient documentation. It also highlights the challenges of patient documentation for EAL students. Whilst data presented here show that facilitators can provide important scaffolding in reading notes during clinical placements, this study shows that not all students have opportunities to learn about patient documentation and that some strategies facilitators use may be more effective than others. The findings suggest that developing nursing students' clinical language for the workplace should involve explicit guidance in learning to read the requisite documentation. Without explicit guidance it is unlikely that students can learn to write patient notes by reading notes written by others, as was suggested by early studies (Hobbs, 2004; Parks, 2001). As noted in section 1.1, many clinical facilitators feel unprepared to support EAL students in language development (Mikkonen et al., 2016b). This study suggests that a planned approach to creating space for students to read patient documentation with the facilitator, and an approach that combines covert help with direct guidance when needed may be a more effective way for novice students to learn to read patient documentation.

This study has implications for what the needs of EAL students in ESP courses may be in learning to write patient notes. The nature of workplace learning may make it challenging to ensure that all students receive direct guidance which can help them understand not only how to decode notes but also what role they should play in planning patient care. ESP courses developed in collaboration with nurse educators could help students begin to learn the rhetorical and linguistic functions of notes prior to clinical placements so that students would be better able to make use of covert strategies.

The study also suggests that there is a role for ESP professionals to collaborate with nurse educators, as suggested by Bosher (2012), to discuss the role of patient documentation during clinical placements, what the expectations of students are in being able to read the documentation and plan care, and the role that facilitators need to play in helping students learn. Workplace research such as that presented here can uncover the challenges faced by students in workplace settings and identify pedagogical strategies that can help prevent or minimise some of these challenges for future students.

Funding source

This research was supported by an Australian Government Research Training Program Scholarship.

Declaration of competing interest

There are no competing interests to declare.

CRediT authorship contribution statement

Caroline Havery: Writing – review & editing, Writing – original draft, Project administration, Methodology, Formal analysis, Data curation, Conceptualization.

Acknowledgements

I wish to thank the students and clinical facilitators who participated in this study. I also wish to thank the reviewers for their insightful feedback on earlier drafts.

References

Bosher, S., 2012. English for nursing. In: Paltridge, B., Starfield, S. (Eds.), The Handbook of English for Specific Purposes. John Wiley & Sons.

Crawford, T., Roger, P., Candlin, S., 2017. Tracing the discursive development of rapport in intercultural nurse–patient interactions. International Journal of Applied Linguistics 27 (3), 636–650. https://doi.org/10.1111/ijal.12166.

Dahm, M.R., Slade, D., Brady, B., Goncharov, L., Chien, L., 2022. Tracing interpersonal discursive features in Australian nursing bedside handovers: approachability features, patient engagement and insights for ESP training and working with internationally trained nurses. English for Specific Purposes 66, 17–32.

Dickson, C.L., 2013. The Nature of Learning to Nurse through Clinical Practice Experience for International Culturally and Linguistically Different Students in Sydney, Australia: An Interpretive Description (Doctoral dissertation, University of Technology Sydney). Open Publications of UTS Scholars. https://opus.lib.uts.edu.au/handle/10453/23474. (Accessed 31 July 2023).

Duff, P.A., 2012. Second language socialization. In: Duranti, A., Ochs, E., Schieffelin, B. (Eds.), Handbook of Language Socialization. Wiley-Blackwell, pp. 564–586.

Duff, P.A., Wong, P., Early, M., 2002. Learning language for work and life: the linguistic socialization of immigrant Canadians seeking careers in healthcare. The Modern Language Journal 86 (3), 397–422.

Forman, R., 2005. Teaching EFL in Thailand: A Bilingual Study (Doctoral dissertation, University of Technology Sydney). Open Publications of UTS Scholars. https://opus.lib.uts.edu.au/handle/10453/20082.

Garling, P., 2009. Final report of the special commission of inquiry: acute care services in NSW public hospitals. https://apo.org.au/node/4575. (Accessed 31 July 2023).

Goffman, E., 1974. Frame Analysis: An Essay on the Organization of Experience. Harvard University Press.

Grabe, W., Stoller, F.L., 2012. Reading and language for specific purposes. In: Chapelle, C.A. (Ed.), The Encyclopedia of Applied Linguistics. https://doi-org.ezproxy.lib.uts.edu.au/10.1002/9781405198431.wbeal0997. (Accessed 31 July 2023).

Grabe, W., Stoller, F.L., 2019. Teaching and Researching Reading, third ed. Routledge.

Hammersley, M., Atkinson, P., 2007. Ethnography: Principles in Practice, third ed. Routledge, London.

Havery, C. (2018). *Educating EAL nursing students: the clinical experience* (Doctoral dissertation). http://hdl.handle.net/10453/123243 Accessed 22 April 2024.
Havery, C., 2019. The effects of clinical facilitators' pedagogic practices on learning opportunities for students who speak English as an additional language: an ethnographic study. Nurse Educ. Today 74, 1–6.
Hobbs, P., 2004. The role of progress notes in the professional socialization of medical residents. Journal of Pragmatics 36, 1579–1607. https://doi.org/10.1016/j.pragma.2003.12.006.
Hobbs, P., 2007. The communicative functions of the hospital medical chart. In: Iedema, R.A. (Ed.), The Discourse of Hospital Communication: Tracing Complexities in Contemporary Health Care Organizations. Palgrave Macmillan, pp. 39–66.
Huang, Q., Yu, Q.J., 2023. Towards a communication-focused ESP course for nursing students in building partnership with patients: a needs analysis. English for Specific Purposes 70, 57–69. https://doi.org/10.1016/j.esp.2022.11.006.
Hymes, D., 1972. The ethnography of speaking. In: Gladwin, T., Sturtevant, W. (Eds.), Anthropology and Human Behavior. Anthropological Society of Washington, pp. 13–53.
Juntunen, M.M., Kamau, S., Oikarainen, A., Koskenranta, M., Kuivila, H., Ropponen, P., Mikkonen, K., 2024. The experiences and perceptions of nurse educators of culturally and linguistically diverse nursing students' competence development–Qualitative study. Nurse Education Today, 106100.
Lave, J., Wenger, E., 1991. Situated Learning: Legitimate Peripheral Participation. Cambridge University Press.
Levett-Jones, T., Bourgeois, S., 2015. Clinical Placement: An Essential Guide for Nursing Students, third ed. Elsevier, Australia.
Lu, Y., 2018. What do nurses say about their English language needs for patient care and their ESP coursework: the case of Taiwanese nurses. English for Specific Purposes 50, 116–129.
Mikkonen, K., Elo, S., Kuivila, H., Tuomikoski, A., Kääriäinen, M., 2016a. Culturally and linguistically diverse healthcare students' experiences of learning in a clinical environment: a systematic review of qualitative studies. International Journal of Nursing Studies 54, 173–187.
Mikkonen, K., Elo, S., Tuomikoski, A., Kääriäinen, M., 2016b. Mentor experiences of international healthcare students' learning in a clinical environment: a systematic review. Nurse Education Today 40, 87–94.
Nursing and Midwifery Board of Australia, 2016. Registered nurse standards for practice. https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx. (Accessed 31 July 2023).
Opie, R., 2016, October 28. Nurses 'Failed to Check Patient's Report' before Traumatic Hospital Death. ABC News. https://www.abc.net.au/news/2016-10-28/stephen-herczeg-inquest-qeh-nurse-failure-to-check-report/7976662. (Accessed 31 July 2023).
Parks, S., 2000. Professional writing and the role of incidental collaboration: evidence from a medical setting. Journal of Second Language Writing 9, 101–122. https://doi.org/10.1016/S1060-3743(00)00020-5.
Parks, S., 2001. Moving from school to the workplace: disciplinary innovation, border crossings, and the reshaping of a written genre. Applied Linguistics 22, 405–438. https://doi.org/10.1093/applin/22.4.405.
Parks, S., Maguire, M.H., 1999. Coping with on-the-job writing in ESL: a constructivist-semiotic perspective. Language Learning 49, 143–175. https://doi.org/10.1111/1467-9922.00073.
Pun, J., 2023. Developing an ESP workshop to promote handover practices in nursing communication: a case study of nurses in a bilingual hospital in Hong Kong. English for Specific Purposes 71, 123–138. https://doi.org/10.1016/j.esp.2023.04.002.
Roberts, C., 2006. Transcription conventions for the special issue. In: Linguistics and Education: Where Talk is Work: The Social Contexts of Adult ESOL Classrooms, vol. 17, p. 106.
Roberts, C., 2010. Language socialization in the workplace. Annual Review of Applied Linguistics 30, 211–227.
Roberts, C., Sarangi, S., 2005. Theme-oriented discourse analysis of medical encounters. Medical Education 39, 632–640. https://doi.org/10.1111/j.1365-2929.2005.02171.x.
San Miguel, C., Rogan, F., 2009. A good beginning: The long-term effects of a clinical communication programme. Contemp. Nurse 33 (2), 179–190.
Sinclair, J., Brazil, D., 1982. Teacher Talk. Oxford University Press, Oxford.
Staples, S., 2015. Examining the linguistic needs of internationally educated nurses: a corpus-based study of lexico-grammatical features in nurse–patient interactions. English for Specific Purposes 37, 122–136.

Dr Caroline Havery is an Associate Professor in Academic Language and Learning (Teaching, Learning and Curriculum unit) at the University of Technology Sydney. She is an educator and applied linguist. She teaches and researches in the fields of academic language and literacies and professional communication. Caroline also works with the WHO Collaborating Centre for Nursing, Midwifery and Health at UTS as a consultant on education projects in the Pacific region.