

OBSERVATION SHEET

No	Teacher's Role	Indicators	Verbal		Notes	Non-Verbal		Notes	Student's Response	Notes
			Yes	No		Yes	No			
1.	The Lecturer	Provide information, knowledge, and understanding								
		Lecture in classroom setting								
		Lead student in the draft paper								
		Influence students through expertise and reference								
		Know the subject well								
		Empower the student								
		Provide soft guidance								
		Permit student to explore on their own								
		Provide independent learning								
		Concierge learning opportunity								
2.	The Clinical or Practical Teacher	Give relevant practice								
		Share thoughts as a reflective practitioner								
		Help student to illuminate								
		Provide the process of clinical decision making								
3.	The Role Model	Model or exemplify what should be learned								
		Exhibit proper knowledge								
		Exhibit proper skill, attitudes, and clinical practice								

		Provide a small discussion or tutorial group in class								
		Discusses problem and choices								
		Share opportunity of subject								
4.	The Facilitator	Provide more student-centered learning								
		Help students to adapt the learning process								
		Scaffold learning								
		Manage the content of learning								
5.	The Mentor	Review student's performance in a subject								
		Widen view of issues relating to the student								
		Motivate students to take control of the learning process								
		Help student to realize the students' goals towards success								
		Enthusiast in giving coach								
		Give sharp critics to students								
6.	The Assessor	Assess students' competence								
		Examine students by tasks								
		Understand about assessment issues								
7.	The Curriculum Assessor	Plan educational program to assess students' learning								
		Implement educational program to assess students' learning								
		Assess the curriculum delivered								
		Assess the course								

		Monitor the effectiveness of teaching course								
		Evaluating the effectiveness of teaching course								
		Adopt task-based learning								
8.	The Planner	Participate in overall planning of the curriculum								
		Implement curriculum within institution								
9.	The Course Planner	Have responsibility for planning a specific course within the curriculum								
		Implement specific study module								
		Review the study program								
		Develop and improve future program of the study								
10.	The Resource Developer	Create material from relevant and various resources								
		Develop new technology								
		Develop scheme to incorporate task-based learning								
		Identify major theme for practical skill and knowledge								
		Design good learning tasks								
		Adapt adequate textbooks materials								
11.	The Study Guide Producer	Provide printed or electronic form of study guides								
		Assist students' learning with personal tutor								

QUESTIONNAIRE FOR THE TEACHER'S ROLES IN TEACHING ESP

Give a check mark (✓) for the suitable condition from the statements to the column and add some note if necessary!

No.	Teacher's Roles Activities Done	Teacher's Perspective				Note
		Strongly Agree	Agree	Disagree	Strongly Disagree	
1.	Most of the students in my target class can learn what I am supposed to teach them					
2.	Teachers in this school set high expectations for academic work					
3.	When I begin working with a new group of students, I have detailed knowledge of what those students learned previously					
4.	I frequently plan and coordinate instruction with my students' other teachers					
5.	Students at this school are expected to master the content they are working on before moving to new topics					
6.	The instructional materials contain useful information for me about the content I am teaching					

7.	I frequently refer to and use information found in curriculum frameworks or standards documents					
8.	I frequently refer to and use information from the teachers' guides associated with the curriculum materials adopted by this school					
9.	I frequently refer to the content of assessments					
10.	I watched an instructional leader (e.g., coach, coordinator, or facilitator) model instruction					
11.	My learning experience provided me with knowledge or information that is very useful to me in the classroom					
12.	Clarifying standards for student learning through in-depth discussion and analysis of students' classroom work					
13.	Developing thematic units or other approaches to integrating instruction across curricular areas					
14.	Examining or changing the scope or sequence of the coverage of specific curricular topics					
15.	Examining the alignment of curricular materials and student assessments at this school					
16.	The school improvement program in this school requires me to make major changes in my classroom practice					

17.	I watched another teacher model instruction					
18.	Use of technology in instruction					
19.	I am capable of making the kinds of changes called for by the school improvement program					
20.	My participation has exposed me to many examples of the kinds of student work the program is aiming for					
21.	My participation has exposed me to many examples of the kinds of classroom teaching the program seeks to foster					
22.	I permit students to explore on their own					
23.	The process of clinical decision making is provided					
24.	I provide more student-centered learning					
25.	I provide an effective classroom management					
26.	Proper knowledge for students is exhibited					
27.	I exhibit proper attitudes in teaching					
28.	Students' adaptation to the learning process is done					
29.	I exemplify first what should be learned					
30.	Printed and electronic study guard are provided					

QUESTIONNAIRE
FOR STUDENTS' RESPONSES OF THE TEACHER'S ROLES

Give a check mark (✓) for the suitable condition from the statements to the both columns and add some note if necessary!

No.	Statements about the Teacher's Roles	Teacher's Action				Student's Response				Note
		Always	Sometimes	Seldom	Never	Strongly like	Like	Don't Like	Strongly Don't Like	
1.	The teacher talks enthusiastically about the subject.									
2.	The teacher trusts us.									
3.	The teacher is concerned when we have not understood him or her.									
4.	If we don't agree with the teacher we can talk about it.									

5.	We can decide some things in the teacher's class.									
6.	The teacher is strict.									
7.	The teacher's class is pleasant.									
8.	The teacher is demanding.									
9.	The teacher is willing to explain things again.									
10.	If we want something the teacher is willing to cooperate.									
11.	The teacher's tests are hard.									
12.	The teacher helps us with our work.									
13.	The teacher knows everything that goes on in the classroom.									
14.	The teacher is severe when marking papers.									
15.	We have the opportunity to choose assignments which are most interesting to us.									
16.	The teacher explains things clearly.									
17.	We learn a lot from this teacher.									
18.	The teacher uses specific study module									
19.	The teacher gives tests									
20.	The teacher uses high									

	technology in teaching									
21.	The teacher gives relevant practical study									
22.	The curriculum changes a lot									
23.	In planning the curriculum for the school, teachers in duty are involved									
24.	The process of clinical decision making is provided									
25.	The textbooks used by the teacher are relevant									
26.	The teacher uses certain curriculum design for the class									
27.	The teacher assesses the course given									
28.	Printed and electronic study guides are provided									
29.	The teacher shares his or her practical reflective									
30.	The teacher assists with personal tutor									

INTERVIEW GUIDE FOR THE TEACHER

1. What do you know about “roles”?
 - a. The Teacher’s Roles
 - b. Students’ Roles
 - c. Relation between The Teacher’s and Student’s Roles
2. Do you think teacher’s roles are important? Why?
(Explain in detail/ Give reasons!)
3. What do you know about the types of the teacher’s roles?
4. What do you know about the function of the teacher’s roles?
5. In nursing program:
 - a. What do you know about the teacher’s roles in the teaching and learning of ESP?
 - b. From the function of the roles, what have you done in the teaching and learning so far?
 - c. What do you think about the impact of the teacher’s roles to the students?

INTERVIEW GUIDE FOR THE STUDENTS

1. What do you know about “roles”?
 - a. The Teacher’s Roles
 - b. Students’ Roles
 - c. Relation between The Teacher’s and Student’s Roles
2. Do you think teacher’s roles are important? Why?
(Explain in detail/ Give reasons!)
3. What do you think about the impact of the teacher’s roles for your study?
4. How do you response to these certain roles of the teacher (stated on the questionnaire for the students’ responses of the teacher’s roles)? And why?

Transcript of Classroom Observation from Video Recorder (1.1)

Class : English in Nursing (3rd Semester of B Class)
Lecturer : NQ., S.Kep., Ns., M.Ng
Location : Faculty of Nursing, Airlangga University Surabaya
Time : December 12th, 2013 at 14.40
Number of Students : 44 students

1. M: Assalamualaikum Wr.Wb. Good afternoon everybody.
2. SC: Wa'alaikumsalam Wr. Wb. Good afternoon.
3. M: In this case, we will have discussion with group six and the topic is 'facture'.
- The rules are the first quarter, we will see the presenter present their paper then next we will have discussion in a half or more.
- For the presenters, the first, okay, who's the first? Okay, please.
- (The other students gave applause)
4. S1: Ok thank you moderator. Good morning everybody.
5. SC: Good afternoon
- (The students were laughing)
6. S1: That's okay I say this is still morning, okay?
- (The other students were still laughing)
- Today we will discuss about nursing care for fracture. Ok slide.
- Fracture is a potential or actual threat to the integrity of person that will experience about physiological and psychological disorders that can cause a pain response. From Parwani, 2011, that the majority of fracture patients are adults and it is about 53.3%. Fractures are more common in the age below 45 years. And World Health Organization (WHO) notes that in 2011 there were 40% of people die due to a fracture caused by a traffic accident.

Next this is the anatomy of skeletal. The human consists of six bones. They are bone a long, such as bone radius, femur, fibula, tibia, etc, and for a short such sacrum. The next is scapula, false ribs, and mandible. For the bone that are in sigmoid, such as the patella.

Okay, definition of fracture will be explained with my friend by Okky.

7. S2: Definition of fracture. A fracture is defined as a break or disruption of the continuity of a bone. By fracture, the injury of surrounding soft tissue also can be occurred. The severity of soft tissue's injury depends on location and severity of the break.

Classification of fracture. Complete fracture is a fracture in the midline and usually a shift. Incomplete fracture is fracture that occurs only in a portion of the bone diameter. Closed fracture is fracture which does not cause tearing of the skin. Open fractures is fractures with an injury to the skin or mucous membranes to bone fracture. Greenstick is a fracture in one side of a bone is broken while the other is bends. Transversal is fracture along the midline of the bone. Oblique is fracture makes an angle with the center line of the bone. Spiral, twisting around the stem of bone fracture. Comminuted is bone fracture which is broken into several fragments. Avulsion is fracture pulls bone and other tissues away from the point of attachment. Compressed, the bone is crushed. This is the classification of fracture.

The next presentation will be continued by my friend.

8. S3: Okay thank you, I will continue my friend's presentation. I will explain about the etiology of fracture. There are two the way of cause the fracture is the first direct violence and indirect violence. But the most known, the cause of fracture is trauma to the bone. For example like when people get accident by motorcycle, they can get accident to fracture. In definition f indirect violence is that when somebody has osteoporosis or metastasis of bone cancer it will be pain and make the body weakness and lead to the fracture.

Next. This is the pathophysiology of the fracture. As I told before, the etiology, it can be divided into indirect force and direct force. Like I said before, indirect force with metastasis of cancer and direct force by trauma. And then, the direct blow like a crushing force (compression), a sudden twisting motion (torsion), suddenly, when you rotation the bone, suddenly, it will lead to fracture. A severe muscle contraction, or disease that has weakened the bone and lead to fracture and then it will make the periosteum and blood vessels and nerves in the cortex, marrow, and soft tissue that wrap the bones are broken. It could be bleeding because there is a hematoma is formed in the medullary cavity of the bone, and makes the cells become necrotic and they will stimulate the inflammatory response like vasodilatation,

necrotic, and inflammatory failure. When there is an inflammatory failure, it will break the bone.

Okay, my friend will continue.

9. S4: Okay, I will continue the explanation from Maria, I will tell about sign and symptom of fracture. The clinical sign and symptom of fracture are pain, deformity, impaired sensation, hypovolemic shock, crepitus, and paralysis, also loss of normal function. For pain, pain is felt at the time of injury and from muscle spasm after injury. Deformity, it is caused by alignment and contour are changed. And impaired sensation, it is result of nerve's damage or nerve's entrapment from edema, bleeding, or bony fragments. And loss of normal function, it is because of instability of the fractured, pain, or muscle spasm. And paralysis it is cause by nerve's damage. Then, crepitus, crepitus is the medical term used to describe a grinding, crackling or grating sensation, for example joint cracking. And for hypovolemic shock is the result of blood loss or other injuries.

Okay for the next presentation, my friend will continue.

10. S5: Thank you. I will continue for the complication of fracture. Neurologic and vascular injury, it can be occurred in any fracture and are more likely in cases with increasing fracture deformity and suspected if a patient has deficiencies of motoric or sensory. Next, compartment syndrome, it occurs when tissue pressure exceeds perfusion pressure in a closed anatomic space. This condition can occur in any compartment, such as the head, forearm, arm, abdomen, leg, but it must...

(Suddenly there was a loud sounds come from the front of the class, and the teacher responded)

11. T: What is that?

12. S5: Infection is the complications of surgical intervention include local infection in the form of cellulitis or osteomyelitis and systemic infection in the form of sepsis. Next, thromboembolic events, thromboembolic events may occur after orthopedic trauma with prolonged patient immobilization. Next, avascular necrosis, it is caused by disruption of the blood which is supplied to a region of bone. Then, delayed union, it is defined as a fracture that has not been healed after a reasonable time period. And nonunion, it is defined as a fracture with no possible chance of healing. Malunion, it is defined as healing of bone in an unacceptable position.

And then continue by Mr....

13. S6: Thank you. I will continue the presentation for the next. I would to explain about treatment of fracture. There are some treatments for fracture such as closed reduction, open reduction, and traction. In closed reduction, in there, we try to reposition the bone into the previous anatomic position. And then, the different with the open reduction is the method. The method of closed reduction is using non surgical method, while, the open reduction is surgical method. The next is traction. Here is the picture of traction. The traction is try to give a force to the fracture, why? The counter visions give a force to the opposition to the opposite side.

And then, the next treatment is external fixation, internal fixation, and drug therapy. If we see the picture, external fixation, it means that we revise the fixation is accepted into the bone and attempt to the internal bone. It is the picture of external fixation. The fixation is entered to the bone and then it is got to the bone. So, the internal fixation is that it means we revise the fixation is inserted into the bone. And the last is drug therapy. The functions of the drug here is to reduce the pain of the patient and to make them better.

And then, the presentation will be continued by my friend.

14. S7: Good afternoon class.

15. SC: Good afternoon.

16. S7: Okay, before I continue to the nursing care and treatment, maybe I want to introduce myself. I have already met some of you, but for those I have not, my name is Ahsanul Sami. Ok and I will continue.

For the nursing assessment, firstly we can identify from the patient identity, the identity of the patient, and then the chief complaint maybe here is pain and history of present illness, HPI help us to determine the cause of the fracture and the chronology of the occurrence of the illness. And then we must get the past nursing history and family health history.

Next. And then we must get information about the activity and rest. The manifestation of activity and rest are the patient still have a weakness, and Fatigue, and then gait and/ or mobility problems, generalized weakness, then restriction or loss of function of affected part; may be immediate, because of the fracture, or develop secondarily from tissue swelling, and then pain, and then weakness of affected extremity, and then deficit of range of motion. And then we must get information from the circulation. Maybe the patient will have hypertension, anxiety or hypotension because they got the pain cause they have. And then, pulse diminished or absent distal to injury in extremity, pallor of affected part, tissue swelling, and then bruising or hematoma mass at site of injury.

And then the elimination. Maybe they can find hematuria and Sediment in urine, changes in output, acute renal failure (ARF) with major skeletal muscle damage. For neurosensory system, maybe the patient Loss of or impaired motion or sensation, and then muscle spasms worsening over time, and numbness or tingling or paresthesias, and Local musculoskeletal deformities, abnormal angulation, and then visible weakness or loss of function.

And then the treatment for pain/ discomfort. Maybe there are sudden severe pain at time of injury, and then absence of pain, muscle-aching pain, muscle spasms or cramping following immobilization, and then guarding or distraction behaviors, restlessness and self-focus. And then skin lacerations, and the color changes of skin, and presence of risk factors for falling age, such as osteoporosis, dementia, arthritis, other chronic conditions; preexisting unrecognized fracture.

Okay maybe that's all. The last is my friend.

17. S8: Okay thank you and I will continue our presentation. I want to explain about nursing care process in the second and third process called as diagnosis and interventions.

For the primary diagnosis we can find in fracture patient is acute pain related to muscle spasms; movement of bone fragments, edema, and injury. For the intervention to our patient is the first maintain immobilization, this is can decrease the pain level. And then we elevate and support injured extremity, don't forget to assess the comfort with the pain scale. Then, perform and supervise passive or active ROM exercises which tolerate the patient. And administer medications, as indicated. This is to appearance our collaborative treatment.

For the second nursing diagnosis is the risk for peripheral neurovascular dysfunction related to Reduction or interruption of blood flow can be caused by hypovolemia, excessive edema, and thrombus formation. For the intervention that we can give to our patient is evaluate presence and quality of peripheral pulse, we can do it with give the pressure in the distal to injury. If the patient has reaction, this is said that the peripheral is good. If the patient not give reaction or expression, not feel our pressure it said that the patient's circulation is bad, indication lead to the necrosis. And after that, assess capillary return and skin color, monitor vital signs, and administer IV fluids and blood products as needed. This is can give to our patient if our patient has dehydration lead by bleeding because of the fracture.

The next slide. The third nursing diagnosis is impaired physical mobility related to neuromuscular skeletal impairment, pain or discomfort, restrictive therapies limb immobilization, and psychological immobility. For the nursing intervention, we assess degree of immobility or assess the patient can tolerate with the

mobilization. And then, monitor blood pressure with resumption of activity, reposition periodically and encourage coughing and deep breathing exercises, and collaborative with consult with physical or occupational therapist to rehabilitative our patients.

And the forth diagnosis is impaired skin/ tissue integrity related to puncture injury; compound fracture; surgical repair; insertion of traction pins, wires, screws; and altered the sensation. We can do examine the skin for open wounds, foreign bodies, rashes, bleeding, discoloration, and we can reposition frequently, provide wound care to prevent infection.

For the next diagnosis is risk for infection related to broken skin. This is for the intervention is inspect the skin and after that assess the skin sign like rubor, dolor, calor, and functionless. Monitor vital signs and collaborative in monitor laboratory, and don't forget to wound care the patients.

Okay, I think enough for our presentation, if you have questions, I will give the time to the moderator, thank you.

18. M: What an interesting presentation, right?

19. SC: Right.

20. M: Please give applause once more. Now, I would give you a chance to ask them questions. I will choose 6 audiences to give them questions, three from right wing, and three from left wing. Okay, raise your hand!

Okay, from the right wing, Miss Halim, Miss Dewi, and Miss Enggar. And from the left wing, Mr. Romadhon, Miss Nani, and Miss Kokom.

The first question, please.

21. S9: Thank you. From the presentation, your group explained for the function of the bone. One of it is bone marrow. If it is not cured, it can be bleeding. So, why your group said some nursing diagnosis of the risk of hypovolemic? Thank you.

22. M: Clear enough?

23. T: Are you sure? Clear?

(The teacher asked the group)

24. M: Okay, next.

25. S10: Thank you. I want to ask, why fracture most occur in long bone than short bone? Maybe you can explain.

26. M: Clear? For the next.

27. S11: Thank you. It is found that one of the etiology of fracture is open fracture like contracture and osteoporosis. My question is how can we solve the fracture that is caused by osteoporosis or contracture? And what is the different to the trauma fracture? Thank you.
28. M: And the next question.
29. S12: Thank you for the moderator. I want to ask, in the elimination assessment there is hematuria. Can you explain once again? Thank you.
30. M: The next for Miss Nani.
31. S13: Thank you. I wanna ask your group for, how if the people with fracture prefer to go to traditional treatment like massage to overcome the fracture. And how about your group opinion, can they maintain from the traditional treatment come to part of non pharmacology? Thank you.
32. M: Okay, and the last one is for Miss Kokom.
33. S14: Thank you. For the group, can you tell me what you give activity to the patient with the fracture about the mobilization? And how to prevent decubitus with the patient of fracture?
34. M: Clear?
- (From those questions given, there was a student who wants to give comments)
35. S15: I wanna add, it is known that it will not give a better service. It seems that it's harmful, right? But actually it's not really harmful, because if it's really harmful, how could those people just back to the traditional treatment? There's not one or three or five people, but there's a lot people come to traditional treatment to get better, because they believe that they will get better from the treatment, more than medical treatment, so, I don't really understand because in this case, the people also have their human rights to choose whether what's right that's not because you say 'you get a fracture, and you can go to the hospital for the better choice'. I don't think so, because you know, the people, traditional people choose that because they have experience that traditional treatment better than medical treatment. Something like that. Thank you.
36. M: Thank you then, from group?
37. S3: Thank you for your argument. But maybe our problem in Indonesia, maybe I think our government problem because we have logical in the outer city, I mean in the village and then, emm, that's right, human rights.

But, we are as a nurse we must educate the people the right things. We must give education to the people that if there is an accident, and the fracture, and the family of the patient will bring the patient to the traditional, but, we must education the family because that choice is not right, it will be dangerous for the patient. In here, we must we focus on the sign of the patient. Maybe like that.

38. M: Okay, if it is not clear, we will discuss on backstage. Now, we are talking for the next question.
39. S5: Thank you, I will answer the question from Miss Halim about bleeding, why we choose the diagnosis of hypovolemic? Okay, as I have explanation before for the pathophysiology, I have got that fracture they will lead to hematoma and bleeding. Now, we have to know that, in fracture, bone marrow will lead to healing. I mean there are five stages that could bone healing. In the first stage is hematoma. There is too much blood in the first stage. In different case, maybe in compensation of fracture like femur fracture, maybe they lead to produce much blood. So, if we do assessment to the patient with fracture, we have to look what false against with the fracture gate that the patient have. If the patient have like the open fracture on the long bone like narrow patient. So, according to us, we have to hand the classification of fracture. If the fracture produce many blood and make the patient loose many blood, so, we can take the diagnosis with it.
40. S9: Okay, I know I understand with your statement, but your group problem not all about the fracture, but I think it rolling to the patient that hypovolemic. Thank you.
41. S5: Ok, thank you for your suggestion to inform a nursing diagnosis about shock hypovolemic, In our paper, it's not write down about shock hypovolemic. Maybe later we can illiterate our revision. Thank you.
42. M: Okay, for next question? Mr. Gatra?
43. S6: Ok, I want to answer the question from Enggar. Before the answer, I will repeat your question. The different trauma of fracture and relocation and also the treatment? Ok, I think the treatment for this fracture, the purpose is the same. For the treatment, the easy trend for the line for the fracture can treatment fracture position, and fracture mobilization, and drug therapy. I think so like that. Because the treatment of the fracture see of the etiology the purpose is same. And for the purpose of same for relocation of the bone. I think so.
44. M: And feedback Miss Enggar? Okay, we go to the next question.
45. S2: Okay, I would like to try to answer the question from Mr. Romadhon. The question is why hematuria be in fracture? Ok, like we have explained here the fracture is clearly, because they are most specific fracture than this range here. So, I think the hematuria can be in

fracture because the fracture of the bone around the kidney. So, I think the fracture I mean when a fracture is injury, where the bone is fracture is near about the urethra, or kidney, as we know so the fracture can make a bleeding. They break everything and the bone fracture in the kidney or urethra, urethra will be injured at then directly. So, the injury of urethra and the kidney from the fracture can be hematuria. I think this is for your question.

46. M: For the next question? From Miss Dewi or want to change from Miss Kokom?

(In the middle of the discussion, a student was asking to the teacher to go out from the class to the toilet, and the teacher permitted her)

47. M: Save the time. Or maybe any other opinion from the audience?

48. S7: Okay I will answer the question from Miss Kokom. We can give basic mobilization to the patient who has open the patient bandage to flow to low to the fracture area. And we can give a pillow handscone and fill it with water that area.

49. S4: Our group means if our patient have immobilization, we can give like handscone that we give water inside handscone after that we take it to the help it.

(The students and the group have their own discussion)

50. T: Moderator

51. M: The next question will be answered by Miss Dini.

52. S8: Thank you. I will answer why the fracture usually occur in long bones than short bones. As we give explanation, like a long wound, if we give a big surprised, it will be easier to grown up than the short wound. We can make the bone like the long wound, if we give a big surprised or attention it will really really easy to grown up than not. Ok. Fracture is technical broken bone. Fracture can due to because of the trauma and because of the chronic disease, and treatment is different, and also the treatment include the close reduction, open reduction, nonsurgical method and surgical method, and drugs method.

(The students gave applause)

53. M: Okay, I think it's enough for the discussion today. I am sorry if I have mistake, if the group have mistake. Okay, wassalamualaikum wr.wb.

54. SC: Wa'alaikumsalam.

55. T: Ok leave your chair and back to your seats.

Rafika yeah? Thank you Rafika. She reminds me to my old friend. I have some friends from Korea, from Thailand, the way of acts are like her.

(The students were laughing)

(After that, the teacher started giving her explanation to the students while written some notes on the white board)

56. T: It comes from evidence based process. And then, when we do evidence based, there are seven steps we need to practice. Seven steps, what are they? *Ayuk kelompok yang sempat diskusi.*

We start from the step zero, one, two, three, four, five, six. Oh no, till six.

(The students were laughing)

Step zero, what are they? *Kelompok, di bantu. Ingat tidak? Kelompok ingat? Oke, kalau belum ingat, pakai ini dulu, kira-kira dengan evidence based bisa dilakukan dengan apa saja? Sebelum ini, kita simpan dulu.*

These steps. *Dari kelompok, apa kemarin? Sudah pernah didiskusikan tho? Okay, what steps that we can implement for having the based evidence? We can ask the clinical question. Clinical question is how to break this pain? To eliminate the pain in fracture? Sorry, question for the people with fracture. Okay, it is the question. And to answer this question is based evidence. If we are searching, so we can put some data bases, so change to the data bases.*

Can you give example what are data bases that we can use? Book review, good, what else? Raise your hands, please!

Sudah pernah pergi ke Google scholar? Yang belum pernah angkat tangan. Yang belum pernah? Satu dua, tidak apa-apa. Tidak usah malu untuk belajar. Pasti malu iku kalo panjenengan diguyu koncone. Yang belum pernah ke Google scholar? Siapa? Satu dua. One two. Depan ada? Yang lain? Mas? Hey boy! Pertanyaan saya susah tidak sih? Siapa yang belum pernah ke google scholar? Mengacung! Sakjane jawabannya cuman ya dan tidak. Nek iya dan tidak tidak perlu malu benere

(The students were laughing)

Google scholar? *Satu, dua. Hallo? There, are you okay? Listen to me, pertanyaan saya, google cendekia atau google scholar?*

57. SC: Google scholar.

58. T: *Nanti kalau google cendekia sama tidak pertanyaannya? Beda. Siapa yang pernah ke google scholar? Kalau pernah dan tidak, berarti*

jawabannya cuman ada ya dan tidak. Siapa yang belum pernah ke google scholar? Satu. Tidak bisa tidak apa-apa tidak perlu malu, belajar. Satu, dua, tiga, empat, lima, enam, halo? tujuh. Tidak usah taken kancane. Sing bener-bener ngerasa ae. Tujuh. Oke. Kemudian selain google scholar what else?

Or, during this easier to do, the way that you can do is go to this website, okay? Where can you find? When you type this browser on your laptop or on your any gadget that you have? And then, scroll down to the bottom of the page, you'll find google scholar like this. You'll find science guider, you'll find any other items okay? And those things we call data bases.

For example you go to google scholar right, the problem is here, that's the problem. And what we need to do is how to reduce the pain for older patient with fracture, we have to type some keywords. What will you type?

- 59. SC: Pain.
- 60. T: Pain. Good. And then? Reduce? It's okay. I'll write it here, guys, just to remind you. What else?
- 61. S16: Older people.
- 62. T: Older people. Great! What else?
- 63. S17: Fracture.
- 64. T: Fracture. Good. What else?
- 65. S18: Nursing intervention.
- 66. T: Nursing intervention. Could be yes. Good boys! What else?
- 67. S19: Drug therapy.
- 68. T: Yes, awesome. You are all awesome!

(The students were laughing and the teacher gave her thumb up)

Berarti bisa ya, and you follow me. Itu yang dinamakan praktik.

We type reduce, pain, older people, fracture, nursing intervention, drug therapy. And then, you write those words with comma, comma, comma, and comma and it will open those words and you'll find some articles, okay? However, *kalau* however berarti? However, if you need to get limited articles, you have to do some limitation, alright? *Biasanya berapa tahun terakhir yang digunakan?*

- 69. SC: Lima.

70. T: *Lima tahun terakhir. Good. Berarti Anda harus, if you open google scholar on the left side of the google scholar, you have to thick the year, present, saiki ya. Berapa tahun? Tulisnya 2010 tok? Anda pilih, you thick 2010 up to present, and then put the keywords and click go. So the grandma and grandpa will look for us. Benar kan? Grandma and grandpa, iya?* (The students were laughing)

They look for us, what kind of articles that suitable with our topics. *Sakjane ini wez tak suruh kelompok, tapi kelompok belum siap merevisi ya? Sehingga intervensi tidak hanya itu-itu tok*. We have to set some limitations when we see these.

Now, is there any question for that topics? No?

Nanti Anda akan dapat artikel sesuai dengan yang dimau atau yang dilapangan, sebab yang didapat intervensi, older people, sama nyeri. Udah pernah coba belum? Jadi nanti kalau perlu praktik ya?

And now, we move on fracture. At the moment, the most causes of fracture or when it relapse the fracture cause by bone healer.

Apa? Mau masuk ya Pak Kus? Oke, saya keluar ya habis ini. Berarti harus ada penutup soalnya nanti kamu kasihan capek kalau dibuka terus, tak tutupnya. Satu yang trend sekarang ya, di UI, di rumah sakit Cipto ya, banyak pasien fraktur yang sekarang, yang terjadi karena sangkal putung. Sakjane, pasien mau putul dalem, gak di apak-apakno iku ya nyambung 2 minggu. Why? Because it has scale.

71. S20: Sudah ada Pak Kus, Bu.

72. T: *Oh ya ya. Tapi nyambungnya tidak begini, tapi begini.*

(The teacher showed the gestures)

Oke? Berarti harus reposisi. Banyak yang harusnya didiskusikan, ini belum selesai tapi Pak Kus sudah datang.

I say thank you, and if you have anything to discuss please come and see me on my room or by email. Thank you very much, good bye.

73. SC: Thank you Mrs. Bye.

Note:

T	: The Teacher
M	: The moderator (from the student)
S1-S8	: Students as member of the group
S9-20	: Different student in the classroom
SC	: All of the student in the class
<i>Italic word</i>	: Indonesian words (spoken)
<i><u>Italic and underlined word</u></i>	: Javanese words (spoken)

Transcript of Classroom Observation from Video Recorder (1.2)

Class : English in Nursing Class (3rd Semester A Class)
Lecturer : NQ., S.Kep., Ns., M.Ng
Location : Faculty of Nursing, Airlangga University Surabaya
Time : December 13th, 2013 at 8.00
Number of Students : 59 students

1. M: Good morning. I am as moderator, and please group seven can start the discussion, you have about 30 minutes to explain and then discussion session.

2. S1: Okay. Good morning. We are from the group seven and we want to present musculoskeletal System "Osteoarthritis".

The anatomy of musculoskeletal system is consist of 3 parts, they are skeletal, muscular, joints, ligaments, and bursae. The human musculoskeletal system is an organ system that gives humans the ability to move using the muscular and skeletal systems. The musculoskeletal system provides form, support, stability, and movement to the body.

The next is the definition. The definition of osteoarthritis is a non-inflammatory disease of moveable joints, characterized by deterioration of articular cartilage and the formation of new bone at the joints surface.

The next will continue my friend.

3. S2: Okay thank you. I will continue for the etiology and incidence.

The etiology and incidence of osteoarthritis there are four. The first mechanical and hereditary influences contribute to the occurrence of osteoarthritis. And then it may also occur secondary to another articular disease, such as a traumatic or sports injury. Number three is osteoarthritis, which commonly affects the hips and knees, is the most. And X-rays of up to 90% of the population over age 40, particularly in over weight persons.

For the pathophysiology, osteoarthritis is characterized by progressive erosion of articular cartilage, which result from the breakdown of protein and collagen by enzymes increased water absorbed because of disruption in pumping action, so the cartilage becomes less able to tolerate weight bearing and lose some of its tensile strength.

The next is continue with my friend.

4. S3: I will continue explain about the manifestation of osteoarthritis. Some manifestations they are early morning stiffness is a classic sign; joint pain; articular inflammation may be present at times, but is minimal; severity of symptoms increases with age. And then, there are no systemic symptoms, which helps rule out inflammatory disorders, such as rheumatoid arthritis, which are associated with similar symptoms of joint discomfort. And weather changes are associated with aching in the joints. And then, motion can produce a “grating” sound in the joint and limitation of movement occurs over time. The next is Heberden’s and Bouchard’s nodes may occur when the interphalangeal joints are involved; painless at first, these may later become red, swollen, and tender. And then, numbness, loss of dexterity, and swelling also occur.

For next presentation is continue with my friend.

5. S4: Thank you. Now I will explain about the physical examination of osteoarthritis. Examination of the patient includes testing for various possible causes of knee pain, we can see from the section of differential diagnosis. So, therefore, the entire limb from the hip to the ankle is examined. And then, it is important to identify findings such as quadriceps weakness or atrophy and knee and hip flexion contractures.

Okay. The next is about the diagnostic examination. Some of them can be done is radiographic, and Magnetic Resonance Imaging (MRI), and musculoskeletal ultrasonography, and also laboratory test.

Next slide. The next is about the treatment, we can do treatment like initial for the first time, and then rehabilitation for example exercise, modalities, adaptive equipment, bracing and footwear, and acupuncture, and also procedure.

For the next, my friend will continue.

6. S5: The next is about the nursing management. First is assessment. In assessment, nursing assessment of a client with osteoarthritis begins with a thorough history of the problem. And then the data gathered include information about the onset, location, quality, and duration of the joint pain. And questions about precipitating factor, medication used, impact on functional abilities should be asked. The next is affected joints should be inspected for pain, tenderness, swelling, redness, crepitation, and range of motion.

Slide. Number two is the diagnosis. We can diagnosis the patient of osteoarthritis with pain related to inflammation and deterioration of the joint cartilage, and then impaired physical mobility related to lower extremity joint stiffness, and also self-care deficit (specify) related to limitations in joint movement and strength.

The planning and intervention is explain with my friend.

7. S6: Planning and expected outcomes for osteoarthritis are first, the client will verbalize an improved level of comfort with activities. And then the client will be able to successfully use various adaptive devices in maintaining independence in ADLs and IADLs. After that the client will demonstrate safe use of assistive devices for ambulation.

For the intervention, the first is instruction on joint protection and energy conservation are given. And then various nonsteroidal anti-inflammatory drugs (NSAIDs) and nonopioid analgesics to help control the pain. The next other medical treatment injecting the painful joint with steroids. And the last we can do also surgical procedures.

The next is my friend.

8. S7: Okay, I will explain the last nursing assessment, evaluation. The goals in caring for a client with osteoarthritis are to relieve pain and restore function. So, the client should report minimum pain and improved ability to perform ADLs. And then conservative measures (as outlined earlier) will improve mobility and increase comfort for many older clients. If surgical intervention is used, the client needs to understand the expected outcomes, as well as the risks associated with the procedure.

The last is conclusion. The exact cause of Osteoarthritis is not well understood and the degeneration of the joint is not by aging alone. The abnormalities can be found by doing few diagnostic tests such as Radiographic, MRI, Musculoskeletal USG and laboratory test. Exercise is likely to be most effective if they train muscle for the activities a person performs daily. And then, the focus of the nursing care plan is to protect and preserve joint motion and function and the goals in caring for a client with osteoarthritis are to relieve pain and restore function.

I think that's the presentation of our group and back to moderator.

9. M: So, now, I will open the discussion session for you, three questions first. Who will ask to the group?

Come on, hello! Is there any people here? Let's go, Manda.

10. S8: Assalamualaikum Wr.Wb. My name is Manda. I want to ask for group seven. What is the complication of osteoarthritis?

11. M: Okay, simple question, but very complicated maybe yeah? What is the complication of osteoarthritis? Is there any one who wants to ask? Okay.

12. S9: Thanks for the chance. I want to ask about the risk factor that cause osteoarthritis. Then from the explanation from Ayu Dyah I got that we must ask the patient about the precipitating factor before we use the

medicine and from the precipitation factor, can you explain about that, please? No no no. The use of medicine.

13. M: Okay, so the question what is the medication in precipitation factor. Group? Got it?
14. S10: Assalamualalikum wr. wb. My name is Aprilia Denika Susanti. I want to ask you about the cause of osteoarthritis, right? You said that osteoarthritis, the cause of osteoarthritis is not understood. And what is the exactly or the true cause of osteoarthritis? And then the second question is how the prognosis of osteoarthritis? Okay, thank you. The first question is about the cause and the second question is about the prognosis. Ok thank you.
15. M: Okay thank you. Well the group will answer it now or need a time for discussing?
16. S2: Thank you, I will answer Manda's question the complication of osteoarthritis. If osteoarthritis is not solved well, there's five complication may be happen in the patient. The first, nicristallin atrophy, then osteonecrosis, and then rupture backer septets, and then bulcitys and the last is symptomatic main in sculpture. There's five complication of osteoarthritis.
- Is there no feedback?
17. S8: How's the mechanism?
18. S2: Mechanism? Let us discuss about that.
19. S4: Actually, I wanna ask again about Lia's question. The first question is the risk factor of osteoarthritis? And the second is?
20. S9: It is about the precipitation factor for the patient.
21. S4: So, you mean is the explanation itself right? Okay.
22. S7: Lia. I want to try answer your question about medication of osteoarthritis. There is some medication. The first is consume food supplement glucosamine and congruity. And the second, increasing the glucareitys intake and/or ease oil capsule. The third change lifestyle and if disability is critical and more conservative management is ineffective, join replacement surgery or resuscitacy maybe will be needed. Any feedback?
23. S9: Emm, actually maybe I still confuse with the classification, because I understand that we must know about the medicine of the patient use in past?
24. S7: We will discuss.

25. S1: I will try answer question from April. The prognosis of osteoarthritis if the patient has age 48 years old, maybe the patient has some method of an intrinsic factor in their weight or ball joint. But, the complements are symptomatic until they are older. So, if the age is more than 40, they have osteoarthritis on same level. Any feedback?
26. S10: So the exact or the true main cause of osteoarthritis is about the weight?
27. S7: In the conclusion that I present, the degeneration of the joint is not by aging alone. The true cause commonly is the degeneration of joint but there are cause others. But there's factor of osteoarthritis that like obesity, then using medication alike.
28. S3: I want to try answer April's question. The cause of osteoarthritis some studies scientists link between with allergic reaction, infection, and infection of fungi. In recent research also indicates heredity in the reduction of this disease.
29. M: Yap from audience maybe there's any help for the group? About the risk factor of osteoarthritis and the mechanism of complication of osteoarthritis.
30. S6: I will try the mechanism of complication in the osteoarthritis that as osteonecrosis. Because osteoarthritis can cause breakdown protein and collagen by the enzyme in the joint, it make the calculate breakdown, so the scald in the joint will risk to necrosis, then necrosis. I think so.
31. T: Excuse me, can you add with your information, please open page 12. You can explain the pathofhysiology first, if there's no treatment no medication so what will be happened? You can try from the pathophysiology right? So you can use the information from page 12 and you explain to your friends.
32. S3: The other complication in osteoarthritis is paralysis. The mechanism of paralysis is in osteoarthritis there's a pain related to joint breakdown like that. And then, from the pain, the patients have intolerance activity. Intolerance activity for many years can be paralysis because the musculoskeletal not moveable. Like that. Thank you.
33. M: Okay, there's still one question that the group still cannot answer it, the Via's question about what is the medication that can cause osteoarthritis. Maybe there's one from you guys that will help to answer it? Or if no one, I will close this discussion and Mrs. Nuzul will explain it to us. Okay. Group? Cannot answer it too? No one? Okay.
34. T: Is there anyone who has boardmarker, please? Okay. Magin, do you have it?
- All of those questions can be answered if the group provides WOC. Okay? Or web of caution, because when you create WOC, you start from etiology and then it causes to clinical manifestation and then by

identifying clinical manifestation, so, you can identify nursing problems.

On the other side, the group can add some complication that will be happened in patient with osteoarthritis. So, that's things that you have to revise on your paper, right? But before starting, or comment for this discussion, I need you to remember the cause of osteoarthritis. Number one?

(The teacher pointed to some student in front of her)

35. S11: Infection.

36. T: Infection, you said infection. What kind of infection that will be cause of osteoarthritis? Group should answer.

Number two?

37. S12: Obesity.

38. T: Obesity. And then?

39. S13: Hard worker.

40. T: Hard worker. And then?

Aging. Why did you say or group say aging? Normally, osteoarthritis happens because of?

41. S14: Degenerative process.

42. T: Degenerative process. And then, the patient who suffers from osteoarthritis normally suffers from pain as well as lack of coenobium oil. Okay? Do you know coenobium oil?

43. SC: Yes.

44. T: Yes. So, that's why there's erosion on his or her cartilage. And if it is happened erosion of this organ cartilage, the patient will feel pain. If the patient feels pain, so what nursing diagnosis will you formulate? Pain. And then, what kind of intervention will you formulate for pain?

Number one. Before distraction management I had known that you really love distraction management. Beside distraction management, what else? If it just takes a deep breath for the patient with osteoarthritis it doesn't work, really. Because sometimes, for the patient with osteoarthritis, it's hard to stand.

(The teacher gave the gestures).

It's really pain. Sometimes, if he or she is doing the praying, it's hard to yes, you're right. It's really pain. That's so I think, the best thing is the

medication. Then, we can combine with the complementary alternative medicine. Okay. The intervention is medicine. What kind of medicine?

45. S15: Analgesic.

46. T: Analgesic.

Sometimes, I have experience, my grandma suffers from osteoarthritis. And when she consumes like Panadol, which consists of antipyretic, it doesn't work. Yes.

For some patients, they should consume non-steroid. For older people, before they consume non-steroid drug, so they have to check the laboratory test to make sure about this on her liver function test. What else? Vitamin C. What else? Glucosamine, so that if we go to the drug store, they offer some vitamins for arthritis for joint arthritis like glucosamine. And then what else?

47. S16: Combaine.

48. T: Combaine? I don't know exactly.

And I also have experience. The patients of osteoarthritis, they will go to the doctor and they will get an injection here. Injection on the knees. The doctor put dyanuloacid (NSD). After medication of course the nurses can modify the nursing intervention by giving complementary alternative therapy like that you say distraction. May be work may be no. It depends on patients. Dis or tier for her pain.

So the next question mark, what will be happen if the patient doesn't consume any medicine? What will be happened? What will happen? They can't do their daily activity they need, because they can't walk, they're hard to walk. So, if patient suffers from osteoarthritis, we can provide walker, do you know walker? Because it helps the patient to maintain his or her stability, because if not, they might be fell down. If they get fall down, so some potential diseases will happen like hemorrhagic, yes, if the patient has like hypotension, they might suffer from stroke that would be happen. Okay?

So, the next question, if we know the etiology, the sign and symptom, as a nurse, if you have older patient, what will you do to prevent from osteoarthritis? Is there anyone know? Or maybe try to answer, please?

49. S17: Maybe maintain ideal body weight.

50. T: Okay, maintain ideal body weight, that's good!

What else? Exercise. So, if you need to prevent yourself from osteoarthritis in the future, start from now, you have to do exercise regularly. Okay? Drinking milk and exercise because they help to strengthen your bone. What else?

So, my next question. If the patient with osteoarthritis (older) they consume or drink a milk like 'Anlene', do you think that it works? Not really, because they have to consume 'Anlene' before he's getting old. *Jadi mestinya minumannya sebelum tua. Kalau sudah tua ya tidak memberi efek.* It doesn't work. *Sekarang, you drinking milk, doing exercise, membantu tulang exercise dipadatkan. Bukan kebalik, badan tua baru minum susu. Itu sama kalau anak-anak. Ya? Sama kayak anak-anak. Usia SD disuruh minum susu terus. Padahal mestinya pertumbuhan otak, 0-3 tahun, justru itu, that's the golden period that you have to provide good milk for them. Kewalik biasane, ya? Gimana Bu, dulu pas gak duwe, duwene pas saat SD, ya ndak?* Iya. *Jadi, sekarang, at the moment, if you have patient of older patient, please ask them to drink or consume milk and also doing some light exercise. Apa itu light exercise? Jalan, jogging, berenang, apa lagi? sepedaan, apa lagi?*

51. S18: Shopping! (The students and the teacher were laughing together)
52. T: *Ini yang harus ditanyakan ya, sama tidak Bu, orang jalan itu kan juga olah raga, ya? Walking is a form of exercise, right? So, your question, 'Mom, if we go shopping, we always walk. Does it the same?' Kalau bicara olahraga, exercise, itu mestinya ada pemanasan, ya tho? Ada inti, ada pendinginan. Kalau shopping, kok saya tidak yakin, soalnya panas terus, iya? Atau mungkin bisa ya? We have to do some research, the comparison between walking in the shopping malls and walking in the ground. Which one is more effective, yeah? Idenya bagus ya, kalau memang iya, why not? Surabaya itu kan banyak mall ya, jadi kan kalau sedikit ground-nya kan jalannya di mall. Nanti di teliti ya?*
53. S19: *Ibunya biasanya shopping, Bu.*
54. T: *Kalau shopping itu biasanya bapaknya yang ngelu ya? Kalau window shopping tok ya gak apa-apa ya, kalau ada yang ndadak itu lho, sangunya yang banyak, iya? Okay, is it clear?*
55. SC: Yes.
56. T: Okay. Now, the next question, how can we know the patient suffers from osteoarthritis? We can check by using ultrasonography musculo. *Dicekno, difoto, ya. Tapi yang difoto sikil, ya, difoto.* How about laboratory results? Normally, normal. Unless, they have other diseases. So, the laboratory will follow his or her disease. Okay? *Nek osteoarthritis tok, mestinya dia gak apa-apa, kecuali dia punya penyakit lain, baru. Punya liver, liver fungsi testnya abnormal. Punya ginjal, ureokreatinannya ya tidak normal. Kan gitu ya?*

And now, the group is trying to formulate nursing care plan starting from assessment. But I don't know why the assessment is just like that. My next question. If we need to formulate nursing assessment, what

nurses should do or what skills nurses should implement in doing the assessment?

(The teacher pointed the student on the back seat of the class)

Number one. Anamnesis. Okay. If you are doing an anamnesis, what skills that you should have?

57. S20: Communication.

58. T: Communication, good. So if you need to get data which really rich what kind of anamnesis you have developed?

Beside communication, before therapeutic? Communication, if you are doing communication what skills you have to have in doing assessment? What technique you can implement in doing assessment? Will you ask 'What are you feeling today?' So what technique you will implement?

Yes? As far as the question should be open. Because when you implement open question, you get rich data, you get some information. But my question, what technique you should implement as nurse?

59. S21: Interview.

60. T: Interview, okay. In doing assessment as a nurse you should have communication technique in doing assessment by using interview. And, when you are doing interview, you should do it with open question. What else? What skills nurses should have in doing assessment? Beside interview, what activity you need really do in assessment?

61. S22: Physical examination.

62. T: Physical examination. If nurses are doing physical examination, what skill nurses should have?

63. S23: IPPA.

64. T: IPPA. What are they?

65. S23: Auscultation.

66. SC: Inspection.

67. S23: Inspection, Percussion, Palpation, Auscultation.

68. T: Okay. So, you have a conclusion, in doing assessment as nurses you should have number one technique for communication in doing interview, and then the second one skill in doing physical examination by combining inspection, percussion, palpation, and auscultation?

69. S24: ROS. Review of system.

70. T: Review of system, for what? Review of system for what? For knowing the haemostatic? Is it okay if nurse use head-to-toe in doing assessment? Yes. Is it okay if they use review of system? Is that okay? Yes. If you say head-to-toe is yes, review of system is yes, so, what the function the head-to-toe and review of system in doing assessment? Okay, so, we could say head-to-toe and review of system are just approaches in doing assessment.
- However, when you are doing assessment two skills that you have, interview, communication by doing interview and physical examination by combining IPPA. So, if the group's trying to present assessment just like this, do you think that it's complete? Is it complete or not? No.
- No. So, you have to make it complete. And then, after doing assessment, what will you do?
71. S25: Diagnosis.
72. T: Diagnosis. What practice of nursing diagnosis? If you have nursing diagnosis three types of nursing diagnosis what the next intervention as nurses should do?
- Planning. So if you create planning and then you have three nursing diagnosis, how will you write? Three nursing diagnosis with activity planning or one diagnosis with the package of interventions? Okay, the first, you make the priority. After having a priority and then you have number two, three, one two and three. So, the next step is you create a planning. If you have three nursing diagnosis, so, will you make or write a planning accusatively? Or will you create and put one nursing diagnosis with a package of nursing intervention? Which one will you choose?
73. S26: One diagnosis with package nursing interventions.
74. T: Yes, you are right. So, if the group make it accusatively? Is it true? No. So, you know the concept, and then know the concept, you can implement the concept into nursing practice. That's my comment about this. And then, if you need your paper has riggers has like power in your paper, what will you do in your writing?
75. S27: Grammar.
76. T: Grammar. What else beside grammar if you need your writing has a power? Has riggers, what should you do in doing writing? And then you don't need to be plagiarism, what will you do as a nurse? Do you know? And you don't need to be plagiarism in doing writing, and what should you do? What should you pay attention for it?
77. S28: Maybe we can make the results with our own word.
78. T: Your own sentence?

79. S28: Yes, maybe.
80. T: Okay, what's your name?
81. S28: Vian.
82. T: Vian said we can create the text by our own sentence or bring paraphrasing. Okay, that's good. Number two, what else? If you don't want doing plagiarism in doing writing what should you do?
83. S29: Write down reference.
84. T: Okay good. Reference. So you have to put reference. In this information, not all statement has any references. So, you have to put and write it down. And then, the reference in text should match with the references on the list of references, right. Good, thank you.

What else? If you need your writing has a natural sound and easy to follow, what should you do? If you need your writing easy to understand, easy to follow, so you have to have some skills, what skills you have to pay attention for it? And you can control your writing, what will you do? Is there anyone know? So you have to control your main idea, yeah? When you have an idea, so you can support with some supporting ideas with some example. Because it's the way to control your writing will be understand to follow.

From this group, there are so many many many points, so that's why it's hard to read and understand. So, there's a technique if we need to have a good or riggers writing. And then Vian said, we have to do paraphrasing that's good. When you read, so you have to do paraphrasing and then you got the topics before, right? And don't forget to take it to the list of references.

About the power point for the presentation, is there any specific criteria for typing power point? One slide one idea, not more than one idea. And then, pay attention for the font, it's too small. The margin.

So, we back to the pain management. We give to reduce the pain elevate the pain as a nurse we collaborate with some medicines. And then, as a nurse we can develop our nursing independent. What are they to reduce the pain? You can control pain by putting a bandage. Okay, elastic bandage. What else? Put in on knees or foot, because it helps to make the circulation is running well. What else? Help for foot therapy. So, we can suggest them to have shower with the walk walker.

What else? Adequate rest, yes. If you pain, don't have lots of activities. Please have adequate rest. What else? From the food? So, when you suggest to the patient, not consuming inert. Do you know inert? Inert means *jerohan*. *Jerohan tidak dipakai*. What else? Coconut milk. Food with coconut milk. *Makanan yang bersantan*. What else? Reduce the calorie. *Makan jangan banyak-banyak, kalorinya dikurangi, ya, biar*

tidak gemuk. Apa lagi? Reduce the cholesterol by eating some food which not contain of high cholesterol. Bayem? No. Emping?

85. SC: No.

86. T: No. *Emping?* Do you know *emping?* *Melinjo, ya. Jerohan?* No. *Otak?* No. What else? *Apa Vian?*

87. S28: Mente.

88. T: Mente? *Tidak usah, kasih kamu aja ya? Biar dimakan cecenya. Apa lagi? Kambing? Nek kambing yo ojo, yo. Apa lagi? Kopi? Dikurangi. Mengko nek gak kabeh mbah'e stress yo, sembarang kok gak oleh, ya. Nanti tidak osteoarthritis tapi malah stress, ya? Apa lagi?*

It's a big problem if we discuss about food, because from the patient with older people they have a degenerative in case. *Jadi kalau tidak boleh santan, kok gak enak, nek wes wong tuwo iku ya gitu, ya? Ada lagi kira-kira? Pake tongkat boleh? Yo gak opo-opo yo, nek gak yo bawaken kalau kamu bisa membantu menyangga. Kacamata kalau dia minus. Jadi kacamata beli yang ada kalungnya, engko lali deleh kene takon kacamataku teng pundi, ya? Jadi beli yang ada kalungnya, kan simple ya yang ada kalungnya, sehingga kalau lupa kan gampang. Apa lagi kira-kira? Ojo neng Mall ben dino, ya? Kalau banyak ke Mall kan too much exercise katanya, iya?* (The students were laughing)

Jadi jangan ke Mall ben dino, nek mbah'e misalnya 'duh, loro boyokku, loro siilku, nek dijak nang Mall mari, sembuh dijak ke Mall berarti sakitnya bijukan. Nanti diajak tantenya menantunya, iya? Etuk-etuk'e loro pas diajak ke Mall sembuh.

Oke, saya rasa itu. Any question? Actually, all the questions are already here, but the group seems that they don't understand the content of the paper very well. So, please you revise and then you can submit on Monday next week.

That's my explanation, I say thank you very much.

89. SC: Thank you Mrs.

Note:

T	: The Teacher
M	: The moderator (from the student)
S1-S7	: Students as member of the group
S8-29	: Different student in the classroom
SC	: All of the student in the class
<i>Italic word</i>	: Indonesian words (spoken)
<i><u>Italic and underlined word</u></i>	: Javanese words (spoken)

Transcript of Classroom Observation from Video Recorder (2.1)

Class : English in Nursing (3rd Semester of A Class)
Lecturer : YSD, S.Kep., Ns., M.Ng
Location : Faculty of Nursing, Airlangga University Surabaya
Time : December 17th, 2013 at 14.00
Number of Students : 53 students

1. M: Good afternoon. Here is from group 8 will present about nursing care for Hepatitis. For the group, you can start the presentation.

2. S1: Thank you moderator. We are from group 8 will present for Hepatitis for the first definition of Hepatitis, and then types of Hepatitis, pathophysiology of Hepatitis, clinical manifestation, medical management, diagnostic studies, complication of Hepatitis, and the nursing process.

The first is definition. Hepatitis is defined as inflammation of the liver. Viral hepatitis is the most common type of hepatitis. The types of viral hepatitis are A,B, C, D, and G. Hepatitis may also be caused by drugs including alcohol, chemical, autoimmune diseases, and metabolic abnormalities.

The next is about types of Hepatitis. The first is Hepatitis A Virus. Its characteristic is ribonucleic acid or RNA virus. The mode of transmission of HAV is usually fecal-oral or mainly by ingesting food or liquid infected with the virus and rarely parenteral with the day of infection for 15-50 Days. For next will present by my friend.

3. S2: Thank you. The second type is Hepatitis B Virus. The virus deoxyribonucleic acid or DNA. It incubation period 45-180 days or average 56-96. The mode of transmission are percutaneous or parenteral/ permucosal exposure to blood or blood products, High-risk sexual contact, Perinatal contact. Control and prevention of hepatitis B focus on identification of possible exposure via percutaneous and sexual transmission. Good hygiene practices, including hand washing and use of gloves when expecting contact with blood are important. HBV vaccine is the best means of protection. The next is Hepatitis C Virus. Incubation period of Hepatitis C Virus/HCV is 14-180 days. The mode of transmission are Percutaneous (parenteral)/ permucosal exposure to blood or blood products. The primary measures to prevent HCV transmission include screening of blood, patients who received blood or organ and tissue donation; patients in hemodialysis; workers in hemodialysis units and laboratories in which blood is handled; persons with multiple sexual partners; person with nonprofessional tattoos and piercings; and sexual partners or individuals with HCV. And for Hepatitis D Virus. HDV also called delta virus, DNA virus.

Routes of transmission same as HBV and the incubation period is 2-26 weeks. Next presentation is my friend.

4. S3: Hepatitis E Virus. HEV is an RNA virus transmitted by the fecal-oral route. The usual mode of transmission is drinking contaminated water. General hygiene precautions are necessary for prevention of hepatitis E. Experimental recombinant vaccines have been developed and are undergoing clinical testing for prevention of hepatitis E. This is the review of the etiology of Hepatitis.

In Hepatitis A, the virus can infection of 15-50 Days or average 28 with fecal-oral or primarily fecal contamination and oral ingestion. In sources of infection/spread of disease is Crowded conditions; poor personal hygiene; poor sanitation; contaminated food, milk, water, and shellfish; persons with subclinical infections, infected food handlers; sexual contact; IV drug users. Infectivity most infectious during 2 week before onset of symptoms; infectious until 1-2 week after the start of symptom.

Hepatitis B Virus or HBV is 45-180 days, average 56-96. Percutaneous (parenteral)/ permucosal exposure to blood or blood products. High-risk sexual contact. Perinatal contact. And the in sources of infection/spread of disease is contaminated needles, syringes, and blood products; sexual activity with infected partners; asymptomatic carriers. Tattoo/body piercing with contaminated needles; bites. Infectivity before and after symptoms appear; infectious for 4-6 mo; in carried continues for patient's life time. In Hepatitis C Virus or HCV, infection can 14-180 Days, average 56. Percutaneous/parenteral/ permucosal exposure to blood or blood products. High risk sexual contact. Perinatal contact. Blood and blood products, needles and syringes, sexual activity with infected partners. The infectivity 1-2 week before symptoms appear; continues during clinical course; 75-85% go on to develop chronic hepatitis C.

In Hepatitis D, Hepatitis D Virus (HDV) is 2-26 Week; HBV must precede HDV; chronic carriers of HBV are always at risk. Can cause infection only when HBV is present; routes of transmission same as for HBV. In sources of infection is the same with HBV. And the infectivity blood is infectious at all stage of HBV infections. And then will present with Marry.

5. S4: Explanation of Hepatitis E Virus/HEV is 15-64 days, average 26-42 days. Fecal-oral. Outbreaks associated with contaminated water supply in developing countries. The source of infections is contaminated water; poor sanitation; found in Asia, Africa, and Mexico; not common in United States. Infectivity is not known; may be similar to HAV.

The sign and symptom. Regardless of the cause of sign and symptom of Hepatitis are similar, before, occur in number and variety spread

from the one person to the next. In many patients have no symptom at all. Although once symptomatic the cause of the disease is marked with three phases.

The first is preicteric phase. Common clinics in the preicteric phase include malaise, several bleedings, right upper with abdominal pain, anorexia, nausea, vomiting, fever, arthralgia, joint paint, rash and light stools, urticaria, and lackment and tend to injury of the liver. Second is icteric phase. Icteric phase is characterized by jaundice like or pale color, tones, and dark urine typically of bile production and secretion. The third, posticteric phase. In the posticteric phase, fatigue, malaise, and liver and lackment persist for several causes. And the next slide explained by Rizky.

6. S5: Okay, I want to explain about pathophysiology. Hepatitis has local and systemic effects. Locally, the inflammatory process causes the liver to swell. If swelling is severe, then two important effect occur. First, the bile channels are compressed, damaging the cells that proceduce bile. This results in an elevation in serum bilirubin and jaundice. Second, blood flow through the liver is impaired, causing pressure to raise in the portal circulation. Systemic effect are related to altered metabolic functions normally performed by the liver and to the infectious response in viral hepatitis. Systemic signs and symptoms of hepatitis include rash, angioedema, arthritis, fever, and malaise.

Clinical manifestations. First, in acute hepatitis. Bilirubin, anorexia, jaundice, nausea, vomiting, right upper quadrant discomfort, constipation or diarrhea, decreased sense of taste and smell, malaise, pruritus, headache, dark urine, fever, fatigue, arthralgia, weight loss, urticaria, light stools, hepatomegaly, splenomegaly, continued hepatomegaly with tenderness. The second is chronic hepatitis is malaise , easy fatigability, hepatomegaly, myalgias and/or arthralgias, elevated liver enzymes. Okay, and medical management is first reduce fatigue, maintain nutritional and fluid balance, reduce effects of hepatitis, bile acid sequestrans, immune globulin, vaccines, medications to avoid.

And the next presentation will be for complication.

7. S6: Okay, I will explain about the diagnostic studies. For virus A, we can have for anti-HAV, immune globulin F, anti-imunne globulin G, and for the significance acute infection and chronic infection in all term immunity or immunization. And then for virus B, you can test HBSAg or Hepatitis B serum antigen current infection or positive in chronic carriers, and then anti-HBS or antibody to surface antigen indicates previous infection of hepatitis B or initiation marker response to enzyme.

And then about the complication. The complication is fulminant hepatic failure, chronic hepatitis, cirrhosis of the liver, and hepatocellular carcinoma.

And then the conclusion will be presented by Miss Dana.

8. S7: And the conclusion, next. And the conclusion, hepatitis is defined as inflammation of the liver. Viral hepatitis is the most common type of hepatitis are A,B, C, D, E and G. And Hepatitis usually caused by a virus, although it may result from exposure to alcohol, drugs and toxins, or other pathogens. Medical management that we can use are reduce fatigue, maintain nutritional and fluid balance, reduce effects of hepatitis, bile acid sequestrants, immune Globulin, vaccines, and medications to avoid. Complications that can occur include fulminant hepatic failure, chronic hepatitis, cirrhosis of the liver, and hepatocellular carcinoma. Thanks.

9. M: Here, emm, a video of assessment for Hepatitis. Ready for the video? Okay, happy watching.

(After 15 minutes for the video playing)

Okay, now time to discussion. Who wants to ask? Okay, okay, Ayudia first.

10. S8: Assalamualaikum wr.wb. My name is Ayu. I have two questions about the definition. Open the definition slide. In the lower. Definition. You said that hepatitis can also because by drugs or chemical and macro immune disease and metabolic abnormality. What is the metabolic abnormality itself?

The second question is about the Hepatitis C. You can open the slide for Hepatitis C. I read that I want to ask why a person with non-professional tattoos and piercings will be suspect as an individual in risk? Why? Is a person with professional tattoos and piercings will be in risk too or not? Why?

11. M: Okay, second question. From right line.

12. S9: Thank you for moderator. I wanna ask about Hepatitis vaccine. Why? (The students were laughing)

If the vaccine for all of the Hepatitis or just one? Maybe for Hepatitis A, Hepatitis B and etc? Thank you.

13. M: Ok guys. Vaccine for Hepatitis is just for one Hepatitis or for all of Hepatitis? The other question?

14. S10: I would like to ask. Why Hepatitis of A,B,C,and D are different for the transmissions? And then, there's a sign and symptom that

transmission of Hepatitis is like that at HIV-AIDS? Can you explain to us? Thank you.

15. M: Yap. Okay, maybe from the group want to answer it or need time to discuss? Oke, need time. Maybe from the audience, who will help to answer if the group little bit hard to answer it.
16. S4: I want to try answer Ayu's question. Sorry before, I have explained about liver has two functions. But really, liver has 3 functions. They are absorption function, secretion function, metabolic function. Maybe metabolic abnormalities is for example carbohydrate metabolism, protein metabolism, fat metabolism, detoxification, vitamin and mineral for instance. Maybe there are abnormalities. That's right.
17. S5: Ayudia, maybe I have other opinion about metabolic abnormalities. Metabolism is a process of body used to make energy from the food toward our protein, carbohydrate, and fat. Metabolism is a digestive system and put partner into the muscle and diabetics fluid. The body can use this fluid or reuse it in the body such as your deeper muscle, etc. Metabolic abnormality occurred when abnormal interaction in the body disturb it. Metabolic abnormality occurred when abnormal interaction in your body disturb this process. When this happen, you make have to have sub substance of to interlace other one that you need to stay health. You can heal the body disorder wear some organs such as the liver or pancreas. Because it is not function as normally like normally for example diabetes. Okay.
18. S2: I will try answer Winda's question. Winda? Okay. I think the vaccine in Hepatitis is normally to the type of Hepatitis, example Hepatitis A, the vaccine is Hepatitis A and the Hepatitis B, the vaccine is Hepatitis B. The vaccine is not to all Hepatitis.
19. S9: What kind of vaccine that we get in FKp?
20. S2: I don't know what you get in FKp, because I never I never vaccine Hepatitis. You can ask when you will vaccine. Maybe you can ask what vaccine of Hepatitis to when the vaccine. Okay.
21. S9: If some have already get the vaccine, is there any potential to get Hepatitis? If someone already get vaccine, there is potential get hepatitis?
22. S2: Sorry, we can think it.
23. S6: Ayu, I will try to answer to your question. Your question about professional tattoo. We don't know if the professional tattoo use the needle original or needle disposable. So, if non-professional tattoo make the tattoo if make disposable needle maybe they can the patient the people can be infection of hepatitis C. Are you understand? Maybe because of the needle? Understand?

24. M: Okay, still have three questions that the group cannot answer, wait, maybe there's someone you guys that will help answer it? Three or two? Two question? Oh yap, two. No?
- Eva? Okay, from some topics or some master that the group has already explained have you really got something about hepatitis itself? Guys? Hello? I am speaking to you. Maybe I will share something, for you guys try to answer the questions, okay?
- Emm, I will share about something. I ever got hepatitis itself when I was in senior high school, why, in grade one senior high school. I think about Winda's question. Winda asked if someone has already got vaccine of hepatitis, could that someone or that people infected by hepatitis itself again? I think yes it could maybe based on my experience. Because I have already got the vaccine of hepatitis in grade three ohh in grade two maybe in junior high school and actually in grade one of senior high school, I got hepatitis itself. So, I think if we have already got the vaccine and we couldn't choose or we choose food that unhealthy and we don't emm careful of the food that we eat, maybe we could still get hepatitis. Yeah?
25. SC: Yeah.
26. M: And then I know. Emm, I don't know what kind of vaccine of hepatitis I got, but I still could be infected by the hepatitis itself.
- (The students were laughing)
- We will talk about that later. And then I know that fluid could infect someone by the body fluid of the patient. Then for Ayudia's question, about the body tattoos, yeah, maybe it could be infected to another people if the needle have even used with one people that has hepatitis and then come to another people, so, that people can get hepatitis too. Yes? Okay.
27. S7: Winda, I will try answer your question two about vaccine hepatitis. I have not case of pregnant woman with the mother has not result the hepatitis vaccine. And then after she giving a birth to the baby, her mother gave the baby to hepatitis vaccine. But it was allergic to let and turn to that the baby has its cause to welcome the cause of hepatitis. So, still even though the baby was given the vaccine, could be infected by hepatitis again.
28. T: Or maybe later I will give you real example yap? Because I am myself have been the patient. Later I will try explain deeper about it. Later. Okay.
29. S1: I will answer about Avian's question. Why the transmission of the hepatitis is different? Because the virus is different. For virus A for hepatitis A is virus hepatitis. And then for hepatitis B is cause by

hepatitis B virus, and etc. Like that. And for the transmission route for hepatitis A is oral route example is food, water contaminated, like that.

30. S6: Maybe I will try answer next question. The transmission of hepatitis C can be from the use of disposable needle, sexual transmission, and transfusion of blood. So that the transmission is not similar to HIV-AIDS.

Because from the hepatitis A,B,C,and D, they have transmission than HIV-AIDS. If HIV-AIDS transmission just sexual relationship and the disposable needle and transfusion of blood. But the hepatitis we found more cases in Indonesia like hepatitis A,B, etc.

31. M: Okay, done for the group? Done? All questions? Okay.

So, thank you for all friends for the attention and thank you for the group for a good explanation about hepatitis.

Me as moderator say sorry for the mistake, thank you, and wassalamualaikum wr.wb.

32. T: Thank you for the group and the moderator. Give applause.

(The students were giving applause)

I will try to clarify some vocabularies maybe you need in the future. For example what is the difference between in-patient and out-patient? What are the differences then? Poli means many. In-patient means patient stay in the hospital. *Rawat inap, ya*. Out-patient means patient stay at home *atau rawat jalan, ya*. *Jadi jangan salah mengartikan itu*. Poli means many, ya.

And then, thank you for the video, such a beautiful video but the sound is not so crystal clear sound yeah? So much noise and I can't hear really what you are talking about so that's why I asked you to put some sub screen or subtitle in your video, because I believe that not all of your friend understand what did you talk about. Do you hear it?

33. SC: No.

34. T: No? Sounds yeah, little bit. Me too.

And, hep, myself is a hepB people, hepB person. *Saya ini penderita hepatitis B*. And hap A,B,C *tidak usah disebut hepatitis kalau* if you are talking with someone from person health provider, just say hap, they will understand. But for the patient you have to mention clearly hepatitis.

This is kind of what? Communicable disease or transmitted disease. What's the difference between communicable disease or transmitted disease? What are the differences? The same yeah. The

communicable and transmitted disease *itu artinya sama, penyakit menular ya*. Communicable disease or transmitted disease.

And if you want to give any example, you can use first for example, and then the second one is for instance. For example and for instance, this is the same. *Kalau mau diberi contoh* for example you can use that and also for instance the meaning is the same. Ya? Rather than you always say for example, it's better you use for instance as alternative words, ya? And if you want, for example like this, all of you are the presenters, if you need a clarification whether the audience understand you can ask it 'does it make sense?' rather than 'you understand?' or 'do you understand' is impolite in academic ways ya. The polite one is 'does it make sense for you?', *yang artinya jangan diartikan* by word *ya adik-adik*. 'Does it make sense?' *'apakah itu mengandung rasa?' bukan begitu maksudnya*. 'Does it make sense?' *itu artinya 'apakah mengerti?'*. *'paham?' gitu, ya*. 'Does it make sense?'.

What is the difference between transmissions, transmitted, transmitting, and transmit? What are the differences? The function is very different ya. This is as a noun. How about this? It can be adjective. And this is transmitting? For this one? It can be object or adjective or adverb, ya. *Penggunaannya ya, kalau kalian* hepB is a transmitting disease, *betul atau tidak?* HepB is a transmitting transmitted transmit transmission. This is correct?

35. SC: No.

36. T: Is a? After 'a'? Transmitting?

37. SC: No.

38. T: Transmitted?

39. SC: No.

40. T: Yes. Transmit? No, because it is verb. Transmission no because it is noun, ya. This is noun and this is a noun. So, noun cannot be with the noun. So be careful with the part of speech. We call it this one as 'part of speech'. *Ya, jadi hati-hati penggunaannya*. For example, I ask you. 'Are you boring with this class?' 'Are you boring' *itu artinya gini lho Dik, apakah kamu membosankan, gitu lho ya. Apakah kamu membosankan?* Of course not, *gitu ya. Yang betul adalah?*

41. SC: I am bored.

42. T: I am bored. Are you bored? *Kalau 'are you boring?'*, *pasti dia marah, karna dia membosankan. Gitu ya*. Be careful with the part of speech.

Now I will answer the question one by one. For example, what kind of drug can be affected to the liver? *Kalau "f" membacanya ringan ya*

“f”. Tapi kalau “v” berat. Liver. Gak boleh “lifer” gitu ya. Ada pemberatnya ‘liver’. Kan orang Indonesia itu very clear in pronunciations ya? On “hier” (on here), too clear yeah?

Tapi kalau menyebutkan yang ringan saja, “of the year”, kalau orang sana kan bacanya ringan. “Tugederrr. “Broderr”.

(The students were laughing)

What kind of drugs can be affected to the liver? For example analgesic or pain killer. Kalau adik-adik mendapatkan pain killer means analgesic, for example paracetamol, It’s very toxic to our liver ya..

And then, why non-professional, bukan “tato” ya adik-adik, tapi “tatu (tattoo)” membacanya. Why non-professional tattoo’s artist ya, yang mengerjakan itu kan namanya adalah tattoo’s artist karna tato adalah bagian seni menurut mereka ya, tato’s artist becomes a source of transmit hepB? Why? Just because of the needle. Professional tattoos always use disposable needle, selalu menggunakan single needle, satu orang satu. Tapi non professional, but the non-professional tattoo’s artist maybe they can re-use the needle.

And how about vaccine? Because hepatitis A,B,C,D,E,F,G is different yeah. It is not classical that after getting A, and then getting B, and then getting C, no, this is different, very different virus yeah. This is type of the virus. So, they have their own vaccine. But so far, we only have A and B, type A and B of vaccine only. We don’t have the C and D type vaccine. But we cannot get the D virus, D virus can only live with D virus yeah.

And for myself, I am a hepB patient, hepB person. But then unfortunately, I understand that I have hepB in 2006 without sign and symptom. After check I have positive with very high of viral loads. Viral loads itu jumlah virusnya sangat banyak didalam tubuh. So that’s why, I have so many serial serological test, yeah. Tes serologis. Unfortunately, my daughter was born in 2002, so I didn’t know that I have hepB. Fortunately my son was born in 2009, then I understand. So, before I gave birth, I have to prepare immune globulin G yeah. So that, after two hours of giving birth, my son had immune globulin G then free now from hepatitis B, but my daughter has hepatitis B. So, it called mother to child transmission. I got hepB maybe from my mother because my mom also has hepB until now. Does it make sense for you?

43. SC: Yes.

44. T: Is there any more questions?

45. SC: No.

46. T: If yes, please raise your hand. *Kalau mau menawarkan pertanyaan, don't forget to say 'please raise your hand and to whom your question is addressed for?'. Artinya, angkat tangan dan pertanyaan ditujukan kepada siapa kalau panelisnya lebih dari satu. 'Please raise your hand and to whom your question is' if you have one question is addressed for. But if you have more than one question, 'please raise your hand and to whom your questions are addressed for?'*.

Is there any more questions? Everything's clear for you? Okay, for the final test I will have two tests for the questions. First for hepatitis B and the second one for diabetes. So, you need to collaborate with other class about diabetes. *Diabetes itu bacanya bukan 'diabetes' Dik. 'Answer' jangan di pronouns "ansuer", cukup "enser".*

So, I think time is up. So, if you have any question, please come to me, just see me if you have any more questions, but then if you don't have any more questions will be good, yeah. Okay, I will give this back to the presenter and make it better because I make some signs here about the for example some grammatical errors and also myself is a bad speller, *saya itu bad speller, Dik. Jadi, spellingnya itu salah, misal tulis 'transmitted', "t"-nya cuman satu. Ya, saya sangat bad speller kayaknya.*

If you don't have any more questions, I will finish this time. Thank you very much for your attention. Just see me if you need any help, yeah? Okay? Wassalamualaikum wr.wb.

47. SC: Wa'alaikumsalam wr.wb.

Note:

T	: The Teacher
M	: The moderator (from the student)
S1-S7	: Students as member of the group
S8-10	: Different student in the classroom
SC	: All of the student in the class
<i>Italic word</i>	: Indonesian words (spoken)

Transcript of Classroom Observation from Video Recorder (2.2)

Class : English in Nursing (3rd Semester of B Class)
Lecturer : YSD, S.Kep., Ns., M.Ng
Location : Faculty of Nursing, Airlangga University Surabaya
Time : December 19th, 2013 at 07.10-08.02
Number of Students : 40 students

1. M: Good morning. The group from diabetes mellitus will present the discussion. So, please to the group.

2. S1: Okay, I will explain about the diabetes mellitus. The definition is diabetes mellitus is metabolic disorder that characterized by hyperglycemia or elevated blood glucose level. And, diabetes mellitus is abnormal metabolism requiring lifelong treatment with diet, exercise and medication.

The etiology of diabetes mellitus are a parent or sibling with diabetes, obesity, age older than 45 years old, history of diabetes during pregnancy (gestational diabetes) or delivering a neonate weighing more than 4,1 kg, and then high blood pressure, and high triglyceride levels, and high cholesterol levels.

The classification of diabetes is type 1 diabetes is β -cell destruction. And type 2 diabetes is progressive insulin secretory defect. Other specific types of diabetes is genetic defects in β -cell function, insulin action; diseases of the exocrine pancreas; and drug-or-chemical induced. And the next is gestational diabetes mellitus or GDM.

The next slide will present my friend.

3. S2: This is the type I of Diabetes. The pancreas is a symptom that decrease insulin in the blood vessels, that increased glucose due to low insulin that glycogen and protein breakdown, causing keto-acidosis. Next, for the type two for diabetes, pancreas is normally but increased glucose in the blood steam. Next, this is the four type after the other type diabetes is gestational diabetes. During the pregnancy, placenta produces hormones such as estrogen, cortisol, and human placenta lactogen. These all the hormones inhibit the functioning of insulin. And blood glucose level is increased during the pregnant.

This is the sign and symptom. Overall, the classic symptoms of diabetes mellitus are : polyuria, polydipsia, polyphagia, and loss of weight. In type 1 diabetes, it may develop rapidly weeks or months.

But in type 2 diabetes, they usually develop much more slowly and may be absent.

Next. This is the sign and symptom. They are polyuria needs more urination, polydipsia feels more thirsty, and polyphagia, weight loss, many dining factors, fatigue also can break down. This is a type of diabetes occur when the type two diabetes work to us. So, pay attention like past, something like increased glucose during pregnancy maybe that cause fatigue and increase blood pressure in average age of 50 years old.

And the presentation will continue my friend.

4. S3: Okay about the pathophysiology of diabetes mellitus. Some over simplifications lack of insulin and/or insulin resistance can cause of decreased glucose uptake and increased hepatic gluconeogenesis and then hyperglycemia and cause of increased glycosylation of body proteins and then interference with neutrophil function, production of polyols and then late complications and death.
5. T: *Kalau facebook-an di luar saja. Yang facebook-an silahkan diluar saja.*
6. S3: And increased lipolysis and increased burning of free fatty acids and more acetate units produced, increased ketones cause of acidosis and the death from ketoacidosis. Okay to continue.
7. S4: Okay, I want to continue my friend. This is the diagnostic criteria for the diabetes. The first one is $HbA1C \geq 6.5\%$ OR, $FPG(\text{Fasting Plasma Glucose}) \geq 126 \text{ mg/dl}$ OR, In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose $\geq 200 \text{ mg/dl}$ OR, 2-hours plasma glucose $\geq 200 \text{ mg/dl}$ during an OGTT.
8. S5: The management of diabetes mellitus is nutritional management, exercise, monitoring, pharmacologic therapy and education. The first one is diet. The principles of food management for people with diabetes is limit intake of foods high in fat, salt and sugar. Eat regular meals with carbohydrate making up approximately 50% of meals. The diet is carbohydrates - 60%, Fats - 30%, Protein is 12-20% . Try to increase fruit and vegetable intake. Next, the second is exercise. Exercise for diabetic "fit"ness. "F" is frequency, three times per week. And "I" is intensity 60-80% of maximal heart rate, and "T" time, aerobic activity 20-30 minute with 5-10 minute warm up.
9. S6: I will continue the medication of diabetes. The drug of diabetes is insulin therapy. There are three type of insulin therapy, the first is rapid-acting insulin, long-acting insulin, and intermediate options. For example include Insulin lispro the example is Humalog, Insulin aspart the example is Novolog, Insulin glargine is Lantus, Insulin detemir is Levemir, Insulin isophane is Humulin N and Novolin N. To prevent

diabetes complication, the first the patients have to control the value of blood glucose, then diet, pressure control, enough of rest, exercise, decreasing salt's consumption, stop smoking, and make schedule to consult with doctor. To enough of rest and exercise, they must be balance. So, the patients have an exercise balance to their time to rest. I think like that.

The complication will present by my friend.

10. S7: Okay thank you. I will explain about the complication. There are two complications that chronic and acute. The chronic complications the first is cardiovascular disease for example is infarct myocard. And then cerebrovascular disease, stroke, and then retinopathy vision problems. It can decreases of the vision of the patient. And then, diabetic neuropathy, it can cause of foot wound or we can usually call as gangrene. And then diabetic nephropathy, it can cause of internal bleeding. This is the picture of gangrene neuropathy. And then, the acute complications of diabetes, the first is diabetic ketoacidosis, hyperglycemic-hyperosmolar-nonketotic syndrome, and then hypoglycemia from too much insulin or too little glucose. So the value of blood glucose is very important, like that.

Okay the nursing care will continue by Fikri.

11. S8: Okay I will continue. Nursing assessment is number one is activity or rest. We found weakness, fatigue, difficulty moving or walking, muscle cramps, decreased muscle tone, decreased muscle strength. And for circulation circulation; ulcers on the legs, a long healing process, numbness in the extremities, skin hot, dry and reddish. Number three is ego integrity; depend on others, anxiety, sensitive stimuli. Number four elimination; changes in the pattern of urination or polyuria, nocturia, dilute urine, pale dry, and poliurine. Number five food or fluid; loss of appetite, nausea or vomiting, do not follow the diet, weight loss, dry skin or scaly, and ugly turgor. Number six pain or comfort; pain in the ulcer wound, face grimacing with palpitations, looks very carefully. Number seven is security; dry skin, itching, skin ulcers, fever, diaphoresis, damaged skin, lesion or ulceration. And number eight is counseling or learning; family risk factors diabetes, heart disease, stroke, hypertension, long healing. The use of drugs such as steroids, and diuretics or thiazides like drug diantin and phenobarbital may be increase blood glucose levels.

Nursing diagnosis will continue my friend.

12. S9: Okay, morning class. I will continue about the next slide about nursing diagnosis. There are many nursing diagnosis. For the first nursing diagnosis we can take fluid volume deficit related to osmotic diuresis, nausea, and vomiting. For the second nursing diagnosis is imbalanced nutrition less than body requirements related to decrease oral input. There are many cause maybe because of anorexia, nausea,

vomitting. For the third, fourth and fifth nursing diagnosis we can put the nursing diagnosis when the patient achieve the chronic diabetic. There are risk of infection related to inadequate peripheral defense, changes in circulation, high blood sugar levels, invasive procedures and skin damage. And the next nursing diagnosis maybe risk for impaired skin integrity related to diabetic process, altered pigmentation from microangiopathy, skin changes related to the aging process, pressure on skin surfaces, bed rest, immobility, intermittent claudication, alterations in tissue perfusion. And next, disturbance of daily activity related to weakness and fatigue. And the last maybe we can take for risk of injury related to disturbance of vision.

For the intervention of patient with diabetes mellitus but the patient like change for chronic diabetic we can put the diagnosis like the patient with diabetes can get polyuria, right? Okay, this fluid volume deficit related to osmotic diuresis, nausea, vomiting. Expected outcomes is the patients showed an improvement in fluid balance, spending adequate urine, vital sign stable, clear peripheral pulse pressure, good skin turgor, capillary refill well and mucous membranes moist or wet. Their interventions we can do for nursing is the first monitor vital signs. From the known about the vital sign of patient we can know hypovolemia can be manifested by hypotension or tachycardia.

For the second intervention is assess breathing and breath patterns. And then assess temperature, color, and moisture. Maybe we have fever, chills, and diaphoresis is common in the infection process. And then assess peripheral pulses, capillary refill, skin turgor and mucous membranes. And next is monitor intake and output. Record the urine by specific gravity. And then measure body weight every day. I do hope that..

13. M: Time is enough.

14. S9: Okay, maybe the last intervention for this diagnosis is collaboration fluid therapy as indicated. And the second diagnosis is imbalanced nutrition, less than body requirements related to decreased oral input anorexia, nausea, and vomiting. The goal is weight can be increased with normal laboratory values and no signs of malnutrition. The intervention or implementation is measure body weight as indicated, knowing eating adequate income. And the second is determine the diet program and diet of patients compared with food that can be spent on the patient. And the third, auscultation of bowel sounds, record he presence of abdominal pain or abdominal bloating, nausea, vomiting, keep fasting as indicated. And next, observation of the signs of hypoglycemia. And the last of course, collaboration in the delivery of insulin, blood sugar tests and diet.

Okay, I think it's enough for presentation from the group, we back it to moderator.

15. M: Okay, finish for this morning, give applause for the group. And it's interesting presentation I think from the group of diabetes mellitus. Maybe in your mind, any questions for the group like the theory about DM or nursing care or I don't know. For this, we have 30 minutes for the questions. And for the first session is for group one, two, and three. And I give for the group one.
16. S10: I want to ask question about the management of diabetes. One of the management is exercise. As we know, if the patient is over exercise, will lead the patient of hypoglycemia. And what the opinion of group, what is the criteria for the patient to bring the exercise that can prevent hypoglycemia?
17. M: Can get the question? Just clear enough for you? For the patient of DM is lead to hypoglycemia. And your says is there's exercise. What criteria of the patient that we can give an exercise? Okay. And from the group two.
18. S11: Thank you very much. So, I will ask you guys for the second diagnosis. Your second diagnosis is imbalanced nutrition, less than body requirements. So, from your third intervention, you guys said that fasting as indicated but the last is not less than body requirement. How could you prove that the intervention from fasting as indicated, we have to remember that we are nurse, why don't you put this function or what should we do as nurse in this case for example there is a problem management of diet, what should we do to help the management could be any interventions?
19. M: Maybe what's the point?
20. S11: The point is could you please explain us what do you mean by quote that third intervention of fasting as indicated but in mirror of diagnosis to imbalance nutrition less than body requirement. Then, the second one, please tell us what should we do best as nurse for the diabetes management diet or something like that? Thank you.
21. M: Group, can get? Fine? And from the group three.
(The students were laughing)
22. S12: Okay, we are from group three. Maybe I want from the group can explain to us about what monitoring we can do with the patient at home?
23. M: Monitoring the patient at home?
24. S12: Yes, not in hospital.

25. M: And that's good I think. And the group? Who will answer the question?
26. S3: In exercise is can do for the patient with diabetes mellitus with the criteria is frequency, three times per week, intensity 60-80% of maximal heart rate, time for aerobic activity 20-30 minute with 5-10 minute warm up.
27. M: Criteria from the patient? What you said is criteria for exercise, she wants to know the criteria for the patient.
28. S3: Okay, the criteria of the patient are the patient with no typical or typical cardiac symptoms, and normal of electrocardiograph, nursery of peripheral of pulse in case, the age is less than 35 years old, and he/she in condition they are not in condition like hypoglycemia.
29. S4: And about management in the home from patient diabetes mellitus, we can monitor blood glucose, we can suggest to do exercise, about the diet of the patient we can for the diet we make the pattern for the calorie of the patient.
30. S12: I mean maybe you have something like nursing intervention for home care or something you can advise to your patient for control everyday for control blood glucose or the other maybe for the food?
31. M: Is it clear? Maybe you want to answer from other question?
32. S6: Okay. And about home care of patient diabetes mellitus, number one about diet or we could help their diet for client with control by changing the nutrition habit and number two about exercise example about walking, usually when client wants and can also bicycle or maybe push patient to put better.
33. S12: I can say, the option from your group to monitor the diabetes, there's home care or you give advice to your patient to control every day to monitor? The best option from the group.
34. S6: Maybe they can control everyday about blood glucose.
35. S12: Everyday going home to the hospital?
36. S7: Okay, maybe we can tell the patient to control blood glucose one month but the patient.
37. M: Maybe from the audience, will help the group to answer?
38. S2: I try to give answer, I think when the patient was in home, the first thing that we need to know, home is everything for the patient. The first option is homecare because by homecare, we can control what we do and for the patient what they need, too, and maybe blood glucose can be higher or control by herself. The most important homecare is the best option than control every day.

39. M: Okay, I think it's right, enough. And, we still have one more question again from audience to answer to explain.
40. S8: Okay, I will try answer the question from Elisa about the intervention as fasting as indicated. For what we explain that the fasting maybe the doctor give decision to fasting it's for the text of glucose. For example, the test of blood glucose from the patient usually should consume before it, such plasma glucose, and OT PT test. From this you can know about the level of blood glucose of the patient. So, we should control it.
41. M: Okay, because the time is up, I will continue for the second session, maybe time is over and there's no feedback. And I open second session for question for group four, Sesyl.
42. S13: Okay thank you for the case. And then I continue my question is how to care the mom with gestational diabetes in antenatal and postnatal care? Thank you.
43. M: Can you repeat?
44. S13: How to care the mom with gestational diabetes in antenatal and postnatal care? Thank you.
45. M: Nursing care? And from the group five?
46. S14: Thank you. Maybe I have similar question with Sesyl, about the mother. But my question is what is the health education for the mother who has IPD while what she needs to do? Thank you.
47. M: That's the one to continue the previous one. And maybe from the group six? Maybe for man?
48. S15: Okay I say thanks for the chance. I would like to ask the first is for the first nursing diagnosis, you explain it about volume deficit. There's some intervention, and the intervention is assess breathing and breath patterns. And my question is what we can get from the intervention the expected of this intervention do breathing and breath patterns? Thank you.
49. M: Okay, group, is it clear enough for you from the third question?
50. S1: I want to answer how to manage the gestational diabetes in antenatal and postnatal. In antenatal, the mom has to monitor the blood glucose level at home, or can take it to the lab, and keep active. And after pregnancy, to reduce the risk of complete type two diabetes, the mom has to maintain or save a healthy weight. Care and see food intake with activity is the best way to maintain or reduce any excess to the body. So, the mom has to eat that way in normal range, then keep healthy, and limit the junk food saturated fat and keep active. And the last is check blood glucose and consul with doctor if they need.

51. M: Okay. Still have two questions again. Maybe for Mr. Imam to have contribution to this presentation? Can you answer the question from your friends or audience? Please? Two questions, take it first. From Yeni, health education for the mom and from Hamdan what is your reason?
52. S7: Okay, I will try to answer. Health education for mother with diabetes is the first, we must monitoring her weight and blood glucose. So, we can ask to her to control her body in two week, and we can ask her to exercise any example like jogging, like swimming.
53. S14: Excuse me, what I want to ask is maybe what we can advise to the mother, maybe we can give intervention to her?
54. M: The third question from Hamdan?
55. S4: Okay, thank you. I will try answering the question. If the mother had birth the baby, the mother can eat normally for the baby if it is not have the complication diabetes too. So, maybe care for the baby is same with other normal baby, but, if the baby derive too over from normal baby.
56. M: And you haven't answer before. Who wants to answer? Or maybe from the audience wants to help answer?
57. S16: Okay, I want to try to answer those questions. Maybe I want explain for the pregnancy, gestational diabetes. We know that DM just has two types, one type and two type. So, when the one type is gestational diabetes. Gestational diabetes happens to a mother who has pregnancy because of the hormone in placenta make a retention insulin so a mother have a pregnancy diabetes. But when the born baby so that gestational diabetes is lost, because it has a potential if she not control when she pregnant, so, she has potential to get diabetes type two. So, when she born the baby has to derive 4kg, like that. It's not mean that the baby has diabetes too. Maybe my friend can understand because my vocabulary for English is null. Okay, thank you.
- (The students were laughing and giving applause to their friend)
58. M: And I think we have finished our presentation and give applause to the group. I am sorry if I have mistake or something like that, and thank you. I give it back to facilitator.
59. T: What I know from this class, all of you have high average rate in English, congratulations. But from the previous groups have lower rate but the group from previous class, not this program, the program is different, I am a bit underestimate but now I understand your English is getting increased by the time, yeah.
- (The students were giving themselves applause)

In English we don't need exact word or exact vocabularies, as long as I understand you and you understand me.

(The students were laughing)

Also, grammatical errors occur everywhere, so, you don't need to be worried. Even pregnant father is also occurred, yeah?

(The students and the teacher were laughing together)

But you don't need to worry, I understand, yeah?

So now, maybe, yeah, if we want to give example, we can use for example also for instance, yeah? Rather than we continuously say 'for example' all the time, we can use also 'for instance' to give any examples, 'for instance' yeah? And then I will review one by one about the questions. First, about exercise will lead to. We can use also, 'can cause' or 'can lead to', yeah? 'Can cause' or 'can lead to'. Because 'can cause' all the time is also boring, yeah? Exercise will lead to hypoglycemia. I think if we have proportional exercise, hypoglycemia will not occur to us because in 30 minutes exercise, we can reduce only 2000 kilo calorie for our body, yeah. But if you have try clone like that, maybe it will lead to ketoacidosis diabetes for those who has more than 250 mg/dL by blood glucose meter.

I think every question has been answered. Oh yeah, for the question, what we can do for the patient at home? It's hard for us to ask patient to go to the hospital everyday yeah. First, it is time consuming and also money consuming. But maybe the best practice we can do is involving the family member to take in care the patient, yeah. In terms of controlling the diet, controlling the medications, and also controlling the exercise. But having a medical checkup every month also one of suggestion to the patient. Then, how to take in care pregnant woman in terms of antenatal care and post natal care? For the antenatal care always the patients have insulin. Not "insulin" yeah, but "*insulain*". Because insulin is a kind of hormone in the human body that it can pass through the barrier of placenta, yeah? So, the only way to control the blood glucose for the child giving is insulin, not anti hypoglycemia oral. And for the postnatal, we have to check carefully whether the mother still has high blood glucose or not. Because when the hormone in the placenta get to reduce together with the reducing of hormone or blood, we have to help this also for some people, yeah. But we can put with the baby, *melahirkan* we can use give born or giving birth, yeah? So, when the baby was born, we can check carefully with the blood glucose level of the baby, because in the mother's uteri, baby will have high glucose level. But in the real world, the blood glucose level will be decrease in frequently and it will lead to hypoglycemia syndrome to the baby.

And then, for the assessment for the breathing pattern. Maybe I cannot for sure for as volume deficit, of course, of course vital sign is a must. It's a must to control volume deficit. When the fluid volume deficit get the capillarity; blood pressure, heart rate, and also respiration rate will be affected. *Jangan lupa*. I've not seen where is the criteria using examine? I cannot see in this assignment, too, maybe I missed. Oh yeah, because here I cannot find the breathing pattern. Maybe just simply monitor vital sign, because vital sign will consist of that criteria.

So, is there any questions?

60. SC: No.

61. T: No? I think you have diabetes class for more than two times, yeah? In English in Endocrine, and maybe next semester for the critical care emergency, emergency nursing care, you'll have another diabetes lesson.

So, if you don't have any questions, I think this is the final sessions of our class today, thank you very much.

62. SC: Thank you, Mom.

63. T: I think you don't need to revise everything, yeah? Because I think you don't have time and this is a good paper, yeah.

And give applause to the group. Success for the presenter and all of you, give applause once more.

I'll say, I'll see you when I see you because I don't wanna say good bye, whether don't know when.

Okay, wassalamua'alaikum wr. wb.

64. SC: Wa'alaikumsalam wr.wb.

Note:

T : The Teacher

M : The moderator (from the student)

S1-S9 : Students as member of the group

S10-16 : Different student in the classroom

SC : All of the student in the class

Italic word : Indonesian words (spoken)

OBSERVATION SHEET'S RESULTS (1.1)

Class : English in Nursing (3rd Semester of B Class)
 Lecturer : NQ., S.Kep., Ns., M.Ng
 Location : Faculty of Nursing, Airlangga University Surabaya
 Time : December 12th, 2013 at 14.40
 Number of Students : 44 students

No	Teacher's Role	Indicators	Verbal		Notes	Non-Verbal		Notes	Student's Response	Notes
			Yes	No		Yes	No			
1.	The Lecturer	Provide information, knowledge, and understanding	√		The teacher gives explanation for some questions about the topic discussed from students	√		The teacher writes down the information/ knowledge on the white board	Enthusiastic	The students pay attention to the teacher and write down some notes on the book
		Lecture in classroom setting	√		The teacher teaches the other material (about English) beside main topic	√		The teacher explains the material and writes it on the white board	Enthusiastic	The students pay attention and take notes
		Lead student in the draft paper	√		The teacher gives explanation to the students how to deal with the paper making	√		The teacher shows the part of the draft paper	Enthusiastic	The students pay attentions
		Influence students through	√		The teacher	√		The teacher writes	Enthusiastic	The students write

		expertise and reference			mentions some related references to gain the data			down some addresses for the references		some note on their book
		Know the subject well								
		Empower the student	√		The teacher gives some jokes to make the students more understand	√		The teacher takes around to the students	Enthusiastic	The students get involved
		Provide soft guidance	√		The teacher gives explanation clearly to the students	√		The teacher waits patiently for the students to answer question/give response to her	Active	The students are motivated
		Permit student to explore on their own	√		The teacher gives response for a problem she doesn't understand	√		The teacher sits on the chair while listening to the group discussion	Enthusiastic	The students manage the discussion well
		Provide independent learning	√		The teacher gives the group enough time to discuss the topic to the class	√		The teacher monitors the group discussion	Active	The students manage the time given well
		Concierge learning opportunity	√		The teacher asks the group of students to manage the time for discussion well	√		The teacher goes to certain students to listen to their responses/ answers	Active	The students get involved
2.	The Clinical or Practical Teacher	Give relevant practice								
		Share thoughts as a reflective practitioner	√		The teacher explains her perspective for the topic				Enthusiastic	The students share their thoughts

		Help student to illuminate	√		The teacher uses Indonesian language to make the students more understand (sometimes)					
		Provide the process of clinical decision making								
3.	The Role Model	Model or exemplify what should be learned	√		The teacher gives explanation for the purpose of the lesson in that class	√		The teacher listens to the students answer/response	Active	The students get involved
		Exhibit proper knowledge	√		The teacher gets in to the topic	√		The teacher writes down on the white board	Active	The students pay attentions
		Exhibit proper skill, attitudes, and clinical practice								
		Provide a small discussion or tutorial group in class	√		The teacher gives confirmation to the students about the group presentation	√		The teacher monitor the group discussion	Active	The students manage the discussion well
		Discusses problem and choices	√		The teacher gives time for discussion	√		The teacher writes down some options and listen to the students' response	Enthusiastic	The students get involved
		Share opportunity of subject	√		The teacher asks the student to give answer/response	√		The teacher invites the students by hands	Active	The students are motivated
4.	The Facilitator	Provide more student-centered learning				√		The teacher monitors the discussion	Enthusiastic	The students manage the discussion well

		Help students to adapt the learning process	√		The teacher helps the students to speak up, she also motivates the students	√		The teacher goes around the students	Enthusiastic	The students are motivated
		Scaffold learning								
		Manage the content of learning	√		The teacher decides what to learn for the class time being	√		The teacher writes down the content of the lesson	Active	The students pay attention
5.	The Mentor	Review student's performance in a subject				√		The teacher monitors each student performance for discussion	Active	The students perform well
		Widen view of issues relating to the student								
		Motivate students to take control of the learning process	√		The teacher motivates the students to involve in the learning process	√		The teacher invites students to raise their hands for giving response	Enthusiastic	The students get involved
		Help student to realize the students' goals towards success								
		Enthusiast in giving coach	√		The teacher asks the students' attentions many time to participate in discussion	√		The teacher goes around the students	Enthusiastic	The students pay attention
		Give sharp critics to students								
6.	The Assessor	Assess students' competence				√		The teacher gives mark for each student of the group	Active	The students perform well

		Examine students by tasks				√		The teacher gives a mark for the paper made by the student (or revision)	Active	The students pay attention and take note
		Understand about assessment issues	√		The teacher gets into the topic				Active	The students pay attention
7.	The Curriculum Assessor	Plan educational program to assess students' learning								
		Implement educational program to assess students' learning				√		The teacher provides the small group discussion for the class	Active	The students get involved
		Assess the curriculum delivered								
		Assess the course	√		The teacher gives positive rewards to the class	√		The teacher shows up her thumbs forgiving positive reward	Enthusiastic	The students are motivated
		Monitor the effectiveness of teaching course				√		The teacher monitors the learning process in the class by looking around the students often	Active	The students pay attention to the learning process
		Evaluating the effectiveness of teaching course				√		The teacher writes some note on her paper	Active	The students get involved
		Adopt task-based learning				√		The teacher asks the students to make a paper for discussion	Active	The students make the paper well
8.	The Planner	Participate in overall planning of the curriculum								
		Implement curriculum within								

		institution								
9.	The Course Planner	Have responsibility for planning a specific course within the curriculum								
		Implement specific study module								
		Review the study program								
		Develop and improve future program of the study								
10.	The Resource Developer	Create material from relevant and various resources								
		Develop new technology	√		The teacher shows the students some sources for references from internet	√		The teacher writes down the address of the website	Enthusiastic	The students pay attention and take note
		Develop scheme to incorporate task-based learning								
		Identify major theme for practical skill and knowledge								
		Design good learning tasks								
		Adapt adequate textbooks materials								
11.	The Study Guide Producer	Provide printed or electronic form of study guides								
		Assist students' learning with personal tutor	√		The teacher says to the student she can have a discussion after class				Enthusiastic	The students pay attention

OBSERVATION SHEET'S RESULTS (1.2)

Class : English in Nursing Class (3rd Semester A Class)
 Lecturer : NQ., S.Kep., Ns., M. Ng
 Location : Faculty of Nursing, Airlangga University Surabaya
 Time : December 13th, 2013 at 8.00
 Number of Students : 59 students

No	Teacher's Role	Indicators	Verbal		Notes	Non-Verbal		Notes	Student's Response	Notes
			Yes	No		Yes	No			
1.	The Lecturer	Provide information, knowledge, and understanding	√		The teacher gives explanation about the topic	√		The teacher writes down the information/ knowledge on the white board	Active	The students pay attention to the teacher and write down some notes on the book
		Lecture in classroom setting	√		The teacher provides another topic (about English) beside the main topic	√		The teacher gives example from gestures to the students	Enthusiastic	The students pay attention and take notes
		Lead student in the draft paper	√		The teacher says about the preparation and also the part of the paper which can be explained by the group to answer some questions	√		The teacher shows the part of the draft paper	Active	The students pay attentions
		Influence students through expertise and reference	√		The teacher triggers the students to	√		The teacher goes around while	Enthusiastic	The students get involved

					answer a question or get involved in a discussion			sharing her thoughts of the topic		
		Know the subject well	√		The teacher gives explanation for topic clearly				Active	The students pay attentions
		Empower the student	√		The teacher says some positive appraisals for the students	√		The teacher gives her thumbs to praise the students	Enthusiastic	The students get involved
		Provide soft guidance	√		The teacher gives chances to students by asking question to open the discussion with her	√		The teacher goes around the students while waiting for some response from the students	Active	The students are motivated
		Permit student to explore on their own	√		The teacher lets the group discuss the topic before her explanation	√		The teacher sits on the back of the class to monitor the class	Active	The students manage the discussion well
		Provide independent learning	√		The teacher provides small group discussion	√		The teacher monitors the group discussion	Active	The students manage the time well
		Concierge learning opportunity	√		The teacher gives chance to the students to answer some of her questions	√		The teacher goes to certain students to listen to their responses/ answers	Active	The students get involved
2.	The Clinical or Practical Teacher	Give relevant practice								
		Share thoughts as a reflective practitioner	√		The teacher shares her thoughts about the topic				Enthusiastic	The students share their thoughts
		Help student to illuminate	√		The teacher uses				Enthusiastic	The students pay

					Indonesian language to make the students more understand (sometimes)					attentions
		Provide the process of clinical decision making								
3.	The Role Model	Model or exemplify what should be learned	√		The teacher reviews about the topic of group presentation	√		The teacher listens to the students answer/response	Active	The students get involved
		Exhibit proper knowledge	√		The teacher explains about the topic well	√		The teacher writes down on the white board	Active	The students pay attentions and take some notes
		Exhibit proper skill, attitudes, and clinical practice								
		Provide a small discussion or tutorial group in class				√		The teacher monitors the group discussion	Enthusiastic	The students manage the discussion well
		Discusses problem and choices	√		The teacher asks to students some questions related to the topics	√		The teacher listen to the students' response	Enthusiastic	The students get involved
		Share opportunity of subject	√		The teacher asks some opinion/answer of the students for her question	√		The teacher invites the students by hands to give response to her	Active	The students are motivated
4.	The Facilitator	Provide more student-centered learning				√		The teacher monitors the discussion	Enthusiastic	The students manage the discussion well
		Help students to adapt the learning process	√		The teacher triggers the students to be active in giving	√		The teacher goes around the students	Enthusiastic	The students are motivated

					answer/response to her question before she explains more					
		Scaffold learning								
		Manage the content of learning	√		The teacher provides explanation of the topic	√		The teacher writes some note on white board	Active	The students pay attention and make notes
5.	The Mentor	Review student's performance in a subject				√		The teacher pays attention for each person in group for explaining the topic	Active	The students perform well for the presentation
		Widen view of issues relating to the student								
		Motivate students to take control of the learning process	√		The teacher gives chances to students to involve in discussion with her questions	√		The teacher goes around the students from front to the back	Enthusiastic	The students get involved
		Help student to realize the students' goals towards success								
		Enthusiast in giving coach				√		The teacher is always smile and explains loudly and briefly	Enthusiastic	The students pay attention and get involved
		Give sharp critics to students	√		The teacher says some suggestion for group	√		The teacher shows up the part of the suggestion to the class by modeling it	Active	The students pay attentions
6.	The Assessor	Assess students' competence				√		The teacher gives mark for each student of the	Active	The students perform well (each person)

							group		
		Examine students by tasks				√	The teacher gives a mark for the paper made by the student (or revision)	Active	The students pay attention and take note
		Understand about assessment issues	√		The teacher explains the topic after the group discussion			Active	The students pay attention
7.	The Curriculum Assessor	Plan educational program to assess students' learning							
		Implement educational program to assess students' learning				√	The teacher provides the small group discussion for the class	Active	The students get involved
		Assess the curriculum delivered							
		Assess the course	√		The teacher gives positive rewards to the class	√	The teacher shows up her thumbs forgiving positive reward	Enthusiastic	The students are motivated
		Monitor the effectiveness of teaching course				√	The teacher monitors the learning process in the class by looking around the students often	Active	The students pay attention to the learning process
		Evaluating the effectiveness of teaching course	√		The teacher asks the students' understanding of the topic learned	√	The teacher writes some note on her paper	Active	The students get involved
		Adopt task-based learning				√	The teacher asks the students to make a paper for	Active	The students make the paper well

								discussion		
8.	The Planner	Participate in overall planning of the curriculum								
		Implement curriculum within institution								
9.	The Course Planner	Have responsibility for planning a specific course within the curriculum								
		Implement specific study module								
		Review the study program								
		Develop and improve future program of the study								
10.	The Resource Developer	Create material from relevant and various resources								
		Develop new technology								
		Develop scheme to incorporate task-based learning								
		Identify major theme for practical skill and knowledge	√		The teacher gives an example practical knowledge				Active	The students pay attentions
		Design good learning tasks								
		Adapt adequate textbooks materials								
11.	The Study Guide Producer	Provide printed or electronic form of study guides								
		Assist students' learning with personal tutor								

OBSERVATION SHEET'S RESULTS (2.1)

Class : English in Nursing (3rd Semester of A Class)
 Lecturer : YSD, S.Kep., Ns., M.Ng
 Location : Faculty of Nursing, Airlangga University Surabaya
 Time : December 17th, 2013 at 14.00
 Number of Students : 53 students

No	Teacher's Role	Indicators	Verbal		Notes	Non-Verbal		Notes	Student's Response	Notes
			Yes	No		Yes	No			
1.	The Lecturer	Provide information, knowledge, and understanding	√		The teacher explains about the topic well	√		The teacher writes some notes on the white board	Active	The students pay attention to the teacher and write some notes
		Lecture in classroom setting	√		The teacher gives another explanation (about English term)	√		The teacher writes her explanation on white board	Active	The students pay attention and take notes
		Lead student in the draft paper								
		Influence students through expertise and reference	√		The teacher explains about her expertise of the topic				Active	The students get involved
		Know the subject well	√		The teacher gives explanation about the topic clearly				Active	The students pay attention and take notes
		Empower the student	√		The teacher triggers the students (group) to answer the questions				Active	The students get involved
		Provide soft guidance	√		The teacher explain about some term (in	√		The teacher writes her explanation	Active	The students are motivated

				nursing) slowly			on white board		
		Permit student to explore on their own			√		The teacher permits students to make the discussion alive	Active	The students manage the discussion well
		Provide independent learning			√		The teacher lets the students have their small group discussion	Active	The students manage the time well
		Concierge learning opportunity							
2.	The Clinical or Practical Teacher	Give relevant practice							
		Share thoughts as a reflective practitioner	√		The teachers shared her thoughts of the topic			Enthusiastic	The students share their thoughts
		Help student to illuminate							
		Provide the process of clinical decision making							
3.	The Role Model	Model or exemplify what should be learned	√		The teacher says some example how to ask questions to the group	√	The teacher writes her explanation on white board	Enthusiastic	The students get involved
		Exhibit proper knowledge	√		The teacher gives explanation about the topic			Active	The students pay attentions and take some notes
		Exhibit proper skill, attitudes, and clinical practice	√		The teacher tells students how to ask correctly				
		Provide a small discussion or tutorial group in class				√	The teacher gives time to group discussion before her explanation	Active	The students manage the discussion well
		Discusses problem and choices	√		The teacher triggers the group to try			Active	The students get involved

					answering question well					
		Share opportunity of subject	√		The teacher asks students' response				Enthusiastic	The students are motivated
4.	The Facilitator	Provide more student-centered learning				√		The teacher provides small group discussion	Active	The students manage the discussion well
		Help students to adapt the learning process				√		The teacher permits the discussion session alive	Enthusiastic	The students are motivated
		Scaffold learning								
		Manage the content of learning	√		The teacher provides explanation of the topic				Active	The students pay attention and make notes
5.	The Mentor	Review student's performance in a subject				√		The teacher pays attention for each person of group in explaining topic	Active	The students perform well for the presentation
		Widen view of issues relating to the student								
		Motivate students to take control of the learning process	√		The teacher asks the students to manage the discussion well				Active	The students get involved
		Help student to realize the students' goals towards success							Active	The students pay attention
		Enthusiast in giving coach				√		The teacher always smile and provides clear voice	Enthusiastic	The students pay attention and get involved
		Give sharp critics to students								
6.	The Assessor	Assess students' competence				√		The teacher gives mark for each	Active	The students perform well

							student of the group		
		Examine students by tasks				√	The teacher gives a mark for student's paper made	Active	The students pay attentions
		Understand about assessment issues	√		The teacher gives positive reward for the task of the topic			Active	The students pay attention
7.	The Curriculum Assessor	Plan educational program to assess students' learning							
		Implement educational program to assess students' learning				√	The teacher provides the small group discussion for the class	Enthusiastic	The students get involved
		Assess the curriculum delivered							
		Assess the course							
		Monitor the effectiveness of teaching course				√	The teacher monitors the learning process and pays attention to students	Active	The students pay attention to the learning process
		Evaluating the effectiveness of teaching course				√	The teacher writes some note on her paper and pays more attention to the class interaction	Active	The students get involved
		Adopt task-based learning				√	The teacher asks the students to make a paper for discussion and a	Active	The students make the paper well

								video as the task		
8.	The Planner	Participate in overall planning of the curriculum								
		Implement curriculum within institution								
9.	The Course Planner	Have responsibility for planning a specific course within the curriculum								
		Implement specific study module								
		Review the study program								
		Develop and improve future program of the study								
10.	The Resource Developer	Create material from relevant and various resources								
		Develop new technology	√		The teacher gives confirmation for the student's video	√		The teacher sees the video player	Enthusiastic	The students pay more attention
		Develop scheme to incorporate task-based learning								
		Identify major theme for practical skill and knowledge	√		The teacher explains how to ask correctly				Enthusiastic	The students are involved
		Design good learning tasks	√		The teacher explains about the relevancy of making the video related to the topic				Enthusiastic	The students get involved
		Adapt adequate textbooks materials								
11.	The Study Guide Producer	Provide printed or electronic form of study guides								
		Assist students' learning with personal tutor								

OBSERVATION SHEET'S RESULTS (2.2)

Class : English in Nursing (3rd Semester of B Class)
 Lecturer : YSD, S.Kep., Ns., M.Ng
 Location : Faculty of Nursing, Airlangga University Surabaya
 Time : December 19th, 2013 at 07.10
 Number of Students : 40 students

No	Teacher's Role	Indicators	Verbal		Notes	Non-Verbal		Notes	Student's Response	Notes
			Yes	No		Yes	No			
1.	The Lecturer	Provide information, knowledge, and understanding	√		The teacher gives brief explanation about the topic discussed				Active	The students pay attention to the teacher
		Lecture in classroom setting	√		The teacher explains another material (about English term) beside the main topic				Active	The students pay attention to the teacher
		Lead student in the draft paper	√		The teacher says positive appraisal for the paper					
		Influence students through expertise and reference								
		Know the subject well	√		The teacher gives explanation about the topic clearly				Active	The students pay attention and take notes
		Empower the student	√		The teacher gives motivation to the students in order to gain their English				Active	The students get involved

		Provide soft guidance	√		The teacher gives the students warning for them who are not paying attention to the discussion	√		The teacher directly comes to the students and remind them	Active	The students are noticed
		Permit student to explore on their own				√		The teacher allows students have a good discussion	Active	The students manage the discussion well
		Provide independent learning				√		The teacher lets the students have their small group discussion	Active	The students manage the time
		Concierge learning opportunity								
2.	The Clinical or Practical Teacher	Give relevant practice	√		The teacher gives some examples of English terms				Active	The students pay attentions
		Share thoughts as a reflective practitioner								
		Help student to illuminate								
		Provide the process of clinical decision making								
3.	The Role Model	Model or exemplify what should be learned	√		The teacher gives explanation of things that the student should learn more				Enthusiastic	The students get involved
		Exhibit proper knowledge	√		The teacher gives explanation about the topic				Active	The students pay attentions and take some notes
		Exhibit proper skill, attitudes, and clinical practice	√		The teacher tells students how to say some term in English				Active	The students pay attentions
		Provide a small discussion or				√		The teacher	Active	The students manage

		tutorial group in class						gives time to group discussion before her explanation		the discussion well
		Discusses problem and choices	√		The teacher gives explanation related to the students' questions				Active	The students get involved
		Share opportunity of subject								
4.	The Facilitator	Provide more student-centered learning				√		The teacher provides small group discussion	Active	The students manage the discussion well
		Help students to adapt the learning process				√		The teacher monitors the discussion	Enthusiastic	The students are motivated
		Scaffold learning								
		Manage the content of learning	√		The teacher provides clarification for the topic discussed				Active	The students pay attention
5.	The Mentor	Review student's performance in a subject				√		The teacher pays attention for each person in group in explaining topic	Active	The students perform well for the presentation
		Widen view of issues relating to the student								
		Motivate students to take control of the learning process								
		Help student to realize the students' goals towards success	√		The teacher says that the students should gain their good understanding of				Enthusiastic	The students pay attention

				English						
		Enthusiast in giving coach				√		The teacher always gives smile and provides clear voice	Enthusiastic	The students pay attention and get involved
		Give sharp critics to students								
6.	The Assessor	Assess students' competence	√		The teacher tells the students for their good ability of English	√		The teacher gives mark for each student of the group	Active	The students perform well
		Examine students by tasks	√		The teacher says positive appraisal for the task given (paper)	√		The teacher gives a mark for the paper made by the student	Enthusiastic	The students pay attentions
		Understand about assessment issues	√		The teacher gives positive reward for the task of the topic				Active	The students pay attention
7.	The Curriculum Assessor	Plan educational program to assess students' learning								
		Implement educational program to assess students' learning				√		The teacher provides the small group discussion	Enthusiastic	The students get involved
		Assess the curriculum delivered								
		Assess the course								
		Monitor the effectiveness of teaching course				√		The teacher monitors the learning process and pays attention to students	Active	The students pay attention to the learning process

		Evaluating the effectiveness of teaching course	√		The teacher says about the overall course	√		The teacher writes some note on her paper	Active	The students get involved
		Adopt task-based learning								
8.	The Planner	Participate in overall planning of the curriculum								
		Implement curriculum within institution								
9.	The Course Planner	Have responsibility for planning a specific course within the curriculum								
		Implement specific study module								
		Review the study program								
		Develop and improve future program of the study								
10.	The Resource Developer	Create material from relevant and various resources								
		Develop new technology								
		Develop scheme to incorporate task-based learning								
		Identify major theme for practical skill and knowledge								
		Design good learning tasks								
		Adapt adequate textbooks materials								
11.	The Study Guide Producer	Provide printed or electronic form of study guides								
		Assist students' learning with personal tutor	√		The teacher says that the students can have further discussion				Active	The students are motivated

QUESTIONNAIRE FOR THE TEACHER'S ROLES IN TEACHING ESP(4)

Give a check mark (✓) for the suitable condition from the statements to the column and add some note if necessary!

No.	Teacher's Roles Activities Done	Teacher's Perspective				Note
		Strongly Agree	Agree	Disagree	Strongly Disagree	
1.	Most of the students in my target class can learn what I am supposed to teach them	✓				
2.	Teachers in this school set high expectations for academic work	✓				
3.	When I begin working with a new group of students, I have detailed knowledge of what those students learned previously	✓				
4.	I frequently plan and coordinate instruction with my students' other teachers	✓				
5.	Students at this school are expected to master the content they are working on before moving to new topics	✓				
6.	The instructional materials contain useful information for me about the content I am teaching	✓				

7.	I frequently refer to and use information found in curriculum frameworks or standards documents	✓					
8.	I frequently refer to and use information from the teachers' guides associated with the curriculum materials adopted by this school	✓					
9.	I frequently refer to the content of assessments	✓					
10.	I watched an instructional leader (e.g., coach, coordinator, or facilitator) model instruction	✓					
11.	My learning experience provided me with knowledge or information that is very useful to me in the classroom	✓					
12.	Clarifying standards for student learning through in-depth discussion and analysis of students' classroom work	✓					
13.	Developing thematic units or other approaches to integrating instruction across curricular areas	✓					
14.	Examining or changing the scope or sequence of the coverage of specific curricular topics		✓				As long as compatible w/ an university curriculum, No
15.	Examining the alignment of curricular materials and student assessments at this school	✓					ly we just decide the learning strategy.
16.	The school improvement program in this school requires me to make major changes in my classroom practice		✓				

17.	I watched another teacher model instruction	✓						
18.	Use of technology in instruction	✓						
19.	I am capable of making the kinds of changes called for by the school improvement program	✓						
20.	My participation has exposed me to many examples of the kinds of student work the program is aiming for	✓						
21.	My participation has exposed me to many examples of the kinds of classroom teaching the program seeks to foster	✓						
22.	I permit students to explore on their own	✓						
23.	The process of clinical decision making is provided	✓						
24.	I provide more student-centered learning	✓						
25.	I provide an effective classroom management	✓						
26.	Proper knowledge for students is exhibited	✓						
27.	I exhibit proper attitudes in teaching	✓						
28.	Students' adaptation to the learning process is done	✓						
29.	I exemplify first what should be learned	✓						
30.	Printed and electronic study guard are provided	✓						

QUESTIONNAIRE FOR THE TEACHER'S ROLES IN TEACHING ESP (2)

Give a check mark (✓) for the suitable condition from the statements to the column and add some note if necessary!

No.	Teacher's Roles Activities Done	Teacher's Perspective			Note
		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	Most of the students in my target class can learn what I am supposed to teach them		✓		
2.	Teachers in this school set high expectations for academic work		✓		
3.	When I begin working with a new group of students, I have detailed knowledge of what those students learned previously	✓			
4.	I frequently plan and coordinate instruction with my students' other teachers	✓			
5.	Students at this school are expected to master the content they are working on before moving to new topics	✓			
6.	The instructional materials contain useful information for me about the content I am teaching	✓			

QUESTIONNAIRE FOR THE TEACHER'S ROLES IN TEACHING ESP (2)

Give a check mark (✓) for the suitable condition from the statements to the column and add some note if necessary!

No.	Teacher's Roles Activities Done	Teacher's Perspective			Note
		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	Most of the students in my target class can learn what I am supposed to teach them		✓		
2.	Teachers in this school set high expectations for academic work		✓		
3.	When I begin working with a new group of students, I have detailed knowledge of what those students learned previously	✓			
4.	I frequently plan and coordinate instruction with my students' other teachers	✓			
5.	Students at this school are expected to master the content they are working on before moving to new topics	✓			
6.	The instructional materials contain useful information for me about the content I am teaching	✓			

7.	I frequently refer to and use information found in curriculum frameworks or standards documents	✓					
8.	I frequently refer to and use information from the teachers' guides associated with the curriculum materials adopted by this school	✓					
9.	I frequently refer to the content of assessments	✓					
10.	I watched an instructional leader (e.g., coach, coordinator, or facilitator) model instruction	✓					
11.	My learning experience provided me with knowledge or information that is very useful to me in the classroom	✓					
12.	Clarifying standards for student learning through in-depth discussion and analysis of students' classroom work	✓					
13.	Developing thematic units or other approaches to integrating instruction across curricular areas	✓					
14.	Examining or changing the scope or sequence of the coverage of specific curricular topics					✓	
15.	Examining the alignment of curricular materials and student assessments at this school	✓					
16.	The school improvement program in this school requires me to make major changes in my classroom practice					✓	

17.	I watched another teacher model instruction		✓			
18.	Use of technology in instruction	✓				
19.	I am capable of making the kinds of changes called for by the school improvement program	✓				
20.	My participation has exposed me to many examples of the kinds of student work the program is aiming for	✓				
21.	My participation has exposed me to many examples of the kinds of classroom teaching the program seeks to foster	✓				
22.	I permit students to explore on their own	✓				
23.	The process of clinical decision making is provided			✓		
24.	I provide more student-centered learning	✓				
25.	I provide an effective classroom management	✓				
26.	Proper knowledge for students is exhibited	✓				
27.	I exhibit proper attitudes in teaching	✓				
28.	Students' adaptation to the learning process is done	✓				
29.	I exemplify first what should be learned	✓				
30.	Printed and electronic study guard are provided	✓				

QUESTIONNAIRE'S RESULTS
FOR STUDENTS' RESPONSES TOWARDS THE TEACHER'S ROLES (1.1)

Place : Faculty of Nursing, Airlangga University Surabaya
 Time : December 12th , 2013 at 17.00
 Students : Nursing students of 3rd semester (B Class)
 Total students : 44 students (from 57 students, 13 students were absent)
 Valid data : 22 students

No.	Statements about the Teacher's Roles	Teacher's Action				Student's Response				Note
		Always	Sometimes	Seldom	Never	Strongly like	Like	Don't Like	Strongly Don't Like	
1.	The teacher talks enthusiastically about the subject.	22	0	0	0	12	10	0	0	
2.	The teacher trusts us.	18	4	0	0	9	13	0	0	
3.	The teacher is concerned when we have not understood him or her.	18	3	1	0	13	8	1	0	
4.	If we don't agree with the teacher we can talk about it.	17	5	0	0	8	14	0	0	
5.	We can decide some things in the teacher's class.	8	13	1	0	4	17	1	0	
6.	The teacher is strict.	5	10	4	3	6	15	1	0	
7.	The teacher's class is pleasant.	16	6	0	0	10	11	1	0	
8.	The teacher is demanding.	4	8	5	5	7	12	2	1	
9.	The teacher is willing to explain things again.	12	8	1	1	8	11	3	0	
10.	If we want something the teacher is	12	10	0	0	9	12	1	0	

	willing to cooperate.									
11.	The teacher's tests are hard.	3	14	5	0	2	15	4	1	
12.	The teacher helps us with our work.	11	8	3	0	10	11	1	0	
13.	The teacher knows everything that goes on in the classroom.	7	9	5	1	2	15	5	0	
14.	The teacher is severe when marking papers.	2	9	7	4	4	10	5	3	
15.	We have the opportunity to choose assignments which are most interesting to us.	6	3	8	5	6	8	8	0	
16.	The teacher explains things clearly.	18	4	0	0	14	8	0	0	
17.	We learn a lot from this teacher.	20	2	0	0	16	6	0	0	
18.	The teacher uses specific study module	10	5	7	0	4	15	3	0	
19.	The teacher gives tests	10	8	1	3	3	17	2	0	
20.	The teacher uses high technology in teaching	11	9	2	0	8	11	3	0	
21.	The teacher gives relevant practical study	13	9	0	0	9	12	1	0	
22.	The curriculum changes a lot	3	10	4	5	3	12	6	1	
23.	In planning the curriculum for the school, teachers in duty are involved	17	5	0	0	10	11	1	0	
24.	The process of clinical decision making is provided	9	11	2	0	7	13	2	0	
25.	The textbooks used by the teacher are relevant	16	5	0	1	10	10	1	1	
26.	The teacher uses certain curriculum design for the class	10	8	3	1	6	14	2	0	
27.	The teacher assesses the course given	14	6	2	0	7	14	1	0	
28.	Printed and electronic study guides are provided	16	5	1	0	11	10	1	0	
29.	The teacher shares his or her practical reflective	13	7	2	0	10	9	3	0	
30.	The teacher assists with personal tutor	13	6	3	0	10	10	2	0	

QUESTIONNAIRE'S RESULTS
FOR STUDENTS' RESPONSES TOWARDS THE TEACHER'S ROLES (2.1)

Place : Faculty of Nursing, Airlangga University Surabaya
Time : December 17th , 2013 at 15.00
Students : Nursing students of 3rd semester (A Class)
Total students : 53 students (from 62 students, 9 students were absent)
Valid data : 23 students

No.	Statements about the Teacher's Roles	Teacher's Action				Student's Response				Note
		Always	Sometimes	Seldom	Never	Strongly like	Like	Don't Like	Strongly Don't Like	
1.	The teacher talks enthusiastically about the subject.	17	6	0	0	7	16	0	0	
2.	The teacher trusts us.	13	9	1	0	4	17	1	1	
3.	The teacher is concerned when we have not understood him or her.	11	9	3	0	3	15	5	0	
4.	If we don't agree with the teacher we can talk about it.	10	10	3	0	2	19	2	0	
5.	We can decide some things in the teacher's class.	8	10	3	2	1	19	3	0	
6.	The teacher is strict.	1	16	6	0	2	17	4	0	
7.	The teacher's class is pleasant.	8	14	1	0	4	17	2	0	
8.	The teacher is demanding.	2	8	9	4	1	19	2	1	
9.	The teacher is willing to explain things again.	13	9	1	0	5	16	2	0	
10.	If we want something the teacher is willing to cooperate.	10	12	0	1	5	15	3	0	

11.	The teacher's tests are hard.	6	16	1	0	2	11	10	0	
12.	The teacher helps us with our work.	8	14	0	1	5	15	2	1	
13.	The teacher knows everything that goes on in the classroom.	3	6	12	2	1	14	6	2	
14.	The teacher is severe when marking papers.	0	10	10	3	2	11	10	0	
15.	We have the opportunity to choose assignments which are most interesting to us.	4	5	8	6	3	12	6	2	
16.	The teacher explains things clearly.	16	7	0	1	8	13	1	0	
17.	We learn a lot from this teacher.	14	8	1	1	8	13	1	0	
18.	The teacher uses specific study module	6	6	7	4	5	14	2	2	
19.	The teacher gives tests	4	12	2	5	2	18	2	1	
20.	The teacher uses high technology in teaching	10	10	1	2	4	17	2	0	
21.	The teacher gives relevant practical study	17	6	0	0	6	17	0	0	
22.	The curriculum changes a lot	1	11	5	5	2	17	5	0	
23.	In planning the curriculum for the school, teachers in duty are involved	13	8	1	1	3	19	1	0	
24.	The process of clinical decision making is provided	10	10	1	2	4	17	1	1	
25.	The textbooks used by the teacher are relevant	17	5	1	0	4	17	2	0	
26.	The teacher uses certain curriculum design for the class	5	12	5	1	2	20	1	0	
27.	The teacher assesses the course given	14	6	3	0	5	16	2	0	
28.	Printed and electronic study guides are provided	12	7	3	1	3	16	3	1	
29.	The teacher shares his or her practical reflective	14	5	2	2	5	14	3	1	
30.	The teacher assists with personal tutor	10	11	2	0	3	19	1	0	

Transcript of Interview for the Teacher (1)

Interviewee : NQ, S.Kep.Ns.,M.Ng (NQ)

Interviewer : Nurul Arifah (NA)

Place : Faculty of Nursing, Airlangga University Surabaya

Time : January 28th, 2014 at 08.30

1. NA: Good morning, Bu Nuzul.

2. NQ: Good morning.

3. NA: Thank you very much for your time for me today. I would like to introduce myself first. My name is Nurul Arifah. I am a student of magister in English education in Widya Mandala University Surabaya. And today like we have already got the appointment, I would like to interview some questions for you.

First of all also, I would like to say thank you very much, I have already got to your class twice, and I have also got your answer for my questionnaire.

So, Bu Nuzul, I am going to ask my first question for you. Actually, I really want to know from you Bu Nuzul, what do you know about roles, especially here for the teacher's roles?

4. NQ: Roles. I think it has like so many interpretations if we are talking about roles.

As a teacher or lecturer, I think, the one, should be the planner. We have to plan our topics, not the curriculum, because here in Airlangga, for the curriculum, we have to follow from the academic provider. However, we can discuss and revise the curriculum every five years to know what is new and proper or not with the new situation. So, as a planner, we have to design some topics, media, and then learning style to encourage students.

Not only a planner, we also can be the implementer on the things that we have already planned. Like, implementer the plan, we can teach, and encourage them with word, we teach them then we also can be like source guider for students to get information deeply as well as the

information they provided can be updated with the situation right now. So, we have to guide them how to get the source.

And also, we can be like clinical practitioner. We know that if we are studying English, we need a practice. And then, it doesn't be enough four semesters to study a topic to get better English, so, we need to modify the strategy. It is better if we can use some audio visual aids, or could be some clinical practices, like talking to some native, or maybe they practice discussing something. And also we can use some audio visuals like what is in TOEFL, in EILTS, some CDs can help our students, but unfortunately, we don't have here. So, to get more practice, it would be fine we use discussion. Hope, it will help them to speak and then to read. You know that before presentation, students have to provide some papers. By providing the paper, I hope that they can implement some reading strategies, and learn how to make a note, then paraphrasing, and then need to clip the paper. And for the speaking competencies, they can speak deliver the paper to their friends.

And also, we can be a facilitator I think. Thus, when they have some difficulties, they may ask to us. Facilitator. Like my experience was my students had problems, they came to me and asked what kind of topic they can provide or maybe they can use to write a paper. We help them, not only help, it's much more guide them, because there is a shifting from the paradigm of students, before we focus on teacher's centered which is teacher should be more active and then we give everything. But now, it turns into the opposite.

For instance, I need to guide them just give them guideline and then they try to do what my guideline is provided. And then, again, if they have some difficulties, they can come and see me. And when they come and see me, I practice as a mentor, because I get my hands on, not only talking, but I get some hands on and mentor them to do the best to get all of in the guideline is suitable to the component of the list or maybe marking criteria provided in academic.

So, and there are so many things. And I think I have to do as a reviewer as well, because beside the teacher I am also the coordinator, so I have to revise the topic detail or maybe course detail, proper with them, the assignment is proper with them or not, I have to revise and modify the design, the media, so it's much more complex. And also I have to give them marking.

So, lots of definitions if we are talking about roles.

5. NA: Ok Bu Nuzul, for the next question, like what you have already said, it is about the teacher's roles. And then what do you know then about the students' roles actually in the classroom?

6. NQ: Students' roles? Like I told you before that there is a shifting from the teacher's centered to the student's centered. So, the role of the students should be more active than before, because they have to be independent students.
- They can be as planner as well, because they provide guideline so they have to make a plan. Like, how do we say, not only just come, sit, and listen what the teacher's said, but they have to get more. Because when they provide guideline but they don't do anything, they might get nothing. So, I think by using student's centered, it helps students to get more rather than teacher's centered, because they could explore what they need to do. We might provide like get A then use these certain resources, they might get more than A. Do you know what I mean? Yes, so, that's good because they can be like more enjoyable, because they get everything what they need to know.
- So, by using student's centered, the student is more active, there are so many activities that they can do. They can be planner, they can be like object of the, emm, not only object I think, they can be partners of us, like we give the service then they do it and we can do it together.
- As well as, students can be more, like I have said to you, more independent. I think so. And they can be like implement joyful learning, because they can explore everything, and they can be students that might like have relationship to the teachers while doing some papers. They have to build our relationship, so it makes our topic is more joyful. It's called like joyful learning because everyone seems happy, to be happy.
7. NA: Ok Bu Nuzul, then what I want to know also, from those explanations, there is also a relationship between the teacher's roles and also the students' roles. What do you know about that?
8. NQ: I think, I did mention about that. For me, myself, I think, teacher and students are like a partner. Because, I am a creator of the subject, then they do, and then if they get some difficulties they come again to me, just like a partner for me. And then, in the end, we evaluate it together, does it work or not. So, for me, teacher and student are like a partner to build our plan together, because for me, without students I am nothing.
9. NA: Right. For the next question Bu Nuzul. Emm, so from your explanation, I agree that I'm sure that the teacher's roles are very important here. Do you think so and would you please give some reasons, why?
10. NA: I think yes. Because why the teacher's roles are important at least they can guide them, they still I mean students can explore what everything they need, but without the teacher, it is like walking in the dark area. So, teacher is important for me, because there is a shifting as I said to

you. For some students, they might not be quite different, because not every student is independent and active students. For students who are not independent, who are not active, they might feel hard to study, because they used to be passive students. And then, I think, it's a problem for them, because they are not ready for being active and independent students. However, again, it's the role of teacher, how to help them to be an active. And beside this, I could say that the teacher can be motivator as well. So, when we have students who are not active, we can persuade them to be active students.

11. NA: Okay, we're going for the next question Bu Nuzul. Then, from your explanation and also what you have known about the teacher's roles, I would like to know also what do you know about some types and the functions of the teacher's roles?

12. NQ: I think types and function as interrelated roles. I am not quite sure. So, if we say motivator, so, it means that we have to motivate them, both like brother and sister. I think, I have already mentioned as well, that first, there are so many types, and I also explained what I did when I implement as a facilitator, as a planner. So, the function describes what type we are, again I said that, or maybe I would say another like, I act as a motivator, so my function is I motivate them. Like that.

13. NA: This is actually almost my last question for you Bu Nuzul. I am also curious to know about in nursing program in Airlangga University. The first is, what do you know then about the teacher's roles in the teaching and learning process of English for specific purposes here especially for nursing students?

14. NQ: Okay, you know, if we are talking about nursing, English ok? It is like more academic rather than general English that we are studying about grammar, tenses to support our writing, and other English proficiency like reading, writing, speaking, listening.

In nursing program, it seems to be more English academic. So, it's hard to say actually. As I say, in English, we could say your English is good if they are taking English test. And we know that from the English test like TOEFL, IELTS, like in TOEFL let's say, it's hard to get high, in IELTS to get six is hard. Even we need to increase our zero point, we have to take like minimum, we must have like intensive. So we could imagine, and we need to have good English proficiency test, it doesn't enough just like having English lesson in this school, so they need to broaden their knowledge. They get in mind, they have to get English course, to support their proficiency or their ability.

However, here we create that at least when we deliver nursing academic, the four aspects is fulfilled in the fields. Let's say, grammar and tenses, we also put the grammar and tenses in our topic detail. About the implementation, the grammar and tenses don't stand alone,

which is simple present, subject and verb, not like that, we are trying to correlate with the nursing, and for some terminologies we also build from nursing perspective.

And so far, I have some students who pass to the international competitions like debate. They went to Harvard, I am not quite sure, they got like story academic case, they went to debate, that's good for me, at least they have or they could be active students, they get basic from here then they develop outside, and they try to test by doing some competitions, that's good. And also, I have students, alumni, and then she passed in Australia scholarship, so, that's good. And we also have some students have the chance to work abroad.

At least, I could say that it happens because of our topics they know because we use our international paradigm to put here but we still know that like from the international paradigm what a nurse should be and then how the implementation of English in nursing, we try to put here in our academic, to be excellent and we try to do that. Our topic is not that hard, but still, they have to improve their English outside to get better English.

15. NA: Okay, then Bu Nuzul, from the types and functions that you have already told me, I really want to know, actually I have already got two times to your class, but I still want you to say something about what have you done actually in the teaching and learning so far in your classroom?

16. NQ: I think when we deliver something to get success, there are so many factors that we have to provide, beside the teacher and the students, I think the source or other resources, like facilities, the room, and then nice place, because it helps students to get more enjoyable.

So, I think you ask about what I have done, I was trying to use all facilities to guide them to be active in our class. And then, I was trying to solve the weakness by encouraging the strength of the students. And sometimes, when they look so tired, I have to change my style straight away, because that's the way we have to manage our class. It is told that we are manager. And leadership I think, that's good, because at that moment I was always trying the students to explain something even they couldn't speak English, always attempting to be a leader to transform them. And also, the situation that's not good like the room, the LCD, and then I always be a manager because I manage them how to use the facilities at that time, even as long as it is not good, but the topic can be delivered well.

So, I think I have to change my style, not to be always like A A from the first till the end, no. So, I have to see the situation in class. If the class situation wasn't active anymore, so I changed my style. Sometimes, I gave them some little questions; some humor, to get

them wake up. So, I have to be aware. I have to put my awareness to see them, and they focus on our topic, I think.

17. NA: Alright, Bu Nuzul, and this is really my last question for you, what do you think about the impact of the teacher's roles to the students for example for the future or for their study? Emm, I believe that the teacher's roles will give effect to the students, right? What are some impacts that probably for the study of them or for the future of them the role will be very important there?
18. NQ: Okay, it is a nice question. What I did in this semester was I ask them in the end of every last sessions, it's around thirteen or fourteen, in the end I evaluate by asking them and I use their feedback to modify our topic details, so I use their feedback to develop our topic detail, so not only for the topic but also like the strategy to deliver the topic. I think it is important to get their feedback to make a better thing it might be. For the topic that we have delivered so far, they need like some other activities outside the class, like one day English practice and also limit to the book, to write some vocabulary. Those are some inputs, so, as long as their comments, their feedback are reliable to bring our topics better, why not? And also I ask our team because everyone had different experiences so I ask to the team about our topic, about our media, strategy. We might work together before setting up for the next topics. We always do that. Even it is not like formal, sometimes, I ask informally what do they take for their class, what strategy you use to deliver the topics, I collect their valuable advices. Then I create such a planning and when it is done, I ask them to discuss. And sometimes, not sometimes, actually in academic program, they would invite us before coming to the new semester about our topic details.
19. NA: Alright Bu Nuzul, finally, we have done for the interview. I really want to say once again thank you very much for your time for your attention for me, and also for your very good welcoming to me to your class and also for the questionnaire. Thank you very much again Bu Nuzul and good morning.
20. NQ: No worries. Good morning and good luck for your thesis.

Transcript of Interview for the Teacher (2)

Interviewee : YSD, S.Kep.Ns.,M.Ng (YSD)
Interviewer : Nurul Arifah (NA)
Place : Faculty of Nursing, Airlangga University Surabaya
Time : January 27th, 2014 at 16.30

1. NA: Good afternoon Mrs. Yulis. Nice to meet you. How are you?
2. YSD: I'm fine. A little bit tired, but it's okay. No problem.
3. NA: I am sorry before. First of all, I would like to introduce myself. My name is Nurul Arifah. I am a student from Widya Mandala University and I would like to ask your time for my interview for my thesis data. Thank you very much before, Mrs. Yulis that you have already read the inform consent and you have also signed it for me and now I would like to ask some questions for you.
The first question, maybe you can also read over there, I really would like to know from you Mrs. Yulis, what is the teacher's role for you?
4. YSD: In my opinion, the teacher's roles maybe but I am sure it's comprehensive, as a motivator for the first time, and as the provider information or informatory, and then as an evaluator also because as a teacher we have to make grading we have to evaluate what the students' competencies during their study. I think that's all.
5. NA: Yap. And for the students' roles Mrs. Yulis, what do you know or what do you think about that?
6. YSD: I think the role of the students they have to explore what actually they need during their lesson, during their study, what they want to learn, what they want to achieve in the future and what kind of competencies that they need to experience more during their study.
7. NA: So, from your explanations Mrs. Yulis, about the teacher's and also the students' roles, do you think there are some relationships between the teacher's and the students' roles?

8. YSD: I think so, because the students need something, then the teacher gives the guidance to fulfill the needs of the students. For example, the role of the teacher as an informer or providing information, there is a close relationship because the students need some information and then the teacher providing the information. I think it has a very close relationship.
9. NA: Yes, I think so. And it is still related to the second question. Do you think the teacher's roles are important? Then when you say yes, then why?
10. YSD: Emm, I think yes. Absolutely yes. Because the roles of the teacher not only just do their job, but the most important thing is make the students success to achieve their needs, as their needs about information, about such competencies. So, that's why I think the role of the teacher is very important, how to guide the students, how to guide the students to get the exact information, exact experience, and exact skills to achieve actually what they need in the future.
11. NA: Very good answer Mrs. Yulis. And for the next question, I really also want to ask, what do you think or what do you know about the types of the teacher's roles?
12. YSD: Yeah, like what I said before the roles of the teacher primarily there are three; as the motivator, informer, and then evaluator. To my mind, these are the most important things for the teacher's roles.
13. NA: Then, for what you have already said before Mrs. Yulis, what are those functions?
14. YSD: When the teacher knows the functions, the roles of them, the function is to motivate the teacher to be a better evaluator, better facilitator, and a better provider information. So I think when they really understand their roles, so the functions make the teachers to be the proper the exact teacher to do their functions.
15. NA: Yes, so those are some functions of the teacher's roles. Then related to the nursing program, Mrs. Yulis, there are some more questions about that. And the first is what do you know about the teacher's roles in the

teaching and learning process of ESP (English for specific purposes) especially in nursing program?

16. YSD: Yeah, emm, we call it English in Nursing. The roles of the teacher mostly is how to encourage students to learn about the way they do the nursing process and their performance of people in the polite way, using the polite using the most appropriate word, to whom they have to speak, how they deliver the way they speak, I think that is the first function.

And then the second one is I think English in nursing is also to guide students to understand nursing itself. Because the nursing textbook is mostly in English, so, when they know English in nursing, so the terminology the abbreviation they understand so I think it must be easier for them to learn.

17. NA: For the next question, from the functions of the teacher's roles, what then have you done actually in the process of teaching and learning in the classroom?

18. YSD: Actually, in my classroom, I am not too much giving the information, just because all of them are adult, yeah. My role is how to motivate, encouraging them how to be a better nurses, how to be a better learner, how to be a critical thinker, how to use every experience as the way to learn anything. I think that is my function so not only teaching them but encouraging them to be a better nurse is my priority I think. Just grading A, B, C is not that important.

19. NA: Yes, that is what I also have already seen in your class actually. And for the last question Mrs. Yulis, what do you think about the impact of the teacher's roles to the students? For example, it will give impact to their study or to the future, something like that.

20. YSD: I think, to my experience, sometimes I over well with the students' performance, sometimes I really under estimate to their ability, but then they're much more, better then what I expected before. So, maybe I am not quite sure, maybe, it is just because the way I play my role as a motivator. Because as the every student, they will be success

when they're happy. Happiness is the source of success. But then when they full of stress full of pressure they will not happy then they will not success.

So, I think, how to encourage them, how to make them believe that have potential they have an ability, so, they will explore their own ability. That's the role as the motivator. But then when they have the wrong directions, my role is make them in direction, on a right track I mean.

21. NA: Yap, okay Mrs. Yulis that is all my questions I have already asked you. I would like to say once again thank you very much for your time and also I have already got to your class twice and you have already fulfilled the questionnaire also for me. I really appreciate it, thank you very much for your attention and your time for me. Once again thank you very much.

22. YSD: Most welcome, Arifah. Success for your final thesis, yahh!

23. NA: Thank you very much.

Transcript of Interview for the Student (1.1)

Interviewee : M.N.K (MNK)
Interviewer : Nurul Arifah (NA)
Status : Student of A Class
Place : Faculty of Nursing, Airlangga University Surabaya
Time : December 18th, 2013 at 15.05

1. NA: Good afternoon Mas Naim, I am Nurul Arifah, I am a master student of English Education in Widya Mandala University. Yes, I want to ask Mas Naim, so yesterday I've been following the lessons in class, then from my questionnaire, there are some things that I want to ask. You also have filled already that Mas Naim agreed for my interview. Okay, so here Mas Naim some questions I want to ask, so let's generally say, according to Mas Naim what is the teacher's role?
2. MNK: The role of the teacher is certainly, in my opinion, of course gives students the motivation to learn and to improve the performance of both academic and non-academic. Teachers also as a motivator as a role model or an example for students and provide education to make the students smart, as the university's own jargon that is 'excellent with morality'.
3. NA: Well, then after the teacher role, according to Mas Naim, what is students' role?
4. MNK: The role of student I think the younger generation as there is a change to be smart and have moral, the students themselves in the classroom have many roles, such as participation in the lesson, often asked to improve the quality of their selves.
5. NA: You had already mentioned the role of the teacher and the student's role, then according to Mas Naim, is there any relationship between the role of the teacher and students?
6. MNK: There is definitely right that for students studying in each school's, the teacher is as mentor. If we are wrong we do not know or do not understand then the teacher's duties as supervisor between one and the other students.
7. NA: Well then for the next question, according to Mas Naim, so teacher's role is important? If it is such important, then why?

8. MNK: The role of the teacher in my opinion is very important. Yes for example, we can consult to the teacher. First, we can call it a problem solution for issues such as research, so it is very important for college students.
9. NA: The next question, according to Mas Naim how influential the role of the teacher to your own studies?
10. MNK: Well a little say, yes, the first half of my study, I ever participated in a scientific paper in the UB 2013. Well, at that time I was as the leader of the research. It's about herbal remedies that combine the functions in leprosy then I consulted this to the teacher, then the teacher incidentally is currently researching about leprosy, too. Well so the role of the teacher is very influential to students so that I could inquire about the herbal medicine for how reaction is in the leprosy patients as well as its effect of GMN to leprosy patients themselves, it must be such like that.
11. NA: For the next question, so there are several questionnaires that have been filled by Mas Naim itself yesterday when I shared, well I would ask some of them such this, we start from the first questionnaire, mentioned here in almost of the whole Mas Naim said yes, 'the teacher notice when we do not understand him', then here is the teacher's action for you is 'always' while the students' response is 'like', what do you mean and what kind of an example in application?
12. MNK: For example, there are students who pay less attention to the teacher, such as having a forum in the forums so there are double forums, then the teacher was not rebuked but the teacher was giving more attention giving an interesting thing so that forum in the class's attention could be back again to the teacher, so it is not boring.
13. NA: According to Mas Naim, your response against those teacher's acts was 'like'. Why is it so?
14. MNK: 'Like' because if the students are directly scolded by the teacher, the students will become not happy in their heart. So, it is better that the action just make something interesting so that the students' attentions which are firstly only concerned with friends or themselves can be changed to the teacher again.
15. NA: Good! For the next question, so the example is for instance point no.16th, the next question is that 'the teacher explains things clearly' here mentioned also that the teacher is 'sometimes' explains things clearly then your response of this is 'like'. Then, what does it mean that 'the teacher sometimes explains things clearly'?
16. MNK: Well sometimes clear, for example if the material mentioned in the category of basic science of the nursing material, such as IDK, basic nursing knowledge, the material is too many and sometime the teacher's explanation is too high, so, it is meant by 'sometimes clearly'. If the material can be learned well, it means that we can

understand the material stated by the teacher well. But due to the material is too high, so, even the teacher has already explained well, but we still cannot understand, so it can be said as 'sometimes clearly', not always 'clearly'.

17. NA: But actually it was as the motivation that increasingly makes students wants to know. From your statement, Mas Naim answered 'like', so, kind of such this motivates the students to know what it exactly is or maybe can be asked to the teacher. Is it true?
18. MNK: Yes, because if for example we do not know of any explanations from the lecturers, we can go to a library or reading room in this faculty so that we still can find another references, so, also the knowledge is not limited only from the teacher's explanation. We can read lots of book again for it.
19. NA: Well, then this is about the module or curriculum, for example like this, 'the lecturer is using a specific curriculum models for learning in the classroom'. Then, according to Mas Naim, is the teacher using specific curriculum for the teaching here in the classroom as it is written he that your answer is 'sometimes', not always, and your response is 'like'. How is it?
20. MNK: Suppose there are some teachers that come from outside the teachers in the faculty, they do not provide a standard curriculum such in the faculty, so they added another curriculum as a completion from them so that our faculty knowledge becomes more widely. So, that's what I meant it is as specific curriculum, so my response is 'like'.
21. NA: Well. Then for the teachers inside the faculty, related to this English for Nursing, are they give a particular curriculum implemented or is there any kind of not fitting curriculum that applied?
22. MNK: I think as long as I am learning English Interview 2, the teacher is Bu Tyas and her teaching is good and enjoyable as she uses kinds of interesting methods which can be said as particular curriculum. She gives such as playing exciting games, so, it is interesting.
23. NA: From the two teachers of yours, are they the same or different?
24. MNK: Well in nursing there are some teachers who do not provide such a method which I mentioned earlier that attractive but in English Interview, they gave the most interesting methods. Bu Nuzul, Bu Yulis are examples that I like because they can give other explanations. So it's actually been quite match with what is expected.
25. NA: Well Mas Naim, I think enough for today's interview, thank you that I have the chance to make you participate in it, it can be used entirely for the purposes of my thesis only, I will not use beyond that. So thank you once again.
26. MNK: Yes, you're welcome.

Transcript of Interview for the Student (1.2)

Interviewee : R.F.P. (RFP)
Interviewer : Nurul Arifah (NA)
Status : Student of A Class
Place : Faculty of Nursing, Airlangga University Surabaya
Time : December 18th, 2013 at 15.30

1. NA: Good afternoon Rifka, my name is Nurul Arifah. I am a master student of English Education in Widya Mandala University. Yesterday I've been following the lessons in your class, and then from my questionnaire, there are some things that I want to ask. For the first question is actually what do you think Rifka of the teacher's roles?
2. RFP: I think the role of the teacher, why it is very important, is because the teacher can lead the student of which way the students should learn and teachers can be role models for the students so that the students know and understand how to be a good nurse, besides teacher as well as a facilitator for students.
3. NA: Then according to Miss Rifka, What is the students' role in the class?
4. RFP: If the teachers have already done running the teacher's roles well then I think that students should run the roles as good students in the classroom so we are as students are in demand to be more independent in finding all the information so for example we have less information outside the class so that we could ask for the implementation clearer later in the hospital. The point is that students should be more active to know broader things that are out there .
5. NA: Then, for you Miss Rifka, is there any relationship between the role of the teacher and students?
6. RFP: Of course there is clearly a reciprocal relationship for teacher and student, it should obviously still exist, for example when the teacher's role as facilitator and the students are active, it will be sustainable, so students will understand the role of the teacher as facilitator and the teacher can earlier explain clearly then how is the example to her students with a real example.
7. NA: Do you think the role of the teacher is very important? Why?
8. RFP: Sometimes I feel confused in a case where it should be the ways to solve the problem. But then, when there is a teacher, she can direct or

guide us by her steps so we know that we have to find it first and then this and the implementation in the hospital when a patient is like what kind of cases, what must firstly done is.

9. NA: Ok Miss Rifka, then, is there any influential role of the teachers to your study or education?
10. RFP: The effect is the teacher can give more or share their experiences beyond and outside there, so it is not just theory but also practice.
11. NA: Related to the questionnaire that I gave to you, to some points mentioned, the first is for example that 'the teacher is talking enthusiastically about the topic' and you said that she 'always' acts so and Miss Rifka responded for this teacher's act was 'like'. Why?
12. RFP: So I am interested in English class recently because the average lately the teachers explain enthusiastically because actually we know that our English is so limited because it is so funny for their behavior demonstrated by the teachers that I think it shows an enthusiasm to their explanation, besides, they also provide us with some material from films which also make the topic delivered clear to the students.
13. NA: For the next point, it is stated that 'we learn a lot from the teachers' and you answered 'sometimes' with a response of 'like'? Tell me about that, please?
14. RFP: So we learned a lot, really a lot anyway, but sometimes the teacher give less explanation to us to have discussion about something that perhaps we can learn more from the teacher because of the lack of time or another factors so we can not ask for more.
15. NA: For the next point is related to the curriculum. According to Miss Rifka, 'the explanation from the teacher is appropriate or relevant'. Can you describe it how?
16. RFP: Yes, for example, the curriculum actually is like this, if we do not have a certain book or any handbook but the teacher always gives some references from the internet or ebook which in my opinion it is in accordance to what is expected.
17. NA: Well Miss Rifka, I think it is enough for this interview. I would like to say thank you very much for your time and good afternoon.
18. RFP: Sure, good afternoon.

Transcript of Interview for the Student (2.1)

Interviewee : G.S. (GS)
Interviewer : Nurul Arifah (NA)
Status : Student of B Class
Place : Faculty of Nursing, Airlangga University Surabaya
Time : December 20th, 2013 at 17.00

1. NA: Good afternoon Mas Gatra. Let me introduce my self, my name is Nurul Arifah. I am from Widya Mandala University I am a student of master English language education. Well, yesterday I have come twice in your class Mas Gatra, then had to fill out questionnaires. For this time I ask Mas Gatra's time for a short interview for couple of questions. Thank you for participating and I want to ask, according to Mas Gatra what is the teacher's role?
2. GS: I think it is as the first role as a lecturer who has been giving lessons in advance and get the experience from her experiences. Then the second as a motivator as an encouragement for us to learn more in comparison with the past that motivates students to continue studying. Then the second is as parents so if we have any problems we can personally tell to the teacher.
3. NA: Well that is the role of the teacher Mas, then how is the role of students in the class for you Mas Gatra?
4. GS: The student's role in the classroom is one of the role to support the teacher her self, if there are no student it means there are no teacher also, definitely less excited in the class, so it is important for student's roles in the class so our students should pay attention to the teacher.
5. NA: Then from those Mas Gatra, is there a relationship or not for the role of teacher and students?
6. GS: Yes, there is.
7. NA: How is it?
8. GS: The relationship as I described it earlier is so closely related. What the teachers do in the classroom effect the students, such as the students in the classroom may be the lack of the spirit of the meetings, otherwise, if the teachers deliver the spirit in our material, the student will also be influenced and can keep up well.
9. NA: Okay. Further, it means the role of the teacher is important? Why?

10. GS: Yes, the teacher's role is very important, because she is as a teacher, Javanese people said that "the teacher is as role model" so she should set a good example to the students.
11. NA: For further questions Mas Gatra, what is the role of the teacher which can give effect to your study or learning in this faculty of nursing?
12. GS: Making the best things in my profession as professional nurse with all professionalism demanded and then we are also expected to be a good health worker or professional nurse.
13. NA: Okay good! One last question regarding to what Mas Gatra has filled in the questionnaire. At some point I would like to ask why you can convey in such responses. Well to a point like this, 'there is a very fun class' statement, and Mas Gatra said 'always' and 'really like'. Why?
14. GS: Yes, such a course in learning English, there are some teachers who invite us to speak English. There are students in the different English language skills but the teacher still also invites us all to take an active role in the classroom. Thus, if the teacher is only giving explanation, we become lack of focus, but when we want to communicate each other, it becomes very interesting.
15. NA: Then for the next point that I want to ask, it is mentioned that 'the teachers know all the events that are happening in the classroom' and you said 'always' and the response from you was 'very like'. According to Mas Gatra what it is look like? Knowing all that happens in this class such as described, and your response was really like?
16. GS: Oh, so for example a teacher in the classroom then there may be such students that are using laptops, such as yesterday there was one friend who opened his laptop when there was a discussion time that he opened the social media such as facebook or others, then, the teacher who sat on the back of the class knew about it, directly the teacher gave warning to the student. I like it because it means that the teacher is not only focus on lecturing or explaining the material but also focus on the student in giving the material delivered.
17. NA: One last point Mas Gatra, it is stated that 'the teacher helps explain in private or gives personal tutor' and you said 'always' with your response was 'like'. What is the application in the classroom?
18. GS: Give explanation personally I consider as a personal experience of learning from the teacher's experiences is also very good because from it we can learn from her experiences. I like because it might be useful for us due to our major as nurses, in practice we will have a lot of experiences that we can learn from the teacher's experiences.
19. NA: Well I think Mas Gatra, the interview time is enough, thank you.
20. GS: You're welcome.

Transcript of Interview for the Student (2.2)

Interviewee : R.R. (RR)

Interviewer : Nurul Arifah (NA)

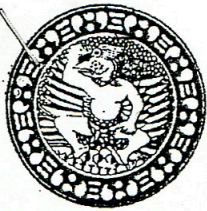
Status : Student of B Class

Place : Faculty of Nursing, Airlangga University Surabaya

Time : December 20th, 2013 at 17.17

1. NA: Good afternoon Miss Rafika. I am Nurul Arifah, I am a master student of English language education in Widya Mandala University. I would like to have interview with you for some questions. First, according to Miss Rafika what is meant by the teacher's role?
2. RR: The point is that the teacher is as facilitator who gives the facility to the students so that the learning process can be done smoothly, so what the students do not understand, do not understand about English for example, the teacher later could facilitate some ways to bridge to the information or knowledge needed by the students.
3. NA: Now, how about the role of students? What does it look like?
4. RR: Following each lesson, following the teacher, for example the teacher explains about some materials and then the students have to listen to her as their obligations, so the students in the class should write some notes, participate actively in the learning process, or perhaps if they do not know or understand, the students can give feedback later.
5. NA: For you Miss Rafika, is there a relationship of the role of the teacher and students?
6. RR: Yes. When the teacher facilitates the students, it can make the students become more motivated. Because there is a teacher, the students can easily achieve what they want. The teacher should also give motivation to the students to be more motivated to learn continuously.
7. NA: According to Miss Rafika, Is it important for the role of the teacher?
8. RR: It is important because the teacher should be as motivator or as facilitators because she has a lot of experiences, she ever has been as a student before us. So the teacher should give motivation and provide facilities as a role model to the student so for example I want to become like her as a teacher, it means that it is important to know what the teacher's roles are.

9. NA: According to Miss Rafika, what is the effect to your study from the role of the teacher?
10. RR: Many teachers of mine have graduated from abroad, so for me it will have a lot of stories about that, and those stories can be one of my motivation to learn or to study.
11. NA: Well Miss Rafika, from the questionnaire, I want to ask some points from. The following statement here mentioned 'the teacher explains it again', then your answer was 'sometimes' and your response was 'like'. Can you explain me about that?
12. RR: Yes for example, for the teacher's slides usually used, usually the students become sleepy in the middle of the lesson, at the end of the lesson, the students ask about the material that they still don't understand even the teacher has already talked about that and the teacher is still willing to explain again.
13. NA: Then for this point, 'the teacher gives exams or test', you said 'always' and your response was 'like'. How is it?
14. RR: I meant the test between middle and final exams. Of course it is important because if there is no exam, how can we are evaluated by the teacher? Something like that.
15. NA: In planning the curriculum for the course, 'the teacher in charge is always involved', according to Miss Rafika your answer was 'always' and you responded 'like' for it. Can you give me example for this?
16. RR: Planning a curriculum is one side of the campus should provide and then we only have to follow the system from the teachers. The teacher of course has her team for it and makes the suitable teaching methods which fit to the students.
17. NA: Well Miss Rafika, I think enough for today's interview. I would like to say thank you for your participating in my research. So, once again, thank you very much.
18. RR: Yes, you're welcome.



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FAKULTAS KEPERAWATAN

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Website: <http://www.ners.unair.ac.id> ; e-mail : dekan_ners@unair.ac.id

4 Oktober 2013

Nomor : 2627/UN3.1.12/PPd/2013

Lamp : -

Hal : Izin Penelitian

Kepada Yth.
Direktur Program Pascasarjana
Universitas Katolik Widya Mandala
Surabaya

Menindaklanjuti surat nomor 0841/WM08/T/2013 tanggal 25 September 2013 perihal tersebut pada pokok surat, dengan ini disampaikan bahwa pada prinsipnya kami memberikan izin mahasiswa Program Pascasarjana Universitas Katolik Widya Mandala Surabaya :

Nama : Nurul Arifah, S.Kep., S.Pd
NIM : 8212712016

Untuk pengambilan data dan penelitian di Fakultas Keperawatan Universitas Airlangga dengan judul :

“ The Teacher’s Roles in Teaching English for Specific Purposes to Nursing Program Student’s “.

Untuk teknis pelaksanaan pengumpulan data dan penelitian mohon berkoordinasi dengan Bagian Pendidikan Fakultas Keperawatan Universitas Airlangga.

Atas perhatian dan kerjasamanya, kami sampaikan terima kasih.



Dekan,
Purwaningrum, S.Kp., M.Kes
NIP. 19661212000032001



YAYASAN WIDYA MANDALA SURABAYA
UNIVERSITAS KATOLIK WIDYA MANDALA SURABAYA
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Nomor : 0841/WM08/T/2013
Lampiran : -
Hal : Izin Penelitian

25 SEP 2013

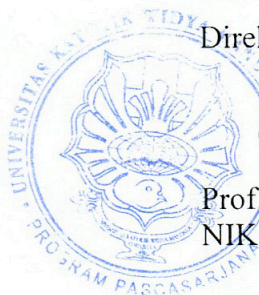
Kepada Yth.
Dekan Fakultas Keperawatan
Universitas Airlangga
Surabaya

Dalam rangka menyelesaikan tugas penulisan tesis pada program Magister Pendidikan Bahasa Inggris (MPBI) Program Pascasarjana Unika Widya Mandala Surabaya maka kami memohon izin agar mahasiswa di bawah ini:

Nama : Nurul Arifah, S.Kep., S.Pd.
NIM : 8212712016

dapat mengambil data penelitian pada Fakultas yang Bapak/Ibu pimpin. Data tersebut akan digunakan untuk penelitian yang berjudul "The Teachers's Rules in Teaching English for Specific Purposes to Nursing Program Students".

Atas bantuan dan kerjasama Bapak/Ibu kami sampaikan terima kasih.



Direktur

Prof. Anita Lie, Ed.D.
NIK 121.04.0580

Tembusan:
Yth. Ka PS MPBI



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Website : <http://lppm.unair.ac.id> - Email : infolemlit@unair.ac.id ; infolemlit@gmail.com

Nomor : 1323-b/UN3.14/PPd/2013
Lampiran : 1 (satu) berkas
Perihal : Kelaikan Etik Penelitian

13 November 2013

Kepada Yth.

- | | |
|---|---------------------|
| 1. Dr. Djoko Agus Purwanto, Apt., M.Si. Dr. | (Ketua Sidang) |
| 2. Nursalam, M.Nurs.Hons. | (Sekretaris Sidang) |
| 3. Prof.Dr.drg. Istiati, SU. | (Anggota Sidang) |
| 4. Prof. Retno Handajani, dr., MS., Ph.D. | (Anggota Sidang) |
| 5. Prof.Dr. Bambang Sektiari L., DEA., drh. | (Anggota Sidang) |
- Universitas Airlangga

Sehubungan dengan permohonan Mahasiswa program studi Magister Pendidikan Bahasa Inggris, Universitas Widya Mandala Surabaya perihal permohonan uji etik penelitian untuk tesis, atas nama :

Peneliti : Nurul Arifah, S.Pd., S.Kep.Ns.
Fak./Lembaga : Universitas Widya Mandala Surabaya
Judul Proposal : The Teacher's Roles in Teaching English For Specific Purposes to Nursing Program Students.

kami mengharap kehadiran Saudara untuk memberi masukan-masukan pada presentasi proposal rencana penelitian, yang diselenggarakan pada;

- hari, tanggal : Kamis, 21 November 2013
- w a k t u : 11.00 - 12.00 WIB.
- tempat : Ruang Sidang Lt. 2 LPPM Gedung Perpustakaan Kampus C Unair
- acara : Pembahasan Etik Penelitian Proposal Rencana Penelitian untuk Tesis

Atas perhatian dan kehadiran Saudara kami sampaikan terima kasih.

Mengetahui
Ketua LPPM Unair,



Dr. Djoko Agus Purwanto, M.Si., Apt.
NIP. 19590805 198701 1 001

a.n. Ketua Komisi Kelaikan Etik Penelitian
Sekretaris,

Prof.Dr. Sri Iswati, SE., M.Si., Ak.
NIP. 19631121 199103 2 001

Tembusan :
- Peneliti Ybs.
Universitas Airlangga



**BERITA ACARA
PENILAIAN ETIK
PROPOSAL PENELITIAN**

Bahwa pada :

Hari : Kamis
Tanggal : 21 November 2013
Waktu : Pk. 11.00 – 12.00 WIB.

Telah dilakukan penilaian etik terhadap proposal penelitian dengan,

Judul : The Teacher's Roles in Teaching English For Specific Purposes to Nursing Program Students.
Peneliti : **Nurul Arifah, S.Pd., S.Kep.Ns.**
Prodi. / Fak. : Magister Pendidikan Bahasa Inggris Universitas Widya Mandala Surabaya

P E N I L A I			
NO.	N A M A	T U G A S	T A N D A T A N G A N
1.	Prof.Dr.drg. Istiati, SU.	Ketua Sidang	1.
2.	Dr. Nursalam, M.Nurs.Hons.	Sekretaris Sidang	2.
3.	Dr. Bambang Poernomo S., M.S., drh.	Anggota Sidang	3.
4.	Prof. Retno Handajani, dr., MS., Ph.D.	Anggota Sidang	4.
5.	Prof.Dr.Bambang Sektiari L., DEA., drh.	Anggota Sidang	5.

Kesimpulan bahwa setelah dilakukan penilaian, proposal yang dimaksudkan di atas dinyatakan :
- Diterima / Diterima dengan perbaikan / Ditolak *)

Surabaya, 21 November 2013

Ketua Tim Penilai,

(Prof.Dr.drg. Istiati, SU.)
NIP. 19500526 197802 2 001

*) Coret yang tidak perlu



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KOMISI ETIKA PENELITIAN
KETERANGAN KELAIKAN ETIK
(ETHICAL CLEARANCE)

Nomor : 30-1393/UN3.14/PPd/2013

Panitia Kelaikan Etik Penelitian Lembaga Penelitian dan Pengabdian Kepada Masyarakat Universitas Airlangga, setelah mempelajari dan mengkaji secara seksama rancangan penelitian yang diusulkan, maka dengan ini menyatakan bahwa proposal yang berjudul :

**“The Teacher’s Roles in Teaching English For Specific Purposes to
Nursing Program Students”**

Peneliti	: Nurul Arifah, S.Pd., S.Kep.Ns.
N I M	: 821272016
Program Studi / Fakultas	: Magister in English Education Department Program Widya Mandala Catholic University
Unit/Lab. Tempat Penelitian	: Fakultas Keperawatan Universitas Airlangga

DINYATAKAN LAIK ETIK

Surabaya, 2 Desember 2013

Komisi Etik Penelitian LPPM Universitas Airlangga

a.n. Ketua
Sekretaris,



Prof. Dr. Sri Iswati, SE., M.Si.Ak.
NIP. 19631121 199103 2 001

DATA VALIDATION

NO.	DATA	TRANSCRIPT	VALIDATION		REVISED	NOTE
			NEED REVISION	ENOUGH		
1.	Classroom Observation (from video recorder)	Try Out Session		clear enough		
		The Teacher 1 (A class)	- Punctuation - Unmatched words - Should Indonesian be translated?		Mispronounced words done by the students	Unclear voice
		The Teacher 1 (B Class)	- Should Indonesian words be translated into English?		Not translated in order to keep the originality of the data	
		The Teacher 2 (A Class)	- Does it sound like B? (Please check page)		It should be B	
		The Teacher 2 (B Class)	- Pay attention to SB's explanation. The slashes should be represented by words.		Changed to words	too much background noise

2.	Interview (from video recorder)	Try Out Session				
		The Teacher 1	clear enough take more time to listen			too much noise
		The Teacher 2	clear			
		The Student (try out session)	clear enough			
		The Male Student (A class)	clear			
		The Female Student (A class)	clear			
		The Male Student (B Class)	clear			background noise due to the outdoor setting
		The Female Student (B Class)	clear			background noise