

**Course**

Health Science

**Unit II**

Communication

**Essential Question**

Why is punctuation so important?

**TEKS**

130.204 (c)  
1C, 1D  
3B, 3C  
4B  
5B

**Prior Student Learning**

Basic understanding of usage conventions such as the way parts of speech function in sentences, etc.

**Estimated time**

1-2 hours

**Rationale**

Health care professionals must use written communication. Using proper punctuation in written communication and medical documents is a key skill for all health care professionals.

**Objectives**

Upon completion of this lesson, the student will be able to

- understand basic punctuation;
- punctuate written documents correctly; and
- effectively proofread medical documents.

**Engage**

Consider the following unpunctuated statement:

a woman without her man is nothing

Now, here are two different examples of how to punctuate this statement:

A woman, without her man, is nothing.

**OR**

A woman: without her, man is nothing.

Punctuation is powerful.

**Key Points**

- I. Period [.] – Use the period to mark the end of a declarative sentence and the end of an imperative statement that gives a command. A period is also used as a decimal point when writing amounts of money and at the end of an abbreviation.
- II. Question mark [?] – Use the question mark at the end of a direct question.
- III. Exclamation point [!] – Use the exclamation point at the end of a sentence that expresses strong feelings.
- IV. Comma [,] – A comma may precede a coordinating conjunction that links main clauses. A comma usually follows introductory words, phrases, and clauses. Use commas to separate items in a series.
- V. Semicolon [;] – Use the semicolon between main clauses not linked by a coordinating conjunction and between coordinate elements containing commas.
- VI. Colon[:] – Use the colon as a formal introducer to call attention to

- what follows and as a mark of separation in scriptural and time references and between titles and subtitles.
- VII. Parentheses [()] – Use parentheses to surround information that is additional but may be unnecessary and unrelated to the main thought of the sentence.
  - VIII. Hyphen [ - ] – Use a hyphen to connect two or more words serving as a single adjective before a noun. A hyphen is also used to join a prefix to a word that begins with a capital letter and when writing numbers between twenty-one and ninety-nine.
  - IX. Apostrophe ['] – Use the apostrophe to show ownership, to mark omissions in contractions, to form certain plurals, and to indicate contractions. The apostrophe is often used in medical reporting.
  - X. *Italics* – Use italics for emphasis or explanation.

### **Activity**

- I. Punctuate Dear Tom Letter in group.
- II. Punctuate notes from chart. Medical Record for Punctuation

### **Teacher Note**

Discuss the difference in reading these papers before and after punctuation, as well as how the choice of punctuation by one group can make a document sound completely different from that of another group.

### **Assessment**

Successful completion of activity

### **Materials**

Actual Writing on Hospital Charts Presentation

Dear Tom Letter

Charting example

Grammar and Writing Skills for the Health Professional by Doreen Villemarie and Lorraine Villemarie. Delmar Thompson Learning. 2001.

Suggested Key for Medical Record for Punctuation

(No key is given for Dear Tom letter because there are so many ways to change the meaning of the letter by punctuation. Suggest that the students punctuate it as a love letter, a dear John letter, etc.)

### **Accommodations for Learning Differences**

For reinforcement, the student will write a grammatically correct discharge statement for a patient.

For enrichment, the student will interview a malpractice attorney focusing on cases associated with improper grammar. Report to class.

## **National and State Education Standards**

### **National Health Science Cluster Standards**

#### **HLC01.01 Academic Foundations**

Health care workers will know the academic subject matter required (in addition to state high school graduation requirements) for proficiency within their area. They will use this knowledge as needed in their role.

#### **HLC02.01 Communications**

Health care workers will know the various methods of giving and obtaining information. They will communicate effectively, both orally and in writing.

## **TEKS**

130.204(c)(1)(C) express ideas in writing and develop skills in documentation;

130.204(c)(1)(D) interpret complex technical material related to the health science industry;

130.204(c)(3)(B) demonstrate communication skills in building and maintaining healthy relationships;

130.204(c)(3)(C) demonstrate strategies;

130.204(c)(4)(B) report information according to facility policy; and

130.204(c)(5)(B) compile and record data according to regulatory agency policy.

## **Texas College and Career Readiness Standards**

### **English Language Arts**

II. B. Understand new vocabulary and concepts; use them accurately in reading writing and speaking.

III. B. Develop effective speaking styles for both group and one-on-one situations.

IV. A. Apply listening skills as an individual and as a member of a group in a variety of settings.

IV. B. 2. Listen actively and effectively in one-on-one communication situations.

### **Science**

I.E. Effective communication of scientific information

III.A. Scientific writing

## DEAR TOM LETTER FOR PUNCTUATION

Dear Tom I want a man who  
knows what love is all about  
you are generous kind  
thoughtful people who are not  
like you admit to being useless  
and inferior you have ruined me  
for other men I yearn for you I  
have no feelings whatsoever  
when we're apart I can be  
forever happy will you let me be  
Sheila

**(Below are two samples of this letter with different meanings depending on the punctuation.)**

Dear Tom:

I want a man who knows what love is all about. You are generous, kind, thoughtful. People who are not like you admit to being useless and inferior. You have ruined me for other men. I yearn for you. I have no feelings whatsoever when we're apart. I can be forever happy -- will you let me be yours?

Sheila

Dear Tom:

I want a man who knows what love is. All about you are generous, kind, thoughtful people, who are not like you. Admit to being useless and inferior. You have ruined me. For other men, I yearn. For you, I have no feelings whatsoever. When we're apart, I can be forever happy. Will you let me be?

Yours,

Sheila

## MEDICAL RECORD FOR PUNCTUATION

The patient is a 54 year old Nigerian male who was admitted with chest pain the patient has a history of diabetes mellitus he presented here on May 19 2003 with nausea vomiting and chest pain and a large anterior myocardial infarction he was several hours into the infarct and was found to have a 99% proximal stenosis of the left anterior descending which required stenting a 2.5 X 23 stent was placed by Dr Brown the patient had an ejection fraction that was said to be 30% to 35% the patient had an intra-aortic balloon inserted and apparently had fever postoperatively the left anterior descending actually had some mid stenosis of about 50% and was diffusely diseased the right coronary was also severely and diffusely diseased with multiple 50% to 70% stenoses throughout the entire proximal mid portion of the right coronary there were multiple 50% to 70% narrowings in the distal right coronary and 70% to 80% stenosis in the PDA the PDA was of small caliber the interventricular branch also had a 90% stenosis the circumflex was diffusely diseased with a 30% to 40% ostial narrowing there was a third obtuse marginal with a 70% to 80% stenosis his ejection fraction was estimated at 30% other than the fever the patient did quite well during his hospitalization he was discharged yesterday on Plavix aspirin Lasix potassium and metformin the patient did well until this morning at around 130 when he started having central substernal pressure this was fairly intense he broke out in a sweat as he came to the emergency room he actually called and after a friend called in some nitroglycerin without complete relief the patient came to the emergency room the patient continued to have chest pain he was started on iv nitroglycerin his chest x-ray showed vascular congestion the patient has diffuse coronary disease and has recently had an left anterior descending stent he now is having recurrent chest pain he has developed a new right bundle with left axis and I suspect he could be occluding his stent I have explained this to the family we will proceed with diagnostic catheterization and probably intra-aortic balloon insertion the risks and rationale have been explained I also explained this to his nephew who is apparently a physician

## MEDICAL RECORD FOR PUNCTUATION KEY

The patient is a 54 year old Nigerian male who was admitted with chest pain. The patient has a history of diabetes mellitus. He presented here on May 19, 2003, with nausea, vomiting, and chest pain, and a large anterior myocardial infarction. He was several hours into the infarct and was found to have a 99% proximal stenosis of the left anterior descending which required stenting. A 2.5 X 23 stent was placed by Dr Brown. The patient had an ejection fraction that was said to be 30% to 35%. The patient had an intra-aortic balloon inserted and apparently had fever postoperatively. The left anterior descending actually had some mid-stenosis of about 50% and was diffusely diseased. The right coronary was also severely and diffusely diseased with multiple 50% to 70% stenoses throughout the entire proximal mid-portion of the right coronary. There were multiple 50% to 70% narrowings in the distal right coronary and 70% to 80% stenosis in the PDA. The PDA was of small caliber. The interventricular branch also had a 90% stenosis. The circumflex was diffusely diseased with a 30% to 40% ostial narrowing. There was a third obtuse marginal with a 70% to 80% stenosis. His ejection fraction was estimated at 30%.

Other than the fever, the patient did quite well during his hospitalization. He was discharged yesterday on Plavix, aspirin, Lasix, potassium, and Metformin. The patient did well until this morning at around 1:30 when he started having central substernal pressure. This was fairly intense. He broke out in a sweat as he came to the emergency room. He actually called, and after a friend called in some nitroglycerin without complete relief, the patient came to the emergency room. The patient continued to have chest pain. He was started on i.v. nitroglycerin. His chest x-ray showed vascular congestion.

The patient has diffuse coronary disease and has recently had a left anterior descending stent. He now is having recurrent chest pain. He has developed a new right bundle with left axis, and I suspect he could be occluding his stent. I have explained this to the family. We will proceed with diagnostic catheterization and probably intra-aortic balloon insertion. The risks and rationale have been explained. I also explained this to his nephew, who is apparently a physician.