

## Unit 2: Essential Language Skills for Effective Communication

### Subject: English (Communication for Health & Wellness)

#### Unit 2: Essential Language Skills for Effective Communication

(Parts of Speech • Daily Conversation • Study Skills • Effective Note Taking (Dictation) • Pronunciation for Effective Reading)

### 2.1 Parts of Speech (with healthcare-focused examples)

English words fall into functional groups called **parts of speech**. Knowing *what a word does* in a sentence helps you choose accurate forms, avoid errors, and speak/write with confidence.

#### 2.1.1 Overview table

Part of speech	What it does	Yoga & health examples
<b>Noun</b>	names a person/place/thing/idea	<i>therapist, posture, clinic, breath, alignment</i>
<b>Pronoun</b>	replaces a noun	<i>she, they, it, this, which</i> → “ <b>It</b> reduces stress.”
<b>Verb</b>	shows action/state	<i>breathe, relax, improve, seem</i>
<b>Adjective</b>	describes a noun	<i>gentle breath, balanced diet, steady posture</i>
<b>Adverb</b>	modifies a verb/adj./adv. (often -ly)	<i>breathe <b>slowly, extremely</b> helpful</i>
<b>Preposition</b>	shows relation (place/time)	<i>on the mat, during practice, for 10 minutes</i>
<b>Conjunction</b>	joins words/clauses	<i>and, but, because, although</i>
<b>Interjection</b>	expresses feeling	<i>Oh!, Well..., Great!</i>
<b>Determiner</b>	points to a noun	<i>a, an, the, this, those, some, each</i>
<b>Auxiliary/Modal</b>	helps the main verb	<i>am/is/are, have/has; can, should, must, may</i>

**Tip:** Many words change class by form/position: *breath* (noun) vs *breathe* (verb); *practice* (noun, BrE) vs *practise* (verb, BrE). Use the right form for meaning.

#### 2.1.2 Accuracy focus (common pitfalls)

- **Countable vs uncountable nouns**  
*advice, information, equipment, research* are **uncountable** in English.  
□ “useful **advice**” □ “many **advices**”
- **Subject-verb agreement**  
“**Breathing exercises are** helpful.” / “**Stress is** common.”
- **Preposition partners (collocations)**  
*beneficial **for**, focus **on**, consistent **with**, responsible **for**, increase **in**.*
- **Phrasal verbs in clinics**  
*fill out* (a form), *follow up* (with a patient), *carry out* (an assessment), *look after* (clients), *cut down on* (sugar).

### 2.2 Daily Conversation (high-frequency, real contexts)

Use **clear, polite, purpose-driven** language. Below are short, reusable scripts tailored to campus and clinical settings.



## 2.2.1 In class / on campus

### Starting a conversation

- “Good morning. I’m **Anita**, Semester-1 BVoc. May I sit here?”
- “Could you please share the **assignment brief**?”

### Clarifying

- “Do you mean we submit **by Friday** or **on Friday**?”
- “Could you repeat the **last point** about **note-taking**?”

## 2.2.2 Clinic reception / community camp

### Welcoming & screening

- “Namaste. Welcome to our **stress-management session**. Have you filled out the **consent form**?”
- “Do you have any **medical conditions** we should know about (e.g., **hypertension, glaucoma, pregnancy**)?”

### Giving instructions

- “Please **stand with feet hip-width apart** and **breathe slowly** through the nose.”
- “If you feel **dizzy, stop** and let me know.”

### Offering alternatives

- “If floor postures are uncomfortable, we will **modify** with a **chair**.”

## 2.2.3 Telephonic / online

- “Hello, this is **Rohan** from the **Yoga & Naturopathy Department**. Is this a good time to talk?”
- “I’m calling to **confirm your appointment** for **Tuesday at 10 a.m.**”
- “Could we **reschedule** to **Wednesday**, same time?”

## 2.2.4 Polite functions (mini phrasebank)

Function	Model lines
<b>Request</b>	“Could you please...”, “Would you mind...”, “May I...”
<b>Suggestion</b>	“You might try...”, “Shall we...”, “Let’s consider...”
<b>Reassurance</b>	“We’ll go <b>gently</b> and <b>modify</b> as needed.”
<b>Apology</b>	“I’m sorry for the delay. Thank you for waiting.”
<b>Closing</b>	“Thank you for your time. See you on Thursday.”

## 2.3 Study Skills (read smarter, remember longer)

Aim for **clarity, consistency, and retrieval**. Use methods that *prove to your brain* what you know.

### 2.3.1 Core methods at a glance

Method	How it works	When to use	Short example (this course)
<b>SQ3R</b> (Survey-Question-Read-Recite-Review)	Preview, set questions, read actively, say back, revisit	Before tests; heavy chapters	Survey Unit 3 headings → write 5 questions → read → speak back answers



Method	How it works	When to use	Short example (this course)
<b>Pomodoro</b> (25-5)	25 min focus + 5 min break; 4 cycles = long break	Building routine	25 min on "Haṭha texts"; 5 min stretch; repeat
<b>Active recall</b>	Test yourself without notes	Any time, best for memory	Close book → explain "ṣaṭkarman" out loud
<b>Spaced repetition</b>	Revisit after 1-2-4-7 days	Retaining definitions	Flashcards: <i>sattva/rajas/tamas</i>
<b>Cornell notes</b>	Page split: notes	cues	summary

### 2.3.2 Weekly study plan (model)

Day	Task	Why it helps
Mon	Read Unit 2.1, make 10 flashcards (parts of speech)	Active recall starts early
Tue	Dialogue practice (daily conversation) 20 min + record	Builds fluency
Wed	Cornell notes from a 10-min talk (dictation practice)	Listening + summarizing
Thu	Pronunciation drills (word stress, minimal pairs)	Clear reading aloud
Fri	Review flashcards (spaced repetition)	Memory consolidation
Sat	Mock counseling script with a peer	Applied language
Sun	30-min summary writing (unit recap)	Synthesis & expression

## 2.4 Effective Note Taking (Dictation)

When listening, you cannot write everything. Capture **meaning units**, not every word.

### 2.4.1 Methods you can trust

Method	Layout	Best for	Quick how-to
<b>Cornell</b>	Left: cues (1/3), Right: notes (2/3), Bottom: summary	Lectures, talks	After class, write a 3-4 line summary
<b>Outline</b>	I, A, 1, a... hierarchy	Structured topics	Indent subpoints; keep verbs short
<b>Charting</b>	Table columns	Comparisons/data	"Practice - Purpose - Cautions - Modifications"
<b>Mapping</b>	Mind map	Brainstorming/links	Center topic → branches → examples

### 2.4.2 Dictation tips (step-by-step)

1. **Preview** likely vocabulary (e.g., *asanas, breath, contraindication*).
2. **Listen for signposts:** *first, next, in addition, finally*.
3. **Chunk:** one line per idea; use **abbreviations:**
  - o *pt* (patient),  $\uparrow/\downarrow$  (increase/decrease), *w/* (with), *w/o* (without), *hx* (history), *BP* (blood pressure), *HR* (heart rate).
4. **Leave blanks** for tough words; fill in later.
5. **Review within 24 hours;** write a **summary**.

### 2.4.3 Mini practice (sample audio text—transcribed example)

"Begin with **gentle breathing**. If anyone has **high BP**, please avoid **inversions** today. Our focus is **postural awareness** and a **longer exhale**."

#### Good notes (outline style):

- Start: gentle breathing



- HTN → **no inversions**
- Focus: posture + longer exhale

## 2.5 Pronunciation for Effective Reading

Clear reading depends on **sounds, word stress, sentence rhythm, and intonation**. The goal is not a specific accent but **intelligibility**.

### 2.5.1 Word stress (where to put the loudness)

- Two-syllable **nouns/adjectives**: stress often on the **first** syllable → **TA**ble, **HEA**lthy.
- Two-syllable **verbs**: stress often on the **second** → re**LAX**, re**CORD** (v.).
- Suffix rules: stress moves to the syllable **before -tion/-sion/-ity** → respira**TION**, medi**CIN**ity (→ *medical - medicine*; note shift).
- Compound nouns: stress the **first** part → **BREATH** work; **POSTURE** check.

### 2.5.2 Sentence stress & pausing

- Content words (nouns/verbs/adjectives) carry stress; grammar words (a, the, of, to) are lighter.
- Use **comma pauses** and **full-stop falls**. Rising tone for **yes/no questions**, falling for **statements/wh-questions**.
  - “Do you feel **dizzy**?” ↗
  - “Please **breathe slowly**.” ↘

### 2.5.3 Common trouble sounds (quick repair)

Contrast	Minimal pairs	Tip
/v/ vs /w/	<i>vet-wet, vine-wine</i>	/v/: teeth on lip + voice; /w/: rounded lips
/θ/ (thin) vs /t/	<i>thin-tin, breath-bret(h?)</i>	Tongue between teeth for /θ/
/ʃ/ vs /s/	<i>she-see, pressure-press-er</i>	/ʃ/ lips rounded, “sh”; /s/ teeth close
Long vs short vowels	<i>ship-sheep, full-fool</i>	Hold long vowels slightly longer
Silent letters	<i>plumb, breathe vs breath</i>	Don't pronounce silent <b>b</b> ; note <i>breath</i> /breθ/ vs <i>breathe</i> /bri:ð/

### 2.5.4 Health & yoga terms (suggested English pronunciation)

Term	IPA (approx.)	Stress
<b>posture</b>	/ˈpɒstʃə(r)/	<b>POS</b> -ture
<b>pranayama</b>	/ˌprɑːnɑːˈjɑːmə/	pra-naa- <b>YA</b> -ma
<b>asanas</b>	/ˈɑːsənəz/	<b>AA</b> -suh-nuz
<b>larynx</b>	/ˈlærɪŋks/	<b>LAR</b> -ynks
<b>hypertension</b>	/ˌhaɪpəˈtenʃn/	hy-per- <b>TEN</b> -sion
<b>glaucoma</b>	/ɡlɔːˈkəʊmə/	glaw- <b>COH</b> -ma

**Reading-aloud checklist:** underline stress syllables; mark pauses (/, //); keep **pace moderate**, **enunciate endings** (-s/-ed), and **look up** to engage listeners.

## Unit Summary

Mastering the **parts of speech** strengthens grammar and precise choice of words. **Daily conversation** relies on polite,



purpose-led phrases adapted to campus and clinical contexts. **Study skills** (SQ3R, Pomodoro, active recall, spaced repetition, Cornell notes) turn reading into retention. **Effective note taking** captures meaning units during lectures and dictations using structured layouts and smart abbreviations. **Pronunciation and reading** improve through word stress, sentence rhythm, clear vowel-consonant contrasts, and measured pacing—the keys to intelligible, confident delivery.

## Key Terms

- Collocation • Subject-verb agreement • Countable/Uncountable
- SQ3R • Active recall • Spaced repetition • Cornell notes
- Dictation • Abbreviation • Word stress • Intonation • Minimal pairs

## Self-Assessment

### A. MCQs

1. Which sentence is **correct**?
  - a) “The **equipments** are heavy.”
  - b) “This **information** is useful.”
  - c) “He gave many **advices**.”
  - d) “The **datas** are accurate.”
2. The best collocation is:
  - a) *strong breath*
  - b) *deep breathing*
  - c) *powerful respiration*
  - d) *heavy breathing* (as advice)
3. In the Cornell method, the **bottom section** is for:
  - a) Cues
  - b) Notes
  - c) Summary
  - d) Title
4. Which is a **polite request**?
  - a) “Give me the file.”
  - b) “You must send this now.”
  - c) “Could you please share the file?”
  - d) “Share it.”
5. Word stress usually falls on the **second syllable** in:
  - a) two-syllable nouns
  - b) two-syllable verbs
  - c) words ending in -tion
  - d) compound nouns

**Answer key:** 1-b, 2-b, 3-c, 4-c, 5-b

### B. Short Answer

1. Write **four lines** of a clinic-reception conversation: greeting, screening question, instruction, closing.
2. Convert this list into an **outline note**: “Benefits of slow breathing: lowers heart rate; calms mind; improves focus; supports sleep.”
3. Give **three** phrasal verbs used in healthcare communication and one sentence for each.

### C. Dictation Practice (Reflective)

Listen to any 60-second health video. Create **Cornell notes** and a **3-line summary**. Reflect: Which abbreviations helped? Which words needed a second listen?

### D. Pronunciation Drills

Read aloud the sentence, marking stress and pauses:



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**“Please / breathe slowly and focus on the exhale // If you feel dizzy / sit down immediately.”**  
Record yourself; note **two improvements** for the next attempt.

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## Practice Appendix

### Polite closing lines (email/face-to-face):

“Thank you for your time.” • “I look forward to hearing from you.” • “See you on Thursday.”

### Smart abbreviations for notes:

pt (patient), hx (history), ↑/↓ (increase/decrease), w/ (with), w/o (without), c/o (complains of), s/s (signs & symptoms), BP, HR, SpO<sub>2</sub>.

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*End of Unit 2: Essential Language Skills for Effective Communication*

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