



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
Noun	names a person/place/thing/idea	<i>therapist, posture, clinic, breath, alignment</i>
Pronoun	replaces a noun	<i>she, they, it, this, which</i> → “ It reduces stress.”
Verb	shows action/state	<i>breathe, relax, improve, seem</i>
Adjective	describes a noun	<i>gentle breath, balanced diet, steady posture</i>
Adverb	modifies a verb/adj./adv. (often -ly)	<i>breathe slowly, extremely helpful</i>
Preposition	shows relation (place/time)	<i>on the mat, during practice, for 10 minutes</i>
Conjunction	joins words/clauses	<i>and, but, because, although</i>
Interjection	expresses feeling	<i>Oh!, Well..., Great!</i>
Determiner	points to a noun	<i>a, an, the, this, those, some, each</i>
Auxiliary/Modal	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
Request	“Could you please...”, “Would you mind...”, “May I...”
Suggestion	“You might try...”, “Shall we...”, “Let’s consider...”
Reassurance	“We’ll go gently and modify as needed.”
Apology	“I’m sorry for the delay. Thank you for waiting.”
Closing	“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)
SQ3R (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)
Pomodoro (25–5)	25 min focus + 5 min break; 4 cycles = long break	Building routine	25 min on “Haṭha texts”; 5 min stretch; repeat
Active recall	Test yourself without notes	Any time, best for memory	Close book → explain “śaṭkarman” out loud
Spaced repetition	Revisit after 1–2–4–7 days	Retaining definitions	Flashcards: <i>sattva/rajas/tamas</i>
Cornell notes	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
Cornell	Left: cues (1/3), Right: notes (2/3), Bottom: summary	Lectures, talks	After class, write a 3–4 line summary
Outline	I, A, 1, a... hierarchy	Structured topics	Indent subpoints; keep verbs short
Charting	Table columns	Comparisons/data	“Practice – Purpose – Cautions – Modifications”
Mapping	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**:
 - *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**C**inity (→ *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 ; note <i>breath</i> /breθ/ vs <i>breathe</i> /bri:ð/

2.5.4 Health & yoga terms (suggested English pronunciation)

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



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

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, SpO₂.

End of Unit 2: Essential Language Skills for Effective Communication