The Effects of a Three-week Study Abroad Programme in Plymouth for Japanese Nursing Students

Hisako Mori

I Introduction

The Japanese Red Cross Toyota College of Nursing has a short study-abroad programme as a lot of other Japanese universities and colleges do. Since 2005 it has been sending a group of between 20-30 students to Plymouth, England, for three weeks every year in March (with the exception of 2010). The objectives of this short-term study-abroad programme are twofold. One is commonly understood: to provide students with opportunities to be immersed in an English-speaking environment and its culture. Underlying this objective is an expectation that through this experience students would develop cross-cultural understanding and global awareness, and thereby they would be motivated to learn English further and be led to higher levels of proficiency (Tanaka and Ellis, 2003; Crescini, 2011). The other objective is, since our college is a nursing college, to visit some medical institutions in Plymouth and take a look at their facilities, environments and medical staff who work under the British medical system. Through these visits students are expected to gain broader perspectives on the medical profession and renew their awareness of becoming nurses in the future.

In 2011, as in previous years, 29 students took part in the programme for three weeks during the spring break. They attended EFL (English as a foreign language) classes at a language school in Plymouth on weekday mornings and visited several medical institutions on some afternoons (See Appendix A, Itinerary). In this paper I would like to reflect on the programme from the students’ perspective. In order to see how students perceived the three-week experience in Plymouth, a questionnaire was carried out a few weeks after the programme. The questionnaire results are analysed and discussed in order to examine what role this programme played in the students’ academic lives.

Japanese Red Cross Toyota College of Nursing
II Study abroad and development of language skills

Tanaka and Ellis (2003) stated that ‘(a) common belief among language learners and educators is that the best way to learn a language is to live in a country where the language is used’ (p.64). Freed (1998) also noted that the power of the assumption that ‘the combination of immersion in the native speech community, combined with formal classroom learning, creates the best environment of learning a second language’ is so great that hundreds of thousands of students depart annually for education abroad experiences with the expectation that they too will “pick up” if not become “fluent” in the target languages they have chosen to study’ (p.21). On the basis of this belief and assumption, the majority of universities and colleges in Japan have study abroad programmes and, in addition to these school-based programmes, a large number of students attend commercially-oriented short-term study abroad programmes on their own. In fact, many students go to English-speaking countries for academic purposes. According to the Institute of International Education (IIE, 2011), 24,642 Japanese students were enrolled in schools in the U.S. in 2009-2010. BBC Business News (2011) also reported that ‘(the) number of international students around the world is continuing to rise sharply, with provisional figures from UNESCO’s Institute for Statistics revealing an annual increase of 12%.

As far as language skills per se are concerned, however, the correlation between ‘study abroad’ and ‘second language acquisition’ seems not as simple or direct as lay people might assume. While some researchers claim that a significant improvement in language skills is made after some experience abroad, others find little or no progress. Issei-Jaakkola et al. (2008) reported that students made great improvements in TOEIC test scores after their four-month study abroad. Kobayashi (1999) also revealed a significant development in students’ vocabulary and grammatical skills after three to four weeks of study abroad. Morita (2010) stated that ‘even a short study-abroad program provides opportunities for Japanese learners of English to make use of language learning strategies’ (p.31). On the other hand, Kuno (2011) suggested there was a high possibility that the group of students who attended a three-week study abroad programme did not achieve more gains in English than a group who studied on an e-learning programme as extracurricular lessons. The study results by Otsuka (2009) indicated that the students who participated in a short-term programme did not show positive effects in CASEC (Computerized Assessment System for English Communication), but their speaking fluency was enhanced and their level of anxiety was reduced. Kelly (2011) noted that students who signed up for a semester abroad programme were highly motivated, but in the semester before departure they did not show higher rates of achievement than students who did not sign up. Asaoka and Yano (2009) found that, before the programme started, the applicants for the programme had high expectations that their language ability would improve, but after the programme they thought it ‘did not improve as much as they had hoped’. They thought their intercultural understanding, maturity, and ability to make friends developed more than their language improvement did (p.181-182).

Freed (2008), reviewing past research development, indicated some ‘problems and difficulties’ in conducting research on language development. Among those are a want of ‘more refined assessment methods’ which can ‘identify specific qualitative differences in the language developed by SA (study abroad) students compared to those who remain at home’ and ‘methods of data collection’ such as ‘access to a sufficiently varied population’ (p.120). What makes it more difficult is, as Coleman (1997) suggested, complexity of individual variables. Students’ motivation, attitudes, anxiety, personality, learning strategies, acculturation and culture shock, sex, and initial proficiency level and degree of interaction all overlap and interact in extremely complex ways’ (p.5). Length of sojourn is
also an important factor to influence degrees of achievement. These variables potentially influence the outcomes of research, and therefore, study results are likely to vary depending on what is focused on, how the effects are measured, who the students are, how long they stayed and how much they interacted in English.

I have briefly looked at some current research on study abroad programmes, as the utmost concern for the escorting teacher is how her own group of students have made out in the programme and what they need at the particular stage of their learning. After all, she is the one who is together with the students face-to-face every day and the one who gets involved in English education at home after coming back to college.

III Description of the programme

Participants

In the year 2011, 29 students (27 females and 2 males) participated in the programme. Of the total, 3 were first-year students, 19 second-year students, and 7 third-year students, including 2 transfer-students (hennyasei) admitted into the third-year. All of the participants were nursing students or qualified nurses. Admittance to the programme was done on a first-come, first-served sign-up basis and no screening test was given. Students’ English proficiency levels varied, but they seemed to range from “elementary” to “pre-intermediate”. Prior to the departure, a placement test was administered online by the EFL school in Plymouth, the results of which were not provided to either the students or the escorting staff.

Sojourn time and place

The programme lasted 3 weeks in Plymouth, which is a medium-sized city with a population of approximately 250,000 and located 310 km south-west of London. According to the 2001 UK census, the ethnic composition of Plymouth’s population was 98% Caucasian, with the largest minority ethnic group being Chinese at 0.3% (Plymouth City Council, 2011).

Accommodation

Participants stayed with a family and went to the EFL school by local bus or foot. Although the family structure varied from family to family, each participant was the only Japanese-speaking person in the family. These families were provided by the EFL school, and participants did not have a choice themselves. However, their special needs such as diets or allergies to pets were considered. Some families had more than one student from overseas, and in that case, participants had a bigger chance of interacting in English. Breakfast and supper were provided by the family on weekdays, and on weekends lunch was also provided.

In-class activities

Participants were put into a class suitable to their ability based on the result of the placement test they had taken in Japan. Classes started at 9:30 and lasted until 12:30, with a 20-minute coffee break halfway through the morning. Each class consisted of 6 to 10 students from various countries, but as it was not peak season, the number of students enrolled at the school was smaller and the nationalities were less diverse. Some classes had more than one Japanese student. Classes were run in a “student-centred approach” to teach general English skills (listening, reading, speaking and writing), and students were given chances to express themselves freely. During the coffee break they mingled and chatted with other schoolmates over a cup of coffee in the lounge.

Out-of-class activities and visits to medical institutions

After school, participants spent their time as they pleased. However, on some afternoons and weekends they had set activities as shown in Appendix A. Some sightseeing excursions were organised by the EFL school, and visits to medical institutions were arranged by the home college (See Appendix B). The visits to these health facilities were the main feature of our programme because, as the name of the college indicates, participants were all studying nursing. In
each institution, they received a briefing and toured various departments ushered by one of the staff. Meanwhile they had a chance to ask questions. The staff’s explanations and the communication between the staff and the participants were conducted in English with the help of an interpreter.

IV Questionnaire results and discussion

The questionnaire was distributed and collected a few weeks after the programme. This anonymous questionnaire was conducted in Japanese, and out of 29 participants, 26 voluntarily answered it. The results are analysed and discussed in the following categories:

• language learning (in both in-class and out-of-class settings)
• accommodation environments
• visits to medical institutions

Most of the questionnaire items were multiple-choice questions and each category had some open-ended questions with a space in which respondents could write their comments freely. Since the number of the participants was small, the numbers shown in the figures and tables are the numbers of the respondents, not the percentage, unless indicated.

Language learning

Figure 1 shows rates of English improvement that participants perceived. The results are indicated on a scale of 1 to 6.

![Figure 1](image)

Many of the respondents did not deny some improvement but thought the improvement was not great. Only four of them chose 5 or 6, and eight chose the negative side.

Table 1 shows the areas of skills that they thought had improved most, second most, and the least.

<table>
<thead>
<tr>
<th>Skill areas: Which of the following skills do you think improved?</th>
<th>Most (n)</th>
<th>Second most (n)</th>
<th>Total (%) (most+2×most)</th>
<th>Least (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocabulary</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Listening</td>
<td>12</td>
<td>7</td>
<td>37</td>
<td>0</td>
</tr>
<tr>
<td>Grammar</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Reading</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Writing</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Communication</td>
<td>9</td>
<td>7</td>
<td>31</td>
<td>1</td>
</tr>
<tr>
<td>No improvement</td>
<td>2</td>
<td>(2)</td>
<td>–</td>
<td>(2)</td>
</tr>
</tbody>
</table>

‘Listening’ and ‘communication’ skills figure prominently. Out of 26 respondents, 21 (81%) thought either their ‘listening’ or ‘communication’ skill had improved most. When both are combined, the number results in a 67% value. This result agrees with some of the previous studies done by various researchers. For example, Matsumoto (2010) reported that a four-week study abroad programme contributed significantly to the improvement of listening skill, especially to that of the lower-level participants. Eguchi’s study (2010) also revealed that the participants claimed ‘listening’ and ‘communication’ were the skills that they had improved most.

Table 2 shows which settings participants thought contributed most and second most.

The result indicates a high degree of contribution of the homestay setting. As will be seen later, the quantity and quality of interaction in the family differ depending on the family, but in daily face-to-face communication, each participant was forced to listen and express herself/himself, exploiting their limited command of English. Since she/he was the only Japanese-speaking person in the family, help from others was not available as far as language was
Table 2  Settings that contributed to English improvement: Which of the following settings do you think contributed most to your English improvement?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Most (n)</th>
<th>Second most (n)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom teaching</td>
<td>7</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>Interaction with schoolmates from other countries</td>
<td>2</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Interaction with local people in free time</td>
<td>2</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Interaction with the homestay family</td>
<td>15</td>
<td>5</td>
<td>38</td>
</tr>
</tbody>
</table>

Concerned. This unique environment must have played a crucial role in the improvement in their listening and communication skills.

The second-most effective setting is ‘classroom teaching’. Participants had almost three hours of intensive learning on weekdays. Whatever method the teacher used (whether it was centred on grammar, reading or writing), they had to listen to instructions attentively and communicate in English to do the tasks. As the teaching was student-centred and the number of the students in class was small (six to ten), students had to be alert all the time. Most of them had never been taught intensively in an English-only medium before. This must have been a mentally exhausting exercise, yet an academically rewarding experience.

Their awkward communication skills, however, cannot be attributed to their lack of English ability only. The cultural impact must have been too great for some of them to know how to behave in the new environment. It was observed that some participants could barely introduce themselves to their host families when they first met, and some could hardly answer the teacher’s questions in class especially for the initial period of the programme. This was probably inevitable for those participants who had never been put in an exclusively English-speaking environment. Their acculturation level as well as their English proficiency level had been very low, and the three-week stay seems to have been barely enough to come to terms with the new environment, let alone improving language skills greatly.

While many indicate ‘classroom teaching’ and ‘interaction with the homestay family’ as contributors to their English improvements, ‘interaction with schoolmates’ and ‘with local people’ were not often chosen. Perhaps they did not have enough of a chance to interact with schoolmates, or even less with local people unless they tried hard to speak to them. Besides, free time given was rather limited. As Itinerary (Appendix A) shows, they had some set activities on some afternoons and on weekends. Even when they were free after school, most of them drifted away with fellow participants in groups of two or three for shopping or chatting in Japanese in a café.

As just described, frequency of communication might have depended on the settings, but during the stay participants were exposed to spoken English all the time, both in and out of class, compared with fewer chances for reading or writing. They constantly had listening input and chances for interaction. In this environment, improvement of ‘listening’ and ‘communication’ skills might be a natural outcome.

As mentioned before, the programme may not have brought about a significant improvement in the language skills, but its motivational effect was noticeable. The result of a question about motivation is shown below.

Question 1: Have you come to want to learn English more after participating in this programme?

1. Yes, I have. 24
2. No, I haven’t. 2

Twenty four of the participants, that is more than 90% of them, answered affirmatively. This is a remarkable product of the programme. Kobayashi (1999) also reported students’ motivation for learning had been enhanced significantly after coming back from a short-term study abroad programme. Probably, most of the participants had been learning English as a mere subject at school to get a credit or to pass entrance exams. They seldom had had a chance to
speak English outside the classroom, either. In their home college there is no native English speaker; they have only English materials such as CDs or DVDs. Their English classes do not give them sufficient input to learn naturally. Through the programme, they must have fully realised that English is actually used as a means of communication and how wonderful it is to communicate with people in English.

A number of participants wrote comments to that effect in the space of an open-ended question. The comments they wrote are shown below. Positive comments are described first. In the cases where more than one participant wrote the comment to the same effect, the number of the writers is shown in parentheses.

**Question 2: What did you learn besides English?**

*Positive comments*

- I learnt about different cultures. (7)
- I was able to visit medical institutions and learnt a lot of things. (6)
- I got acquainted with people from other countries. (3)
- I had the courage to speak in English. (3)
- My view of the world was broadened. (2)
- I came to want to visit various countries to meet new people. (2)
- I was happy when I could actually communicate with people in English. (2)
- I learnt the importance of positive attitude from other students. (2)
- By meeting people from other countries, I realised I didn’t know much about Japan. (2)
- I was able to learn British English.
- I learnt that grammar was not the only thing which was important.
- I had never enjoyed learning words and expressions and being tested on them in class, but I was happy when I actually used them.
- I realised that English was an international language.
- I am not too shy to speak English any more.
- Unlike a leisure trip, in this trip I could attend classes.
- I realised my English was very poor. I want to study more.

*Negative comments*

- I had always disliked English and I don’t think I will come to like it anyway.
- I wanted to be taught basic rules of grammar before the programme.
- I wanted to be taught pronunciations in class.
- I did not have much chance to speak in class.
- I was not the only Japanese in class.

Through this feedback, the whole picture of their achievement can be seen. They seem to have learnt many things besides the language. Many positive comments were made about motivation, cultural awareness and personal growth. These results go with the results of the study by Asaoka and Yano (2009) that claimed ‘intercultural understanding, maturity, and making friends’ were the highest achievements. Besides these achievements, many say the visits to the medical institutions were beneficial. The questionnaire results about the visits will be looked at later in this paper. Even the negative comments, except the first, have constructive connotations, and they can be construed as improvement proposals. Some of them must have felt frustrated and disappointed with their ability and wished to be better.

Concerning language learning, it can be said that no significant improvement in English skills was shown but that their motivation, cultural awareness and objective self-awareness were enhanced.

**Accommodation environments**

As previously described, ‘interaction with the homestay family’ played a significant role in language learning. However, ‘homestay’ was the most controversial issue among participants.

The following is the result of the question on their homestay.
Question 3: Were you contented with your homestay?

Yes, I was. 20
No, I wasn’t. 6

In the dichotomy between ‘yes’ and ‘no’, 20 participants (77%) seem happy about their homestay. However, in the questionnaire many participants complained about the conditions in Plymouth.

Described below are participants’ comments about what they learnt besides the language. Many negative comments were written as well as many positive ones.

Question 4: What was good or bad about the homestay?

Positive comments

- They were friendly and treated me like family. (3)
- This experience made me mentally strong. (3)
- I had a chance to learn about the English culture and customs. (2)
- I learnt good manners and how to build a good relationship. (2)
- I learnt that, if I took courage, I could manage to communicate with my homestay family even in my poor English (2)
- I had been very shy when it came to meeting people but I learnt it was important to show a constructive attitude toward people while still keeping an adequate distance. What I have learnt is important because I’ll have to meet various patients and their families in the future.
- I learnt that the desire to communicate was important.
- Gradually I got used to the English environment and I learnt I could communicate using simple English. I would like to continue to study English, putting this experience to use.
- I thought I could manage to live in a foreign country if I tried hard.
- I learnt how to understand what the speaker said by looking at her/his nonverbal gestures.
- I got confidence in myself.
- My English improved.

- The family had some other overseas students like me, and I had chances to interact with them.
- They always served me well-prepared dishes.
- When I was able to get my ideas across in English, I was very happy.
- My picky eating was moderated.

Negative comments

- Meals were poor. (4)
- There was no family atmosphere. (2)
- I ate meals by myself. (2)
- Sleeping environment was very poor. The bed was too narrow to turn over. (2)
- The family had a businesslike manner. (2)
- The room was cramped and not comfortable. (2)
- Time for the shower was limited to a very short time. (2)
- We never went out together.
- I was not informed of the house rules.
- The homestay conditions (including meals, bedding, and human relationship) were one of the main reasons why I did not enjoy this programme.
- The house was far away from the school and I had to travel for more than 30 minutes by bus every day.
- The family was always watching TV, and I was not given much chance to talk to them.
- The breakfast menu was always the same.

Whether participants had a good homestay environment or not was mere chance. It was outside the participants’ control. Some were lucky and some were not. However, some negative comments might stem from miscommunication caused by cultural differences and poor English skills on the participants’ part, and not always from the family’s inadequacies. Hearing their accounts of the conditions in Plymouth and looking at the questionnaire results, most of the complaints were about dietary environments, bathing customs, and human relationships. Some of them indeed sounded undesirable, but they might have come from a lack of communication skills or lack of understanding of the differences of culture or customs.
For instance, the family told a participant she should help herself to anything in the refrigerator in the morning, but she thought breakfast was not served because it was not laid on the table. Most probably she did not understand what was told the previous night, or even if she did, she did not dare to open the refrigerator in somebody’s house with no one around. Another example, which happened to many participants, was that, she was told to have a shower quickly, and she thought she was not treated kindly enough. She had expected to have a bath every evening, filling the bathtub with a lot of hot water, just like she does in Japan. For most of these young participants, it may have been the first time to live in another home for such a long period as three weeks, and what is more, the home they stayed in was an English home. There must have been a great deal of things for them to work out and acquire.

Overviewing the questionnaire results and comments made, it can be said that, although there is room for improvement and consideration in selecting homestay families, the homestay experience was valuable and the participants seemed to get much out of it. Even seemingly bad experiences are beneficial for these young participants because they might all lead to an understanding of cross-cultural differences and to personal development in the long run.

Visiting medical institutions

As shown in Appendix B, the participants visited five medical institutions as part of the programme. The purpose of the visits was to see the systems, facilities, environments, and staff working in British medical institutions and to reflect on their own state as a nursing student. Participants were asked the following questions:

Question 5: Do you think the number of the institutions you visited was appropriate?

Their responses were as follows:
- Yes, I do. 14
- I wanted to visit less. 7
- I wanted to visit more. 5

More than half of the participants were happy about the number of visits, but seven participants thought it was too many. In fact, these visits took up some of their free time in the afternoon. They had to sacrifice time that they might have preferred to spend on shopping or going out with friends. Five who wanted more visits must have thought the visits were very informative. Question 6 below shows if they thought they were able to learn a lot through these visits.

Question 6: Do you think you learnt a lot through these visits?
- Yes, I do. 21
- No, I don’t. 2
- It is hard to say which. 3

The following are the comments about these visits.

Question 7: What do you think you learnt through these visits?

Positive comments
- I learnt differences between the British medical system and the Japanese system. (9)
- The institution which was run only by nurse practitioners was amazing. (4)
- I was surprised that some of the nurses in Britain were giving a broad range of health care services like doctors.
- I thought that knowing medical systems of other countries is necessary.
- I compared what I saw with situations in Japan. I thought we have room for improvement in Japanese medical systems.

Negative comments
- There were some confusion and changes about the dates and times of the visits. We should have been properly notified about those matters. (4)
- I wanted to learn about the British medical system in advance before going to England.
- I wanted to visit them during early part of the programme so that I could have gone shopping in the latter half.
- I thought only the treatment centre we visited last (Peninsula NHS Treatment Centre) was worth visiting.

Most of the participants were happy about the visits and learnt a lot of things about the medical services and nursing jobs in the UK. The most eye-opening for them were the institution staffed only by nurse practitioners and the treatment centre with only a department of orthopedic surgery. Previously in Question 2 (in ‘language learning’) six participants wrote they had learnt a lot of things from the visits. On the other hand, there are some negative comments, most of which are about the planning and liaison arrangement. They are faults on the part of the staff in charge of the programme. DeKeyser (2007) suggested the importance of programme planners in language learning experiences. He pointed out that they ‘play a large role in the language learning experiences that prepare students for their stay abroad, in the selection of living conditions and other aspects of how the program is set up’ (p. 220). Our programme leaves room for some improvement in advance preparation.

V Conclusion

In this paper, I have looked at the three-week study-abroad programme through the feedback that participants provided by means of a questionnaire. As part of the conclusion, it would be worthwhile to see what the participants thought of the programme on the whole.

All but one (96%) answered in the affirmative, and 19 out of 26 (73%) chose index 5 or 6. It seems that almost everyone was contented with the programme to various degrees.

Judging from the overall results, it can be summarised as follows:

1) Students’ English ability was not noticeably improved, but their motivation to study English was enhanced.

2) The impact of immersing themselves in an English-speaking environment was large, and especially the homestay experience was valuable and beneficial for their cultural understanding and personal development.

3) Visiting medical institutions was a meaningful and enlightening experience.

4) The entire programme was satisfying and beneficial for the participants.

As a matter of course, it is dangerous to conclude that this programme did not contribute greatly to the improvement of the language skills, for the students’ individual yardsticks may be different when the improvement is self-assessed. Moreover, language development in such a short space of time is very difficult to evaluate without considering various factors. On the other hand, the programme had significant motivational effects on students. The questionnaire shows that 92% of the participants were motivated to study English further. Also, it can safely be said that the programme gave a positive impact on the students in terms of cross-cultural understanding and personal development. Dwyer (2004) indicated that study-abroad experience had ‘a significant impact
on students in the areas of continued language use, academic attainment measures, intercultural and personal development, and career choices’. She also revealed that ‘this impact can be sustained over a period as long as 50 years’ (p.161).

In an age of globalization, we are experiencing frequent transnational flows of goods, people and communication like never before. Internationalization will undoubtedly continue to progress. In January 2011, the Japanese Ministry of Economy, Trade and Industry started a system named ‘Medical Excellence Japan’, under which world-class healthcare services will be provided for citizens worldwide (Ministry of Foreign Affairs, 2011). This system is expected to bring more overseas patients to reputable hospitals in Japan. Needless to say, in internationalized circumstances, linguistic competence is not the only necessary tool. Good cross-cultural understanding and inter-cultural competence are also vital. Especially for our students who are expected to work in the future for front-line medical institutions like Red Cross Hospitals, acquisition of these skills will be very important. Another important thing which must be borne in mind is that ‘internationalization’ does not flow in a single direction. It is a mutual matter. In a multicultural environment Japanese people’s behaviours, manners, national traits and views of life—whether virtuous or disgraceful— are all exposed, observed and even commented upon. Therefore, the experience in a different culture was a good chance for the participants to view their own culture from the outside and re-realise their identity as Japanese. They came to realise things that they would have otherwise considered to be mundane or be regarded as quite natural.

There is a strong possibility that this three-week study-abroad experience in Plymouth will greatly influence the participants’ future career as nurses.

References


http://www.mofa.go.jp/mofaj/press/release/22/12/1217_05.html
Appendix A  (Itinerary)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Morning</th>
<th>Afternoon</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Sun</td>
<td>11:00</td>
<td>Arrive at Mayflower College, Plymouth Meet host families</td>
</tr>
<tr>
<td>7 Mon</td>
<td>09:30-12:30 English lessons</td>
<td>Visiting Perverell Park NHS Surgery</td>
</tr>
<tr>
<td>8 Tue</td>
<td></td>
<td>Complimentary tea at an old English tea shop (by Dr. Watanabe, the president)</td>
</tr>
<tr>
<td>9 Wed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Thu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fri</td>
<td></td>
<td>Excursion to a small town, Tavistock (optional)</td>
</tr>
<tr>
<td>12 Sat</td>
<td></td>
<td>Excursion to Buckfast Abbey and Exeter</td>
</tr>
<tr>
<td>13 Sun</td>
<td></td>
<td>Excursion to an old manor house, Cotehele (optional)</td>
</tr>
<tr>
<td>14 Mon</td>
<td>09:30-12:30 English lessons</td>
<td>Excursion to Saltram House (a George II era mansion)</td>
</tr>
<tr>
<td>15 Tue</td>
<td></td>
<td>Visit Cann House (nursing home)</td>
</tr>
<tr>
<td>16 Wed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Thu</td>
<td></td>
<td>Excursion to a small town, Tavistock (optional)</td>
</tr>
<tr>
<td>18 Fri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Sat</td>
<td></td>
<td>Visit the Red Cross (Plymouth branch) and Fire Engine (optional) Excursion to Torquay (optional)</td>
</tr>
<tr>
<td>20 Sun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Mon</td>
<td>09:30-12:30 English lessons</td>
<td>Visit Derriford Hospital</td>
</tr>
<tr>
<td>22 Tue</td>
<td></td>
<td>Visit Cumberland Medical Centre</td>
</tr>
<tr>
<td>23 Wed</td>
<td></td>
<td>Visit the Peninsula Treatment Centre</td>
</tr>
<tr>
<td>24 Thu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Fri</td>
<td></td>
<td>Boat trip to Plymouth Harbour, Mt. Edgcumbe Farewell Party</td>
</tr>
<tr>
<td>26 Sat</td>
<td>09:30</td>
<td>Leave Plymouth 18:05 Depart London (Heathrow)</td>
</tr>
</tbody>
</table>

Appendix B  Medical Institutions

<table>
<thead>
<tr>
<th>March</th>
<th>Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Mon</td>
<td>Perverell Park Surgery A clinic run under NHS (National Health Service), British healthcare system. It is one of the many medical clinics that provide patients with primarily health care services and that act as a liaison with a hospital.</td>
</tr>
<tr>
<td>15 Tue</td>
<td>Cann House An old people's home with 55 residents.</td>
</tr>
<tr>
<td>21 Mon</td>
<td>Derriford Hospital The biggest hospital in Plymouth.</td>
</tr>
<tr>
<td>22 Tue</td>
<td>Cumberland Centre A clinic which is staffed only by nurse practitioners, no doctors. The nurses diagnose, prescribe drugs, and provide temporary treatments in cases of common diseases or injuries.</td>
</tr>
<tr>
<td>23 Wed</td>
<td>The Peninsula Treatment Centre A treatment centre which has only a department of orthopedic surgery.</td>
</tr>
</tbody>
</table>