Abstract:
This lesson was originally designed for a multi-lingual intermediate video ESL class at the City College of San Francisco. Teaching this lesson in a TESOL program, I voraciously learned the art and beauty of film instruction through the entire process. The lesson focuses on developing students’ listening/speaking and thinking skills through watching scenes of the first heart surgery in history --- “Something the Lord Made”. The movie is based on a true story of a white surgeon and his black assistant who pioneered heart surgery in the segregated 1930s and 1940s. When I challenged myself to teach the climax of the movie --- the cardiac surgery on the Blue Baby, I felt a strong sense of achievement just as my students did.

With various activities, nevertheless, this lesson could also be adapted for EFL intermediate learners in general. By doing several listening/speaking and thinking activities such as character analysis, responding to comprehension questions, games, predicting, watchers/listeners, summarizing, and retelling what happened in the previous scenes, students can practice through a variety of methods, authentic English, non-threatening environment and even enjoyable experiences in addition to sharpening up their thinking skills.

Class Description
Originally designed for a video ESL course at the City College of San Francisco, this lesson aims at enhancing integrated language abilities, cultural understanding and thinking skills. The Non-credit ESL class is mainly movie-based, utilizing three films in a semester in the class syllabus. The students’ oral/listening abilities range from intermediate to advanced, which renders many opportunities for them to communicate effectively in the majority of class discussions. One special focus is given to idiom learning, pragmatics practices, and critical thinking. This lesson plan is part of specifically planned 3-hour classes, emphasizing listening /speaking and thinking skills. The required time for this specific part is 60 minutes.

My intended audience is EFL senior high school students in Taiwan who generally have experiences of learning EFL from fourth grade in elementary school to senior high school. This unit is designed for students in their second year in senior high, which has the goal of enhancing students’ integrated English skills for better academic learning. With a class size of around thirty students, the English class meets
for 50 minutes, 4 days a week. Most adolescent students are of similar age (17-18), sharing a common native language --- Chinese. This lesson with its various activities, nevertheless, could also be adapted for EFL intermediate learners in general.

**Objectives**
- Students will be able to review and summarize the previous scenes of the movie.
- Students will be able to respond to comprehension questions of the dialogues mainly among the doctors and Vivien, Dr. Blalock’s assistant, in the first heart surgery in history.
- Students will be able to utilize what they learned while watching and listening to the scenes. They will also be able to discuss comprehension questions, practice thinking skills, summarize plot or retell what happened in particular scenes.
- Students will learn idioms and expressions in colloquial English found in the listening text, related to the topic and scenes of “The Heart Surgery on the Blue Baby”.
- Students will review the idiom learning by participating in the idiom games.

**Context & Connections**
After the first month of the term, students are increasingly familiar with the Video class procedure and major activities. They also gradually familiarize themselves with the main characters, plot, events, situations, setting, and theme of the movie --- *Something the Lord Made* after one hour viewing of the film. The true-life story in the film describes a medical research --- a breakthrough of heart surgery that changed the face of medicine and a partnership that broke the rules. This movie tells the emotional story of two men who defied the rules of their time to launch a medical revolution, set against the backdrop of the Jim Crow South. The themes are undoubtedly significant and impressive. On the other hand, there are a number of conversations filled with medical terms difficult to understand and explain, which may hinder students’ listening comprehension and willingness to discuss in the class. Both the teacher and students, nevertheless, challenge us through previewing idioms before class, watching and doing various activities in class, and reviewing idiom pages and scripts after class. We all strongly feel a sense of achievement to finish this lesson --- it’s just like something the Lord made!

**Materials**
Movie on DVD --- *Something the Lord Made* (the scenes of “The Heart Surgery on the Blue Baby”)
Handouts --- Pages of comprehension questions, idioms pages, and scripts
Activity cards --- Character analysis cards and idiom game cards

**Rationale**

Comprised of a class mostly teenagers, students tend to show their preference over practicing colloquial and real-life English. As language in authentic movies contains valuable and ample authentic conversations, students benefit from learning such language elements in a non-threatening environment. Stempleski & Tomalin (1990) maintain that there are numerous merits of using films in English classrooms. The prominent advantage is language learning by putting learners into the characters’ life and providing them with various life experiences. Secondly, movies render students many opportunities to discuss related cultural and social issues, directly stimulating their thinking skills. Equally important, as Nunan & Miller contend, is the fact that the pace of language used in movies is much closer to natural conversations rather than deliberately slow-down teacher talk (Nunan & Miller, 1995). This obviously challenges students’ listening comprehension and enhances their language learning gradually.

On the other hand, with the primary teaching aid of a video, the teacher’s role shifts from a traditional lecturer and presenter of new information to a less traditional role of facilitator and coach (Murphy & Byrd, 2001). Consequently, the video clip, rather than the instructor, serves as a warm-up as well as a reviewing tool to prepare students to retrieve and “recycle” learning, vocabulary and idioms in particular.

For the method of presentation, pre-listening functions like a prelude on the stage, preparing the audience to expect and predict the following content. In the pre-listening activity, therefore, I aim at motivating students to review idioms and be prepared for listening. It significantly pre-sets a context for learners to follow their listening task more successfully (Field, 2002). Accordingly, the character analysis within a group of three or four is to find the main characters and their related lines, revolving around the central objective of learning idioms and expressions. This is basically an introduction and preparation to the scenes of “In the Waiting Room” and “In the Operating Room”. The form of a role play also creates dramatic fun in this activity.

In the during-listening activity, one group of students act as watchers while the other group only listens. As communication scholars Andrew Wolvin and Carolyn Coakely suggest, comprehensive, purposeful listening is a must for developing learners’ listening skills (Wolvin & Coakely, 1996). While some students don’t really have opportunities to watch the plot, this activity motivates students and provides a purpose for their focused listening. In fact, the designed activity is one transformed “information gap” with two groups of students holding accountable for their
individual tasks. Group A watching the video with major plot would explain the real content of the scenes. This paves way for the goal of their retelling abilities. By contrast, group B students are expected to concentrate on listening and later describe the scenes and ask questions, utilizing their communicative oral skills.

Following the watcher/listener activity, a set of comprehension questions is utilized for students to check their understanding of the plot and language used in the target scenes. The reason for such comprehension check not only reinforces their listening but also provides students opportunities to exchange ideas and negotiate the meaning. Students work in groups, practicing and retrieving vocabulary items they learned in previous classes. When answering the teacher’s comprehension questions (True/False, opinion questions, and prediction questions) students discuss and check their comprehension in separate groups and discuss with the whole class as well. They are also welcome to negotiate appropriate answers and challenge the teacher’s correct ones if necessary. As critical thinking is a complex process to stimulate students to pose questions, make inferences, and engage in problem-solving (Stewart & Stoller, 1990), the above negotiating and discussing opposing ideas or different perspectives is also beneficial to students’ learning process.

As for the post-listening, students are encouraged to engage in an idiom game. In order to promote learner contribution, the teacher will use the sentences students made in previous classes to review idioms. Weinstein (2004) states that providing learners with opportunities to contribute to instructional materials with their own innovation characterizes learner-centered approaches. Moreover, most teachers realize extrinsic motivation may occasionally urge students to learn more effectively. A sense of competition also facilitates more active participation in classrooms. Such exercises constructed around a listening/speaking task is oftentimes more effective (Ur, 2006).

Opening

The teacher will ask students to summarize the plot they watched yesterday and will also play the previous scenes for them to review the story line.

Activities, Sequencing & Pacing

Opening: pair work to share summaries and review the previous scene of last class. (5 min).

Pre-listening/ Game of Character Analysis (small group of 3 or 4)/ 10 min/ to activate students’ motivation and to review idioms
I’ll ask students to form a group of 3 or 4 and to perform a game of character analysis.
This is basically a “Who Said What and Why” game modified from my past teaching experiences. To motivate students and to review the idioms, I’ll prepare different lines of the movie with idioms taught in previous scenes. On each card, there is a line with an idiom said by main characters of the film *Something the Lord Made* (Appendix 1). Each student in the group takes turns to read his/her line and let other group members guess which character said that line. For students’ better understanding and reviewing of the target idioms, the teacher can explain under what circumstance and for what purposes the characters said those lines. Later the class can play the game as a whole. I’ll collect the cards and post them in the class for students to review constantly.

**During-listening activity # 1/ watchers and listeners (2 groups of the students)/ 15 min/ to listen and explain the meaning of designated scenes**

In this activity, I’ll give students two colors of stickers with numbers on them and group students into watchers and listeners. While watchers can watch and listen to the conversations, listeners only focus on their listening. The students who get yellow cards close their eyes, take a rest, but concentrate on listening. After they watch the scenes of “In the Waiting Room” and “In the Operating Room”, listeners describe what they hear and watchers check the listeners’ listening comprehension, explain the real story plot, and discuss with listeners. To make the discussion easier, students focus on three questions: 1. Where was the setting? 2. Who were in the scenes? 3. What happened?

**During-listening activity # 2/listening comprehension (pair work)/ 15 min/ to check listening comprehension and to negotiate correct answers**

Providing students with comprehension questions (Appendix 2), I’ll ask students to form groups to work together with group members since the heart surgery they watch is also based on team work with a strong, unified effort. Each team thinks of a name for their group to add some fun to the activity. In this case, students come up with Vivien, Women, and Blalock, the main characters of the film. With group discussion and negotiation, I’ll check the answers and rewind the video tape to the scenes for students to double-check if necessary. As questions number 1-8 are True/False, it’s easy to make the activity competitive for students to participate actively. As for discussion questions, they aim to ask students’ individual opinions and to predict the later scenes of the story. Different voices are welcome to get opinions from various perspectives. The winning team gets a chocolate candy with a heart shape (the surgery on the Blue Baby’s heart!). However, the teacher encourages the class that there are no losers in the game. Other students get an Easter egg chocolate for their working hard in the activity, too!
Post-listening activity /idiom card game (small group of 3)/10 min/ to review idiom expressions and to motivate students to continue learning

In order to review the idiom expressions, I’ll prepare around 10 envelopes with major idioms learned in the previous scenes (Appendix 3). In fact, to promote learner contribution, these sentences were written by students in previous classes. Students are encouraged to accomplish the task of matching the idioms with appropriate sentences. While students are working in small groups, the teacher can write down the idioms (or tape prepared idiom cards with words clear enough for the whole class) on the blackboard. Since students work first in groups, they should be more confident to answer the meaning of the idioms on the board. Because this class mainly focuses on listening/speaking and thinking skills, students’ writing ability is comparatively lower. To encourage them to write appropriate idioms, the teacher can reward their correct answers with concrete objects such as sweets or bookmarks. Just as what the extrinsic motivation may lead, students might more actively participate in the idiom practices.

Closure

The teacher will ask students to predict the next scene to arouse their interest. Students are then offered a handout of today’s scripts (Appendix 4) and idiom pages (Appendix 5) for their reviewing at home. To reinforce their in-class idiom learning, I will give them name cards to write down their own sentences as a homework assignment, using idioms learned today. Students are encouraged to read their sentences in next class and be prepared for later scenes of the movie. For extended activities aimed at writing, students are also encouraged to attempt summarizing major events and continued story versions (5min) (Total--- 60 min)

Assessment

Assessment is an ongoing activity during the entire process of the movie unit. For formal assessment, the teacher evaluates students’ work, ranging from the warm-up activity to the final summary writing and continuation versions. In this video-based listening/speaking class, nevertheless, most assessment occasions are accomplished with informal observation based on students’ oral responses. In the pre-listening step, students work with character analysis to perform a role play orally. I will circulate around the classroom and later check their speaking/listening with the whole class.

In during-activity #1, with watchers and listeners groups, I will have opportunities to assess both groups’ sharing ideas and negotiating while circulating around the class. As for during-activity #2, more concrete answers are assessed since students have chances to share their answers on the blackboard. In this way, I can
check students’ understanding or comprehension of the target scenes.

At the post-listening step, which is basically an idiom review practice, I will call on different groups of students to describe the meaning of idioms previously learned. Within the collaborative work of a group of three and a competitive game of idioms, the assessment is achieved through an amusing and non-threatening method.

**Suggestions**

As thinking skills are emphasized in such a movie class, students are constantly encouraged to give personal responses to various characters, plot, and themes in *Something the Lord Made* orally or in a viewing/writing journal. The teacher develops the personal reflection to creative responses by asking students to take different roles of the story: What would you do if you were the African American doctor? Would you insist on pursuing your dream in a medical school? Would you keep your promise but disappoint your family? Or would you have other alternatives to attend to both responsibility and friendship? If you were Dr. Blalock, what would be your decision? What would you do under that circumstance? Intrigued by the unique friendship of the two main characters and the touching ending, students will actively participate in the role-play discussion and writing responses.

Students are also encouraged to think more deeply about the characters and their words and behavior. They are asked to write a continuation of the current story for different versions of the story according to the main characters’ traits and story line after class. The teacher can collect students’ stories and post their works on the class bulletin board or upload them online for an interested audience.
References


Appendix 1. Character Analysis

1. Who cares what they call you? You and I both know how valuable the work is that you do.
   (Dr. Blalock)
2. It’s probably going to get worse.
   (Dr. Blalock’s wife)
3. We’re going to run out of dogs at this rate.
   (Dr. Blalock)
4. All I’m closer to is retirement.
   (Dr. Blalock)
5. Wouldn’t it be a feather in our cap?
   (Dr. Blalock)
6. Where you see risks, I see opportunities.
   (Dr. Blalock)
7. Odds are against us reproducing this in a lab.
   (Vivien)
8. At least they let me in through the front door.
   (Dr. Taussig)
9. He’s got you serving drinks at his party just to make ends meet. Come on.
   (Clara, Vivien’s wife)
10. Who on this God’s earth are you?
    (Dr. Taussig)
11. We still got each other.
    (Clara, Vivien’s wife)
12. Yeah, we got each other. That all poor people ever have is each other.
    (Harold, Vivien’s brother)
13. In every fiber of my being… that is a limb I want to climb out on.
    (Dr. Blalock)
14. A baby’s heart is delicate. It’s a goddamn minefield.
    (Dr. Blalock)
15. I knew I could count on you. You’re the only one I can trust around here.
    (Dr. Blalock)
16. Thank you for the vote of confidence.
    (Dr. Blalock)
17. It’d turn blue into pink. And death into life.
    (Dr. Blalock)
18. Are you sure you did this, Vivien? This is like something the Lord made.
   (Dr. Blalock)
19. Do you mind if I show you something, Doctor?
   (Vivien)
20. No, it’s not that easy. No surgery is… and this operation has special complications. But I still think it’s worth doing.
   (Dr. Blalock)
21. Are you saying I shouldn’t allow this doctor … to perform a miracle to save my baby?
   (Mrs. Saxon)
22. Honey, God has his plans. Maybe we just have to accept it.
   (Mr. Saxon)
23. I can’t imagine you’re going to proceed based on the laboratory success on a dog. How many people have you saved?
   (Priest)
24. So what you’re telling me is you’re performing an experiment… not an operation?
   (Priest)
25. My instincts tell me nature made a mistake and I can fix it.
   (Dr. Blalock)
26. Right now my instincts tell me perhaps you should come back another day.
   (Dr. Blalock)
27. What? Your quest for glory is vain, arrogant.
   (Priest)
28. If you intervene with God’s will… violate the purity of an innocent heart… the parents, not you, Doctor, will bear the burden of guilt.
   (Priest)
29. Viv, get up. Wake up. It’s OK. It’s OK, baby. It’s just a nightmare.
   (Clara, Vivien’s wife)
30. Nolitangere. Do not touch. Do not touch the heart. We are going to challenge this ancient doctrinal myth in this hospital.
   (Dr. Blalock)
Appendix 2. Listening Comprehension

Listening Comprehension Something the Lord Made Page 47

Activity 66 (script 23 - 26) Are these sentences TRUE or FALSE based on the conversations (which are on page 23-26 of the script) mainly between Dr. Blalock and Vivien in the waiting room and the operation room? (* 9-11, state your opinions).

1. In the very beginning of the operation, Dr. Blalock is very confident about his surgery on the blue baby, and he doesn’t like to rely on Vivien. So Vivien just stops by the operation room to wish Dr. Blalock good luck.
2. When Dr. Blalock needs to page Vivien to go to the operation room, the receptionist doesn’t want to do so because the hospital policy doesn’t allow receptionists to page people who are not doctors.
3. Before the heart surgery, both Dr. Blalock and Dr. Taussig pray to God to help them perform a successful operation.
4. The doctors who observe the operation are surprised to see Vivien in the OR. Dr. Hecker in particular praises Vivien for his timely help.
5. Dr. Blalock asks a nurse to find Vivien a stool to stand on. The purpose for that is for Vivien to see clearly and to follow Dr. Blalock’s directions to perform the surgery.
6. To start the surgery, Dr. Blalock cuts the pulmonary artery first and then blocks the shunt of the baby’s heart for 30 minutes.
7. In this surgery for Mrs. Saxon’s daughter, Dr. Blalock uses a special clamp Vivien made to stop the bleeding of the blue baby when her blood pressure is below 60.
8. At last, Dr. Blalock, Dr. Taussig, and Dr. Longmire control the bleeding of the heart and successfully perform this heart surgery without Vivien’s help.
9. What’s your opinion?
   During the operation, do you think Dr. Blalock is always confident about his skills and the procedure of the surgery? If yes, state the reason why. If not, explain the reason why not.
10. Do you think Dr. Blalock will sincerely appreciate Vivien’s help and assistance after the operation? Why or why not?
11. In your opinion, who will become the spotlight of this blue baby surgery? Explain your reasons.
Appendix 3. Idiom Exercise (Students’ sentences)

1. The best way to _____  _____  _____ myself is to study English hard and try to go to college and university.
2. I don’t _____  _____ disobedience in my family.
3. The cases of illegal immigrants are _____  _____  _____.
4. I have my _____  _____  _____ being an accountant.
5. The _____  _____’s heart is dangerous.
6. When someone _____  _____  _____ for you, you can get the job more easily.

* Pull some string
* Mind set on
* Make something of
* Blue baby
* Through the roof
* Stand for
A breakthrough that changed the face of medicine.
A partnership that broke the rules.

SOMETHING THE LORD MADE
Walter: You’re dangling your reputation off a cliff.

Dr. Blalock: Calm down, Walter, this isn’t grand opera.

Walter: Isn’t a doctor’s first tenet: “Do no harm”?

Dr. Blalock: What are you saying?

Walter: Postpone the operation until you have more experience.

Dr. Blalock: Postponing means signing that baby’s death warrant. I will not be the one to do that.

Walter: But they’ll ruin you.

Dr. Blalock: Walter, I’m operating tomorrow.

Walter: Oh, Al. You’re rushing this... because you don’t want to admit to those parents... that you spoke too soon.

(In Dr. Blalock’s home)

Mary: You should come to bed.

Dr. Blalock: I tried that.

Mary: Can I give you a ride to the hospital tomorrow?

Dr. Blalock: Thanks. I could use the lift. I don’t trust myself behind the wheel.

Mary: Al, anybody would be nervous.

Dr. Blalock: It’s not that. I was just thinking about a remark you made. You said I used to be wild... not just ambitious. But I wonder if my ambition hasn’t driven me wild.

(In the room outside the operating room)

Vivien: Dr. Taussig. Professor. I just wanted to wish good luck to everyone.

Dr. Taussig: Thank you, Vivien.

Dr. Longmire: Thanks, Vivien.

Dr. Blalock: (shakes his head)

Dr. Blalock: We’re going to block that baby’s pulmonary artery for 30 minutes.

Dr. Taussig: As long as her blood pressure doesn’t go below 60, I think she should be fine. I don’t think she can survive much lower than that. Isn’t that right, Dr. Harmel?

Dr. Harmel: Not below 60. That’s right, Doctor.

Dr. Longmire: Dr. Blalock, they’re ready.

Dr. Taussig: Doctor.

(In the operating room)

Walter: Coming in now.

Dr. Blalock: Dr. Longmire.
Walter: What is going on?

(In the room outside the operating room)

Dr. Longmire: They won’t page him.
Dr. Blalock: Why not?
Dr. Longmire: Something about hospital policy.

(In the waiting room)

Dr. Blalock: Page Vivien Thomas immediately.
Mr. Saxon: Dr. Blalock, what’s wrong? What’s happened?
Dr. Blalock: It’s all right. I won’t tell you again. Page him.
Receptionist: We’re only allowed to page doctors.
Dr. Blalock: Give me that, goddamn you. Vivien Thomas, paging Vivien Thomas. You’re wanted in OR right now. Come on the run, do you hear? This is Blalock.

(In the cafeteria)

Vivien: Thank you, May.
Cafeteria worker: Good luck.

(In the waiting room)

Mrs. Saxon: Uh.
Mr. Saxon: Jesus.

(In the room outside the OR)

Dr. Blalock: About time. Scrub up.
Vivien: Scrub up?
Dr. Blalock: You’re coming in with me. Would you find Mr. Thomas something to stand on?
Vivien: What for, Doctor?
Dr. Blalock: You’re talking me through this. Now scrub up.

(In the operating room)

Woman doctor: What’s he doing here?
Man doctor: What the hell is that?
Dr. Hecker: I’ll see about this.
Dr. Taussig: Should we say a prayer?
Dr. Blalock: Forget it. He won’t listen to me.
Dr. Hecker: Dr. Blalock, a word. (to Vivien) You can resume your duties.
Dr. Blalock: (to Dr. Hecker) These are his duties. (to Vivien) Can you see now?
Vivien: Yes, Doctor.
Dr. Longmire: Okay, I think we’re ready to start.
Dr. Blalock: Okay, we’re going in.
(In the waiting room)

Mary Blalock: It’s going to be all right. It’ll be just fine. She’ll be all right.

(In the operating room)

Dr. Blalock: Incising the mediastinum pleura... from the main left pulmonary artery.

Vivien: To the apex of the pleural space.

Dr. Blalock: I’m dissecting the pulmonary artery.

Vivien: Well back into the mediastinum.

Dr. Blalock: This all right, Vivien?

Vivien: That looks fine.

Dr. Blalock: The right angle clamp. Okay, I think it’s holding.

Vivien: Are you able to deliver to the left subclavian artery?

Dr. Blalock: I believe so. Blood pressure?

Dr. Taussig: 70, falling.

Dr. Blalock: Do not move that light!!!

Dr. Blalock: And now ... I'm dividing the ...

Vivien: Careful.

Dr. Blalock: Clamp it! Clamp it!

Dr. Longmire: I can't reach it, Doctor.

Dr. Blalock: I got it. Hemorrhage controlled.

Vivien: Can you see, Doctor?

Dr. Blalock: Not really. Nurse. For goodness sake, can't you even see my ears?

Nurse: Sorry, Doctor.

Dr. Blalock: Suture.

(In the waiting room)

We see Mary pacing back and forth and Mr. and Mrs. Saxon sitting nervously. No dialogue.)

(In the operating room)

Dr. Taussig: Blood pressure is 68.

Dr. Blalock: Yes, yes, go on.

Vivien: Watch the carotid. Yes, traction on the suture.

Dr. Blalock: Okay, now the clamp Vivien made.

Nurse: What clamp?

Vivien: The one just there. Right there, yes.

Dr. Blalock: We’re about to connect the shunt.

Dr. Taussig: Blood pressure is 60. No, 59.

Dr. Blalock: I know, I’m almost there. Now front, interrupted.
Vivien: That’s good, Doctor. Just a little more now.
Dr. Blalock: Removing the bulldog clamp.
Dr. Longmire: I see some bleeding right ......
Dr. Blalock: I know, I see it, too. Suture! Suture!
Vivien: No, Doctor, the other way.
Dr. Blalock: Yes. Yes.
Vivien: Good, you got it now.
Dr. Blalock: Bleeding controlled. I’m palpating the connection.
Vivien: What do you feel?
Dr. Blalock: I can’t tell if blood is flowing through the shunt. It’s just too small to feel anything.
Dr. Longmire: Dr. Blalock, you have to see this.
Dr. Blalock: Oh, ho. My God.
Dr. Taussig: Her blood pressure is rising.
Dr. Blalock: Evacuate the blood in the chest cavity. Put in the chest tube. Are we inflating the left lung with oxygen? Ready for closure.

(In the waiting room)

Walter: Who would have thought it possible? Heart surgery. And we did it right here in Johns Hopkins.
Mr. Saxon: Thank you, Dr. Blalock.
Mrs. Saxon: Thank you so much.
Mary: I knew you could do it.

(Outside Walter’s office)

Walter: Some operation, huh?
Unidentified doctor: Amazing.
Unidentified doctor: That child’s chances were so slim. Took a hell of a surgeon to pull her through.
Unidentified doctor: He was lucky to have that nigger in there with him.
Unidentified doctor: Thomas sure saved his ass.
Unidentified doctor: I’d like to see him try it without him.

(In Dr. Blalock’s Lab)

Dr. Blalock: You did well in there, Vivien.
Vivien: Thank you. You performed an excellent surgery, Doctor.
Dr. Blalock: Yes. I think I did.

(In the hospital reception room)

Dr. Taussig: Please, I understand. This is a hospital.
Can you please keep your voices down? I can understand how you all must feel.
Appendix 5. Something the Lord Made  Idiom page 56-60
*387. this isn't grand opera. = an opera or play with a serious subject; in other words, “This isn’t as important to my reputation as you say” or “If I fail, it’s not going to ruin my reputation.”

*388. Postponing means signing that baby’s death warrant. = an official document which certifies that somebody has died; in other words, Dr. Blalock thinks that if he doesn’t try, he is responsible for the baby’s death

*389. But they’ll ruin you. = here, he means “ruin your reputation as a doctor and professor”

**390. I could use the lift. = a ride; in other words, “It would be very helpful if you drove me to the hospital.”

**391. I could use the lift. = This expression is used when you want to say “yes” to an offer.

A. - - Would you like a drink?  
   - - Thanks. I could use a drink.

B. - - We’re going for lunch. Would you like to come?  
   - - Thanks. I could use something to eat.

*392. I don’t trust myself behind the wheel. = here he means “behind the wheel of a car” or in other words “I don’t trust myself to drive a car in my condition.”

**393. But I wonder if my ambition hasn’t driven me wild. = make somebody do something crazy; make somebody lose control of his her emotions or normal behavior

A. Sometimes love drives people wild.

B. Her ambition to succeed has driven her wild.

**394. As long as her blood pressure doesn’t go below 60, I think she should be fine. = if; since; on the condition that

A. As long as you finish all your work, you may go home early.

B. As long as it is not raining, shall we take a walk in the park
**395. I don't think she can survive much lower than that. Isn't that right, Dr. Harmel? = live; continue to live in spite of difficulties; in other words, Dr. Blalock means, “I think the baby will die if the blood pressure goes much lower than that.”

*(Page 24 of the script)*

*396. They won’t page him. = call somebody’s name aloud on an intercom system or a public address system such as in a hospital, airport, hotel, etc.*

*397. Something about hospital policy. = This phrase is used when you cannot, do not want to, or do not need, or don’t think you need to explain something exactly or in detail

A. - - What did he say? Why doesn’t he want to come with us.
   - - Oh, something about his having to finish a lot of work.
B. - - What reason did they give for rejecting you?
   - - Oh, something about my not having enough experience.

**398. Come on the run, do you hear? = come as fast as you can.

A. Get here on the run! Do you hear me?
B. - - OK. I’m leaving now.
   - - Come on the run. Otherwise, everyone will be gone already.

**399. About time. Scrub up. = This phrase is used when you want to tell somebody that you are a little annoyed with somebody because they are late. It is short for “It’s about time you arrived!”

A. - - Sorry I’m late.
   - - Yeah! About time. I’ve been waiting for 20 minutes!
B. - - About time they got married. They’ve been living together for 10 years.

**400. About time. Scrub up. = wash your hands thoroughly; this phrase is often used by surgeons or doctors.*

*(Page 25 of the script)*

**401. I’ll see about this. = *(Inseparable, transitive phrasal*
**verb** This phrase is used when somebody is angry and threatens to do something to somebody later. It’s similar to “We’ll see about this.” which Dr. Hecker said to Vivien on page 9 of the script.

A. - - I have every right to use this computer.
   - - **I’ll see about this!**

B. - - John reserved this room, so he has the right to use it now. You’ll have to wait until he is finished.
   - - **We’ll see about this.**

**402. Dr. Hallock, a word.** = This is short for I want to say something usually urgent or serious to you.

A. - - Mr. Kenny. **A word!**
   - - Oh! Oh! You’re in trouble.

B. I had a word with your boss about your request to change your schedule.

*403. You can **resume** your duties. = continue doing what you have been doing

*(Page 26 of the script)*

**404. Incising** the mediastinum pleura = a formal way to say “cut”

**405. Incising the mediastinum pleura** = the place in the lungs between the two lung sacs which contain the viscera

*406. To the **apex** of the pleural space = top or highest part of anything

*407. I’m **dissecting** the pulmonary artery. = cut open in surgery or cut up the body of a dead animal to study it

**408. The **right angle clamp.** = a clamp (#207) in the shape of a 90 degree angle of like the side of a square

*409. I got it. **Hemorrhage** controlled. = a serious condition in which a person is bleeding too much, often internally inside the body

%**410. For goodness sake, can't you even see my ears? = This
expression is used when somebody is annoyed (as in this case), surprised, or in a hurry.

A. Oh, for goodness sake, let me do it. Give it to me!
B. For goodness sake, I haven’t seen you for years! How have you been?

&411. Watch the carotid. = see #326: the artery in your neck that supplies blood to the head

&412. Yes, traction on the suture. = see #264: the ability to get something to move or to get a wheel to roll and not to slide without moving

**413. We’re about to connect the shunt. = will soon do something
   A. I was about to leave when the phone rang.
   B. We’re about to eat. Please wash your hands and come to the table.

(Page 26 of the script)

*414. I’m palpating the connection. = touch and press a patient’s body during a medical examination or during surgery

**415. I can't tell if blood is flowing through the shunt. = don’t know; can’t see
   A. I can’t tell whether anyone has eaten any food or not. It seems to be just like after I made it.
   B. I can’t tell whether he likes it or not; there is no expression on his face.
   C. - - Can you tell how the weather is just by looking out the window?
      - - No, I don’t think so.

*416. Evacuate the blood in the chest cavity. = leave a place; in this case, it means that they should stop surgery on this baby’s heart

&417. Evacuate the blood in the chest cavity. = a formal way to say “the chest”, where the heart and lungs are

*418. Are we inflating the left lung with oxygen? = put air in; fill with
air or oxygen

*419. Ready for **closure** = finish something; in this case, sew up the place of surgery

**420. That child’s **chances were so slim**. = not much chance for success
   A. That team’s **chances** for winning the tournament are slim.
   B. My **chances** for getting the job were slim, but somehow I got it.

*421. **Took a hell of a** surgeon to pull her through. = This phrase is used to describe something that is difficult yet impressive
   A. Takes a hell of a **cook** to please her, but Bob’s cooking really impressed her.
   B. Took a hell of a **ice skater** to win a Gold Medal in the Olympics.
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