

OXFORD ENGLISH FOR CAREERS

Student's Book

MEDICINE¹

Sam McCarter



Essential skills for doctor-patient communication

Contents

CAREER SKILLS AND KNOWLEDGE

LANGUAGE SKILLS

LANGUAGE KNOWLEDGE

It's my job	Patient care	Culture project/ Project	Listening	Reading	Speaking	Writing	Language spot	Vocabulary	Pronunciation
1 Presenting complaints ♦ p.4									
Dr Gillian Henderson – cardiologist	Understanding culture: interpreting body language	Personal details Presenting complaints	A case report	Diagnosing presenting complaints	A case report	Asking short and gentle questions Tenses in the present complaint	Describing pain	Medical terms: word stress	
2 Working in general practice ♦ p.12									
Short questions in the general history	Research into general practice in the UK	Description of a GP's job A case history Short questions in the general history	Social factors in general practice	GP statistics Case history role-play	A referral letter	Present Perfect and Past Simple	Medical jobs Signs and symptoms Non-technical language	Medical jobs: main stress Questions: rising and falling intonation	
3 Instructions and procedures ♦ p.20									
Dr Franco Carulli – newly qualified doctor	Preparation for carrying out a procedure	Preparing for the first ward round Giving instructions	Direct Observation of Procedural Skills	Explaining a process (hand washing) Explaining a procedure Case presentation	Case notes	Giving instructions Explaining procedures Making polite requests	Instructions for a procedure		
4 Explaining and reassuring ♦ p.28									
	Research into complications	Student care Explaining a gastroscopy Emphasis Discussing complications	Gastroscopy	Explaining procedures Acknowledging visual cues	An explanation of possible complications	Explaining procedures with the Present Passive and going to future	Adjectives to describe procedures Explaining complications and reassuring the patient	Word stress: suffixes	
5 Dealing with medication ♦ p.36									
Joyce Carne – nurse practitioner	Research into clinical incident reporting	A patient's chart Benefits and side effects	Concordance	A drug chart Explaining medications	Clinical incident reporting	Phrasal verbs Explaining side effects: <i>can/may</i>	Abbreviations	Language for exercise	Word stress in noun phrases
6 Lifestyle ♦ p.44									
	Research in medicine	Family history and social history Being sympathetic	Overweight and obesity	Making changes Stress Exam practice	An email about dealing with stress	Encouraging patients and making suggestions			

Reading bank • p.52

- 1 'TV doctor'
- 2 Medicines
- 3 Assessment

- 4 The language barrier
- 5 The placebo effect
- 6 Salt caves

- 7 Children's sleep
- 8 What a half-smile really means
- 9 Understanding psychiatry

- 10 Keeping the memory of loved ones alive
- 11 Being a midwife
- 12 Maori health providers in New Zealand

Reading bank key p.64

7 Parents and young children • p.66

Dr Nasrin Ahmed
- paediatrician

Baby's six-week check
Applying for work

Talking about oneself
Reassuring an anxious parent
Sharing experiences

Recommendations for the use of the vaccine

Empathizing
Practising for OSCE scenarios

Reflecting on one's own experiences

First Conditional vs Second Conditional

Qualities of a good paediatrician
Non-technical language
Signs and symptoms

8 Communication • p.74

Understanding why patients can appear vague
Asking and responding to open questions

Information web search: TWEAK

Acknowledging verbal cues
Appropriate responses

Barriers to prevention

Considering what the patient thinks
Dealing with a defensive patient

Writing accurately for training or work applications

Open and closed questions

Alcohol

Stress in the sentence

9 Working in psychiatry • p.82

Dr Tom Turner
- psychiatrist

Asking about self-harm

Describing patients

Eliciting the history

Mini-mental state examination

Notes from a mental state examination

The Simple Past and the Past Perfect
Wishes and consequences in negotiations

Appearance, behaviour, and manner

Weak forms

10 Terminal illness and dying • p.90

Frances MacGregor
- Marie Curie nurse

Care in the community

Recognizing and dealing with patients' emotions
Informing a relative about a death

Breaking bad news

A debate about donor cards
Coping mechanisms

Preferred coping mechanisms

Expressing likes, dislikes, and preferences

Reactions to bad news
Words and phrases related to death

11 Working in a team • p.98

Dr Omar Noori
- phlebotomist

Finding out about politeness in different cultures

Appropriate responses
Asking a senior colleague for help

Syllabus and Competences of the Foundation Programme

Communicating with a consultant
Interrupting a colleague
Interview panel

Describing an example of good practice

Being polite

Teamwork
Describing attitude and behaviour

12 Diversity at work • p.106

Asking about culture
Spiritual needs in palliative care

Name awareness

Avoiding and responding to tactless comments

A multicultural UK
Cultural awareness
Reporting and clarifying
Diversity committee
Patients' spiritual needs

A response to a report

Reported speech

Awareness of feelings

Saying long sentences

Speaking activities • p.114

Grammar reference • p.122

Listening scripts • p.132

Glossary • p.139

1 Presenting complaints

Check up

1 Work in pairs. Match each photograph with what the person is saying.



1 I just need to find Mr Jensen's notes.

2 My hospital number? It's 3438235 and my GP's name is Dr Lane.

3 Good morning, Mrs Dean. My name's Dr Bray.

4 Sorry, I don't know my GP's phone number. Can I leave that blank?

- 2 How important are accurate patient records? Give reasons.
- 3 In your country, are patient records kept on computer or on paper? Which of these two systems do you think is better? Why?

Listening 1

Personal details

1 Listen to the chart containing personal details of Mr Karlson. Then listen and correct any details 1-8 that may be wrong. Tick (✓) items that are correct.

Surname: *Johnson* Karlson 1
 First name(s) *Dave Ian* Sex M
 Address *3 Park View Mansions,* _____ 2
Castlefield Manchester M6 7DE
 Admission details *Duncan Ward at 4 p.m.*
on 9 November 2008 _____ 3
 Hospital No *19736045* _____ 4
 DOB *27 10 53* _____ 5
 Telephone number *0166 405 7001*
 Marital Status *Single* _____ 6
 Occupation *Postman* _____ 7
 GP *Dr Khan* _____ 8
C/o pain in right arm

- 2 Listen again and check your answers.
- 3 Work in pairs. Decide what questions the doctor asks for each piece of information on the form.

Language spot

Asking short and gentle questions

- Ask gentle questions to put the patient at ease. Use *Can you tell me what / who + noun + verb?*
What's your surname / family name?
Can you tell me what your surname / family name is?
- Remove words to make questions shorter.
What's your first name? Your first name?
Have you any other names? (And) Any other names?

» Go to Grammar reference p.122

In this unit

- ◆ asking about personal details
- ◆ asking questions about the presenting complaint
- ◆ describing and asking about pain
- ◆ writing up a case report

- 1 Make gentle questions or short questions for the questions you made in *Listening 1, 3*.
- 2 When taking the history of the presenting complaint (HPC), you often ask about pain. Use these words to complete the questions.

makes it worse / better?	did it start?
on?	you up at night?
spread anywhere else?	the pain is like?
had the pain?	get the pain?
the pain for me?	had the pain before?
constant?	

- a Where do you _____
- b Does the pain _____
- c Does it wake _____
- d Can you tell me what _____
- e Can you describe _____
- f How long have you _____
- g Is there anything which _____
- h When _____
- i Is there anything which brings it _____
- j Is the pain _____
- k Have you _____

- 3 Work in pairs. Match these words to a question in 2.

- 1 f duration
- 2 _____ onset
- 3 _____ severity
- 4 _____ trigger
- 5 _____ radiation
- 6 _____ and _____ character
- 7 _____ exacerbation / alleviation
- 8 _____ site
- 9 _____ previous episode
- 10 _____ constancy

- 4 Work in pairs. Each choose a pain and ask each other questions to identify the pain.

Listening 2**Presenting complaints**

- 1 Work in pairs. What do you think each patient in pictures a–h might be complaining of?



- 2 Listen. Match each picture in 1 with a conversation.

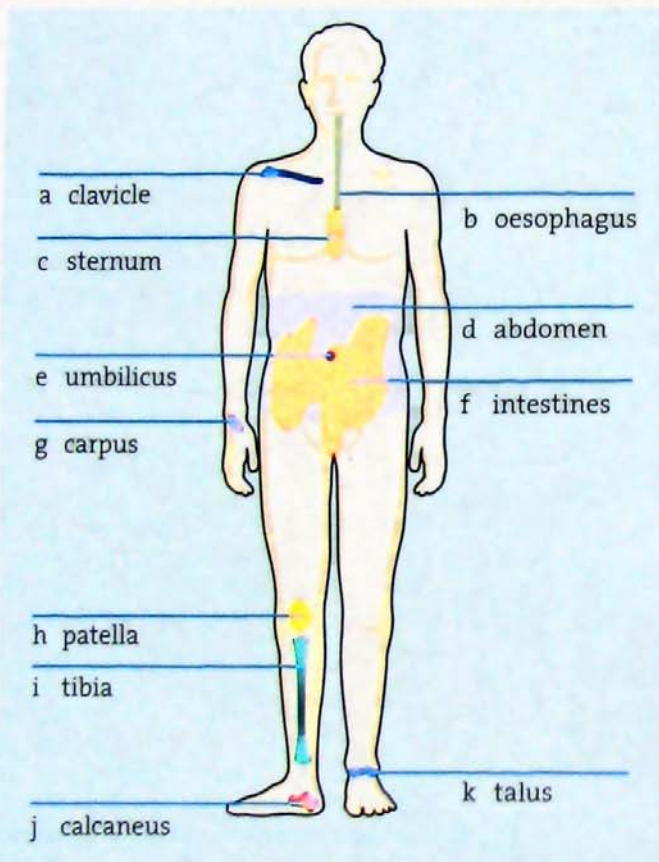
- | | | | |
|---------|---------|---------|---------|
| 1 _____ | 3 _____ | 5 _____ | 7 _____ |
| 2 _____ | 4 _____ | 6 _____ | 8 _____ |

- 3 Listen again. What three questions are used by the doctor to ask about the presenting complaint (PC)?

- 1 What's _____?
- 2 Can you tell me what _____?
- 3 What can _____?

- 4 What other questions can you use to ask about the PC?

- 5 Listen to five people stating where they are having a problem. Which part of the body are they referring to?
- 6 With a partner, think of non-technical terms for body parts a-k.



- 3 Cover the stress patterns in 1. Take turns saying a word to your partner, who will then identify a stress pattern 1-4.
- 4 Try not to look at 1 and 2. Work in pairs. Take turns reading the sentences below by adding the correct words that match the stress pattern.
 - a Mrs Evans can't walk properly. She's got a pain in her
 - b He's very tender here on the right side of the
 - c Ahmed's feels as if it's on fire when he swallows.
 - d He damaged his when he fell on the pavement.
 - e James has got a crushing pain around the ,
 - but nothing in his arms or legs.
 - f I think there is a fracture in the in the right hand.
 - g The pain radiates from around the to the back.
- 5 Work in small groups. Take turns describing a patient you have treated with a problem related to the parts of the body a-k and then answer questions from the group members.

What ...

... investigations did you carry out?

... was the treatment?

... was the prognosis?

Pronunciation

Medical terms: word stress

- 1 Work in pairs. Write words from a-k above that match each of these stress patterns.

- 1 _____ , _____ , _____
- 2 _____ , _____ , _____
- 3 _____ , _____ , _____
- 4 _____ , _____ , _____

- 2 Listen and check your answers.

Vocabulary

Describing pain

- 1 Work in pairs. Which descriptions 1-10 do you associate with the conditions a-j? In some cases, there may be more than one answer.

- | | |
|------------------------------------|-----------------------------|
| 1 piercing / boring | a sciatica |
| 2 extremely severe / intense | b ureteric colic |
| 3 aching | c acute pancreatitis |
| 4 scalding / burning | d appendicitis |
| 5 like a tight band around my head | e degenerative arthritis |
| 6 dull / persistent / vague | f cluster headache |
| 7 excruciating / thunderclap | g cystitis |
| 8 shooting | h tension headache |
| 9 spasmodic | i sub-arachnoid haemorrhage |
| 10 crushing / gripping | j angina pectoris |



Use **SOCRATES** in the history of the presenting complaint to help you remember the main questions you need to ask about pain: **s**ite; **o**nset; **c**haracter; **r**adiation; **a**ssociations; **t**iming; **e**xacerbating and **a**lluviating factors; **s**everity

differentiate (v) distinguish; tell the difference between

- 2 Work in pairs. Decide how you would differentiate between the pain in b–e in 1. Give reasons for your answer.
- 3 For each description, write M (mild), S (severe), or V (very severe). Then say which condition a–j in 1 each patient below is possibly describing.
 - 1 _____ I get this vague headache sometimes during the week.
 - 2 _____ The headache is excruciating. I can't bear to look at the light.
 - 3 _____ The pain in my stomach is so bad it makes me double up.
 - 4 _____ I get this sharp pain when you press my side here on the right and then let go.
 - 5 _____ All my joints hurt. I am wracked with pain.
- 4 You can ask a patient to describe pain on a scale of 1 to 10. What other ways can you ask a patient to assess the severity of pain?

It's my job

- 1 Before you read the text about Dr Henderson, a cardiologist, discuss with a partner what you think being a cardiologist involves.
- 2 All of the statements below are true. Find information in the text to support each statement.
 - 1 Dr Henderson's team is very skilled.
 - 2 The work of her team depends on the support of other people.
 - 3 Details about the closest relative are taken from patients.
 - 4 Patients have two numbers (other than their phone number) on their hospital records.
 - 5 The data collected need to be accurate.
 - 6 Checks are carried out to make sure patients are who they say they are.

Dr Gillian Henderson

My name is Dr Henderson. I'm a cardiologist at a London hospital. The highly trained team of which I am part deals with the diagnosis, investigation, and treatment of patients with all forms of heart disease, including cardiac transplantation and some sorts of vascular disease.

None of our work would be possible without the support of other people in the hospital team – the triage nurses, the receptionists, and so on. Their work is vital to the smooth running of the department. When patients arrive for the first time, personal information is taken: name, address, telephone numbers, next of kin for contact in case of emergency, and other information such as their GP's name and address, their NHS number, and their unique hospital number.

We deal with a large catchment area and also deal with referrals from outside the area, tourists, visitors to A&E, private patients, and so on, so the potential for confusion is great unless the data that are taken are accurate and the systems secure.

At various stages of patients' contact with the hospital, information is checked to make sure it is correct and that the patients can confirm their identity. For example, on arrival at a clinic patients might be asked their GP's name or part of their telephone number, for example the last three numbers. Then during the consultation a nurse or a doctor might also ask their date of birth. All this is for the benefit of the patient to ensure the hospital team does not make mistakes and people do not use patients' details fraudulently.

We can then turn to dealing with the patients' treatment in safety.



A & E (n) Accident and Emergency

rappor (n) relationship

••••• inspiratory

••••• crepitations

Listening 3

A presenting complaint



1 Work in pairs or groups. Decide what the abbreviations below stand for.

*Pulse 100/min
 BP: 100/70 mm/Hg
 JVP Not elevated
 CVS NAD
 O/E
 Widespread early inspiratory fine crepitations audible
 abdomen - normal
 CNS - NAD*

2 Listen to part of a conversation between Dr Martin, a doctor in A&E, and Mr Wood. As you listen, make your own notes about Mr Wood's presenting complaint.

Speaking

- 1 Discuss the signs above.
- 2 Discuss the correct diagnosis for the shoulder pain.
- 3 Decide what the diagnosis was on arrival at the hospital.
- 4 Outline your immediate treatment.

Language spot

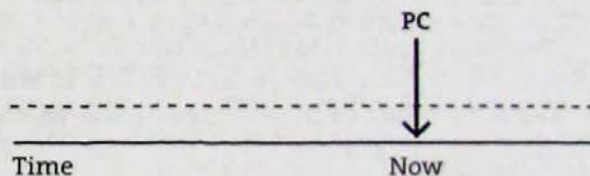
Tenses in the presenting complaint

Understanding the time patients are referring to when they speak is crucial to making a correct diagnosis. You should be very comfortable understanding the difference between the Present Simple, Present Continuous, Present Perfect, and Present Perfect Continuous.

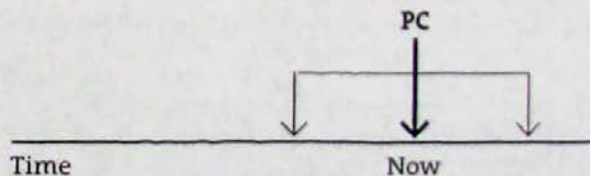
Go to **Grammar reference** p.122

1 Decide whether each sentence a-i relates to the time shown in diagrams 1, 2, 3, or 4 below.

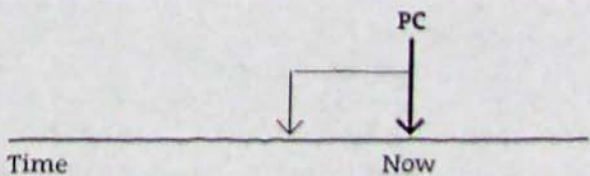
PC = Presenting complaint



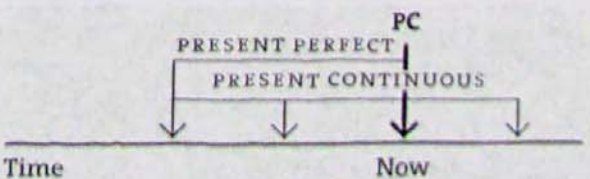
1 Present Simple



2 Present Continuous



3 Present Perfect



4 Present Perfect Continuous

- a 1 I've got a headache.
- b I've been having this shooting pain in my leg.
- c I keep getting these flashing lights around my eyes and a sharp pain.
- d I have been having these terrible backaches.
- e The pain goes right through you.
- f Have you been having any pain?
- g I'm getting these headaches off and on now.
- h I'm not taking anything for them.
- i The attacks have increased.

2 Work in pairs. Complete the sentences below with the correct form of the verb. If more than one tense is possible, explain the difference.

- 1 My mother (have) these pains since last Tuesday. She still has them.
- 2 (you normally go) for a run at the same time every day?
- 3 The pain (ease) a little since yesterday. It's better now.
- 4 I (lie) in bed for four weeks now. I haven't been out of it once, doctor.
- 5 I can see the rash (get worse). It's much redder.
- 6 I (not take) any medication at the moment.
- 7 (pain spread) to your shoulder or is it just here?

Speaking

1 Work in pairs. Decide what possible conditions the notes below relate to.



pain just above belly button; goes through to back; makes me double up; worse after a fatty meal; drink a lot (alcohol); sharp pain; had it several times before; pain there all the time; came on after dinner last night



sharp pain in the right side; makes me double up; never had it before; feeling sick; side very tender to touch; only thing relieves it is bending knees to chest



- 2** Work in pairs. Decide what questions the doctor asked in each case. Take turns asking and answering questions.
- 3** Student A, go to page 114. Student B, take a history from Student A. Write notes as you listen and decide what the patient's complaint is.
- 4** Student B, go to page 116. Student A, take a history from Student B. Write notes as you listen and decide what the patient's complaint is.

Culture project

Being aware of your own body language and the body language of your patients will help you in taking a history.

- 1 Find a picture a-c to match each description of body language 1-7.



- 1 a The doctor is not sure about what he is saying.
 - 2 a, b, c The patient is not comfortable or at ease.
 - 3 The patient is angry.
 - 4 The doctor is bored and unsympathetic.
 - 5 The doctor is showing interest and inviting the patient to continue speaking.
 - 6 The patient doesn't understand what the doctor is saying.
 - 7 The doctor and patient aren't communicating.
- 2 In groups, discuss what the body language in 1 would mean in your own culture.
 - 3 Use the internet to find:
 - 1 other fields besides medicine where understanding non-verbal communication is important.
 - 2 what a patient-centred approach in history taking means.
 - 3 what the Calgary Cambridge method is.

clerk (a patient) (v) take a history from a patient and write it up

Writing

A case report

- 1 Complete the extract from the case report written by Dr Martin after the consultation with Mr Wood on page 8. Insert the verbs in the correct form into the appropriate blank space.

present have be smoke
be work radiate

A 49-year-old man presented 1 in A & E with chest pain. He had had the pain for 3 hours prior to arrival. The pain _____ 2 in the centre of his chest and _____ 3 to his left shoulder.

He _____ 4 a history of chest pain on exercise, which has been present for the previous six months.

He _____ 5 approximately 20 cigarettes a day and _____ 6 teetotal. He has been prescribed aspirin, B-blockers for the previous two years, and a GTN spray to use as required, which is two to three times per week. His father died of a myocardial infarction aged 65. He _____ 7 as a gallery attendant.

- 2 Complete the clerking from these notes.

O/e sweaty but no abnormalities in CRS. BP 138/82 PR 110/min regular. He give analgesia streptokinase IV beta blockers-continue. Pain settle and after two days begin mobilize

Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can ask a patient about personal details.
- I can ask about the presenting complaint.
- I can ask a patient about pain.
- I can understand time relationships in the PC and HPC.

Key words

Nouns

body language
culture
non-verbal communication

Adjectives for pain

aching
boring
burning
crushing
dull
excruciating
gripping
intense
persistent
piercing
scalding
severe
shooting
spasmodic
thunderclap
vague

Useful reference

Oxford Handbook of Clinical Medicine
7th edition, Longmore et al,
ISBN 978-0-19-856837-7

2 Working in general practice

Check up

1 Work in pairs. Can you predict what each person's job involves? What do you think are their main responsibilities within the team?



In this unit

- Past Simple and Present Perfect
- asking questions in the family history
- using non-technical language
- asking questions in the general history
- writing a referral letter

- 2 What do you think is the most stressful aspect of medical work? What is the most rewarding?

Vocabulary**Medical jobs**


- 1 Match these jobs to the pictures on page 12.

- | | |
|------------------------|-------|
| 1 practice manager | _____ |
| 2 receptionist | _____ |
| 3 general practitioner | _____ |
| 4 midwife | _____ |
| 5 district nurse | _____ |
| 6 health visitor | _____ |
| 7 practice nurse | _____ |

- 2 Add the job titles of the people in 1 on page 12 to the sentences below. You can use singular or plural nouns.

- 1 A practice is run by a _____.
 - 2 _____ work with individuals, families, and groups like the elderly and new-born babies in the community.
 - 3 _____ need very good interpersonal skills because they are the first contact people have with the practice.
 - 4 Ninety-seven per cent of the UK population is registered with a _____.
 - 5 The duties of a _____ include 'traditional' nursing skills and running specialist clinics for immunization, diabetes, and so on.
 - 6 An important link between hospitals, GPs, and other health professionals involved in antenatal care is the _____.
 - 7 _____ visit those who are housebound or those recently discharged from hospital and / or dress wounds.
- 3 A GP's place of work is called a surgery. *Surgery* also refers to the time GPs see patients. Do doctors work outside hospitals in your country? If so, where?


Pronunciation 1**Main stress**

- 1  Listen and mark the main stress in the words and phrases.

- 1 
- 2 
- 3 
- 4 
- 5 
- 6 
- 7 

- 2 All of the people in the pictures in *Check up* work as part of GP practice team. In groups, discuss how each person supports the GP in his / her work. Which person in your opinion is the most important besides the GP?
- 3 Discuss who does the work of the people above in your country.

Listening 1**A GP's job**

- 1  Listen to a GP talking about her work in an inner city area. Decide whether these statements about her work are true (T) or false (F).
- 1 The GP works in the centre of London. _____
 - 2 High crime rates do not affect the people working at the GP practice. _____
 - 3 The workload is lighter than in rural areas. _____
 - 4 Patients move from one GP practice to another. _____
 - 5 GPs receive no extra payment for working in deprived areas. _____
- 2 Work in pairs. Compare and contrast working in city urban and rural areas in your home country.

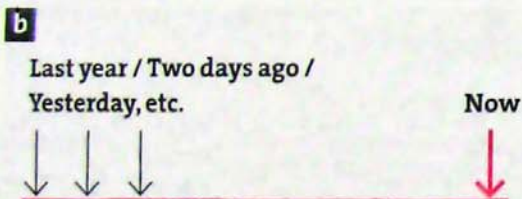
Language spot

Present Perfect and Past Simple

- We use the Present Perfect for actions which happen in the past at any time up to now. The exact time is not known or not defined.



- We use the Past Simple for specific times in the past. The exact time is known or defined, but sometimes the time is not mentioned.



- When you take a history, pay attention to the patient's use of the Past Simple and the Present Perfect. Look at this statement from *Listening 1*:

In recent years many developments, both technological and social, have occurred.

The time of the occurrence of each event is not specific. Look at diagram A above.

I started work as a GP in this area over 20 years ago.

The tense is the Past Simple. The time is specific. Look at diagram B above.

- Now look at the relationship in a case history between the Present Perfect and Past Simple.

DOCTOR: *Have you ever had a headache like this before?* (Present Perfect)

PATIENT: *Yes. I had a similar headache three months ago.* (Past Simple)

» Go to **Grammar reference** p.123

- Use these words to make sentences.

- coughing start five days ago be so bad it wake me up every night.
- when attacks first come on?
- anything make it worse since start?
- he never take any medication in his life.
- what happen when you be near animals as a child?
- my father die over 20 years ago.
- you get these problems every day when you live in Africa?
- ever have coughing attacks like this before ?
- your family ever have illness like this as far as you aware?

- Work in pairs. Ask each other questions using these phrases.

travel abroad	be a patient
be in hospital as a patient	read a novel in English
use the internet to study	ride a motorcycle

BEGIN:

Have you / Has anyone in your family ever ...?

When / Where did you ...?

Did you / How often did you?

Did you ...?

- Work in pairs. Decide the questions you would ask patients about themselves or their family in the past to find out about:

- pain.
- cough.
- food poisoning.
- similar illness.
- headache.

- Role-play a patient and a doctor. Ask each other questions about the symptoms in 3.

Speaking

- Work in pairs. Look at the extract from a talk about general practice in the NHS. Student A, go to page 114. Student B, go to page 116. Ask each other questions to complete the missing information in your text.
- Work with a partner and discuss these topics.
 - The recent history of the health care system in your home country
 - The most important feature of the health care systems where you come from

civil servant (n) an employee of the government like a teacher or doctor.

contributory (adj) helping to cause

locum GP (n) a GP who stands in for another doctor who is temporarily away on holiday or off sick

precipitants (adj) factors which cause something

productive (adj) producing a substance (like sputum)

siblings (n) brothers and sisters

Listening 2

A case history

- Before you listen to the conversation between Mr Bloomfield, a 28 y/o civil servant, and a locum GP, Dr Dickson, look at the notes below. With a partner, discuss why the past medical history, family history, personal and social history, and drugs and allergy history are important.
- Listen and complete the notes below.

PC

C/o breathlessness, 3/52

_____ 1, _____ 2, *productive* _____ 3
with *white* _____ 4

HPC

Attacks worse: _____ 5 and _____ 6

Cough wakes patient about _____ 7 times/week

Other symptoms: chest _____ 8

Contributory causes: no _____ 9 precipitants;
history suggests _____ 10

PMH

No history of _____ 11 attacks

Family History

Mother/sister: _____ 12

- Work in small groups. Discuss these questions.
 - What is the differential diagnosis?
 - What investigations would you do?
 - What treatment do you think should be given?
- The doctor does not take a detailed family history or social and personal history because most of this is recorded on the patient's notes. If a doctor is seeing a patient for the first time, what questions should he / she ask in the family history about:
 - siblings?
 - children?
 - close relatives?
 - parents?
 - family illness?

Vocabulary

Signs and symptoms

- Decide whether these are signs or symptoms. Some may be both.

Condition a

- blocked nose
- raised temperature
- tender over sinuses
- headache worse on bending
- runny nose

Condition b

- breathlessness
- tachypnoea
- tight chest
- night and morning coughing
- prolonged expiration
- wheeze

Condition c

- raised pulse
- recent vomiting / diarrhoea
- dehydration
- abdominal tenderness
- crampy abdominal pain

- Work in pairs. Discuss which conditions the signs and symptoms in 1 might relate to.
- On your own, make a list of the signs and symptoms you would expect to see in a patient with a) diverticular disease and b) pneumonia. Compare your answers for both patients with a partner.

Speaking

- Work in pairs. Take turns role-playing the conversation between Dr Dickson and Mr Bloomfield. Use the notes from the exercise to guide you.
- Discuss what questions you would ask about conditions a, b, and c above.
- What investigations could you do, if any, to confirm the diagnosis in each case?

drink socially (v) consume alcohol with friends – not on a regular basis

waterworks (n) the urinary system



Vocabulary

Non-technical language

- When you speak to patients, you need to use non-technical language that the patient understands. Look at the two example questions from the case history. Which verb means *precipitate* and which means *start*?
 - When do the attacks *come on*?
 - Are you aware of anything that *triggers* the attacks?
- Work in pairs. Replace the technical words in italics with non-technical words from the list. You may have to change the form of the word.

avoid	admit	have / have got
prone	do	to come and go
stick to	book	there all the time

 - We're going to *have to perform* a few tests.
 - She's *suffering from* a very bad bout of flu.
 - It might be a good idea to *refrain from* fatty foods for a while.
 - He is *susceptible* to many minor illnesses.
 - You said the cough *is intermittent*.
 - Your cough *is persistent*?
 - It's difficult to *adhere to* any kind of life change.
 - You won't *have to be hospitalized*.
 - You're *scheduled* to see the nurse in the allergy clinic next Tuesday.

- Work in pairs. Use the phrases below to make questions with the non-technical words. Take turns role-playing a patient with flu or a cough, and take a short history from each other.

When ...? Is there...? Do you / Does it ...?
Did you ...? Have you ever ...? / Are you / Is it ...?

EXAMPLE

Are you prone to coughs? Are you booked to see ...?
Do you find it difficult to stick to medication?
Does your cough come and go? Have you ever had ...?

Listening 3

Short questions in the general history

🎧 Listen to the last part of the conversation between Dr Dickson and Mr Bloomfield, when he asked some questions about the general history. Write down the questions he asked about:

- | | |
|-------------|---------------|
| 1 appetite. | 3 waterworks. |
| 2 bowels. | 4 sleeping. |

Patient care

- Expand the short questions.

EXAMPLE

You been off work at all? – Have you been off work at all?

- You eating well?
 - Your appetite OK?
 - You sleeping OK?
 - You passing water a lot?
 - Your periods OK?
 - Had any diarrhoea?
 - Lost any weight?
 - Been living there long?
 - You been keeping well?
 - You OK in yourself?
 - You been looking after yourself?
- Work in pairs. Say a full question to your partner. He / She should shorten it without looking at the book.
 - Now do it the other way round and give the short question first.
 - Take turns asking each other questions from the general history using any of the questions above.



Pronunciation 2

Questions: rising and falling intonation

Spoken questions usually either rise or fall at the end. Short questions used in taking general history usually rise. This is because they are meant to be a quick checklist. The doctor is asking for a quick yes or no. If falling intonation were used, it could make the patient feel that the doctor is expecting a certain answer.

- 1 Listen to the extract from the conversation in *Listening 3*.

When the doctor asks the questions, does his voice go up or down at the end of the questions?

DOCTOR: Is your appetite OK?

PATIENT: Yes, I never seem to have any problems on that score.

DOCTOR: Bowels OK?

- 2 Listen to ten questions and decide whether the speaker's voice rises or falls at the end of the question. Write R for rise and F for fall.

1 <u>F</u>	5 _____	8 _____
2 _____	6 _____	9 _____
3 _____	7 _____	10 _____
4 _____		

- 3 Work in pairs. Take turns reading the questions in the listening script on page 134. Does your partner's voice go up or down?

Reading

- 1 Work in pairs. Look at the pictures and decide which social problems they show.



deprivation (n) poverty
factors (n) causes
incidence (n) occurrence
plateau (n) level

pronounced (adj) evident
social classes I and II (n) in the classification of the population for research purposes, the two highest social classes

Social factors in general practice

Social deprivation is associated with death from all causes. The most pronounced effect is with circulatory and other smoking-related diseases. A similar trend is seen with infant mortality, morbidity from chronic illness (particularly musculoskeletal, cardiovascular, and respiratory conditions), and teenage pregnancy.

This is not a new problem, nor one unique to the UK. It may partly be due to smoking and eating habits, but this disparity was in evidence 80y ago when those of social classes I and II were more likely to smoke, eat foods high in saturated fats, and take less exercise. Disparity in health is closely related to income. In the UK, an ↑ proportion of the population is now living on < 50% of average income than 20y ago – the mortality gap has grown proportionately.

This has an impact on general practice. There is higher incidence of illness →
 ↑ requirement for primary care team

services and the ↑ use of out-of-hours and A&E services amongst deprived communities.

Other factors which have an effect are homelessness, sleeping rough, employment and unemployment, divorce, and immigration status. The adverse effects of living in temporary accommodation are well documented. For example, adults have a ↑ incidence of depression than people of similar social standing in their own homes. Children are less likely to receive their immunizations, more likely to have childhood accidents, and have higher incidence of minor and diarrhoeal diseases. Among those sleeping rough, poor diet, poor accommodation, and lack of access to medical services are universal problems. A study done in 1986 in London found one third are psychotic, a quarter have severe physical problems, and two-thirds have no contact whatsoever with medical

services. Evidence shows that if services are provided, homeless people will use them.

The effects of work have been compared to effects of vitamins – we need a certain amount to be healthy; then there is a plateau, where extra doesn't work, and too much is harmful.



- Match the symbols or abbreviations in the text to these words.
 - years
 - increased / increasing
 - less than
 - leading to / resulting in
- Work in pairs. Answer these questions.
 - What main social factors are given?
 - Can you give your own reasons why those in social classes I and II were more likely to smoke 80 years ago?
 - What reasons could you give for the increased incidence of depression in those living in temporary accommodation?
 - Why is poor diet a problem among those sleeping rough?
- In small groups, discuss why the following may be higher among the unemployed or those under the threat of being unemployed in the UK: coronary vascular disease, cancers, violence, accidents.
- Discuss what the situation is like in your own country in deprived areas.

Writing

A referral letter

- Work in pairs. Look at the referral letter on page 19 written by a GP to a specialist at a hospital for one of her patients. Tick (✓) the features of / points covered by the letter.
 - clear communication
 - date of referral
 - date of birth of the patient
 - hospital number
 - NHS number
 - patient's name and address
 - investigations performed with results
 - treatments tried with outcomes
 - relevant past medical history and family history
 - reason for referral
 - presenting condition
 - social circumstances
 - clear signature

OTC (adj) over the counter
= available in a shop

Piriton (proper n) an
over-the-counter medication
to treat allergies

volunteer (n) a person who
works without payment



NHS Number 6684335792
Hospital Number 1017786F
22 August 2007



Dear Dr Ahmed,

Re David Hunt 17 May 1985(M)
18 Greencross Street, London SE5 2PD

This patient has complained of a rash which has erupted on a number of occasions in different parts of his body on and off for more than three years. Recently, he has also complained of bilateral intermittent nasal blockage, itchy nose and eyes, watery nasal discharge. The rashes have also increased in frequency and duration, treated on occasion with antibiotics and OTC medication. This does not appear to be related to allergy to pets, nor work or other common factors. The rash has responded to Piriton. The patient has had allergy sensitivity testing with no conclusive result. The patient spent several years in West Africa working as a volunteer in his early 20s. The Africa connection may have some bearing and I would appreciate your opinion.

Yours sincerely,

- 2 Student A look at the letter above. Student B look at the letter on page 117 only. Ask each other questions to find nine differences in the letter.
- 3 Underline all the main verbs in the letter. What tense is each verb?
- 4 Work in pairs. Discuss what you would include in a referral letter to the gastroenterologist at the hospital, Dr Mason, about a patient you suspect of having diverticular disease.
- 5 Use the checklist at the bottom of page 18 to write the letter.

Project

- 1 Find these on the internet. Look for information about UK GPs' training, work, and codes of conduct.
 - 1 the British Medical Association (BMA):
www.bma.org.uk
 - 2 the General Medical Council (GMC): www.gmc-uk.org
 - 3 the Royal College of General Practitioners: www.rcgp.org.uk
 - 4 Oxford University Press: www.oup.com/uk/medicine/handbooks
- 2 Discuss the work of a GP in the UK compared with similar doctors in your own country.

Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can use the Past Simple and Present Perfect.
- I can ask questions in the family history.
- I can ask questions in the general history.
- I can understand and use non-technical language.
- I can write a referral letter.

Key words

Jobs

district nurse
general practitioner
health visitor
midwife
practice manager
practice nurse
receptionist

Nouns

practice
referral letter
sign
symptom

Adjectives

prone
runny (nose)
tender

Non-technical verbs

admit
avoid
book
come and go
stick to

Useful reference

Oxford Handbook of General Practice
2nd edition, Simon et al,
ISBN 978-0-19-856581-9

3 Instructions and procedures

Check up

- 1 Work in pairs. Decide what pictures a–f have in common.
- 2 For each picture, discuss what is happening and what you think happens before and after.
- 3 Work in small groups. Talk about your own experience on the ward for the first time. What was the best or worst experience you ever had on the ward round as a junior doctor?



Listening 1

Preparing for the first ward round

- 1 Work in groups. Discuss these tips for a first ward round with a consultant.
 - a Make sure you know the names of your patients and where they are.
 - b Find out from the bed managers if any patients have been moved and to where.
 - c Check that all the case notes, investigations, and so on are on the ward.
 - d Invite a nurse who knows your patients to come on the ward rounds.
 - e Record case histories and results clearly and concisely.

- 2 Decide why you think each tip has been given.
- 3 Listen and complete the reasons given for each tip. Use no more than five words for each gap.
 - a ... as you want to demonstrate that you are _____
 - b ... to avoid wasting time ... running around _____
 - c ... so that you can _____
 - d ... because they may be more knowledgeable about _____
 - e ... in that way you can _____
- 4 Discuss whether you would give the same tips to a junior colleague in this situation. What additional advice would you give? Think about the consultant's usual questions, drug charts, and the patient's home care situation.

In this unit

- following procedures in training
- giving and receiving instructions
- making polite requests to patients and colleagues
- understanding abbreviations
- understanding case notes

Patient care

- 1 Work in pairs. Discuss why you need to do these things before you carry out a procedure.
 - 1 Obtain consent from the patient for the procedure.
 - 2 Introduce yourself.
 - 3 Prepare the trolley.
- 2 Discuss what else you need to do.

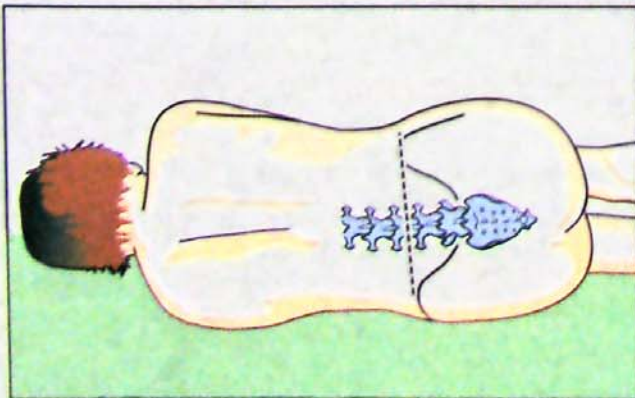
Vocabulary

Instructions for a procedure

- 1 Use the words to complete the instructions for a procedure.

prepare mark attach
 wash sterilize drain
 obtain withdraw

- a _____ the stylet.
- b _____ 10 drops of CSF into the three specimen tubes.
- c _____ the point between L3/4 where the needle is to be inserted.
- d _____ your hands and put on sterile gloves.
- e _____ consent for the procedure.
- f _____ the area of the patient's back.
- g _____ the equipment on the trolley.
- h _____ the manometer.



- 2 Work in pairs. Decide what procedure the instructions relate to and discuss any steps that have been left out.

Language spot

Giving instructions

- The imperative form of the verb can be used for giving very clear and direct instructions. It is very direct, and in certain contexts (for example a doctor speaking to a patient), it can sound abrupt or even rude.

Infinitive without to

Complete the drug charts.

Negative

Don't / Do not forget to complete the drug charts.

Adverbs

Always complete the drug charts.

Explaining procedures

- The Present Simple and *You* are used for describing steps in a procedure.
You wash your hands. Then you put on gloves.

Adverbs

You clean the area thoroughly.

Negative

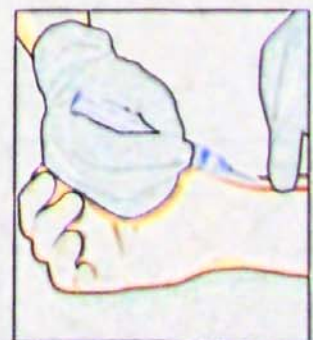
You don't need to put the instruments away yet.

» Go to **Grammar reference** p.124

- 1 Write out in the correct order a complete list of instructions for a lumbar puncture.
- 2 Use the diagram and take turns explaining the lumbar puncture procedure to each other.
First, you prepare the equipment on the trolley. After that, ...
- 3 Work in small groups. Choose one of the two diagrams below and prepare instructions for the procedure.



IM injection



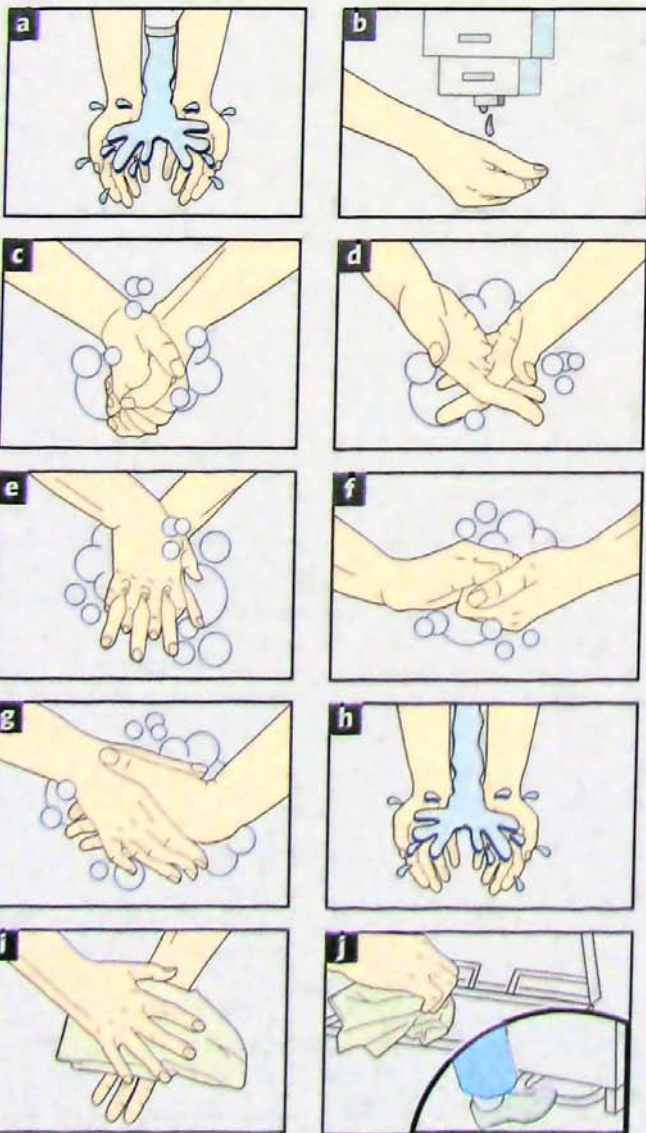
Arterial blood sample

- dispose of (v) throw away
- fingertip (n) end of a finger
- interlaced (adj) joined together
- thoroughly (adv) completely

Speaking

1 Use the words and the diagrams below. Write instructions (using the imperative) on how to wash your hands. Then compare your instructions with a partner.

- | | | | |
|----------|--------------|-------------|------------|
| dry | soap (up) | paper towel | dispose of |
| forearms | wet | rub | rinse |
| fingers | interlaced | massage | bin |
| handle | thoroughly | fingertips | palms |
| locked | thumbs | hands | touch |
| take | rotationally | dispenser | |



2 Work in pairs. Look only at the diagrams and take turns explaining to your partner how to wash your hands thoroughly.

3 Work in small groups. Discuss this text.

Controlled studies in hospitals have followed health care workers with video cameras through their daily routines. Many health care professionals actually do not wash their hands and, surprisingly, doctors were the worst offenders. Up to 50% of doctors do not wash their hands in between patients.

Is hand washing always necessary? When and why do you think it is necessary?

Reading

1 Work in pairs. The text on page 23 describes the practical DOPS (Direct Observation of Procedural Skills) procedures on which trainee doctors in the Foundation programme in the UK are assessed. Underline the noun which you think will follow the verb in the text.

- 1 provide
feedback food information data
- 2 undertake
searches procedures surveys investigations
- 3 assess
theory attitude competence cost
- 4 identify
people strengths patients places
- 5 administer
medications help business punishment
- 6 seek
property keys time help
- 7 consider
feelings age reason cost

2 Discuss how the verb and noun pairs might relate to a text on assessment of practical procedures.



core (adj) main, central, primary
encounter (n) session / meeting
RCP (n) Royal College of Physicians

3 Read the text and decide which alternative in italics below makes these sentences true.

- 1 During the year, trainees are examined by (*the same* / *various*) assessors.
- 2 The timing, the procedure, and the observer are chosen (*partly* / *solely*) by the trainee.
- 3 DOPS was (*created* / *adopted*) by the RCP.
- 4 As part of the Foundation programme, it is (*expected* / *suggested*) that the weaknesses of each trainee in a DOPS should be improved.
- 5 Preparation for a DOPS encounter on the part of the trainee needs to be (*fairly* / *very*) evident.
- 6 During a DOPS, a trainee (*may* / *must not*) seek help from anyone else.
- 7 Communication skills are (*considered* / *ignored*) during the examination.

DOPS (Direct Observation of Procedural Skills)

DOPS is designed to provide feedback on procedural skills essential to the provision of good clinical care. Trainees will be asked to undertake four to six observed encounters, or procedures, during the year with a different observer for each encounter. The assessors include among others experienced specialists, appropriate nursing staff, or consultants in a secondary care setting. The estimated time taken by each procedure is 20 minutes (i.e. 15 minutes for the assessment and 5 minutes for feedback).

Each DOPS should represent a different procedure and trainees should choose from each of the core problem groups identified in the F2 curriculum by the end of the year. The trainee chooses the timing, procedure, and observer.

What is DOPS?

It is essential that all trainees should be adequately assessed for competence in the practical procedures that they undertake. Directly Observed Procedural Skills (DOPS) is a method that has been designed specifically for the assessment of practical skills and was originally developed and evaluated by the RCP. In keeping with the Foundation programme quality improvement assessment model, strengths and areas for development should be identified following each DOPS encounter.

DOPS includes a range of procedures, for example venepuncture, IV cannulation, the use of local anaesthetics, arterial puncture in an adult, blood culture (peripheral), and blood culture (central). Also included are nasogastric tube insertion

and airway care, including simple adjuncts and intubation.

Each doctor needs to satisfy a number of criteria, some of which are given below. Apart from overall ability to perform a particular procedure, the trainee needs to demonstrate an understanding of relevant anatomy and the technique of the procedure. There needs to be a clear demonstration of appropriate preparation before the procedure takes place as well as knowledge of the appropriate analgesia or safe sedation and aseptic technique. Apart from the technical ability, a trainee needs to seek help where appropriate and demonstrate post procedure management as well as good communication skills, while at the same time considering the feelings of the patient.

- 4 Work in groups. Discuss the criteria mentioned in the last paragraph. You may want to look specifically at the reasons for the criteria and / or the difficulty in meeting the standards.

Speaking

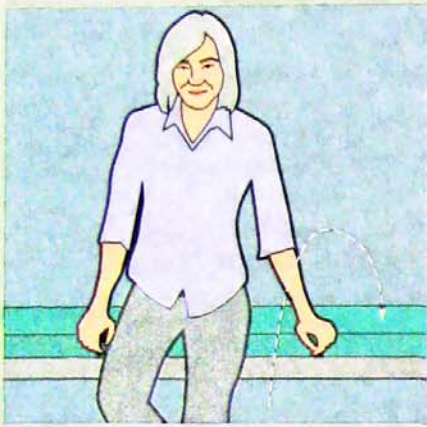
Work in pairs. Describe the steps in a primary survey. Work with a partner from another group and take turns explaining the steps to each other.



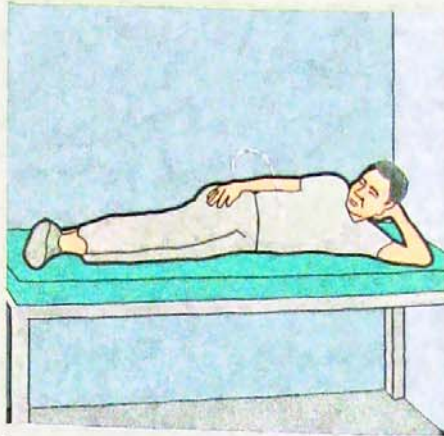
Listening 2

Giving instructions

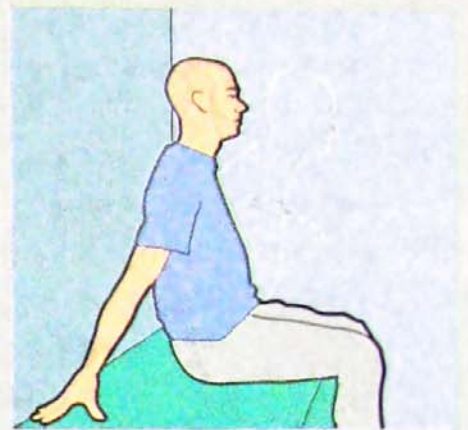
1 Listen. Match each instruction with a picture.



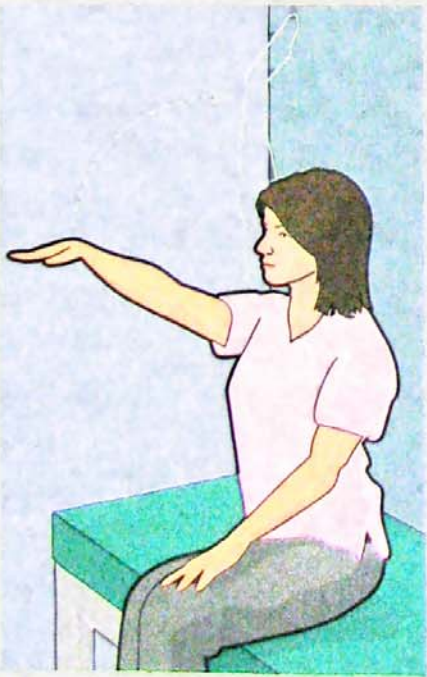
a _____



b _____



c _____



d _____



e _____



f _____



f _____

2 Listen to the instructions again and write them down in note form.

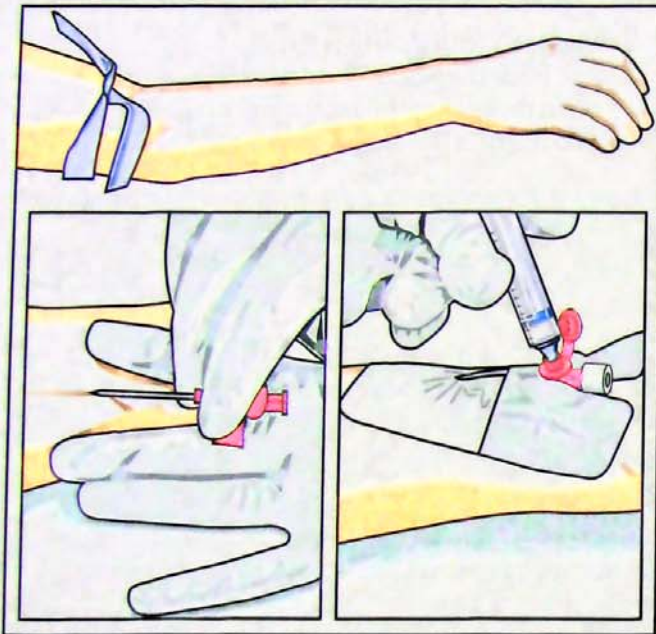
3 Work in pairs. Write the complete instructions. Check your answers by listening to the recording again.

harsh (adj) rude or insensitive

pop (v) move quickly or for a short time

tilt (v) move into a slanted position

4 What procedure is shown below?



- 5 Make a list of instructions you would give to a patient to carry out the whole procedure.
- 6 Work in pairs. Take turns giving the patient instructions.

• Language spot

Making polite requests to patients

- Giving instructions to a patient by just using the simple imperative can sound very harsh if a patient is ill. To soften imperatives, add *for me, please*. Note with some verbs this still might sound hard, if the instruction or request is short.
Undress for me, please.

Compare
Bend your head forward for me, please.

- Use *can / could* to make the instruction gentler by changing it into a request. *Could* is slightly gentler than *can*.
Can you (just) + infinitive without to + (please)?
Can you just bend your head forward for me, (please)?
Could you (just) bend your head forward for me, (please)?

- You can also use *If you can / Could you just + infinitive without to + (please) and infinitive + if you can / could*.
If you can / Could you just bend your head forward for me?
Just bend your head forward for me, if you can / could.
- You can also use *I'd like you to + verb*.
I'd like you to just bend your head forward for me, please.
- Useful expressions for softening:
now OK that's it fine
just that's fine good

» Go to **Grammar reference** p.125

- 1 Work in pairs. Decide which of these instructions are inappropriate to use with a patient.
 - a Could you just lie on your left side for me?
 - b If you could just pop off your clothes and then ...
 - c On your left side, please.
 - d Just bring your legs up to your chest. Yes, like that and relax. I'm just going to ...
 - e Can you just bend your knees towards your chin and curl your neck?
 - f I'd like you to stand up for me, if you can.
 - g Take off your shirt.
- 2 Complete the sentences with these words and your own.

make tilt pop keep
stand up cough turn

 - 1 Can _____ screen and undress for me, please?
 - 2 I need to examine your lower back, so if you _____.
 - 3 Just _____ for me. And again. That's fine.
 - 4 I'd like _____. Do you need any help getting up?
 - 5 Could _____ head to the left? Yes. That's it.
 - 6 Can you _____ tight fist for me? Fine.
 - 7 I _____ still for me if you can. OK.

Listening 3

Instructions

- 🔊 Listen. Check your answers for 1 above.

portfolio (n) a comprehensive record of your training, your CV with your work record, proof of qualifications, records of presentations, appraisals, praise like thank you cards.

It's my job

Read about Dr Franco Carulli. Find:

- 1 the name given to a medical team.
- 2 who supervises the practical procedures junior doctors perform.
- 3 who leads the daily ward rounds.
- 4 who deals with patient referrals.
- 5 who leads the weekly ward rounds.
- 6 when the busiest time of the week is.
- 7 who rewrites the drug charts.

Dr Franco Carulli

I am newly qualified. I work as a junior doctor at Alderbay General Hospital as part of a medical team, or 'firm'. I work with two other junior doctors also in the first year of postgraduate training. Our main aim is to learn as much as possible from our seniors. The first people we turn to are two doctors in their second year of training. They supervise any practical procedures we do and are available to help us when we have problems.

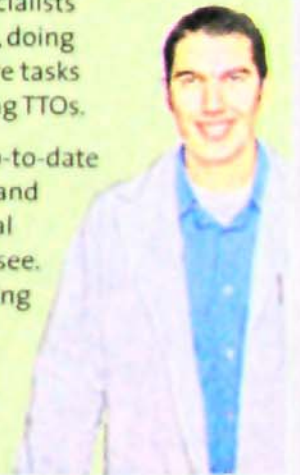
Above these senior doctors there are specialist registrars. They are usually in charge of daily ward rounds. They also work in outpatient clinics, deal with inpatient referrals, teach, and undertake procedures and operations. They give us instructions about what investigations need to be performed. Specialist registrars are training posts for the next grade up, consultant level. They can be bleeped at any time if we need advice or to refer a patient. If nobody at these two levels is available, we refer to the consultants who are responsible for our posts.

We see each consultant when they do their weekly ward rounds, once on a Wednesday and the other on a Friday morning. These rounds are the most tense and

hectic times each week, as we have to make sure all the patient records are up-to-date and present patients to the consultant. In addition to doctors at all levels of the firm, there may be a nurse present, as well as undergraduate students and doctors doing clinical attachments.

My job also involves a wide range of duties from clerking patients, keeping the patient lists in order, requesting investigations and making sure the results are received, and referring and liaising with specialists as part of a multidisciplinary team, doing practical procedures, administrative tasks like rewriting drug charts, and doing TTOs.

We have to keep our knowledge up-to-date through training from our seniors and keep a log or record of all the special procedures we learn and cases we see. We also have to find time for learning to present cases to our peers and other colleagues. I also find time to talk to the patients and their families!



Speaking

- 1 It is important to be able to organize a case presentation to your colleagues and to keep a record for your portfolio. Work in groups. Discuss what happens at each stage in the presentation checklist.

Presentation checklist

- Give a title
- Present history and physical examination
- Invite suggestions for diagnosis and management
- Give investigations and results
- Ask for comments
- Give the diagnosis
- Discuss subsequent management
- Summarize
- Question and answer

- 2** Work in groups of three. Prepare a case presentation on PowerPoint for a patient with abdominal aortic aneurysm (AAA) (OHCM7 p.586) or gallstones (OHCM7 p.590) or use an example from your own experience. You may present the whole or part of the presentation.

USEFUL EXPRESSIONS

What do you think the diagnosis is?

What do you think the management is?

Are there any comments so far?

The diagnosis is ...

What do you think the subsequent management is?

To summarize, ...

Are there any questions?

- 3** Present one of the cases in **2** to a partner in another group. As you listen, take notes.
- 4** Ask the presenter questions when you are invited to do so.
- 5** Give feedback to the presenter using the form on page 119.

Writing

Case notes

- 1** Work in pairs. Discuss these case notes about a young man who was admitted to hospital after a road traffic accident (RTA).

EXAMPLE WARD ROUND ENTRY

3/09/09 WR Mr Stone, (SpR) *slept badly overnight*
 0800 Day 2 post RTA/RTC *No nausea vomiting no blood transfusion*
epistaxis *Patient stabilized*
swelling bruising noted

Obs (T) 36.4 BP 120/80 pulse 65

O/E

Plan

1 postural BP, FBC, clotting/INR, LFT, U+E

2 Aim for (H) later today/maine (O/P in 6/52)

Dr John Blunt

Bleep 7859

- 2** What do the underlined items mean?
- 3** Write a similar ward round entry for the notes you took in *Speaking 3* above or use a case you are familiar with. Remember to keep it anonymous. Use the entry above as a guide.

Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can follow procedures in training.
- I can give and receive basic instructions.
- I can use the simple past.
- I can understand abbreviations.
- I can understand and write case notes.

Key words

Nouns

consent

procedure

tip

ward round

Adjectives

multidisciplinary

Verbs

attach

bleep

drain

mark

obtain

pop

prepare

sterilize

withdraw

Abbreviations

O/E

RTA

SpR

TTOs

WR

Useful reference

Oxford Handbook for the Foundation Programme 2nd edition, Hurley et al, ISBN 978-0-19-954773-9

4 Explaining and reassuring

Check up

- 1 Look at the picture. Which procedure do you think is about to take place?



- 2 Work in pairs. Discuss the questions.
- 1 What do you think the patient's reaction to the instruments and the situation would be?
 - 2 What about the doctor's reaction?
 - 3 Do all patients react to instruments in the same way?
 - 4 What specific examples of patients' and doctors' reactions can you give from your own experience?

Pronunciation

Word stress

- 1 Match each suffix which describes a surgical procedure to the correct description.

Suffix	Relating to
1 -ectomy	a an opening between two cavities or the outside
2 -oscopy	b cutting something open
3 -ostomy	c removal of a structure by surgery
4 -(o)tomy	d the act of examining

- 2 What is the stress pattern of each of these words?

1 endoscope 2 endoscopy 3 endoscopic

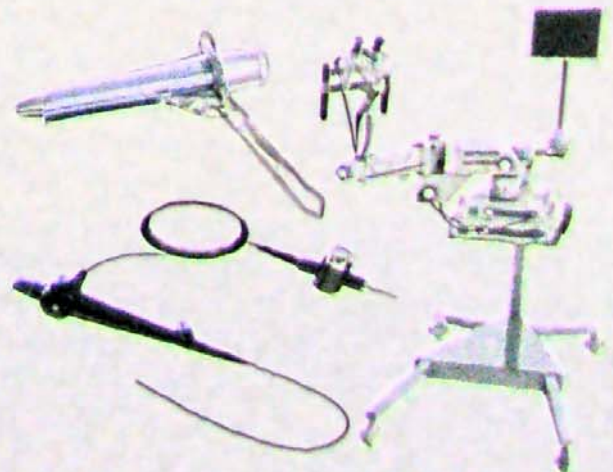
- 3 Listen and check your answers.

- 4 Listen. Write the number (1-7) of each word you hear next to the appropriate pattern.

- 5 Which of these is true of the stress patterns in three- or four-syllable words?

- 1 The stress is always on the first syllable.
- 2 There is no clear stress pattern.
- 3 The stress *generally* falls on the third syllable from the end (or).

- 6 Work in groups of three. Each choose a different instrument below and explain its purpose in your own words. Then discuss how you think each instrument is likely to develop in the next three decades.



In this unit

- understanding and using non-technical language
- explaining complications and reassuring the patient
- acknowledging a visual cue
- writing information about complications

Listening 1

Patient care

- 1 Listen to an extract from a talk by Dr Quinn explaining how a gastroscopy is performed. Make notes about the three pieces of advice given to patients before the procedure is carried out.
 - 1 anti-acid therapy
 - 2 eating
 - 3 driving
- 2 Work in pairs and compare notes.
- 3 What verb forms are used by the doctor? Read *Language spot* and check your answer.

Language spot

Explaining investigations/procedures with the Present Passive

Active sentences say who is doing an action. Passive sentences don't necessarily say who is doing the action, though they can.

Positive

Verbs not requiring objects (by not necessary)

Active: *The doctor attaches the needle to the syringe.*
 Passive: *The needle is attached to the syringe (by the doctor).*

Note: We don't need to say who it is done by because it is part of a procedure.

Negative

Active: *A doctor does not use a tourniquet in this procedure.*
 Passive: *A tourniquet is not used in this procedure.*

Verbs requiring objects (by necessary)

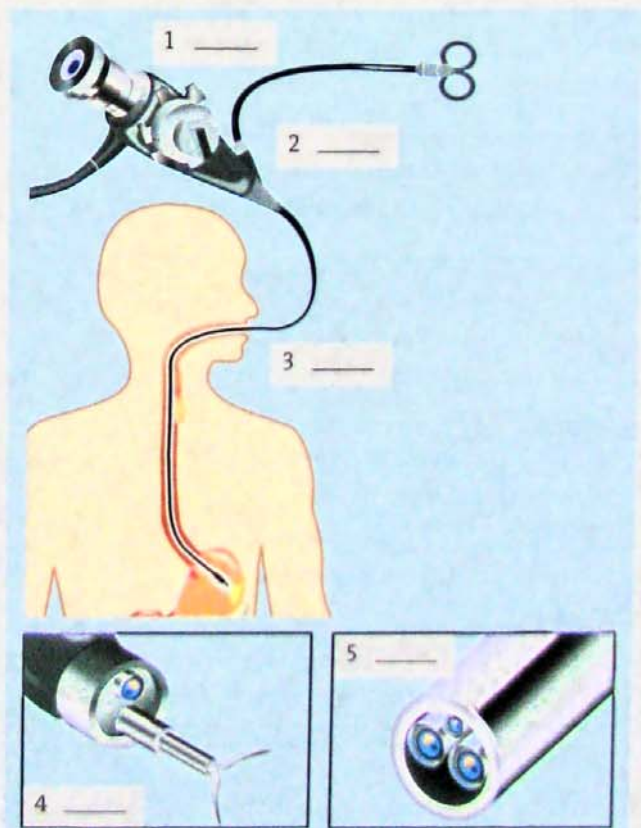
Active: *Only experienced doctors perform this procedure.*
 Passive: *This procedure is performed only by experienced doctors.*

Negative

Active: *Nurses don't perform this procedure.*
 Passive: *This procedure is not performed by nurses.*

» Go to **Grammar reference** p.125

- 1 Change the sentences describing procedures into the Passive. Decide whether they require an agent or not. Give a reason.
 - 1 The doctor inserts the needle.
 - 2 Nurses often perform this procedure.
 - 3 The doctor then applies gentle pressure to the puncture site.
 - 4 The sister explains the procedure to the patient.
 - 5 The nurse cleans the skin.
 - 6 Doctors without training don't perform this emergency procedure.
 - 7 The doctor taps the vein.
 - 8 Generally, nurses don't perform this procedure.
- 2 Work in pairs. Use the words to label the diagram of a gastroscopy a-e.



- a a flexible tube
- b side channels for introducing other instruments
- c a grabbing instrument
- d a light and camera
- e endoscope

informed consent (n) consent for an invasive procedure which is given by a patient after the procedure has been explained



We want you to be comfortable while you wait for the doctor.

- 3** Look at the statements which are taken from a training session for doctors. Complete the sentences by choosing a word from either the noun or verb list. You will have to change the form of the verbs you use.

Nouns

section patient air
consent endoscope mucosa

Verbs

blow swallow obtain anaesthetize
advance give sedate biopsy

- 1 Informed _____ is _____.
 - 2 The pharynx is _____ using a spray.
 - 3 The patient is _____ to induce drowsiness.
 - 4 The _____ is introduced and is _____ further down the oesophagus and into the stomach and duodenum.
 - 5 _____ is _____ into the stomach via a side channel in the endoscope to allow visualization of the stomach mucosa.
 - 6 The _____ is _____ a plastic mouth guard to bite on.
 - 7 The patient is asked to _____ the first _____ of the endoscope.
 - 8 The stomach _____ is _____ using a thin 'grabbing' instrument which is passed down a side channel.
- 4** Work in pairs. Change the statements in **3** into instructions with the imperative.
- EXAMPLE**
1 Obtain informed consent.
- 5** Take turns saying the Passive statements to your partner, who changes them into the active. Then do it the other way round.
- 6** Put the statements 1–8 in **3** into the correct order. Note some of the statements relate to part of the same step.

- 7** Using the diagram and sentences in **2** and **3**, practise explaining the procedure to a partner. You may mix the active and the passive. Use the questions and adverbs below to help you.

- How do you perform a gastroscopy?
- What is done first?
- What is done/ happens after ...?
- First ..., Then ..., Next ..., After that ...

Listening 2

Explaining gastroscopy (endoscopy)

- 1** Listen to Dr Quinn explaining the endoscopy to a patient, Mr Beacon. Which steps 1–8 in *Language spot 3* does the doctor mention?



- 2** Which words does the doctor use for the following?

- 1 oesophagus _____
- 2 anaesthetize _____
- 3 pharynx _____
- 4 flexible _____
- 5 biopsy _____
- 6 sedative _____
- 7 examine _____
- 8 eructate _____
- 9 visualize _____

backbone (n) spinal cord



- 3 Work with a partner and find words in 3 which have the stress pattern ●●●.
- 4 Work in pairs. Make these statements softer for the patient.
- 1 We're doing an endoscopy. OK?
 - 2 We want to look at your gullet and your stomach.
 - 3 We'll make you relaxed.
 - 4 We'll pass a bendy tube into your stomach.
 - 5 Your stomach will be looked at.
 - 6 We'll take a sample of the stomach lining
 - 7 Air is blown into your stomach.
- 5 Compare your answers with the transcript of Dr Quinn's conversation. Take turns explaining the procedure to the patient.

Vocabulary

Reassuring

- 1 The doctor uses two adjectives to help make the procedure less frightening and thus reassure the patient.

EXAMPLE

*The tube will have a **tiny** camera.*

*It's a **routine** procedure.*

Which sentences are not very reassuring?

- 1 It's a very simple procedure.
 - 2 We're just going to take some fluid from your backbone.
 - 3 You'll just feel slightly sore after the test.
 - 4 All you'll feel is a tiny scratch, nothing more.
 - 5 It'll take ten minutes.
 - 6 It only takes a few minutes.
 - 7 It's not a pleasant procedure.
 - 8 You'll hardly feel anything.
- 2 Which of the words in sentences 1–8 in 1 can be replaced by these words?
- | | |
|-----------------|----------|
| a little bit | a little |
| small | just |
| barely | pinprick |
| straightforward | |

Listening 3

Emphasis

- 1 Listen to the statements 1–8 in *Vocabulary 1* and underline the word the doctor emphasizes/stresses in each. Why does the doctor emphasize the words?

EXAMPLE

1 *simple*

- 2 What do you think the doctor says when the patient mentions it sounds a bit scary?
- 3 What do you think the doctor talks about next?

Language spot

Explaining procedures with *be going to future*

- Doctors need to explain procedures before they perform them so that they can obtain patient consent. The future with *be going to* is usually used to explain a procedure, even when the patient has not yet agreed to the procedure or given consent. The *be going to future* is used because it is the clearest and most direct way to give an explanation. When the procedure is fully explained, the patient can give informed consent.

We're going to give you a mild sedative.
- In addition to using the *be going to future*, doctors often use fixed expressions with *What* to explain procedures.

What we're going to do is take a tiny sample from your scalp.

What happens then is we are going to give you a mild sedative.

What happens next is that we insert the needle.

What we need to do after that is stitch the wound.

➤➤ Go to **Grammar reference** p 126

armpit (n) axilla
come round (v) regain consciousness
go over (n) repeat
gut (n) bowel/intestines
neck of womb (n) cervix
opportunistic (adj) taking advantage of a situation
piles (n) haemorrhoids



1 Change the explanations to *be going* to future and simplify the medical terms. Where indicated, use an expression with *What*.

- 1 A sample is taken from the bowel.
- 2 Next, the end of the intestines is attached to an opening on the abdomen. (What ...)
- 3 A sample is taken from the cervix.
- 4 After that, a tube is passed through the urethra. (What ...)
- 5 The glands are then removed from the axilla. (What ...)
- 6 Next, a sample is removed from the lung. (What ...)
- 7 After that, a tube is advanced down past the prostate into the bladder. (What ...)
- 8 A dye is then injected into the pancreatic and bile ducts to visualize them. (What ...)
- 9 The muscle is repaired with a mesh.

2 Work in pairs. Decide which statement in **1** might be said during one of these tests and procedures.

- a ___ cystoscopy
- b ___ radical mastectomy
- c ___ colostomy
- d ___ colonoscopy
- e ___ colposcopy
- f ___ ERCP
- g ___ catheterization
- h ___ bronchoscopy
- i ___ herniorrhaphy

Speaking

1 Work in pairs. Explain two of the procedures in *Language spot 2* above. Use the structures in **1** and remember to reassure the patient.

FURTHER USEFUL EXPRESSIONS

Is there anything you'd like me to go over/repeat?
OK? Is everything clear / OK so far?

2 Sometimes you may have to give a patient a brief explanation of a procedure. Explain these conditions using the expressions below.

a condition where a procedure where
 an illness where a device which you use to

EXAMPLE

anaemia not enough pigment in the blood
It's a condition where you do not have enough of a special pigment or colouring in your blood.

- 1 **appendicitis** inflamed remove
- 2 **Alzheimer's disease** someone memory loss mood changes cause not known
- 3 **haemorrhoidectomy** piles tie cut out
- 4 **diverticulitis** sac / pouch weak points gut infected inflammation pain diarrhoea constipation
- 5 **sigmoidoscopy** look at colon sample
- 6 **anaesthesia** general put you to sleep come round

3 Work in pairs. Practise explaining the conditions above. One partner begins by asking *What's (a) ... , doctor?*

4 Which situations would you need consent for? Discuss the importance of explaining consent and compliance to a patient.

Reading

1 The leaflet on page 33 gives information about gastroscopy. Work in pairs. Look only at the headings in bold and decide what information each part of the text contains.

2 Find words or phrases in the text with the same meaning as:

- 1 avoid food
- 2 calm
- 3 use anything mechanical
- 4 a friend to take you home
- 5 not 100% reliable
- 6 a painful pharynx

sip (n) a very small drink of liquid

- 3** Work in pairs. Decide what questions you would ask to obtain the answers in **2**. Use the words in the text to help you make the questions. Use these notes to help you.

- 1 What/need 4–6 hours before
- 2 How/sedative/feel
- 3 What/not/do
- 4 What /need/after the operation
- 5 How successful/test
- 6 What/some people have afterwards



What preparation do I need to do?

The hospital department will usually give you instructions before your test. These commonly include:

- Don't eat for 4–6 hours before the test. The stomach needs to be empty. (Small sips of water may be allowed up to two hours before the test.)
- If you have a sedative, have somebody accompany you home.
- If you are taking any other medication, tell your doctor. It may need to be stopped before the test.

What can I expect after a gastroscopy?

Most people are ready to go home after resting for half an hour or so.

If you have had a sedative, you may take a bit longer to be ready to go home. The sedative will normally make you feel quite pleasant and relaxed. However, you should not drive, operate machinery or drink alcohol for 24 hours after having the sedative. You will need somebody to accompany you home and to stay with you for 24 hours until the effects have fully worn off. Most people are able to resume normal activities after 24 hours.

Is gastroscopy reliable?

Gastroscopy is a good test for seeing abnormalities in the upper gut. However, it is not foolproof. For example, gastroscopy may not detect a small number of cases of early ulcers or early cancer.

Are there any side effects or complications from having a gastroscopy?

Most gastroscopies are done without any problem. Some people have a mild sore throat for a day or so afterwards. You may feel tired or sleepy for several hours if you have a sedative. There is a slightly increased risk of developing a chest infection or pneumonia following a gastroscopy.

Occasionally, the endoscope causes some damage to the gut. This may cause bleeding, infection, and rarely, perforation. If any of the following occur within 48 hours after a gastroscopy, consult a doctor immediately:

- Abdominal pain
- Fever
- Difficulty breathing
- Vomiting blood

A small number of people have a heart attack or stroke during, or soon after, a gastroscopy. These serious complications are rare in most people who are otherwise reasonably healthy.



- 4** Work in pairs. Take turns explaining to a patient the preparation for the procedure and things to be careful about afterwards. Use the answers 1–6 in **2** to guide you and add other information from the text.


Vocabulary

Explaining complications and reassuring the patient

- 1 Work in pairs. Underline the adverbs of frequency in the sentences below and then put them in order, starting with the least frequent.
 - 1 Procedures like this are usually done under sedation.
 - 2 We often get patients who have no complications.
 - 3 Fortunately, we have never had a patient who has had serious complications with this procedure.
 - 4 The procedure rarely goes wrong.
 - 5 It always takes me a while to recover from an anaesthetic.
 - 6 Patients sometimes get a headache afterwards.
- 2 What synonyms do you know for the adverbs above?

Listening 4

Discussing complications

- 1 Work in pairs. Discuss the possible complications of a gastroscopy.
- 2  Listen and list the complications the doctor mentions.
- 3 Why does the doctor point out the side effects to the patient?
- 4 What phrases does the doctor use for *occasionally*, *automatically*, and *seldom*?
- 5 Listen again and list three ways the doctor makes the complications less threatening.

Speaking

- 1 When doctors see a patient showing emotion, they can make a comment or observation. This is called acknowledging a visual cue.

Match each picture a–f with a statement 1–6.



- 1 It's better to let it all out rather than bottling it up.
- 2 You look very happy to be going home.
- 3 I can see you're a bit alarmed by the procedure.
- 4 You look rather nervous about this.
- 5 I can see you're in pain.
- 6 You look a bit confused by what I've said.

- 2 Complete each doctor's response above by adding the most suitable development below to reassure or show that he/she cares.

EXAMPLE

- 1 *b*
 - a Would you like me to get you something?
 - b But remember you are very lucky we caught it early.
 - c But we'll soon give you something to help you relax. So there is no need to worry.
 - d So would you like me to go over it again for you?
 - e So I won't keep you long.
 - f But it won't take long and it's pain-free.

- 3 Work in pairs. Discuss what other ways you could acknowledge the visual cues in 2. What would you do in your own country?

- 4 Work in pairs. Discuss the complications of the procedures below. Give at least two common complications in each case.

- | | |
|---------------------|----------------------|
| a haemorrhoidectomy | e chemotherapy |
| b colonoscopy | f pleural aspiration |
| c blood test | g ERCP |
| d lumbar puncture | |

bsg.org.uk/index.php
 medicinenet.com
 oxfordjournals.org
 medlineplus.gov
 patient.co.uk

Project

Find information on the websites above about the complications involved in doing gastroscopy and other procedures.

Writing

- 1 It is important that patients are informed not just of benefits but also of possible complications. Work in pairs. Make a list of the complications involved in:
 - doing an arterial blood gas (ABG)
 - IV injections
- 2 In each case, make notes why the complications (can) occur, when they (can) occur, and the chances of the patient having them.
- 3 Choose one of the two procedures and decide the three or four most important complications.
- 4 Write a section for a web page entry explaining the complications. Use these tips to help you.
 - 1 Look at the reading on page 33 and the script for *Listening 4* on page 135. Use word and expressions from these sections.
 - 2 Use bullet points if necessary.
 - 3 Write no more than 150 words in total.
 - 4 Write about each complication separately.
 - 5 Use the following words and expressions to help you:
sometimes, occasionally, rarely, some people, there are some people, not everyone.
 - 6 Try to use the Present Simple Active and Passive and the imperative for actions.
 - 7 Avoid using the Past Simple.
- 5 Work in pairs. Take turns explaining the complications. Reassure the patient where possible. Remember to show emotion and acknowledge the visual cues!

USEFUL EXPRESSIONS

You sound a bit / a little / slightly ..., if I am right.
It sounds as if ...
You appear very ...
You seem really ...
What I have just said seems to ...
It looks like this news has cheered you up a lot.
You look as if ...

Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can explain procedures to patients.
- I can explain complications and reassure the patient.
- I can understand and acknowledge visual cues.
- I can understand and use non-technical language.
- I can write information about complications.

Key words

Nouns

endoscope
 gastroscopy
 informed consent
 instrument
 sample
 telescope
 visualization

Suffixes

-ectomy
 -oscopy
 -ostomy

Adjectives

foolproof
 sore

Non-technical words

backbone
 bendy
 come round
 go over
 numb
 pinprick
 throat

Useful reference

Oxford Handbook of Clinical Medicine
 7th edition, Longmore et al,
 ISBN 978-0-19-856837-7

5 Dealing with medication

Check up

- 1 Classify the drugs a–h according to type.

- a** Paracetamol
b Cyclizine
c Salbutamol
d Aspirin
e Amoxicillin
f Ranitidine
g Chlorphenamine
h Diazepam

- 1 _____ antibiotic
 2 _____ analgesic
 3 _____ antiemetic
 4 _____ sedative / hypnotic
 5 _____ gastrointestinal
 6 _____ antihistamine
 7 _____ cardiovascular
 8 _____ respiratory



- 2 Work in pairs. Discuss the benefit of each drug given.

USEFUL EXPRESSIONS

It is used to ...

It's prescribed in order to ...

It helps ...

- 3 In the United States, drugs are approved for use by the Food and Drug Administration (FDA) and in the UK by the National Institute for Clinical Excellence (NICE). Which body licenses / approves drugs in your country?
- 4 Discuss the arguments for and against making generic versions of new medicines available in every country.

Patient care

- 1 There are guidelines for prescribing any drug in the hospital. Discuss why these are important and what might go wrong if you do not follow them.

- 1 Always consult the BNF when prescribing for children.
- 2 Consult your seniors when in doubt.
- 3 Check if the patient has allergic reactions to drugs.
- 4 Check if the patient is a responsible person.
- 5 Check for alternatives to drugs.



- 2 What other guidelines do you think should be followed before prescribing on or off the ward?

Vocabulary

Abbreviations

- 1 Match these common prescription abbreviations with their meaning.

1 PO	a in the morning
2 prn	b two tablets
3 stat	c by mouth / orally
4 od	d immediately
5 g	e gram
6 \ddot{T}	f as required
7 om	g once a day / 24h

- 2 Work in pairs. Say the meaning of these abbreviations used in administering drugs.

the frequency of drugs:

on, bd, tds, qds, 4-6h, 8h, 1-4h

the route of administration:

IV, IM, SC, PR, INH, NEB

measurements:

μ g, mg, ml

- 3 Work in pairs. Take turns reading this chart aloud. Say the abbreviations as complete words.

Drug	Dose	Freq	Route	24 h Max
paracetamol	1g	qds	PO	4 g
loperamide	4 mg	PRN	PO	16 mg
ranitidine	150 mg	bd	PO	300 mg
atorvastatin	10 (10-80 mg)	od	PO	80 mg

EXAMPLE

Give the patient one gram of paracetamol four times a day by mouth up to a maximum of 4 grams.

Give between ... and ...

Give up to a maximum of ...

In this unit

- talking about medications
- understanding drug charts and abbreviations
- explaining benefits and side effects
- understanding and using patient language
- completing a clinical incident report

Listening 1

A drug chart

- 1 Study the chart below and make sure you understand the abbreviations, headings, and so on.

Patient Mrs T Hawthorne	Dob 04.02.63	Hospital No 1834572Z	
Drug _____ 1	Date _____ 2		
Route _____ 3	Dose 50 mg	Start _____ 4	Time _____ 5
Max Frequency _____ 6	Max dose / 24hr 600 mg	Dose 50 mg	
Indications for use _____ 7	Route _____ 8		
Signature A Smith	Pharmacy	Given by _____ 9	



- 2 Listen to a doctor checking the chart with a colleague and complete the missing information in the chart.

concordance (n) a process whereby the doctor / prescriber and the patient cooperate in the prescribing process to maximize the taking of medication

generic (adj) general, non-specific

master's (n) a postgraduate degree: an MA / MSc

scope (n) range, capacity

Joyce Carne

I work as a nurse practitioner (NP) at New York City Hospital. I am a registered nurse who has completed specific advanced nursing education. I have a master's in cardiovascular medicine and training in the diagnosis and management of common medical conditions in this specialty.

I provide much of the same basic, non-emergency care provided by physicians, generally of the type seen in their specific practice areas like family practice offices, urgent care centers, and rural health clinics, and maintain collaborative working relationships with physicians. As an NP, I am licensed by the state in which I practice through the NCC (National Certification Corporation) for specialty practice. Rather than a generic focus of



education, as a nurse practitioner I am able to specialize in an area of study I desire and provide care within the scope of my expertise.

I may treat both acute and chronic conditions, as well as prescribe medications and therapies for the patient at hand. The core philosophy of the field is individualized care. Nurse practitioners focus on patients' conditions as well as the effects of illness on the lives of the patients and their families. Informing patients about their health care and encouraging them to participate in decisions are central to the care provided by NPs.

A major concern for myself and other medical practitioners at all levels is concordance, once a drug has been prescribed. Concordance involves a process of prescribing and medicine-taking; it is a kind of partnership. It is not just a matter of explaining the benefits of prescribed drugs and the side effects which can sometimes happen, but which may not. Improving concordance is about involving the patient in making decisions about the treatment.



Speaking

Work in pairs to practise completing a patient's chart. Student A go to page 114. Student B, go to page 117.

It's my Job

- 1 Work in pairs. Read the text and then answer the questions.
 - 1 Is concordance a cause for concern for Nurse Carne and her fellow NPs?
 - 2 What type of conditions can she treat?
 - 3 What does she consider the central philosophy of working as a nurse practitioner?
 - 4 Why does she feel her patients need to be involved in treatment decisions?
 - 5 What specific post-graduate training has she undergone?
 - 6 How does her work compare with that of physicians?



- In groups, discuss who you think should have the right to prescribe medicine.
- Do you have nurse practitioners or nurses with similar roles in your country? Describe their roles regarding administering and prescribing medicine.

Listening 2

Benefits and side effects

- The sentences below are from an explanation of the benefits and side effects of aspirin to a patient, Mr Johnson, who is being discharged after an uncomplicated MI. Work in pairs. In your own words, complete the blank spaces in the doctor's sentences.

- I've got some good news for you. You've made _____ and we're going to _____.
- First, I'd just like to have a brief chat with you _____.
- If at any time you want to stop me and ask questions, _____. There's a lot of information to take in at one time.
- We're going to give you a very small dose of 75 mg. It's a much smaller dose than you'd normally buy over the counter. You take it _____.
- The aspirin will help you a lot, as _____ and so _____.
- And I emphasize the word *possible*, _____. But I just have to point them out, so that you are aware of them and can do something about it if anything happens.
- Sometimes, people get _____.
Or aspirin can make _____.
Or it can cause _____.

- Listen and make notes for each blank space in 1. Do not try to write down every word.



- Compare your notes with a partner and then write the complete sentences.
- Listen again and check your answers.
- Look at the listening script and see how close your answers were.
- Work in pairs. Take turns explaining the benefits and side effects of aspirin.

Speaking

- Work in pairs. Answer the questions below about the doctor in *Listening 2*. Does the doctor:
 - use simple non-technical language?
 - keep the drug regime simple?
 - explain the function of the medication clearly?
 - ask the patient to repeat the information given?
- Does the doctor involve the patient in making decisions about taking the medication? Why/Why not?
- If you think that the doctor could have done more, what could he have done?
- Work in pairs. Take turns explaining the benefit and side effects of aspirin again. If you need help, check the script on page 135.

feel ill (v) be nauseated



1 Use the words to complete the sentences.

possibility will probably
may can may not

- In some people, it can cause a fleeting headache, but it doesn't mean you _____ get one.
 - Theoretically, this can cause low blood pressure, but you _____ won't have a problem.
 - Some people get blurred vision, but it _____ happen in your case.
 - There's a strong _____ that this will upset your stomach. In fact, it may make you feel really ill.
 - Swelling of the ankle is not common, but it is possible – it _____ happen.
 - This _____ make you feel dizzy, so you should be careful when you drive.
- 2** Work in pairs. Write sentences like those in **1** about the benefits and side effects of the sedative diazepam.

Speaking

- 1** Work in groups of three. Discuss the benefits and side effects of these drugs for a patient at discharge who has had a mild, uncomplicated MI. See page 34 to review adverbs of frequency.

Atenolol GTN spray Simvastatin

Benefits

Side effects

- 2** Take turns explaining the medication to your partners.

USEFUL EXPRESSIONS

And like aspirin ...

In some cases the tablets can ...

Some people ...

There are some people ...

Is everything clear so far?

How do you feel about taking this medication?

Do you think you will be able to remember to take them as prescribed?

Also try to use some of the phrasal verbs from *Language spot* on page 40.

- 3** The third student should listen and give feedback using this grid, where 1 is the highest.

Feedback form

1 Using simple language	1	2	3	4	5
2 Deals with the benefits	1	2	3	4	5
3 Deals well with the side effects	1	2	3	4	5
4 Involves the patient	1	2	3	4	5
5 Checks the patient has understood	1	2	3	4	5

- 4** If possible, keep a video record. Play back the recording to your classmates. Use the feedback form to discuss the conversation.

Readers should note that BNF is regularly updated and that the current edition is available at BNF.org.



complementary (adj) balanced

factor (n) cause, element

regimen (n) course of treatment, schedule

Statistics for concordance in General Practice in the UK

Sufficient concordance to attain therapeutic objectives occurs about 50% of the time.

1:6 patients take medicine exactly as directed; 1:3 take medication as directed 80–90% of the time; 1:3 take medication 40–80% of the time; the remaining 16–17% take medications directed <40% of the time. 20% of prescriptions are never cashed.

Reading

1 Read the text and answer these questions.

- 1 What features of new medicines should make people take the medicines prescribed to them?
- 2 Which medicines are least likely to be taken by patients?
- 3 Which group is more likely not to take medicine prescribed because they do not believe the illness is there?
- 4 Besides providing information, what effective ways can improve compliance?
- 5 What is more important than increasing compliance in patients?
- 6 What do patients need to be helped to make?
- 7 What can be of help to both the individual and the general population?

Concordance

Non-compliance in medicine taking is a long-standing problem in all therapeutic areas, including the treatment of cancer. There is strong evidence that, despite the introduction of new medicines which have fewer side effects and are more convenient to use, many people still do not take them as prescribed – even when not doing so can have life-threatening consequences.

Medicines prescribed for preventive purposes are especially likely not to be taken as prescribed. This may be because people do not feel immediately threatened and, in the case of symptomless conditions such as raised cholesterol levels and hypertension, feel no obvious benefit at the time when medicines are taken.

Factors associated with poor compliance include:

- complex regimens involving multiple doses and several medicines.
- unwanted side effects.
- concerns about the value or appropriateness of taking medicines in particular contexts.
- denial of illness, especially among younger people.
- confusion or physical difficulties associated with medicine taking, which most frequently affect older people.

Effective ways of improving compliance rates involve the complementary use of educative, practical, and emotionally and behaviourally supportive interventions, rather than the provision of information alone. There is evidence that, regardless of the specific knowledge imparted, self-management programmes which help to raise people's sense of self-efficacy and confidence promote better medicine taking.

Health professionals should respect patients' autonomy and accept that increasing compliance with prescribing instructions is not as important as meeting patients' individual needs and priorities. Patients need help to make informed choices about treatment. For example, there is a need to differentiate clearly between situations where varying the timing or quantity of medicine doses may do little harm or even be beneficial, and situations in which there is a high probability of adverse clinical outcomes.

Improvements in self-management skills and compliance in medicine taking can generate significant benefits for individuals and the population as a whole. Combining medication reviews with other forms of timely and appropriate support for patients and carers represents an important route towards better and more cost-effective use of medicines.

2 Work in groups. Discuss the question of compliance among patients in your country by:

- 1 answering questions 1–7 in 1.
- 2 comparing the statistics at the top of page 41 with those for your own country, if they are available.
- 3 giving examples of non-compliance and effective ways of dealing with it.

Project

Search the web and check references to clinical incident reporting in UK hospitals. Find out what is involved in the procedure.

- 1 Is such reporting a good idea?
- 2 What is it called in your country and what happens there?

Writing

Clinical incident reporting

- 1 Look at the sample clinical incident reporting form below.

Name of staff involved	Grade and specialty	Agency/locum
<i>C.J. Flint</i>	<i>PRHO Medicine</i>	<i>N/A</i>
Brief details of incident: <i>Patient was prescribed augmentin 625mg/8h PO, despite penicillin allergy (this was stated on drug chart). This was noted by the pharmacist and the patient did not take any augmentin. The team PRHO was contacted and an alternative antibiotic was prescribed.</i>		

- 2 Without looking at the form in 1, expand the notes below into full sentences.

Notes

*patient prescribe augmentin 625 mg / 8h PO
penicillin allergy state on drug chart. noted
pharmacist patient not take augmentin
Dr Perez team
contact alternative antibiotic prescribe*

- 3 Complete two clinical incident reporting forms from the notes below. In each case it was a 'near miss' incident.

1

Notes

patient flumazenil 200 mcg iv up to 1 mg. drug chart / patient epileptic. noted Duncan patient not take flumazenil Dr Zhou team contact alternative drug

2

Notes

*prescribe tetracycline 250-500 / 6h drug chart
patient photosensitive noted pharmacist patient not take drug Dr Harper team contact alternative*

- 4 In groups, discuss clinical incident reporting. Give examples from your experience. Discuss why the procedure is important for the patient, the hospital, and for you and/or your colleagues.
- 5 Is it difficult to admit mistakes like this in all cultures? Give reasons and examples.

Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can talk about medications.
- I can understand drug charts and abbreviations.
- I can talk about the benefits and side effects of medications.
- I can understand and use patient language.
- I can write / understand a clinical incident report.

Key words

Nouns

benefit
side effect

Abbreviations

bd
g
IM
INH
IV
NEB
od
om
on
PO
PR
prn
qds
SC
stat
tds
TT

Useful reference

Oxford Handbook for the Foundation Programme 2nd edition, Hurley et al, ISBN 978-0-19-954773-9

6 Lifestyle

Check up

- 1 Work in groups. Describe the lifestyle factors which the pictures below represent.



- 2 Match each statement below with the most appropriate picture.

1 When I exercise regularly, I feel healthy.

2 I wish I could stop snacking.

3 I feel eating healthy food will help me fight off infection.

4 I can't see anything wrong with eating fatty food. I've never been sick in my life.

5 I'm worn out and it's making me ill.

6 I can't live without my cigarettes and drink.

- 3 Work in pairs. Discuss whether the attitudes of the people in the statements in 2 are positive or negative.
- 4 Discuss the illnesses the people in pictures a and c might be predisposed to. Is it easy to change people's lifestyle habits? Why/Why not?
- 5 What do you think are the best ways to encourage people to change their exercise / eating habits?

In this unit

- asking about family history and social history
- understanding lifestyle changes from the patient's perspective
- encouraging and motivating patients
- talking with patients about their lifestyles

Listening 1

Family history and social history

To help patients change their lifestyles it is important to know something about their family and social history. Otherwise, any encouragement to change may not fit in with the patient's lifestyle.

- 1 Listen. Decide whether the doctor is asking about the family history (F) or social history (S).
1 _____ 2 _____ 3 _____
- 2 Listen again and write down in note form the questions the doctor asked in each case.
- 3 Work in pairs. Compare your notes and make full questions.
- 4 What tenses are used in the questions?
- 5 What other questions can you ask about:
1 home? 4 alcohol? 5 money problems?
2 occupation? 3 hobbies? 6 changes in habits?
- 6 If you try to advise patients without knowing the information in each conversation, how could it annoy or worry the patient?
- 7 Work in pairs. Ask each other questions about the topics in 5.

Speaking

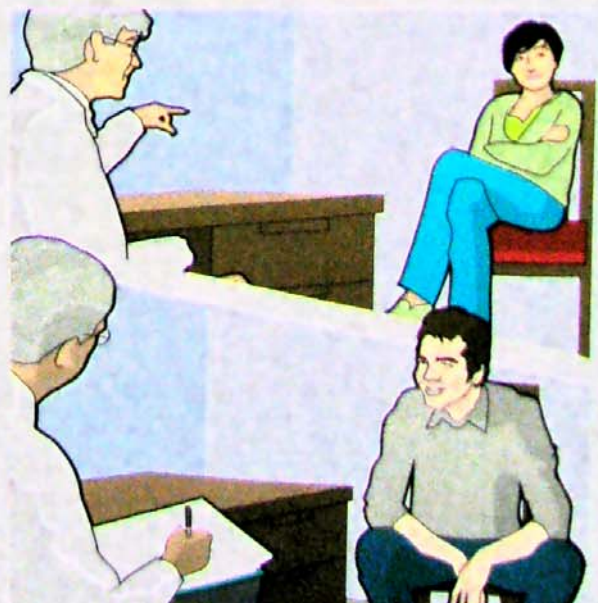
- 1 Choose *at least* two things below which you yourself find difficult to change. Rank each choice on a scale of 1 to 5 where 1 is easy and 5 very difficult.

	1	2	3	4	5
eating chocolate					
snacking between meals					
avoiding stress					
drinking fizzy / sugary drinks					
drinking tea / coffee					
not doing exercise					
smoking					
driving a car					
other _____					

- 2 Work in pairs. Compare your choices.
- 3 Look at these statements and decide which, if any, fit most with the ranking you have given for each choice.

<p>1 I don't see why I need to change.</p> <p>2 It's impossible for me to change at the moment.</p> <p>3 Trying to change habits like this only makes me nervous.</p> <p>4 When I try to give up something (like eating less chocolate), I tend to do it even more.</p>	<p>5 I know it's bad, but I enjoy it / them.</p> <p>6 I can see the advantages of changing, but I'm not sure I can do it.</p> <p>7 I want to change. I just have to make the effort.</p>
---	---

- 4 Look at the pictures. Which do you think reflects your own attitude when people are trying to help you change habits?



achievable (adj) able to be reached

devise (v) produce / create

kick (v) give up

regime (n) plan

settle into (v) get used to

- 5** Ask your partner to explain the reasons behind the choices, the ranking, and the statements they have chosen in **1** and **3**.

USEFUL EXPRESSIONS

It's not easy to ... I've tried many times ...

I keep going back ...

My friends / family / colleagues do the same, so ...

I know the advantage, but ...

My family / friends want me to ...

- 6** Discuss this question in groups. Why do you think it is necessary to consider patients' *beliefs, emotions, willingness* in helping them to change lifestyle habits?

Vocabulary

Language for exercise

- 1** Match each verb with the best noun phrase to create general advice for exercising.

- 1 take up
 - a some physical activity
 - b minor changes
- 2 kick
 - a a new routine
 - b old habits
- 3 stick to
 - a a new regime
 - b the amount of exercise you do gradually
- 4 settle into
 - a old habits
 - b a new routine
- 5 increase
 - a the amount of exercise you do gradually
 - b a new regime
- 6 make
 - a old habits
 - b minor changes
- 7 devise
 - a your own exercise programme
 - b some physical activity

- 2** Add one of the phrases 1–7 to these sentences. You may use each phrase only once. You may need to change the form of the verb.

- 1 Once you _____, you'll begin to notice some improvement.
- 2 If you _____ and set yourself achievable aims, you'll be more likely to succeed.
- 3 It is difficult to _____, but once you have got into it ...
- 4 Have you thought of getting someone to help you _____?
- 5 Start small and then try to _____.
- 6 It's better to _____ that fits into your daily routine.
- 7 _____ is not easy, but it is not impossible to break them.

- 3** Work in groups. Decide what you think are the three most important ideas 1–7 from **2**.

- 4** Introduce more specific examples for sentences 1–7 in **2**. You can choose from this list: light or strenuous walking, swimming, a brisk walk, visit a gym, cycling, getting off the bus one or two stops earlier, running.

USEFUL PHRASES

You can / could ... For example, if ...

- 5** Take turns talking to each other about taking up more exercise and the risks and the benefits. You can refuse to accept the advice by using one of the phrases from *Speaking 3* on page 45.



Advice for doctors taking a social history from a patient:
Probe without prying.
 — *Oxford Handbook of Clinical Medicine*



Speaking

- 1 Work in groups. Discuss this quotation from the *Oxford Handbook of General Practice*, Second Edition. Increasing stress is a feature of society as a whole. GPs score twice the national average on stress test scores.
- 2 Discuss what you think are the three main causes of stress faced by doctors in general practice. State one main effect of stress on a doctor's clinical work, the general practice, and home life.
- 3 What actions can doctors take to reduce the stress they can face at work?
- 4 The British Medical Association (BMA) offers a confidential stress counselling service for members. Are there similar services in your own country?

Writing

Help with stress

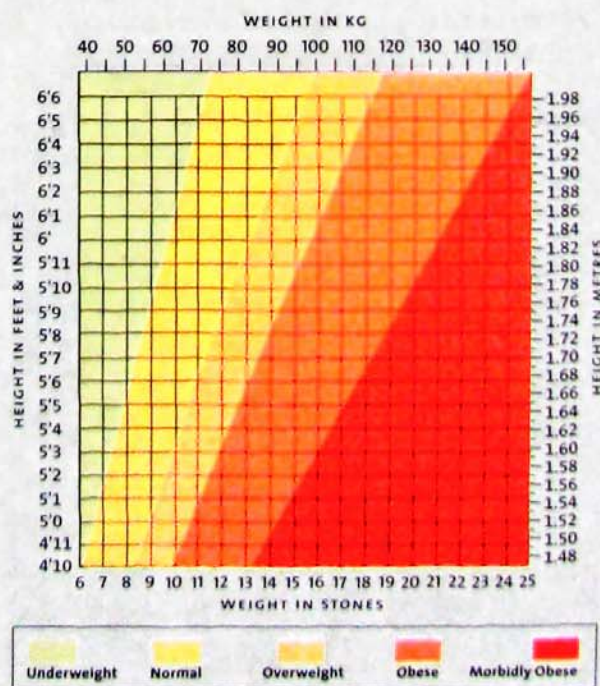
- 1 Work in groups. Discuss situations where you were (or a colleague was) facing stress.
- 2 Work in groups. Describe to each other situations where you had to deal with your own stress or helped a colleague to do so.
- 3 A fellow doctor has mentioned in an email to you that he is stressed in his new GP practice in Australia. He mentions:
 - too much work.
 - rapid changes in technology.
 - the fact that he never takes breaks.
 - he is reluctant to talk to his colleagues and family as he does not want to appear weak.

Write a reply mentioning one or more of the above factors and describe a real past situation where you faced stress and how you dealt with it.

Listening 2

Being sympathetic

- 1 Look at these statements. What are the doctor and patient talking about? Then listen and decide which statements are true. Check your answers with a partner.
 - 1 The patient has tried to diet before.
 - 2 The patient has tried to stop eating crisps and other junk foods in the past.
 - 3 The doctor suggests a gradual approach.
 - 4 The doctor is sympathetic to the patient's situation.
 - 5 The patient is reluctant to try the approach suggested by the doctor.
 - 6 The doctor suggests taking up yoga as an exercise.
 - 7 The patient's excuse is to do with injury.
- 2 How would you describe the doctor's approach: sensitive or annoying?
- 3 Would the doctor's suggestions work in all cases? Give examples.
- 4 Work in pairs. Take turns role-playing the doctor and encouraging Mr Ford, who is 110 kgs and 1.80 metres tall with a waist size of 110 cms, to lose weight through exercise. Use the BMI chart to help you explain.



Language spot

Encouraging patients and making suggestions

- Vocabulary on page 46 showed ways to encourage patients to change their lifestyle. In addition to those, you can also use modals to make suggestions. For tentative suggestions, you can use the modals *could / can / might*.

You could (for example) get off the bus one stop early.

You can (for example) get off the bus one stop early.

You might like to try (for example) getting off the bus one stop early.

- *Should / shouldn't / ought / oughtn't* to are used for strong suggestions. But be careful. These can be annoying rather than encouraging and are probably best avoided.

You should give up smoking.

You shouldn't eat fatty foods.

» Go to **Grammar reference** p.127

- 1 Rewrite the sentences below using the words in brackets.

- 1 You should try to take it easy for a couple of days and have a couple of days off. (Have you thought of)
- 2 You should step up the exercise very gradually. (It's better)
- 3 Spend more time on a physically demanding form of exercise. (You could)
- 4 Eat white meat or fish where you can rather than red meat. (Instead of eating red meat)
- 5 You should do something which will get you out and about. (Try and)
- 6 You should have a balanced rather than a crash diet. (You might)

- 2 Work in groups. Discuss what encouragement you would give to a patient who is trying to lose weight. You might want to talk about:

- *foods to avoid: fatty foods, salt / sugar, crisps, biscuits, cakes, etc.*
- *fibre*
- *white meat vs red meat*
- *dairy products: skimmed milk / semi-skimmed*
- *ways of cooking: grilling, steaming, poaching, baking, using vegetable oil, not frying*
- *snacking*
- *5 portions and preferably more fruit and vegetables a day*
- *(oily) fish 2 / 3 times a week*
- *drink 2-4 litres fluid, i.e. water, not tea / alcohol*

- 3 Work in pairs. Take turns encouraging each other to eat a more healthy diet.

Patient care

- 1 Work in pairs. Decide which of these best explains sympathy and which empathy.

- 1 understanding the patient's feelings because you have seen other patients in similar situations before
- 2 a mixture of self-experience and understanding of the patient's condition
- 3 understanding what the patient is feeling because you have experienced it yourself
- 4 an understanding of what the patient is feeling based on clinical knowledge





Facts and figures on smoking

In the UK, 12 million adults smoke cigarettes and a further 3 million smoke pipes and cigars. Prevalence: highest aged 20–24
– *Oxford Handbook of General Practice*

mini-targets (n) short-term aims or goals

Speaking

- 1 Work in groups of three. Discuss how to deal with this role-play scenario. Remember to consider the patient's point of view.

A 50 year-old male patient, Mr Harding, is just about to be discharged from hospital. He has smoked at least 20 cigarettes a day for most of his adult life. Talk to him about stopping completely.

- 2 Decide on five criteria you think should be included in the assessment of a candidate role-playing the scenario in an exam. Use the speaking checklist on page 120.
- 3 Take turns role-playing the scenario in 1 as a patient, a doctor / candidate, and an examiner. The role-play lasts 5 minutes. The examiner uses a stopwatch to time the role-play and listens to the role-play checking it using the speaking checklist.
- 4 At the end of each role-play, the doctors / candidates say how they have done, using the checklist. The examiner should then give constructive feedback.
- 5 Work in groups. Discuss the difficulties of dealing with changes in lifestyle. You may want to talk about these points: imposition, not knowing the whole story, annoying the patient.



- 2 Work in pairs. Below are five statements made in doctor / patient role-plays. Decide which are sympathetic and which empathetic. Are any of them very personal?
 - 1 I know it's not easy to change habits because I've faced the same problems myself.
 - 2 Giving up smoking isn't easy, but have you thought perhaps of cutting down gradually?
 - 3 When people try to make changes like this, at first it seems difficult.
 - 4 I appreciate it's difficult, but have you thought of the advantages of giving up?
 - 5 I know what it's like because I have been there myself.
- 3 Are the personal statements appropriate? Will the patient respond to them? How could you make them less personal?
- 4 Using sympathy with a patient helps you discuss and negotiate. In pairs, discuss strategies to answer the patient's 'barrier' statements below. Use or adapt one of the statements in 2 or one of your own.

1 It's impossible for me to give up drinking alcohol.

4 I find it difficult to stop eating between meals.

2 I've tried to stop smoking, but I can't.

5 I haven't really got the time to do any exercise.

3 I can't take any time off work as we are very busy.

- 5 Work in pairs. Take turns replying to statements 1–5 in 4. Develop the answer by negotiation with the patient, giving suggestions about setting mini-targets, monitoring progress, and motivating the patient.
- 6 Work in groups. Discuss which ways of negotiating and encouraging the patient are the best.

Overweight and obesity pose a major risk to long-term health by increasing the risk of chronic illnesses. In 2005, 7.4 million people aged 18 years and over (54% of the adult population) were classified as overweight or obese, an increase from 5.4 million adults (45% of the adult population) in 1995.

– Australian Social Trends 2007



Reading

1 Before reading the text, complete the sentences with your own ideas.

1 Obesity is the result of _____.

2 Lifestyle factors associated with obesity are _____.

3 Obesity affects long-term health by _____.

4 The cost of obesity in Australia was _____.

5 _____ higher rate of obesity _____.

6 Self-perception of own body weight among men and older women has implications for _____.

Overweight and obesity

Overweight and obesity have become world-wide concerns, reaching epidemic proportions. Obesity is caused by an energy imbalance where energy intake exceeds energy expended over time. This imbalance has been linked to lifestyle factors such as increased consumption of foods with high levels of sugar and saturated fats, as well as a reduction in physical activity.

Overweight and obesity pose a major risk to long-term health by increasing the risk of chronic illnesses such as diabetes, cardiovascular disease, and some cancers. It has been estimated that obesity and its associated illnesses cost Australian society and governments a total of \$21 billion in 2005. In July 2006, the Australian Government implemented a five-year, \$500 million program, the Australian Better Health Initiative, aimed at reducing the impacts of chronic disease which includes a focus on promoting healthy weight.

This article discusses adults who were classified as overweight or obese according to their body mass index (BMI), based on self-reported height and weight.

Overweight and obesity trends

In 2004–05, more than half (54%) of all adults, or 7.4 million people aged 18 years and over were either overweight or obese, an increase from 45% (5.4 million adults) in 1995. Using age-standardized data, the rate of overweight adults has increased from 33% in 1995 to 36% in 2004–05, while the rate of obesity in adults has increased from 13% to 18% over the same period. Each of the national health surveys conducted since 1995 has reported a higher rate of overweight and obesity for males than for females.



Perceptions of own weight

For many people, particularly men and older women, self-perception of 'acceptable weight' differs from the standard BMI definitions. This may have implications for the management of healthy body weight in adults. In 2004–05, more than half of adults (63% of males and 59% of females) considered themselves to be of acceptable weight. The proportion of males (32%) and females (38%) who considered themselves to be overweight was considerably lower than those who were classified as overweight / obese according to their BMI (62% and 45% respectively).





Between 1995 and 2004–05, after adjusting for differences in the age structure of the population, the proportion of people in the overweight and obese BMI categories who considered themselves to be of acceptable weight increased. In 2004–05, almost half (47%) of males and around one-fifth (21%) of females who were overweight or obese considered themselves to be of acceptable weight. This compares with age-standardized rates of around one-third (35%) for males and 12% for females in 1995.

2 Now read the text and find the sentences in 1. Compare the text with your own answers.

3 Work in pairs. Discuss whether the medical profession alone can change perceptions about lifestyle, weight, exercise, smoking and drinking.

Pronunciation

Word stress in noun phrases

- 1  In a noun phrase the stress can often fall on either the first or second word. The placement of the stress usually affects the meaning. Listen. Underline the syllable in each case that takes the main stress.
- 
- 1 Australian government
- 
- 2 Australian government
- 2 Match each pronunciation in 1 to a meaning.
- a It was the Australian government, not the New Zealand government.
- b It was the Australian government, not the Australian media.
- 3 Work in pairs. Scan the text in *Reading* on page 50 and find these phrases.
- | | |
|--------------------------|------------------------|
| 1 epidemic proportions | 5 associated illnesses |
| 2 energy imbalance | 6 Australian society |
| 3 lifestyle factors | 7 chronic disease |
| 4 cardiovascular disease | 8 health surveys |
- 4 Decide where the stress falls in each word in the pair as it occurs in the text. Underline the stress which is more important in each pair.
- 5  Listen and check your answers.
- 6 Work in pairs. Read aloud alternate paragraphs.

Project

Search the web and find out about conducting research in the medical field.

UK websites:

- Research in the NHS: www.dh.gov.uk
- National Research Register (NRR): www.update-software.com/national
- Royal College of General Practitioners (RCGP): www.rcgp.org.uk
- Funding: www.redinfo.org.uk

See also pages 92–93 *Oxford Handbook of General Practice*, Second Edition.

Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can ask about family, social and personal history.
- I can understand the Past Simple.
- I can encourage and motivate patients.
- I can talk with patients about their lifestyles.

Key words

Nouns

BMI Body Mass Index
diet
empathy
exercise
habits
hobbies
lifestyle
mini-targets
obesity
overweight
routine
stress
sympathy

Verbs

devise
encourage
kick
motivate
settle into
take up

Useful reference

Oxford Handbook of General Practice
2nd edition, Simon et al,
ISBN 978-0-19-856581-9

Reading bank

1 'TV doctor'

1 Join these word combinations used in the text. Then check your answers in the text.

- | | |
|-----------------|-----------------|
| 1 develop | a people |
| 2 focus on | b a chest X-ray |
| 3 order | c a cough |
| 4 manoeuvre | d their rounds |
| 5 make | e care |
| 6 depersonalize | f the chart |
| 7 isolate | g the robot |

2 Read the text. Are these statements true (T) or false (F)?

- 1 A robot came to visit Ries Daniel the evening after his operation.
- 2 Louis Kavoussi, Daniel's urologist, spoke to Daniel from a machine called Dr Robot.
- 3 The patient developed a fever during the course of the day.
- 4 An abdominal X-ray was ordered by Dr Kavoussi.
- 5 Robots are being used by doctors to talk to each other as well as patients.
- 6 Some people feel robots allow doctors to spend more time with their patients.

3 Correct the false statements with a word or words from the text.

4 Find words which mean:

- 1 supporters or those for.
- 2 disbelievers or those against.

Machines let physicians make rounds from a distance

RIES DANIEL was waiting in his hospital room the morning after bladder surgery when the door finally swung open. But it wasn't his doctor. Instead, a robot rolled in, wheeled over, and pivoted its 15-inch video-screen 'head' toward the 80-year-old lying in his bed at Baltimore's Johns Hopkins Hospital.

'Good morning,' said a voice from the robot's speaker. It was Louis Kavoussi, Daniel's urologist. His face peered down from the screen atop the 167-centimetre-tall device dubbed Dr Robot. 'So, how was your evening? No problems?'

Studying his patient through an image beamed back to his office by Dr Robot's video camera, Kavoussi was concerned because Daniel had run a fever overnight and developed a cough. 'You're not looking as good as yesterday,' said Kavoussi, zooming in the camera for a closer look after having focused on Daniel's chart moments before.

'I didn't have my martini,' said Daniel, managing a smile.

'Well, let's see how you are feeling later on today,' Kavoussi said. 'If you're feeling better, we'll send you home, all right?'

After telling Daniel that he was ordering a chest X-ray and other tests, Kavoussi tweaked a joystick to manoeuvre the robot back to the hallway.

Such robot-assisted exchanges are being repeated in dozens of hospitals across the country by doctors who use the machines to make their rounds, monitor intensive-care units, respond to emergency calls, and consult with other physicians.

Proponents say this and other new 'telemedicine' technologies are allowing doctors to use their time more efficiently and serve more patients, often at odd hours or in remote places where the sick would otherwise have a hard time seeing a doctor.

'There's a tremendous amount of medical care being provided from a distance today through technology like this,' said Jonathan D Linkous, executive director of the American Telemedicine Association.

Sceptics, however, fear that the technology is further depersonalizing health care, accelerating the trend of doctors spending less and less time with their patients, and eroding what remains of the doctor-patient relationship.

'This is a triumph of the model of medicine that has abandoned the idea of personal interaction and providing comfort in favour of a model of the patient-physician interaction as essentially an exchange of information,' said David Magnus, a Stanford University bioethicist. 'You can see a face, but there's no touch, no laying on of hands, no personal contact. We're increasingly isolating people in a sea of technology.'

2 Medicines

- 1 Look at the title and the pictures and skim the article quickly. Who is the text written for?
 - a Pharmacists
 - b The general public
 - c Doctors
- 2 What is the main topic of the article?
 - a Advice for patients on obtaining medication cheaply
 - b Advising pharmacists about what the general public should know
 - c Advising people about knowledge of medication
- 3 Match **highlighted** words in the text with these meanings.
 - 1 shops
 - 2 unorthodox / unconventional / traditional
 - 3 herpes simplex
 - 4 ask for help from somebody
 - 5 guarantee
 - 6 obtain the maximum benefit from
 - 7 insects which infest the hair
 - 8 approved
- 4 Answer these questions.
 - 1 How are modern medicines described?
 - 2 How can people get expert advice?
 - 3 How is public safety protected as regards medicines?
 - 4 How should people obtain the best advice from pharmacists?
 - 5 Why do some medications need to be taken with food?
 - 6 Do you think pharmacists should be allowed to prescribe medications? Why? Why not?

KNOW YOUR MEDICINES

If you or someone you care for is taking medicines, it is important to have the right information. Modern medicines are safe and effective. But to **get the most out of** your medicines you need to know how to use them – and, where appropriate – how to choose them. But where do you go to get the facts and advice you need? Some people **turn to** friends and neighbours, to books and magazines and, increasingly, the internet. But for expert advice near where you live, shop, or work, ask your local pharmacist.



Ask an expert

Pharmacists are experts in medicines and can help you to make the right choices. They are highly trained in all aspects of medicines and their professional code **ensures** that any information you share remains confidential. This expert knowledge can help you understand more about your medicines so that you can use them safely and effectively.



Medicines matter

To protect the public, all medicines must be tested and officially **authorized** to make sure that they are safe and produced to a quality standard. There are different types of medicines. Some are only available on prescription, others are only available from pharmacies, and there are a small number that can be bought from other **retail outlets**. To be sure that you get the best product and advice for your needs, ask your pharmacist, the expert on medicines.

Everyday health

Your pharmacist can supply medicines for a range of minor problems and can advise you about the best way of treating problems such as coughs and colds, sprains and bruises, **headlice**, **cold sores**, and skin problems. To get the best advice, explain how long you have had the problem and how it makes you feel. Give the names and dosages of any other medicines you are taking and don't forget to mention any herbal or other **complementary** remedies.

If you don't feel comfortable about discussing your health at the pharmacy counter, you can speak to the pharmacist in a quiet area away from other customers.



Getting the most from your medicines

Always read the instructions on the label or in the leaflet. If you are unsure about how to take your medicines, then ask your pharmacist.

Medicines work in different ways.

- Some are taken before you eat so they get into your system quickly.
- Some need to be taken on their own as they don't work properly if taken with certain foods, herbal preparations, or other medicines.
- Some are taken with or after food because there is a chance that they could otherwise irritate your stomach.

Together, you and your pharmacist can work out how best to choose and take your medicine so that it fits in with your daily routine.

3 Assessment

1 Skim the text and match each heading to the appropriate part of the case study (A or B).

- 1 Talking about being assessed
- 2 Talking about filling out assessment forms

2 Use these sentences to fill in the gaps in the text.

- a The feedback has helped me realize that this can often benefit the team and patient care.
- b Individual comments can be added in the questionnaire and are listed with your results.
- c Being able to follow a case you've admitted all the way through to discharge gives you a complete overview.
- d Being able to discuss this case with my consultant reassured me that I had managed the case appropriately and improved my knowledge on the subject for the future.

3 Find words in the text which are the opposite of:

- 1 junior
- 2 make worse
- 3 possibly
- 4 little
- 5 innocent
- 6 criticize
- 7 mildest



CASE STUDY

understanding assessment

Dr Liam Sullivan, *F1 Doctor, Manchester*

PART A

Finding time to fill out assessment forms with my senior colleagues was quite difficult at the start of my placement. I was too focused on getting that perfect case where I could perform really well. I later realized that the idea of the assessments was not to score brilliantly throughout but to show the progression during the year. Having the assessments and receiving feedback helped me improve my practice – it's definitely better to complete some assessments early on. Keeping this in mind, I made sure I kept the assessment forms close to hand. I've found that whilst I'm on call is the best time to pick up cases.

1

Case-based discussion gives you a good opportunity to raise concerns with your consultant. I had admitted an elderly lady with ascites and chronic renal failure who was suffering from dehydration. When I was trying to rehydrate her, she received too much fluid and slipped into pulmonary oedema. I felt guilty and thought I had given her poor treatment.

2

Multi-source feedback

The multi-source feedback assessment tool we used was the Mini Peer Assessment Tool (Mini PAT), which I found very useful. When starting work, fellow colleagues sometimes commend your actions. Occasionally a senior will be impressed and mention it to you. Rarely, however, does anyone write it down, which is one of the reasons this tool is so valuable.

PART B

How it works

Each foundation doctor is responsible for nominating his or her own assessors. These may include any member of the team from consultants to F1s, sisters, and allied healthcare professionals. They each receive a questionnaire covering many aspects of your performance from medical knowledge to professional attitude.

Once completed, they are sent anonymously to a central office. You also complete the questionnaire and the results are collated to present your self-appraisal ratings against your chosen assessor's ratings and the national average.

3

The results

It can be disconcerting reading criticism, no matter how constructive. In my Mini PAT, I received a comment that I could improve my practice by discussing clinical management with my seniors more frequently. I had felt that I didn't want to bother my seniors with minor management issues.

4

Top tips

Plan which placement you'll be completing the assessment in ahead of time, make sure that you choose the maximum number of assessors possible, and finally don't forget the harshest assessors are often your friends.

4 The language barrier

1 Before you read, work with a partner and discuss these questions.

- 1 Have you ever used an interpreter during a consultation? Describe what it was like. Was the interpreter a professional? Was it easy or difficult to talk to the patient?
- 2 Are there any advantages or disadvantages using interpreters?

2 Read the article and answer these questions.

- 1 What three things is the charity Help providing British patients?
- 2 What are Spanish doctors refusing to do?
- 3 How is the language barrier affecting consultation time with expats?
- 4 How many expat British patients use hand gestures and phrase books to communicate?
- 5 How do expats abuse the Spanish health care system?

3 Complete these sentences using the highlighted words in the text. There are more words than sentences.

- 1 The large numbers of British people settling on the Costa Blanca are increasing the ____ on the Spanish health service.
- 2 Research by the Spanish Society of General Medicine indicates that a minority of expats can ____ with staff.
- 3 The Spanish Society of General Medicine is now asking for extra ____ to help with the rise in expenditure.
- 4 The charity Help, which is run by expats, is ____ to the expat community.
- 5 Dr Diego Vargas says that the lack of clear communication is a medical ____.
- 6 Many expats, according to the Spanish Health Minister, don't have suitable medical ____.

Dark side of sunny Spain for Britain's elderly expatriates

It is a familiar sight in any British hospital – older women in blue sashes staffing a makeshift charity stall in a busy corridor. But here in Denia Hospital on Spain's Costa Blanca, the volunteers have no time to serve tea. The expat-run charity Help is **indispensable**, providing interpreting and sometimes nursing and **aftercare** for the growing number of British patients that pass through here. Tens of thousands of British settlers pursuing a **dream** retirement in the sun have doubled the population in this area in the past two years – and put a growing **strain** on a creaking Spanish health service.

Now Spanish authorities say they are placing an unbearable burden on **scant** medical resources and are demanding that the UK pays for their care. And in a move likely to send a chill through the expat community, Spanish doctors – even those who speak English – are now refusing to treat anyone who cannot speak Spanish without an interpreter present.

Dr Diego Vargas, a spokesman for the Spanish Society of General Medicine, says the language barrier is a medical **risk**. 'It makes diagnosis difficult – even doubling consultation time – and can give rise to serious misunderstandings and errors, for which the doctor will be held responsible.'

Research by the society shows a large increase in expats presenting with serious conditions at hospitals throughout the Spanish costas, but fewer than 10 per cent can **communicate** with staff, with

almost a third relying on hand gestures and phrase books.

Jill Porter Smith, 75, who retired here from Cambridge 25 years ago, volunteers at Denia Hospital five days a week. 'Most of our clinics now have a sign over the door saying, "Non-Spanish speakers will not be seen without an interpreter," but with only a handful speaking fluent Spanish in a community of over 40,000, our volunteers are **stretched** to the limit. It's not unusual to deal with British people who have lived here over 20 years and complain about medical staff not speaking English. Because waiters and barmen speak English, they expect doctors to.'

The society is now calling for extra **resources** to deal with the rising **costs**. Regional health authorities complain that providing drugs, health, and social care for more than a million ageing Brits – and to a lesser extent, Germans and Dutch – is crippling, prompting the Spanish Health Minister, Elena Salgado, to demand an annual £40m from the UK government.

She says expats abuse the system by using health facilities without registering as residents. 'Many are relocating to Spain and receiving medical **treatment** for serious conditions more quickly and of a high standard unavailable to them on their own NHS but, as many of these are 'invisible' residents and have no appropriate medical **cover**, Spain is recouping only a fraction of the costs of treating them,' she told fellow ministers.

5 The nocebo effect

1 Work in pairs. Answer these questions.

- 1 What is the placebo effect?
- 2 Do you know what the nocebo effect is? Scan the first four paragraphs for negative words. Predict what *the nocebo effect* means.

2 Scan the text and find the words which are described below.

- 1 I am a two-word verb and I mean *found by accident*.
- 2 I am a two-word plural noun meaning *issues that are often associated with an illness*.
- 3 I am a long word meaning *something which is perceived as an occurrence or fact*.
- 4 I am an adjective and I am connected with predictions which come true or are certain to come true because they create the right conditions.
- 5 I am a verb in the *-ing* form and I am used with words like *problem*, etc. I mean *to deal with / tackle / focus on*.
- 6 I am a verb and I mean *used a term for the first time*.
- 7 I am a noun and I am a collection of words.

3 Read the text and find:

- 1 an example of women dying because they thought they were likely to have heart disease.
- 2 an explanation of the word *placebo*.
- 3 the annual cost to the U.S. health system of drug side effects.
- 4 the name of a psychologist who studies the influence of people's expectations on their experiences.
- 5 the meaning of *nocebo*.

4 In groups, discuss whether you think the placebo or nocebo effects have any influence on treatment.

THE NOCEBO EFFECT: PLACEBO'S EVIL TWIN



TEN YEARS AGO, researchers stumbled onto a striking finding: Women who believed that they were prone to heart disease were nearly four times as likely to die as women with similar risk factors who didn't hold such fatalistic views.

The higher risk of death, in other words, had nothing to do with the usual heart disease culprits – age, blood pressure, cholesterol, weight. Instead, it tracked closely with belief. Think sick, be sick.

That study is a classic in the annals of research on the 'nocebo' phenomenon, the evil twin of the placebo effect. While the placebo effect refers to health benefits produced by a treatment that should have no effect, patients experiencing the nocebo effect experience the opposite. They presume the worst, health-wise, and that's just what they get.

'They're convinced that something is going to go wrong, and it's a self-fulfilling prophecy,' said Arthur Barsky, a psychiatrist at Boston's Brigham and Women's Hospital who published an article earlier this year in the *Journal of the American Medical Association* beseeching his peers to pay closer attention to the nocebo effect. 'From a clinical point of view, this is by no means peripheral or irrelevant.'

Barsky's target is drug side effects, which cost the U.S. health system more than \$76 billion a year, according to a 1995 University of Arizona study. If even a small percentage of those costs are caused by patient expectations of harm, addressing the nocebo effect could save a nifty sum.

But convincing doctors that their patients' problems may be more than biochemical is no simple trick. The nocebo effect is difficult to study, and medical training leads doctors to seek a bodily cause for physical ills.

'Nocebos often cause a physical effect, but it's not a physically produced effect,' said Irving Kirsch, a psychologist at the University of Connecticut in Storrs who studies the ways that expectations influence what people experience. 'What's the cause? In many cases it's an unanswered question.'

The word *nocebo*, Latin for 'I will harm,' doesn't represent a new idea – just one that hasn't caught on widely among clinicians and scientists. More than four decades after researchers coined the term, only a few medical journal articles mention it. Outside the medical community, being 'scared to death' or 'worried sick' are expressions that have long been part of the popular lexicon, noted epidemiologist Robert Hahn from the Centers for Disease Control and Prevention in Atlanta.

Is such language just hyperbole? Not to those who accept, for example, the idea of voodoo death – a hex so powerful that the victim of the curse dies of fright. While many in the scientific community may regard voodoo with scepticism, the idea that gut reactions may have biological consequences can't be simply dismissed.

'Surgeons are wary of people who are convinced that they will die,' said Herbert Benson, a Harvard professor and the president of the Mind/Body Medical Institute in Boston. 'There are examples of studies done on people undergoing surgery who almost want to die to re-contact a loved one. Close to 100 per cent of people under those circumstances die.'

6 Salt caves

- Work in groups of three. Before you read the article discuss whether you agree with these statements. Give reasons and examples.
 - Finding ways to relax is vital for people in modern work environments.
 - Health care systems should fund ways to help people relax and change their lifestyles.
 - Alternative therapies are invaluable in our modern way of life.
- Decide whether these statements are true (T) or false (F).
 - Galos Caves has not succeeded as a venture.
 - A session at Galos Cave is equivalent to a week by the sea.
 - Galos Cave is not a natural phenomenon.
 - Salt caves are rare in Eastern Europe.
 - In Europe, salt caves are used as a form of treatment.
 - The atmosphere at Galos Cave is other-worldly.
 - The only sounds in the cave are the whispers of clients.
- Correct the false statements.
- Find words and phrases in the text with these meanings.
 - relaxing
 - place of escape
 - regain their strength
 - huge number
 - proof
- Look back at the statements in 1 above. Have you changed your mind?

SALT CAVES

Little is known about the salt therapy and soothing effects created from the coating of the waves of the small and vast sea water. Surprisingly, however, a low-cost center in the United States is supposed to temporarily escape the everyday pressures of work and family finances and other "worries." The answer "is" in the Bahamas, on the other "side" of a Polish building on the north side of Chicago.

There, Birmingham resident Awa Chwala has successfully recreated the experience of a seaside getaway, complete with comfy beach chairs. One 45-minute session at Chwala's Galos Caves is like three days at the sea. The artificial cave, containing 16 tons of Black Sea salt, transports visitors to another world. Chwala decided to bring the salt therapy concept to Chicago three years ago after experiencing salt caves in Poland during a vacation with her husband, Stanislaw.

Salt caves are common in Eastern Europe, said Chwala, who is originally from Poland. Europeans looking to improve their health often visit the caves as part of rehabilitation, she said. "Lots of people come in and they enjoy it," said Chwala, 48. She and her husband also own the smorgasbord-style restaurant

next door, called the Polynia. "They relax more easily and forget the things they worry about daily basis. When you come in the room, you leave everything outside you."

Spending, without a ticket, hangs down from the ceiling of the cave, which also contains a pillar of sea salt. A natural structure sits peacefully in the corner as soft light illuminates seashells and colorful stones on the walls. Strategically placed black lights provide an exotic ambience and a feeling that you've not only left Chicago, but Earth itself.

While breathing in the warm, refreshing, salty air, the background noise of crashing waves, marine life, and calming music removes you even further from the outside world.

"I read about how good salt therapy is supposed to be," Debbie Gajewski, 53, of Niles said before trying out the salt cave for the first time. With her was Lorraine Stukenberg, 75, of Chicago, who also had never been to a salt cave.

Gajewski said she was hoping the visit would provide some relief from her fibromyalgia and severe allergies. In addition to helping people recharge their batteries, salt therapy may be beneficial for a whole host of health issues. These include sinus problems, asthma, chronic pneumonia and bronchitis, and skin conditions.

Fox River Grove family practice physician Michael Reilly said he isn't aware of any hard evidence on the healing powers of sea salt. Still, the idea that salt therapy helps people feel better makes sense, said Reilly, who specializes in holistic medicine.



7 Children's sleep

- 1 Complete these questions with a word from the text.
- 1 What used to happen when the clock ____ the magic hour?
 - 2 What have electronic ____ done to the bedrooms of many children?
 - 3 Are there natural ____ in sleep need?
 - 4 What is the effect of ____ children off to bed too early?
 - 5 Is ____ during the day necessary beyond four years? Why?
 - 6 What is the ____ to adequate sleep for kids?
 - 7 What comes with a regular bedtime ____?

2 Answer the questions in 1.

- 3 Work with a partner. Are the **highlighted** words used in the text as a verb, an adjective, or a noun?

	verb	adjective	noun
1 listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 slept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 wake-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 get up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 switch-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4 Work in groups. Which paragraph mentions ways for children to obtain a sound sleep? Are these solutions effective? Why? Why not? Are there others?

Children's sleep

Once upon a time, not so long ago, when the clock struck the magic hour, in a land where the bedroom's centrepiece was indeed the bed, children would quietly **listen**¹ to a story until the sleep fairy carried them off to the land of nod. There they **slept**² peacefully through the night, waking up feeling alert next morning, **to live**³ happily ever after.

Alas, today, the electronic paraphernalia of many a kid's bedroom have transformed it into a time-free extension of cyberspace, with the sleep fairy and the land of nod having been zapped by aliens from planet 'messenger-msn'.

Are we too lax with their sleep? When should they go to bed and how much sleep do they need? At all ages there are natural differences in sleep need – there's no fixed amount. Healthy five year olds need 10–12 hours, eight year olds, 9–11 hours, and for early teens it's 8–10 hours. The earlier to bed, the sooner they'll wake up, and there's no point in packing them off too early unless others want peace and quiet; otherwise it's an early morning **wake-up**⁴ – probably for all concerned. Daytime napping is not usually necessary beyond four years, especially as it delays bedtime and shortens night-time sleep.

The key to adequate sleep is whether kids **get up**⁵ fairly easily in the morning, are alert and happy for most of the day, and not too grouchy. Younger children persistently sleep deprived (even having their sleep interrupted by snoring and breathing difficulties) seem not to be sleepy, but irritable, 'overactive', seek constant stimulation, and can't concentrate for long. Such symptoms can be mistaken for mild ADHD (attention deficit hyperactivity disorder). For older children and teenagers, though, sleep loss just makes them sleepy and grumpy.

Sound sleep comes with a regular bedtime routine, quietening down and, ideally, having had plenty of mental stimulation and exercise, as this fatigues both body and brain, when the owners will be worn out and pleased to go to bed anyway. Ban the electronic fun at bedtime for the youngsters, and have an agreed **switch off**⁶ time for the teenagers. Reading in bed is fine – it probably won't be for long as sleep will soon overtake them.

Most kids have the occasional bad night, often through worry. TLC usually does the trick, and only a part of that lost sleep needs to be recovered anyway – obtained from an early night. Nightmares are common but best forgotten, only of concern if they cause distress throughout the day.

As for that bedtime snack, it can be fun, but don't overdo it, as kids don't suffer from 'night-time starvation' and, by the way, neither do adults – it's largely a myth.

8 Expressions

1 Work in pairs. In each section 1–7 of the text, a word is in the wrong place. Move it to the right place.

2 Find the nouns in the text which complete these phrases.

- 1 facial _____
 2 true _____
 3 nonverbal _____
 4 emotional _____
 5 recognition _____
 6 training _____

3 Choose one of the phrases 1–6 to complete these sentences about the text.

- a Ekman is an expert in the physiology of emotion and _____.
- b According to Ekman, a _____ can improve people's ability to recognize emotions.
- c People's _____ may only flash quickly across their faces.
- d The failure to read _____ is frequently the result of not being able to see very small expressions.
- e _____ refers to the facial expressions that show when someone is hiding an emotion on purpose or unconsciously.
- f Ekman's METT CD allows people to test their _____ by looking at the expressions of 14 people quickly.

4 Work in groups. Why is it important to understand how people show their emotions? Give examples from your own experience of reading or misreading patients' emotions.

What a half-smile really means Simple annoyance or outright rage?

Think you're good at reading people? Most people feel they are, but actually miserably at it, fail confusing a half smile with approval when it signals contempt,¹ or accepting an expression of apparent confidence while missing the concealed fear that lies beneath it.

Misreading facial expressions and the emotions underlying them in a lot of misunderstandings and results miscommunication.² Often the failure comes from an inability to recognize minute expressions – micro-expressions that flash across a face for less than a 15th of a second – that reveal the true emotions a person may be uncomfortable expressing conceal or is simply trying to.³

'These expressions tend to be very extreme and very fast,' says Paul Ekman, professor of psychology at the University of California, San Francisco, School of Medicine and an expert in the physiology of emotion and nonverbal communication. 'Eighty to 90 per cent of people we don't see them tested.'⁴

Micro-expressions represent 'the most extreme expressions human beings can make in a very fast period of time' and usually involve the entire face. Subtle expressions are overlooked because easily they involve minor movement in parts of the face⁵ – raised eyelids that might signal the beginnings of fear or surprise, or the angled upturn of the inner eyebrows that might signal the beginnings of sadness.

But a new set of CD-ROMs developed by Ekman can help people recognize emotional 'leakage' – facial expressions

that signal when a person is willfully suppressing or unconsciously repressing an emotion.

In conjunction with his book *Emotions Revealed*, Ekman has produced two CD-ROMs to train anyone, in under an hour, to spot fleeting expressions and interpret emotions they might miss if otherwise they were distracted by a person's gestures or tone of voice.⁶

The Micro Expression Training Tool, or METT, covers concealed emotions, and the Subtle Expression Training Tool, or SETT, explores more subtle expressions that occur when someone is just beginning to feel an emotion.

Both CD-ROMs are easy to use and cover expressed the seven emotions universally by all cultures⁷ – anger, fear, disgust, surprise, sadness, happiness, and contempt (interpreted as moral superiority).

The METT CD offers a pretest to help viewers score their recognition skills by viewing fleeting expressions of 14 people and choosing the corresponding emotion. Then a training session shows and describes the characteristics of the expression related to each emotion, with a practice session using 28 faces. After the pretest, users can retake the test with 14 new faces and compare the two scores.

Ekman said that in his tests of about 10,000 people, most correctly read emotional expressions only slightly more than half the time. People who take the CD-ROM test, he said, tend to score 50 to 60 per cent. But after doing the training and practice they score 80 to 85 per cent.



9 Psychiatry

1 Skim all the questions and the text. Decide which of these is the best title for the text.

- Depressive, stress-related, and anxiety disorders
- Psychiatry across cultures
- Psychiatry as a branch of Western medicine

2 Use the highlighted words in each paragraph to complete the paragraph headings below.

- _____ of psychiatry and cultural _____
- The _____ of illnesses found to be the same in various countries
- Cultural _____ in certain disorders
- The impact of globalization on _____
- The importance of cultural _____

3 Work in pairs. Locate the answers below in the passage and make appropriate questions for each, using these question words: *how many / when / (by) what*.

- (by) Western social and cultural factors
- in 1896
- nine
- (by) a large number of epidemiological studies and similar results for bipolar disorder
- 'culture-bound syndromes'

4 Work in groups. Do you think awareness of cultural issues needs to be taken seriously when treating patients? Why? Why not? Give reasons and examples from your own experience.

Understanding psychiatry

- Psychiatry is undeniably a branch of Western medicine and our **conception** of psychiatric illness (and how best to treat it) is undoubtedly heavily influenced by Western social and cultural factors. However, the scientific **validity** of these **concepts** can be readily tested if they can be shown to cross cultural **boundaries**.
- Emil Kraepelin recognized this **argument** when he visited Java in 1896 and found that the clinical symptoms of 'dementia praecox' could be seen in patients he met there, just as they were manifest in his own patients in Germany. It was not until the WHO International Pilot **Study** of Schizophrenia in 1973 that the incidence of schizophrenia (defined by narrow criteria) was found to be 0.7–1.4 per 10,000 aged 15–54 across all nine countries studied worldwide. Despite the variations in the **content** of delusions and hallucinations (which were culturally derived) the **form** was found to be the same. These conclusions have been supported by a large number of epidemiological studies and similar results have been found for bipolar disorder.
- The **manifestations** of depressive, stress-related, and anxiety disorders show the greatest cultural **variations**. The myth that these are predominantly Western **diseases** held sway for a long time, based on views of Western **civilization** articulated most eloquently by Freud in *Civilization and its Discontents* (1930).
- Certain manifestations of emotional distress, termed 'culture-bound syndromes' by PM Yap, a former professor of psychiatry in **Hong Kong**, are particular to different cultures. These present as mixed disorders of behaviour, emotions, and beliefs and may have local names. Some are clear symptom-correlates of disorders found in ICD-10 and DSM-IV; others have no Western equivalent but appear to be variations of somatoform, conversion, or dissociative disorders. Some Western disorders (e.g. anorexia nervosa, deliberate self-harm) are rarely seen in **non-Western countries**. However, as we move towards a more **global society**, 'Western influences' appear to be making these types of disorder increasingly frequent in **non-Western societies**.
- Debate** continues as to whether Western diagnostic categories are universally valid. Understanding the biological underpinnings of the common **disease** entities (e.g. schizophrenia, bipolar affective disorder, depression, anxiety) and the development of treatments based upon our understanding of neurophysiological and neuropharmacological **mechanisms** will inform this debate. However, **awareness** of cultural issues as they impact upon an individual, their illness (and illness beliefs), and the relationship between psychiatry and patient, is critical if we are to successfully provide appropriate interventions.

10 Memories

1 Work in pairs. Skim the text quickly and decide which four out of the six paragraphs A–F deal with:

- 1 _____ making videos
- 2 _____ creating shadow boxes and writing
- 3 _____ putting together memory books
- 4 _____ making audio recordings

2 Work in pairs. Decide the part of speech (noun, verb, or adjective) of each meaning. Then find the word(s) in the text.

- 1 highlights, significant events
- 2 put (quickly)
- 3 strengthen
- 4 turning the pages of a book etc. (with curiosity)
- 5 things that people have given you which you save to remind yourself of them
- 6 special, treasured
- 7 photographs
- 8 able to be touched physically

3 Complete these sentences with words from the text. Use one word for each blank space.

- 1 If people who are terminally ill know in advance they are dying, they can make things their _____ can remember them by.
- 2 Most memory books contain snapshots but you can also include certain things like _____ to remind you of dinners.
- 3 Listening to audio tapes made by terminally ill patients can help survivors when they are _____ the loved one they have lost.
- 4 Videos can help the terminally ill show the _____ that they have for those who will survive them.
- 5 Provided one person _____ of someone, they are not really gone.

Keeping the memory of loved ones alive

- A The thought of losing loved ones can be unbearable. The idea of never again seeing their faces or hearing their voices can intensify the sadness that is felt when someone close is diagnosed with a terminal illness. Having advance warning that time is limited, though, can provide terminally ill patients with opportunities to create memorabilia for their loved ones so that they can leave behind a few smiles and maybe even a kind word or two.
- B Most people enjoy leafing through old photo albums – the tattered snapshots are sure to elicit many memories of days gone by. For those who know that they will not be able to be a part of their family's lives for much longer, creating memory books for loved ones can be a way to preserve cherished memories for years to come. Memory books range from simple photo albums to highly detailed scrapbooks. Most books include photos, of course, but including ticket stubs, menus from special dinners, or personal notes can make the books even more special.
- C While familiar faces are easily captured in photographs, loved ones often miss hearing the voices of their departed friends and family members. By making audio recordings for those they leave behind, terminally ill patients can know that whenever their survivors are missing them, they can simply play a recording and hear their voices. Parents of young children may choose to read favourite bedtime stories, sing lullabies, or simply talk about the love that they have for their children. Tapes can be made for assorted friends and family members, individualizing the messages for each recipient.
- D If photos are nice and tape recordings are even better, videos are the ultimate way for the terminally ill to leave their loved ones with little pieces of themselves. Again, different videos can be produced for each loved one, with the emphasis being on making them as personal as possible. Parents who know that they will miss important milestones in their children's lives can prepare videos offering the advice they had hoped to deliver in person. For example, a dying parent may prepare videos of themselves talking to their children about the importance of education, being true to yourself, finding lasting love, or prioritizing the important things in life. More than anything, these videos should be used for the terminally ill to express themselves and the feelings that they have for those they will be leaving behind.
- E There are also what are called shadow boxes where people display a few treasured items, creating keepsakes that can be kept in view for survivors to enjoy and serve as remembrances of those lost. And of course few things are more powerful than the written word, especially when notes and letters are handwritten, rather than typed.
- F It has been said that as long as one person holds memories of someone, they are not really gone. Losing a close friend or family member is one of life's difficult realities, but most people keep their departed loved ones forever near by thinking back over the times that they shared. Creating tangible memorabilia can reinforce those memories, helping survivors to keep loved ones a part of their lives.

11 Being a midwife

1 Work in pairs. Words can have more than one meaning. Find words in the text which have these general meanings. They are not in order.

- 1 to be responsible for or to take care of: _____
- 2 financial benefits or a parcel: _____
- 3 very common and ordinary or normal and not interesting: _____
- 4 discover by searching or discover by chance: _____
- 5 to be thankful for something or to recognize the value of: _____
- 6 not connected with someone's work or public life or owned by individuals or businesses: _____

2 Underline the meaning in 1–6 in 1 which is used in the text.

3 Match the questions below to the highlighted answers in the text.

- a What kind of care does the nurse attempt to stress?
- b What forces people away from government hospitals?
- c How does she describe her manner in treating patients in Malawi?
- d How does she describe nursing?
- e How well equipped is the hospital she works in?
- f Why do tutors in the UK rarely go into the clinical area?
- g What are government hospitals in Malawi like staff-wise?

4 In groups, discuss whether you think volunteer work is of any value. Give examples and reasons from your own country and experience.

Being a midwife

In Malawi, all hospitals, especially government hospitals, are **greatly understaffed**¹. For example, one qualified nurse with the assistance of a patient attendee (similar to the nursing assistants in the UK) looks after a 75-bed tuberculosis ward in a busy city hospital.

Poor pay² drives the qualified nurses out of government hospitals to work in the private sector or to take their skills to other countries. Here at St Luke's, we are a mission hospital and it's difficult to keep staff, for similar reasons of a poor wage and allowances package.

I am a nurse tutor and work 50% in the classroom and 50% in the clinical area. My role incorporates the task of teaching in the classroom and also following the students into the clinical area to carry out the teaching of skills, general supervision, and performing assessments of competency. In the UK, tutors very rarely go into the clinical area, as **there are always plenty of members of staff to mentor students**³ while they are on their practical placements. This is not the case in Malawi; you will often find students on their own in a ward full of very sick patients.

Through training I try to emphasize the importance of ensuring **individualized**⁴ care is carried out. I also stress that **nursing is a partnership between the nurse, patient, their friends and family, and that good nursing care is achieved in collaboration with these individuals, and other health professionals in the multi-disciplinary team**⁵.

Ensuring that patients are cared for with respect, in a **non-judgemental**⁶ manner, is a very important aspect of my job here in sub-Saharan Africa, where a high percentage of patients on the wards are HIV positive.

I have learnt to cope in a clinical area that is **very poorly**⁷ resourced. I have had to become very inventive and utilize everyday items in an attempt to solve the problems that I come up against. I have also learnt to appreciate the NHS in the UK, and hopefully I will never complain about the lack of resources again!



Helen Browning is a volunteer midwife in Malawi

iwi (n) tribe / people / nation / grouping of people with the same ancestry
kaupapa (n) meaning / philosophy
te reo (n) the Maori Language
whanau (n) extended family

12 The Maori

- Skim the passage and decide what type of words (nouns, verbs, or adjectives) are required in the blank spaces 1–12.
- Work in pairs. Decide whether these words can be used as nouns (N), verbs (V), or adjectives (Adj).
 - concentrated _____
 - traditional _____
 - incorporates _____
 - concepts _____
 - reaching _____
 - target _____
 - constitute _____
 - emphasis _____
 - appropriate _____
 - apply _____
 - tailored _____
 - coverage _____
- Insert the words in the most appropriate place in the text.
- Answer these questions.
 - How have health services in New Zealand been shaped?
 - Who are Maori Health providers?
 - Do Maori health providers make up a large or small proportion of total health services?
 - What is the goal Maori health care providers hope to achieve?
 - What is the philosophy of the Maori health providers from a financial point of view?
 - What is the focus of Maori providers?
 - What percentage of Maori health providers' patients are themselves Maori?

Maori Health Providers in New Zealand

Similar to education, health services in New Zealand have been _____¹ to Maori through the growth of alternative Maori providers, as well as efforts to improve health services for Maori within mainstream services. Maori health providers are defined as 'providers that are contracted to deliver health and disability services that _____² Maori clients or communities; are led by a Maori governance and management structure and express Maori *kaupapa*; and consider the wider issues of Maori development and how it might _____³ to their own organization'.

Maori providers are variously arranged, set up by *iwi* and Maori organizations. There are currently around 250 providers, up from 20 in the mid-1990s. Maori health providers _____⁴ a relatively small share of total health services. In 2004 an estimated 3 per cent of the total health budget was spent on Maori health providers (Ministry of Health, 2004).

Maori health providers aim to provide services that are _____⁵ and responsive to Maori health needs. This includes a focus on Maori values and _____⁶ of health and wellness within a *kaupapa* Maori (philosophy). Service delivery _____⁷ aspects of Maori customs, including use of *te reo* in consultation and for health promotion materials. Maori health providers tend to be smaller than other providers and have a strong community-based and not-for-profit philosophy.

Maori providers focus on primary services and public health promotion as well as mental health and disability. There are no Maori providers in secondary and tertiary care. Providers

vary notably in their size and the services that they provide, which include clinical services, community health programmes, public health campaigns, vaccinations, disability support programmes, mental health services, including residential care, community support, and _____⁸ Maori healing services. Maori health providers also provide services in multiple geographic sites, and in some cases mobile health units (Crengle, et al., 1999). Most are small in size and scope, but some have broader regional _____⁹, such as Ngati Porou Hauora on the East Coast.

Because of their limited number and size, Maori health providers only cover a small share of the total population. Geographically, they are _____¹⁰ in the North Island, where the majority of Maori live. The majority of patients of Maori providers are Maori, however non-Maori also access the services. Nearly 60 per cent of patients of the Maori providers included in the NatMedCa survey were Maori themselves, while 22 per cent were New Zealand European, and the remainder Pacific (Crengle, et al., 2004).

Maori providers appear to do well in _____¹¹ populations with poorer health status and high need. According to the NatMedCa survey the majority of patients were from areas of high socio-economic deprivation.

Because of their greater _____¹² on holistic and *whanau*-based approaches, Maori providers are more likely to provide services which are multi-sectoral and go beyond basic health services, such as physiotherapy and social services.

Reading bank key

1 'TV Doctor' (p.52)

- 1 1c 2f 3b 4g 5d 6e 7a
 2 1F 2T 3F 4F 5T 6F
 3 1 (evening) morning
 3 (during the course of the day) overnight
 4 (abdominal) chest
 6 (more) less and less
 4 1 proponents
 2 sceptics

2 Medicines (p.53)

- 1 b
 2 c
 3 1 retail outlets 5 ensures
 2 complementary 6 get the most out of
 3 cold sores 7 headlice
 4 turn to 8 authorized
 4 1 Safe and effective.
 2 They can ask their local pharmacist.
 3 All medicines must be tested and officially authorized.
 4 They should explain how long they have had the problem and how it makes them feel; give the names and dosages of any other medicines they are taking and not forget to mention any herbal or other complementary remedies.
 5 So they don't irritate your stomach.
 6 Students' own answers.

3 Assessment (p.54)

- 1 1B 2A
 2 a4 b3 c1 d2
 3 1 senior 5 guilty
 2 improve 6 commend
 3 definitely 7 harshest
 4 too much

4 The language barrier (p.55)

- 1 1 Students' own answers.
 2 Students' own answers.
 2 1 Interpreting and sometimes nursing and aftercare.
 2 To treat anyone who cannot speak Spanish without an interpreter present.
 3 Doubling consultation time.
 4 Almost a third.
 5 By using health facilities without registering as residents.
 3 1 strain 4 indispensable
 2 communicate 5 risk
 3 resources 6 cover

5 The nocebo effect (p.56)

- 1 1 A treatment that should have no effect can produce a benefit because the patient believes it will.
 2 Students' own answers.
 2 1 stumbled onto 5 addressing
 2 risk factors 6 coined
 3 phenomenon 7 lexicon
 4 self-fulfilling
 3 1 Women who believed that they were prone to heart disease were nearly four times as likely to die as women with similar risk factors who didn't hold such fatalistic views.
 2 Health benefits produced by a treatment that should have no effect.
 3 More than \$76 billion.
 4 Irving Kirsch.
 5 I will harm.
 4 Students' own answers.

6 Salt caves (p.57)

- 1 Students' own answers.
 2 1F 2F 3T 4F 5T 6T 7F
 3 1 It was successful.
 2 It is equivalent to 3 days.
 4 They are common.
 7 There is music, the sound of waves, and sea-life.
 4 1 soothing / calming 4 host
 2 getaway 5 evidence
 3 recharge their batteries
 5 Students' own answers.

7 Children's sleep (p.58)

- 1 1 struck 5 napping
 2 paraphernalia 6 key
 3 differences 7 routine
 4 packing
 2 1 Children would quietly listen to a story until the sleep fairy carried them off to the land of nod.
 2 They have transformed them into a time-free extension of cyberspace.
 3 Yes.
 4 They wake up early.
 5 No. It delays bedtime and shortens nighttime sleep.
 6 Kids getting up fairly easily in the morning, being alert and happy for most of the day, and not too grouchy.
 7 Sound sleep.
 3 1 verb 3 verb 5 verb
 2 verb 4 noun 6 adjective
 4 Fifth paragraph. Students' own answers.

8 Expressions (p.59)

- 1 1 ... actually fail miserably at it ...
 2 ... them results in a lot of misunderstandings and miscommunication.
 3 ... expressing or is simply trying to conceal.
 4 ... we tested don't see them.'
 5 Subtle expressions are easily overlooked because they ...
 6 ... they might otherwise miss if they ...
 7 ... the seven emotions universally expressed by all cultures ...
- 2 1 facial expressions
 2 true emotions
 3 nonverbal communication
 4 emotional leakage
 5 recognition skills
 6 training session
- 3 1 3 (nonverbal communication)
 2 6 (training session)
 3 1 (facial expressions)
 4 2 (true emotions)
 5 4 (emotional leakage)
 6 5 (recognition skills)
- 4 Students' own answers.

9 Psychiatry (p.60)

- 1 b
- 2 1 Validity, boundaries
 2 form
 3 variations
 4 non-Western societies
 5 awareness
- 3 1 What heavily influences our conception of psychiatric illness (and how best to treat it)? By what are our conceptions of psychiatric illness (and how best to treat it) heavily influenced?
 2 When did Emil Kraepelin visit Java?
 3 How many countries took part in the WHO International Pilot Study of Schizophrenia in 1973?
 4 What supported the conclusions of the WHO pilot study? By what were the conclusions of the WHO pilot study supported?
 5 What did PM Yap call certain manifestations of emotional distress?
- 4 Students' own answers.

10 Memories (p.61)

- 1 1D 2E 3B 4C
- 2 1 noun milestones 5 noun memorabilia
 2 verb pop 6 adj cherished
 3 verb reinforce/intensify 7 noun snapshots
 4 verb leafing (through) 8 adj tangible
- 3 1 loved ones 3 missing 5 holds memories
 2 menus 4 feelings

11 Being a midwife (p.62)

- 1 1 to look after 3 everyday 5 to appreciate
 2 package 4 find 6 private
- 2 1 to be responsible for
 2 financial benefits
 3 very common and ordinary
 4 discover by chance
 5 to be thankful for something
 6 owned by individuals or businesses
- 3 a4 b2 c6 d5 e7 f3 g1
- 4 Students' own answers.

12 The Maori (p.63)

- 1 1 V 7 V
 2 V 8 Adj
 3 V 9 N
 4 V 10 V
 5 Adj 11 V
 6 N 12 N
- 2 1 V/Adj 7 V
 2 Adj 8 N
 3 V 9 Adj
 4 N 10 V
 5 V 11 V/Adj
 6 N/V 12 N
- 3 1 tailored 5 appropriate 9 coverage
 2 target 6 concepts 10 concentrated
 3 apply 7 incorporates 11 reaching
 4 constitute 8 traditional 12 emphasis
- 4 1 Through the growth of alternative Maori providers and efforts to improve health services for Maori within mainstream services.
 2 Providers that are contracted to deliver to their own organization.
 3 A small proportion.
 4 To provide services that are appropriate and responsive to Maori health needs.
 5 A not-for-profit philosophy.
 6 Primary services and public health promotion as well as mental health and disability.
 7 Nearly 60% of patients.

7 Parents and young children

Check up

1 Work in groups. Describe what is happening in each picture. In particular, describe the interactions between the adults and the children.



- 2 The environment for treating children needs to be made different from that for treating adults. Why? How?
- 3 Patients who are less than 15 years of age make up 20% of the average GP practice in the UK and the under 4s consult their GP more than any other age group except the elderly. Is this pattern the same in your own country? Why/Why not?



4 Which areas do you think should have priorities in any modern health spending, e.g. child health, geriatrics, technology?

Vocabulary

Qualities of a good paediatrician

1 Work in pairs. Complete the table below with the relevant positive or negative adjective describing the qualities of a good paediatrician.

	Positive	Negative
1	patient	
2		diffident (nervous)
3	efficient	
4	reliable	
5	sensitive	
6	honest	
7		disrespectful

In this unit

- understanding and using non-technical language
- using the First Conditional for real future events
- using the Second Conditional for reassurance and reflection
- reassuring parents
- reflecting in speaking and writing about one's experience

2 Complete these sentences using an appropriate adjective from the table in **1** on page 66.

- 1 Dr Mansour is very _____ in everything she does. She prepares for her ward rounds methodically and everything is where it should be and in order.
- 2 Dr Mubarek is a very _____ sort of person. He does things quickly and often makes the parents and children nervous by showing he wants the consultation to end.
- 3 Dr Andrews is very _____ to all patients. He greets them properly and takes their wishes into account.
- 4 Dr Chandos is not very _____ with himself. He finds it difficult to admit his weaknesses while showing off his strengths. Being realistic about weaknesses helps us to learn and develop our skills.
- 5 My colleague can be very _____. She annoyed the patient when she referred to her husband and she wasn't married. The patient was quite upset.
- 6 It's not easy to feel _____ the first time you do something new, but with practice you begin to feel very good about it.
- 7 Dr Kamara sensed that the team thought she was _____, because she let them down: she made mistakes on the ward and was late on several occasions.

3 Give a noun for each quality the doctor is describing in sentences 1–7 in **2**.

4 Work in pairs. Make a list of other qualities you think a good doctor, not just a paediatrician, needs to have. Say why each quality is essential.

5 Are there any qualities that a paediatrician needs to have more of than other doctors? Why/Why not?

It's my Job**Dr Nasrin Ahmed**

My name is Dr Nasrin Ahmed and I work as a paediatrician in a central Auckland, New Zealand hospital. I have always enjoyed working with young children and their parents. One of the main factors that led me to consider specializing in this field was my own experience of bringing up my two young children. The understanding this has given me has helped me to empathize more with parents when they become very anxious.

Bringing up my own children has made me acutely aware of the parental fear of potential threats throughout childhood from infant diseases—illnesses like infectious parotitis, varicella, morbilli, rubeola, pertussis, acute laryngotracheobronchitis, rubella, meningitis, poliomyelitis, and tetanus. And then there is the parents' apprehension associated with vaccinations like MMR. If I were not a doctor myself, I would probably feel as concerned and fretful about my own children as many of the parents I see who want to discuss combined vaccinations for their children.



Work in pairs. Change one word in each sentence below using words from the passage to make them true.

- 1 Dr Ahmed has never enjoyed working with young children and their parents.
- 2 Dr Ahmed has no children of her own.
- 3 The experience of raising her own children means Dr Ahmed is fairly conscious of the fears faced by parents throughout their children's childhood.
- 4 Dr Ahmed feels that being a doctor possibly makes her less worried about vaccination for her own children.
- 5 All of the parents Dr Ahmed deals with are anxious about vaccinations.

come out in (v) become covered with

German (measles) (adj) German comes from **germane**, i.e. closely related to

jab (n) vaccination injection

up (adj) swollen

scab (v) to form a crust / scab on a wound or a sore

stridor (n) an inspiratory sound which is due to partial obstruction of the upper airways

runny nose (n) coryza

Listening 1

Talking about oneself

- Listen to Dr Ahmed talking about herself and answer these questions.
 - Why was it difficult for Dr Ahmed to talk about herself?
 - What does she describe as a weakness in herself?
 - Does she have the weakness now?
 - What example does she use to explain her weakness? Describe how and when she used the example.
 - What does she now feel about recording and analysing her weaknesses?
- Dr Ahmed mentions how she recorded both the 'good and bad' experiences as part of her daily reflection. What do you understand by *reflection*? Have you been asked to keep a record of your learning experiences? Would this be acceptable in all cultures?
- Is it easy for you to talk about your strengths and weaknesses? Why/Why not?
- Work in pairs. Describe your own strengths and weaknesses. When you are speaking, make sure you talk about genuine qualities that relate to yourself: *I feel that I am ...*

Vocabulary

Non-technical language

- Without looking back to the text in *It's my job* on page 67, write the medical equivalent of these non-technical terms.
 - chickenpox _____
 - German measles _____
 - whooping cough _____
 - mumps _____
 - measles _____
 - croup _____
 - lockjaw _____



- Use the non-technical words in 1 above to complete these sentences.
 - If he had epiglottitis, he would have stridor all the time and not just when he is upset, so I think it's _____.
 - The glands behind his ear are up, but there are usually no complications with _____.
 - If you have just been vaccinated for _____, you'll need to avoid getting pregnant for the next six months.
 - If he had _____, he'd have several symptoms like fever, conjunctivitis, cough, and a runny nose. I think it's just a viral rash he's got.
 - If he had all his jabs, then he is well protected against _____, even if he broke the skin with the dirty needle.
 - I think he's got _____, doctor. He had fever and then he came out in spots on his body in clumps and then they started to scab over.
 - If he had _____, wouldn't he have a strong breathing-in sound and coughing fits with vomiting?
- Work in pairs. Discuss how to differentiate between croup and epiglottitis.
- How would you manage a case of chickenpox in a child?
- Are the childhood illnesses listed above common in your country? What other diseases are common?

- elicit (v) obtain
- GCS (n) Glasgow Coma Scale
- shy away from (v) avoid

Vocabulary

Signs and symptoms

- 1 Work in pairs. Check that you understand a mother's statements below and decide what condition they might relate to.



- 1 He keeps touching his head.
- 2 He's been shying away from bright lights.
- 3 He can't move his head very much.
- 4 He's not himself at all. I've never seen him like this before.
- 5 He's been running a high temperature.
- 6 He's come out in a rash around his middle.
- 7 He's been making odd crying noises.
- 8 He's been making these odd movements.

- 2 Match each statement in 1 with one of the signs and symptoms below.

Symptoms	Signs
headache	raised pulse
neck stiffness	+ – decreased blood pressure
photophobia	raised temperature
seizures	decreased GCS or abnormal mood
unwell	neck stiffness
	+ – rash
	focal neurology



- 3 Work in pairs. You are in A&E when Mr Peters, the father of a child, Andrew, with the above signs and symptoms rings. Make a list of questions you would ask to elicit information.
- 4 In pairs, take turns phoning the A&E and asking each other questions about the child, whom you suspect of having meningitis.

Speaking

Role-playing doctor and patient scenarios helps you to empathize with patients. Work in groups: A and B. Group A study the role-play card on page 114 and Group B study the card on page 117.

Listening 2

Reassuring an anxious parent

- 1 Listen to an extract from a conversation between Dr Thompson in A&E who is reassuring a mother Mrs Allen, who is anxious that her child has meningitis. Complete the sentences below using no more than four words.

- 1 I think he's actually got _____.
- 2 Well, if you use steam, it _____ the cough.
- 3 If it were, I'd _____ him to be very unwell.
- 4 ... and he _____ a rash and shy away from the light more.
- 5 That's what _____ in the circumstances, and you're very right to be cautious.
- 6 Keep an _____, and don't hesitate to contact your GP immediately, or ...
- 7 ... come and see us if there are _____ ...

- 2 Check your answers with a partner. Then listen again and add any missing words.
- 3 Which of the statements in 1 does the doctor use to reassure the patient? Which statement shows empathy?
- 4 Take turns reassuring the parent that his or her child does *not* have meningitis.

reflect on (v) think over, consider



● Language spot

First Conditional vs Second Conditional

- First Conditional: *If* + subject + Present Simple form, subject + *will* + infinitive without *to*.
- The doctor in *Listening 2* uses the First Conditional to talk about a situation where the result is a real possibility in the future.
If you use steam, it'll help to ease the cough.
- Second Conditional: *If* + subject + Past Simple form, subject + *would* + infinitive without *to*.
- The Second Conditional is used for hypothetical / unreal situations. The doctor in *Listening 2* uses the Second Conditional to reassure the mother by showing that the child is not suffering from a particular condition.
If he had meningitis, I would expect him to be very unwell.
If it were meningitis, ...
- When you reflect on your experience, you can also use the Second Conditional to show what you would do to improve on your experience.
If I faced the same situation again, I would do things very differently.

» Go to **Grammar reference** p.128

Decide whether the *If* clauses below are real or hypothetical. Then complete the sentences with a–h, putting the verbs into the correct tense.

- 1 If it were croup, _____.
- 2 If we do not do these screening tests, _____.
- 3 If you get the patient to relax, _____.
- 4 At six weeks, if you stare at the baby's face, _____.
- 5 If I had a chance to do the whole thing again, _____.
- 6 If you bring the child in on the 23rd November, _____.

- 7 If you give him the solution in little sips, _____.
 - 8 If I had to talk to the mother again, _____.
- a she stare normally back.
 - b I certainly be a lot more sympathetic.
 - c we carry out the 6-week check.
 - d it be easier to carry out the procedure.
 - e I prepare for the consultation better.
 - f increase the risk of permanent damage.
 - g she have a really bad barking cough.
 - h it help stop him from bringing it up.

Project



- 1 Find out at what ages checks are done on a child in the first six years in the UK.
WEBSITE
DoH Children's National Framework (2004)
www.dh.gov.uk
OHGP2 pp.816–823
- 2 Find out what developmental screening you would do at the six-week check for gross motor development and fine motor development and vision.
- 3 Work in pairs. Take turns explaining the checks to parents with a six-week-old baby girl.

bout (n) attack, episode

criteria (n pl) standards, measures, principles

feedback (n) comments to help you improve. They can be positive and negative.

prick (v) pierce, puncture

Patient care

- 1 Reassuring parents with young children and babies in order to relieve anxiety is a challenge. In groups, decide whether these doctors' statements made to parents are reassuring or not. Give reasons for your answers.

1 Fortunately, only a very small percentage of babies go on to develop permanent damage. Let's hope Jane is not one of them!

2 Rashes are very common, and not every rash leads to meningitis, but it is good that you are alert to this.

3 If he were about six and a half and couldn't say certain consonants like *s*, *f*, and *th*, we'd probably have to look into it.

4 Many parents recently have brought their child in with exactly the same rash, but there is a viral rash going around.

5 I can assure you if there is a fracture of the femur from the delivery, it's nothing to worry about.

6 Epiglottitis is very rare here now; but we've had a few cases recently.

7 If he had a brain tumour, the rise in pressure in his head would be much slower.

- 2 Make a list of possible statements you might use to reassure the parents in this situation.

Mr and Mrs Barton are anxious that their child, Robert, who has had several bouts of febrile convulsions might develop epilepsy.

Speaking

- 1 Practise for OSCE scenarios. Use the speaking checklist on page 120 and add *five* of these criteria to help you give feedback.

Reassurance	Sensitivity
Fluency	Organization
Empathy	Addressing the patient's concerns
Sympathy	Using the patient's name

- 2 Take turns reassuring Mr / Mrs Barton that their three-year-old child is *not* suffering from epilepsy and reassure them about the future.
- 3 Work in pairs. Take turns role-playing the doctor and a parent. Choose one of the scenarios below for your partner. Then *without any preparation*, your partner should reassure you.

A mother or father, Mr / Mrs Lennox, presents with a child:

- 1 who has pricked his finger on a dirty needle in the park. The parent is anxious the child might get HIV / AIDS.
- 2 who is about to have an MMR vaccination
- 3 who has swallowed a small silver coin.

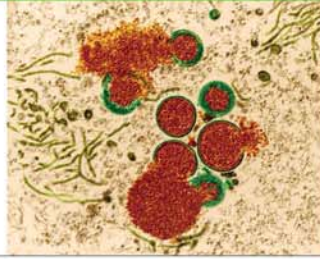
- 4 Give feedback using the checklist you created for 1.



confer (v) give


inhibit (v) stop, prevent

replication (n) copying



Listening 3

Sharing experiences with colleagues

 Sharing experiences with colleagues to obtain feedback and advice is a necessary part of the learning process.

Listen to a doctor training in paediatrics talking to a colleague about a child who had febrile convulsions. Answer these questions.

- 1 Was the doctor confident or nervous initially?
- 2 Was the doctor organized or disorganized?
- 3 Was the doctor empathetic or insensitive at first?
- 4 Did the parents and the child become less or more tense?
- 5 Did the doctor feel the consultation generally went well or badly?
- 6 Did the doctor learn a little or a lot from the experience?
- 7 Would the doctor change anything in his approach or do the same again next time?

Reading

1 Work in pairs. Use the extracts a–g to complete the text.

- a because they have pre-existing immunity that inhibits replication of the vaccine viruses.
- b two doses of MMR are required to produce satisfactory protection against measles, mumps, and rubella.
- c ideally at 13 months of age
- d two further doses given at the recommended times after the first birthday and pre-school.
- e Evidence shows that a single dose of measles-containing vaccine
- f is to provide two doses of MMR vaccine at appropriate intervals
- g but residual maternal antibodies may reduce the response rate to the vaccine.

Recommendations for the use of the vaccine

The objective of the immunization programme _____¹ for all eligible individuals. Over 90% of individuals will seroconvert to measles, mumps, and rubella antibodies after the first dose of the MMR vaccines currently used in the UK (Tischer and Gerike, 2000). Antibody responses from pre-licence studies may be higher, however, than clinical protection under routine use. _____² confers protection in around 90% of individuals for measles (Morse *et al.*, 1994; Medical Research Council, 1977). A single dose of a rubella-containing vaccine confers around 95 to 100% protection (Plotkin and Orenstein, 2004). A single dose of a mumps-containing vaccine used in the UK confers between 61 and 91% protection against mumps (Plotkin and Orenstein, 2004, Chapter 20). A more recent study in the UK suggested that a single dose of MMR is around 64% effective against mumps (Harling *et al.*, 2005). Therefore, _____³.

MMR is recommended when protection against measles, mumps, and/or rubella is required. MMR vaccine can be given irrespective of a history of measles, mumps, or rubella infection or vaccination. There are no ill effects from immunizing such individuals _____⁴.

Children under ten years of age

The first dose of MMR should be given at any time after the first birthday, _____⁵. Immunization before 13 months of age provides earlier protection in localities where the risk of measles is higher, _____⁶.

The optimal age chosen for scheduling children is therefore a compromise between risk of disease and level of protection.

If a dose of MMR is given before the first birthday, either because of travel to an endemic country, or because of a local outbreak, then this dose should be ignored, and _____⁷.

competitive (adj) determined by a competition (between applicants)



- 2 A second dose of MMR is normally given before school entry but can be given routinely at any time from three months after the first dose. Is it better to wait three months? Is there any reason for this?
- 3 Do you know what the immunization schedule is in the UK? What are the differences between this and the one in your own country?
- 4 Does immunization cause concern among parents in your home country? Why? How do you overcome this unease?

Culture project

- 1 Work in pairs. Decide which of these statements about applying for work you agree or disagree with.

In my country

- 1 finding a job is very competitive.
 - 2 it is not considered acceptable to talk about things you are good at.
 - 3 talking about weaknesses would be a sign of failure.
 - 4 reflecting about your work would be considered a waste of time.
 - 5 discussing gaps in one's knowledge helps one's personal development.
- 2 Work in pairs. Compare and contrast the culture of job interviews in UK and your home country.

Writing

Reflecting on one's own experiences

- 1 Part of the personal development aspect of training is reflecting on your *own experience*. Work in groups. Make a list of nouns to cover your strengths and weaknesses.
- 2 Work on your own. Choose a difficult or challenging experience you have had recently relating to dealing with *a child or the parents of a child*. Write a short reflective description of what happened. Note that this should be totally about *your own experience and not from a textbook*. Use these questions as headings.
 - What made the experience memorable and worth recording?
 - What effect did the experience have on you and the patient?
 - Did it affect your colleagues? How?
 - What did you learn from the experience?
 - What would you do differently if you had a similar case?

Checklist

Assess your progress in this unit.
Tick (✓) the statements which are true.

- I can understand and use non-technical language.
- I can ask use the First Conditional for real future events.
- I can use the Second Conditional for reassurance and reflection.
- I can reassure parents.
- I can reflect about my performance.

Key words

Nouns

croup
immunization
job application
process
reassurance
reflection
scenario
sensitivity
strength
weakness

Verbs

not be yourself
run (a temperature)
shy away from

Adjectives

efficient
honest
patient
reliable
respectful
sensitive

Useful reference

Oxford Handbook of General Practice
2nd edition, Simon et al,
ISBN 978-0-19-856581-9

8 Communication

Check up

- 1 Look at the pictures a–f and decide what difficulty, if any, the doctors might have in dealing with each patient.

a

I want to talk about how I feel. But I don't know how to. I'm depressed for no reason I understand and I'm embarrassed about it. I just feel awkward.



b



He's just like my parents. Thinks he knows everything.

c

I feel and look fine. I don't understand why I have to stay in hospital.



d



I find it difficult to talk about my drinking. I feel quite guilty.

e

I know more than he does. I've read all there is to know about this.



f



His colleague made a mistake and now he's covering it up.

- 2 Match the doctor's thoughts 1–6 with a picture in 1.
- Jennie is quite shy and finds it difficult to talk to an adult authority figure.
 - Mr Jones is defensive and evasive about his illness. I need to elicit the information carefully without upsetting him.
 - Sheila appears reluctant to stay in hospital. But I need to get her to stay in for her own safety.
 - I can see Carol is very knowledgeable, but she doesn't know everything.
 - I need to be careful what I say because I might put a colleague in a difficult situation.
 - John looks very down. It's not easy to speak to him, but I know he wants to talk.
- 3 Work in groups. List at least three strategies to deal with the situations in the photographs.
- 4 Do the strategies work across all situations or are they specific to a particular situation? Give relevant examples from your work / internship where possible.
- 5 Do the strategies work across cultures? Is there potential for misunderstanding? How? Why?

In this unit

- ◆ dealing with patients from a psychological point of view
- ◆ clarifying general and vague statements
- ◆ asking and responding to open questions
- ◆ helping patients to be more specific
- ◆ writing about personal achievements

Patient care

Being aware of what the patient wants and says from the psychological point of view can help you understand your patients.

- 1** People often speak generally and use apparently vague language. Work in pairs. From this list of patients' feelings, choose the three most common reasons in your opinion why patient language appears vague.

1 I do not know what to say in answer to the doctor's question.

4 I don't want to say anything negative about myself.

2 I have difficulty thinking of specific examples.

5 I am not sure what the doctor expects as an answer.



3 I don't know this doctor; I need to test her to see if she can be trusted.

6 I always speak in a vague way; English is always vague.

- 2** Work in groups. Decide what you yourself do when you are talking to somebody you do not know well, in a professional situation or any situation.
- 3** Give examples of your own experience.

Listening 1**Acknowledging verbal cues**

A verbal cue is something patients say which gives you a clue about what they are thinking or helps you probe gently for information. Often the cues are vague or general words and phrases. To overcome a patient's vagueness and to build trust, you can probe by taking small steps towards the information you want.

- 1** Work in pairs. Look at the statements below made by patients. Decide what you think is the context and which information you would like to ask about in each case.
- a PATIENT: I have, maybe, a couple of drinks a day.
DOCTOR: _____
- b PATIENT: I have quite a lot to eat, I think.
DOCTOR: _____
- c PATIENT: Occasionally, I'll have more drugs than that.
DOCTOR: _____
- d PATIENT: It's quite bad at work at the moment.
DOCTOR: _____
- e PATIENT: My boyfriend said I had a weight problem.
DOCTOR: _____
- 2** Work in pairs. What question you would ask to clarify each statement?
- 3**  Listen and match a patient's statement in **1** to each of the doctor's questions.
- 1 _____ 3 _____ 5 _____
2 _____ 4 _____
- 4**  Listen again and write down as far as you can what the doctor says.
- 5** Give your own answers for the doctors' questions, e.g. *maybe 3 or 4 a day*.
- 6** Work in pairs. Student A says one of the statements above and Student B asks an appropriate question. Use the questions from the recording or use your own words and then develop the conversation in your own way, probing gently.



Holt's 'law'

People want to present themselves in a good light, so be inclined to double any stated quantities (of food, drink, drugs, and so on).

prescribed (adj) drugs on prescription from the doctor as opposed to over-the-counter or recreational drugs

Speaking

Work in pairs. Student A go to page 115. Student B go to page 118. Do the two role plays.

Pronunciation**Stress in the sentence**

Patients sometimes give a hint about what they are thinking or what they want to talk about. They can stress certain words in the sentence.

- 1 Work with a partner. Look at the short conversation below between a doctor and a patient. Decide which word you think is going to be stressed in each exchange 1–5.

DOCTOR: Have you taken any drugs? ¹

PATIENT: Mmm, I haven't taken any prescribed drugs. ²

DOCTOR: What about recreational drugs? ³

PATIENT: No, ... at least not recently. ⁴

DOCTOR: You've taken them in the past, then? ⁵

- 2 Listen and check your answers. Why do you think the doctor asked the questions in lines 3 and 5?

- 3 Listen to the patient speaking and underline the word which the speaker emphasizes in each sentence.

1 I haven't taken any prescribed drugs.

2 I was in a café when the palpitations came on.

3 The first time I had the pain was on a cold morning.

4 My work's not giving me any problems at the moment.

5 My partner was standing near the child, but it was me that picked the child up.

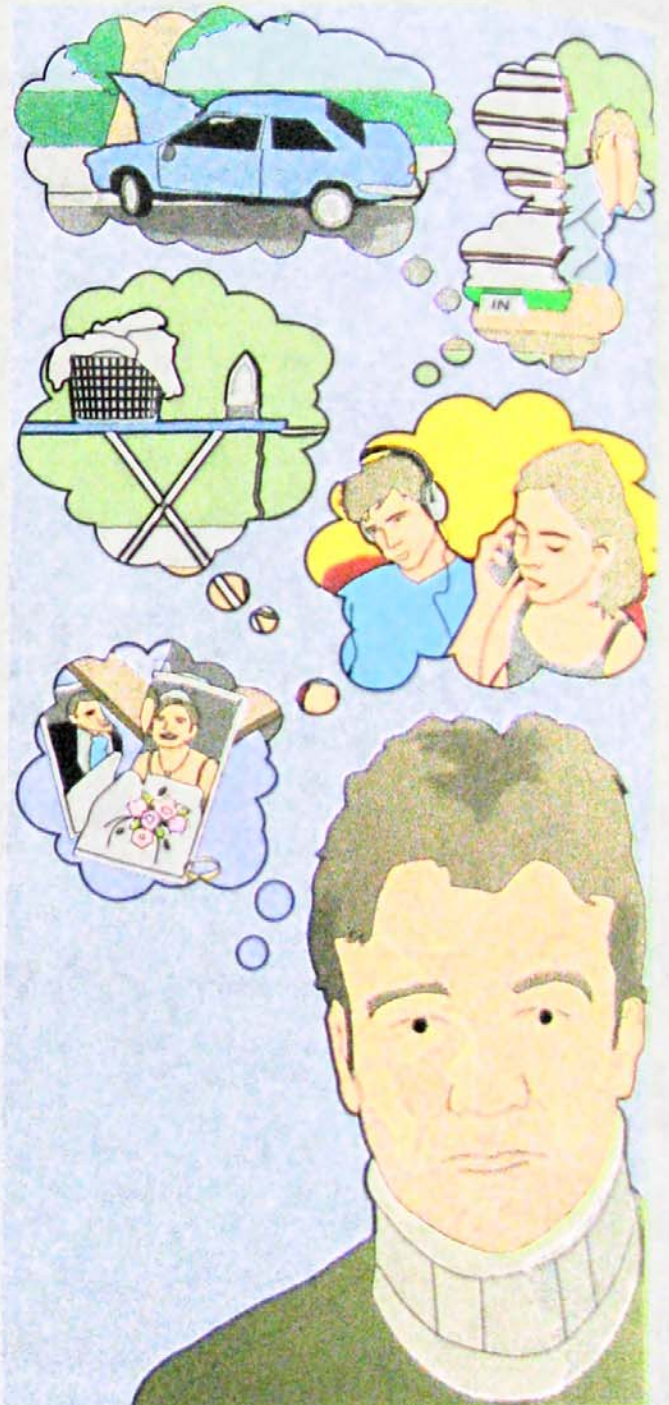
6 Well, I have a normal breakfast like everyone else.

7 Well, I suppose at the weekends I might have a few more.

- 4 Work in pairs. Compare your answers. Then decide what you would say next to the patient.

- 5 Work in pairs. Make sure you can say the statements above with the correct stress. Then say the sentences with a different stress. How is the meaning changed? For example, *I haven't taken any prescribed drugs (but I've taken illegal drugs).*

- 6 Work with a different partner. Take turns being the patient and saying the above statements and responding.

Speaking

Unless you are patient centred your patient will never be fully satisfied with you or fully cooperative.

— *Oxford Handbook of Clinical Medicine*

- 1 Work in pairs. Look at the scenario below. Make a list of the main points you would talk about. (Please note that in this case the patient is not suicidal.)

A 37-year-old male patient presents with whiplash from a road traffic accident two weeks ago. He is depressed.

- 2 Look at the patient's thoughts in the pictures on page 76. Make a list of some things the patient might be concerned / thinking about.
- 3 Work in groups. Compare your answers to 1 and 2.
- 4 Work in pairs. Take turns role-playing the doctor and the patient.

• Language spot

Open and closed questions

- A closed question can usually be answered with one or two words.

DOCTOR: *Are you sleeping well?*

PATIENT: *Yes.*

- Closed questions are used to elicit specific pieces of information. However, sometimes the answer is vague, and doctors need more information to make a diagnosis.

DOCTOR: *Is everything OK at work?*

PATIENT: *Sort of.*

- An open question usually can't be answered with just one or two words, so it encourages a patient to explain more.

Can you tell me more about your work / the pain / the headache?

- Often an open question is formed as a gentle imperative statement.

Tell me more about your work / the pain / the headache.

And what about your home life?

- Doctors usually use a combination of open and closed questions to help clarify vague answers that patients give and to build up a relationship of trust that encourages the patient to explain fully and clearly.

DOCTOR: *Tell me more about your work.*

PATIENT: *Well, there's an awful lot of it! At the moment I have to cover for people and I am run off my feet with no help and ...*

DOCTOR: *You say you have no help. Why is that?*

PATIENT: *Another manager is off sick.*

DOCTOR: *Do you feel stressed about it?*

PATIENT: *Yes, I guess I do.*

DOCTOR: *Stressed about ...*

PATIENT: *Deadlines, paperwork, sales targets ...*

» Go to **Grammar reference** p.128

- 1 Use these words to make open questions.

- 1 Can / details / pain?
- 2 Tell / way / injury / affects you.
- 3 What happened / when / accident?
- 4 How / think / things / develop / after this?
- 5 Can / tell / what worries / here?
- 6 Describe / typical day / me.
- 7 What about / job? How / things there?

- 2 Look at these questions and decide whether they are open or closed.

- 1 How are you? _____
- 2 Did you take anything for it? _____
- 3 When you say it hurts a lot, what do you mean by that? _____
- 4 In what way? _____
- 5 What about your studies? _____
- 6 Are you eating OK? _____
- 7 What happened exactly? _____

- 3 Work in groups. When do you use open questions? What is the function of open questions? What is the function of closed questions? Give examples. Which do you find easier to ask?
- 4 What is the relationship between open and closed questions?
- 5 What happens in the case history if all your questions are closed?

DTs (n) delirium tremens

Patient care

One way to encourage a patient to cooperate is to ask open questions. When patients answer open questions, they provide a lot of information at one time.



A doctor has asked what brought the patient to the hospital. In pairs, decide how you would develop their conversation. Note that there may be more than one possibility.

PATIENT: My heart's been beating like mad this morning.

DOCTOR: Can you tell me how it started?

PATIENT: (*Hand to chest over heart*) Well, it came on at about 8.30 on my way to work just now. I was sitting in a café reading when my heart started beating like mad and I got really scared. I've never had anything like it in my life.

DOCTOR: _____

- Does the doctor need to ask when the problem started?
- Does the doctor need to ask whether the patient has had this problem before?
- What information is given that you would like to know more about?
- Is the café significant or not?
- Does the patient's fear need to be addressed?

Listening 2

Appropriate response

- 1 Listen and circle the most appropriate response to the patient in each case.

 - What kind of pain is it?
 - What's your appetite like?
 - And has it been getting worse?
 - Have you taken anything for it?
 - How long have you had the runny nose for?
 - If it's not a cold, what do you think it might be?
 - It's the nature of life these days. We just have to get on with it.
 - It sounds as if you don't need any help.
 - It sounds as if you are under a lot of pressure and need some help.
 - When did it start?
 - So you've started smoking again recently?
 - Have you taken anything to relieve it?
 - Have you had a headache like this before?
 - So you've had a headache like this before?
 - I'll just get you a few painkillers.
- Work with a partner. Check your answers and decide why the alternatives are suitable / not suitable.
 - Listen again and take notes about what the patient says in each case. Then check your notes with a partner.
 - Work with a partner. Take turns responding to the patient using notes from 3.

Vocabulary

Alcohol

- Use these words to complete the sentences.

moderate binge social drink
heavy guilty annoyed teetotal

- I wouldn't say I was a _____ drinker. I don't get the DTs or anything.
- Have you ever felt _____ by someone criticizing your drinking?
- I'm completely _____. I haven't touched a drop since I came off two years ago.



denial (n) refusing to acknowledge something
out with friends
 away from home e.g. in a restaurant / cinema

plastered (adj) drunk
treatment options (n) choices given to a patient

- 4 I would say I'm more of a _____ drinker.
I only drink when I'm out with friends.
 - 5 I've been done several times for _____ driving.
 - 6 Ever felt bad or _____ about your drinking?
 - 7 _____ drinking? Yeah, sometimes I get really plastered with my friends at the weekends.
 - 8 I'm a very _____ drinker – less than 7 units a week.
- 2 What do you understand by the mnemonic CAGE? Which sentences 1–8 in 1 relate to CAGE? What do the other letters stand for? How sensitive is CAGE at detecting alcoholism?
 - 3 How can patient denial prevent treatment?
 - 4 In some cultures, drinking alcohol is not acceptable. How can you approach the topic sensitively with a patient?
 - 5 Write some open questions, which you can use to probe the patient about drinking. Use these notes to help you:

- 1 *how describe drinking?*
- 2 *kind of drinker?*
- 3 *tell drinking recently*
- 4 *what about drinking early day? when first drink?*
- 5 *advantages of cutting down? you thought of advantages?*
- 6 *how family / friends / feel drinking?*
- 7 *How feel about drinking? you want to stop?*

Project

- 1 Another screening method is TWEAK. Find what the mnemonic stands for. Search the web or look at OHCM7 page 275. Where is it more sensitive than CAGE?
- 2 Who are the AA and Alcohol Concern? What do they do?
- 3 Find other words from the web related to *plastered* to describe being drunk.

Speaking

- 1 Work in pairs. Decide what questions you would ask the patient in this scenario. Remember CAGE and TWEAK and the question from 5 in Vocabulary.

A 45-year-old patient, Mr Cairns, presents with a problem of alcoholism. He wants help giving up. He is defensive about his drinking. Take the history.

- 2 Take turns role-playing the doctor and patient and asking / answering questions. Remember to ask questions to clarify any vague statements made by the patient. Try to avoid using technical language in both roles. If the doctor uses technical language, the patient should ask the doctor to explain.
- 3 Work in pairs. What treatment options can you mention when you counsel Mr Cairns to cut down or cut out drinking? How many should you give?
- 4 What criteria should you use for choosing the options? Use your own medical knowledge.
- 5 Use the speaking checklist on page 120. Decide what five criteria to use to give feedback to each other. In pairs, role-play the counselling session.
- 6 Do two more role-plays. Student A, go to page 115. Student B, go to page 118.



- 7 Give feedback to your partner. Then list three difficulties faced by the doctor in empathizing with the patient and three faced by the patient.

Reading

1 Work in pairs. Look at these headings and guess the contents of the text below. Then match the headings to an appropriate number 1–5 in the text.

- Cognitive barriers
- Biological and genetic barriers
- Psychological barriers
- Metaphysics at the bedside
- Barriers to prevention

_____ 1
_____ 2

Not everyone responds to preventive measures. Some of us because of our genes, are 'immune' to the benefits of exercise, for example. As our understanding of genetic advances improves, our habitual advice of 'take more exercise' looks increasingly old fashioned. What we should really do is get to know our patients psychologically and genetically and tailor advice such as 'for you diet advice is more important than exercise'.

_____ 3

When, if ever, we think about devastating but preventable ill health in ourselves, we may either believe that 'it won't happen to me' or we immediately dare fate to make it happen. To some people, over-enthusiastic and 'intimidating' advice from bodies such as the UK Health Education Authority, creates cognitive barriers to prevention, provoking anger and rejection by those who resent their taxes being spent by a state which assumes that all its citizens are five-year-olds who cannot be trusted to think for themselves.

_____ 4

We often find ourselves sitting on beds trying to persuade wayward patients to courses of preventive action, which will clearly benefit them. We think this very clarity should be enough to persuade the person to act. But we resign ourselves to the fact that action will not follow. Why is this so often the case? The first person to know the answer to this question was the world's 'worst patient', the poet Samuel

2 Answer these questions about the text.

- 1 Why do doctors need to get to know their patients psychologically and genetically?
- 2 What approach should doctors take once they have done this?
- 3 What is the effect on some patients of 'strong' advice?
- 4 What should help persuade patients to act? Does it work?
- 5 What does knowledge of the destructive power of alcohol do?

Taylor Coleridge, who answers our question in this way: *To love our future Self is almost as hard to love our Neighbour.*

_____ 5
All of us at times are prone to promote our own destruction as keenly as we promote our own survival. Knowing that alcohol may bring about our own destruction gives the substance a certain appeal when we are in a certain frame of mind – particularly if we do not know the sordid details of what death from alcohol involves.



- 3 Work in pairs. Answer question 1 in 2 from your own and your colleagues' experiences.
- 4 Does an understanding of psychology have a role to play in medicine?

Writing

Writing accurately for training or work applications

- 1 Accuracy is one of the criteria used in assessing an applicant for training or work. Look at the sentences 1–6 below which are taken from an answer to a question on non-medical achievement which may be relevant to future training. Work in pairs and find nine spelling mistakes.
 - 1 I worked as a volunter on an inner-city training project trying to motivate young people facing a range of problems, including drug addction, alcohol abuse, and so on.
 - 2 My greatest acheivement was setting up and running training on barriers to prevention for the volunteers.
 - 3 In the project, I was mainly intrested in helping to develop various psychological interventions tailored to each individual's needs.
 - 4 The work is relevent to the training I plan to do for a number of reasons.
 - 5 I learnt how vital patient comitment to treatment was in order to prevent relapse
 - 6 The insight into the comunication skills I gained was invaluable because I developped a greater understanding of the dynamics of interaction between people.
- 2 Write a short piece of no more than 100 words on an achievement of your own outside the formal medical field.
- 3 Check what you have written for mistakes, especially spelling mistakes.
- 4 Give your text to a colleague to read for mistakes.

Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can deal with the patient from a psychological point of view.
- I can clarify general and vague statements.
- I can ask and respond to open questions.
- I can help patients to be more specific.
- I can write about personal achievements.

Key words

Nouns

achievement
barriers (to prevention)
CAGE
metaphysics
social drinker
treatment options

Verbs

clarify
cooperate
TWEAK

Adjectives

annoyed
awkward
binge
cognitive
defensive
guilty
moderate
psychological
teetotal
vague

Useful reference

Oxford Handbook of Clinical Specialities
8th edition, Collier and Longmore,
ISBN 978-0-19-922888-1

9 Working in psychiatry

Check up

1 Work in groups. Can you match the pictures with the descriptions? Check your answers below.

- 1 introduced cognitive behavioural therapy
- 2 described his structural model of the mind
- 3 was the first to use the term *psychiatry*
- 4 introduced lithium for treatment of mania



a Reil, 1808



c Cade, 1949



b Freud, 1923



d Beck, 1963

id zb za qc

2 Do any of the contributions made by the above or other people rank as the most important in the history of psychiatry? Why/Why not?

3 Is it important to be aware of the history of medicine in general and psychiatry in particular? Why/Why not?

Vocabulary

Appearance, behaviour, and manner

1 Work in pairs. Make sure you understand the nouns below. Use a dictionary if necessary. Then change each noun into an adjective.

Noun	Adjective
1 aggressiveness	
2 restlessness	
3 withdrawal	
4 distraction	
5 flamboyance	
6 anxiety	
7 carelessness	

2 Complete each sentence below with an adjective from 1.

- 1 John was _____ about his appearance. He was shabbily dressed and his hair wasn't combed.
- 2 Jane was _____. She barely said a word. When she spoke, she did not look at me.
- 3 Harry was _____. He couldn't sit still and kept twitching all the time.
- 4 Mary was very _____. She was focused, but you could tell she was worried about something.
- 5 Pat is _____. She dresses in quite extravagant and formal clothes with bright colours.
- 6 Susan was very _____. She was very argumentative. I did not feel safe and sat with my seat near the door.
- 7 He appeared _____ throughout the interview, looking out of the window as if he was hearing voices.

3 Which nouns from the list have corresponding verbs?

4 Decide whether the descriptions in 2 are related to mania, psychosis, depression, or anxiety. Are these four affective or organic disorders?

in this unit

- ◆ describing and assessing psychiatric conditions
- ◆ using the Past Perfect and using weak forms in speech
- ◆ talking about self-harm
- ◆ expressing wishes and negotiating with / persuading patients
- ◆ writing descriptions of a patient's mental state

Listening

Describing patients

- 1 Work in pairs. Look at the table below and make sure that you understand all the words. Then listen to the doctor describing the three patients and make notes about each patient using the appropriate features 1–6.

	Mr Jones	Miss Rigby	Mr Dickson
1 Appearance			
2 Eye contact			
3 Manner			
4 Mode of speech			
5 Insight			
6 Doctor's feelings			

- 2 Compare your notes with your partner.
- 3 Listen again and check your answers. Decide the likely diagnosis in each case.

Speaking



A mini-mental state examination is used to assess dementia.

- 1 Work in pairs. Look at the list of questions below. Decide which section of the examination the questions relate to: orientation or language.

What day of the week is it?	1 point
What is the date today?	1 point
What is the month?	1 point
What is the year?	1 point
What season of the year is it?	1 point
What country are we in?	1 point
What town or city are we in?	1 point
What are the two main streets nearby?	1 point
What floor of the building are we on?	1 point
What is the name of this place?	1 point

Note: Give one point for each correct answer.

- 2 Look at the full examination list on page 121. Decide which of these phrases is suitable for introducing each section and which you can use at the beginning of the assessment.

- 1 I need to ask you some routine questions as part of an assessment.
- 2 Some of the questions may seem a bit simple, but if you just bear with me, it won't take long.
- 3 I'm now going to ask you some questions about ...
- 4 I'm going to give you ...
- 5 I want you to ...

Psychotherapy denotes treatment of mental disorders and behavioural disturbances using such psychological techniques as support, suggestion, persuasion, re-education, reassurance, and insight in order to alter maladaptive patterns of coping and to encourage personality growth.

— *Dorlands Medical Dictionary*

alienation (n) hostility, unfriendliness, distancing

proficient (adj) expert, gifted, capable

3 Which doctor's responses below are appropriate when a patient answers a question?

- 1 **That's correct.** 4 **Thank you.**
- 2 **OK.** 5 **That's fine.**
- 3 **That's wrong.**

4 Role-play the test on page 121 with a partner. Before you take the test as a patient, decide what result you want to achieve, and how many deliberate mistakes you will make to put your score in one of the three bands:

>28 = normal; 25–27 borderline; < 25 dementia.

- 5 When you are interviewed as a patient, give the number of incorrect answers that will give your chosen outcome. As a doctor, mark only the answers which are wrong.
- 6 At the end of the interview, compare the doctor's result with the patient's intended score. Are they the same?

It's my job

- 1 Work in pairs. Try to predict which five skills are mentioned by Dr Turner. Then find the five skills mentioned by Dr Turner.
- 1 knowing how to use one's own daily life skills
 - 2 speaking clearly and carefully
 - 3 listening to the patient
 - 4 using sympathy and empathy
 - 5 developing the patient's trust
 - 6 stopping oneself from making judgements about the patient
 - 7 letting time run its course
 - 8 being proficient in psychotherapy
- 2 Why is each of the skills mentioned by Dr Turner important?

Dr Tom Turner

My name is Dr Tom Turner and I have been asked many times why I chose psychiatry. I had chosen a period in A&E for my next undergraduate rotation when an opportunity to work on a psychiatric ward came up, and it seemed like an interesting option. So it wasn't something I planned for a long time.

Now I work as a locum psychiatrist, which fits in perfectly with my lifestyle. I have followed a range of courses and training in various areas of psychotherapy, cognitive behavioural therapy, and so on. But the most important skills I think I have learnt and that have carried me through these years are those emphasized in my internship by my mentor and which still hold true today.

First of all, there is being able to allow time to help in the healing process – for the patient, the family, and the doctor. Coming from the hectic life of my previous department, I now seemed to be moving in another dimension. I soon found that impatience was not going to help me or the patients and that the whole process began with the first contact through to discharge from a ward.

Listening is another but no less valuable skill. I had of course done a lot in my training, but working on the ward impressed upon me the effect on the patient of just having someone taking time to listen. And through this came trust. Being non-judgemental as we listen to patients is another important technique, as otherwise there is a danger of patient alienation.

Finally, there is the ability of using our skills of daily living which we can re-teach to patients as they prepare for discharge.



Kafka's law In youth we do examinations to get into institutions, in old age to get out of them.



Language spot

The Past Simple and the Past Perfect

- Use the Past Simple and the Past Perfect to describe an event or period which happened before a point or period in the past.

I had chosen a period in A&E for my next undergraduate rotation when an opportunity to work on a psychiatric ward came up.

- These expressions are commonly used.

After *I had eaten, I returned to work.*

The shift was over by the time *I had written up the notes.*

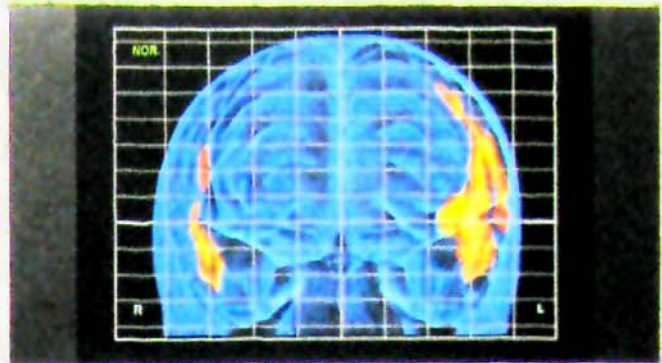
I had already *left the ward when he arrived.*

I fell asleep before *I had finished studying.*

Once *I'd finished washing my hands, I was ready to begin.*

» Goto Grammar reference p.128

- Complete these sentences by putting the verbs in the correct tense.
 - Dr Glover already (finish) his ward rounds when the consultant (telephone).
 - The doctor (rush) to the ward, but the patient already (disappear).
 - I (do) some assessment tests before, so I (know) what to do.
 - Mrs Scott (be) well-known to the police. They (arrest) her once before and (bring) her to the hospital.
 - You (make) up your mind about your future career when you (be) at secondary school?
 - He (not complete) his internship by the time he (leave) his home country.
 - In 1960, a year after Roche (first synthesize) diazepam, Roche along with Merck and Lundbeck (introduce) amitriptyline to the market.
- In the sentences in 1, underline the action which happened first.



Pronunciation

Weak forms

When the Past Perfect is used in speech, it is generally a weak form, i.e. the word is not stressed or is combined with a preceding word like *I*.

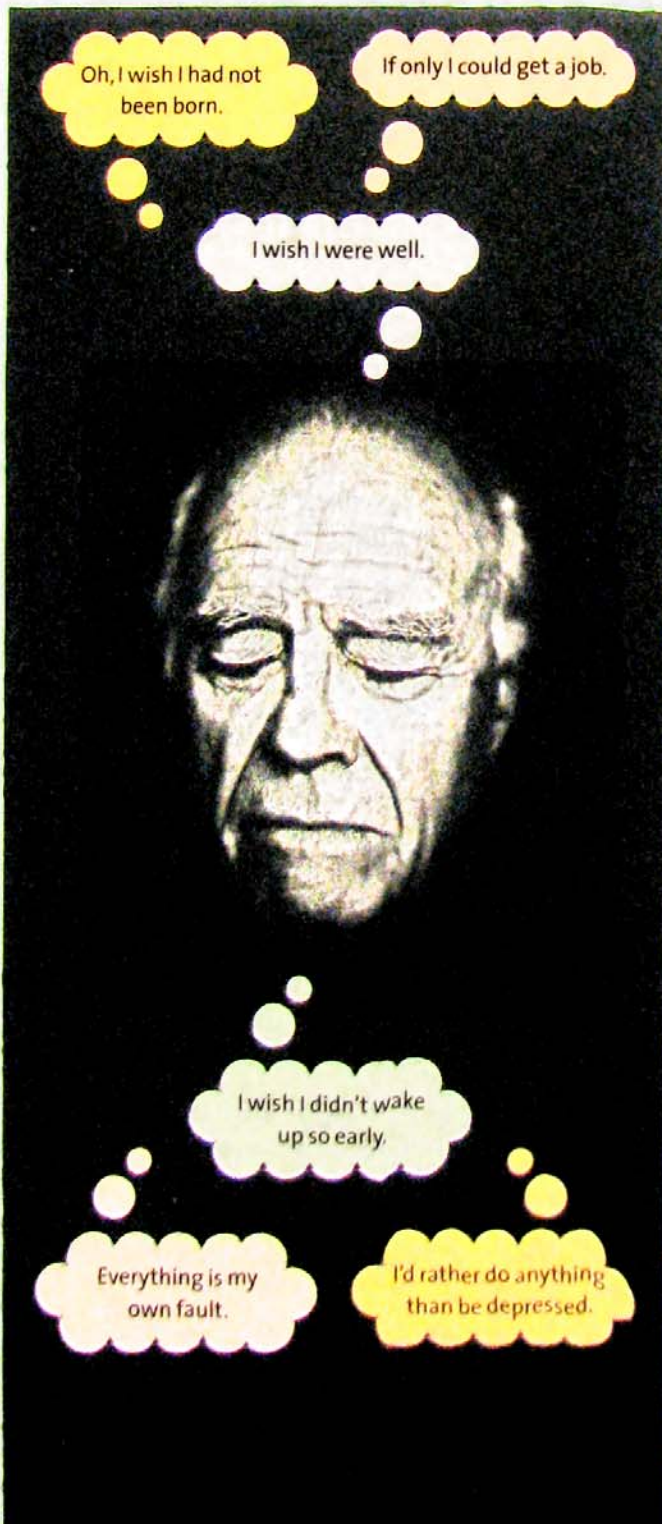
- Listen to the beginnings of sentences 1–7 below from people talking about their experience and decide whether the words and syllables underlined have a weak stress or a strong stress.
 - After I'd learnt to take a detailed history from the patient, I ...
 - Before I'd worked in psychiatry, I ...
 - I'd worked for five years in my own country in the field of psychiatry before I ...
 - I dealt with all the new patients as soon as I'd seen ...
 - Once I'd completed my undergraduate degree, I ...
 - I hadn't moved into psychiatry because I ...
 - When I'd left my home country, I ...
- Work in pairs. Check your answers.
- Complete one sentence from 1 which is relevant to you. Say and then explain your sentence to your partner and ask questions about each other's experiences and feelings about them.
- Make five questions about your own training and work experience that you would like to be asked.

USEFUL LANGUAGE

After you had ... , did you ... ? Before you ... , had you ... ?
Had you ... before you ... ? Had you ever thought ... ?
Once you had ... , what did you ... ?
- Exchange your list with someone in another pair and ask each other the questions. Develop the conversation from your own experience.

Reading

- 1 Work in pairs. Before you read the text, make a list of the points you would ask about in the presenting symptoms in taking a psychiatric history. Use your own knowledge and experience.



Eliciting the history

Introduce yourself, explain to the patient how long the interview will take, and explain its purpose. Find out how the patient came to be referred and what his expectations are (e.g. about treatment). If the patient denies having any problem or is reluctant to start talking about himself, do not hurry him. Try asking 'How are you?' 'What has been happening to you?' 'What are the most important things?' Another approach for hospital patients is to indicate why the GP referred the patient and then ask what the patient thinks about this. Sit back and listen, without interrupting, noting exact examples of what the patient is saying. Take more control after about 3 minutes to cover the following topics.

Presenting symptoms. Agree a problem list with the patient early and be sure it is comprehensive, e.g. by asking 'If we were able to deal with all these, would things then be all right?' or 'If I were to help you, how would things be different?' Then take each problem in turn and find out about the onset, the duration, the effects on the patient's life and family; events coinciding with the onset; the solutions tried, reasons why they failed. The next step is to enquire about moods and beliefs during the last weeks (this is different from the mental state examination which refers to the mental state at the time of interview). Specifically check for:

- suicidal thoughts, plans, or actions – the more specific these are the greater the danger. Discussing suicide does not increase the danger.
- depression – low mood, anhedonia (unable to feel pleasure), self-denigration ('I am worthless', 'Oh, I wish I had not been born'); guilt ('It's all my fault'). lack of interest in hobbies and friends plus biological markers of depression (early morning waking, decreased appetite and sexual activity, weight loss).
- mania; symptoms of psychosis (persecutory beliefs, delusions, hallucinations); drug and alcohol use; obsessional thoughts; anxiety; eating disorders (e.g. young women; often not volunteered, and important). Note compulsive behaviour (e.g. excessive hand washing).

2 Find phrases in the text with exactly the same meanings as:

- state the length of the interview.
- what the patient hopes to gain.
- does not want to begin speaking.
- find out the patient's opinion of this.
- make sure that you cover everything.

3 Answer the questions about the text.

- 1 What approaches are suggested for dealing with patients who are hesitant about talking to the doctor?
 - 2 What should you check for specifically in the history?
 - 3 When are suicidal thoughts, plans, or actions more dangerous?
 - 4 What are the biological markers of depression?
 - 5 Using your own experience, how would you identify anxiety from a patient's behaviour?
- 4** What questions would you ask about the patient's present circumstances, early years and development, and pre-morbid personality?
- 5** Using your own experience, describe examples of cases you have encountered. Remember to ensure confidentiality when you are talking.



Patient care

1 Complete the questions about self-harm by using one word from each box. You may have to change the form of any verbs and there may be more than one answer.

made end go feel take harm

life (x2) bed future yourself preparations

- 1 Have you ever felt so low that you have considered _____?
 - 2 How do you _____ about the _____?
 - 3 Have you ever wished you could _____ to _____ and not wake up in the morning?
 - 4 Have you ever thought of _____ your _____?
 - 5 Have you thought about how you would do it? Have you _____ any _____?
 - 6 Have you tried to _____ your own _____?
- 2** What other questions might you ask about harming oneself and life not being worth living?
- 3** Why would you ask each of the questions above?

Speaking

- 1 Student A go to page 115. Student B go to page 118. Read the two scenarios and use the advice and questions in this unit to think about what you might say.
- 2 In pairs, use the speaking checklist on page 120. Write down five criteria for giving feedback.
- 3 Role-play both scenarios. Patients should give feedback to doctors after each scenario. Remember to be positive and give constructive criticism.

◆ Language spot

Wishes and consequences in negotiations

- To say we wish the past had been different, we use *I wish* + the Past Perfect.
I wish I had gone/come to the hospital sooner.
I wish I hadn't had the operation.
- To say we wish a present situation were different, we use *I wish* + the Past Simple form.
I wish my wife were here.
I wish my wife weren't in hospital.
- To say what we wish we could do now, we use *I wish* + *could*.
I wish I could go home.
- To make an emphatic wish, we use *If only* instead of *I wish*.
If only I had come to the hospital sooner.
- To talk about an imaginary situation, we use *Imagine* / *(Let's)Suppose* / *What if* / *Let's say*.
Suppose you fell and hurt yourself and nobody was around. (What would you do?)

» Go to **Grammar reference** p.129

- 1 Complete these sentences by putting the verbs in the correct form and adding any necessary words.
 - 1 I wish come to see him yesterday.
 - 2 If only they let me go home family this afternoon.
 - 3 Imagine you have a fit when you are alone in swimming pool.
 - 4 I wish he recover completely.
 - 5 Suppose go home. Who would look after you?
 - 6 I wish not lose temper patient last night.
 - 7 I wish visitors go away and leave us in peace.
- 2 Work in pairs. Write seven questions about your career wishes / work. Then ask another partner the questions and develop each conversation in your own way.

EXAMPLES

Do you wish you ... *had chosen psychiatry?*
had done more psychiatry?
didn't have to get up so early?

Speaking

- 1 Read these notes. Then work in pairs. To help you understand what the patient might feel, write seven sentences about the patient's wishes from 1-7 below.

A 30-year-old patient, Susan Price, has taken an overdose of paracetamol and wishes to go home. She looks and feels well, but you want to keep her in for another 24 hours to keep an eye on her in case there are any physical reactions. (She is no longer a suicide risk.)

- | | |
|------------------------------|-------------------------------------|
| 1 go home now | 2 not taking tablets in first place |
| 3 see my family | |
| 4 not stop me going home now | 5 doctor see I am OK |
| 6 be at work | 7 be out enjoying myself |



- 2 Use these notes to write seven ways the doctor might persuade her to stay in hospital.
 - 1 you collapse in the street
 - 2 relapse on your own at home
 - 3 you fall
 - 4 you drive and collapse
 - 5 cause accident
 - 6 damage your liver
 - 7 nobody around and passed out
- 3 Work in pairs. Take turns and try to persuade the patient to stay in hospital. Keep in mind the patient's unspoken wishes.

Some patients with mania are cheerful. They laugh, play, dance day and night. Sometimes they wear flowers on their head as if they had been a winner in a game. These patients do not bring worries to their relatives. But others fly into a rage ...

— Quotation from *Artaeus of Cappadocia, AD90, in OHCS*

Writing

Extract from a mental state examination

- 1 Work in groups. Write up these notes.

A former patient of yours, Mr Thompson, who is 25 years old was found wandering in the street confused.

found by police 2 in the morning

patient admitted one year earlier similar circumstances

aggressive and confused

talking rapidly He said the transport system is a mess and he needs to fix it now and concentration poor

not properly dressed though previously always formally dressed and very tidy

Insight impaired; not aware of what he was doing was making inappropriate gestures to the police and nurses

careful about being alone with the patient without a clear escape route



- 2 Count how many times you used the Past Perfect and compare your answer with other groups.

Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can describe and assess psychiatric conditions.
- I can use the Past Perfect and weak forms in speech.
- I can express wishes and negotiate with / persuade patients.
- I can talk about self-harm.
- I can write descriptions of a patient's mental state.

Key words

Nouns

affective disorders
anxiety
cognitive behavioural therapy
concentration
depression
mania
mini-mental state examination
psychosis
psychotherapy
self-harm

Adjectives

aggressive
anxious
argumentative
careless
distracted
flamboyant
non-judgemental
restless
withdrawn

Useful reference

Oxford Handbook of Psychiatry 2nd edition, Semple et al, ISBN 978-0-19-923946-7

10 Terminal illness and dying

Check up

- 1 Work in pairs. Describe in your own words what is happening in each picture.



- 2 Match the statements below made by family members to the pictures.

- 1 Our palliative care nurse, Nurse Thomas, is highly trained. My mother has enjoyed being looked after in her own home.
 - 2 It was difficult for the doctor to tell us that the machine was going to be switched off. It was our son's wish and he is helping other people to live.
 - 3 I don't know what we would do without the help of the staff at the pain clinic.
 - 4 My father prefers being in the hospice rather than at home alone when I'm at work. We have both accepted the situation, but we have both gone through a whole range of emotions.
- 3 Work in pairs. Is it better for patients who are terminally ill to be cared for mainly by their families in the community? Why/Why not?
- 4 What is the function of a pain clinic?

Vocabulary

Reactions to bad news



- 1 Work in pairs. Cover the words in the right-hand column and try to give the meaning of the words 1-7.
- | | |
|---------------|--|
| 1 shock | a not being able to / |
| 2 disbelief | refusing to accept something |
| 3 resignation | b fear, loss of control |
| 4 numbness | c surprise, being stunned |
| 5 isolation | d acceptance of a bad situation |
| 6 panic | e not being able to feel anything at all |
| 7 denial | f not believing something |
| | g separation, loneliness |
- 2 Match the words with their meanings a-g.
- 3 Complete the sentences 1-7 below using a form of the words above.
- 1 The news left me feeling totally _____ I couldn't feel anything at all.
 - 2 When I found out that my father had cancer, I was stunned. The news _____ me deeply.
 - 3 My father has refused to accept that anything was wrong with him. I think he just _____ that he has anything serious. It is his way of coping with the situation.
 - 4 I felt angry at first, but I suppose I knew all along something was wrong so I quickly _____ myself to the fact that I had cancer.
 - 5 I felt so _____ somehow. It was as if the diagnosis had cut me off from my surroundings and family.
 - 6 When we hear bad news, a common reaction is to doubt or _____ what we have heard.
 - 7 I was so afraid I lost control of myself. I didn't know what to do. I just _____
- 4 Do people in all cultures express their reactions to bad news in the same ways? Give examples.

In this unit

- ◆ recognizing and dealing with patients' emotions
- ◆ expressing likes, dislikes, and preferences
- ◆ breaking bad news about terminal illness and death
- ◆ talking and writing about coping mechanisms for doctors

Listening 1

Recognizing and dealing with patients' emotions

- 1  Listen to the three extracts from doctors breaking bad news to patients.
- 2 Work in pairs. Decide which emotions 1–7 in Vocabulary 1 the patients are exhibiting. There may be more than one answer in each case.
 - 1 _____
 - 2 _____
 - 3 _____
- 3 Complete these statements from each of the three conversations.
 - 1 Yes. I'm sorry to say it's as _____.
 - 2 It's not easy to _____, but I'm afraid the results are correct.
 - 3 It's very upsetting. Would you like us _____? Or can I get you anything?
- 4  Listen again. Does the doctor's voice go up or down at the end of each statement 1–3? Does this make the doctor sound sincere or casual?

It's my job

- 1 Work in pairs. In the text, how does Frances MacGregor describe these aspects of her job?
 - 1 dealing with the emotion of the patient and family
 - 2 going to the funeral of patients
 - 3 working with other health care professionals
 - 4 helping people have some control over their lives
- 2 Classify each piece of information 1–4 according to what Frances says, as an example of: teamwork; a healing experience; a worthwhile experience; a difficulty.

- 3 What emotions do patients and / or their families experience when they are first told about terminal illness?

Frances MacGregor

I'm a Marie Curie nurse. I work in the community with terminally ill patients. I normally do nine-hour shifts at night arriving mid evening and then working through to the next morning.

I enjoy doing my work enormously because I find it very rewarding. You might think that dealing with terminally ill patients would be very depressing but it is not as bad as it seems. First of all, from both the patient's and the family's point of view the work we do is very valuable because it allows them both to exercise some control over their lives. The majority of terminally ill patients prefer to spend their remaining days at home if they can rather than in a hospital or hospice.

In the morning, we sometimes hand over to Macmillan nurses if we are dealing with cancer patients, which allows for round-the-clock care. The care we provide is free and we work in conjunction with GPs and other health professionals.

Yet such work is not without its difficulties. Not keeping enough distance from the situation – especially the emotions of the patient and the family – and getting personally involved are common problems. The younger the patient, the less easy it is for me personally. While no death is easy at least with an elderly person they have had 'a good innings', which can make it easier to bear.

You always need someone to talk to at times or something to do to relieve the stress, but what suits me personally is swimming which I like doing as often as I can after a shift. It surprises me that it is often minor incidences that trigger the greatest reaction, while the major events are easier to bear. Frequently, my colleagues and I are invited to funerals which is a cathartic experience for the families and ourselves.



care in the community (n)

looking after patients in their homes rather than in a hospital or a hospice

hospice (n) a hospital or rest home which provides specialist care for terminally ill patients

Web project

- Look on the web for information on care in the community.
 - Marie Curie nurses – www.mariecurie.org.uk
 - Macmillan nurses – www.Macmillan.org.uk
 - Gold Standard Framework in Palliative care – Liverpool Care Pathway for the dying patient (LCP) – page 746 OHPC and www.mcpcil.org.uk/liverpool_care_pathway
- What main areas of work are both these organizations involved in?
- Look for similar organizations in Australia, New Zealand, and the USA.
- Work in groups. Describe the emphasis of care for the terminally ill in your own country.
 - Is it community based or hospital based?
 - Does the family receive any help from specialist nurses at home? If not, how do you think care of elderly patients can be improved in the country in which you are living / in your home country?
- Is community care of such patients a cheap option compared to hospital / hospice care?

Language spot

Expressing likes, dislikes, and preferences

- like, hate, can't bear* + verb + *-ing* OR + *to* infinitive is used to talk about a general preference or a matter of routine.
I like / hate / can't bear being at home alone.
OR I like / hate / can't bear to be at home alone.
- enjoy, dislike, can't stand, detest* + verb + *-ing* only
I enjoy / dislike / can't stand being at the hospice.
- Would like / hate / love* + infinitive with *to*
I would like / hate / love to stay in the hospice.
- Prefer* + verb + *-ing* OR infinitive with *to*
I prefer staying in the hospice (to staying at home).
OR I prefer to stay in the hospice (rather than (to)(stay) at home).

- Would prefer* + infinitive with *to*
I would prefer to stay at the hospice (than go home).
- Would rather* + infinitive without *to*
I'd rather stay in the hospice.

>> Go to Grammar reference p.129

- Work in pairs. Put the verbs into the correct form in these sentences. Some may have more than one possible answer.
 - Mrs Jones prefers (be) in her own home rather than the hospital.
 - Would you like (spend) time abroad over the next few years?
 - I'd hate (live) at the hospital.
 - He'd like (go) to the respite home this weekend.
 - I would prefer not (have to) get up so early every morning.
 - Do you dislike (start) early in the morning?
 - He'd rather not (take) anything for the pain at the moment.
 - As a rule, I like (get) to bed around 10 p.m.
- Work in pairs. Write seven questions using these forms.

Would you rather ... ?

Do you like to ... ?

Do you like or hate ... ?

Do you prefer to ... ?

Would you prefer to ... ?

Do you enjoy ... ?

Do you dislike ... ?

- Change your partner and ask your questions.

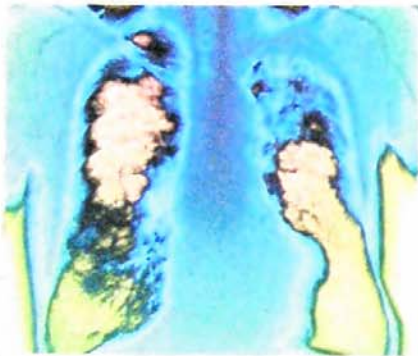
warning shot (n) statement to prepare the patient for bad news

Trust is necessary precisely where we cannot be certain. If we had certainty, we wouldn't need to trust.
— *Onora O'Neill, Reith Lecture*

Speaking

- 1 Work in groups. Read this scenario and check if you want to add any steps to the plan below.

Mr Jones, a 68-year-old patient, has been diagnosed with mesothelioma. He has only got several months left to live. You have to inform his daughter about this and talk about pain management. The father has given consent for his daughter to be informed.



PLAN

Introduction / Greeting

'Warning shot'

Informing the daughter

Length of time left (be vague)

Sympathizing / empathizing

Care in the home

Pain management

'Leaving the door open' for the future

- 2 Look at the picture and decide how you would react to the patient's daughter crying.

- 3 Decide which of these you think the patient's daughter might say and where they fit in the plan.

- 1 I don't really know what mesothelioma is.
- 2 Well, I thought it might happen like this.
- 3 He hates being in hospital.
- 4 He'd rather be at home.
- 5 I'd like to look after him at home.
- 6 Is there anything you can give him for the pain?
- 7 How long has he got?
- 8 Thank you for asking, doctor, but I'd rather you continued.
- 9 Yes, it's very difficult. I just didn't think it would make me feel so lonely.
- 10 What about nursing help at home?

- 4 Use the speaking checklist on page 120. Choose five criteria (e.g. sincerity, empathy, simplicity) for giving feedback.

- 5 Work in pairs. Take turns role-playing the doctor and the patient's daughter.

USEFUL PHRASES

It's better to let it all out and ...

It's not easy to ...

It's a matter of ...

Would you like me to stop ...

We all go through a range of emotions. ...

- 6 When you have finished, the doctors should give feedback about their own performance first. Give a grade 1–5 where 1 is very good.

- 7 For further practice, use your own experience to create a scenario about liver, prostate, or bowel cancer which has spread. Work with a partner and role-play one of the scenarios.



Reading

- 1 Work in pairs. The text below describes a process for breaking bad news to patients. Using your own knowledge and experience, decide what you think the main steps might be.
- 2 There are ten steps given in the text. Scan the text for words that indicate a step is about to be mentioned, e.g. *The first phase ...* in paragraph 2.
- 3 Make a list of the ten steps.
- 4 Work in groups. How can you empathize with the patient when breaking bad news? Consider:
 - 1 asking yourself what it would be like to be the patient.
 - 2 how the patient is feeling.
 - 3 the patient's concerns which they are not mentioning.
 - 4 the patient's past coping mechanisms.
 - 5 the patient's outlook on life, cultural or otherwise.
- 5 Describe how families are informed about death in your country / culture and others you are familiar with.

BREAKING BAD NEWS

There is no easy way to break bad news, nor is there any fixed way of doing so. A starting point is, perhaps, to find out how other people deal with the situation and take the best from their experiences to suit yourself.

One very useful approach is Kaye's ten steps to breaking bad news (Kaye P, 1996, *Breaking Bad News*, A 10-step approach, Northampton EPL Publications). The first phase in the process is preparation for the interview with the patient, reading all the notes, making sure you know who should be present, making sure that the setting for breaking the news is suitable and private. The second stage in the interview is finding out what the patient or family knows about the situation. Following this comes a 'warning shot' like 'I am afraid the news is not good' to help prepare the patient for what is coming. The fourth step is denial with the patient controlling the situation by the amount of information he / she wants to be given. Next comes any further explanation, checking the patient understands using simple diagrams and simple language.

The patient may be afraid of asking for more information so ask gently if you think they would like you to give more. And then, the seventh step is to listen to the patient's concerns (physical or emotional health or to social or spiritual issues).

The next step is to allow the patient to express their feelings. This may be the key phase in the interview from the patient's point of view. The final two steps in the process are summarizing concerns and making a treatment plan, and then making sure you offer yourself for further explanation and possibly a family meeting.



Vocabulary

Words and phrases related to death

- 1 Work in pairs. Check that you know all these verbs and then add them to the appropriate sentences below. You will need to change the form of the verb.

mourn pass pass away bottle up
fade lay out perform die of

- 1 He _____ a heart attack.
 - 2 He is _____ very fast, I'm afraid.
You need to come now.
 - 3 We need to _____ a post-mortem. Do you understand what this means?
 - 4 He _____ peacefully this morning.
 - 5 People _____ for different lengths of time.
 - 6 The body has been _____ in the chapel of rest, if you would like to visit it.
 - 7 Please accept my sincere condolences and _____ them on to your family.
 - 8 Rather than _____ the emotion, it is perhaps better to let it out and have a good cry.
- 2 Find words in the sentences above with the same meaning as these words.

- | | |
|-----------|------------|
| 1 do | 5 suppress |
| 2 decline | 6 sympathy |
| 3 die | 7 autopsy |
| 4 give | |

- 3 Complete these phrases using words and phrases made from and related to the word *die*.

- 1 After a person is _____, what ceremonies ...?
 - 2 Traditionally, how long do people mourn, after the _____ of a relative?
 - 3 When a person _____ in your culture, ...?
 - 4 Is a _____ patient usually looked after at ... or in ...?
 - 5 When a person has _____, is it common to perform a post-mortem?
- 4 Procedures surrounding death differ from culture to culture. Work in pairs. Ask each other the questions using the phrases above and develop your answers in your own way.



abuse (n) misuse

bereaved (adj) having lost a loved one or close member of the family

unethical (adj) not acceptable morally

Listening 2

Informing a relative about a death



- 1 Listen to Dr Masood talking about how he informed Mrs Mann about the death of her husband who had been brought into the hospital after a road traffic accident.
- 2 Listen again and complete what the doctor said from his description.
 - 1 Mrs Mann? Good afternoon. My name is Dr Masood and I have just come from the theatre.
Could _____ here for a moment?
 - 2 I am afraid so. _____ is not good.
 - 3 I am _____ we were not _____ your husband.
 - 4 And I am very sorry that he has _____.
 - 5 Would you like _____ to get you something?
 - 6 Are there any relatives you would _____ or would you _____ yourself?
 - 7 It is not _____ with this. I just want again to say I am very sorry.
- 3 Work in pairs. Compare your answers.
- 4 What else do you think the doctor probably asked?
- 5 Decide how you think the patient reacted to the statements and questions in 2.
- 6 Take turns role-playing the conversation between Dr Masood and Mrs Mann.

Speaking

- 1 Work in groups. Look at this proposal and decide whether the arguments below are for (F) or against (A) it. Note any other opinions you think are relevant.

People should be made to carry donor cards stating that they do not wish to donate their body parts for organ transplant purposes.

Arguments for and against the proposal:

- is open to abuse
- saves lives
- is unethical
- is unnatural
- gives comfort to bereaved families
- shortage of organs
- is dangerous
- is insensitive / traumatic subject to deal with after death

- 2 Decide whether your group is for or against the proposal and give reasons. Choose a group member to record your arguments and main reasons.
- 3 As a class, debate the issue. Nominate one class member to record the arguments given and reasons.
- 4 Work in pairs. Write seven statements or questions you think you would use in this scenario.

You have to ask Mr and Mrs Graham if you can use the organs of their 21-year-old son David for transplant purposes. He is on a life support machine and has been declared clinically brain-dead. David was carrying a donor card in his wallet.

- 5 Take turns role-playing the scenario.

coping mechanisms (n) ways or strategies to help deal with (difficult) situations

When faced with situations that generate strong emotion, it is difficult for doctors to maintain the doctor-patient barrier and not be affected and/or absorb the emotion expressed by patients. The same applies to most if not all health professionals.

Speaking

- 1 Work in groups. Explain how these tips can help you cope with the emotional demands of your work, especially when dealing with patients who are terminally ill or dying. Choose which you think is the most effective and why.
 - 1 Talk to colleagues / a senior nurse.
 - 2 Eat and sleep properly.
 - 3 Take regular exercise or take up a hobby.
 - 4 Socialize with friends and colleagues.
 - 5 Be conscious of your own physical health.
 - 6 Get away from the hospital.
 - 7 Reflect on one's own emotions after the patient interview.
- 2 Are there any other coping mechanisms that you have found useful from your own experience?
- 3 Report what you think to the whole class.

Writing

Preferred coping mechanisms

- 1 Make notes about activities you do or mechanisms you use to take your mind off the emotional stresses at work. Mention some you have tried and didn't like. Try to make your activities realistic and personal to you, which will help distinguish you from other people.

Notes
Physical
Mental / intellectual
Social

- 2 Work in groups. Compare the strategies you like and give reasons.
- 3 On your own, write about 150–200 words reflecting on what activities you like doing in your spare time to help you relax.

Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can recognize patients' emotions.
- I can deal with patients' emotions.
- I can express likes, dislikes, and preferences.
- I can break bad news about terminal illness and death.
- I can talk and write about coping mechanisms for doctors.

Key words

Nouns

coping mechanisms
 denial
 disbelief
 donor card
 isolation
 Marie Curie nurse
 numbness
 organ transplant
 panic
 resignation
 shock

Adjectives

rewarding
 terminally ill

Verbs

bottle up
 dislike
 fade
 pass away
 prefer

Phrase

I'd rather

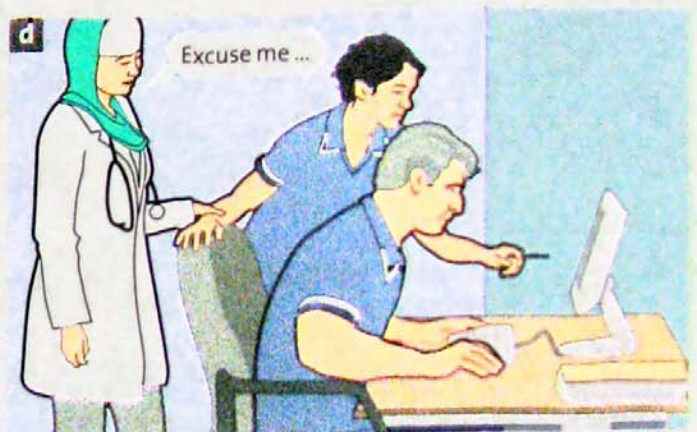
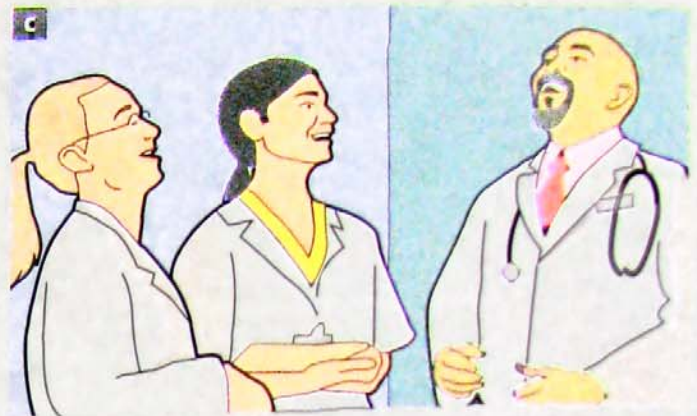
Useful reference

Oxford Handbook of Palliative Care,
 Watson et al, ISBN 978-0-19-850897-7

11 Working in a team

Check up

- 1 Work in groups. Describe the attitude of the people to each other in the pictures a–d. What do you think they are doing?



- 2 In the pictures, who is:
- 1 engaged in small talk?
 - 2 asking for advice / help?
 - 3 interrupting a conversation?
 - 4 requesting help from a consultant?
- 3 Why is it important to develop and maintain good working relationships with colleagues?
- 4 Describe the most effective working relationship(s) you have developed up to now in your career. What has made it / them special?

Culture project

- 1 Work in pairs. Make sure you understand each situation below. Describe how you would deal with each situation in your own culture / language.
- 1 interrupting a conversation between two nurses
 - 2 meeting a colleague you don't know well in the corridor at work
 - 3 asking a colleague on the ward for help
 - 4 asking a consultant for help
 - 5 apologizing for being late for the ward handover
 - 6 asking permission from someone you don't know to use equipment
 - 7 offering help to a colleague you see in trouble / busy
- 2 Make a question for each item: *Have you ever ... ?*
- 3 Work with a partner from another group and ask each other questions about 1–7 above. Find out what happened: *Do you remember what you said? What happened? Did it ever happen in English?*
- 4 Give an example for each item 1–7.

Vocabulary

Teamwork

1 Match each adjective with as many nouns as possible.

- | | | | |
|------------------------|-----------|-------------------|------------|
| 1 _____ team | close | effective | community |
| 2 _____ cooperation | practical | joint | |
| 3 _____ spirit | key | multidisciplinary | |
| 4 _____ role | moral | social | team |
| 5 _____ responsibility | working | public | collective |
| 6 _____ support | | | |
| 7 _____ partnership | | | |

2 Complete these sentences using a noun and an adjective pair from 1. Use each noun once only.

- When group members cooperate closely with each one playing their part responsibly, it helps foster a _____ among the various members.
 - _____ is required between all the members in the clinical team.
 - He built up a _____ of different specialists.
 - Everybody plays a _____ in the team.
 - A genuine team bears _____ for its errors without pointing the finger of blame.
 - It is important to give each other moral as well as _____.
 - The consultant established a _____ with colleagues in another hospital.
- 3 Work in groups. Discuss what experience you have had of working in your home country as part of a team and/or in a hierarchical structure. Talk about other countries' systems you know. Are there any differences / similarities? Give examples.

In this unit

- ◆ understanding politeness in different cultures
- ◆ working as part of a team with colleagues
- ◆ writing about team work as an example of good practice
- ◆ interrupting colleagues politely
- ◆ working with different colleagues



Writing

Describing an example of good practice

- 1 Think of an example of a situation where you worked well as part of a team in your professional or private life. Make notes about the various steps using the diagram below. For example, you could describe a medical emergency involving various colleagues, medical and non-medical, and how they fitted into the sequence of events.

TEAMWORK: STEPS

1	
2	↓
3	↓
4	↓
5	↓
6	↓
7	↓

- Write the steps in a continuous piece of writing. Try to fit as many of the words from *Vocabulary 1* as possible. When you have finished, underline the words you have used from the list.
- Work in pairs. Swap your texts and check that each of you has described the steps you listed in 1.

carer (n) person who looks after a family member, friend, or client at home

core (adj) central, main



Reading

- 1 Work in pairs. Before you look at the text from *Section 4 Syllabus and Competences* of the Foundation Programme Curriculum, make your own list of what you think are the main skills and attributes required in working with colleagues.
- 2 Find words and phrases in the text with the same meaning as these.
 - 1 show
 - 2 result
 - 3 points of view
 - 4 understand / recognize the value of
 - 5 show consideration for
 - 6 take note of / pay attention to
 - 7 mould

- takes leadership role in the context of own competence when necessary
- treats all members of the health care team with respect, whatever their professional qualifications, lifestyle, culture, religion, beliefs, ethnic background, gender, sexuality, disability, age, or social or economic status.
- understands the clinical setting and the interactions within it and shapes practice effectively in the light of such understanding and insights
- puts goals of the clinical team before personal agenda
- can show leadership skills where appropriate, but at the same time works effectively with others towards a common goal
- encourages an atmosphere of open communication and appropriate directed communication within teams
- discusses the role of the voluntary sector in supporting patients, carers, and families

5.0 Working with colleagues

Outcome: demonstrates effective teamwork skills within the clinical team and in the larger medical context

Subject

(i) Communication with colleagues and teamwork

Knowledge

Understands:

- who needs what information
- others' perspectives in contributing to management decisions

Attitudes / behaviours

- appreciates the perspective of different disciplines medical and non-medical
- respects all those with whom doctors work whatever their professional qualifications, lifestyle culture, religion, beliefs, ethnic background, gender, sexuality, disability, age, or social or economic status.

Core competences and skills

- listens to other health care professionals and heeds their views
- has a good understanding of the role of other team members in the clinical team and understands their competences and care philosophies





3 Answer these questions.

- 1 What does *Understands who needs what information* mean?
- 2 A doctor in training needs to show that he/she appreciates the perspective of different disciplines medical and non-medical. Give an example of this from your own experience.
- 3 Give an example of a situation where you heeded the views of others in a clinical or non-clinical setting. Did you find it difficult or easy to accept the advice? Give reasons for your answer.
- 4 Why is it necessary to put the aims of the clinical team first?
- 5 Why do you think that an atmosphere of open communication should be encouraged within teams? Give examples from your own experience.

Listening 1

Appropriate responses

- 1  Listen to seven statements by medical professionals and decide what is happening, for example interrupting a colleague. There may be more than one activity happening in each conversation.
- 2  Listen again and decide which of these is a more polite response in each case.
 - 1 a I'm a bit tied up at the moment.
 - b Yeah, sure. No problem.
 - 2 a Yes, by all means.
 - b Mr. Haven't you got your own?
 - 3 a Oh, it happens to us all. I was late myself.
 - b I know, and I wanted to get away on time. I've heard that one before.
 - 4 a What do you think I am, a machine?
 - b I can do it in a few moments, if that's OK.
 - 5 a Busy, but I am enjoying it, thank you.
 - b It's horrible.
 - 6 a Oh, thank you. That's very kind of you.
 - b Yeah, here, take that.
 - 7 a I was trying to have a rest.
 - b That's OK. It's not a problem. How can I help?



- 3 How would you respond to each of the polite answers you have chosen?

EXAMPLES

Thanks for being so understanding.

That's fine.

Thank you.

Not at all.

That's really kind of you.

My pleasure.

I hope it stays that way.

That would be great.

- 4 How would you respond to each of the impolite answers?



Language spot

Being polite

Asking for permission

- If you are with a group of people, it's generally more polite to ask permission to do something rather than to just do what you want to do.

You think: *I want to make a phone call.*

You say: *Is it OK if I make a phone call?*

Asking for help

- When you need help, it's generally more polite to ask for help than to demand it.

You think: *I need help lifting this.*

You say: *Would you mind helping me lift this?*

Offering help

- When you can see that someone needs help, it's generally more polite to make your offer as a question rather than a statement.

You think: *I can help you with that.*

You say: *Would you like some help with that?*

Go to Grammar reference p.130

- 1 Deciding how to approach different people for help or to offer help in another language can be tricky. Decide which of the two alternatives below is more polite.

- Asking close colleagues if you can do something
 - Is it OK if I open the window?
 - I want to open the window. OK?
- Asking close colleagues if you could do something that is more personal
 - Is your laptop free? I need it for a second.
 - Do you think I could possibly use your laptop?
- Asking someone you do not know very well if you could do something
 - Would you mind if I borrowed this notepad?
 - I want to borrow this notepad.
- Interrupting colleagues you do not know well and asking for help
 - I know you're busy, but I need help.
 - I'm sorry to disturb you, but could you help me here?

- Interrupting a colleague you know well and asking for help
 - Excuse me, but could you help me here?
 - Hi. I'd like some help here.

- Interrupting by acknowledging what the person is doing and then making a request
 - I can see that you are very busy, but could you help me?
 - You look busy, but I need help.

- Offering help to a colleague you do not know well
 - Would you like me to help you?
 - Here. Let me help you.

- Offering help to a colleague you do not know well
 - Would you like me to help you?
 - Here. Let me help you.

- 2 Complete the sentences by using a word or phrase from each box below.

do you think	is it OK	excuse me
would you mind	I can see	sorry to

closed	use	bother
clear	writing	come and have

- I'm _____ you, but could you give me a hand?
- _____, but could you _____ a look at this?
- _____ very much if I _____ the door as there's a draught?
- _____ that you are _____ up your notes, but can I just check something with you?
- _____ if I _____ the things off the table?
- _____ I could possibly _____ your office for this afternoon?

bottle additives (n) chemical substances that are in each blood sample bottle. The bottles are colour coded according to the additives.

health and safety guidelines (n) rules and regulations to protect the workers and the patient health and safety

order of draw (n) the order in which the different blood samples are taken

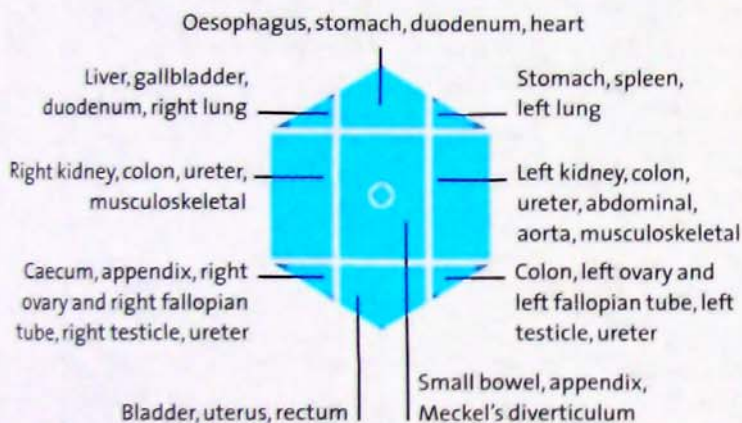
3 Which sentences in 2 can these responses be used for?

- a It's not a problem at all. d Yes, sure.
b By all means. e Not at all.
c Certainly.

4 Practise polite statements and responses.

Student A go to page 116. Student B go to page 118.

Speaking



- 1 Work in groups. Look at the diagram and choose a cause of pain. You are a doctor in Accident and emergency and a patient presents with an acute abdomen. You need the help of a consultant, who is very busy. Prepare what you would say to ask him / her to come. Use your own knowledge and experience. Create a name for the patient, an age, and signs and symptoms, and explain why you need help.
- 2 Work with a partner from another group and take turns telephoning the consultant.
- 3 When you have finished, check the differential diagnosis of the pain.

It's my job

- 1 Before you read, discuss this question with a partner.

Many doctors in the United Kingdom work as doctors and nurses as they go through the process of re-qualification. Do you think this is a valuable way of spending time? Give reasons for your answer.

2 Read about Omar Noori and answer these questions.

- 1 Which country does Omar come from?
- 2 What does training to be phlebotomist involve?
- 3 What are Omar's main languages?
- 4 To what does he compare speaking to different people?
- 5 What warning does he give about being slow to react and being rude?

Dr Omar Noori

My name is Omar Noori and I work as a phlebotomist at a hospital in Birmingham in central England. I am an overseas doctor from Afghanistan who has to go through re-qualification known as the Professional and Linguistic Assessment Board (PLAB) administered by the General Medical Council (GMC) of the United Kingdom.

I cannot work as a doctor in the UK until I pass the PLAB, but being a doctor helped me to become a phlebotomist. I followed a course covering information on health and safety guidelines, order of draw, bottle additives, infection control, labelling, and documentation with many opportunities to practise both in an out-patient setting and on the wards. During my training I was assessed on obtaining the minimum of 50 bloods. As well as clinical skills, the need for good communication skills was impressed upon me.

On the job itself, working with other people has improved my speaking skills. I have found that having a cheerful disposition certainly helps and an ability to get on with other people no matter what their rank or status. Being a second language speaker of English, I feel as if I'm driving a car, switching gears where the gears themselves are professionals of different status and functions. One minute you are having to deal with a nurse, next a manager, then a doctor, and maybe a consultant, all requesting your help and attention. There is no time to think in Dari or Pushto, my main languages, or to be bad tempered or rude. If you don't react quickly and politely, get on with colleagues, and play the game, the job is unbearable. It's good training for my work as a doctor in future.



get on with (v) be friendly towards

very good company (n) someone who is enjoyable to be with



Vocabulary

Describing attitude and behaviour

- 1 Work in pairs. Underline two adjectives in italics which match the description.
 - 1 Dr Muir was bad mannered and impolite. He shouted at the patient.
offensive friendly rude
 - 2 Nurse Dunn gets on with everyone; he's very good company.
reserved friendly sociable
 - 3 Mrs Paterson knows what she wants to do in life and is sometimes aggressive.
ambitious determined modest
 - 4 Mr Conway can be sharp and frank with colleagues at times.
abrupt gentle blunt
 - 5 Dr Bedford's attentive and considerate to all her patients and colleagues.
thoughtful kind cruel
 - 6 Outside work, he's different: he's very easy-going and relaxed.
strict calm carefree
 - 7 He's always smiling and positive about everything, even when stressed.
sad cheerful lively
- 2 Choose two or three sets of adjectives from 1-7 to describe yourself. Give examples from your personal and professional life.
- 3 Work in pairs. Ask each other questions about your personalities.

USEFUL PHRASES
How would you describe yourself?
I think I am ... because / since / as ...
What I think makes me ... , is ...
- 4 Give three reasons why it might be difficult to talk about yourself.

Speaking

- 1 Work in groups. Look at this scenario. Think of two different things you can say for each step below.

You are in a busy children's ward and a 5-year-old child is in a critical condition. Ask the phlebotomist, Mr Sanjay Kumar, who is older than you, very experienced, and very busy, to take a blood sample.


- 1 Interrupt him and apologize.
- 2 Ask politely if he could help you.
- 3 Explain the situation briefly.
- 4 Give him the priority form and ask him to send it off.
- 5 Thank him and ask him to contact you by bleep if there are any problems.



- 2 Use the speaking checklist on page 120. Add five criteria to check in the role-play.
- 3 With a different partner, take turns asking Mr Kumar to take blood.


Listening 2

Asking a senior colleague for help

- 1  Listen to a telephone conversation between a doctor in A&E and a consultant. Write down the exact words for:
 - 1 Doctor's apology for interruption

 - 2 Consultant's reply

 - 3 Request for help

- 2  Compare your answers with a partner. Listen again and take notes for the rest of the conversation.
- 3 Work with a partner from another group and take turns role-playing telephoning the consultant.

Speaking

- 1 Practise facing an interview panel. Work in groups and describe examples of situations in your work or training which demonstrated your ability to work as a team.
- 2 Make a list of questions which you think would be asked about team-working within a clinical setting.

USEFUL PHRASES

- ... where the communication broke down?
- ... you demonstrated leadership qualities?
- ... qualities / skills necessary for working in a team?
- ... improve if you did it again?

- 3 Take turns interviewing each other about being a team player.



Checklist

Assess your progress in this unit.
Tick (✓) the statements which are true.

- I can understand politeness in different cultures.
- I can work as part of a team with colleagues.
- I can write about teamwork as an example of good practice.
- I can interrupt colleagues politely.
- I can work with different colleagues.

Key words

Nouns

colleague
cooperation
good practice
partnership
perspective
politeness
responsibility
role
support
teamwork

Adjectives

close
collective
key
polite
sociable

Verbs

apologize
break down
interrupt

Phrase

excuse me

Useful reference

Oxford Handbook for the Foundation Programme 2nd edition, Hurley et al, ISBN 978-0-19-954773-9

12 Diversity at work

Check up

- 1 Work in groups. Explain what aspects of culture the pictures below represent.



- 2 Is one aspect more important to a culture than another or are they inextricably linked? Give reasons for your answer.
- 3 When you are taking a history or counselling, why is it important to treat patients within the context of their beliefs and not yours? Use the aspects of culture discussed in 1 and 2 to illustrate your opinion.
- 4 People are migrating around the world at a faster rate than at any time in human history. Why is this so? Is it possible for us all now to try to understand each other more? Give reasons.

Speaking

- 1 Below is a list of things which people sometimes do when you talk with them. Are you annoyed by any of these behaviours? Which ones? Which are the most annoying for you?
- 1 make assumptions because of age
 - 2 ignore the importance of festivals, celebrations, holidays
 - 3 ignore people's diet
 - 4 make assumptions about professional status
 - 5 make assumptions about or be ignorant of others' beliefs
 - 6 make assumptions about professional abilities
 - 7 make assumptions about marital status
 - 8 make assumptions about level of education, qualifications, language
 - 9 label or stereotype because of disability, clothes, skin colour
- 2 Compare your answers with a partner and explain them.
- 3 Choose the three that are most annoying and explain the reasons for your choice.



in this unit

- understanding culture and religion in a multicultural society
- avoiding and responding to tactless comments
- using reported speech
- speaking fluently
- assessing religious / faith / spiritual needs

Listening

Avoiding and responding to tactless comments

- 1 Look at the poster from a London hospital. Why do you think that the poster was displayed?



- 2 Work in pairs. Look at the list of responses a–h and try to work out what the speaker is responding to in each case.
- a Actually, I'm not a meat eater. I'm vegetarian.
 - b I am not married.
 - c I'm sorry, but my name is Sivapalan and it's not Miss, it's Professor.
 - d I'm not a patient. I'm an honorary consultant.
 - e I'm teetotal.
 - f I may be blind, but I run a very successful business.
 - g I'm not sure that you do.
 - h No. I go to prayers on that day.

- 3 Listen and match each statement 1–8 to a response a–h in 2.
- 4 Listen to each statement in turn. How could the speaker have rephrased each statement to make it less annoying?

Patient care

- 1 Work in pairs. Decide which questions you might ask a patient to obtain these responses.
- 1 I live with my partner and my two children.
 - 2 No. My parents both passed away fairly recently.
 - 3 It's doctor, but you can just call me Sheila.
 - 4 Yes. My surname is originally from Sierra Leone, in West Africa, but I was born here.
 - 5 Yes. My husband's in a wheelchair now, but he is working full-time.
 - 6 The only time I can't come is during the end of Ramadan.
 - 7 Mmm. I can't take any medicines that have beef in them.

USEFUL PHRASES

Are there any festivals or celebrations that you need to ... ?

Can you tell me who ... you at home?

What about your ... ? Are they ... ?

Tell me about your ...

Is there anything else you think I ... ?

Are there any medicines you can't take for any reason?

Could you tell me what normally happens ... ?

How shall I call you (Miss, Mrs, Ms, Doctor)?

Is your family name from ... ?

I know your husband is in a ..., but is he ... ?

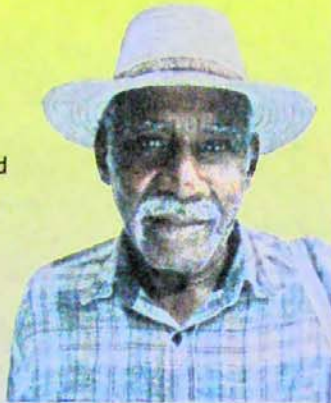
What about your ... ?

- 2 Take turns asking each other the questions you have created. Give your own answers to the questions – real or imaginary.

Reading

- 1 Read these comments about some issues relating to cultural background that are important for health professionals in the UK to know about.

Being originally from the West Indies, I feel uncomfortable answering intimate questions even though my doctor has explained that everything between us is confidential. I have also been misinterpreted because of lack of eye-contact. Here in the UK it is a negative thing. But where I come from it's to do with showing respect.



I am a Muslim, and for us alcohol is prohibited, so we cannot take tonics. We eat meat that is prepared in the halal fashion and do not eat pork. Some Muslims may refuse to take their medication during Ramadan, but according to Muslim rules, ill people must not fast. As for death, the body should not be touched by non-Muslims and all Muslims are buried. We do not agree to post-mortems being done unless they are legally required.



I'm Hindu. Like other cultures, we have dietary restrictions, for example not eating beef or veal. The cow is sacred to Hindus, so we cannot take beef insulin. We also prefer to die at home rather than in a hospice and the Hindu body should not be touched by non-Hindus. All adults are cremated.



My family are Jewish. We have certain dietary restrictions. Pork, rabbit, and shellfish are forbidden, and meat must be prepared in the kosher fashion. Some liberal Jews may not adhere to dietary restrictions. No post-mortems are agreed to unless legally required.



I'm British. What things would I point out? It is important not to assume that everyone drinks alcohol. And mutual gaze is a sensitive issue with us – not enough indicating shiftness and too much meaning you are making unwelcome advances. As regards interpersonal space, for many people of different backgrounds here in England just as in other Western countries getting too close

means invasion is threatened. Some strict Christians are teetotal and some approve of natural methods of birth control only.



I am a Sikh. We have no family names. Singh and Kaur indicate only sex and religion, so that we often need to give extra identification for hospital notes. As regards diet, beef is forbidden and most of us are vegetarian. Alcohol is forbidden, so we can't really take any tonics.



rota (n) schedule, list

- 2 Work in pairs. Underline the alternatives that are correct in the sentences below.
- 1 Among West Indians, not making eye-contact is a sign of *respect / disrespect*.
 - 2 Beef insulin *should not be / can be* offered to Hindus.
 - 3 Sikhs are *mainly / in some case* vegetarians.
 - 4 *All / Some* Muslims will not take medicine during Ramadan
 - 5 In England, people generally can feel uncomfortable if others *come too close / move away from them*.
 - 6 *All / Some* Jewish people follow certain dietary restrictions.
- 3 Give examples of aspects of your own culture. Say why they are important to you.

Project

- 1 Work in pairs. Answer these questions.
- 1 When and how do you think the mispronunciation and misspelling of names can cause problems from the cultural point of view?
 - 2 Have you ever used someone's name wrongly in speech or in writing? What happened?
 - 3 Has anyone ever used your name wrongly? What happened?
 - 4 Are names and titles important in dealing with colleagues of similar / different status? Give reasons.
 - 5 Is it polite to call an adult by their surname alone in your language culture? Is it the same in the UK and other English speaking cultures?
- 2 Look at the information about Sikh names. Then use your own knowledge or check the internet to find out examples of names from the other groups in the reading.

Vocabulary

Awareness of feelings

- 1 Find eight verbs. You can read vertically and horizontally. The first letter of each verb is given.
- | | |
|-----------|-----------|
| 1 v _____ | 5 r _____ |
| 2 i _____ | 6 d _____ |
| 3 o _____ | 7 c _____ |
| 4 r _____ | 8 u _____ |

```

a v p s r w z o t u k r
v a l u e p l i z v r e
d x i r s o h j t q l g
s y g t p g o t v o n r
w s n w e k m z f f g e
c l o p c h e z x f b t
b c r i t i c i z e z s
n t e d v y e q k n o f
q k z u p s e t a d r x
d i s c r i m i n a t e

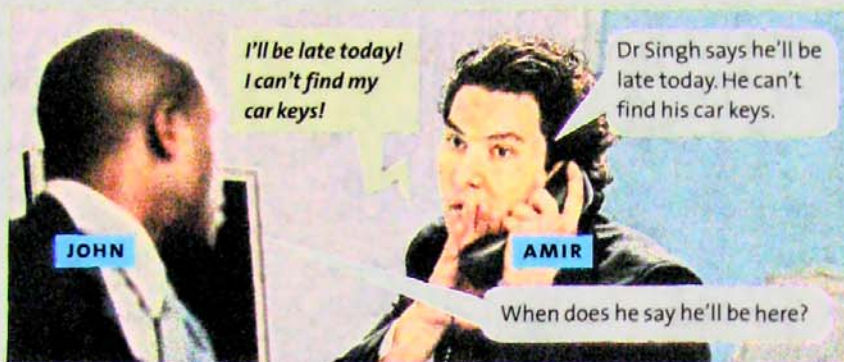
```

- 2 Use a form of each verb to complete the sentences below. Use a dictionary if necessary.
- 1 He felt he was being unjustly _____ when he thought he should be praised.
 - 2 No applicants should be _____ against because of their background,
 - 3 My sensibilities were completely _____ when the rota was drawn up.
 - 4 He didn't mean to _____ the patient by calling her *Mrs*.
 - 5 What the doctor said left the patient feeling really _____
 - 6 He treated patients and colleagues alike with the utmost _____
 - 7 All members of the medical team play a(n) _____ role.
 - 8 He _____ that he didn't check the patient's name before the consultation.
- 3 Rewrite the sentences in 2 so they have the same meaning, but use one of these words in the form given.
- upsetting critical regretful ignorant
respected offensive discrimination invaluable
- 4 Think about your own professional and personal experience. Make three questions beginning *Have you ever innocently ... ?*
- 5 Work in pairs. Give your questions to your partner. Ask each other the questions and explain what happened in each case.

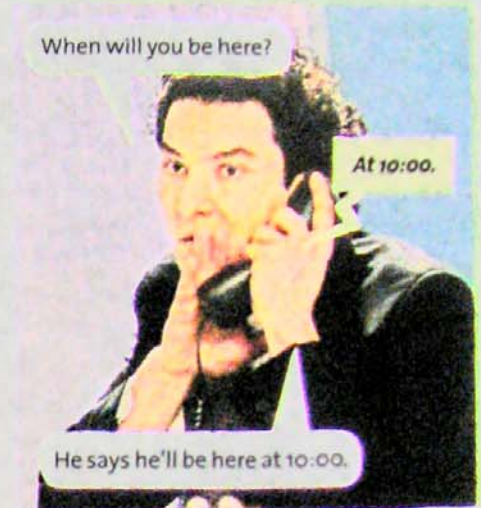
◆ Language spot

Reported speech

- We use reported speech forms to talk about things that other people have said.



Monday, 9:00 a.m.



Monday, 10:15 a.m.



Wednesday

Dr Singh phoned at 9:00. He said he'd be late. John asked when he'd be there. He said he'd be there at 10:00.

Ann told Lorenzo that Dr Singh phoned again. He had said he wouldn't be at work today. Lorenzo asked what the problem was.

Gill told Ella that Dr Singh hadn't been at work on Monday, but that he was at work on Wednesday. She asked if it was OK to plan a meeting that afternoon.

Ella said it would be better to plan the meeting for Friday.

» Go to Grammar reference p.130

1 Work in pairs. Change these sentences into reported speech.

- 1 'Mr Jones has just telephoned to say he can't come for the afternoon clinic,' said Nurse Burnes.
- 2 'Is it OK to call you by your first name, Mrs Hall?' asked the nurse.
- 3 'Ahmed, could you tell me how this is done in your home country?' asked Dr Ono.
- 4 'It would be better to give up eating red meat like pork and beef,' said Dr Sind.
- 5 'What is his patient number?' asked the nurse.
- 6 'I left my appointment card at home,' said Mrs Taylor.
- 7 'I am not sure how to pronounce your name,' he said.

2 Work in pairs. One student says one of the sentences above or the reported speech and the partner changes it to direct or indirect speech as appropriate.



We must learn to live together
as brothers or perish together
as fools.

— Martin Luther King, 1964

come up with (v) produce

Speaking

When you listen to people reporting what other people say it can be difficult to follow and it can lead to misunderstandings and wrong assumptions. Student A go to page 116. Student B go to page 118. Practise reporting what's been said and clarifying to avoid misunderstanding.

Pronunciation

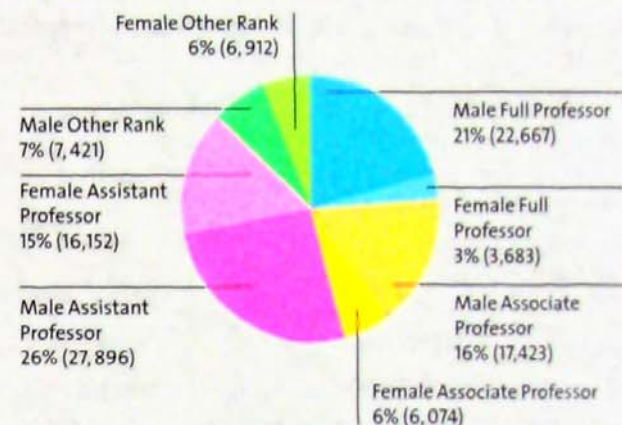
Saying long sentences

When trying to speak fluently and clearly, it helps to say sentences, especially long sentences, in phrases or chunks of language. You can use a rising tone to show you are continuing to speak and take a very shallow breath. At the end of the sentence, you can then use a falling tone or rising tone if it is a question.

- 1 Work in pairs. Divide these sentences into chunks of language. The first one has been done for you. Note there may be more than one answer.
 - 1 Do you think / that it would be a good idea / to display posters / in all the clinics?
 - 2 He suggested going for weekends away so that people could get to know each other.
 - 3 He asked what time the clinic normally opened in the afternoon.
 - 4 The patient wanted to know whether she was able to book an interpreter for her appointment.
 - 5 Dr Wen denied taking the equipment out of the ward during the last shift.
 - 6 I think you said earlier that one way to promote diversity is to hold lunchtime displays in the hospital for patients and medical staff.
 - 7 He apologized for the misunderstanding and even bought me some flowers.
- 2 Listen to speakers 1–7 and check your answers.
- 3 Practise saying the sentences with your partner. Check that you are speaking comfortably and clearly.

Speaking

- 1 Work in groups of six (three pairs of two). Look at this graph about the number of women in medicine. What is your reaction to the data?



- 2 Read this scenario.

You are part of a diversity committee in a hospital whose aim is to promote equality and diversity among the staff at your hospital. Today your purpose is to come up with recommendations for the hospital personnel department to increase the representation in the workforce of women or people with disability or older people or any other group you want to choose.

- 3 Work in groups of six (three pairs of two). The committee consists of three people. They make a list of five possible suggestions with reasons. They then have to agree on one which they think should definitely be adopted. Each committee member has a partner who watches him/her speaking throughout the exercise. The partners use the speaking checklist on page 120 and give feedback on participation, listening, and inviting other committee members to speak.
- 4 Change roles. The monitors can now become committee members and choose a different group of people in the workforce to increase the representation of. Follow the same procedure.

USEFUL PHRASES

What do you think about ... ?

I think you said earlier ...

If I am right, you / somebody said ...

Would it be a good idea to ... ?

Have you got any suggestions about ... ?

Can I just add ... ?

What about ... ?

But ...

spiritual (adj) relating to religion, the spirit / soul

ΓΝΩΘΙ
ΣΕΑΥΤΟΝ

'Know thyself.'

— Inscription on the Temple of Apollo at Delphi

Writing

A response to a report

- 1 You have seen a report on the recommendations made by the Diversity Committee. Write a letter to the committee, agreeing or disagreeing with the proposals. Use the ideas from *Speaking* on page 111.
- 2 Use as many of these phrases as possible.
The report says / states that ...
The committee recommends / recommended that ...
... puts forward the suggestion / proposal / recommendation that ...
I agree / disagree with / support the recommendation that ...
... they should (not) be adopted
- 3 When you have finished, exchange texts with a partner. Underline all the examples of indirect speech your partner has used.
- 4 Check that you agree with your partner.

Patient care

- 1 Work in pairs. Using your own words, try to complete these examples of initial assessment questions relating to spiritual needs in palliative care.
 - 1 I can see from _____ your religion as Can you tell me about this?
 - 2 Do you have any _____? Can you tell me about them?
 - 3 Is your faith / spirituality / religion _____?
 - 4 Are there ways _____ in your faith / spirituality / religion?
 - 5 Are there any things _____ about your faith / spirituality / religion that would help us in caring for you?
 - 6 Would you like to talk to someone about your _____?
 - 7 We have a chaplain who is part of our team. Would _____?
 - 8 Would you like us _____ faith community to come and see you?

- 2 Use these phrases to complete the sentences in 1 and compare them with your own answers.

you like to see him / her
to arrange a member of your
that we can support you
spiritual or religious beliefs (x2)
your notes that you describe
helpful to you
we need to know



- 3 Work in pairs. Divide the questions into phrases that will help you say them more comfortably as in *Pronunciation* on page 111.
- 4 Practise saying the questions to each other and check whether you are saying the questions clearly.

Speaking

- 1 Work in pairs. You have to assess a terminally ill patient's spiritual needs. Prepare what you would say in the scenario using these steps.
 - 1 Give the patient a name and age.
 - 2 Give the patient a faith or religion or spiritual needs.
 - 3 Decide what the patient's needs are.
 - 4 Ask the relevant questions above.
 - 5 Offer help in the future.
- 2 With a partner from another pair, take turns assessing the patient's spiritual needs. Develop the conversation in your own way.
- 3 As a whole class, debate the need for the doctor to be aware of his / her own of spiritual beliefs and values in order to help patients. Is it necessary? Why/Why not?

Checklist

Assess your progress in this unit.
Tick (✓) the statements which are true.

- I can understand culture and religion in a multicultural society.
- I can avoid and respond to thoughtless / tactless comments.
- I can use indirect speech.
- I can breath while speaking.
- I can assess religious / faith / spiritual needs.

Key words

Nouns

assumption
awareness
diversity
initial assessment

Adjectives

critical
halal
kosher
multicultural
prohibited
regretful
spiritual
tactless

Verbs

discriminate
ignore
offend
respect
stereotype
upset
value

Useful reference

Oxford Handbook of General Practice
2nd edition, Simon et al,
ISBN 978-0-19-856581-9

Speaking activities

Student A

Unit 1 p.9

You are:

Surname Madeline (F)
or Maurice Matthews

Sex M / F

Address 66 Monkton Avenue
Northfields, London SW 15 5BP

Ward Guys Ward at 2 p.m.
on 17th July 2008

Hospital No 211538966

DOB 19 06 43

Telephone number 0207 111 7893

Marital Status Single

Occupation Teacher

GP Dr Payne

Complaint: kidney stones
worst pain ever; throbbing;
nearly passed out; in side;
doesn't go anywhere else;
vomited – pain so bad; nothing
leaves; try not to move

Unit 2 p.14

- In _____¹, the National Insurance Act provided free GP care for all working men.
- In _____², the National Health Service (NHS) was formed, giving _____³ for the entire population.
- In the UK, there are about _____⁴ GPs working in _____⁵, surgeries.
- There are more GPs than all consultants in all specialties combined. Of all practices in the UK, about a _____⁶ are single-handed (one GP).
- Annually, over 250 million consultations take place, with 15% of the population seeing a GP in any two-week period.
- Each GP looks after around 2,000 patients on average, and will conduct about 7,000 consultations per year.
- GPs refer 14% of the population to hospital specialties, meaning that 86% of all health needs are managed within primary care.

- The average patient will visit their GP about four times a year, with 78% of people consulting their GP at least once during each year.
- Compared to 25% ten years ago, about 40% of the GP workforce in England is female.

Unit 5 p.38

- 1 Ask and answer questions with Student B to complete the chart for the same patient.
- 2 When you have finished, read the chart aloud to your partner. Make at least two deliberate mistakes as you read and see if your partner can spot them.

USEFUL EXPRESSIONS

... dated by ...
... signed by prescribed by ...
... for ... Not applicable

Patient Mr Andrew Marks	DOB _____ ¹	Hospital No 597311278	
Drug _____ ²	Date 18.05.09		
Route IM	Dose 50 mg	Start _____ ³	Time _____ ⁴
Max Frequency 4h	Max dose / 24hr _____ ⁵	Dose 50 mg	
Indications for use analgesic			Route IM
Signature B Doherty	Pharmacy	Given by _____ ⁶	

Unit 7 p.69

Part 1

Play the role of a doctor in A & E. Answer the phone call from an anxious parent (Student B), take the history, and explain in *non-technical language* the likely diagnosis and what to do next.

Part 2

- 1 Spend 3–5 minutes checking with other Student As that you understand the notes below.
- 2 Decide on seven technical words which you (as the patient) and the doctor should avoid in the role-play.

3 Pretend to be the parent of the child described below. Phone A & E (Student B). Answer the questions the doctor asks you, but remember that you are a parent. Give non-technical answers. If the doctor uses technical words, you should say: *Sorry, I don't understand what you mean.*

4 Use the checklist to give feedback on the technical words used.

You are Mr / Mrs Pembroke and you are very anxious about your one-year-old child.

Signs and symptoms:

- crying
- diarrhoea (the runs)
- watery stools (poo is watery)
- no blood (in the stool)
- not vomiting (throwing up / bringing up)
- started during the night
- first time this has happened
- no skin turgor (skin returns to normal when pinched)
- no sunken eyes
- no sunken fontanelle (skull is normal)
- nothing else apparently wrong
- weaned, so on dairy milk
- possetting?
- (doesn't know diarolyte -ORS)

Use your own knowledge and experience to help you as you role-play. As you are the parent, try to avoid using technical language. Ask the doctor to explain any technical language that he / she uses.

Unit 8 p.76

1 You are a patient. Tell the doctor (Student B) the information below, but only give the clarifying information when asked so that the doctor has to probe for it.

1 *I suppose I'm quite lazy really. I get up quite late.*

- usually after noon
- about 4 days a week
- never before 11 a.m.

2 *I eat fatty food now and again.*

- a few nights a week
- 3-4 nights a week
- fried meat
- bread
- eggs

3 *I can get a bit low at times.*

- most days
- every day in fact
- quite depressed
- in fact very depressed

4 *I don't get the pain that often.*

- maybe once a week or so
- actually once a week

5 *I've not felt like harming myself for a while now.*

- 2 or 3 weeks
- actually 2 weeks ago
- felt like this several times before

2 You are a doctor. Listen to what the patient (Student B) says, and then probe for more information.

Unit 8 p.79

1 You are 25-year-old Charlie Chadwell (M or F) presenting with a runny nose. You are a cocaine addict and wish to give up. Answer the doctor's (Student B's) questions.

2 You are a doctor. 30-year-old Andy (M) / Heather (F) Knox (Student B), presents with insomnia and depression. Take a brief history and suggest treatment options.

Unit 9 p.87

1 You are Mr / Mrs Brown, aged 47. You are anxious about financial problems. Use these words to tell the doctor (Student B) about your problem.

- 2 months
- anxious / worried / depressed
- frustrated
- family arguments
- wife / children unhappy
- loss of job
- loss of self-esteem
- tried another job, part-time work, didn't succeed
- age
- no specific skills
- want computer skills

2 You are a doctor. Listen to Mr / Mrs Green (Student B), aged 25, who has had thoughts of self-harm. Talk with the patient about the problem. Use the questions for self-harm in Patient care, page 87.

Unit 11 p.103

1 Spend several minutes thinking about the scenarios in each statement below. Underline the important words in each statement. The first one has been done for you. Think what you would expect for the answer.

- 1 I'm sorry I've lost the charts.
- 2 You seem to be getting on very well. Everything's running very smoothly.
- 3 I'm sorry for interrupting you, but could you tell me where I can find the blank drug charts?
- 4 Excuse me. You are very busy, I can see, but could you have a look at this patient for me?
- 5 How is it going? Everything okay? Not too overwhelmed?
- 6 Do you need any help in here?
- 7 Do you think I could possibly use your phone?

2 Work with Student B. Take turns saying your sentences in **1** and responding politely. Use the underlined words to try to *say* the sentences rather than just reading them. Use the responses in **2** on page 103 where possible, or make up your own polite responses.

Unit 12 p.111

1 Read these statements while Student B listens and takes notes about what is being said.

- 1 Dr Jones asked whether the patient drank or smoked.
- 2 The patient said she didn't do either.
- 3 Dr Jones asked if the patient had any special dietary requirements.
- 4 She said she could eat pork but not beef.
- 5 The doctor asked if she was able to do exercise during the pregnancy.
- 6 She said there was no problem as she went swimming every day.
- 7 The doctor advised her to avoid certain foods like blue and soft cheeses like Brie and Camembert.

2 Answer Student B's questions.

3 Listen while Student B reads seven statements. Take notes about what is being said.

4 Check any doubts about what Student B said: *Did the doctor ask...?* Mention any assumptions you made while listening and state what the extract was about.

Student B**Unit 1** p.9

You are:

Surname	Terence (M) or Tanya Becks
Sex	M / F
Address	255 Adelaide Drive Glasgow GA9 1VF
Ward	Steele Ward at 5 a.m. on 25th January 2008
Hospital No	378839127
DOB	23 03 55
Telephone number	0207 111 4731
Marital Status	Married
Occupation	Bank Manager
GP	Dr Legge
Complaint:	caffeine-induced palpitations heart beating very fast; worried me; started as was coming out of a café; double espresso – drink a lot of coffee; has happened before in the morning on way to work

Unit 2 p.14

- In 1911 the National Insurance Act provided free GP care for all working men.
- In 1948 the National Health Service, or NHS, was formed, giving free comprehensive care for the entire population.
- In the UK there are about 42,000 GPs working in 10,500 surgeries.
- There are more GPs than all consultants in all specialties combined. Of all practices in the UK, about a quarter are single-handed (one GP).
- Annually, over _____¹ consultations take place, with _____² % of the population seeing a GP in any two-week period.
- Each GP looks after around 2,000 patients on average, and will conduct about _____³ consultations per year.
- GPs refer _____⁴ % of the population to hospital specialties, meaning that 86% of all health needs are managed within primary care.
- The average patient will visit their GP about four times a year, with _____⁵ % of people consulting their GP at least once during each year.
- Compared to 25% ten years ago, about _____⁶ % of the GP workforce in England is female

Unit 2 p.19**Referral letter**

NHS Number 6784335792
Hospital Number 1017786S

22 August 2007

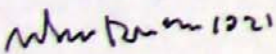
Dear Dr Ahmed,

Re David Hunt 17 May 1975(M)

18 Greencross Street, London SE17 2PD

This patient has complained of a rash which has erupted on a number of occasions in different parts of his body on and off for more than three months. Recently, he has also complained of bilateral intermittent nasal blockage, itchy nose and eyes, watery nasal discharge. The rashes have also decreased in frequency and duration, treated on occasion with antibiotics and OTC medication. This does not appear to be related to allergy to carpets, nor work or other common factors. The rash has responded to Piriton. The patient has had allergy sensitivity testing with no conclusive result. The patient spent several years in East Africa working as a teacher in his early 20s. The Africa connection may have some bearing and I would appreciate your opinion.

Yours sincerely,



Adrian Davidson (Dr)

Unit 5 p.38

- 1 Ask and answer questions with Student A to complete the chart for the same patient.
- 2 When you have finished, read the chart aloud to your partner. Make at least two deliberate mistakes as you read and see if your partner can spot them.

USEFUL EXPRESSIONS

... dated ...

... by ...

... signed by ...

... prescribed by ...

... for ...

Not applicable

Patient _____ 1	Dob 17.07.80	Hospital No _____ 2	
Drug Pethidine	Date 18.05.09		
Route _____ 3	Dose 50 mg	Start 17.05.09	Time 7.40
Max Frequency _____ 4	Max dose / 24hr n / a	Dose 50 mg	
Indications for use analgesic		Route _____ 5	
Signature _____ 6	Pharmacy	Given by S N Ahmed	

Unit 7 p.69**Part 1**

- 1 Spend 3–5 minutes checking with other Student Bs that you understand the notes below.
- 2 Decide on seven technical words which you as the patient should avoid in the role-play.
- 3 Pretend to be the parent of the child described below. Phone A & E (Student A). Answer the questions the doctor asks you, but remember that you are a parent. Give non-technical answers. If the doctor uses technical words, the patient should say: *Sorry, I don't understand what you mean.*
- 4 Use the checklist to give feedback on the technical words used.

You are Mr / Mrs Deng and you are very anxious about your six-month-old child.

Signs and symptoms:

- abdominal colic (pain in the tummy)
- spasms of pain in the tummy
- child draws knees to chest and screams
- pale
- attacks 10–15 minutes apart
- last 2–3 minutes and becoming more frequent
- vomiting
- no rectal bleeding
- started this morning

Part 2

Play the role of a doctor in A & E. Answer the phone call from an anxious parent (Student A), take the history, and explain in *non-technical language* the likely diagnosis and what to do next.

Use your own knowledge and experience to help you as you role-play. As you are the parent, try to avoid using technical language. Ask the doctor to explain any technical language that he/she uses.

Unit 8 p.76

- 1 You are a doctor. Listen to what the patient (Student A) says, and then probe for more information.
- 2 You are a patient. Tell the doctor (Student A) the information below, but only give the clarifying information when asked so that the doctor has to probe for it.
 - 1 *I don't smoke many cigarettes a day.*
 - about 20 or so
 - maybe more some days
 - 30
 - five days a week or so
 - 2 *I eat a normal breakfast, like everyone else, most days.*
 - black coffee and a slice of toast
 - 5–6 days a week
 - 3 *I'd have one or two snacks during the day.*
 - 2, sometimes 3 in the morning
 - the same in the afternoon
 - crisps
 - chocolate biscuits
 - sweets
 - 4 *I walk rather than take the car quite a lot.*
 - 2–3 times a week
 - walk to the shop
 - 100 metres away
 - 5 *My husband / wife can get on my nerves now and again.*
 - 3–4 times a week
 - maybe every day
 - nagging me to do things

Unit 8 p.79

- 1 You are a doctor. 25-year-old Charlie Chadwell (Student A), presents with a runny nose. S/he is a cocaine addict and wishes to give up. Take a brief history and suggest treatment options.

- 2 You are 30-year-old Andy (M) / Heather (F) Knox. You have been taking amphetamines and wish to give up, but have been suffering from insomnia and depression. Answer the doctor's (Student A's) questions.

Unit 9 p.87

- 1 You are a doctor. Listen to Mr / Mrs Brown (Student A), aged 47, who's got anxiety about financial problems. Following the advice of the reading on page 86, talk with him / her about these difficulties.
- 2 You are Mr / Mrs Green, aged 25. You have had thoughts of self-harm and thought about taking your own life, but you have not made any detailed plans. Use these ideas to tell the doctor (Student A) about your problem.
 - thoughts of self-harm
 - hesitant when speaking (e.g. *Er, ... no. Er, ... not really*)
 - no firm plans for harming self
 - last three or four days
 - anxious about exams
 - problems with friend / relationships
 - loss of confidence
 - angry with self and world
 - worried about failure
 - worried about the amount of studying
 - anxious about the future
 - only studying

Unit 11 p.103

- 1 Spend several minutes thinking about the scenarios in each statement below. Underline the important words in each statement. The first one has been done for you. Think what you would expect for the answer.
 - 1 Do you need any help with the paperwork before the consultant does his rounds?
 - 2 I'm sorry for butting in like this, but I need some help with a patient.
 - 3 Is it OK if I open this window? It's a bit stuffy in here.
 - 4 Would you mind if I switch off the equipment? I can't hear what's being said.
 - 5 It's suddenly turned very cold. I can't get warmed up.
 - 6 Can I give you a hand with preparing the trolley?
 - 7 Do you think I could possibly pop out for a few moments?
- 2 Work with Student A. Take turns saying your sentences in 1 and responding politely. Use the underlined words to try to *say* the sentences rather than just reading them. Use the responses in 2 on page 103 where possible, or make up your own polite responses.

Unit 12 p.111

- 1 Listen while Student A reads seven statements. Take notes about what is being said.
- 2 Check any doubts about what Student A said: *Did Dr Jones ask ... ?* Mention any assumptions you made while listening and state what the extract was about.
- 3 Read these statements while Student A listens and takes notes about what is being said.
 - 1 The nurse said that the patient, a 25-year-old male, was found staggering around the town centre late that night by the police.
 - 2 The doctor asked if he smelt of alcohol.
 - 3 The nurse confirmed that he didn't.
 - 4 The doctor asked if there was any record of similar incidences.
 - 5 The nurse said they had found a name in his wallet.
 - 6 The doctor asked if they had contacted the name in the wallet.
 - 7 The nurse has just received a call from anxious parents whose son went out hours ago to buy something and hasn't yet returned.
- 4 Answer Student A's questions.

Unit 3 p.26**Presenter feedback**

Tick the relevant box and give reasons for your decision.
Always use positive / constructive feedback first.

	Adequate	Good	Very Good	Excellent
Presentation				
Organization				
Fluency				
Clarity				

Speaking checklist

Unit 6	p.49
Unit 7	p.71
Unit 8	p.79
Unit 9	p.87
Unit 10	p.93
Unit 11	p.104
Unit 12	p.111

Date	Candidate:	
Criteria	Grade*	Comments
1		
2		
3		
4		
5		

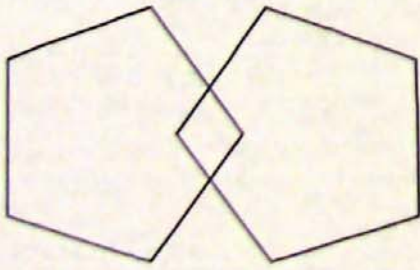
*Grades

- A Good
- B Satisfactory
- C Needs improvement

Unit 9 p.83

Mini-Mental State Examination (MMSE)

Give one point for each correct answers. A score higher than 28 indicates a normal mental state. A score of 25–27 is borderline and a score of less than 25 indicates dementia.

What day of the week is it?	1 point
What is the date today?	1 point
What is the month?	1 point
What is the year?	1 point
What season of the year is it?	1 point
What country are we in?	1 point
What town or city are we in?	1 point
What are the two main streets nearby?	1 point
What floor of the building are we on?	1 point
What is the name of this place?	1 point
Read the following and then offer the paper: 'I am going to give you a piece of paper. Take it in your right hand, fold it in half, and place it on your lap.'	1 point for each of three actions.
Show a pencil and ask what it is called.	1 point
Show a wristwatch and ask what it is called.	1 point
Say: 'Repeat after me. No ifs, ands, or buts.'	1 point
Say: 'Read what is written here and do what it says.' Show them a card which reads: 'CLOSE YOUR EYES.'	1 point
Say: 'Write a complete sentence on this sheet of paper.'	1 point
Say: 'Here is a drawing. Please copy it.'	1 point
	
Say: 'I am going to name three objects. When I have finished, repeat them back to me, and remember them as I am going to ask you to say them again in a few minutes. Apple, penny, table.'	1 point for each object repeated
Say: 'I want you to take 7 away from 100. Take 7 away from that number and keep subtracting until I say stop.'	1 point for each of 5 subtractions
What were the three objects I asked you to repeat (Apple, penny, table)?	1 point for each object repeated

Grammar reference

1 Asking short and gentle questions, Tenses in the presenting complaint

Asking short and gentle questions

There are two types of questions, *yes / no* questions and *wh-* questions.

yes / no questions

We use *yes / no* questions when we only need a simple *yes* or *no* answer.

Do you feel any pain in your abdomen?

= *Do / Does* + subject + infinitive

Other verbs, such as *be*, *have got*, and modal verbs don't use the auxiliary *do*.

Is the pain worse now?

= Present Simple of *be* + subject

Have you got your medication with you?

= Present Simple of *have* + subject + *got*

Can you feel your legs?

= *Can* + subject + infinitive

We can also begin a *yes / no* question with *Is it ...?* or *Is there ...?*

Is it difficult to raise your leg?

Is there anyone we can contact for you?

wh- questions

We use questions beginning with a question word when we want someone to give us more information. Often, these come after a *yes / no* question.

Question words include *what*, *which*, *who*, *when*, *where*, *why*, and *how*. The word *how* can be used in expressions such as *how long*, *how much*, and *how many*, and is used with a number of adjectives and adverbs.

How far can you extend your arm?

How well can you see?

The question words *what*, *which*, *how much*, and *how many* can be followed by a noun.

Which doctor did you speak to?

How much pain are you in?

The word order after the question word is the same as for *yes / no* questions.

Where does it hurt?

We also use *What ... like?* when we ask someone to describe something.

Note that we always use the verb *be*, and that *like* doesn't change.

What is the pain like?

NOT *What does the pain like?*

OR *What is the pain likes?*

Note that we can use *Can you tell me ...?* or *Can you describe ...?* to ask for more information. We would not expect a *yes* or *no* response.

After these expressions, we use the affirmative word order.

Can you tell me where it hurts?

NOT *Can you tell me where does it hurt?*

With both *yes / no* questions and *wh-* questions we use the Present Simple or Present Continuous to talk about the present situation. However, we use the Present Perfect or Present Perfect Continuous to talk about a situation that began in the past and which continues up to the present. It's important to remember that we don't use the Present Simple or Present Continuous to express this.

yes / no question: *Have you had these dizzy spells before?*

Have you been having difficulties with your breathing?

wh- question: *How long have you had these dizzy spells?*

How long have you been having difficulties with your breathing?

NOT *Do you have these dizzy spells before?*

NOT *How long are you having difficulties with your breathing?*

Tenses in the presenting complaint

Note the different timescales represented by the following tenses.

Present Simple

This tense is used to talk about

- + something that is true at the moment of speaking
I've got chest pains.
I feel better.

- ◆ something that is happening on a regular basis around now.
I get these headaches in the morning.
- ◆ a process.
*When I lean forward, the pain goes away.
The pain starts in my chest and moves up to my shoulder.*

Present Continuous

This tense is used to talk about:

- ◆ something that is happening at the moment of speaking.
*His blood pressure's rising.
I'm having difficulty breathing.*
- ◆ something that is happening around now, though not necessarily at the moment of speaking.
*Are you taking any medication?
I'm having chest pains.*
- ◆ something that has been arranged for a date in the near future.
I'm seeing a physiotherapist next Wednesday.

Note that we can use *have (got)* in the Present Simple and *have* in the Present Continuous to talk about something that we are experiencing either at the moment of speaking or around now.

However, the use of *have* in the Present Continuous to refer to the moment of speaking is more limited than in the Present Simple. It is generally restricted to expressions such as *have difficulty + -ing* form, *have something to eat*, and *have a shower*.

Compare:

MOMENT OF SPEAKING:
I've got a pain in my chest.

AROUND NOW:
I'm having pains in my chest.

Present Perfect

We use this tense to talk about a situation that begins in the past, and which either continues up to the present or is related to the present in some way. It does not tell us how slowly or how quickly something has happened, only that this is the way the situation stands now.

My headaches have decreased.

Present Perfect Continuous

We use this tense in a similar way to the Present Perfect, but the Continuous form describes a progressive change in a situation up to now.
My headaches have been decreasing.

2 Present Perfect and Past Simple

Present Perfect

Positive

I've had these pains before.

Subject + *has / have* + past participle

Negative

She hasn't seen a doctor.

Subject + *hasn't / haven't* + past participle

Questions

Have you felt sick today?

Has / Have + subject + past participle

We use the Present Perfect to talk about something that happened at any time in the past up to the present.

In the question form, we often use *ever*, which means *at any time in your life*. Note the position just before the past participle.

Has this ever happened before?

We use the negative form *never* in positive sentences. *Never* also goes before the past participle.

I've never had a headache like this one.

for / since

We often use *for* and *since* with the Present Perfect. Note the difference.

for + time period = how long a situation lasted

He's had a headache for five days.

since + specific point in time = when a situation started

I've been like this since Christmas Day.

Past Simple

Positive

The coughing **became** worse this morning.

Subject + Past Simple

Negative

The doctor **didn't** come.

Subject + *didn't* (*did not*) + infinitive

Questions

Did you **take** anything for the pain?

Did + subject + infinitive

Remember that *be* is irregular.

Positive

I / He / She / It was

You / We / They were

Questions

Was I / he / she / it?

Were you / we / they?

Negative

I / He / She / It wasn't

You / We / They weren't

We use the Past Simple to talk about something that happened at a specific point in the past.

It is very common to use time expressions with the Past Simple, for example:

at 10.00, this morning, yesterday, last week, and expressions with *ago*.

Note the position: *two minutes ago, three years ago*.

We can use *for* with the Past Simple, but not *since*.

I was in pain for hours.

NOT: *I was in pain since 10.00 this morning.*

Note that even without any time expression, the Past Simple always suggests a fixed period of time in the past, while the Present Perfect refers to a period of time leading up to the present.

Note the difference between:

Past Simple: *The coughing became worse.*

(= it's possible that it is now better)

Present Perfect: *The coughing has become worse.*
(= it's definitely worse now)

Therefore it is always helpful to establish a period of time when using the Past Simple.

3 Giving instructions, Explaining procedures, Making polite requests to patients and colleagues

Giving instructions

The most direct way of giving an instruction or order is the imperative.

Imperative

Positive

Listen.

Keep still.

Infinitive (+ complement)

Negative

Don't move.

Don't get out of bed.

Don't + infinitive (+ complement)

The full negative form *Do not* is more emphatic and is more common in signs and notices.

We can, however, use *always* and *never* + imperative to make an instruction stronger. Note that *always* and *never* refer to a general rule rather than an instruction that applies only on one occasion.

Always wash your hands.

Wash your hands.

It is common to use *Remember to* + infinitive and *Don't forget to* + infinitive in instructions.

Remember to complete the drug charts.

Don't forget to complete the drug charts.

One way to soften the effect of the imperative is to add *please*, either at the beginning or end of the instruction.

Don't get out of bed, please. / Please don't get out of bed.

Explaining procedures

When we want to explain a procedure, we put *you* before the imperative.

*You wash your hands and put on the gloves.
You don't need to put the instruments away yet.*

When describing any sequence of events, it is often clearer to use words such as *first*, *next*, *before*, *before that*, *after*, *after that*. Note the difference between *after* and *after that*.

*After you wash your hands, you put on your gloves.
First you wash your hands. After that, you put on your gloves.*

After refers forward to the next action while *after that* refers back to the previous action. This is important to understand in order to explain precisely the correct sequence of events.

Adverbs

Adverbs are necessary in order to describe how something is to be done.

Form

adjective + *-ly* smooth → smoothly
careful → carefully

adjective ending in *-e* + *-ly* gentle → gently

adjective ending in *-y* + *-ily* heavy → heavily

Examine him carefully.

Making polite requests to patients and colleagues

A simple way to make a positive imperative less direct is to add *for me, please* at the end.

Get undressed for me, please.

Other ways to sound less direct are:

- ✦ Add *just* at the beginning
Just flex your wrist.
- ✦ *Can / Could you (+ just) + infinitive*
Can you just flex your wrist?
- ✦ *If you can / could (+ just) + infinitive*
If you could just flex your wrist.

- ✦ *I'd like you to (+ just) infinitive*
I'd like you to flex your wrist.

It is possible to add *for me, please* to all of these requests.

I'd like you to just flex your wrist for me, please.

4 Explaining investigations/ procedures with the Present Passive and with *be going to* future

Explaining investigations/procedures with the Present Passive

Positive

A needle is attached to the syringe.

Subject + *am / is / are* + past participle

Negative

The patient isn't sedated for this procedure.

Subject + *'m not / isn't / aren't* + past participle

Questions

Is the syringe sterilized before that?

Am / Is / Are + subject + past participle

We can use the Present Passive to describe how a procedure is carried out. Whereas in the Active it is necessary to say who performs an action, the Passive avoids doing this. The Passive is preferred where the agent of the action is irrelevant, not known, or is understood.

If we do want to say who is performing an action, we add this information with *by*.

Compare:

The procedure is carried out under anaesthetic.

(= we are interested in how the procedure is carried out, not who is performing it)

The procedure is carried out by experienced doctors.

(= we are interested in who is performing the action)

Future Passive

The Passive can be used in tenses other than the Present Simple. When explaining procedures, we tend to use the Present Passive. However, we can also use the Future Passive to describe what will happen to a patient. Unlike the Present Passive, the Future Passive can be used when the subject of the Passive sentence is a person.

Positive

You'll be given a sedative.

Subject + 'll (will) + be + past participle

You'll be asked to sign a consent form.

Explaining procedures with *be going to* future

Positive

I am ('m) going to give the injection.

You / We / They are ('re) going to give the injection.

He / She / It is ('s) going to give the injection.

subject + am / are / is + going to + infinitive

Negative

I am not ('m not) going to give the injection.

You / We / They are not (aren't) going to give the injection.

He / She / It is not (isn't) going to give the injection.

subject + 'm not / aren't / isn't + going to + infinitive

Questions

Am I going to give the injection?

Are you / we / they going to give the injection?

Is he / she / it going to give the injection?

Am / Are / Is + subject + going to + infinitive

Short answers

Yes, I am.
you / we / they are.
he / she / it is.

No, I'm not.
you / we / they aren't.
he / she / it isn't.

We use *be going to* to talk about intentions, that is, when a course of action has been decided upon.

I'm going to take some fluid from your backbone.

We also use *be going to* when we can predict the outcome of a current situation.

You're going to feel a bit sore.

We can also use the expression *What we're going to do is (to)* to introduce an explanation. This helps focus the listener's attention.

What we're going to do is (to) have a look at your stomach with a bendy telescope.

Sometimes it is necessary to give a more involved or technical explanation. To do this, we often change to a more impersonal form. This involves using the Present Passive throughout the description and a linking device such as *What happens then / next is ...*

What happens then / next is (that) + procedure

The patient is sedated to induce drowsiness. A thin, flexible tube is passed into the stomach. What happens then is that a sample of the stomach lining is taken.

5 Phrasal verbs, Explaining side effects

Phrasal verbs

Phrasal verbs are very common in English. They consist of a verb + particle such as *in, on, at, out, down, up*. These combine to form a single meaning.

The meaning of the two words is not always obvious, for example *put off* - to postpone or delay

Some phrasal verbs have more than one meaning, e.g. *cut down*.

They've cut down the tree that was in the hospital car park.

You need to cut down on alcohol.

Some verbs combine with both an adverb and a

preposition, e.g. *get in touch with*, *look forward to*.

The same verb can be combined with a number of particles, e.g. *get into*, *get over*, *put up with*.

When a phrasal verb has an object, the object can go either before or after the adverb.

They're going to close the unit down.
They're going to close down the unit.

If the object is a pronoun, the pronoun always goes before the particle.

They're going to close it down.
 NOT *They're going to close down it.*

Note, however, that we generally put a long object after the particle.

We don't want to switch off the equipment that's keeping him alive.

Where a phrasal verb has no object, the verb and particle are never separated. Examples are *get up*, *get in touch (with)*, *stand out*.

He hasn't got in touch (with us) yet.
Nurse Graham came in about half an hour ago.

Prepositional verbs

In English, many verbs are followed by a preposition before the object, e.g. *look at*, *go in*, *listen to*, *ask for*.

Note that in prepositional verbs the preposition is never separated from the verb.

Could you look at these x-rays?
 NOT *Could you look these x-rays at?*

Explaining side effects

Can and *may* are both useful in explaining side effects, as both are used to express possibility. However, they have slightly different senses.

can / may

We use *can* and *may* to express greater or lesser degrees of certainty.

can + infinitive

When used either in the impersonal form or in the more direct *you* form, *can* relates to situations in general rather than to a specific instance.

This procedure can lead to partial paralysis.
You can get headaches with this medication.

Each of the sentences above expresses a theoretical outcome.

Another way to express a possibility more remotely is with expressions such as *not all people / some people / in some people / there are some people who*.

Not all people experience this side effect.
There are some people who sail through the treatment.

may + infinitive

To express a more distinct possibility to an individual we use the more direct *You + may*.

You may experience some swelling.

may not + infinitive

The negative form of *may* also conveys different degrees of certainty.

may not = *It is possible that something won't happen.*

You may not experience paralysis with this treatment.
 = *It is possible.*

Note that *may not* is only ever used in its full form.

NOT *It mayn't cause blurred vision.*

6 Encouraging patients and making suggestions

can / could / might

We use *can*, *could*, and *might* to make tentative suggestions.

We can / could / might try a different treatment.

You could give up smoking.
You might try taking up a sport.
You can cycle to work.

should / shouldn't, ought / oughtn't

Generally, these verbs are used in order to give advice. They express much stronger suggestions than *can*, *could*, and *might*, however, and *can* convey disapproval.

You ought to get more exercise.
You shouldn't eat so much red meat.

7 First and Second Conditionals

First Conditional

We use the First Conditional to talk about the realistic consequence of a potential situation.

If the pain gets any worse, you'll need to come back in.

If + subject + Present Simple, subject + will ('ll) + infinitive

= **if clause** = **main clause**

Remember that the verb in the *if* clause is always in the Present Simple or Present Continuous. We never use *will*.

NOT ~~If the pain will get any worse...~~

The verb in the main clause can be a modal instead of *will*.

If we prolong this treatment, his condition **might** actually deteriorate.

Second Conditional

We use the Second Conditional to talk about a consequence of a hypothetical situation.

If he had the operation, he'd feel much better.

If + subject + Past Simple, subject + *would* + infinitive

= **if clause** = **main clause**

Note that we never use *would* in the *if* clause.

NOT ~~If he would have the operation...~~

We can use the Past Continuous in the *if* clause. We can also use the subjunctive *were* instead of *was*.

If the baby *was* / *were* suffering from meningitis, she *would* be extremely ill.

When giving advice, we often begin with *If I were you*.

If I were you, I'd get a second opinion.

The verb in the main clause can be *could* or *might*.

If we operated on him, he **might** have a better chance.

Order of clauses

The *if* clause usually comes first, but it can come after the main clause. Note that we do not use a comma to separate the two clauses in this case.

You'll need to come back in if the pain gets any worse.
He'd feel much better if he had the operation.

8 Open and closed questions

We often use *yes / no* questions for closed questions and *wh-* questions to ask for further information.

<i>yes / no</i> question	<i>Are you in pain?</i>
<i>wh-</i> question	<i>Where does it hurt?</i>

We can use other expressions for open questions that encourage someone to describe a situation or experience more fully.

Tell me more about + object pronoun + complement
Tell me more about the medication you're taking.

Can / Could you describe ... + complement
Can / Could you describe how you're feeling?

How about / What about + complement
How about / What about your diet?

We can also use brief question forms that encourage open answers. We use these to follow up on a specific piece of information. We use expressions such as *Like ...?* / *How* + adjective or adverb.

A: *One of my moles has changed.*

B: *How much?*

A: *I keep seeing things in front of my eyes.*

B: *Like ...? / Like what?*

9 Past Simple and Past Perfect, Wishes and consequences in negotiations

Past Simple

Remember that we normally use the Past Simple to refer back to a point in the past. We often do this with time expressions.

He **started** working at the hospital a year ago.
The nurse **gave** him an injection.

Past Perfect

Positive

The patient **had** died during the night.

Subject + *had* + past participle

Negative

I **hadn't** finished my training.

Subject + *hadn't (had not)* + past participle

Questions

Had you taken the wrong dose?

Had + subject + past participle

We can combine the Past Simple with the Past Perfect to describe a situation that happened before a point in the past. We use the Past Perfect for what happened earlier.

The man was very ill. He had taken an overdose.
PAST SIMPLE PAST PERFECT

In the sentence above, the man took an overdose before he became ill.

Note that when one short action immediately follows another, we use the Past Simple.

I washed my hands and put on the gloves.

However, we can also use *when* + Past Perfect or *after* + Past Simple / Past Perfect.

When I had washed my hand, I put on the gloves.
After I washed / had washed my hands,
I put on the gloves.

We can use *when* or *by the time* before the Past Simple.

I had already left the ward when / by the time he arrived.

Be careful which tense you use *when* with, as it affects the order in which events happen. Compare:

When he arrived, I left. (= I left at the same time he arrived.)

When he arrived, I had left. (= I left before he arrived.)

Wishes and consequences

To express a wish we use *I wish* or *if only*. *If only* is more emphatic than *I wish*.

- *I wish* and *if only* are used with the Past Perfect to express a wish about the past.

I wish I had listened to you sooner.

If only the nurse hadn't made that error.

- We use *I wish* and *if only* with the Past Simple to express a wish for things to be different.

I wish we had more time.

If only the hospital was nearer.

- With the verb *be*, we can use the subjunctive *were* instead of *was*.

I wish the hospital were nearer.

If only I were more diplomatic.

- We use *would* + infinitive instead of the Past Simple when we express a wish for another person or agent to be different.

I wish you would listen to the patient more.

If only she would make a decision.

- We use *could* + infinitive to express a wish about an ability or opportunity.

I wish I could go home.

If only I could move my legs.

To express a supposition, we use several expressions. These are generally followed by subject + past tense verb.

Suppose ..., Let's suppose ..., Imagine ..., Let's say ..., What if ...

Suppose you had to call for help?

What if you were calling for help and nobody came?

All these expressions can be followed by *What would you do then?*

Imagine you had an accident. What would you do then?

10 Expressing likes, dislikes, and preferences

There are several ways of talking about things we like or don't like.

We use the following verbs to talk about our general preferences.

- *like, love, hate, can't bear* + *-ing* / infinitive with *to*.

She likes having her independence.

He can't bear to be interrupted when he's speaking.

- *enjoy, dislike, can't stand, detest* + *-ing* only

She enjoys talking to the other patients.

I detest staying on this ward.

- *prefer* + *-ing* or infinitive with *to*

I prefer being examined by a female doctor.

I prefer to be examined by a female doctor.

We use the following verbs to talk about preferences in a more specific situation. They are similar in meaning to *want* or *don't want*.

• **would like, would hate, would love + infinitive with to**

We often shorten *would* to 'd in the positive form. The negative and question forms of *would hate* and *would love* aren't used very frequently.

Would you like to see your father now?

I'd hate to cause any inconvenience.

She'd love to have more visitors.

• **would prefer + infinitive with to**

Would prefer suggests a choice between two or more options.

We'd prefer to operate sooner rather than later.

Would you prefer to have more time to think about it?
(= rather than to make a decision now)

The negative form is *would prefer + not + infinitive with to*.

I'd prefer not to be given any more drugs.

• **would rather + infinitive**

Would rather has exactly the same meaning as *would prefer*.

I'd rather have the operation now.

Would you rather rest for a while?

The negative form is *would rather + not + infinitive*.

She'd rather not give her consent.

11 Being polite

There are a number of expressions we can use for functions such as asking for permission, asking for help, or offering to help. The following are those that we use when wishing to be polite. It is generally true that more direct statements are considered impolite, e.g. *Give me ... or I need ...*.

Asking for permission

Is it OK if I + infinitive

Is it OK if I close the door?

Do you think I could (possibly) + infinitive

Do you think I could (possibly) take a look at your notes?

Would you mind if I + Past Simple

Would you mind if I took this book?

Asking for help

Could you help me, please?

Would you mind helping me, please?

We can extend this as follows, especially if you are interrupting someone who is busy. The expression *I'm sorry to disturb you* is quite formal.

I'm sorry to disturb you, but could you help me?

When we wish to interrupt someone in a less formal way, we can begin our request for help with *Excuse me*.

Excuse me, could you help me?

Another way of interrupting someone in order to ask for help is to acknowledge the interruption.

I can see that you're (very) busy, but ...

I can see that you're very busy, but could you answer this question for me?

Offering help

We sometimes need to be sensitive to people we know when offering to help, as they may feel that a criticism is implied. We therefore use a polite form even when we know the person quite well.

Would you like me to + infinitive

Would you like me to try for you?

12 Reported speech

Reporting statements

When reporting what someone has said, we make changes to the tense, as follows:

Tenses

Present Simple	→ Past Simple
Present Continuous	→ Past Continuous
Present Perfect	→ Past Perfect
Past Simple	→ Past Perfect
BUT Past Perfect	→ Past Perfect

Modal verbs

must	→ had to
can	→ could
will	→ would

When reporting a statement, we use a reporting verb such as *say*, *tell*, *explain*, or *advise*.

Present Simple

DIRECT SPEECH

'The treatment is quite radical,' said the doctor.

REPORTED SPEECH

The doctor said that the treatment was quite radical.

Present Continuous

DIRECT SPEECH

'Dr Smith is still doing her rounds,' said Nurse Jones.

REPORTED SPEECH

Nurse Jones said that Dr Smith was still doing her rounds.

Note that it may sometimes be necessary to change pronouns and adverbs of place and time.

Modal verb

DIRECT SPEECH

'I'll call you tomorrow,' said the nurse.

REPORTED SPEECH

She nurse said she would call him / her / me the next day.

Whether we need to make these changes depends on changes in the situation, i.e. if we are reporting something in a different place or at a different time. These are the changes that may need to be made.

PRONOUN	I	→ he / she
	my	→ his / her
PLACE	here	→ there, at the ...
TIME	now	→ then, at that time
	today	→ that day, on Wednesday, etc.
	yesterday	→ the day before, the previous day
	tomorrow	→ the next day, on Thursday, etc.
	this week	→ that week
	last week	→ the week before
	an hour ago	→ an hour before

Note that after *tell* and *advise* we must use an object pronoun, such as *me, her, him, us, etc.*

Present Perfect

DIRECT SPEECH

'I've never tried that before,' he told the nurse.

REPORTED SPEECH

He told the nurse that he had never tried that before.

Past Simple

DIRECT SPEECH

'I had an appendectomy when I was younger.'

REPORTED SPEECH

'He said that he had had an appendectomy when he was younger.'

Note that when a statement is still true when we're reporting it, we often don't need to change the tense of the main verb. When the statement has been made very recently, we often don't need to change the tense of the reporting verb.

DIRECT SPEECH

Mr Brown: 'I like being on this ward.'

REPORTED SPEECH

Mr Brown says he likes being on this ward.

Reporting questions

When reporting what someone has asked, we make changes to verb tenses and word order.

yes / no questions

When reporting a *yes / no* question, we use the reporting verb *ask* and change the tense of the main verb. However, note the structure *if + positive word order*.

DIRECT SPEECH

'Have you taken any medication?'

REPORTED SPEECH

The doctor asked if I had taken any medication.

DIRECT SPEECH

'Do you want to ask any questions?'

REPORTED SPEECH

She asked (me) if I wanted to ask any questions.

Wh- questions

When reporting a *wh-* question, we keep the question word, change the tense of the main verb, and use positive word order.

DIRECT SPEECH

'Where were you treated before, Mr Taylor?'

REPORTED SPEECH

She asked Mr Taylor where he'd been treated before.

Listening scripts

Unit 1

Listening 1

D = doctor, P = patient

D I'd like to check some information about your personal details, if I may.

P OK.

D Can you tell me what your family name is?

P It's Karlson.

D Karlson. And your first name?

P It's Dave.

D Any other names?

P My middle name's Ian.

D OK. That's male. And can you tell me what your address is?

P It's 3 Park View Mansions, Castlefield, Manchester, M6 7DE.

D When were you admitted?

P Yesterday, the 9th, at 2 p.m.

D OK. 9th of November 2008 at 2 p.m., Duncan Ward. And do you know your hospital number?

P Yes. It's here. It's 19733045.

D OK, er ... 33045.

D And what's your date of birth?

P 7-9-53.

D Your telephone number?

P 0166 405 7001.

D OK. Are you married or single?

P I'm single.

D Right. Single. What do you do for a living?

P I'm a postman.

D And lastly, who's your GP?

P Dr Jones.

D OK, Mr Karlson. Thank you.

Listening 2

D = doctor, P = patient

Exercise 1

1 **D** What's brought you here?

P My wrist is throbbing since I fell in the street.

2 **D** Can you tell me what seems to be bothering you?

P I've got a really sore throat.

3 **D** What's brought you here?

P I've been getting a kind of boring pain right here, which goes through to my back.

4 **D** Can you tell me what seems to be bothering you?

P Well, it feels a bit tender just here on my right side.

5 **D** Can you tell me what seems to be bothering you?

P I've got this gnawing kind of pain right about here in my stomach.

6 **D** What can we do for you?

P Well, I've got this sharp pain up and down my leg.

7 **D** What can we do for you?

P I feel as if there's a tight band squeezing all the way round my head.

8 **D** What's brought you here?

P I've got this crushing pain right here in my chest.

Exercise 5

1 It's just here around my belly button.

2 The pain is just here on my heel.

3 My wrist hurts.

4 It's just here below my ankle.

5 It feels as if my tummy is on fire.

Pronunciation

1 sternum, talus, carpus

2 clavicle, abdomen, tibia

3 patella, intestines

4 umbilicus, calcaneus, oesophagus

Listening 3

D = doctor, P = patient

D Good morning Mr Wood, I'm Dr Martin, one of the doctors in A & E. What's brought you here today?

P I've ... I've got this chest pain.

D And you seem to be having some trouble catching your breath.

P Y ... Yes.

D Would you like me to give you some painkillers before we go on?

P Yes, please.

D OK. We'll get some for you.

And I'll be as brief as I can.

P Thank you, doctor.

D Can you show me exactly where the pain is?

P I've been getting it right here in the centre of my chest.

D Right. I see. And how long've you had it?

P For the past hour.

D The past hour.

And is the pain constant?

P Yes. At the moment it's there all the time.

D And does it go anywhere else?

P At the moment, it's just here in the centre of my chest, but it was in my left shoulder before.

D Can you describe the pain for me?

P It's all over here. It's not a sharp pain. It's like a tightness, as if someone's squeezing my chest.

D And when did the pain start first?

P It came on first when I was bending over ... in the garden about two weeks ago ...

D It's OK. Take your time.

P And then I got this ... dull pain and I had shortness of breath.

D So it started with you bending over in the garden. And the shortness of breath started at the same time?

P Yes.

D Have you had this pain before?

P Not the pain in the chest, no. I had a pain in my left shoulder and arm when I was walking to work one morning about a month ago.

D OK. I see from the notes that you're a bus driver.

P Yes, that's right. Not the best of jobs to be starting at five on a frosty morning.

D No, definitely not. Did you do anything about the pain?

P I thought it was a touch of arthritis. There'd been a heavy frost, and I just rubbed some liniment into it.

D How long did it last?

P Off and on for about a week, and then I didn't think any more of it.

D OK. And have you felt sick at all?

P Yes.

D And have you been sick at all?

P No. I haven't brought anything up.

D OK. I'd like to ask you some questions ...

Unit 2

Pronunciation 1

1 practice manager

2 receptionist

3 general practitioner

4 midwife

5 district nurse

6 health visitor

7 practice nurse

Listening 1

My name is Dr Choudhary, and I am a GP working in an inner city area in London, just on the edge of the East End. I started work as a GP in this area over 20 years ago. In recent years many developments, both technological and social, have occurred, affecting the practice enormously.

I enjoyed my work here a lot at the beginning and I still do now. But there are many problems in an area like this, which you would not find in rural communities in this country or in my home country – India. The crime rates are high, which affects the morale of the patients we serve and ultimately the morale of the GP practice. The workload is heavier than in most rural districts, which sometimes puts potential GPs off moving into the area. However, I have always found the job very rewarding. Another feature of an inner city GP practice is that patients move around a lot. As regards compensation for working in deprived areas in the inner city, sometimes GPs receive extra payment.

Listening 2

D=doctor, P=patient

- D** Good morning, Mr Bloomfield. My name's Dr Dickson, I'm a locum GP standing in for Dr Wright. What can we do for you?
- P** I've been having some problems with my breathing.
- D** Mm-hmm. Can you tell me a little bit more about this?
- P** Well, I keep getting breathlessness and wheezing in my chest. It all started about three weeks ago, and I've been coughing a lot with it, some white phlegm. I thought it might be a cold coming on, but then after about another week I started finding it more and more difficult to catch my breath.
- D** Right, so you've had the wheezing and the breathlessness for roughly three weeks.
- P** Yes, give or take a day.
- D** And do you get these bouts of wheezing and shortness of breath every day?
- P** No, they come and go.

- D** How frequently do you get them?
- P** The first week there was only one I think, and then they started getting worse, three, four times a week. It's not being able to get my breath that's really worrying.
- D** And so the attacks, have they increased in the past two weeks?
- P** Yes. They're much more frequent.
- D** OK. When do the attacks come on?
- P** At any time, but they seem to be worse at night. And in the morning.
- D** Have you noticed any change in the severity of the attacks, especially in the morning?
- P** Yeah.
- D** Do they wake you up at night?
- P** About three times a week.
- D** I see. You been off work at all?
- P** No. But I nearly didn't go in yesterday.
- D** Was that the worst so far?
- P** Yeah.
- D** And have you had anything else with it?
- P** Erm, I've felt a bit tight across the chest.
- D** Any pain with it?
- P** No just tightness.
- D** Are you aware of anything that triggers the attacks?
- P** Erm, like what?
- D** Dust, feathers, new carpets?
- P** No, I can't really say I am.
- D** OK. Have you had any infections recently like flu or sore throat or chest infection?
- P** No. Not for a long time, except this.
- D** And what about medications? Are you taking anything?
- P** No.
- D** No aspirin?
- P** No.
- D** Are you doing any exercise, jogging for instance?
- P** No.
- D** What about pets? Do you have pets at home?
- P** Erm no, but my neighbours have a cat. But I don't see it that much.
- D** Everything OK at home?
- P** Yeah, things are fine.
- D** And what about work? I see you're a civil servant. Any stress or problems at work or anything like that?

- P** Mmm, work's been getting me down recently.
- D** In what way?
- P** Well, there's been a lot of changes going on and recently and I suppose I'm a bit anxious what with the mortgage and that.
- D** Mm-hmm. And this has been getting to you?
- P** Yes ... more and more.
- D** I see. And does the wheezing et cetera continue over the weekends?
- P** Erm, no. When I come to think about it, it doesn't.
- D** OK. Some general questions. Have you ever had anything like this before?
- P** No, never.
- D** Do you have other illnesses?
- P** Erm ...
- D** High blood pressure, diabetes or heart problems?
- P** No. Nothing like that. This is the first time I've been ill in my life.
- D** Has anyone in your family had anything similar?
- P** No. Not as far as I know.
- D** What about eczema? Anyone in your family with that?
- P** Both my sister and my mother have it.

Listening 3

D=doctor, P=patient

- D** OK. Do you smoke?
- P** No.
- D** You drink?
- P** Just socially. Maybe, a couple of beers a week, nothing more than that.
- D** Is your appetite OK?
- P** Yes, I never seem to have any problems on that score.
- D** Bowels OK?
- P** Yes.
- D** Waterworks OK?
- P** Yes.
- D** Sleeping OK?
- P** Yes.
- D** General health OK otherwise?
- P** Yes.
- D** I think we'd better have a look at you. Could just pop behind the screen and ...

Pronunciation 2

Exercise 1

D Is your appetite OK?

P Yes, I never seem to have any problems on that score.

D Bowels OK?

Exercise 2

1 Can you tell me a little bit more about this? (F)

2 Have you been eating properly? (F)

3 Your appetite OK? (R)

4 Are you sleeping OK? (R)

5 How frequently do you get them? (F)

6 Are you passing water a lot? (R)

7 You had any diarrhoea? (R)

8 Have you lost any weight? (R)

9 How long've you been living there? (F)

10 You been keeping well? (R)

Unit 3**Listening 1**

There are many things that will become obvious once you have done your first ward round, but I can give you a few tips that helped me on my first day. The first thing is: make sure you know the names of all your patients and where they are in the ward, as you want to demonstrate that you are familiar with your patients.

The next tip is always check with the bed managers if any patients have been moved and if so where to in order to avoid wasting time, especially the consultant's, running around looking for patients. Also make sure you have all the case-notes, X-rays, and so on on hand so that you can refer to them quickly. It is useful to invite a nurse who knows your patients to come on rounds with you, because they may be more knowledgeable about the patients on the ward than you are.

As regards the case histories and results, record them clearly and concisely; in that way you can access information easily.

Listening 2

1 Can you just bend your head slightly to the left? OK.

2 I'd like you to raise your arm above your head for me.

3 Now roll your sleeve above your elbow.

Yes. That's fine.

4 Would you just pop up on the couch for me? That's it.

5 Could you lean forward a little bit for me? Good. That's it.

6 If you could just move towards the edge of the couch. Yes. That's it.

7 Now I want you just turn over onto your tummy.

Listening 3

1 Can you just pop behind the screen and undress for me, please?

2 I need to examine your lower back, so if you could turn onto your tummy for me, please. Thank you.

3 Just cough for me. And again. That's fine.

4 I'd like you to stand up for me. Do you need any help getting up?

5 Could you just tilt your head to the left? Yes. That's it.

6 Can you make a tight fist for me? Fine.

7 I'd like you to keep nice and still for me, if you can. OK.

Unit 4**Pronunciation**

Exercise 3

1 endoscope

2 endoscopy

3 endoscopic

Exercise 4

1 endoscopy

2 proctoscope

3 gastroscopy

4 colposcopic

5 gastrectomy

6 proctoscopic

7 gastroscopic

Listening 1

Once the procedure is explained to the patient, advice is given about what preparation is required before it is carried out. The patient is asked to stop anti-acid therapy for two weeks beforehand if possible. For eating and drinking, the patient is advised to take nil by mouth for 8 hours before the procedure is done, but note that water up to 4 hours pre-op may be OK. As

regards driving, the patient is advised not to drive if sedation is involved in the procedure. A leaflet about the procedure is always given to the patient and follow-up is also ...

Listening 2

Exercise 1

D=doctor, P=patient

D I need to explain the procedure to you and get you to sign the consent form.

P OK.

D So we're going to do something called a gastroscopy. Do you know what that is?

P No, I don't. No.

D Well, what we are going to do is have a look at your gullet and your stomach to see what's going on there.

P OK.

D It's a routine procedure. What we are going to do first is to give you something to help you relax, and then we're going to numb your throat with a spray. Then, we are going to pass a bendy tube, which is no thicker than your little finger, down through your throat into your stomach. OK?

P I see.

D The tube will have a tiny camera on the end so that we can look at your stomach. And if we see anything there what we can do is take a tiny tissue sample.

P Right.

D We're also going to blow some air into your stomach to help us see a bit better, so you will feel a bit full and possibly want to belch.

P It sounds a bit scary.

D I agree it can ...

Listening 3

Exercise 3

1 It's a very **simple** procedure.

2 We're **just** going to take some fluid from your backbone.

3 You'll **just** feel slightly sore after the test.

4 All you'll feel is a **tiny** scratch, nothing more.

5 It'll take **ten** minutes.

6 It **only** takes a few minutes.

- 7 It's not a pleasant procedure.
8 You'll hardly feel anything.

Listening 4

D=doctor, P=patient

- D Now, I just have to go through some possible side effects of the gastroscopy, if that's OK with you.
P Yes, fine.
D First of all, I can assure you that in most cases the procedure is problem-free. But I have to point out to you some side effects so that you are aware of them before you sign the consent form. Is that OK?
P Yes, fine.
D Right. Well, some people can have a mild sore throat for a day or two after the procedure. And if you have been given something to make you drowsy, you may feel a bit tired afterwards as well. And some people can get a chest infection or pneumonia. But remember this does not mean that you will necessarily get these as well.
P OK. I hope not.
D And on the odd occasion, the endoscope can cause some bleeding or infection in the gut and can also puncture the gullet or stomach, but this happens very rarely.
P I see.
D Is there anything that you would like to ask me or go over again? Or are you OK with all this?

Unit 5

Listening 1

Let's see now, Mrs T Hawthorne, date of birth fourth February 1963, hospital number 1834572Z. She was prescribed Tramadol today – fifteenth October 2009, given intramuscularly, fifty milligrams, started on thirteenth October at eleven thirty. All OK. Mmm Maximum frequency every four hours, maximum dose six hundred milligrams. OK. To be administered as required intramuscularly and given by Senior Nurse Bond.

Listening 2

- D Good afternoon, Mr Johnson. My name is Dr Haward. How are you today?
P I'm fine, doctor.
D That's good. Well, ... I've got some good news for you. You've made very good progress and we're going to let you go home.
P Really?
D Yes. But before you go, there's just one or two things to do. I can see you're very pleased about going home.
P Well, I am.
D Well, we won't keep you long then. First, I'd just like to have a brief chat with you about your medication.
P OK.
D We're going to give you lots of tablets to take with you ... and make you rattle a bit.
P OK. I thought that might happen.
D Right. Now, if at any time you want to stop me and ask questions, feel free to do so. There's a lot of information to take in at one time.
P Yeah, fine.
D The first tablet, which I am sure you're familiar with, is this little white one, aspirin.
P Yeah.
D We're going to give you a very small dose of 75 milligrams. It's a much smaller dose than you'd normally buy over the counter. You take it by mouth once a day after a meal from now on.
P OK. Why do I need to take it?
D The aspirin will help you a lot, as it thins the blood and so helps to prevent further attacks.
P OK. That's good.
D Now as with everything we take there are some possible side effects.
P Mm-hmm?
D And I emphasize the word *possible*, as you may not get any of them. But I just have to point them out, so that you are aware of them and can do something about it if anything happens.
P OK.
D Sometimes, people get an upset stomach. Or aspirin can make the stools of some people dark and smelly, or it can cause bleeding like nose bleeds or shortness of breath. But

remember, I'm just pointing them out to you so that you're aware of them. Also look at the leaflet that comes with the tablets. If you do get anything, just get in touch with your GP. Is everything OK so far?

- P Yeah.
D OK. Would you like to go through everything and explain it to me?

Unit 6

Listening 1

D=doctor, P=patient

Conversation 1

- D What about work? Do you have any problems there?
P At the moment, yes. It's a bit stressful.
D And can you tell me a bit more about this?
P Well, I'd say it started about two months back. A colleague resigned and he wasn't replaced. So I'm kind of doing two jobs at the moment.

Conversation 2

- D Are your parents still alive and well?
P My mother is, but my father died 3 years ago.
D Do you know what the cause of death was?
P It was lung cancer.

Conversation 3

- D Do you smoke at all?
P Yes.
D How many do you smoke normally?
P I'd say about 20.
D When did you start smoking?
P I had my first cigarette when I was er fifteen.
D Fifteen. OK and have you ever stopped?
P Yes. Many times!
D When was the last time?
P I quit last year. But it only lasted a month.

Listening 2**D=doctor, P=patient**

D It isn't easy to lose weight, as there are so many ways to do it that people find it difficult to choose from them. And there are so many temptations as well. Have you tried to diet before?

P Yes, but none of them worked.

D What did you do?

P I've tried various diets like the Atkins diet and I've bought various commercial diets, but I found I couldn't stick to them.

D What do you think the problem is?

P I tend to snack a lot during the day with crisps and fizzy drinks and biscuits and sweets. Er... I'm sitting around a lot at work, and I've tried to cut out all these things, but it's impossible.

D It's difficult to break habits like this, but there are ways round it. Rather than cutting out everything suddenly, it's perhaps better to do it gradually. You could have diet cola instead of the normal cola, or better still fresh fruit juice, low fat crisps and introduce some fruit. The danger is trying to do everything at one time and then giving up. Then when you get used to it, you can make more changes.

P Maybe, I could give it a go.

D What about exercise?

P Well, I spend most of my day at a desk. When I was younger I used to swim and I did some yoga, but not anymore.

D We've all been a bit more active in the past. Have you thought of taking up swimming again?

P Yes. But it's time. After work, I'm too tired to do anything, and it's difficult to cut down eating, as it makes me irritable.

Pronunciation**Exercise 1**

- 1 Australian government
- 2 Australian government

Exercise 5

- 1 epidemic proportions
- 2 energy imbalance
- 3 lifestyle factors
- 4 cardiovascular disease
- 5 associated illnesses

6 Australian society

7 chronic disease

8 health surveys

Unit 7**Listening 1**

This brings me to an aspect of the training and job application process in New Zealand, which I initially found alien to my cultural background: talking about oneself, especially about strengths and weaknesses. A weakness I used to have was over-empathizing with the parents and becoming upset when something went wrong with one of the children. In the recent interview for my present post, I related a case where a child almost didn't recover from an attack of meningitis and I became very upset even in the presence of the mother. I mentioned how I recorded both the 'good' and 'bad' experiences as part of my daily reflection and how I talked to colleagues afterwards and soon realized that they had faced the same problems. I now see recording and analyzing my weakness in a more positive light as a means for self-education and advancement.

Listening 2**D=doctor, P=patient**

D Mrs Allen, from our examination, and from what you've told me, it doesn't really look like meningitis. But what he has got is a barking cough and a touch of fever. I think he's actually got croup.

P Mmm.

D You said he's had this once this year in the spring.

P Yes, around March I think, and I went to my GP then.

D What did he say it was then?

P The same as you, I think.

D Did you use steam the last time?

P A little.

D Well, if you use steam, it'll help to ease the cough.

P So you don't think it's meningitis?

D No. If it were, I'd expect him to be very unwell. He probably wouldn't be able

to run around the way he is, he'd maybe be a bit more listless.

P Mmm.

D And he'd maybe have a rash and, er, shy away from the light.

P I've seen on one of the posters that difficulty moving his head is related to meningitis.

D Ah. Yes, it is. But, Mrs Allen, if he had neck stiffness, he wouldn't be able to move about the way he is.

P I was just scared it might be something serious.

D Mmm. That's what every mother might feel in the circumstances, and you're very right to be cautious.

P Thank you, doctor.

D Keep an eye on him, and don't hesitate to contact your GP immediately or come and see us if there are any changes or if he starts crying in an odd way.

P OK. Thanks. I feel a bit more relaxed about it.

D Ah. Is there anything else you'd like to ask before I write ...?

Listening 3

In the end, I felt I handled the situation better than at the beginning. At first, I got the child's name wrong. I was very nervous and unsure of myself, as I didn't have time to look at the notes made by the nurse or talk to her; this is just down to bad organization. I felt the parents didn't like this, and it made them a bit edgy, but I recovered myself very quickly and as I became more confident in what I was doing, the parents became relaxed and the child became less agitated. I was very pleased because they thanked me for being sensitive and being gentle with the child. I could see they appreciated the fact that I made an effort to make them feel comfortable. While overall everything went well, I learnt quite a lot from this experience. I should be more patient and prepare myself before talking to a patient. If I were short of time again, I would speak to the nurse first and get the basic details right. It is in the end all about teamwork and respecting the contribution of colleagues.

Unit 8

Listening 1

Exercise 1

- 1 Can you tell me what quite a lot is for you?
- 2 So occasionally ... Can you tell me what you mean by that in days per week?
- 3 You said a couple. Could you tell me exactly how much that is for you? Two or three? Three or four?
- 4 When you say a 'weight problem', can you tell me what he said?
- 5 Do you want to tell me what has changed at work to make it so bad?

Pronunciation

D=doctor, P=patient

Exercise 2

- D Have you taken any **drugs**?
- P Mmm, I haven't taken any **prescribed** drugs.
- D What about **recreational** drugs?
- P No, ... at least not **recently**.
- D You have taken them in the **past**, then?

Exercise 3

- 1 I haven't taken any prescribed drugs.
- 2 I was in a **café** when the palpitations came on.
- 3 The **first** time I had the pain was on a cold morning.
- 4 My **work's** not giving me any problems at the moment.
- 5 My **partner** was standing near the child, but it was **me** that picked the child up.
- 6 Well, I have a **normal** breakfast like everyone else.
- 7 Well, I suppose, at the weekends I might have a **few** more.

Listening 2

D=doctor, P=patient

- 1 P I've been getting this pain just here.
D Tell me a little bit about it.
P Mmm it seems to come on just after I've eaten usually fried food or something. It starts here near my belly button and bores right through to my back. I've been getting it off and on over the past month or so.

2 P I've got this runny nose.

- D Can you tell me some more about this?
P I've had it for the past couple of months and I've taken everything there is from the chemist and nothing seems to work - cold, allergy tablets. I've had no other symptoms at all and I don't think it's a cold.
- 3 D What about at home?
P Everything there is just as bad. I have to look after two teenage boys as well as doing a full day's work. They're a real handful. I have to do the cooking, washing, ironing, everything, and get them off to school. There's no end to it.
- 4 D You have a dry cough. Can you tell me about it?
P I've had it for about the last ten days or so, and nothing I take seems to relieve it. I thought it might be the smoking. I used to smoke several years ago, but then I started up again in the past few months.
- 5 D I understand you've got a bad headache.
P Yes, doctor, I have.
D Can you describe it for me?
P It's really bad. I always get them here around my left eye. This one started about two days ago and I was just passing the hospital and I thought I'd just come in.

Unit 9

Listening

- 1 Mr Jones had the appearance of self-neglect. He did not appear to be paying attention to what was being said. He looked as if he had withdrawn completely from his surroundings and was preoccupied with his own thoughts with no eye contact whatsoever. He sat hugging himself during the interview. He did not interact much with the nurse nor look at anyone else. He left me feeling in quite a low mood myself.

- 2 Although Miss Egby is in her late 40s, she wears really bright clothes, which are suitable for someone much younger. When she was admitted she was in a highly elevated mood, hyperactive, and was awake all night. Her thoughts are all over the place. She did not appear to be aware of anything abnormal in her behaviour.
- 3 Mr Dickson was well-dressed, but looked very worried and anxious. He sat on the edge of the chair, was quite agitated, and couldn't sit still. He was fidgeting all the time and had very poor concentration, though he looked at me when he spoke and was spoken to. I felt safe with him, but a bit 'nervous' after the interview.

Pronunciation

- 1 After I'd learnt to take a detailed history from the patient, I...
- 2 Before I'd worked in psychiatry, I...
- 3 I had worked for five years in my own country in the field of psychiatry, before I...
- 4 I dealt with all the new patients as soon as I'd seen...
- 5 Once I'd completed my undergraduate degree, I...
- 6 I hadn't moved into psychiatry, because I...
- 7 When I had left my home country...

Unit 10

Listening 1

D=doctor, P=patient

- 1 D The situation looks rather serious. I am afraid.
P It's bad then.
D Yes, I'm sorry to say it is as we had feared.
P It's not what I wanted to hear, but I suppose I knew it all along. It's difficult to come to terms with it, but I just have to accept it.
D Would you like me to get you anything? A cup of tea?
P I'd rather have some water.

- 2 **D** The results of the test have come back. Would you like to have someone with you at the moment?
- P** No, not really. I'd rather you gave me the results on my own.
- D** I'm afraid the news is not good as good as we had hoped. It shows that the lump has got some harmful cells.
- P** I just can't believe this is happening to me; it's just not possible. There must be a mistake.
- D** It is not easy to come to terms with this, but I'm afraid the results are correct.
- 3 **D** How are you today?
- P** A bit anxious about the results, but otherwise OK.
- D** The results, I am sorry to say, are not good. It's as we feared.
- P** I'm completely devastated. What am I going to do? Who's going to look after the children?
- D** It is very upsetting. Would you like us to stop for a moment? Or can I get you anything?
- P** I'd like to be on my own for a little while if that's OK.

Listening 2

I asked one of the nurses to be present, as it was my first time doing this, and I thought I would be nervous, but my concern for the patient's wife was greater than my own fears. When I saw Mrs Mann she was sitting in the corridor, and I asked if we could go into a side room. I think she could tell from my manner that the news was not good. I introduced myself, and she immediately asked if the news was bad. I had prepared what I was going to say and her question threw me off-balance. I managed to compose myself and say that it was, and I was sorry to say that we had not been able to resuscitate her husband on the operating table and that he had passed away. She started to cry.

I waited a few seconds and asked her if she wanted to be alone or stop for a while. I also asked if she wanted Sister Jones or me to get something for her. I gave her a tissue. She asked if he had been in pain, but I said that he was pain-free when he died. He did not regain

consciousness. I asked if there were any relatives she would like us to contact or if she'd prefer to do so herself. She said she would like us to do it and asked if she could see the body. I told her it wasn't easy to come to terms with this and again that I was very sorry. She was very dignified and I felt quite upset by the experience.

Unit 11

Listening 1

- 1 I can see that you are very busy, but could you help me?
- 2 Do you think I could possibly borrow a pen?
- 3 I'm sorry I'm late. I got caught in the traffic. I should have left earlier.
- 4 Excuse me. I know you are busy but is there any chance that you could take some blood from some patients for me?
- 5 How's it going? Everything OK? Not too overwhelmed?
- 6 Oh, dear. Would you like me to give you a hand with those files?
- 7 I'm very sorry to have to ring you at this hour, but Mrs Jones has had a relapse.

Listening 2

C=Consultant, D=Doctor

- C** Hello. Dr McClaren here.
- D** Hello. It's Dr John Duncan in A&E.
- C** Yes?
- D** I'm really sorry to disturb you, but ...
- C** That's perfectly OK.
- D** Thank you. ... We have an emergency and I'm on my own, as someone's off sick.
- C** Tell me what's happened.
- D** A 25 year-old patient, Mrs Trench, has just come in with abdominal pain. She has had some vaginal bleeding and pain on passing water and defecation. There has also been some shoulder-tip pain.
- C** OK. Anything else?
- D** She's a bit faint and feeling nauseous with tenderness in the right iliac fossa. On examination, there was extreme guarding on touching the cervix.

- C** Have you been able to take any more of the history?
- D** Not really. She's in too much pain and her husband is very anxious. He thinks she's pregnant. Could you possibly come and see her?
- C** OK. I'm on my way.
- D** Many thanks.

Unit 12

Listening

- 1 Can I ask you how much you drink?
- 2 I think it would be better if you cut out all meat products.
- 3 It's Miss Palan, is it?
- 4 Is Friday OK for the next visit?
- 5 Congratulations on your new baby, Mrs Willetts.
- 6 How long have you been unemployed?
- 7 I know what it is you're going through.
- 8 Which ward is your bed in?

Pronunciation

- 1 Do you think / that it would be a good idea / to display posters / in all the clinics?
- 2 He suggested going for weekends away / so that people / could get to know each other.
- 3 He asked what time / the clinic normally opened / in the afternoon.
- 4 The patient wanted to know / whether she was able to book an interpreter / for her appointment.
- 5 Dr Wen denied taking the equipment / out of the ward / during the last shift.
- 6 I think you said earlier / that one way to promote diversity / is to hold lunchtime displays in the hospital / for patients and medical staff.
- 7 He apologized for the misunderstanding / and even bought me some flowers.

Glossary

Vowels

i:	needle
i	runny
ɪ	symptom
e	stress
æ	practice
ɑ:	heart
ɒ	body
ɔ:	ward

ʊ	book
u:	routine
u	immunize
ʌ	dull
ɜ:	nurse
ə	polite
eɪ	patient
əʊ	throat

aɪ	sign
aʊ	round
ɔɪ	avoid
ɪə	piercing
eə	careless
ʊə	reassure

Consonants

p	therapy
b	bandage
t	telescope
d	admit

f	clarify
v	vaccine
θ	strength
ð	withdraw

h	health
m	numb
n	backbone
ŋ	aching

achievement /ə'tʃi:vmənt/ *n* something that somebody has done successfully

aching /'eɪkɪŋ/ *adj* (of a pain) continuous and unpleasant but not particularly strong

admit /əd'mɪt/ *v* to receive somebody into hospital for medical treatment

affective disorders /ə'fektɪv dɪs,ɔ:dəz/ *n* types of mental illness in which a person has extreme moods and emotions, such as depression or mania

aggressive /ə'ɡresɪv/ *adj* angry, and behaving in a threatening way

annoyed /ə'nɔɪd/ *adj* slightly angry

anxiety /æŋ'zaɪəti/ *n* the state of feeling worried or nervous

anxious /æŋkʃəs/ *adj* feeling worried or nervous

apologize /ə'pɒlədʒaɪz/ *v* to say that you are sorry for doing something wrong or causing a problem

argumentative /,ɑ:gju'mentətɪv/ *adj* having the tendency to often argue with other people

assumption /ə'sʌmpʃn/ *n* something that you believe to be true even though you have no proof

attach /ə'tætʃ/ *v* to fasten or join one thing to another

avoid /ə'vɔɪd/ *v* to stay away from something; to try not to do something

awareness /ə'weənəs/ *n* knowledge or understanding of an issue or a situation

awkward /'ɔ:kwəd/ *adj* difficult to deal with

backbone /'bækboʊn/ *n* the spine

barriers (to prevention) /'bæriəz tə pri'venʃn/ *n* situations, ways of thinking, etc. that prevent people from behaving in a way that would reduce their risk of developing an illness in the future

bd /,bi:'di:/ *abbrev* two times a day. From the Latin phrase *bis (in) die*.

bendy /'bendɪ/ *adj* able to be bent easily

benefit /'benɪfɪt/ *n* the helpful and useful effect you receive from a medicine or treatment

binge /bɪndʒ/ *n* a short period of time when somebody does too much of a particular activity, especially eating or drinking alcohol

bleep /bli:p/ *v* to call somebody on their **bleeper** (= a small electronic device that you carry with you and which makes a sound when somebody is trying to contact you)

BMI (Body Mass Index) /'bi:em'ɑɪ/ /'bɒdi mæs'ɪndeks/ *n* a measurement that compares a person's height and weight in order to judge whether they weigh too much, too little, or an appropriate amount

body language /'bɒdi læŋgwɪdʒ/ *n* the way you place and move your body and what this shows about your thoughts and feelings

book /bʊk/ *v* to make an appointment to see somebody, for example a doctor or a nurse

boring /'bɔ:ɪŋ/ *adj* (of a pain) passing through one part of the body to another

bottle up /'bɒtlɪ'ʌp/ *v* to hide your feelings of anger, sadness, etc. from other people, over a long period of time

break down /breɪk'daʊn/ *v* to fail to continue

burning /'bɜ:nɪŋ/ *adj* very painful, similar to the feeling of touching something very hot

CAGE /keɪdʒ/ *n* a series of questions used to judge whether a person drinks too much alcohol. The name **CAGE** refers to some of the words used in these questions: **C**ut, **A**nnoyed, **G**uilt, **E**ye opener.

careless /'keələs/ *adj* not paying attention to or showing interest in what you are doing

clarify /'klærəfaɪ/ *v* to make something clearer or easier to understand

close /klaʊs/ *adj* very involved in the activities of somebody else and communicating with them regularly

- cognitive** /'kɒgnətɪv/ *adj* connected with mental processes of understanding
- cognitive behavioral therapy** /'kɒgnətɪv bɪ'hɛvjərəl θerəpi/ *n* a form of treatment for mental illness that attempts to treat the condition by changing the way a patient thinks and behaves
- colleague** /'kɒli:g/ *n* a person that you work with
- collective** /kə'lektɪv/ *adj* done or shared by all members of a group of people
- come and go** /kəm ən 'gəʊ/ *v* to be present for a short time and then go away
- come round** /kəm 'raʊnd/ *v* to become conscious again
- concentration** /kɒnsn'treɪʃn/ *n* the ability to direct all your attention on one thing
- consent** /kən'sent/ *n* permission from a patient for a doctor to do a particular medical procedure
- cooperate** /kəʊ'pəreɪt/ *v* to work together with another person in order to achieve something
- cooperation** /kəʊ'pə'reɪʃn/ *n* the act of working together to achieve a shared aim
- coping mechanisms** /'kəʊpɪŋ mekənɪzəmz/ *n* ways or methods for dealing with difficult situations
- critical** /'krɪtɪkl/ *adj* saying what you think is bad about a person or thing
- croup** /kru:p/ *n* a disease affecting children that makes them cough a lot and have difficulty breathing
- crushing** /'krʌʃɪŋ/ *adj* (of a pain) feeling that something is pressing down extremely hard on a particular area of your body
- culture** /'kʌltʃə(r)/ *n* the customs, beliefs, and way of life of a particular country or group
- defensive** /dɪ'fensɪv/ *adj* behaving in an angry or offended manner because you feel that people are criticizing you
- denial** /dɪ'naɪəl/ *n* a refusal to accept that something unpleasant or painful is true
- depression** /dɪ'preʃn/ *n* a medical condition in which a person feels very sad and anxious, with little energy or interest in life
- devise** /dɪ'vaɪz/ *v* to invent or create a new way of doing something
- diet** /'daɪət/ *n* 1 the food that a person usually eats and drinks each day
2 a reduced amount of food that a person eats because they want to lose weight; a time when a person only eats this reduced amount
- disbelief** /dɪsbr'i:li:f/ *n* an inability or a refusal to accept that something is real or true
- discriminate** /dɪ'skrɪmɪneɪt/ *v* to unfairly treat one person or group worse/better than another
- dislike** /dɪs'laɪk/ *v* to not like somebody or something
- distracted** /dɪ'stræktɪd/ *adj* unable to pay attention to something because you are thinking about something else
- district nurse** /dɪ'strɪkt 'nɜ:s/ *n* a nurse who works in a particular area and who visits patients in their homes
- diversity** /dɪ'vɜ:səti/ *n* the quality or fact of including a range of people of different race, class, religion, etc.
- donor card** /'dəʊnə kɑ:d/ *n* a small card that a person carries which gives permission for doctors to use parts of their body after their death
- drain** /drem/ *v* to remove liquid
- dull** /dʌl/ *adj* (of a pain) not very severe, but continuous
- ectomy** /'ektəmi/ *suffix* concerning the surgical removal of an organ or a part of the body
- efficient** /ɪ'fɪʃnt/ *adj* doing something well and thoroughly with no waste of time, money, or energy
- empathy** /'empəθi/ *n* the ability to understand another person's feelings
Note: The words **empathy** and **sympathy** are often confused.
- encourage** /ɪn'kʌrɪdʒ/ *v* to give somebody hope and support
- endoscope** /'endəskəʊp/ *n* a small camera on a long thin tube which can be put into a person's body in order to view the areas inside
- excruciating** /ɪk'skru:ʃɪeɪɪŋ/ *adj* (of a pain) extremely severe
- excuse me** /ɪk'skju:z mi/ *phrase* used politely to get somebody's attention, especially somebody you do not know
- exercise** /'eksəsaɪz/ *n* physical activity that you do to stay healthy or become stronger
- fade** /feɪd/ *v* to become very weak and die
- flamboyant** /flæm'bɔ:ənt/ *adj* (about a person) tending to attract attention because they dress or behave in an exciting or unusual way
- foolproof** /'fu:lpru:f/ *adj* (of a plan, method, etc.) certain to succeed
- g** /dʒi: *abbrev* gram
- gastroscopy** /'gæ'strɒskəpi/ *n* a medical examination of the stomach using an endoscope
- general practitioner** /'dʒenrəl præk'tɪʃənə(r)/ *n* a doctor who is trained in general medicine and who treats patients in a local community rather than at a hospital
- go over** /gəʊ 'əʊvə(r)/ *v* to explain something carefully, especially by repeating it
- good practice** /'gʊd 'præktɪs/ *n* a way of doing something that is a good example of how it should be done and which can be copied by other groups or organizations
- gripping** /'grɪpɪŋ/ *adj* (of a pain) feeling as if something is squeezing or holding a part of your body very hard
- guilty** /'gɪlti/ *adj* feeling ashamed because you feel that you have done something wrong
- habits** /'hæbɪts/ *n* actions or activities that you often do frequently, usually without thinking
- halal** /'hæləl/ *adj* (of meat) from an animal that has been killed according to Muslim law
- health visitor** /'heəlθ vɪzɪtə(r)/ *n* a trained nurse who visits people in their homes in order to give them advice on medical care, for example advising new parents on how to look after their baby

- hobbies** /'hɒbi:z/ *n* activities that you do for pleasure when you are not working
- honest** /'ɒnɪst/ *adj* always telling the truth
- I'd rather** /,aɪd 'rɑ:ðə(r)/ *phrase* I would prefer to
- ignore** /ɪg'no:ə(r)/ *v* to pay no attention to something
- IM** /,aɪ 'em/ *abbrev* intramuscular
- immunization** /,ɪmjʊnə'zeɪʃn/ *n* the action of protecting a person from a disease, usually by injecting them with a vaccine
- informed consent** /ɪn,fɔ:mɪd kən'sent/ *n* permission for a medical procedure that is given by a patient after the procedure has been explained by a doctor, nurse, etc.
- INH** /aɪ en 'eɪf/ *abbrev* by inhalation
- initial assessment** /ɪ'nɪʃl ə'sesmənt/ *n* the formal judgement of a doctor or a nurse concerning what illness a patient is suffering from and what is the best way to treat this, made after they interview the patient for the first time
- instrument** /'ɪnstɹəmənt/ *n* a tool or device used for a particular task, especially for delicate or scientific work
- intense** /ɪn'tens/ *adj* very great; very strong
- interrupt** /,ɪntə'rʌpt/ *v* to say or do something that makes somebody stop what they are saying or doing
- isolation** /,aɪsə'leɪʃn/ *n* the state or feeling of being alone or separate from other people
- IV** /aɪ 'vi:/ *abbrev* intravenous
- job application** /'dʒɒb ə'plɪ'keɪʃn/ *n* a formal, usually written, request for a job
- key** /ki:/ *adj* most important; essential
- kick** /kɪk/ *v* to stop doing something harmful that you have done for a long time, for example a bad habit
- kosher** /'kɒʃ(r)/ *adj* (of food) prepared according to the rules of Jewish law
- lifestyle** /'laɪfstaɪl/ *n* the way in which a person lives, for example the type of job they have or the type of hobbies they enjoy
- mania** /'meɪniə/ *n* a mental illness in which a person has extreme moods during which they become very active and highly excited
- Marie Curie nurse** /,mæri kjuəri 'nɜ:s/ *n* a type of nurse who takes care of people who are dying from illnesses such as cancer
- mark** /mɑ:k/ *v* to indicate the position of something, for example by drawing or writing on a person's skin in order to show where to insert a needle
- metaphysics** /,meta'fɪzɪks/ *n* the branch of philosophy that deals with the nature of existence, truth, and knowledge
- midwife** /'mɪdwaɪf/ *n* a person who is trained to help women give birth to babies
- mini-mental state examination** /,mɪni mentl steɪt ɪgzæmɪ'neɪʃn/ *n* a short test that is used to judge if a person has dementia (= a severe decline in mental functioning, usually due to old age)
- mini-targets** /,mɪni tɑ:ɡɪts/ *n* a small aim or objective that you try to achieve in the near future
- moderate** /'mɒdərət/ *adj* eating or drinking sensible amounts; not extreme
- motivate** /'mɒtɪveɪt/ *v* to make somebody want to do something that requires hard work or effort
- multicultural** /,mʌltɪ'kʌltʃərəl/ *adj* for or including people of several different races, religions, languages and traditions
- multidisciplinary** /,mʌltɪdɪsə'plɪnəri/ *adj* involving several different areas of medicine
- NEB** /en i: 'bi:/ *abbrev* by nebulizer
- non-judgemental** /'nɒn dʒʌdʒ'mentl/ *adj* (used about a person's attitude) not critical of other people
- non-verbal communication** /,nɒnvə:bəl kəmju:nɪ'keɪʃn/ *n* the expression of ideas and feelings without the use of words or speech
- not be yourself** /nɒt bi jɔ:'self/ *phrase* to not be in a normal state of body or mind
- numb** /nʌm/ *v* to make a part of your body unable to feel anything (= to make it numb); anaesthetize
- numbness** /'nʌmnəs/ *n* the inability to feel anything
- O/E** /əʊ i:/ *abbrev* on examination
- obesity** /əʊ'bi:səti/ *n* the condition of being very fat, in a way that is not healthy
- obtain** /əb'teɪn/ *v* to get something, such as **consent** from a patient for an operation
- od** /əʊ 'di:/ *abbrev* every day; once a day. From the Latin phrase *omni die*.
- offend** /ə'fend/ *v* to make somebody feel upset or angry because of something you say or do
- om** /əʊ 'em/ *abbrev* every morning. From the Latin phrase *omni mane*.
- on** /əʊ 'en/ *abbrev* every night. From the Latin phrase *omni nocte*.
- organ transplant** /'ɔ:gən trænsp'lɑ:nt/ *n* a medical operation in which a damaged organ, such as a heart or kidney, is replaced with one from another person
- oscopy** /'ɒskəpi/ *suffix* concerning the act of examining or viewing a part of the body
- ostomy** /'ɒstəmi/ *suffix* concerning the act of creating an opening in a part of the body
- overweight** /,əʊvə'weɪt/ **1** *adj* weighing more than is healthy
2 *n* the condition of weighing more than is healthy
- panic** /'pænɪk/ *n* a sudden feeling of great fear that makes you unable to think calmly
- partnership** /'pɑ:tnəʃɪp/ *n* a relationship between two people or two organizations who work together on a particular activity
- pass away** /pɑ:s ə'weɪ/ *v* to die. **Pass away** is used instead of the word *die* in order to avoid upsetting somebody
- patient** /'peɪʃnt/ *adj* able to wait for a long time or accept difficulties without becoming angry
- persistent** /pə'sɪstənt/ *adj* (of a pain) continuing for a long period of time without interruption or occurring regularly

- perspective** /pə'spektɪv/ *n* a particular view or way of thinking about something
- piercing** /'piəriŋ/ *adj* (of a pain) feeling as if a sharp object is being pushed into the body
- pinprick** /'pɪnprɪk/ *n* a short, mildly sharp sensation, similar to that produced by a pin when it breaks your skin
- PO** /pi: 'əʊ/ *abbrev* by mouth. From the Latin phrase *per os*.
- polite** /pə'laɪt/ *adj* having good manners and showing respect for the feelings of others
- politeness** /pə'laɪtnəs/ *n* the fact of having good manners and showing respect and consideration for the feelings of others
- pop** /pɒp/ *v* to go somewhere or put something somewhere quickly or for a short time. This verb is normally used with a word such as *up*, *off*, etc. ◇ *Pop up on the table, please.* ◇ *Could you please pop your clothes off.*
- PR** /pi: 'ɑ:(r)/ *abbrev* through the rectum. From the Latin phrase *per rectum*.
- practice** /'præktɪs/ *n* the place where a doctor of general medicine (= a general practitioner) advises and treats their patients; the work or business of a general practitioner
- practice manager** /'præktɪs mænɪdʒə(r)/ *n* the person who is in charge of running and organizing a practice, for example by managing the staff, dealing with financial matters, etc.
- practice nurse** /'præktɪs nɜːs/ *n* a nurse who works in a practice, and who performs routine medical procedures such as giving injections
- prefer** /pɪ'fɜː(r)/ *v* to like one thing or person better than another
- prepare** /pɪ'peəri/ *v* to make something ready to be used
- prn** /pi: 'ɑ:(r) 'en/ *abbrev* as needed; when required. From the Latin phrase *pro re nata*.
- procedure** /prə'siːdʒə(r)/ *n* a medical operation
- process** /'prəʊses/ *n* a series of things that are done in order to achieve a particular result
- prohibited** /prə'hɪbɪtɪd/ *adj* not allowed or permitted, especially by law
- prone** /prəʊn/ *adj* having the tendency to suffer from a particular illness or condition
- psychological** /saɪkə'lɒdʒɪkl/ *adj* connected with a person's mind and the way in which it works
- psychosis** /saɪ'kəʊsɪs/ *n* a serious mental illness in which the patient loses contact with reality, for example by hearing voices
- psychotherapy** /saɪkəʊ'θerəpi/ *n* the treatment of mental illness by talking with a patient rather than by giving them drugs
- qds** /kju: di: 'es/ *abbrev* four times each day. From the Latin phrase *quater die sumendus*.
- reassurance** /rɪ:ə'sʊərəns/ *n* the act of giving advice or help that removes a person's doubts or fears
- receptionist** /rɪ'sepʃənɪst/ *n* a person whose job is to deal with patients as they arrive at a doctor's practice, take appointments over the telephone, etc.
- referral letter** /rɪ'fɜːrəl letə(r)/ *n* a letter written by a doctor that directs their patient to another person in the medical service for further treatment
- reflection** /rɪ'fleksjən/ *n* careful thought about something, for example about your work or behaviour; a written record of these thoughts
- regretful** /rɪ'ɡretfl/ *adj* feeling sadness or disappointment because of something that you have done or not done
- reliable** /rɪ'laɪəbl/ *adj* able to be trusted to do something well; that you can rely on
- resignation** /rezɪ'neɪʃn/ *n* the state of having accepted an unpleasant situation because it cannot be changed
- respect** /rɪ'spekt/ *n* polite behaviour that shows that you consider someone important
- respectful** /rɪ'spektfl/ *adj* showing respect and consideration for other people
- responsibility** /rɪ'spɒnsə'bɪləti/ *n* a duty to deal with or take care of something, so that you may be blamed if something goes wrong
- restless** /restləs/ *adj* unable to stay still; moving continuously
- rewarding** /rɪ'wɔːdɪŋ/ *adj* (of an activity) satisfying because you think it is useful or important
- role** /rəʊl/ *n* the function or position of somebody or something in a group, an organization, a situation, etc.
- routine** /ru:'tiːn/ *n* the way you normally do things, especially when this follows a fixed order
- RTA** /ɑ: ti: 'es/ *abbrev* a road traffic accident, such as a car crash. This is also referred to as an RTI (= road traffic incident).
- run (a temperature)** /rʌn ə'temprətʃə(r)/ *v* (used about a person's body) to have a higher temperature than is normal due to illness
- runny (nose)** /'rʌni nəʊz/ *adj* producing a lot of liquid, for example when you have a cold
- sample** /'sɑːmpl/ *n* a small amount of material taken from the body and tested in order to obtain information about a patient's physical condition
- SC** /es 'si: / *abbrev* subcutaneous
- scalding** /skɑːldɪŋ/ *adj* (of a pain) very strong and giving a feeling of burning
- scenario** /sə'nɑːrɪəʊ/ *n* a possible situation, especially one that you imagine in order to discuss what you would do in that type of situation
- self-harm** /self 'hɑːm/ *n* the practice of deliberately injuring yourself, for example by cutting yourself
- sensitive** /sensətɪv/ *adj* aware of and able to understand other people and their feelings
- sensitivity** /sensə'tɪvətɪ/ *n* the ability to understand other people's feelings and taking care not to offend them
- settle into** /setl 'ɪntu/ *v* to begin to feel comfortable with a new way of life or a new way of doing things

- severe** /sɪ'viə(r)/ *adj* (of a pain) extremely bad or serious
- shock** /ʃɒk/ *n* a strong and unpleasant feeling of surprise as a result of an unexpected event
- shooting** /'ʃu:tiŋ/ *adj* (of a pain) used to describe a sudden sharp pain that moves quickly across an area of the body
- shy away from** /,ʃaɪ ə'wei frəm/ *v* to avoid something
- side effect** /'saɪd ɪ'fekt/ *n* an extra and usually bad effect that a treatment has on you, as well as curing illness or pain
- sign** /saɪn/ *n* a physical or mental feature of a particular illness that is observed by a doctor but which the patient is not aware of
- social** /'səʊʃəbl/ *adj* enjoying spending time with other people
- social drinker** /'səʊʃl/ *n* a person who drinks alcohol only when they meet other people in a bar, restaurant, etc.
- sore** /sɔ:(r)/ *adj* (of a part of the body) painful and tender
- spasmodic** /spæz mɒdɪk/ *adj* 1 (of a pain) caused by your muscles becoming tight in a way that you cannot control
2 (of a pain) happening suddenly for short periods of time; not regular or continuous
- spiritual** /'spɪrɪtʃuəl/ *adj* connected with the human spirit, rather than the body or physical things
- SpR** /es pi: 'ɑ:(r)/ *abbrev* specialist registrar. A senior doctor who works in a hospital and who is an expert in a particular area of medicine.
- stat** /stæt/ *abbrev* immediately. From the Latin phrase *statim*.
- stereotype** /'stɛrɪətaɪp/ *v* to form an opinion of a person based on fixed ideas about their class, race, etc. rather than considering that person as an individual
- sterilize** /'stɛrəlaɪz/ *v* to kill all the bacteria in or on something in order to make it clean
- stick to** /'stɪk tə/ *v* to continue doing something in spite of difficulties or problems
- strength** /streŋθ/ *n* a good quality or ability that a person has
- stress** /stress/ *n* anxiety or worry caused by pressure at work or problems in somebody's life
- support** /sə'pɔ:t/ *n* encouragement and help that you give to somebody or something
- sympathy** /'sɪmpəθi/ *n* a feeling of understanding for somebody; the act of showing that you understand and care about somebody's problems
Note: The words **empathy** and **sympathy** are often confused.
- symptom** /'sɪmptəm/ *n* a physical or mental change that is noticeable to a patient and which indicates that they may have a particular illness
- tactless** /'tæktləs/ *adj* saying or doing things that are likely to annoy or to upset other people
- take up** /teɪk 'ʌp/ *v* to start to do a new activity, such as a sport or hobby
- tds** /ti: di: 'ev/ *abbrev* three times each day. From the Latin phrase *ter die sumendus*.
- teamwork** /ti:mwɜ:k/ *n* the activity of working well together as a team
- teetotal** /ti: 'təʊtəl/ *adj* never drinking alcohol
- telescope** /'telɪskəʊp/ *n* a piece of medical equipment, consisting of a thin tube with lenses, that you look through in order to examine areas inside the body during an operation
- tender** /'tendə(r)/ *adj* (of a part of the body) painful when you touch it
- terminally ill** /'tɜ:mɪnəli ɪl/ *adj* suffering from an illness that cannot be cured and which will lead to death
- throat** /θrəʊt/ *n* a passage in the neck through which food and air pass on their way into the body; the front part of the neck
- thunderclap** /'θʌndəklæp/ *adj* (of a pain) sudden and very intense
- tip** /tɪp/ *n* a small piece of advice about something practical
- treatment options** /'tri:tmənt ɒpʃnz/ *n* the different methods of treating an illness that are available and offered to a patient
- TT** /ti: 'ti: / *abbrev* two tablets
- TTOs** /ti: ti: 'sɔ:z/ *abbrev* to take out. Medicines that a patient is given to take home with them when they leave hospital
- TWEAK** /twi:k/ *n* a series of questions used to judge whether a person drinks too much alcohol. The name **TWEAK** refers to some of the words used in these questions: **T**olerance, **W**orried, **E**ye-opener, **A**mnnesia, and **K**/Cut down
- upset** /ʌp'set/ *v* to make somebody feel unhappy, anxious, or annoyed
- vague** /veɪg/ *adj* 1 not clear or precise
2 (of a pain) mild; not very severe
- value** /'vælju:/ *v* to think that somebody/something is important
- visualization** /vɪʒʊəlaɪ'zeɪʃn/ *n* the act of seeing something
- ward round** /'wɜ:d raʊnd/ *n* a regular visit that is paid by a doctor or a group of doctors in a hospital to each of the patients in their care
- weakness** /'wi:knəs/ *n* a bad quality or lack of ability that a person has
- withdraw** /wɪð'drɔ:/ *v* to remove something from somewhere
- withdrawn** /wɪð'drɔ:n/ *adj* very quiet and not wanting to communicate with other people
- WR** /dʌblju: 'ɑ:(r)/ *abbrev* ward round

OXFORD

UNIVERSITY PRESS

Great Clarendon Street, Oxford OX2 6DP

Oxford University Press is a department of the University of Oxford. It furthers the University's objective of excellence in research, scholarship, and education by publishing worldwide in Oxford New York

Auckland Cape Town Dar es Salaam
Hong Kong Karachi Kuala Lumpur Madrid
Melbourne Mexico-City Nairobi New Delhi
Shanghai Taipei Toronto

With offices in

Argentina Austria Brazil Chile Czech Republic
France Greece Guatemala Hungary Italy Japan
Poland Portugal Singapore South Korea
Switzerland Thailand Turkey Ukraine Vietnam

OXFORD and OXFORD ENGLISH are registered trade marks of Oxford University Press in the UK and in certain other countries

© Oxford University Press 2009

The moral rights of the author have been asserted

Database right Oxford University Press (maker)

First published 2009

2013 2012 2011 2010 2009

10 9 8 7 6 5 4 3 2 1

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, without the prior permission in writing of Oxford University Press (with the sole exception of photocopying carried out under the conditions stated in the paragraph headed 'Photocopying'), or as expressly permitted by law, or under terms agreed with the appropriate reprographics rights organization. Enquiries concerning reproduction outside the scope of the above should be sent to the ELT Rights Department, Oxford University Press, at the address above

You must not circulate this book in any other binding or cover and you must impose this same condition on any acquirer

Photocopying

The Publisher grants permission for the photocopying of those pages marked 'photocopiable' according to the following conditions. Individual purchasers may make copies for their own use or for use by classes that they teach. School purchasers may make copies for use by staff and students, but this permission does not extend to additional schools or branches

Under no circumstances may any part of this book be photocopied for resale

Any websites referred to in this publication are in the public domain and their addresses are provided by Oxford University Press for information only. Oxford University Press disclaims any responsibility for the content

ISBN: 978 0 19 402300 9

Printed in China

ACKNOWLEDGEMENTS

Images sourced by: Pictureresearch.co.uk

Illustrations by: Mark Duffin p28; Melvyn Evans p80; Andrew Hammond/Illustration pp31, 34, 41, 102; Ian Moores pp6, 21, 22, 23, 25, 29; Tony Sigley pp5, 10, 20, 24, 45, 69, 76, 96, 98.

Cover image courtesy: Getty/LWA/The Image Bank Collection.

We would also like to thank the following for permission to reproduce the following photographs: AKG p82 (Reil); Alamy pp7 (doctor and patient/Bob Pardue), 8 (Robert Llewellyn/ImageState), 12 (health visitor/Sally and Richard Greenhill), 12 (district nurse in car/Chris Rout/Bubbles Photolibrary),

12 (GP with patient/David Levenson), 17 (sleeping rough/Mike Abrahams), 17 (children eating/Digital Vision), 18 (Dan Atkin), 23 (Paula Solloway), 36 (patient and pills/Bilderbox/INSADCO Photography), 44 (swimmer/Jupiterimages/Thinkstock), 48 (fruit and vegetables/Ed Young/AGStockUSA, Inc.), 48 (meat and fish/Arlo Co. Ltd), 48 (dairy/Comstock 15/Jupiterimages/Comstock Images), 48 (cakes/Hugh Threlfall), 49 (cup with cigarette butts/Marc Arundale), 50 (interviewer/Janine Wiedel Photolibrary), 59 (Dave Picard/Brownstock Inc.), 62 (Terry Vine/Blend Images), 66 (life support/RubberBall), 68 (Natrow Images), 69 (Mediscan/Medical-on-Line), 70 (doctor and baby/Jacky Chapman/Janine Wiedel Photolibrary), 71 (Jennie Hart), 73 (Ben Edwards/Corbis Premium RF), 75 (moodboard), 78 (Jose Luis Pelaez Inc/Blend Images), 79 (woman and mirror/Grantly Lynch/UK Stock Images Ltd), 88 (Tetra Images), 90 (a/Charles Mistral), 90 (c/Tetra Images), 90 (d/Olaf Doering), 90 (b/Sean Justice/Corbis Super RF), 91 (IS742/Image Source Black), 95 (Western funeral/John Angerson), 95 (Mexican Day of the Dead/Craig Lovell / Eagle Visions Photography), 95 (Balinese cremation/Peter Treanor), 95 (New Orleans funeral/Paul Harvard Evans), 95 (Cambodian funeral/Mireille Vautier), 100 (carer/Sam Tanner/Photofusion Picture Library), 100 (meeting/Stockbyte), 101 (RubberBall), 105 (Charles Gullung/Zefa RF), 108 (Hindu woman/Sebastian Green), 108 (British man/Ned Frisk/Blend Images), 110 (John and Amir/Jupiterimages/Comstock Images), 110 (Amir/Jupiterimages/Comstock Images), 110 (Ann and Lorenzo/UpperCut Images), 112 (Purestock); Axiom p106 (rave on Brighton beach/Timothy Allen); John Birdsall Social Issues Photo Library pp12 (practice nurse/John Birdsall), 12 (midwife/John Birdsall), 66 (child in hospital with parents and doctor/John Birdsall), 66 (boy in wheelchair consultation/John Birdsall); The BNF cover has been reproduced with permission of the Co-Publishers, BMJ Publishing Group and RPS Publishing, the publishing division of the Royal Pharmaceutical Society of Great Britain (readers should note that the BNF is regularly updated and that the current edition is available at www.bnf.org) p41; Corbis pp4 (shaking hands/Emma Rian/zefa), 4 (files/Scott Stulber), 4 (filling form/Artiga Photo), 7 (Dr Gillian Anderson/Somos Images), 9 (woman/Bloomimage), 12 (receptionist/Scott Stulberg), 16 (social drinking/Somos Images), 19 (Jose Luis Pelaez, Inc./Blend Images), 28 (procedure trolley/Leif Skoogfors), 30 (Dr Quinn/Jose Luis Pelaez, Inc.), 38 (New York hospital/Peter Morgan/Reuters), 39 (doctor/Steve Prezant), 67 (Visuals Unlimited), 74 (a/Rick Gomez), 74 (b)/H. Benser/zefa), 74 ((d)/Ted Horowitz), 74 ((f)/Robert Llewellyn/zefa), 99 (Randy Faris), 104 (happy group/Artiga Photo), 108 (Caribbean man/Pinto/zefa), 108 (Sikh man/Hugh Sitton/zefa); © Dr Michael A. Fenichel/www.fenichel.com p82 (Beck); Galos Caves p57 (www.galoscaves.com); Getty Images pp9 (man/Todd Pearson/Photodisc), 17 (smoking mother/Image Source), 26 (Somos/Veer), 33 (LWA/Riser), 36 (medicine bottle/Dorling Kindersley), 37 (Jose Luis Pelaez Inc/Blend Images), 38 (Joyce Carne/Siri Stafford/Riser), 39 (pills/Thomas Northcut/Photodisc), 40 (DreamPictures/Blend Images), 44 (snacking at work/A. Chederros/ONOKY), 44 (shopping basket of vegetables/Tetra Images), 44 (smoking/Matt Cardy), 44 (businessman/Patrick Ryan/Stone), 46 (Bermud Fuchs/First Light), 47 (Jose Luis Pelaez Inc/Blend Images), 49 (smoker/Nick Koudis/Photodisc), 53 (3D4Medical.com), 54 (Reza Estakhrian/Stone), 70 (baby/SAKistyle), 74 ((c)/Jon Feingersh/Blend Images), 74 ((e)/Oppenheim Bernhard/Stone), 79 (man with cold/Halfdark/Stop), 84 (Somos/Veer), 85 (Hulton Archive), 86 (Bill Reitzel/Photographer's Choice RR), 89 (Andersen Ross/Digital Vision), 94 (Doctor Stock/Science Faction), 103 (Paul Burns/Digital Vision), 106 (couple on beach/Celia Peterson/arabianEye), 106 (Chinese signs/Paul Souders/Riser), 106 (Indian food seller/Jochem D Wijnanders/The Image Bank), 106 (Guatemalan festival/Kim Steele/The Image Bank), 108 (Muslim woman/Tom Le Goff/Digital Vision), 108 (Jewish woman/Barbara Penoyer/Photodisc), 111 (Michael Ochs Archives); iStockphoto p48 (carbohydrates/Morgan Lane Photography); Photolibrary pp30 (backbone/Ralph Kerp/imagebroker.net), 44 (four people eating/Image Source); Punchstock pp4 (Blend Images), 17 (children eating/Digital Vision), 73 (Ben Edwards/Corbis Premium RF), 75 (moodboard), 90 (b/Sean Justice/Corbis Super RF), 100 (meeting/Stockbyte), 105 (Charles Gullung/Zefa RF), 110 (Gill and Ella/Jupiterimages/Brand X); Reuters p50 (overweight people/Lucas Jackson); Rex Features pp17 (cramped housing/Richard Jones), 82 (Freud/vervet Collection), 83 (Alix/Phanie), 87 (Con Tanasiuk/Design Pics Inc), 93 (woman/Phanie Agency), 96, 104 (phlebotomist/Phanie Agency); Science Photo Library pp4 (receptionist and computer/Gustoimages), 12 (manager in meeting/Jim Varney), 16 (doctor and patient/Mendi/Isipi), 32 (CNRJ), 66 (young child being carried from ambulance/Gustoimages), 66 (vaccination/Michael Donne), 72 (Eye of Science), 85 (ISM/Sovereign), 93 (mesothelioma/Zephyr); [BECC-DE12A9660E4743154/Ag... p28 \(London Standing Conference for Nurses, Midwives and Health Visitors\) p107; State Library of Victoria \(Australia\) The Herald and Weekly Times Ltd p12](http://www.uclh.nhs.uk/NR/rdonlyres/12C6BB7E-1C97-44FD-</p></div><div data-bbox=)

The author and publisher are grateful to those who have given permission to reproduce the following extracts and adaptations of copyright material: p18 Excerpt from pp222-223 from Oxford Handbook of General Practice edited by Saunders et al (2006). Reproduced by permission of Oxford University Press. pp80, 86 Excerpts from pp45, 332 from Oxford Handbook of Clinical Specialities 7e edited by Collier et al (2007). Reproduced by permission of Oxford University Press. p83 Excerpt from pp403 from Oxford Handbook for the Foundation program edited by Saunders et al (2007). Reproduced by permission of Oxford University Press. pp60, 87 Excerpts from pp45, 834 from Oxford Handbook of Psychiatry edited by Semple et al (2006). Reproduced by permission of Oxford University Press. p50 Extracts from Overweight and Obesity from Australian Social Trends 2007. www.abs.gov.au ABS data used with permission from the Australian Bureau of Statistics.

Although every effort has been made to trace and contact copyright holders before publication, this has not been possible in some cases. We apologize for any apparent infringement of copyright and if notified, the publisher will be pleased to rectify any errors or omissions at the earliest opportunity.

Sources: p13 Oxford Handbook of General Practice 2nd edition (2006); p15 100 Cases of Clinical Medicine Bates et al Arnold (2000) and Oxford Handbook Clinical Medicine 7th edition (2007); p15 Oxford Handbook for the Foundation Programme (2006) and Oxford Handbook Clinical Medicine 7th Edition (2007); p18 Oxford Handbook of General Practice 2nd edition (2006); p20 Oxford Handbook for the Foundation Programme (2006); p21 Oxford Handbook Clinical Medicine 7th edition (2007); p26 Oxford Handbook for the Foundation Programme (2006); p27 Oxford Handbook for the Foundation Programme (2006); p36 Oxford Handbook for the Foundation Programme (2006); p37 Oxford Handbook for the Foundation Programme (2006); p38 Oxford Handbook for the Foundation Programme Saunders et al (2006); p38 www.washingtonpost.com; p41 Oxford Handbook of General Practice 2nd edition (2006); p49 Oxford Handbook of General Practice 2nd edition (2006); p5 Oxford Handbook of Clinical Medicine 7th edition (2007); p52 www.washingtonpost.com; p53 www.spgh.org.uk; p54 www.foundationprogramme.nhs.uk; p56 www.washingtonpost.com; p58 www.ama-assn.org; p59 www.wired.com; p61 www.terminallines.com.uk; p62 www.vso.org.uk; p63 www.sterresources.worleypark.org; p69 Oxford Handbook of Clinical Medicine 7th edition (2007); p7 www.londondeanery.ac.uk; p79 Oxford Handbook of Clinical Medicine 7th edition (2007); p82 Oxford Handbook of Psychiatry (2006); p84 Oxford Handbook of Clinical Specialities 7th edition (2007); p91 www.macleodcare.org.uk; p94 Oxford Handbook of Palliative Care (2006); p100 www.foundationprogramme.nhs.uk; p103 www.phlebotomy.org; p108 Oxford Handbook of General Practice (2006); p112 Oxford Handbook of Palliative Care (2006).

Oxford University Press makes no representation, express or implied, that the drug dosages in this book are correct. Readers must therefore always check the product information and clinical procedures with the most up to date published product information and data sheets provided by the manufacturers and the most recent codes of conduct and safety regulations. The authors and publishers do not accept responsibility or legal liability for any errors in the text or for the misuse or misapplication of material in this work.

The author and publisher would like to thank the following people who assisted in the development of this title: Dr Mark Fenton MA (Oxon) PhD MRB MRCPsych Consultant Cardiologist, Kent and Canterbury Hospital, East Kent Hospitals Trust; Dean Wang, Escuela de Medicina, University of Vic, Spain.

Special thanks are also due to: Eileen Fleming (an excellent Grammar Referee); Ben Francis (author: Gloss's Website).

The author would like to thank the following people for their help: Tony Fitzgerald, Dr Adhikar Reddy, Dr Martin Longmore, Dr Geoff Norris, Karen Peter, Dr Peter Trafford.

The author would also like to thank the editorial and design teams of OUP for their considerable help: Luke Baxter, Peter Burgess, Mark Tiley-Watts, Suzanne Williams, Neil Wood and a special thank you to Helen Mackinnon for her patience and help, and to Lewis Randall whose guidance and insight has been immeasurable. I would also like to say a separate thank you to Bob McClelland for having faith.

MEDICINE ①

Available soon:



ISBN 978 019 456956 9

Also available:



ISBN 978 019 856837 7

‘Invaluable. It teaches us how to use words more effectively, and that helps us to become better doctors.’

Dr Murray Longmore,
BM BCh DRCOG MRCP
Co-author of the *Oxford Handbook of Clinical Medicine*

Oxford English for Careers is a new, up-to-date course where you learn what you need to know for a career in medicine.

- Learn the English you need to do the job
- Practise language in real work situations
- Learn the right vocabulary for speaking to patients and colleagues

MEDICINE ① gives you the language, information, and skills you need to start your career:

- *It's my job* – real people talk about their work in medicine
- *Patient care* – key interpersonal skills for patient-centred communication
- *Reading bank* – practice in reading for medicine
- Based on the communication skills for OSCE
- Reference to the *Oxford Handbook* series – authentic material from the world's best selling medical handbooks
- Online interactive exercises to revise and recycle language:
www.oup.com/elt/oefc

And for the teacher:

- The Teacher's Resource Book helps you *teach* English for medicine, so you can prepare your students to *work* in medicine
- Background introductions give you the specialist knowledge you need to teach the unit with confidence
- Handy tips give you clear explanations and advice
- Additional activities and unit-by-unit tests help you provide your students with extra practice and support
- Online resources including Listening scripts, Glossary, and further help on how to teach English for medicine:
www.oup.com/elt/teacher/oefc

Available now:

Medicine 1 Class CD

ISBN 978 019 4023030

Medicine 1 Teacher's Resource Book

ISBN 978 019 4023016

Your career in medicine starts here

... with *Oxford English for Careers*.

OXFORD
UNIVERSITY PRESS

www.oup.com/elt

