

OXFORD ENGLISH FOR CAREERS



MEDICINE¹

Sam McCarter

Teacher's Resource Book

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Introduction

Introduction

Medicine is aimed at preparing trained and trainee doctors, and trained nurses, who intend to get a job in medicine. It presents them with English from a wide variety of medical fields and situations, develops their communication skills, and provides them with background in major medical and care concepts. This Teacher's Book assumes that a teacher of English for medicine is unlikely to be a doctor, and information is given throughout to help with medical terminology.

Check up

This is designed as a warm-up activity to the unit. It usually consists of a number of pictures and often introduces key vocabulary or concepts. It should be used to get students to focus on the topic.

It's my job

These occur regularly and are all based on authentic interviews and sources. They are designed to be of interest to the students as they stand with only minimal tasks. Students will read about a variety of people in different medical environments and gain insight into the skills required.

General focus questions for 'It's my job' are: *What do you think his / her job involves? What skills and experience does he / she need? Would you like to do it?*

As an ongoing project, encourage the class to build up a portfolio of other 'It's my job' features. For example, if students have contact with someone who is fully qualified and works in medicine, they can write their own 'It's my job' article or interview, with photos.

Patient care

Increasingly in medicine, it is not enough to have technical skills, qualifications, and knowledge of the field. Doctors and nurses must also be skilled communicators – not only with fellow care professionals, but with patients and their family and friends – often about difficult or sensitive matters. They also need to be able to convey instructions to patients in a sympathetic but clear way, which can be extremely demanding. The Patient care feature gives students practice in these important 'soft skills'.

Top margin

This top part of the page contains facts, statistics, and quotes. These are optional extras and can be used to add variety and interest to your lessons, or provide additional material for strong students who are 'fast finishers'. Ways of exploitation include asking whether your students are surprised by the facts and statistics, or whether they agree, disagree, or can identify with the quotes.

There are also definitions for difficult words or phrases which are important to understand a text which appears on the same page.

Vocabulary

Students meet a large amount of vocabulary during the course. It is important to encourage good learning skills from the start, for example:

- organizing vocabulary into word sets and word groups rather than simple alphabetical lists
- understanding the context of vocabulary and whether it is a key word needed for production or for comprehension
- checking and learning the pronunciation of a word or phrase.

Language spot

This focuses on the grammar that is generated by the topic of the unit and concentrates on its practical application.

If your students need revision after completing the Language spot, direct them to the Grammar reference, which provides a handy check.

There is also one photocopiable Grammar test for each unit in this Teacher's Resource Book.

Listening, Reading, Speaking, Writing

These activities give realistic and communicative practice of language skills needed in medicine.

- In the listening activities students are exposed to situations related to medicine, including doctor-patient consultations, conversations with colleagues, and presentations. They also hear a variety of English accents, both native-speaker and non-native speaker.

- In the reading sections students meet a variety of medicine-based texts (see Reading bank).
- In the speaking sections, try to ensure use of English during activities, particularly those involving some discussion. Encourage this by teaching or revising any functional language students may need. The photocopiable activities in this Teacher's Resource Book also provide additional, freer discussion activities.
- Writing practice in the units is designed as consolidation and extension of the topic with structured, meaningful writing tasks.

Pronunciation

This practises aspects of pronunciation which are of maximum importance for intelligibility.

You can repeat the recordings in Pronunciation as often as you like until you and your students feel confident they have mastered a particular sound or feature.

Project

This encourages students to take an active role in the learning process, both in terms of their English language work and the subject of medicine itself.

Projects can be set as homework assignments, but it is worth spending time in class preparing students for the task. Students are usually required to use search engines such as www.google.com to find information, as well as websites dedicated to medical issues. Help can also be given by brainstorming some standard places where they can gather information.

Checklist

This allows students to check their own progress. You may want to get students to grade or assess how well they can perform each of the 'Can do' statements, e.g. 'easily', 'with difficulty', or 'not at all'. They can also test each other in pairs, by giving examples from the unit of each of the 'Can do' statements.

Key words

These are the main items of medical vocabulary introduced in the unit. A definition of each of these words appears in the Glossary. You should certainly check students' pronunciation, including the stress, of words likely to be used orally.

Useful reference

This section provides students with useful references to key medical handbooks where they can find further information on the topics discussed in the unit.

Reading bank

This is in the middle of the book and gives specific skills practice in reading. The ability to read and understand texts in English has never been more important in medicine than it is today with the amount of written information available on the internet, the majority of which is in English. The reading texts are accompanied by pre-reading tasks and comprehension questions. They can be used throughout the course, either in class, or as self-study or homework. There is also an Answer key in the Student's Book to encourage students to check their work.

Speaking activities

This section contains one or more parts of the information gap activities from Speaking in the main units (see Speaking).

Grammar reference

This can be used together with the Language spot, as a handy check or revision. It shows the form of a particular grammar point, briefly explains its use, and provides example sentences as well as indicating likely student errors.

Listening scripts

This is a complete transcript of all the recordings. Direct students to it for checking answers after they have completed a Listening task, or allow weaker students to read it as they listen to a particular recording, perhaps for a final time.

Glossary

This is an alphabetical list of all the Key words. Each word is followed by the pronunciation in phonetic script, the part of speech, and a definition in English.

The section begins with a phonetic chart, with an example word from medicine to illustrate each of the sounds.

Abbreviations

A list of common medical abbreviations is included at the end of this Teacher's Book for easy reference.

1 Presenting complaints

Background

Patients are vulnerable when they come into contact with medical professionals, so when taking a history, doctors and nurses need to learn to ask questions in a way that instils confidence in patients and elicits accurate information.

The case history begins with the presenting complaint (PC) and the recent history. Doctors have different ways of asking about the PC and probably stick to one or two of these. The tenses that are used in the recent history relate primarily to the present and recent past: the Present Perfect Continuous, the Present Continuous, the Present Simple, the Present Perfect. The Past Simple also occurs, of course, as will other tenses. It is as important for doctors to be able to use these tenses effectively at a simple level as it is for doctors to be able to understand patients when they use them. Any misunderstanding can affect the doctor's or nurse's ability to make the correct diagnosis. You will therefore have to balance accuracy with fluency, encouraging the latter without sacrificing the former.

It is said that 80 per cent of the diagnosis comes from taking the case history and the other 20 per cent from investigations and so on. So being able to ask simple polite questions using the word *Can*, being able to ask about

personal details, and questions relating to pain are the basic tools of any doctor or nurse.

In a patient-centred approach to history-taking, which is increasingly the focus of history-taking in the UK and in many other countries, the patient is at the heart of the health care provision. All care revolves around the patient, not the doctor. In this situation, taking a history is not just about asking the questions that a doctor or nurse feels they have to ask, but about relating the history to each patient as an individual, not as a hospital number. As your students go through this book, they will learn the skills to be able to become more patient-centred.

As the first step in helping your doctors and nurses to become more aware of the patient and of their own behaviour in the patient's eyes, a basic analysis of body language is introduced.

For your own further reading about asking questions read p. 4, 5, and 22 in *Oxford Handbook of Clinical Medicine* (Murray Longmore et al., 7th edition, OUP, 2007) and refer your students to the same pages. The handbooks are very accessible and useful source books for you and your students.

Useful reference: *Oxford Handbook of Clinical Medicine*, 7th edition, Longmore et al.

Check up

- Before students do the matching task in **1**, ask them to describe what is happening in each picture and to compare the scenes with similar situations in their own countries.
- Ask students to brainstorm answers to **2** in pairs or groups (e.g. inaccurate information could lead to giving the wrong treatment, performing the wrong operation, etc.). Collate the information on the board. Encourage students to give at least one reason for each answer. Follow on with an open class discussion for **3**. Set a time limit.

0π 1 a2 b3 c1 d4

* Tip

C/o = complaining of

Listening 1

Personal details

-  For **1** and **2**, ask students to look at the chart before listening and decide what possible mistakes could be made. Let them listen again to check their answers.

Additional activity

Ask students to ask you questions using gentle questions and / or a mixture of gentle and shorter questions as in the conversation in *Listening 1*. Make the names / numbers simple or difficult according to the level of your students. Ask them to write down the details and then compare them with a partner before you check the answers with the whole class.

* Tip

Look at the Listening script to see which type of questions the doctor asked. Experience will tell the students how to mix the more gentle and short questions. A 'safe' way is to start with the more gentle questions and then mix *What ...?* and short questions, ending with *Can ...?* But it all depends on the individual!

Additional activity

With the whole class, allow the students a chance to take a history from you. Start with a volunteer and then choose another student to follow on

* Tip

Your students will need to be able to use the questions relating to pain frequently and accurately. To help them remember, refer them to the mnemonic SOCRATES: site, onset, character, radiation, associations, timing, exacerbating and alleviating factors, severity. Ask them to work in pairs and do the following exercise or do it with the whole class. Say the letter S or 'site' and ask students to give you the appropriate question as quickly as possible. Try it again as a warmer in the next lesson and then several lessons later.

* Tip

Encourage students to learn two or three questions initially for the presenting complaint (PC) so that they do not mix them and make mistakes.

Additional activity

You can use a skeleton and attach the non-technical names for the various parts of the body, e.g. the ribs, the skull, the elbow, etc. by way of follow-up. Or ask students to draw an outline of the body and write the names against each part they know in pairs and then compare with other students. From this, make a master diagram labelled with the various parts of the body.

- For **3**, ask students to look at the Listening script on page 132. Make sure they write the answers down as they will use them in *Language Spot 1*. You can get them to use the headings on the chart to ask each other questions, using fictitious details if they wish.

1	1 Karlson	3 2 p.m.	5 7953	7 correct
	2 correct	4 19733045	6 correct	8 Dr Jones

Language spot

Asking short and gentle questions

- Students do **1-3** in pairs. Set a time limit of 10 minutes for **4**, and encourage any early finishers to do it again.

1 Possible answers

Can you tell me:

your family name / what your family name is?

your first name(s) / what your first name is?

your address / what your address is?

when you were admitted? the date you were admitted?

your hospital number / what your hospital number is?

your date of birth / what your date of birth is?

your telephone number / what your telephone number is?

whether you are married or single?

your job / what your job is/what you do for a living?

the name of your GP / who your GP is?

2 a *Where do you get the pain?*

b Does the pain spread anywhere else?

c Does it wake you up at night?

d Can you tell me what the pain is like?

e Can you describe the pain for me?

f How long have you had the pain?

g Is there anything which makes it worse / better?

h When did it start?

i Is there anything which brings it on?

j Is the pain constant?

k Have you had the pain before?

3 1f 2h 3c(d/e) 4i 5b 6d and e 7g 8a 9k 10j

Listening 2

Presenting complaints

- Students give their own answers to **1**, then complete **2-6**. Play the recording as necessary.

1 1f 2a 3d 4e 5g 6b 7c 8h

3 1 What's brought you here?

2 Can you tell me what seems to be bothering you?

3 What can we do for you?

4 Possible answers

What seems to be troubling you? What's troubling you? What brings you here? What's the problem? What's the matter? What can I do for you?

5 1e 2j 3g 4k 5d

6 a collar bone	e navel, belly-button	i shin bone
b gullet	f gut, bowels	j heel bone
c breast bone	g wrist (bone)	k ankle (bone)
d tummy, belly	h kneecap	

* Tip

Note American pronunciation and stress of *umbilicus*: /ˌʌmbɪl'ɪkəs/.

Pronunciation

Medical terms: word stress

- Ask students to complete **1** in pairs, then listen to check their answers. Follow on with **3**.
- Students can do **4** in pairs. The missing words are from **1**.
- For **5**, put students in groups of 3 or 4. Set a time limit of 10–15 minutes, but if the discussion is going well, allow it to continue. Make a list of points to correct or discuss at the end. When you have finished discussing any follow-up, do a quick check of pronunciation by pointing to parts of the body.

0π 1	1 sternum, talus, carpus	3 patella, intestines	
	2 clavicle, abdomen, tibia	4 umbilicus, calcaneus, oesophagus	
4	a calcaneus	d patella	f carpus
	b abdomen	e sternum	g umbilicus
	c oesophagus		

Additional activity

Put students into groups and ask each group to choose one of the conditions in **1** and describe how they would differentiate between this condition and something similar. Get them to discuss each chosen condition in turn. Set a time limit, but allow the discussion to continue if it looks as if it is developing well. Try not to interfere, and use the discussion to build your knowledge, which will increase your confidence. Give feedback on points like pronunciation, tenses, question formation, and vocabulary.

* Tip

Point out to students that, with regard to pain, what is considered mild by one person may be severe for another. There are many factors involved in assessing pain, such as age and culture; so *mild*, *severe*, and *very severe* are subjective interpretations.

Vocabulary

Describing pain

- Students may give more than one answer for **1** – the important thing is that they understand the correct meaning of the descriptive words. Allow them to justify their choices.
- Get students to do **2** in pairs and discuss how to differentiate between the different types of pain. They can do this by asking as many pain related questions as possible or by encouraging patients to talk about the pain following SOCRATES at the top of p. 7. See also *OHCM7*, p.22. Asking about the site of the pain, the nature of the pain, and whether it spreads anywhere else are the most obvious ways to differentiate between types. Students remain in pairs for **3** and **4**.

0π **1** 1c 2f 3e 4g 5h 6d 7i 8a 9b 10j

3 1M 2V 3V 4S 5V

The possible conditions described could be:

- 1 tension headache
- 2 sub-arachnoid haemorrhage
- 3 acute pancreatitis
- 4 appendicitis (or burst appendix)
- 5 degenerative arthritis

4 Example answer

You can ask the patient to compare it to the worst pain he/she has ever had.

It's my job

- Ask students to discuss **1** in pairs, then read the text, and complete **2**.

- Key 2**
- 1 The highly trained team ...
 - 2 Their work (the triage nurses, receptionists, etc.) is vital to the
 - 3 ... next of kin for contact (is taken) in case of emergency.
 - 4 5 ... the potential for confusion is great unless the data that are taken are accurate ...
 - 6 ... information is checked to make sure it is correct and that the patients can confirm their identity.

Listening 3

A presenting complaint

-  Get students to do **1** in pairs or small groups. For **2**, ask them to write notes while listening to the recording and then compare them with a partner or in groups. Let them listen again to check their notes. They will need to keep these to refer to in the *Speaking* exercises.

Key 1	100 / min	100 beats per minute
	BP	blood pressure
	mm / Hg	millimetres of mercury
	JVP	jugular venous pressure
	CVS	cardiovascular system
	NAD	no abnormality detected
	O / E	on examination
	CNS	central nervous system

* Tip

Set a time limit of 15–20 minutes for the *Speaking* exercise. Allow students to discuss freely without interfering and use the discussion to build your knowledge. Avoid answering questions at this stage and collect items for feedback.

* Tip

Use diagrams 1–4 to help explain the tenses. Often the tenses overlap, but the key point is a change of emphasis.

* Tip

Before your students start, remind them of the mnemonic SOCRATES and the questions relating to the presenting complaint. Encourage them to introduce themselves clearly.

* Tip

Encourage students to form discussion groups outside the class to discuss the exercises in the units and to do role-plays similar to the scenarios in the class or at work. If you can, provide a place in the institution where they study. The meeting can either be informal and at any time or formal at a particular time each week. The students could rotate the responsibility for organization.

Speaking

- Get students to discuss **1–4** freely in groups.

Key Possible answers

- 2** angina **4** administration of aspirin and oxygen; pain relief
3 Angina or myocardial infarction

Language spot

Tenses in the presenting complaint

- Ask students to match the statements and diagrams in **1**, then complete **2** with a partner.

Key 1 a1 b4 c1 d4 e1 f4 g2 h2 i3

- 2**
- 1 has been having
 - 2 Do you normally go
 - 3 has eased
 - 4 have been lying
 - 5 is getting / has been getting worse *Look at the diagrams. The Present Continuous emphasizes that the action is still happening around the time of the presenting complaint. The Present Perfect Continuous emphasizes that it has been happening before and around the presenting complaint.*
 - 6 am not taking
 - 7 Has / Does the pain spread *The Present Perfect relates to the time up to now and covers the recent history. The Present Simple covers the recent history and asks about each time the pain happens.*

Additional activity

After *Speaking* 3 and 4, ask students to explain to each other what they think the diagnosis is in each case and to give evidence from the patients' answers. Then allow a whole-class discussion at the end about the diagnosis and possible examples of cases – but emphasize the confidentiality of the patient. Set a time limit, but allow the discussion to continue if necessary.

* Tip

Do not be afraid to allow free talking here and do not worry about not knowing the medical detail. Concentrate on the language and pick up a few relevant details to feed back on. Never be afraid of saying you don't know the answer. The students will respect you for it.

Additional activity

By way of revision, ask students in pairs to role-play one of the scenarios from the unit again. Ask them to concentrate on their own and the patient's body language. If you have access to a camera, video some of the role-plays and play them back with and without the sound; concentrate on the body language only. You may find the students will want to do the role-play again.

Additional activity

You can turn the internet research into a project by putting students into groups and asking them in the class or at home to collect information. Ask for volunteers to present the information to the class with or without visuals.

Additional activity

As a quick check of your students' ability to make questions, ask them in pairs or as a class to make a verbal list of the questions asked, using the text in *Writing* 1.

Speaking

- Ask students to work in pairs for 1 and 2. In 2, questions relating to pain need to be asked for both notes, as well as questions relating to general, family, and social history, and to diet and drinking habits. Students remain in pairs for 3 and 4.

- Key 1 a Possible diagnosis: acute pancreatitis, gastritis, duodenitis, peptic ulcer
b Possible diagnosis: (acute) appendicitis, cholecystitis, gallstones, ureteric colic

Culture project

- Before students do 1, ask them to explain in their own words what they think is happening. This can be done as a group or pair work exercise. Explain how body language can mean more than one thing and how it can be open to misinterpretation, even within cultures. Refer students to Reading 8 in the *Reading bank*, 'What a half-smile really means'.
- Ask each group to produce a list for 2 and then together make a class list. As 3 requires computer access, you can set it as homework and ask students to feed back at the beginning of the next lesson by way of revision.

- Key 1 1 a 2 3 4 5 6 7
- 3 1 Every area of life where people communicate with each other, for example business, diplomatic service, teaching, counselling, shops, buying and selling, etc.
2 It is an approach which means that the doctor needs to deal with the patient as a person, rather than just the illness, giving them the opportunity to speak and make decisions about their treatment. The doctor needs to be able to interpret the patient's body language and mood, not just their illness.
3 The Calgary Cambridge method is a patient-centred approach to communicating. It teaches tools such as asking open questions, dealing with patients' concerns and expectations, and non-verbal communication such as body language.

Writing

A case report

- Students do 1 and 2 alone or in pairs.

- Key 1 1 presented 3 radiated 5 smoked 7 worked
2 was 4 had 6 was
- 2 On examination, he was sweaty, but no abnormalities were found in the cardiovascular or respiratory systems. His blood pressure was 138 / 82 and his pulse rate was 110 / min regular. He was given analgesia and streptokinase intravenously and his beta blockers were continued. His pain settled and after two days he began to mobilize.

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

2 Working in general practice

Background

In the UK, private health care provision exists, but most people are treated within the National Health Service (NHS), which provides free health care. Primary care within the NHS is provided by general practitioners (GPs) who work in practices / clinics called *surgeries*. Secondary care is provided by hospitals. The general doctors who work in hospitals are called *general physicians*. Most people in the UK are registered with a GP. There are just over 40,000 GPs in the UK and about 250 million consultations every year. (See pairwork activities on Student's Book pp.114 and 116 for more facts about GPs in the UK.)

In some GP practices there is only one GP, but this is increasingly rare as many now work in teams with other GPs and health professionals like practice nurses, district nurses, and midwives.

GPs diagnose illness, treat minor illness within the community, promote better health, prevent disease, certify disease, monitor chronic disease, and refer patients who need specialist attention or tests to a hospital. General practice is the primary point of access to health care services.

Although 80% of patients have seen their GP within the last year, only 13% are referred for hospital care. In order to do this GPs must:

- have a working knowledge of the whole breadth of medicine
- maintain ongoing relationships with their patients – they are the only doctors to remain with their patients through sickness and health
- focus on patients' response to illness rather than the illness itself, taking account of personality, family patterns, and the effect of these on the presentation of symptoms
- be interested in the ecology (i.e. the science of organisms as affected by their environments) of health and illness within communities and the cultural determinants of health beliefs
- be able to draw on a far wider range of resources than are taught in medical school, including intuition, knowledge of medicine, communication skills, business skills, and human empathy.

There are three commonly-used definitions of general practice covering many of the points in the list above: Leeuwenhorst 1974, McWhinney 1997, Olesen 2000. For further information on these see p.3 of the *Oxford Handbook of General Practice* (Chantal Simon et al, 2nd edition, OUP, 2006) and for more general background on the work of GPs in the UK see pp.1–98 of the same publication. Useful reference: *Oxford Handbook of General Practice*, 2nd edition, Simon et al.

Additional activity

(weaker students)

After **2**, get students in their pairs to close their books and ask each other questions about the differences between the jobs discussed, e.g. *What does a health visitor do?*

* Tip

Ask students to compare procedures between countries they have knowledge of. For example, here they could discuss the relative functions of medical personnel in hospitals / clinics in their own countries.

Check up

- Ask students to work in pairs and discuss the pictures in **1** and the questions in **2**. This could also form a class discussion.

Vocabulary

Medical jobs

- Ask students to match the job titles to the pictures, and complete the sentences in **2**, making sure they use the plural where necessary. They can then do **3** as a pair or group exercise, or discuss as a class.

1	1f	2a	3g	4d	5e	6b	7c
2	1	practice manager				5	practice nurse
	2	Health visitors				6	midwife
	3	Receptionists				7	District nurses
	4	general practitioner					

* Tip

General /'dʒenərəl/ is often pronounced as a two-syllable word: /'dʒenrəl/. Note also the difference in emphasis between *district nurse* and *practice nurse*.

Additional activity

Encourage students to ask each other questions and to develop the conversation by explaining, giving reasons and examples. Time limits exercises like this, but allow some freedom for them to develop. Let students ask you questions – but you don't have to reveal the truth about yourself.

* Tip

If necessary, get students to look back at the questions in Unit 1 *Language Spot*.

* Tip

Vary the activity by putting students into groups and asking them to make a list of their ideas on a flip chart or a computer. Tell groups to appoint one person to feed back to the whole class.

Pronunciation 1

Main stress

-  In **1**, ask students to listen and identify the main stress.
- Ask students to discuss **2** and **3** in groups, then feed back their answers to the class. The best answer is probably that they are all equally important, as the team would not work without everybody performing their respective tasks!

•  1 <u>practice</u> manager (●●●●)	5 <u>district</u> nurse (●●●)
2 <u>receptionist</u> (●●●)	6 <u>health</u> visitor (●●●)
3 <u>general</u> practitioner (●●●●)	7 <u>practice</u> nurse (●●●)
4 <u>midwife</u> (●●)	

Listening 1

A GP's job

-  Ask students to do **1** individually, then discuss **2** in pairs and feed back to the whole class.

•  1T 2F 3F 4T 5F

Language spot

Present Perfect and Past Simple

- Students can do **1** on their own and compare their answers with a partner or work in pairs.
- Ask students to work in pairs for **2** and ask each other questions, using *Have ...* and *What ...* etc, giving as full answers as they can. Then ask them to make a list of questions for **3**. You could then create a master list which the whole class can refer to when doing the role play in **4**.

-  **1**
- 1 The coughing started five days ago and it has been so bad it has woken me up every night.
 - 2 When did the attacks first come on?
 - 3 Has anything made it worse since it started?
 - 4 He has never taken any medication in his life.
 - 5 What happened when you were near animals as a child?
 - 6 My father died over 20 years ago.
 - 7 Did you get these problems every day when you lived in Africa?
 - 8 Have you ever had coughing attacks like this before?
 - 9 Has anyone in your family ever had an illness like this as far as you are aware?

Speaking

- Students do **1** in pairs and remain in pairs for the discussions in **2**. Get them to feed back to the whole class, allowing as many students as possible a chance to speak. Encourage students to talk to each other rather than just to address you as the teacher.

Student A:		Student B:	
1	1911	4	42,000
2	1948	5	10,500
3	free comprehensive care	6	quarter
		1	250 million
		4	14
		2	15
		5	78
		3	7,000
		6	40

Additional activity

Asks your students to research information about asthma, COPD, and pulmonary oedema the day before you do *Listening 2* in class. Give them the references for the Oxford Handbooks listed in the answer key to *Listening 2*, exercise 3, or ask them to search on the internet.

* Tip

Appoint someone from each group to feed back their answers to the whole class.

* Tip

COPD = chronic obstructive pulmonary disease

PEFR = peak expiratory flow rate

FBC = full blood count

U&E = urea and electrolytes

CRP = C-reactive protein

ABG = arterial blood gas

* Tip

Students need to be careful when they ask about serious illnesses like malignancy (cancer) because the patient may then think they are suffering from this. See *OHCM7*, p.22.

* Tip

Be prepared for disagreement and allow it to happen. Ask students to check their answers in a medical textbook if necessary, e.g. one of the Oxford Handbooks.

Listening 2

A case history

- Before students listen, ask them to work in pairs to discuss the topic in **1**. Use this as an opportunity to build your own knowledge. Then play the recording for **2** so students can complete the notes.
- Put students in groups of three or four to discuss the questions in **3** and **4**. Set a time limit, but allow extra time if the discussion seems to be going well. Again, use the discussion as an opportunity to build up your knowledge of the subject. Don't be afraid of saying you don't know specific medical answers. Make a list of grammar and pronunciation mistakes to feed back to the class.

1	breathlessness	5 at night.	9 known
2	wheezing	6 in the morning.	10 asthma
3	cough	7 three	11 previous
4	phlegm	8 tightness	12 eczema
3	1 intrinsic and extrinsic asthma, COPD, pulmonary oedema.		
2	PEFR, sputum culture, FBC, U&E, CRP, ABG analysis.		
3	Teach the patient to use a peak flow meter to monitor PEFR twice a day. Use a step-by-step approach: Step 1 β -2 agonist as required for symptom relief. (See <i>OHCM7</i> , p.164–167).		
4	Example questions: Do you have any brothers and sisters/children? Are they in good health / alive and well? Are your parents/close relatives alive and well / in good health? Have they had any major illnesses in the past? Has any one in your family had anything like this?		

Vocabulary

Signs and symptoms

- Ask students to do **1** and **2** in pairs. A *sign* is an indication of particular disorder that the doctor sees but which is not apparent to the patient. A *symptom* is what the patient notices him / herself. Sometimes, signs can be classed as symptoms and vice versa. Allow sufficient time for discussion and give feedback about grammar and pronunciation. To help expand your knowledge, ask the class to explain the answers to you afterwards.
- Students write answers for **3** on their own, and compare in pairs.

1	Condition a:	Condition b:	Condition c:
1	Symptom	1 Symptom	1 Sign
2	Sign/Symptom	2 Sign	2 Symptom
3	Sign/Symptom	3 Symptom	3 Sign
4	Symptom	4 Symptom	4 Sign
5	Symptom	5 Sign	5 Symptom
		6 Sign/Symptom	
2	a sinusitis	b asthma	c gastroenteritis.

(See *OHFP 2* for further details on each of these conditions.)

*** Tip**

flatus = breaking wind
 PR = per rectum
 LIF = left iliac fossa
 sats = oxygen saturation

*** Tip**

(weaker students)
 Allow students to read the Listening script from *Listening 2* or practise reading it aloud.

Additional activity

Encourage students to keep a list of technical words and their non-technical equivalents. You could create a master list on a computer, which the whole class adds to periodically as a revision exercise. Every time you update it, an electronic or paper version can be given to each student.

*** Tip**

Point out non-technical equivalents of technical words and purely medical words each time you come across them.

*** Tip**

↑ = increased
 PEFR = peak expiratory flow rate
 FBC = full blood count
 U&E = urea and electrolytes
 CRP = C-reactive protein
 ABG = arterial blood gas
 WCC = white cell count

- 3 a) Diverticular disease:** *Symptoms:* abdominal pain cramps (usually left-sided, improves with bowel opening) irregular bowel habit, flatus, bloating, PR bleeding. *Signs:* increased temperature, increased pulse, + decreased BP, LIF tenderness, + peritonitis, distension. (See *OHFP 2* for more information about this disease.)
- b) Pneumonia:** *Symptoms:* cough, increased sputum (green), pleuritic chest pain, breathless, haemoptysis, fever, unwell, confusion. *Signs:* Increased temperature, increased RR, increased pulse, decreased sats, unequal air entry, bronchial breathing, dull percussion, reduced expansion.

Speaking

- Ask students to work in pairs to do the role-play in **1**.
- Put students in groups for **2** and **3**. Ask them to make a master list of gentle and short questions for **2** to feed back to the class. Set a time limit and ask one person to be responsible for ensuring the questions are written down. A different student can give feedback to the whole class.

- Key 2** Possible questions:
- Can you describe the pain for me? Have you had any fever? Is there anything that makes the pain better/worse?
 - What seems to be bothering you? Can you describe the tightness a bit more for me? Is there anything else associated with the tightness? When is the coughing worse?
 - Are your bowels OK? Any diarrhoea/vomiting? What is the pain like?
- 3** Main investigations:
- CT scan, but rarely necessary
 - PEFR, sputum culture, FBC, U&E, CRP, blood cultures, ABG analysis
 - ↑WCC, ↑CRP, stool cultures, and possibly an abdominal X-ray

Vocabulary**Non-technical language**

- Ask the whole class to answer **1** as a warm-up. Then get students to work in pairs for **2** and **3**. Listen to as many pairs as you can and give feedback on question formation.

- Key 1**
- | | | |
|-----------|----------------------|------------|
| 1 start | 2 precipitate | |
| 2 do | 4 prone | 7 stick to |
| 2 has got | 5 comes and goes | 8 admitted |
| 3 avoid | 6 there all the time | 9 booked |

Listening 3**Short questions in the general history**

- Ask students to listen and write down the questions.

- Key 1**
- | | |
|------------------------|------------------|
| 1 Is your appetite ok? | 3 Waterworks OK? |
| 2 Bowels OK? | 4 Sleeping OK? |

Additional activity

Ask students to work in pairs and take a history from each other about pneumonia or another condition of their choice.

If you can, video one or more of the conversations and play them back to the students. If this is the first time you use a video with your students, be positive in giving feedback. Allow students to feed back about themselves first.

Additional activity

Check at the end of the class that students can make short questions as automatically as possible. Ask them to listen out for examples of short questions on TV / radio, etc. Point out that they are used in all types of communication. You can begin your subsequent checking with: *Found any?*

Patient care

- Students do **1** on their own, then compare answers with a partner before you check with the whole class.
- Ask students to work in pairs for **2** and **3** to practise shortening and lengthening the questions. You may want to play the recording again before they do **4**.

- Key**
- 1 Are you/ Have you been eating well?
 - 2 Is your appetite OK/ Has your appetite been OK?
 - 3 Are you/ Have you been sleeping OK?
 - 4 Are you/ Have you been passing water a lot?
 - 5 Are your periods/ Have your periods been OK?
 - 6 Have you had any diarrhoea?
 - 7 Have you lost any weight?
 - 8 Have you been living there long?
 - 9 Have you been keeping well?
 - 10 Are you/ have you been OK in yourself?
 - 11 Are you/ have you been looking after yourself?

Pronunciation 2**Questions: rising and falling intonation**

-  Read the introduction as a class before students listen to **1**.
-  Play the recording in **2**. Let students compare their answers with a partner before listening again. They can stay in these pairs for **3**, reading the questions from the listening script to each other.

- Key**
- 1 The doctor's voice rises.
 - 2 1F 2F 3R 4R 5F 6R 7R 8R 9F 10R

*** Tip**

In some class discussions, you may want to make the discussion as free as possible and not provide feedback at the end.

*** Tip**

Social class I refers to people with professional occupations, e.g. doctors, chartered accountants, engineers. Social class II refers to people with managerial or technical occupations, e.g. managers, journalists, school teachers.

Reading

- Students do **1** in pairs. For **2**, ask them to scan the text individually for the symbols / abbreviations, then read the text in full, and answer the questions in **3** with a partner.
- Put students in small groups to discuss **4**, and then feed back to the whole class. This can lead into a class discussion of **5**. Set a time limit and encourage as many students as possible to participate.

- Key**
- 1 a homelessness or sleeping rough
b cramped housing / accommodation
c smoking (in front of children)
d eating too much
(See OHGP2, pp.222-3.)
 - 2 1y 2↑ 3< 4→
 - 3 1 homelessness, sleeping rough, employment and unemployment, divorce and immigration status
2 80 years ago, tobacco was fashionable and more affordable for those in higher paid jobs.
3 Some general reasons are general anxiety about living conditions, lack of security, worry about the future.
4 Some reasons are they probably have little or no money; no access to cooking facilities; lack of a balanced diet with fresh vegetables; no fixed routine.

4 Possible answers:

Poor diet and stress increase the risk of coronary vascular diseases and cancers. Those who are unemployed or under the threat of unemployment may not be able to afford to eat properly or may be suffering high levels of stress due to uncertainty about their future, therefore are more likely to suffer from these diseases. Violence and accidents may occur for various reasons like frustration and anger as a result of work loss. One study showed that after the announcement of a factory closure, GP consultation rates increased by 20% and referral rates by 60%. (See OHGP2, p.223)

Writing**A referral letter**

- Ask students to work in pairs to read the letter and complete **1** to **5**. Encourage them to make notes in **4** for use in completing **5**, which could be done in class or as homework.

- Key**
- 1 All points in the list are covered except 9, 12, and 13.
 - 2 1 NHS Number 6784335792
2 Hospital Number 10177865
3 Re David Hunt 17 May 1975 (M)
4 18 Greencross Street, London SE17 2PD
5 ...on and off for more than three **months**.
6 The rashes have also **decreased** in frequency and
7 ... to be related to allergy to **carpets**, nor work or other common factors.
8 The patient spent several years in **East Africa** working
9 ...as a **teacher** in his early 20s.
 - 3 *has complained* – Present Perfect
has erupted – Present Perfect
has also complained – Present Perfect
have also increased – Present Perfect
does not appear – Present Simple
has responded – Present Perfect
has had – Present Perfect
spent – Past Simple
may have – modal verb + infinitive without *to*
would appreciate – Second Conditional

Project

- **1** can be done in class or as homework, individually, in pairs, or in groups. To help structure the activity, make sure students understand they will be required to give feedback. In class, set a time limit and ask students to compete to see who finds the information first. Then use **2** as an opportunity for a whole-class discussion.

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

3 Instructions and procedures

Background

In a training environment, doctors, nurses, and other health professionals need to be able to give and receive instructions about how to perform a wide range of procedures. In such settings, it is possible to be very direct and use the imperative form of the verb: *Insert the needle between ...*. This can be varied by adding the word *you*: *You insert the needle ...*. The imperative does not sound impolite here, as each command forms a step which is part of an accepted procedure that is learnt like a formula. The person receiving the instruction will perhaps pass on the steps to someone else as part of their teaching or as part of revising a procedure.

However, when it comes to talking to patients in a patient-centred environment, it is essential to take a more gentle and more indirect approach to fit in with the conventions of politeness in English. This is especially important when people are feeling vulnerable and perhaps ill at ease. Common ways to express polite requests when asking patients to follow instructions are by using *Could you / Can you ... ?* For example, a doctor

may need to ask a patient to get undressed. It is not advisable to say *Undress / Take your clothes off* as this would sound rude in English. Instead, your students need to learn and observe polite conventions in English, for example *Could you take your clothes off, please?*

In many cases, as in all languages, politeness depends on the speaker. A native speaker may be able to give an instruction which for someone else may seem rude. If a doctor keeps repeating *Can you / Could you* without any variation it can end up sounding rather artificial and possibly insincere. It is important to encourage students to learn to start with *Could you / Can you* and then vary these requests with expressions that soften imperatives like *Just [lift up your leg] for me, if you can / please; I'd like you to ... ; or I need you to ... , if you can.*

Politeness and gentleness are different in different languages. A literal translation from one language to another can seem strange. Students need to learn that it is the meaning that they need to translate, not the words.

Useful reference: *Oxford Handbook for the Foundation Programme*, 2nd edition, Hurley et al.

* Tip

If you think it better to concentrate on the students' best experiences, then encourage this. However, it is important for students to talk about difficult situations and cases so that they can learn from them. They might find somebody in their group who faced a similar problem. It is also important for personal development, as well as in job interviews, to review difficult situations they have dealt with.

Check up

- Students can do **1** and **2** in pairs and then form groups for the discussion in **3**.

- Open**
- 1 They all show a newly qualified / junior doctor at work.
 - 2 a A newly-qualified / junior doctor is asking a patient to get undressed. The doctor perhaps took a case history before the scene in the picture and afterwards examined the patient.
b A newly-qualified / junior doctor is writing up case history notes. The doctor perhaps took a case history, and after writing up the notes, saw another patient.
c A slightly older doctor is explaining a procedure to newly qualified / junior doctors. The senior doctor perhaps asked the students what they knew and, after demonstrating, asked for volunteers to show what they learnt.
d A newly-qualified / junior doctor is talking with a consultant and the team during a ward round. The consultant may have asked the junior doctor questions about the patients and then advised on treatment, investigations, etc.
e A newly-qualified / junior doctor is asking a phlebotomist to take some blood from a patient. A senior doctor may have asked for the test. The junior doctor may have had difficulty and then called the phlebotomist to take the blood instead.

6 A newly-qualified / junior doctor is handing over at the end of a shift. He may have written a list of particular jobs to be done, handed over and gone home.

Additional activity

You can ask groups to prepare a list of tips, on paper or on a computer, and then rank them in order of importance. Each group can then present the information to the whole class and compare their rankings. Invite students to give examples from their own experience.

Additional activity

To encourage the inclusion of introductions in procedures, whenever you do a role-play, always ask students to introduce themselves and give their title and position in greetings: *Good afternoon, Mrs [...], my name is ..., and I'm ...*

* Tip

CSF = cerebrospinal fluid

Additional activity

Ask students in pairs to take turns saying the verbs to each other and eliciting the complete instructions. Use this exercise to check vocabulary with the whole class.

Listening 1

Preparing for the first ward round

- Ask students in groups to discuss the tips in **1**, for example, which they have found useful themselves or wish they'd been given, or any they might disagree with or wish to amend. Get feedback from the class for **2**, with examples where possible.
- Students can do **3** on their own, then compare their answers with a partner before forming groups again for the discussion in **4**. Encourage them to discuss other tips from their own experience, in addition to those given.

- Key 3**
- a familiar with your patients.
 - looking for patients.
 - refer to them quickly.
 - the patients on the ward.
 - access information easily.

Patient care

- Get students to discuss **1** and **2** in pairs and feed back to the whole class.

- Key 1**
- Consent from the patient is a legal requirement where the procedure is invasive. The consent may be necessary in writing. (See *OHCM7*, p.554.)
 - It is important that the patient knows who the doctor is, to put the patient at ease. The doctor may be wearing a name badge, but the patient may not be wearing his / her glasses; the patient may not be able to read, etc.
 - All necessary equipment needs to be present. A missing instrument in the middle of a procedure may cause problems.

2 Possible answers

Explain the procedure to the patient simply and clearly.
Explain why it is necessary.
Explain what the procedure will be like for the patient.
Think about previous successful procedures you have done.
Prepare the procedure by thinking through each step and use this process to check though the equipment.
Decide whether you need an assistant.

Vocabulary

Instructions for a procedure

- Students can do **1** on their own, then form pairs to discuss **2**.

- Key 1**
- | | | | |
|------------|--------|-------------|-----------|
| a Withdraw | c Mark | e Obtain | g Prepare |
| b Drain | d Wash | f Sterilize | h Attach |
- 2** The instructions relate to the first stages of a lumbar puncture. (For the full set of instructions, see *OHCM7* pp.756–7.)

Additional activity

For homework, ask students to choose their own procedure to explain step by step. If possible, they could do this in pairs or groups. Ask them to present their procedure to the class at the following lesson. Allow 5–10 minutes for presentation and 5 minutes for feedback and discussion.

Additional activity

As an alternative to asking a student to talk through the set of instructions, ask for volunteers to do it in front of the class or for a student to do it with you. Invite feedback first from the student or from the volunteers themselves; then ask the class and then give your own feedback. If you then have other volunteers, allow several to do it. Always encourage constructive feedback.

* Tip

Allow about 15 minutes for the discussion. Setting a time limit encourages students to focus and organize their discussion. It also helps you to organize and control the classroom activities.

Additional activity

Ask students to use the notes made from their discussion to write 150 words explaining the notes taken. This can be a class or homework activity.

Language spot

Giving instructions

- Go through the introduction as a class. Ask students to work in groups or pairs to do **1** using the imperative, and **2** using the present simple with *You*. Invite students to suggest other linking words: *then, before, after, when once, immediately, as soon as*.
- Put students in small groups for **3**. They can write down the instructions together, or they can prepare the list verbally, then write it down on their own, and compare with each other. You can check students are using the correct language without needing to know what these steps are. (*The OHFP gives full descriptions of both IM injections and ABG.*)

Speaking

- Students do **1** on their own, form pairs to compare their answers, and then explain the procedure in **2**. Allow students to look at the vocabulary the first time they do this. Then ask them to do it again with reference to the diagram only.
- Students could be encouraged to think about **3** for homework. Put them into groups of three or four to discuss. Allow about 15 minutes. One group member should take notes for feedback to the class. Before feedback is given, ask each note-taker to summarize what the group discussed. Give a time warning after 10 minutes. Make sure you vary the note-taker and the group members each time you do this type of activity. Set a time limit for feedback.

- Or 1**
- Wet hands and forearms under running water.
 - Take soap from dispenser.
 - Soap up, rubbing palm to palm.
 - Rub with fingers interlaced.
 - Massage between fingers, right palm over back of left hand, left palm over back of right hand.
 - Rub with fingers locked, including fingertips.
 - Rub rotationally with thumbs interlocked.
 - Rinse thoroughly.
 - Dry hands thoroughly using a paper towel.
 - Dispose of towel into foot-operated pedal bin. Do not re-contaminate hands by touching the bin lid.

Reading

- Ask students to do **1** in pairs. Then for **2** they talk briefly about how the verb and noun pairs might relate to the text. This will help them to predict parts of the text and develop the general gist before reading. They can then do **3** on their own before comparing answers with their partners.
- Put students in groups for **4**. Either follow the procedure for group discussion as in the *Speaking* section or make this a whole-class activity, where a student volunteer writes the notes on the board. When you have finished, ask several students to volunteer to summarize the notes taken.

- Key**
- | | | |
|----------|------------------------|--------------------------|
| 1 | 1 provide feedback | 5 administer medications |
| | 2 undertake procedures | 6 seek help |
| | 3 assess competence | 7 consider feelings |
| | 4 identify strengths | |
| 3 | 1 various | 5 very |
| | 2 solely | 6 may |
| | 3 created | 7 considered |
| | 4 expected | |

* Tip

Ask for a volunteer to type up a master list of instructions to share with his / her colleagues. Choose a different student each time you ask for volunteers to type up notes.

Additional activity

Collect photographs of different procedures or ask students to collect them for you. Use them for group discussion / pairwork / random testing / class warmers.

Additional activity

Before playing the recording, students can use the illustrations to give their own instructions (without referring to the *Listening script*).

* Tip

If you have access to a clinical dummy, ask students to use it for role-play.

Additional activity

Ask students to give instructions to a patient for a lumbar puncture or primary survey.

Speaking

- Students describe the steps, either verbally or in writing. They then swap partners and take turns explaining the procedure.

Key Possible answers

Primary Survey

Airway

Protect the cervical spine.

Assess for any signs of obstruction.

Ascertain patency, establish a patent airway

Breathing

Determine respiratory rate.

Check bilateral chest movement.

(For a fuller description, see OHCM7 p.767)

Listening 2

Giving instructions

- Students can do **1** and **2** on their own, then form pairs to do **3**. Elicit the answer to **4**. Then put students in pairs or groups for **5** and **6**. Remind them to use polite requests.

Key 1 a4 b7 c2 d3 e5 f6 g1

4 IV cannulation

5 Possible answers

Can you sit in an upright position for me? That's fine.

Can you lie down flat for me?

Now I'd like you to roll up your right sleeve above the elbow. OK, thank you.

I'd like you to raise your elbow – that's it. (*to apply the tourniquet*)

Can you lift your arm for a second for me? (*to put a paper towel underneath to collect any blood spills*) Thank you.

And just stretch out your arm and relax. Thank you.

Just relax and keep nice and still for me, if you can.

Can you clench and unclench your fist for me?

Can you wait for a second while I get a senior colleague? (*if the cannula can't be inserted*).

(See OHCM7, pp.748–9)

Language spot

Making polite requests to patients

- Read through the introduction as a class. Students then do **1** and **2** in pairs.

- 0-π 1** c and g are inappropriate as they are very abrupt.
- 2 Possible answers**
- 1 Can you just pop behind the screen ...
 - 2 ... so if you could turn onto your stomach (for me), (please). (Thank you).
 - 3 Just cough for me.
 - 4 I'd like you to stand up for me.
 - 5 Could you (just) tilt your head ...
 - 6 Can you make a tight fist ...
 - 7 I'd like you to keep nice and still ...

Listening 3

Instructions

- 🎧 Ask students to listen and correct their sentences from *Language spot 2*.

It's my job

- Students read the text in **1** and find the information.

- 0-π 1**
- 1 a firm
 - 2 two senior doctors
 - 3 specialist registrars (SpR)
 - 4 specialist registrars (SpR)
 - 5 the consultant
 - 6 the consultants' rounds
 - 7 the junior doctor

* Tip

Set a time limit of about an hour for the whole activity, but be flexible. Go round helping students and give a time reminder every 10 minutes to encourage them to organize themselves.

* Tip

Remind students about confidentiality and anonymity at all times when talking about particular cases.

* Tip

Encourage students to review their preparation and presentation and keep a log of any significant points. Ask students to review each other. If you have a video camera, record the presentations, play back, and discuss.

Speaking

- Ask students to work in groups for **1**. Get a student from each group to give feedback from their discussion so that you cover the whole class. When you have gone through the checklist, ask if anyone wants to add anything. Some suggestions for discussion would be why each stage is important and useful (for audience and presenter), how much information to give and when, and how to handle comments. (See *OHFP* section on 'Case presentation'.)
- For **2**, put students in groups of three. Encourage them to use as many of the *Useful expressions* listed as possible. They will need to refer to the detail of this case in *Writing 3*.
- For **3** and **4**, each student presents the case history he/she has prepared to a partner in another group, who takes notes while listening. Again, encourage them to use the *Useful expressions*. The listening students write down questions which they then ask the presenters when invited to do so. For **5**, students give constructive feedback to the presenter, considering factors such as organization, clarity, and fluency.

*** Tip**

FBC = full blood count
epistaxis = nose bleed

Writing**Case notes**

- For **1**, students discuss in pairs what each note means and what the patient's condition is. Check that students understand the underlined items in **2**. Then get them to do **3** on their own.

Key	2	WR	Ward Round
		RTA / RTC	road traffic accident / road traffic collision
		Obs	Observation(s)
		(T)	temperature
		BP	blood pressure
		O/E	on examination
		INR	international normalized ratio
		LFT	liver function test
		U+E	urea and electrolytes
		(H)	home
		mane	tomorrow
		(O/P in 6/52)	Out-patient in 6 weeks

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

4 Explaining and reassuring

Background

Your students may be used to listening to procedures being described to them but may not be familiar with describing procedures themselves, as they may have to do in teaching settings. They may be even less familiar with explaining procedures to patients.

The language used in explaining procedures to patients is very different from that used when one health professional is explaining something to another. The most obvious difference that comes to mind is in vocabulary – the use of lay terms instead of sub-technical words and technical words that are pure-medical terminology. Sub-technical words are words like *visualize, insert, attach*, etc., i.e. words that are technical, but which may be found in other non-medical technical fields such as chemistry or engineering. Medical terminology also consists of technical words like *diverticulitis, gastroscope, anaesthesia*, etc., which are words that you would expect to find only in a medical setting.

When talking to patients, it is not just the vocabulary which is different, but also the grammatical structures that are used. Before a patient signs a consent form or gives verbal consent, he or she needs to understand clearly what is going to be done. Using *be going to* implies that the intention is to carry out the procedure, but it depends on the patient giving written or verbal consent.

Another feature of explaining procedures to patients is structures such as *What we are going to do next is to / What happens next is we ...*. These encourage students to use simple language and help to avoid using the passive.

Some procedures, like colonoscopy or colposcopy, involve talking about intimate areas of the body. Medical students should not be embarrassed, so it is important that you are not embarrassed either.

Useful reference: *Oxford Handbook of Clinical Medicine*, 7th edition, Longmore et al.

Additional activity

As a whole-class activity, ask students to discuss the similarities and differences in procedures such as gastroscopy in their own countries. Is the equipment different? Who carries out the procedures?

* Tip

Remember always to keep patient confidentiality in mind. Tell students when they discuss case details not to use real names or say anything (medical or otherwise) which would identify the patient.

* Tip

Before you start the Pronunciation exercise, check students remember what is meant by word stress and know what a suffix is.

Check up

- Elicit the answer to **1** from the class. Then put students in pairs to do **2**. For questions 1–3 of **2**, encourage students to think about the patient's physical and emotional reaction compared to their own. For question 4, encourage students to talk about procedures they have done. Remind them that not only is this good language practice, but also good practice for job interviews, where they need to be able to give specific examples of their own rather than an example from a textbook.

0π 1 An endoscopy (or gastroscopy)

Pronunciation

Word stress

-  Students do **1** and **2**. Then they listen and check their answers for **3**.
- Get students to identify the stress patterns in **4** and then decide which of the statements in **5** is true. In medicine, many words that students will encounter have more than two syllables, where the stress usually falls on the third syllable from the end. A useful guide is to use this as a 'rule' and find exceptions, e.g. endoscopy. With words ending in *-scopic* the stress is always on the second syllable from the end.
- Put students in groups of three to discuss **6**. The instruments are a proctoscope /prɒktəskəʊp/, a colposcope /kɒlpəskəʊp/, and a bronchoscope /brɒŋkəskəʊp/; check the pronunciation as students are talking.

Additional activity

Get students in groups to list as many words as possible with the suffixes 1–4 from *Pronunciation 1*. Write their answers on the board, and ask students to explain to you what each procedure or item is. Ask for a volunteer to type up a master list for the whole class. Examples might include *appendectomy, tonsillectomy, lumpectomy, nephrectomy, mastectomy, laparotomy, laparoscopy, tracheotomy, ileectomy* /ilɪektəmi/, *ileostomy, ileotomy, hysteroscopy, hysterectomy*.

* Tip

Before the lesson, collect pictures of the latest instruments and / or old instruments or ask students each to bring in a picture. Get students to discuss them and decide what they are / were used for.

* Tip

For a weaker class, stop the recording after each piece of advice and allow students to compare notes. Then play the whole recording straight through once again. Alternatively, play the recording and ask students to dictate notes to you to write on the board. Avoid correcting the answers at this stage. Another way to do this is to write the answers on the board, but adding in some mistakes (e.g. number 1: *stop anti-acid therapy for three weeks*) and ask students to listen and correct.

Additional activity

Ask students in groups to make similar statements about one of the procedures carried out with the instruments in the pictures you brought in for *Pronunciation 6*. Don't let them write the statements down; instead, ask for them to be written out for homework.

Additional activity

When students have done *Language spot 3–7*, ask them to tell you the verbs used in order. List them vertically on the board, then ask students to make a complete sentence for each verb without referring to the book.

- Answers:
- 1 1c 2d 3a 4b
 - 2 endoscope (●●) endoscopy (●●●) endoscopic (●●●)
 - 4 (●●) 2 (●●●) 1, 3, 5 (●●●) 4, 6, 7
 - 5 3 is true

Listening 1

Patient care

- Students listen and make notes on their own for **1**, then compare with a partner for **2**. They can stay in pairs to do **3**.

- Answers:
- 1 1 The patient is asked to stop anti-acid therapy for two weeks beforehand if possible.
 - 2 The patient is also advised to take nil by mouth for eight hours before the procedure is done, but note that water up to four hours before the operation (*pre-op*) may be OK.
 - 3 The patient is advised not to drive if sedation is involved.
 - 3 The most common verb form is the Present Simple Passive.

Language spot

Explaining investigations / procedures with the Present Passive

- Go through the introduction as a class if students have not already read it for *Listening 1, 3*. Students can then do **1**.
- Put students in pairs for **2**. They can then do **3** on their own before pairing up again for **4** and **5**. Don't let them write the answers down for **4** so they have to think about the answers for **5**.
- Students can do **6** on their own, then compare with a partner. They remain in pairs for **7**. They may want to add to or expand the steps in the procedure.

- Answers:
- 1 1 The needle is inserted (by the doctor).
 - 2 This procedure is often performed by a nurse / nurses.
 - 3 Gentle pressure is then applied to the puncture site (by the doctor).
 - 4 The procedure is explained to the patient (by the sister).
 - 5 The skin is cleaned (by the nurse).
 - 6 This emergency procedure is not performed by doctors without training.
 - 7 The vein is tapped (by the doctor).
 - 8 Generally, this procedure is not performed by nurses.

In sentences 1, 3, 4, 5, and 7 the agent is left out when explaining a procedure because it is not necessary: it is clear from the context who the agent is. In 2, 6, and 8 the agent is necessary because naming the agent is the purpose of the sentence.

- Answers:
- 2 1e 2b 3a 4c 5d
 - 3 1 consent / obtained 5 air / blown
 - 2 anaesthetized 6 patient / given
 - 3 sedated 7 swallow / section
 - 4 endoscope / advanced 8 mucosa / biopsied
 - 4 1 Obtain informed consent.
 - 2 Anaesthetize the pharynx using a spray.
 - 3 Sedate the patient to induce drowsiness.
 - 4 Introduce the endoscope and advance it further down ...

- 5 Blow air into the stomach via the side channel in the endoscope ...
 - 6 Give the patient a plastic mouth guard to bite on.
 - 7 Ask the patient to swallow the first section of the endoscope.
 - 8 Biopsy the stomach mucosa using the thin 'grabbing' instrument ...
- 6 1, 2 / 3, 6, 7 / 4, 5, 8 Note: 2 and 3 occur closely together, as do 7 and 4.

Additional activity

Give students the lay terms for parts of the body, and ask them to give you the medical name. Ask students to write these medical names on pieces of paper and take turns sticking them on to a skeleton. Then ask them to write the lay terms onto the labels (or supply them yourself if necessary). Make sure students distinguish between fingers and toes. If you don't have a skeleton, you could use a rough outline on the board or a large sheet of paper. Ask for a volunteer to collate the list and type it up for the whole class.

* Tip

A gastroscopy is a type of endoscopy.

* Tip

Allow weaker students to read the *Listening script* together before they do 5.

Additional activity

Take one of the sentences 1–8, for example *We're just going to take some fluid from your backbone*. Write the sentence on the board and say it with the main stress on different words: *just, fluid, your, backbone*. Ask students to identify the main stress and give you the meaning in each case. Once they are familiar with this, ask them to work in groups to write their own sentences using words like *simple*, or other reassuring words. Go round checking the sentences. Ask them to work with a partner from another group and say their sentences to each other. The partner says the word which is being stressed and explains the meaning.

Listening 2

Explaining gastroscopy (endoscopy)

- Students listen and do 1 and 2. For 2, the lay words may be phrases rather than a single word. You may need to play the recording again. They can then do 3–5 in pairs.

- Key**
- 1 Steps 1, 3, 2, 4, 8, and 5.
 - 2 1 gullet 4 bendy 7 look at
2 numb 5 (take) a tiny tissue sample 8 belch
3 throat 6 something to help you relax 9 see
 - 3 ●●●: flexible, biopsy, sedative, visualize
 - 4 1 We're going to do something called a gastroscopy.
2 What we are going to do is to have a look at your gullet and your stomach to see what's going on there.
3 First, we're going to give you something to help you relax.
4 We are going to pass a bendy tube, which is no thicker than your little finger, down through your throat into your stomach.
5 The tube will have a tiny camera on the end so that we can look at your stomach.
6 We're also going to blow some air into your stomach to help us see a bit better
7 If we see anything, what we can do is take a tiny tissue sample.

Vocabulary

Reassuring

- Students do 1 and 2. You may want to ask them to give reasons for their answers in 1, for example, how would each statement make the patient feel, how could it have been said differently?

- Key**
- 1 sentences 5 and 7
 - 2 1 simple → straightforward 4 tiny → small, scratch pinprick
2 some → a little 6 only → just
3 slightly → a little bit 8 hardly → barely

Listening 3

Emphasis

- Students listen and do 1 on their own, then discuss 2 in pairs. Ask them what they would say and discuss the need for and implications of explaining detail in such situations. They remain in their pairs for 3.

- Key**
- 1 1 simple 3 just 5 ten 7 pleasant
2 just 4 tiny 6 only 8 anything
- The doctor emphasizes the words to reassure the patient.

Additional activity

In groups, ask students to write another sentence describing a different part of each procedure in **2**, beginning *What ...*. This can be set as homework.

Additional activity

Using their own knowledge, ask groups of students to prepare a brief talk lasting no more than five minutes on any aspect of one of the procedures in **2**. They should appoint someone to lead the discussion and someone to take notes. Give them about 15 minutes to prepare. Then ask each group to present their talk to the class. Allow questions and comments after each presentation.

* Tip

ERCP = endoscopic retrograde
cholangiopancreatography
/kəˌlændʒiəʊˌpæŋkriəˈtɒgrəfi/

* Tip

In role-play practice, remind students to seek consent where necessary.

2 Possible answer

The doctor could acknowledge that it is scary and then emphasize that it won't take long or that it isn't as bad as it sounds. The doctor needs to explain the procedure so that he / she can obtain informed consent, but giving all the detail can scare the patient!

3 Possible answer

The doctor might talk about the feeling afterwards, point out the risks of the procedure, and answer the patient's questions.

Language spot

Explaining procedures with *be going to* future

- Read the introduction as a class before students do **1**, either on their own or in pairs, taking turns to say a sentence for their partner to transform. Put them in pairs to do **2**.

- 0-π** **1**
- 1 We're going to remove a tiny piece of tissue from your bowel.
 - 2 What we're going to do then is attach the end of the gut to an opening in your tummy wall.
 - 3 We're going to take a tiny piece of tissue from the neck of your womb.
 - 4 What we're going to do after that is (to) pass this tube through the urethra.
 - 5 What we're going to do then is (to) remove the glands in your armpit.
 - 6 What happens next is that a tiny piece of your lung is removed / What we are going to do next is (to) remove a tiny piece of your lung.
 - 7 What happens next is a tube is then passed down / What we are going to do next is to pass a tube down past the prostate into your bladder.
 - 8 What happens next is that we / What we are going to do next is (to) inject a dye into the pancreatic and bile ducts so that we can see them.
 - 9 We're going to use a mesh to repair the muscle.
- 2** a7 b5 c2 d1 e3 f8 g4 h6 i9

Speaking

- Put students in pairs to do **1**. Encourage them to use *What ... / be going to* and the *Useful expressions*. For **2**, ask students to expand the notes into full sentences using the expressions listed. They will be practising these sentences with a partner in the next exercise.
- Students work in pairs for **3**, taking turns asking questions about the conditions in **2**, and answering using the explanations they have devised. They can remain in pairs to do **4** or you could do it as a whole class.

- 0-π** **2**
- 1 appendicitis: it's a condition where the appendix is inflamed and it has to be removed.
 - 2 Alzheimer's disease: it's a condition where someone has memory loss and mood changes, for which the cause is not known.
 - 3 haemorrhoidectomy: it's a procedure where piles are tied or cut out.
 - 4 diverticulitis: it's a condition where sacs or pouches form at weak points in the gut. When the sacs are infected, inflammation occurs and causes pain, diarrhoea, and constipation.
 - 5 sigmoidoscopy: it's a procedure where we look at the colon and take a sample if necessary.

6 anaesthesia: it's a procedure where you are given a general anaesthetic to put you to sleep before an operation and then you come round after it is over.

4 Informed consent is given after the patient has been made aware of what is going to happen and why. **Implied consent** is not explicitly stated but clear from the patient's actions, for example, if the patient offers you their arm when you are about to take blood. **Expressed verbal consent** is when information about a procedure is explained and the patient verbally agrees to have it done. **Expressed written consent** is when an extensive explanation is given and the patient and the doctor both sign a consent form. **Consultant consent** is given by two senior doctors where a patient lacks capacity to consent themselves, for example in cases of severe mental illness.

(For further information, see OHCM7 pp.554–5.)

* Tip

A good introduction to any reading exercise can be to get students to predict the content of the text from titles, headings, pictures, etc.

Reading

- Get students to predict the content of the text in **1**, e.g. what information about the preparation, after-effects, reliability, and side-effects of gastroscopy might be given to patients.
- Students can do **2** on their own, then form pairs for **3** and **4**. They should do **4** with books closed.

- 0-π 2**
- | | |
|---------------------|----------------------------------|
| 1 Don't eat | 4 somebody to accompany you home |
| 2 relaxed | 5 not foolproof |
| 3 operate machinery | 6 a mild sore throat |
- 3**
- 1 What do you need to do for 4–6 hours before the procedure?
 - 2 How will the sedative make you feel?
 - 3 What should you not do for 24 hours after the sedative?
 - 4 What do you need after the operation?
 - 5 How successful are the results of the test?
 - 6 What do some people have afterwards?

Vocabulary

Explaining complications and reassuring the patient

- Students can do **1** and **2** in pairs.

- 0-π 1**
- | | | |
|-----------|----------|-------------|
| 1 usually | 3 never | 5 always |
| 2 often | 4 rarely | 6 sometimes |
- Order of frequency: never, rarely, sometimes, often, usually, always
- 2**
- rarely: seldom, almost never, not often
 sometimes: occasionally, now and then
 often: frequently, regularly
 usually: typically, habitually, generally, commonly

Additional activity

At the end of this section, ask students in pairs to take turns selecting a procedure and describing the possible complications to a patient. Ask them to describe two or three procedures each.

Listening 4

Discussing complications

-  Students can do **1** in pairs. They listen and do **2–4** on their own. Play the recording again if necessary. They then listen again to do **5**.

*** Tip**

If students need prompting for **1**, refer them to the last section of the Reading text on p.33.

*** Tip**

While students are talking about medical matters, listen and use this as a learning opportunity to build your understanding of the subject.

Additional activity

Collect a range of pictures showing different emotions to bring to the class. Put the students into groups and give each group two or three different pictures. Ask them to discuss the emotions being shown and how they would deal with them. Ask the groups to present their pictures to the class and describe how they would deal with each situation. Ask them to talk about visual cues in their own cultures / countries.

Additional activity

You can ask students to explain the complications to you in lay terms.

*** Tip**

If students are reluctant to 'act a part' in role-plays, remind them that it is better to practise now and make mistakes on each other than on a real patient!

- Key** **2** 1 a mild sore throat
2 you may feel a bit tired afterwards
3 [some people can get] a chest infection or pneumonia
4 some bleeding or infection in the gut
5 [it] can also puncture the gullet or stomach
- 3** So the patient is aware of them before he signs the consent form.
- 4** occasionally → on the odd occasion
automatically → necessarily
seldom → rarely
- 5** 1 I can assure you that in most cases the procedure is problem-free.
2 But remember this does not mean that you will necessarily get these as well.
3 ... but this happens very rarely.

Speaking

- Students can do **1** and **2** on their own or in pairs. Get them to discuss **3** with a partner. Then ask for suggestions from the whole class. They can remain in pairs to do **4**.

- Key** **1** a3 b6 c1 d2 e5 f4
2 1b 2e 3c/f 4f/c 5a 6d
- 4** a constipation, infection
b abdominal discomfort, perforation
c pain, bleeding
d headache, nausea, paralysis
e (depending on the drugs): vomiting / nausea, hair loss
f pain, bleeding, collapsed lung
g pancreatitis, bleeding

Project

- You can suggest students use other websites they know of and suggest other procedures for them to investigate, for example, colonoscopy or bronchoscopy. You could ask them to briefly present their findings to the class using some of the language learnt in this unit, as if explaining the procedure to a patient, i.e. gentle, reassuring, etc.

Writing

- Students can do **1** and **2** in pairs and **3** and **4** on their own. For **4**, ask them to use lay terms and reassuring language.
- Put students in pairs for **5**, with one of them acting as the patient.

- Key** **1** **ABG:** bleeding, haematoma, arterial damage and peripheral ischaemia, infection, pain, local tendon / nerve change
IV injections: anaphylaxis, drug overdose, local irritation, thrombophlebitis, leakage of drug from tissue cannula, haematoma

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

5 Dealing with medication

Background

The administration of drugs requires attention on a number of levels. First of all, there is a need for accuracy about the dosage (for children and adults) and the frequency and the method of delivery. Which patients should be given a drug and whether they have any allergies also needs to be taken into consideration. There are safety considerations about drug dependency and possible harm, so doctors need to know when to seek advice about the administration of drugs, especially if they are unfamiliar with them.

Another important aspect of drug treatment is compliance, or concordance. It is one thing for a doctor or nurse to prescribe a medication, and another thing for the patient to comply with the advice given. The first factor which has a bearing on compliance is the way in which the doctor presents the benefits and side effects of any medication to the patient.

Explanations about benefits and side effects have to be finely balanced so that the patient can make an informed choice about whether or not they will take the medication. If patients understand the benefits to themselves without being frightened off by the side effects, they may be more inclined to take the medication. So it is crucial for doctors to know how to communicate effectively in this area.

There are, of course, other factors which can affect whether a patient will comply with a prescription, such as the patient's situation or ability to follow a regimen. The elderly, for example, may find compliance difficult. The timing of the doses may also affect the patient beneficially or adversely – see the *Reading* text on p.42.

Lastly, safety is of course a major consideration when administering medication, so any mistakes (or potential mistakes), however minor, need to be carefully monitored.

Useful reference: *Oxford Handbook for the Foundation Programme*, 2nd edition, Hurley et al.

Additional activity

Check the pronunciation and stress of the medications:

- a paracetamol /pærə'si:təmɒl/
- b cyclizine /'saɪklɪzi:n/
- c salbutamol /sæl'bjʊ:təmɒl/
- d aspirin /'æsprɪn/
- e amoxicillin /ə,mɒksɪ'sɪlɪn/
- f ranitidine /rə'ntɪdi:n/
- g chlorphenamine /klo:'fɛnəmi:n/
- h diazepam /daɪ'æzəpəm/

Or the categories:

- 1 antibiotic /,æntɪbaɪ'ɒtɪk/
- 2 analgesic /,ænəl'dʒɪ:zɪk/
- 3 antiemetic /,ænti:'eɪmetɪk/
- 4 sedative /'sedətɪv/, hypnotic /hɪp'nɒtɪk/
- 5 gastrointestinal /,gæstrə'ɒm'testɪnl/
- 6 antihistamine /,ænti:'hɪstəmi:n/
- 7 cardiovascular /,kɑ:diəʊ'væskjələ/
- 8 respiratory /'resprətri, res'pɪrətri/

Additional activity

Divide the class into two groups and turn the discussion on generic forms of drugs into a debate, for and against.

Check up

- Students do **1** on their own. Note that aspirin is considered a cardiovascular drug, which may be a point for discussion. Let them do **2** in pairs. They can discuss **3** as a class.
- Students discuss **4** in pairs or groups. Points to consider: loss of income for drug manufacturers; cost of researching drugs could lead to increased cost to patient or reduction in future research for other drugs; resulting benefits / detriments to poor / wealthy countries.

Key 1 1e 2a/d 3b 4h 5f 6b/g 7d 8c

- 2 a relieve pain
- b reduce nausea and vomiting
- c widen the bronchi
- d relieve pain; thin the blood / help the blood flow more easily, and help prevent heart attacks
- e fight infection
- f treat gastro-oesophageal reflux disease
- g treat reactions to drugs or anaphylactic shock
- h make patients less agitated

Patient care

- Students discuss **1** and **2** in pairs or groups. Ask each group to make a list of all the guidelines on large sheets of paper or flipcharts, or the computer.

- Key 1**
- 1 The doses may be different for children and adults. If you are unfamiliar with a drug, you may give the wrong dose.
 - 2 It is important not to use a drug if you are unsure about anything. You may give the wrong dosage. A senior colleague can advise you.
 - 3 Check the type of the reaction, e.g. true allergy, toxic effect, predictable adverse reaction, idiosyncratic reaction. If the reaction is mild, it is possible you may deny a patient a life-saving drug, e.g. penicillin. Conversely, giving a drug to which a patient is allergic can cause anaphylaxis, ataxia, etc. Refer to the dictum *primum non nocere* (= First, do no harm) first advocated by Hippocrates; examine the balance between the seriousness of the complaint and the degree of allergic reaction.
 - 4 The patient might not understand how to take the medication; for example, he / she could take all of the tablets you prescribe at one time.
 - 5 It is important not to create dependence on drugs. There may be home remedies available; drugs are expensive, and in some cases advice about lifestyle may work just as well.
(Other answers are possible. See OHCM7 p.8.)
- 2** Other possible guidelines might include:
- distinguish between minor and major illnesses
 - decide whether your prescription may be misused
 - list the benefits, side-effects, and contraindications of the medication
 - try to ensure that the patient understands the benefits and side effects so that they will agree to take the medication and then actually take it.

Additional activity

Ask students to give you additional abbreviations to write on the board and then ask them to give the meaning. Try to limit these to prescribing medication.

Vocabulary

Abbreviations

- Students do **1** on their own, then compare with a partner. They can then remain in pairs for **2** and **3**.

- Key 1**
- | | | |
|-------------------|----------------|-----------------|
| 1 c (per os) | 4 g (omni die) | 7 a (omni mane) |
| 2 f (pro re nata) | 5 e | |
| 3 d (statim) | 6 b | |
- 2**
- | | |
|---|---------------------------|
| on (omni nocte): at night | bd (bis die): twice a day |
| tds (ter die sumendus): to be taken three times a day | |
| qds (quater die sumendus): to be taken four times a day | |
| 4–6h: every 4–6 hours | 8h: every eight hours |
| 1–4h: every 1–4 hours | IV: intravenous |
| IM: intramuscular | SC: subcutaneous |
| PR (per rectum): by the rectum | INH: by inhalation |
| NEB: by nebuliser | µg: microgram |
| mg: milligram | ml: millilitre |
- 3**
- paracetamol: Give the patient 1 gram of paracetamol four times a day, by mouth, up to a maximum of 4 grams.
- loperamide: Give the patient 4 milligrams of loperamide as required, by mouth, up to a maximum of 16 milligrams.
- ranitidine: Give the patient 150 milligrams of ranitidine twice a day, by mouth, up to a maximum of 300 milligrams.
- atorvastatin: Give the patient 10 milligrams of atorvastatin once a day, by mouth, up to a maximum of 80 milligrams.

Listening 1

A drug chart

- Make sure students understand the chart in **1**. They then listen and do **2**.

Key 2	1 Tramadol	6 4h
	2 15/10/09	7 prn
	3 IM	8 IM
	4 13/10/09	9 SN Bond
	5 11.30	

* Tip

While students are doing the role-play, watch discreetly, but don't interfere. Make notes about language, pronunciation, body language, etc. Ask students to give feedback to their partner and remind them why this is important – to help understand their strengths and weaknesses, in order to help them improve. Students may want to do the role-play again.

Discuss the role-play with the class as a whole. You could invite students to do the exercise with you – this benefits you both, building up your confidence and knowledge whilst allowing the students to interact with a more fluent speaker.

Speaking

- Put students into A / B pairs. You may want to put the As and Bs in groups first to study the role-play cards. Check that they understand the procedure and all the answers.

It's my job

- Put students in pairs to do **1**, then in groups to discuss **2**. Suggest different angles, e.g. safety of the patient, up-to-date knowledge, misuse of medication. Ask students how they might feel if they were patients. Also point out the availability of drugs on the internet.
- Still in their groups, students discuss **3**. Ask them what they think about other health professionals such as nurses, pharmacists, and dentists being able to prescribe medication.

Key 1	1 yes
	2 acute and chronic
	3 individualized care
	4 To help improve concordance
	5 A master's in cardiovascular medicine and training in the diagnosis and management of common medical conditions in this specialty.
	6 She provides much of the same basic, non-emergency care as physicians.

* Tip

MI = myocardial infarction

Listening 2

Benefits and side effects

- Put students in pairs to do **1**. They then listen and do **2** on their own, comparing with a partner for **3**.
- For **4** and **5**, students listen and check answers and compare them with the *Listening script*. They can work in pairs to do **6**.

Key 2	1 very good progress / let you go home
	2 about your medication
	3 feel free to do so
	4 by mouth once a day after a meal from now on
	5 it thins the blood / helps to prevent further attacks
	6 as you may not get any of them
	7 an upset stomach / the stools of some people dark and smelly / bleeding (e.g. nose bleeds) or shortness of breath

* Tip

Set a time limit of 2–3 minutes for the role-play. Afterwards, discuss it with the whole class, looking at it first from the patient's point of view (i.e. why the patient might behave in a certain way), and then how the doctor has to deal with this.

Speaking

- Students work in pairs to do **1–4**.

0-π 1 1 Yes 2 Yes 3 Yes 4 Yes

2 Yes, the doctor does involve the patient in making decisions about taking the medication by asking the following questions: *Is everything OK so far?/OK. Would you like to go through everything and explain it to me?*

This is to ensure the patient has understood and that they are happy with taking the medication, which will increase the likelihood of compliance.

3 Possible answers

The doctor could have asked how the patient felt about taking the medication; whether he would be able to take it every day; whether he was able to keep to a routine in taking medication; whether he always took all the medication given to him.

Language spot

Phrasal verbs

- Read the introduction as a class before students do the exercise.

- 0-π**
- The doctor pointed (out) a few benefits and a few side-effects (out).
 - You could keep a pill box with the days of the week on it and take (out) the tablets (out) each day.
 - Writing (out) a prescription (out) requires great care.
 - Don't forget to look at the instructions on the label.
 - Try to get into a routine for taking medication if you can.
 - Get in touch with the hospital immediately if anything changes.
 - It works by cutting (down) the workload of the heart (down).

▣ Additional activity

Ask students to select other drugs that they are familiar with and explain the benefits and side effects.

▣ Additional activity

Your students may want to discuss other drugs such as diuretics, vasodilators, or ACE inhibitors.

* Tip

If necessary, refer them to p.34 for a review of adverbs of frequency. (See OHCM7 pp.100–110 for lists of benefits and side effects.)

Language spot

Explaining side effects: *can / may*

- Read the introduction as a class before students complete **1** on their own. Then form pairs to do **2**.

- 0-π**
- | | | |
|------------|---------------|-------|
| 1 will | 3 may not | 5 can |
| 2 probably | 4 possibility | 6 may |

Speaking

- Put students in groups of three to discuss **1**.
- For **2** and **3**, ask two of the students in the group to take turns explaining the medication to each other while the third gives feedback.
- For **4**, if you have access to video recording equipment, let students record their dialogue in **2** and use it as feedback to help them improve.

Reading

- Students do **1** on their own, then work in groups for **2**. Encourage them to give their own opinions and reaction to the statistics, and to search for more of their own if possible. They can use examples from their own experience, whilst always maintaining patient confidentiality.

- 0π 1**
- 1 Fewer side effects and improved convenience of use
 - 2 Medicines prescribed for preventive purposes
 - 3 Younger people
 - 4 A combined use of educative, practical, and emotionally and behaviourally supportive interventions
 - 5 Meeting patients' individual needs and priorities
 - 6 Informed choices
 - 7 Improving self-management skills and compliance in medicine taking

Project

- Ask students to search for the information on the web in class or at home, in particular relating to how incidents of drugs being prescribed wrongly are dealt with. The questions can be used for discussion or as part of their research.

Writing

- Students do **1–3** on their own, then discuss **4** and **5** in groups. In **4**, you could highlight the patient's safety and the need to be constantly vigilant. For **5**, get students to discuss the relationship between mistakes in medicine and culture.

- 0π 3**
- 1 The patient was prescribed flumazenil 200 mcg IV up to 1 mg, despite the patient being epileptic. (This was stated on the drug chart.) This was noted by Dr Duncan. The patient did not take flumazenil. The team doctor responsible was contacted and an alternative drug was prescribed.
 - 2 The patient was prescribed tetracycline 250–500 / 6h despite being photosensitive. (This was stated on the drug chart.) This was noted by the pharmacist. The patient did not take the tetracycline. The team doctor responsible was contacted and an alternative drug was prescribed.

* Tip

This is a sensitive issue, as students may not like admitting to making mistakes: it may seem to indicate weakness and a lack of professionalism. You may need to reassure students that in a patient-centred approach to medicine, the opposite is true.

* Tip

A microgram (μg) is 1/1,000,000 of a gram, or 1/1,000 of a milligram. The abbreviation μg is often used in scientific literature, but it is recommended that hospitals do not use this abbreviation in handwritten orders due to the risk that the Greek letter μ could be mistaken for an *m*, resulting in a thousandfold overdose. The abbreviation *mcg* is recommended instead.

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

6 Lifestyle

Background

People's lifestyles can have a huge impact on their health. From a lifestyle point of view, the major health issues are obesity, smoking, alcohol, stress, and lack of exercise. If we think from our own personal experience, changing the way people behave is far from easy.

Any attempt at modulating patients' behaviour is a matter of negotiation, using strategies that involve the patients themselves. This is achieved not through forcing one's own opinion on the patient or ordering them to do something by using *should / ought to / must*, but by coaxing and encouraging patients, and presenting options from which the patient is likely to make a choice.

Another issue, of course, is whether the patient wants to make the choices being offered. It is worth remembering that if too many options are presented, the patient may be paralysed by indecision.

Choices need to be presented in a way that fits an individual patient's lifestyle. There is no point, for

example, in encouraging a patient to exercise by getting off a bus one stop early when going to work if the patient does not use buses or no buses go near their work. Patients might then begin to lose faith in the doctor's attempts to help them. So the options need to be patient-centred, taking into account the patient's way of life. Another strategy is to involve patients by finding out what they think they can do and / or if what you suggest would work for them, and if not, whether they could adapt it.

Effective negotiation on the part of a doctor or nurse also requires sympathy (feeling for the patient from your knowledge of other people's experience) and empathy (feeling that is based on personal experience). The distinction between these is often blurred. Care needs to be taken not to make the empathy too personal to oneself, by giving examples from one's own life which may draw attention away from the patient.

Useful reference: *Oxford Handbook of General Practice*, 2nd edition, Simon et al.

Additional activity

You can use the photographs as a resource for student presentations: each group can choose a photograph and do a mini-presentation on people's attitudes and lifestyles.

* Tip

It can be helpful to set a time limit for any discussion such as that in 5, and set a target for the number of answers you expect students to come up with.

Check up

- Put students in pairs to do 1-5.

- 1 a An office job can lead to a sedentary lifestyle and snacking on unhealthy foods.
 b Buying healthy food
 c Smoking and drinking alcohol
 d Eating fatty food
 e Busy and stressed
 f Healthy activities and exercise
- 2 1f 2a 3b 4d 5e 6c
- 3 The statements in 1 and 3 show a positive attitude.
- 4 People leading a sedentary lifestyle, eating too many fatty foods and smoking might be predisposed to diabetes, hypertension, heart disease, and cancer. It is very difficult to change people's lifestyle habits because of their daily routine, pressure from work, time management, cost, pace of life, changes in work practices to a more sedentary lifestyle with advances in technology, an increase in wealth, and the availability of more processed food. However, these factors vary from country to country.
- 5 In the doctor / patient consultation, the best ways might include engaging the patient in helping to decide what to do; presenting the patient with options to choose from; making suggestions that fit the patient's lifestyle; using language which encourages

the patient rather than gives orders; taking into account the patient's family and financial situation and past history; advising moderate exercise / lifestyle changes and graduated increases; and prescribing exercise. At a government / community level, more leisure centres could be built; sport and exercise could be encouraged in schools; and transport systems could better encourage cycling or walking.

Additional activity

If possible, keep an electronic master list of questions and add to it with students' answers. Give copies to the students.

Listening 1

Family history and social history

-  Read through the introduction as a class before you play the recording for **1**. Students will hear three short conversations and answer the question in each case.
-  Play the recording again for **2** then ask students to work in pairs for **3** and make full questions from their notes. If necessary, show them the questions from the *Listening script*.
- Students remain in their pairs for **4-7**. In **7** they practise asking each other questions about the family / social topics discussed in **5**. Allow for variations in the topics if they are appropriate, and remind students they don't have to answer the questions truthfully for this role play. They can even adopt characters if they wish.

Key

1 1 S

2 F

3 S

4 1 open question using *What about* followed by the Present Simple; question with modal verb *can*.

2 Present Simple; Present Simple

3 Present Simple; Present Simple; Past Simple; Present Perfect; Past Simple.

5 Possible questions about home: Where do you live? Do you live on your own? What type of accommodation do you have? Are there any stairs?

Possible questions about occupation: Are you working? What do you do for a living? What's your occupation/job? Have you ever been unemployed? How long have you been unemployed?

Possible questions about hobbies: Do you have any hobbies/leisure activities? What do you do to relax?

Possible questions about alcohol: Do you drink alcohol? How many units? What do you drink?

Possible questions about money problems: Is everything OK at home? Do you have any financial difficulties?

Possible questions about changes in habits: Have you changed anything in your life recently? Are you doing anything differently from before?

6 The advice might be annoying or worrying if it does not take into account the patient's family situation, or his/her living or work conditions. In conversation 1, it might not work to advise the patient to relax more if the doctor is unaware of the work situation. In conversation 2, the doctor might appear dismissive of a patient's concerns about lung cancer if the family history is not taken into consideration. In conversation 3, the doctor might not be sympathetic or empathetic to the patient's attempts at giving up smoking if he / she doesn't know how long they've been smoking and how many times they've tried to give up.

Additional activity

Students can use the grid to ask other students in the class to rank habits they find difficult to change.

Additional activity

Students can make questions to ask each other using the phrases in **1**: *Have you taken up any physical activity recently? Do you think it's important to take up some form of physical activity?*

* Tip

Give feedback to the class on their role-plays, or ask students to give feedback to each other. As part of the feedback look at the scenario from both the patient's and the doctor's point of view.

* Tip

Each time they speak, encourage students to expand on what they say by giving examples and reasons. To illustrate this, give them an example of a cause or effect of stress, using only general ideas. Then use the same ideas again, but this time expand them, giving specific examples and reasons. Ask the class which version is easier to understand.

Speaking

- Ask students to do **1** on their own. If they want to, let them rank all of the items. Then get them to compare their answers with a partner for **2**.
- For **3**, allow students to modify the statements and add their own answers if they want.
- Encourage discussion of **4** in pairs or groups, especially about the effect of body language presented by patients, and of their own body language.
- In **5**, get students to ask their partners to explain the reasons for their answers to **1** and **3**, using the *Useful expressions* listed. You can follow this with a class or group discussion of **6**.

0-π 6 Beliefs: patients may have certain beliefs that are related to their own knowledge (from books, the internet, leaflets, etc.) and their own experience of their family, peers, community and culture generally. These may be difficult for patients (and therefore the doctor) to challenge.

Emotions: patients may not like being 'told what to do' and rebel against change. Or they may find it very difficult to stop themselves from doing what they are doing, as they rely on it for emotional comfort.

Willingness: patients may not want to change as they may not see a need to change. Unless they want to change, it is unlikely they will do so.

Vocabulary

Language for exercise

- Students match the verbs to the noun phrases for **1**, then add them to the appropriate sentences in **2**.
- For **3**, put students into groups to decide which are the three most important ideas in **2**, giving reasons for their choices. Then for **4**, ask them to give more specific examples for each of the general ideas in **2**, using the *Useful phrases*. You could give the following example: *Once you settle into a new routine, you'll begin to notice some improvement. If you walk a short distance regularly, after a while you'll be able to walk faster and maybe start running.*
- Students work in pairs for **5**, taking turns as doctor and patient. The doctor should practise advising the patient, explaining the risks and benefits of exercise. The patient can use the phrases in *Speaking 3* as reasons not to take the doctor's advice. Possible risks include: the dangers of moving from a sedentary lifestyle to strenuous activity, or the risk of injury. Possible benefits include better mood, improved health in general, reduced weight, greater mobility, and reduced risk of diseases linked to inactivity and obesity.

0-π 1 1a 2b 3a 4b 5a 6b 7a

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

* Tip

In group or class discussions, learn to stand back and allow students to speak freely and make mistakes – this is part of the learning process. Note down mistakes as you listen and correct them with the whole class at the end (not identifying individuals!) as constructive feedback.

Speaking

- Ask students to work in groups to discuss the quotation in **1**, which comes from pp.94–95 in the *Oxford Handbook of General Practice*, second edition. You could combine this with **2** and **3**, and then ask groups to report back to the whole class. You could start the discussion off by encouraging students to talk about the nature of the work of GPs: the workload, the hours, patients' attitudes, and the concentration required.
- In **4**, ask students to give information about organizations they know of which help doctors. If there are no organizations, you could have a class discussion about whether they think there should be.

- Open** **2** Possible causes of stress, isolation, insecurity, overbooking patients, time management, fast consultation rates, changing demands such as new technology / increased bureaucracy / administration, difficult patients.
Possible effects on ...
- a doctor's clinical work: taking short-cuts
 - the general practice: mistakes, arguments, pressure on colleagues
 - home life: problems in family relationships.
- 3** Possible solutions: taking exercise, enjoying hobbies, taking a holiday, asking friends / colleagues for advice, taking time off, asking to have the workload reduced.

Additional activity

You can have a debate about the long hours that doctors work. Divide the class into two groups: one in favour of working long hours to meet demands and gain experience, and one against. Give each group time to prepare, limit the debate to a fixed time, and give a free vote.

Writing

Help with stress

- Put students in groups for **1** and **2** – you could combine these two situations in the same discussion. If students don't want to talk about their own experiences, ask them to talk about a colleague, but remind them to keep any identities confidential. Students should describe their personal strategies for dealing with stress. You could encourage them to talk about both mental and physical approaches.
- For **3**, ask students to write a reply email on their own. They should include some of the following points: sympathy for their colleague; understanding of the situation and his difficulties; a recommendation of something that might help and why; an example of a similar situation they have dealt with, what strategies they used, and what the results were. Write these items as a checklist on the board for students to include in their replies.

* Tip

As with any activity which involves student discussion, use this as a way of building up your own knowledge to use with the next class.

Listening 2

Being sympathetic

-  Before playing the recording in **1**, ask students to consider the statements and decide what the doctor and patient are talking about. Then ask students to listen and decide which are true, and compare their answers with a partner. They can then answer **2** and **3**.
- In **4**, students in pairs take turns to role-play the doctor and patient, using the BMI chart to help them explain.

- Open** **1** The patient is talking to his doctor about dieting and exercise.
1T 2T 3T 4T 5F 6F 7F
- 2** Sensitive

- 3 Not always. The patient may not be willing to accept the changes, and there may be some underlying emotional reasons that stop the patient from listening to the advice.

Language spot

Encouraging patients and making suggestions

- Read through the introduction as a class before students do 1.
- Put students into groups to discuss 2. Then for 3 they can work in pairs to practise giving the encouragement they have discussed. You could suggest they use phrases such as:

Try to avoid ...

What about trying to ...

If you can ...

You might like to try ...

You could have ... instead

Have you ever thought of ...

It's better to ... rather than ...

Instead of ...

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

Additional activity

Ask students to make more 'barrier' sentences, as in 4. Encourage them to use examples from their own experience.

Additional activity

As well as having students do 5 in pairs, you can ask for volunteers to do the role-play in front of the class, possibly with you as patient. Choose a different pair each time you do this. Give constructive feedback and always bear in mind that at first 'performing' in front of others can affect fluency.

Patient care

- Ask students to do 1-5 in pairs. For 4, you could prompt them with some of the following phrases if necessary to help them develop their strategies:
But have you thought of the advantages to giving up?
Have you thought of cutting down gradually?
Trying to make changes like this seems difficult at first, but have you thought about how it might help you?
It's not easy to change things, but how do you think you could do it?
Yes. It can be difficult, but what about trying to fit it into your daily routine?
- As a round-up to these exercises, ask students to discuss 6 in groups or as a whole class. Encourage students to come up with suggestions from their own experience.

- Key** 1 1 sympathy 2 empathy 3 empathy
 4 sympathy
 2 1 empathetic 3 sympathetic 5 empathetic
 2 sympathetic 4 sympathetic
 1 and 5 are very personal.

- 3 The personal statements are not appropriate. The patient may not necessarily respond to them. In 1, the reason could simply be left off or the doctor could add *but we are here to help*. In 5, the statement could be rephrased: *I know it can be hard because I have seen many patients in the same situation*.

- 4 1 I appreciate it's difficult, but have you thought of the advantages to giving up? You could, for example, try to reduce it gradually, say by drinking more slowly or drinking half pints / smaller glasses of wine. And then come back to see me in two weeks' time to see how you are getting on. How does that sound? / Do you think that will work for you?

- 2 Do you want to give up? Do your family want you to give up? Giving up smoking isn't easy, but have you thought of cutting down gradually? For example, if you have found it difficult to stop without any help, you can try cutting down one cigarette a day for a week and so on. You could set yourself targets to achieve and put the money you save into a jar.
- 3 Trying to make changes like this, at first, seems difficult, but have you thought about how it might help you? You might like to try making yourself stop at a specific time each day, say 5 / 6 pm, and not take any work home. Would you be able to do this? / Would this work for you, do you think? / Or would you find this difficult to do?
- 4 It's not easy to change things, but how do you think you could do it? The temptation to eat is all around us. What things do you think you could cut out each day? / Have you thought about what things you could cut out each day?
- 5 Yes. It can be difficult, but what about trying to fit it into your daily routine? By climbing stairs where possible or walking part of the way home? Small changes like this can make a big difference. Is there anything else you think you could do?

Speaking

- Put students into groups of three for **1-4**. You can do **5** as a class or group discussion.
- For **1**, encourage students to think of all the language and strategies they have used so far in this unit, and to come to an agreement.
- In **2**, possible criteria to choose from might be sympathy, empathy, negotiation, monitoring progress, accuracy, fluency, encouragement, and motivation.

Reading

- Before students read the text, ask them to work on their own to complete the sentences in **1** in their own words. They then read the text and compare their answers for **2**.
- For the discussion in **3**, students in pairs can consider other possible influences such as the media, teachers / schools, politicians, health campaigns, the government, and parents.

- 0-π 1**
- 1 an energy imbalance where energy intake exceeds energy expended over time
 - 2 increased consumption of foods with high levels of sugar and saturated fats, as well as a reduction in physical activity
 - 3 increasing the risk of chronic illnesses such as diabetes, cardiovascular disease, and some cancers
 - 4 \$21 billion in 2005
 - 5 Each of the National Health Surveys conducted since 1995 has reported ... for males than for females
 - 6 the management of healthy body weight in adults

Pronunciation

Word stress in noun phrases

-  Play the recording in **1** so students can identify where the stress falls in each noun phrase. Then ask students to work in pairs to do **2–4**, scanning the previous *Reading* text to find the phrases listed and underlining where the stress falls in each.
-  Play the recording for **5**. Students listen and check their answers, then read aloud alternate paragraphs with their partner in **6** to practise word stress.

0-π 5 The main stress of each phrase is identified in bold.

- | | |
|---------------------------------|-------------------------------|
| 1 epidemic proportions | 5 associated illnesses |
| 2 energy imbalance | 6 Australian society |
| 3 lifestyle factors | 7 chronic disease |
| 4 cardiovascular disease | 8 health surveys |

Project

- Students should use the websites listed as a starting point for their research, not a complete resource. You might want to specify that the project should look at conducting research into the lifestyle topics covered in the unit. You could also encourage the students, individually or in pairs / groups, to prepare short talks based on their research.

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

7 Parents and young children

Background

This unit looks at the setting in which children are treated. In many cases this may be the same as for adults, but there are settings such as children's wards that can be made more relaxing to put children at ease, for example using bright colours and providing toys. There are often toys and picture books in clinics and GP surgeries for children to use.

This unit also covers some common childhood illnesses and talking to anxious parents. The latter requires careful reassurance: with suspected meningitis, for example, it is difficult for parents, who are not medical experts and may be in a state of anxiety, to distinguish between different illnesses. So teaching students to use the symptoms the child *doesn't* have in order to reassure the parent is useful, e.g. *If your child had ..., he / she would have x, y, or z symptoms.*

The unit looks also at the checks done on young children. If you have access to the *OHGP2*, refer to pp.814–823, which give you information about paediatric surveillance. There is also a full table of UK immunizations on p.480.

Regarding the world of work and training, the art of reflection and the identification of strengths and weaknesses are looked at in this unit. Your students may not be familiar with assessing their own performances from these viewpoints. Both may be used as useful tools to improve performance. The former allows health professionals to review their performance and perhaps identify areas for improvement; the latter allows them to build on their strengths and tackle their weaknesses through training or seeking advice. As you give constructive feedback and teach feedback skills to your students, it is useful to remind them of *reflection* and *strengths and weaknesses* on a broader professional scale.

For yourself as a teacher, it is important that you realize that you do not have to know all the medical detail. At all times, use the role-play scenarios as a way of building your background knowledge. However, as you build this knowledge, be careful not to seek to influence the medical knowledge of students as you may not be aware of the full details.

Useful reference: *Oxford Handbook of General Practice*, 2nd edition, Simon et al.

Additional activity

As an additional exercise to 2–4, you can ask students to compile a 'wish list' of facilities they think should be available for children's wards or when treating children. Students can talk about what facilities they have used themselves in their own work and remember from their own childhood.

Check up

- Put students in pairs or small groups to do 1–4.
- For 1, encourage students to identify photographs where the children are at ease, and say why this might be. The instruments visible may intimidate the patient, but this depends on the doctor's / nurse's manner, even if the procedure is scary for the child or parent.
- In 3, students might not know exact figures for their own countries, but they may have a rough idea, and they can talk about reasons why statistics may vary. If possible, you could get statistics for different countries from the internet before the class to discuss.
- For 4, encourage the students to defend the priorities that they suggest with reasons and examples from their own countries and experience.

Key 2 It needs to be gentler and less intimidating so that children are not frightened. Toys, colourful bed coverings, posters, bright colours, and an informal atmosphere can all help children feel relaxed.

Vocabulary

Qualities of a good paediatrician

- Students work in pairs to complete the table in **1**, then do **2** and **3** on their own.
- Put students in pairs to make a list for **4**. Then as a whole class say why each quality is essential. Ask a pair to report back two or three qualities on their list and then have other pairs add to it. Write them on a flipchart or directly onto the computer. Students can use adjectives and nouns already discussed and add some of their own. Other adjectives to describe qualities could be *caring, humorous, sympathetic, empathetic, hardworking, conscientious, thorough*.
- Students remain in their pairs to do **5**.

* Tip

Create a master list for **4** and ask students to rank them all, or just choose the three most important. This can be done as a whole class or in groups / pairs followed by whole-class feedback. Keep a record on a flipchart for the class wall – you could even ask students to turn it into a poster. Alternatively, you could put the master list on the computer and print it out for students' future reference.

1	Positive	Negative
1	patient	impatient
2	confident	diffident (nervous)
3	efficient	inefficient
4	reliable	unreliable
5	sensitive	insensitive
6	honest	dishonest
7	respectful	disrespectful

- 2** 1 efficient 4 honest 7 unreliable
 2 impatient 5 insensitive
 3 respectful 6 confident
- 3** 1 efficiency 4 honesty 7 unreliability
 2 impatience 5 insensitivity
 3 respect 6 confidence

5 Possible answer

The same qualities are common across the medical profession, but doctors dealing with children perhaps need to be gentler, more patient, and be able to talk to a child at their level.

It's my job

Dr Nasrin Ahmed

- Students do the activity in pairs.

1	never	always	4	possibly	probably
2	no	two	5	All	Many
3	fairly	acutely			

Listening 1

Talking about oneself

-  Students listen and answer the questions in **1**. They don't need to write down the exact words, as long as they understand the meaning.
- Students can discuss **2** and **3** as a class or in groups. They will have their own answers to the questions in **2**, but very simply, reflection involves thinking about something. In the medical / educational context it includes students thinking about what they have done in their work and life to see how they can improve on both good and bad experiences.

* Tip

During the course, you can ask students to discuss cases they have dealt with and explore how they could have improved on what they did. Always remind them of patient confidentiality, especially if the patient may be easily identified by you or their colleagues. If there is any doubt, avoid discussing the situation specifically, or discuss just part of the case.

* Tip

Many doctors find it difficult to talk about their strengths and weaknesses particularly if it is not part of their culture and tradition. Talking about weaknesses is seen as a sign of failure and talking about strengths is considered boasting. However, from another viewpoint, not being aware of one's weaknesses or acting to improve them can also be viewed as failure. The real weakness lies in not acknowledging any failings in oneself and not seeking to expand one's knowledge and experience. As for acknowledging strengths, knowing where they lie is an important part of understanding one's professional progress – and students should remember that there is always room for improvement!

Additional activity

Ask students in pairs to describe to their partner the childhood illnesses in **2**, using their own words. Their partner has to identify the illness.

Additional activity

Students can role-play explaining the management of chickenpox to a patient. Before they split into pairs, you could give them five minutes to select the points they would like to talk about.

Additional activity

When you have finished the unit, by way of revision you could select one of the childhood illnesses discussed here and ask students to take the initial case history. This will help you to revise asking questions.

This process is now encouraged in medical training in the UK, as is the recording of one's learning experiences. Students will find it helpful, both for their own personal development, and in providing a record of the highlights (good and bad) of their career in preparation for work. However, it might not be the case in other countries; students may have examples of where and why, and you can discuss this as a class.

- Bear in mind for **3** that talking about one's strengths and weaknesses may be very difficult in many cultures. The idea that a doctor can admit to a weakness in a particular area may not be professionally acceptable in some places. However, being aware of your own weaknesses so that you can improve yourself should perhaps be seen as a sign of strength. In UK job interviews this is a common question – the answer should *not* be: *I don't have any weaknesses!*
- Put students in pairs to do **4**. Encourage them to talk honestly about genuine qualities that relate to themselves. See the *Tip* about this if they find it difficult.

- Open**
- 1 She found it alien to her cultural background.
 - 2 Over-empathizing with the parents (and becoming upset when something went wrong with one of the children)
 - 3 No – she says *I used to have*.
 - 4 A case where a child almost didn't recover from an attack of meningitis. She used the example in a recent interview.
 - 5 A means for self-education and advancement

Vocabulary

Non-technical language

- Students do **1** and **2** on their own, then discuss **3–5** in pairs. In **5**, some of the childhood illnesses listed (e.g. measles) may be very common or very rare according to whether vaccinations are available. In tropical countries, malaria and other diseases may be common.

- Open**
- | | |
|------------------------|----------------------------------|
| 1 varicella | 5 morbilli / rubeola |
| 2 rubella | 6 acute laryngotracheobronchitis |
| 3 pertussis | 7 tetanus |
| 4 infectious parotitis | |
- 2**
- | | |
|------------------|------------------|
| 1 croup | 5 lockjaw |
| 2 mumps | 6 chickenpox |
| 3 German measles | 7 whooping cough |
| 4 measles | |
- 3** **Croup:** onset over a few days; stridor only when upset; stridor sounds harsh; can swallow oral secretions; voice hoarse; likely to be apyrexial; barking cough
Epiglottitis: sudden onset; continuous stridor; stridor softer, snoring; drooling of secretions; voice muffled / whispering; toxic and feverish (e.g. T >39C); cough not prominent
 Note: The distinction may not be clear cut; if in doubt, admit to hospital.
 (See *Oxford Handbook of Clinical Specialties, 8th edition, for further details.*)
- 4** Management: supportive – paracetamol, fluids, topical calamine lotion to lesions. Admit if complications are suspected.
 (See *OHGP2 p.494. For more detail about drugs see OHCS8.*)

* Tip

If you have access to telephones, or if students have free calls on their mobiles, ask students to telephone each other. They can then sit in different parts of the room so that they can't see each other's facial expressions, which adds to the challenge and makes the role-play more realistic. If you don't have access to telephones, ask the students to sit back to back so they can't see each other's faces.

Students may want to repeat the same conversations several times like this. Follow up with a discussion about the differences between face-to-face communication and talking on the phone.

* Tip

Teaching students how to give and receive feedback helps them to understand themselves, not least because it is often easier for them to criticize each other rather than themselves. It is a skill they can then develop in 'giving feedback' to the patient about their illness, rather than always sounding negative. It also helps to develop self-awareness and the ability to talk about oneself in a balanced way.

* Tip

Discuss the role-play in **4** with the class as a whole, looking at it from different angles – what they found enjoyable, difficult, etc. You can take different angles each time you give your own feedback, focusing on one element or several at a time. At first you could focus just on non-technical vocabulary, pronunciation, and the importance of fitting into the role of the patient, i.e. what this teaches the student doctor, and its importance in achieving empathy with the patient. You can then build on this each time you do a role-play.

Vocabulary

Signs and symptoms

- Students do **1** and **2** on their own, then form pairs for **3** and **4**. When they do the role-play in **4**, encourage them to ask other questions using their own knowledge and experience of the illness.

- 0-π**
- | | |
|---------------------|------------------------------------|
| 1 meningitis | |
| 2 1 headache | 5 raised temperature |
| 2 photophobia | 6 +/– rash (can also be a symptom) |
| 3 neck stiffness | 7 abnormal mood |
| 4 abnormal mood | 8 seizures |
- 3**
- Does he have a headache? Is his head sore / hurting?
 - Does he avoid or shy away from bright lights?
 - Is his neck stiff? Can he move his neck freely?
 - How is he generally? Is he his normal self? Has he ever been / had anything like this before?
 - Is he feverish? Is he running a temperature? Has he got a temperature?
 - Has he got a rash? Where is it? What happens when you press a glass on the rash?
 - Has he been behaving differently in any way?
 - Is he making any abnormal movements?

Speaking

- Put students in groups for the role-play. Each role-play has two parts: Group A students role-play a doctor first and then a patient; Group B role-play a patient first, and then a doctor. Refer to the *Tip* for **4** in *Listening 2* below for suggestions about giving feedback on these role-plays.

Listening 2

Reassuring an anxious parent

- 4** Students listen and complete the sentences in **1**, then compare answers with a partner for **2**. Play the recording again for them to add any missing words.
- You could do **3** as a whole class. Ask students which of the statements in **1** the doctor uses to reassure the patient and which statement shows empathy.
- Put students in pairs for **4**. While they are doing the role-plays, watch discreetly without interfering. Make notes about language, pronunciation, body language, 'role understanding / play', etc. You might want to focus on the empathy that the students role-playing the doctors show. At the end of each role-play, ask students to give each other feedback, allowing each student to assess his/her own performance first. In giving feedback, students should always begin with the positive points first, followed by constructive criticism for development.

- 0-π**
- | | |
|--------------------|---------------------------|
| 1 1 croup | 5 every mother might feel |
| 2 'll help to ease | 6 eye on him |
| 3 expect | 7 any changes |
| 4 'd maybe have | |
- 3** reassuring: 3, 4, 7
empathy: 5

Language spot

First Conditional vs Second Conditional

- Read the introduction as a class. Then get students to do **1** on their own.

- Key**
- 1 g she would have a really bad barking cough (hypothetical)
 - 2 f it will increase the risk of permanent damage (real)
 - 3 d it will be easier to carry out the procedure (real)
 - 4 a she will normally stare back (real)
 - 5 e I would prepare for the consultation better (hypothetical)
 - 6 c we will carry out the 6-week check (real)
 - 7 h it will help stop him from bringing it up (real)
 - 8 b I would certainly be a lot more sympathetic. (hypothetical)

Project

- Students can work in pairs, groups, or individually to do **1** and **2**, then form pairs to role-play explaining the checks in **3**. (See *OHGP2 pp.816–23*.)

- Key**
- 1 The neonatal check (by a doctor): performed within the first 28 hours of birth
 - 2 The six-week check (by a doctor): includes physical examination, health education, and developmental screening, i.e. gross motor development, fine motor development, vision, hearing and speech, and social behaviour
 - 3 The 8- and 18-month checks (by a Health Visitor): include physical examination, health education, and developmental screening as above.
- 2** Gross motor development screening:
- Head control:** pulling the baby up holding the hands from a lying position. Baby should keep head upright and not wobble.
- Moro reflex (0-6 months):** support the head and shoulders about 15cm from the examination couch. Suddenly, allow the baby's head to drop back slightly. The response – extension of the arms followed by adduction towards the chest – should be brisk and asymmetrical. The reflex disappears by 6 months.
- Ventral Suspension (0-10 months):** suspend the baby horizontally, face down. The head should be in line or slightly higher from the body and the hips semi-extended.
- Prone position (from birth):** place the baby face down on a flat surface. He/she should be able to lift his/her head momentarily from the surface.
- Fine motor development and vision screening:** Stares, follows horizontally to 90 (degrees).

Patient care

- Put students in groups to do **1**. Then let them work on their own to make a list for **2**.

- Key**
- 1 Not reassuring. The parents would probably be afraid that their child would be one of that small percentage.
 - 2 Reassuring. The statement helps the parent realize that having a rash doesn't mean having meningitis.

*** Tip**

Invite the students to ask you questions about language. Don't be afraid to say that you don't know the answer if it is a medical question. You could ask the rest of the class, allowing the students time to discuss the question medically from their own experience. Set a time limit, as these discussions can go on for a long time!

*** Tip**

An Objective Structured Clinical Examination (OSCE) is used to test skills such as communication, clinical examination, medical procedures, prescribing, and interpretation of results. It normally consists of a number of short (5–10 minute) stations (practical tests) and each is examined on a one-to-one basis with either real or simulated patients (actors).

*** Tip**

After the role-play in **3**, you could offer to act as the patient for the class. This helps you develop your role-play skills within the context of medicine. Get the whole class to ask you, the patient, questions about one of the scenarios.

Alternatively, you could ask two students to role-play a scenario in front of the class. In this case divide the rest of the class into two groups: one to give feedback on the doctor and one on the patient. Set a time-limit and follow the same procedure as above for feedback and discussion.

Note that as you develop the role-plays, your knowledge of the subject area will increase. However, always remind the students (and yourself) that you are not a doctor and that they must check any medical details themselves.

- 3 Reassuring. The statement is fairly technical, but it is reassuring that it is not a problem now, as the child is not six and a half.
- 4 Reassuring. The doctor is sympathizing with the patient using examples of what is seen in the surgery.
- 5 Not reassuring. The phrase *I can assure you* may be quite strong, but denying the parents the 'right' to be worried if this is how they feel is very dismissive and patronising.
- 6 Not reassuring. The parents are likely to think that this is another case.
- 7 Reassuring. It is technical but is saying that the evidence suggests it is not a brain tumour.

Speaking

- Students choose five criteria from the list for **1**. Where possible allow the students to make the choice of criteria they feel are important, but with guidance if necessary.
- Put students in pairs to do **2** and **3**. The instruction for the role-play in **3** says it should be done 'without preparation', but judge how much information you need to give the students.

Points to consider:

Scenario 1: The parent is anxious about the child; he/she thinks that the child is at high risk and doesn't know how fragile the virus is. Doctors should think about: Was the skin broken? Did the child bleed? Where is the needle now? Was there blood on the needle? Who uses the park? Was there anyone around the area of the needle? HIV virus cannot survive for long outside the body. Is the child high risk or low risk? Is the child fully vaccinated? Booster needed? Is reassurance needed?

Scenario 2: The parent is concerned about autism and whether the vaccine is safe. Doctors should think about: Is there a confirmed connection with autism? Is there a danger to leaving the child unprotected? Is there greater danger from, say, measles? Can you empathize / sympathize?

Scenario 3: The parent is worried about the coin getting stuck or poisoning the child. Doctors should think about: Is the parent feeling guilty? Is reassurance needed? Does this sort of situation happen frequently? What normally happens? Is it better to let nature take its course? Is an X-ray necessary? What happens if the parent doesn't see the coin come out? Should the parent watch for it coming out?

- For **4**, students give feedback on the role-play using the checklist they created in **1**. As in *Listening 2*, they should give positive feedback first, followed by constructive criticism for development. Remind students that giving feedback is a skill that can be developed, and which will help them to develop self-awareness and to give patients feedback about their illness.

Listening 3

- 🎧 Students listen and do **1** on their own.

0-π	1	1 nervous	3 insensitive	5 well
		2 disorganized	4 less tense	6 a lot
		7 He would change his way of doing things – be more patient, prepare before speaking to a patient, speak to the nurse, get basic details right.		

Reading

- Put students in pairs for **1**. They can do **2–4** individually, in groups, or as a class discussion.

Answers 1 1f 2e 3b 4a 5c 6g 7d

- 2 Allowing three months between doses is likely to maximize the response rate, particularly in young children under the age of 18 months where maternal antibodies may reduce the response to vaccination. Where protection against measles is urgently required, the second dose can be given one month after the first. If the child is given the second dose less than three months after the first dose and at less than 18 months of age, then the routine pre-school dose (a third dose) should be given in order to ensure full protection.
- 3 See OHGP2 p.480 for full table of immunizations in the UK.
- 4 Immunization may cause concern for parents due to factors such as culture, literacy, myths about / ignorance of / fear of vaccines and general availability of medications. Measures to overcome this can include national education programmes through schools, the media, and health workers. At an individual level explanation, sympathy, and empathy can also work.

Culture project

- Students work in pairs to answer **1** and **2**. Encourage them to talk about the different procedures, the ease or difficulty of organizing work, the process of references, and the changing job market in their own country and the UK.

Answers 1 Answers vary by country / culture, but in the UK, the answers would be:
1 True 2 False 3 False 4 False 5 True

Writing

Reflecting on one's own experiences

- Put students in groups for **1**, then let them work on their own to do **2**. They can help each other, but they need to make this a personal and individual piece of writing. For *Writing 2*, remind students that there should be no details such as names that could identify any patients.

Checklist, Key Words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

* Tip

Being able to self-analyse is a very important skill, and relevant to job-seeking as it shows that students are aware of their own abilities (strengths) as well as areas where they may need further development or help (weaknesses). How they have dealt / propose to deal with both these areas is an indication of their potential ability to develop on a job and whether they would fit into a team environment, learning from and teaching others.

8 Communication

Background

This unit focuses on a patient-centred approach to communication in medicine, looking from different viewpoints at the communication between doctor and patient.

One way of developing patient-centred communication is to approach any conversation or consultation from a psychological point of view. Students can do this by considering what the patients themselves might be thinking, and what barriers there are to communicating clearly, which apply to all of us. It is not really an option to tell the patient to 'just say it'!

Patients may want to say something, but they may not have the words to say it, or they may be too embarrassed to say it directly. So, for example, they may hint at something in a way they think is fairly direct, by stressing a word. If students are not sensitive to these verbal cues, they may misunderstand the patient. This in turn could lead to conflict with the patient if these verbal cues are not acknowledged. One example used in the unit is a patient saying: *I haven't taken any **prescribed** drugs.* If the patient's hint is missed, it is possible that the statement would be taken to mean that the patient doesn't take any drugs at all, but the hint may be: *I do take recreational drugs but I don't know how to say this directly.* The patient might think the doctor may not approve, so is cautious. Patients may also use this as a strategy to test whether they feel comfortable talking with a doctor or not. Raising awareness of this will help students to negotiate patients' language.

Vagueness like this can come in other ways. When patients talk about habits such as smoking or drinking, they may use vague language like *a couple of drinks, not many, sometimes.* In fact, a couple may mean three or four, and more on certain days of the week. So doctors need to be able to extract clarification by asking: *When you say a couple, what do you mean?* Seeking clarification like this is probing gently, not prying. These strategies enable the doctor to help the patient be more specific so the doctor can make a diagnosis more easily.

Another way to practise patient-centred communication and help improve students' consulting skills is by teaching them about the difference between closed and open questions. In a doctor-centred approach, doctors may be more used to asking closed questions, which can only be answered *yes* or *no*. Asking open questions helps the patient to 'paint a picture' of their illness or situation, which the doctor can then expand on by asking closed questions and other open questions. From the students' point of view, the difficulty initially with asking open questions is what to do with the answers – a lot of information seems 'thrown' at them by the patient in response. They may feel at a loss as to how to continue. Simple strategies can be adopted to overcome this, like learning to respond appropriately by summarizing and focusing on one main issue or checking specific points using closed questions.

Useful reference: *Oxford Handbook of Clinical Specialties*, 8th edition, Collier and Longmore.

Additional activity

Ask students to give examples where they have faced similar situations to those in *Check up 1*.

* Tip

Ask the students to make a list of strategies on a flipchart or on a computer and then print out a copy so that they have this for reference.

Check up

- Students do **1** and **2** on their own or in pairs, then form groups for **3–5**. For **3**, the same strategies might be suitable for more than one situation.
- When students have discussed **4**, ask each group to present their suggestions to the class one at a time.
- Get the whole class to discuss **5** together. Ask for any personal examples of misunderstanding. As discussed in Unit 7, students may find it difficult to talk about their difficulties or mistakes, but remind them that we all learn from our mistakes and they can become better doctors as a result. Remember to bring body language and facial expression, gender, age, and other relevant factors into the discussion.

Key 1 All of the situations will depend on the age and the gender of the doctor and the patient, accompanying parents and relatives, and family status.

- a The doctor might have difficulty encouraging the patient to speak, even though he has come to see the doctor and probably wants to talk. The patient is embarrassed about his condition and may not know how to articulate what he wants to say.
- b This situation is similar to a, but the patient may be uncooperative and may find it difficult to deal with an adult.
- c It may be difficult to persuade the patient of the need to stay in hospital if she cannot see or feel anything wrong with herself.
- d The patient may be very defensive about his drinking, or in a state of denial. He may feel too guilty to admit the extent of the problem and may be fearful of addressing it.
- e The patient may know a lot or think that she knows everything. It may then be difficult or even impossible to convince her of something. This is a common problem resulting from greater access to information, through the internet in particular.
- f The difficulty here is being impartial. The patient may feel that you are covering for your colleague, however fair you are trying to be.

2 1b 2d 3c 4e 5f 6a

3 Possible answers

Encourage patients to talk by asking open questions; encourage patients to give their own answers to a situation or problem; agree with patients' suggestions where possible and then add your own ideas; listen carefully to what patients have to say and invite them to develop anything which appears to be very general or vague; be sympathetic, empathic, and sincere.

*** Tip**

Encourage students to think of examples in their own lives for **3**, both inside and outside medicine. The former may be more helpful in getting them to understand the difficulty patients have in saying what they want to say.

Ask them also to think of their own performance in the language class. This will help students empathize with their patients and also help them in role-playing patients in pairwork exercises.

Patient care

- Read the introduction as a class; Then put students in pairs to do **1**. The main issue here is to encourage them to adopt a patient-centred approach by trying to understand what the 'thinking' is behind the way patients speak.
- Students work in groups to do **2**, then come together as a class for **3**. This is a chance for you to clarify the issue and give examples in the front of the class (see *Tip*). You may want to give examples of your own.

OT 2 With friends, it is likely that people are more direct, but there are times when people hint at things rather than say them directly. For example, *It's cold in here* could really mean *Close the window*. Similarly, *My tea is cold* could be hinting they'd like another cup. These are simple examples to illustrate that it is not just patients who have difficulty being direct sometimes. In professional situations, students may sometimes find themselves thinking like the patients in 1–6.

Listening 1

Acknowledging verbal cues

- Read the introduction as a class. Then put students in pairs to do **1** and **2**. Ask students to read the text about verbal cues, then decide what they think the context is and which information they would like to ask about in each case.
-  Play the recording for the matching task in **3**, then again for students to do **4**. They can check their answers against the *Listening script* on p.137 of the Student's Book.

4 Possible answers

- 1 But what about your partner?
- 2 What were you eating / drinking?
- 3 When was the first time? How many times have you had it since?
- 4 What about your family / home life?
- 5 Did your partner attempt to help?
- 6 When you say 'normal', what do you mean by that?
- 7 Can you tell me what 'a few' means for you?

Speaking

- Put students in pairs to do **1**. Below is a list of some areas to talk about, but you may need to suggest some of these to the whole class as part of the discussion.
- Students can do **2** on their own or in pairs, then compare their answers to **1** and **2** with the whole class for **3**. Follow the procedure as in *Speaking* above and in Unit 7. Before students start, allow them to ask you any questions. As a way to build students' confidence, allow them to do the role-play with you before or after they do the exercise. At the end, you could ask for volunteers to do the role-play in front of the class. Afterwards, allow time for discussion about the content and the performance from the doctor's and the patient's points of view. Emphasize the need to hold a conversation with the patient rather than just thinking about medicine.
- Students remain in their pairs to do **4**.

- Key**
- 1** Areas to ask about: work, home, family relationships, stress. Did the depression pre-date the car accident?
 - 2** Some points the patient might be thinking about: his accident; his injury and pain; his low mood; his divorce; its effect on his children and himself; coping with being a single parent; his children's behaviour; their well-being and future; coping with a heavy workload; coping with household chores. Allow the students to explore major issues like those above as well as specific things like doing the shopping, ironing, washing, etc.

Additional activity

To highlight the difference between open and closed questions, do a role-play with the whole class where you are the patient with (e.g.) a headache, and students have to 'diagnose' you. Get them to ask you closed questions, which only have the answers *yes* or *no*. Refuse to give answers to open questions.

Ask the class to begin with: *Are you OK? (No), Have you got a pain? Is the pain ...?* When you have finished, do the role-play again but with open questions. You can emphasize the point by giving more information in your answers to these.

Language spot**Open and closed questions**

- Read the introduction as a class before students do **1** and **2**. They can then do **3-5** in groups.

- Key**
- 1**
 - 1 Can you tell me a few more details about the pain?
 - 2 Tell me about the way the injury affects you.
 - 3 What happened when you had the accident?
 - 4 How do you think things will develop after this?
 - 5 Can you tell me what worries you have here?
 - 6 Describe a typical day for me.
 - 7 What about your job? How are things there?
 - 2**

1 Open	3 Open	5 Open	7 Open
2 Closed	4 Open	6 Closed	
 - 3** Open questions are used in a patient-centred approach to taking a history, where patients are encouraged to talk about their illness, much like creating a narrative. This allows patients the opportunity to say things they might otherwise omit. Therefore, open questions are generally used at the beginning of the history and later, when

the doctor wants to encourage patients to talk about something vague they have said or hinted at.

- 4 Generally speaking, open questions are used to obtain general information from the patient's point of view, and closed questions are used to check and elicit detail. Closed questions tend to be easier to deal with but they are not as effective as open questions in obtaining an overall picture.
- 5 If all the questions in the history are closed, it can sound like an interrogation. It also doesn't give the patient the chance to elaborate, which may give the doctor important information he/she hadn't specifically asked about.

Additional activity

Ask two students to role-play the dialogue in **1** while the rest of the class watch and listen. You could role-play the patient yourself.

When they have finished, ask the rest of the class to do the same in pairs, developing the role-play dialogue further in any way they like but encouraging doctors to ask open questions.

- Read the introduction as a class; then put students in pairs to do **1**. The aim is to get the students to focus on the most significant piece of information. In this case, sitting in the café is significant because drinking coffee can lead to raised heart rate, which can be mistaken for a heart problem. Unless the doctor asks open questions and considers context, he/she could miss this vital information. Students often latch on to the wrong information and overlook the important point.

- Key** 1 1 No – the patient has already given this information.
 2 No – the patient has said it's the first time.
 3 Information about what the patient was doing in the café; what the patient was drinking.
 4 It could be. For example, the raised heart rate could be from the caffeine in a strong coffee.
 5 Yes. The doctor could say something like *When these things come on suddenly, they can seem frightening, but can you tell me ...*

Listening 2

Appropriate response

-  Students listen and do **1** on their own, then do **2–4** in pairs.

- Key** 1 1c 2c 3c 4b 5b
- 2 1 Alternatives possible, but c seems the most logical next step as the patient has already mentioned a and b. However, the doctor might want further details about the type of pain and appetite a little later.
 - 2 Alternatives not suitable – the patient has already answered a and b.
 - 3 Alternatives not suitable – a is not helpful and b is wrong because the patient sounds like he does need help.
 - 4 Alternatives not suitable – the patient has already answered a and c.
 - 5 Although a and b are similar, b is the most appropriate; a has already been answered, and while the patient may want painkillers, the statement is rather dismissive and not appropriate.

Vocabulary

Alcohol

- Students do **1** on their own. They can discuss **2–4** in pairs, groups, or as a whole class.

Additional activity

Ask students to work in pairs and describe an imaginary patient to each other without using one of the words 1–8. The partner has to say which word the student is trying to avoid saying.

* Tip

DTs = Delirium Tremens, a severe form of alcohol withdrawal which causes body tremors and changes in mental state such as confusion, agitation, and anxiety.

* Tip

Be sensitive to cultural attitudes to alcohol at all times.

- Ask them to do **5** on their own. You could suggest they add open questions of their own.

- Key**
- | | | | |
|------------------|------------|----------|------------|
| 1 1 heavy | 3 teetotal | 5 drink | 7 Binge |
| 2 annoyed | 4 social | 6 guilty | 8 moderate |
- 2** CAGE is a mnemonic for a screening test for alcoholism. Sentences 2 and 6 relate to CAGE. The letters in CAGE stand for:
Have you ever felt you ought to cut down on your drinking?
Have people annoyed you by criticizing your drinking?
Have you ever felt bad or guilty about your drinking?
Have you ever had an eye-opener to steady your nerves in the morning?
 CAGE (two or more yes answers) is quite good at detecting alcohol abuse and dependence (sensitivity 43–94%). (See *OHCM7 p.274.*)
- 3** If patients deny to themselves that they have a problem, then it may be difficult to treat it. The first step is to prove to patients that there is a problem. Then they can accept they need to make changes.
- 4** Students can ask colleagues how they have done it. One simple approach is first to ask the patient if he / she drinks alcohol, and then ask an open question about the drinking. Probe any vague answers or hints to find out how much the patient drinks, what he / she drinks, the regularity of drinking, whether he / she drinks alone or with friends, and whether the drinking pattern is the same at weekends. Ask the patient if he / she keeps a count of units (one unit = one small glass of wine, half a pint of beer, a single measure of spirits) and how many units he / she thinks he / she drinks in a week. Compare this to the recommended daily maximum (in the UK, this is three to four units per day for men, two to three units per day for women). At a point where the patient appears comfortable with your questions, ask the CAGE questions.
- 5**
- 1 How would you describe your drinking?
 - 2 What kind of drinker would you say you were?
 - 3 Tell me about your drinking recently.
 - 4 What about drinking early in the day? When do you have your first drink?
 - 5 Are there any advantages of cutting down? Have you ever thought of the advantages of cutting down?
 - 6 How do your family / friends feel about your drinking?
 - 7 How do you feel about your drinking? Do you want to stop?

Project

- Ask students to find the information for **1** and **2**. For **2**, ask them about similar organizations in their own countries – if there aren't any, should they exist? Sensitivity to national attitudes towards alcohol should always be borne in mind.
- Get students to research **3**. Ask them to give examples from other English-speaking countries and examples from their own languages.

- Key**
- 1** TWEAK stands for:
 Have you an increased tolerance to alcohol?
 Do you worry about your drinking?
 Have you ever had alcohol as an eye-opener in the morning?
 Do you ever get amnesia after drinking alcohol?
 Have you ever felt the need to c(k)ut down on your drinking?
 Two points are given for a 'yes' answer to the first two questions, and

one point for the other three. A score of two or more suggests an alcohol problem. It may be more sensitive than CAGE in certain sections of the population, e.g. pregnant women.

- 2 AA (Alcoholics Anonymous) and Alcohol Concern are organizations which help alcoholics to recover from alcoholism through group therapy and self-help. See www.alcoholics-anonymous.org.uk and www.alcoholconcern.org.uk. In the UK, there is also a government-sponsored helpline called Drinkline.
- 3 Some words used in the UK for being drunk are:
merry (slightly drunk) *paralytic* (very drunk) *sozzled* (very drunk)
tiddly (slightly drunk) *well oiled* (very drunk)
 Someone who is *on the bottle* is a habitual drinker.

* Tip

Remind students to vary the type of question so it doesn't sound like an interrogation: *Can you / Could you ... ? What about ... ? And the ... ?*

Additional activity

You could give students words like *sip / gulp / buying a round / measure of alcohol* and ask them to find the meanings in a dictionary if they don't know them.

* Tip

Remind students of the questions about alcohol in **1** and ask them to role-play the scenario in **6**, each taking turns at being the patient. During the role-play follow the same procedure as in the *Speaking* earlier in this unit. Walk around listening and collecting points for discussion. Avoid interfering even if the students are facing difficulties (it can be very difficult to resist doing this)!

Speaking

- Put students in pairs to do **1-3**, then elicit answers from the class for **4**.
- Students do **5** on their own, then work in pairs for the role-play. They can use criteria such as *fluency, sympathy / empathy, asking questions, clarity, using non-technical language, probing vague answers*, etc. This helps them work out what they need to incorporate in their role-play.
- Put students in pairs again for **6**. The role-play here is in many respects very similar to the previous one.
- After the feedback on the role-play, do **7** as a whole class. 'Doctors' may have difficulty in understanding the exact meaning of the 'patients'; not using technical language; and trying to put themselves in the patient's position. 'Patients' may have difficulty thinking about the scenario from the patient's and not the doctor's point of view in a role-play; avoiding the use of medical language; and giving answers that are unrealistically direct because of medical knowledge (where a patient would be more vague). Ask the students to give strategies for overcoming these difficulties.

Key 1 Possible questions

Can I ask you some questions about your personal history?
 Can I ask you some questions about your drinking?
 Can you tell me about your drinking?
 How much do you drink? What do you drink?
 How often do you drink? Where do you drink?
 Do you drink alone or with friends?
 Do you drink the same at weekends as during the week?
 Do you know how many units you drink in a week?
 Do you know what the recommended levels are for men and women?
 Do you think you can cut down?
 Questions from CAGE and / or TWEAK.

- 3 Offer options (choices the patient can make) that fit into the Management Strategy (the plan for managing the patient). Doctors should give two or three options (more than two or three may be confusing and counterproductive). Ask patients what they think they can do realistically or want to do. Ask them what the difficult situations are for them, and how they will cope with those situations. Possible options are:
 - avoiding situations where drinking alcohol is involved.
 - asking friends and family to help, i.e. not to offer alcohol.
 - not keeping alcohol at home.
 - sipping a drink slowly, not gulping.

- drinking smaller measures.
- not buying oneself a drink when buying ‘a round’ in a bar.
- avoiding drinking on certain days or at certain times of the day.

4 The options given need to fit into the patient’s lifestyle and Management Strategy. Suggestions that have been tried by the patient before and that have failed may need greater input from the doctor or should be avoided.

Reading

- Put students in pairs for **1**. Then ask them to do **2** on their own. They can form pairs again for **3**, and you could do **4** as a whole class.

- 0-π 1** The text is about the barriers to preventing illness.
- | | |
|-----------------------------------|------------------------------|
| 1 Barriers to prevention | 4 Metaphysics at the bedside |
| 2 Biological and genetic barriers | 5 Psychological barriers |
| 3 Cognitive barriers | |
- 2 1** Not everyone responds to preventive measures in the same way – if we know patients’ psychology and genetics, we can assess which different measures are most suitable.
- 2** To modify advice to the patient (e.g. *for you, advice is more important than exercise.*).
- 3** It creates cognitive barriers to prevention, such as anger and rejection of advice.
- 4** The clear benefits of preventive action, but this doesn’t work. Coleridge’s quote suggests that we find it hard to care about our future health.
- 5** It gives the substance a certain appeal.
- 4** It is likely that psychology has a large role to play in medicine, especially when it comes to trying to understand patients’ behaviours and achieving successful communication.

* Tip

Emphasize that any examples students give need to be personal; in job applications or interviews they cannot use other people’s ideas.

Writing

Writing accurately for training or work applications

- Students form pairs to do **1**, then work on their own for **2** and **3**. Get them to proofread each other’s work for **4**.

- 0-π 1**
- 1 volunteer; addiction
 - 2 achievement
 - 3 interested; psychological
 - 4 relevant
 - 5 commitment
 - 6 communication; developed

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students’ pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

9 Working in psychiatry

Background

In psychiatry, students need to be observant of the patient's appearance, behaviour, and manner, as these will help in their diagnosis. Excessively flamboyant clothes or fast speech can suggest mania, while a patient who fails to look at the doctor and says little might suggest depression.

As well as being able to assess visual cues, students in psychiatry need to be able to employ all the communication skills acquired so far in this book. Psychiatry can be particularly demanding of students, as they have to deal more with verbal than physical examination. Students need to be able to carry out standard verbal assessments like checking for self-harm and the mini-mental state examination, both of which give students good practice in asking questions.

The subject of suicide is covered in this unit. Talking about self-harm and suicide does not increase the risk of suicide

itself. It is an important subject to discuss in order to assess whether the patient has had thoughts of suicide, whether these wishes developed into detailed plans, and whether the patient made any actual suicide attempts. This enables the doctor to assess the severity of the situation and decide on an appropriate course of action.

Students in any field of medicine may find themselves in a situation where they have to talk to patients who want to leave hospital against the doctor's advice. In some cases, the patient may be able to leave of their own free will; in others they will be legally detained in hospital. In either case, negotiating skills, such as being able to help the patient imagine situations they might find themselves in if they left, demand hypothetical language (*Imagine you ...*). Patients might also use hypothetical language in cases of depression, where they might express self-denigration (*I wish I was a better person*) or anhedonia (*I wish I were happy*).

Useful reference: *Oxford Handbook of Psychiatry*, 2nd edition, Semple et al.

Additional activity

Ask students to search for more details about the four people in *Check up 1*. They could also find information about the following people and their specific contributions to medicine in general or psychiatry in particular: Hippocrates, Plato, Descartes, Braid, and Pavlov. (See *OHCP2*.)

Additional activity

Give students other nouns (e.g. *hallucination, dependence, mood, delusion, depression, hysteria, confusion*) and ask them to give adjectives or verbs for each noun. Then ask them to write their own sentences using the words. They could do this in pairs or groups, or as a class discussion, and you could write all the sentences on the board.

* Tip

Affective disorders are mental disorders which predominantly affect mood and also have an effect on thoughts, behaviours, and emotions. Major depressive disorder, bipolar disorder, and anxiety disorders are the most common. An organic mental disorder is one involving disease, dysfunction, or damage affecting the brain.

Check up

- Put students in groups to do **1–3**. To help students decide in **2**, you could refer them to the *Oxford Handbook of Psychiatry* for further information.
- For **3**, your students may have different views, which could create a lively discussion. One point to remember is that although history itself may not be of interest to some doctors, knowledge of where developments in medicine and psychiatry have come from helps to put the present in perspective, trigger ideas, and inform our understanding of current practices.

0π 1d 2b 3a 4c

Vocabulary

Appearance, behaviour, and manner

- Put students in pairs to do **1**. They then use the adjectives to complete **2**. They can do **3** and **4** on their own or in pairs.

0π 1 Adjective

- 1 aggressive
- 2 restless
- 3 withdrawn
- 4 distracted
- 5 flamboyant
- 6 anxious
- 7 careless

- 2 1 careless 3 restless 5 flamboyant 7 distracted
 2 withdrawn 4 anxious 6 aggressive
- 3 withdrawal – withdraw
 distraction – distract
- 4 1 depression 3 anxiety 5 mania 7 psychosis
 2 depression 4 anxiety 6 psychosis
- All four are affective disorders, but they can all have organic causes.

* Tip

Ask the students to work in three groups and each create a history for one of the three patients in *Listening 1*. Then ask them to find a partner from another group and take turns taking a history. Students should give feedback at the end; it may be helpful to agree criteria to evaluate the role-play with before they start, e.g. body language, question formation, sympathy / empathy.

* Tip

Insight = does the patient understand his / her experiences are the result of illness?

Listening

Describing patients

- Put students in pairs to do **1**. They compare answers with a partner for **2** before listening again to do **3**.

0π 1

	Mr Jones	Miss Rigby	Mr Dickson
1 Appearance	Self-neglect	Wears really bright clothes, suitable for someone much younger	Well-dressed
2 Eye contact	No eye contact whatsoever		Looked at doctor when he spoke and was spoken to
3 Manner	Not paying attention, withdrawn, preoccupied with his own thoughts, hugging himself	Highly elevated mood, hyperactive, awake all night	Worried and anxious, sat on edge of chair, quite agitated, couldn't sit still. Fidgeting, very poor concentration.
4 Mode of speech	Did not interact much with the nurse	Her thoughts are all over the place	
5 Insight		Did not appear to be aware of anything abnormal in her behaviour	
6 Doctor's feelings	In quite a low mood		Safe but nervous afterwards

3 1 depression 2 mania 3 anxiety

Additional activity

At the end of the role-play, get students to work in pairs to think of responses to the difficult reactions the patient had. Then repeat the role-play to practise these.

Speaking

- Students can do **1-6** in pairs. In **4**, you could ask them to role-play a difficult, uncooperative, confused, and / or depressed patient. Ask 'patients' to think about how they might react to the questions (e.g. *Why are you asking me these stupid questions? Are we finished yet? Where are we? I want to go home now*), and 'doctors' to think about how they might respond to possible difficulties (e.g. *I just need to ask these questions as part of an assessment. It won't take long if you'll just bear with me.*)

- Key**
- 1** Orientation
 - 2** 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.
 - Introducing each section**
 - 3 I'm now going to ask you some questions about ...
 - 4 I'm going to give you ...
 - 5 want you to ...
 - 3** 2, 4, 5

Additional activity

Ask students to work in groups and explain what they know about the following therapies: *group therapy*, *cognitive behavioural therapy*, *rational emotional therapy*. When they have finished, ask one person from each group to choose one therapy and explain it. Then invite other students in the class to add any additional information. (See *Oxford Handbook of Psychiatry* for further details.)

Additional activity

Ask students to write several sentences describing possible steps up to and including the admission of a patient to hospital. Each sentence should contain two steps: one with the verb in the Past Simple and the other in the Past Perfect. Example pairs to get the students started are: *bring in by police / admit*; *sedate / calm down*.

It's my job

- Put students in pairs to do **1** and **2**.

- Key**
- 1** 1, 3, 5, 6, 7
 - 2** 1 To re-teach skills of daily living to the patients as they prepare for discharge.
 - 3 Taking time to listen to the patient helps the patient and develops trust.
 - 5 No specific reason is given in the text, but the patient may then be more co-operative and open to treatment.
 - 6 To avoid alienating the patient.
 - 7 The healing process takes time, and impatience won't help.

Language spot

The Past Simple and the Past Perfect

- Read the introduction as a class. Then ask students to do **1** and **2** on their own. They should use the Past Perfect only where it is necessary.

- Key**
- 1** 1 had already finished; telephoned
 - 2 rushed; had already disappeared
 - 3 had done; knew
 - 4 was; had arrested; (had) brought
 - 5 Had you made up; were
 - 6 hadn't completed; left
 - 7 (had) first synthesized; introduced
 - 2** 1 finished his wards rounds
 - 2 the patient had already disappeared
 - 3 I had done some assessment tests before
 - 4 they had arrested her once before
 - 5 made up your mind about your future career
 - 6 hadn't completed his internship
 - 7 had first synthesized diazepam

Pronunciation

Weak forms

-  Students listen and do **1**, then form pairs to do **2-4**. For **4**, encourage students to use phrases from the *Useful Language* in the Student's Book to form their questions.

* Tip

Medicine and medical language has lots of secondary stresses with many polysyllabic words (e.g. *myocardial infarction*) whilst general spoken English is more monosyllabic with lots of unstressed words (*Can you tell me how it all came about?*). Even at advanced levels, students often either leave the stresses out or trip over them. This exercise should increase their awareness and offer opportunities for practice.

Additional activity

Play the recording again and get students to underline the other unstressed syllables in the sentences. Then ask students in groups to write sentences of their own and underline the unstressed syllables. When they have finished, they can read the sentences to the class.

* Tip

pre-morbid personality = a patient's personality prior to the onset of a psychological disorder

* Tip

After you have finished the reading exercises, ask students to practise verbally the questions described in the first two paragraphs.

- Ask students to form new pairs to do 5.

Key 1

1 After I'd learnt to take a detailed history from the patient, I ...

2 Before I'd worked in psychiatry, I ...

3 I'd 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'd left my home country, I ...

4 Sample questions

After you had finished university, did you find a job immediately?

Had you ever worked in [e.g. psychiatry or other field] before you came here?

Before you left your country, had you done any postgraduate courses?

Had you ever thought of doing anything else when you were younger?

Once you had graduated, what did you decide to specialize in?

Reading

- Put students in pairs to do 1. Then ask them to do 2 on their own. They can do 3-5 in pairs or groups. In 5, allow free talking without interruption. Try to avoid answering questions and correcting; save this until the end of the discussion.

Key 2

a explain to the patient how long the interview will take

b what his expectations are

c is reluctant to start talking

d ask what the patient thinks about this

e be sure it is comprehensive

3 1 Do not hurry him. Try asking: *How are you / What has been happening to you? / What are the most important things?* Indicate why the GP referred the patient and then ask what the patient thinks about this.

2 everything listed in the bullet points at the end of the text

3 when they are specific

4 early morning waking, decreased appetite and sexual activity, weight loss

5 Students' own answers.

(See OHCM7 p.322)

4 Possible questions:

How are you? What has been happening in your life recently?

Can you describe what life was like for you when you were younger / a child? Can you tell me what life was like for you as you grew up?

How would you describe yourself before you became ill?

Additional activity

Ask students to underline the stressed syllables in the questions in *Patient care 1*, then read the questions out loud using the correct stress.

Patient care

- Put students in pairs to do **1-3**.

- Key 1**
- 1 harming yourself
 - 2 feel; future
 - 3 go; bed
 - 4 ending or taking; life
 - 5 made; preparations
 - 6 end or take; life

2 Possible questions

Have you actually harmed yourself?

What stopped you harming yourself?

Have you ever thought that life was not worth living?

- 3** You need to ask about the past to find out if there is a pattern of thoughts about self-harm. Asking about plans, and whether a patient has ever harmed themselves, will tell you how seriously a patient has thought about doing it.

Speaking

- Put students in pairs to do the role-play in **1**. You may want to put the As and Bs in groups first to study the role-play cards. Check that they understand the situations described for both their patient and doctor roles. Encourage students to try to empathize with the patient and think about their body language before they start. Encourage the doctors to probe gently, considering the state of the patient. Give them time to look at the questions and advice on pp.86 and 87 of the unit, to plan what they might say as the doctor.

While students are doing the role-plays, watch discreetly what is happening without interfering. Make notes about language, pronunciation, body language, empathy, etc to feed back at the end. Discuss the role-play with the class as a whole, looking at it from the patient's point of view first, i.e. why the patient in each case might behave in that way, and then how the doctor has to deal with this.

- Students remain in their pairs for **2** and **3**.

Language spot

Wishes and consequences in negotiations

- Read the introduction as a class. Students do **1** on their own, then form pairs to do **2**. Before they switch partners for **2**, you might want to check the questions for accuracy and you could ask students to say the questions aloud to check the stress is correct.

- Key 1**
- 1 I wish I had come to see him yesterday.
 - 2 If only they would let me go home to my family this afternoon.
 - 3 Imagine you had a fit when you were alone in a swimming pool.
 - 4 I wish he would recover / had recovered completely.
 - 5 Suppose you went home. Who would look after you?
 - 6 I wish I hadn't lost my temper with the patient last night.
 - 7 I wish the visitors would go away and leave us in peace.

Additional activity

Refer students to the second bullet point in the introduction and to the thought bubbles on p.86. Ask them to write more sentences expressing anhedonia and self-denigration relating to a depressed patient, using *wish*: *I wish I were happy, I wish I didn't feel like this*, etc.

Speaking

- Put students in pairs to do **1-3**. For **2**, note that the cues are not direct responses to the patient's wishes in **1**. Encourage students to use a variety of phrases from the *Language spot*: *Imagine / Suppose / What if / Let's say*.

- Key**
- 1**
- I wish I could go home now.
 - I wish I hadn't taken the tablets in the first place.
 - I wish / If only I could see my family.
 - I wish they wouldn't stop me going home now.
 - I wish the doctor could see I am OK.
 - I wish / If only I were at work.
 - I wish I were out enjoying myself.
- 2 Possible answers**
- Imagine you collapsed in the street.
 - What if you had a relapse on your own at home?
 - Suppose you fell.
 - Let's suppose you were driving and collapsed.
 - Imagine you caused an accident.
 - What if you damaged your liver?
 - Let's suppose there was nobody around and you passed out.

Writing

Extract from a mental state examination

- Put students in groups to do **1** and **2**.

- Key**
- 1** A former patient of mine, Mr Thompson, who is 25 years old, was found by police at 2 a.m. wandering in the street, confused. The patient had been admitted one year earlier under similar circumstances. He was aggressive and confused and talking rapidly. He said the transport system was a mess and he needed to fix it now. He had poor concentration. He was not properly dressed though previously he had always been formally dressed and very tidy. His insight was impaired and he was not aware of what he was doing. He made inappropriate gestures to the police and nurses. We were careful about being alone with the patient without a clear escape route.
- 2** There are two instances of the Past Perfect in the answer above: *had been admitted*; *he had always been formally dressed*.

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

10 Terminal illness and dying

Background

Dealing with situations related to terminal illness and dying is difficult in any language, so it follows that dealing with it in a second or even third language is probably more complex. Apart from having to consider appropriate vocabulary (whether to use words like *pass away* or *die*), intonation, manner, and turn of phrase are crucial. Other areas that doctors need to pay attention to are recognizing and dealing with patients' emotions, allowing patients to express their emotions, breaking bad news, and establishing a coping mechanism for themselves in dealing with such emotional situations. These topics are all covered in this unit.

There are a number of established patterns of behaviour and emotional processes associated with dying, which are important for students to be aware of. When patients are faced with unpleasant situations such as dealing with their own or a relative's terminal illness or approaching death, they are likely to go through various specific

emotional stages, from shock, to guilt, to acceptance, but this will vary from patient to patient. The reading passage gives a step-by-step approach to breaking bad news.

The pictures in *Check up* and the *Web project* on p.92 can help introduce a discussion about care of the dying, especially from a social and cultural point of view. Support outside the hospital through community care, such as help from palliative care nurses or hospice care, may take different forms in different cultures, or may not be available at all.

In all of this, the effect on the doctor or other health professional needs to be taken into consideration. Patients may encounter terminal illness a number of times throughout their lives, but doctors, nurses, and other health personnel may face this more than once a day in certain specialties.

Useful reference: *Oxford Handbook of Palliative Care*, Watson et al., especially pp.19–25, 625–635, and pp.699 onwards.

* Tip

Introduce the idea of community care to the students and ask them to explain it in relation to a nuclear or extended family.

Check up

- Students can do **1–3** in pairs. For **3**, encourage them to think about issues such as safety, availability of medication and treatment, patient comfort, and strain on the family. You can then do **4** as a whole class.

Answers: **2** 1c 2d 3b 4a

4 To help patients to manage chronic (long-lasting) pain.

Additional activity

As an alternative in **2**, get one student in each pair to read aloud the meanings of a–g and his/her partner to give the definitions 1–7. For **3**, students can read alternate sentences to each other, saying *blank* where the space lies, and their partner can supply the missing word in the appropriate form.

Vocabulary

Reactions to bad news

- Put students in pairs to do **1** and **2**. They can then do **3** on their own.
- Students discuss **4** in groups or as a whole class. Consider that in some cultures, public expression of grief is considered natural, but in others people do not feel comfortable with it. Ask students to compare and say what the benefits of each are.

Answers: **2** 1c 2f 3d 4e 5g 6b 7a

3 1 numb 4 resigned 6 disbelieve
2 shocked 5 isolated 7 panicked
3 denies

*** Tip**

After the students have done 1–4, get them to read the three extracts in the *Listening script* to you, using the correct intonation. They can then do it in pairs and then role-play the same situations using their own words.

*** Tip**

A good innings = a long life

Additional activity

You can turn the arguments for community care / hospice care / hospital care into a class debate. Or you can ask students to discuss whether a service like Marie Curie or Macmillan nurses has a place in their own countries, if similar organizations don't already exist.

Listening 1**Recognizing and dealing with patients' emotions**

-  Students listen to the extracts for **1**, then form pairs to do **2**. They may need to listen again to complete the statements in **3**.
- Play the recording again for students to listen to the intonation in **4**.

- 0π** **2** 1 resignation
2 shock, disbelief, denial
3 shock, panic
- 3** 1 we had feared
2 come to terms with this
3 to stop for a moment
- 4** The doctor's voice goes down at the end of each statement. This makes the doctor sound sincere.

It's my job

- Students can do **1** and **2** in pairs, then discuss **3** in groups or as a whole class. For **3**, students may be able to describe their own professional or personal experience and should expect a range of emotions, often starting with shock and disbelief.

- 0π** **1** 1 Not keeping enough distance from their emotions and getting personally involved are common problems.
2 It is a cathartic experience.
3 Marie Curie nurses work in conjunction with Macmillan nurses, GPs, and other health professionals.
4 It is rewarding and very valuable from the family's point of view.
- 2** teamwork – 3
a healing experience – 2
a worthwhile experience – 4
a difficulty – 1

Web project

- For **1** and **2**, ask students to download the information and look at any links. You could suggest particular areas to find out about, for example, what each organization does, their main aims, how they help patients and families, how they are different from each other.
- You could ask students to do **3** in pairs or restrict them to one or two organizations from each country. Ask them to identify two or more similarities or differences between these UK organizations and any they find.
- Put students in groups for **4**. The care may be radically different from that in the UK. You could ask the groups to summarize their discussions and compare their answers and suggestions with the rest of the class. You may want to combine this with **5**: encourage students to think of the best and worst aspects of both community and hospital care and the costs that might be involved in each.

- 0π** **2** palliative care / care of the terminally ill

* Tip

As a variation, students can work on their own to write seven negative statements expressing dislikes, e.g. *I would prefer not to ... , I don't like ...*. They then say their statements to a partner, who can question them about what they said.

* Tip

Mesothelioma = a form of cancer that affects the lining of the lung

Additional activity

Ask students to give a presentation on one of the three scenarios in **7**. They can prepare it as homework using their own experience or imagination. The presentation can be as long or as brief as you have time for, but set a clear time limit and tell students what equipment they can use, e.g. chalkboard, projector, etc.

Language spot

Expressing likes, dislikes, and preferences

- Read the introduction as a class before students do **1** and **2** in pairs. Check their questions before asking them to form new pairs for **3**.

- Key**
- 1 Mrs Jones prefers being / to be in her own home rather than the hospital.
 - 2 Would you like to spend time abroad over the next few years?
 - 3 I'd hate to live at the hospital.
 - 4 He'd like to go to the respite home this weekend.
 - 5 I would prefer not to have to get up so early every morning.
 - 6 Do you dislike starting early in the morning?
 - 7 He'd rather not take anything for the pain at the moment.
 - 8 As a rule, I like to get to bed around 10 p.m.

Speaking

- Put students in groups to do **1**. Check that they understand the meaning of 'warning shot' (e.g. *I'm afraid the news is not good.*) and 'leaving the door open' for the future (e.g. *Please get in touch if you have any further questions.*). They can remain in groups for **2** and **3**.
- Students choose five criteria for **4**, then form pairs to do **5**. Check that students all understand the *Useful phrases* before they begin and encourage them to practise using them. As before, while students are doing the role-plays, watch discreetly without interfering. Make notes about language, pronunciation, body language, 'role understanding / play', etc.
- For **6**, at the end of each role-play, ask students to give each other feedback, allowing each student to assess his / her own performance first. In giving feedback, students should always begin with the positive points first, followed by constructive criticism for development. Remind them that giving feedback is a skill that can be developed and which will help them to develop self-awareness and to give patients feedback about their illness.

If you have time, you could discuss the role-play with the class as a whole, looking at it from different angles – what they found enjoyable or difficult, etc.

- Students remain in their pairs to do **7**. Ask them to role-play one of these scenarios for further practice, taking on board the feedback from the previous role-play, and making improvements or trying different phrases where possible.

- Key**
- 2 Some different reactions to discuss might be to stay silent, to say some comforting words, to offer a tissue, to offer to stop for a minute.
 - 3 Possible answer
Informing the daughter / son
 - 1 I don't really know what mesothelioma is.
 - 2 Well, I thought it might happen like this.
 - 8 Thank you for asking, doctor, but I'd rather you continued.**Length of time left**
 - 7 How long has he got?

Sympathizing / empathizing

9 Yes it's very difficult. I just didn't think it would make me feel so lonely.

Care in the home

3 He hates being in hospital.

4 He'd rather be at home.

5 I'd like to look after him at home.

10 What about nursing help at home?

Pain management

6 Is there anything you can give him for the pain?

*** Tip**

Give the students a chance to discuss the steps described and to compare with examples from their own experience.

Additional activity

The photographs on p.95 illustrate a variety of rituals relating to death in different cultures (*clockwise from top left*): a young Cambodian woman holding a portrait of her grandmother during the funeral, Mexico's 'Day of the Dead', a jazz funeral in New Orleans, a cremation in Bali, and a traditional European funeral. You may find these useful for stimulating discussion among your students, starting by asking them to identify what is happening in each, and which country it might take place in, and then coming up with other traditions they may have encountered.

Additional activity

Once students have done **3**, give them another word like *sympathy* or *suppress* and ask them in groups to find as many forms of the word as they can that can be made from or are related to the word. Then ask them to make sentences on a flipchart or an OHT, using the word in its different forms.

Reading

- Before they read the text, put students in pairs to think about the steps in **1** (these are listed in the key for **3** below). They can do **2** and **3** on their own or in pairs, then form groups for **4** and **5**.

0-π 2 The first phase

The second stage

Following this

The fourth step

Next

And then, the seventh step

The next step

The final two steps

(Step 6 has no marker in the text.)

3 1 Preparation for the interview with the patient

2 Finding out what the patient or family knows about the situation

3 A 'warning shot' to prepare them for what is coming

4 Denial – the patient controlling the situation by the amount of information he / she wants to be given

5 Further explanation to check they understand

6 Asking if they would like you to give more information

7 Listening to the patient's concerns

8 Allowing the patient to express their feelings

9 Summarizing concerns and making a treatment plan

10 Making sure you offer yourself for further explanation and possibly a family meeting.

Vocabulary**Words and phrases related to death**

- Put students in pairs to do **1-4**.

0-π 1	1 died of	4 passed away	7 pass
	2 fading	5 mourn	8 bottling up
	3 perform	6 laid out	
2	1 perform	4 pass on	7 post-mortem
	2 fade	5 bottle up	
	3 pass away	6 condolences	
3	1 dead	3 dies	5 died
	2 death	4 dying	

Additional activity

So that students can appreciate what good practice is, role-play the scenario between Dr Masood and Mrs Mann with a student, deliberately badly or clumsily. Then ask students to do it as best they can and compare. Discuss as a whole class what went wrong in the first role play.

* Tip

Encourage students to vary the difficulty of the scenario in 4 by making the parents more or less reluctant to agree. Ask a pair to volunteer to do the role-play in front of the class with other students taking notes. You could ask the volunteers what they would particularly like feedback about. Ask the class to give feedback at the end (remember to ask the volunteers to give the feedback about themselves first). Ensure the feedback is constructive.

Listening 2

Informing a relative about a death

- Students listen and do **1** and **2** on their own, then compare with a partner for **3**. They remain in pairs to do **4–6**. For **5**, remind them of some of the reactions discussed in *Vocabulary* on p.90 of the Student's Book. Ask them to give feedback for **6** as in the previous *Speaking* exercise.

- Key**
- we go in
 - The news
 - sorry to say that / able to resuscitate
 - passed away
 - Sister Jones or me
 - like us to contact / prefer to do so
 - easy to come to terms

4 Possible questions

- Would you like someone to be with you?
- Would you like a nurse to be present?
- Would you like to be alone?
- Would you like me to stop for a minute?
- Would you like to see the body / your husband?

5 Possible questions

- The patient probably had an idea that something was wrong and perhaps cried or was in shock.
- 2–7 The patient perhaps cried, expressed disbelief, felt guilty, or remained silent.

Speaking

- Students work in groups to do **1** and **2**. There may be an imbalance for one side of the argument or the other in **2**. If this is the case, encourage or nominate some students to argue for the other side.
- Students discuss **3** as a whole class, then form pairs to do **4** and **5**. Remind them to think about how the parents might be feeling, how they might react, why it is important to ask, and what their son may have wanted.

- Key**
- For
 - saves lives
 - shortage of organs
 - gives comfort to bereaved families
 - Against
 - is open to abuse
 - is unethical
 - is unnatural
 - is dangerous
 - is insensitive / traumatic subject to deal with after death

4 Possible answers

- I have to ask you a very delicate / sensitive question.
- Your son David was carrying a donor card in his wallet, but we still need your permission if we are to carry out his wishes.
- This is a very difficult time for you and your family, but ...
- Would you like some time to think about it with the family?
- If this is distressing, we can talk about it a little later when you are ready.

- 6 By donating organs you will be helping other people to live.
7 But do not feel pressured in any way to donate your son's organs.

Speaking

- Put students in groups to do **1** and **2**. All the options in **1** are valid answers; some may work better for different students and at different times, and a combination of several is likely to be helpful. As the students discuss, try not to take part in the discussion yourself, but encourage them to give reasons and examples, and give feedback afterwards.
- For **3**, students report what they have discussed. This is a chance for the whole class to air ideas. Allow full expression, but try to make it as light as possible, because it can be difficult talking about the situations covered in the unit. For example, encourage students to share amusing or uplifting anecdotes of ways they have coped. Note that if the discussion becomes morbid, you should bring it to an end. You might like to warn students of this possibility beforehand.

* Tip

Whilst it is important and helpful for students to collaborate in the writing, remind them that in any job or job application, their work must be personal to themselves.

Writing

Preferred coping mechanisms

- Students do **1** on their own. Ask them to think of familiar mechanisms like reading, sport, and visiting friends, but also activities personal to them. They then form groups for **2**.
- Try to encourage students to help each other in **3**. If you collect samples of student writing, ask the student's permission. If you use them in future classes as examples, remind students not to copy.

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

11 Working in a team

Background

In this unit, the value of teamwork in a medical context is explored, along with some of the skills that are required for members of a team to function properly together.

Surprisingly, it is less often the big issues that cause problems within teams, but the small exchanges with another health professional who may not be a nurse or a doctor, and whom one has perhaps never had contact with before. Learning how to interrupt a work colleague you don't know in order to ask for advice or borrow something, or learning how to approach a senior colleague such as a consultant, may seem minor interactions, but they are skills that can make or break a professional relationship.

Some students may find it hard to talk to people in different positions, for example, a radiologist or a nurse. Others may find age or gender differences affect their ability to communicate and function well in a team. If students are not used to working in a collaborative framework or as part of a hierarchy, simple techniques such as being able to engage in small talk at the appropriate time with colleagues (and patients) can help

establish a rapport within the team. The qualities that doctors and nurses require to be team players will vary from situation to situation, but there are certain qualities such as cooperation, respect, politeness, and taking responsibility, which are necessary on all occasions.

Any kind of exercise you give your students where they have to work together will help to foster a group or team mentality. You can give students problems to solve together, such as the photocopiable communication exercise for this unit (p.103). Another technique is to ask a student to act as a monitor when you do group activities and get them to give feedback on the group's ability to interact with each other smoothly. Alternatively, if you have access to a video camera, you can record students' work in groups. This allows you to show them examples of their interactions and give feedback on team collaboration, as well as language. By showing students a video of themselves working in a team, you can ask them to identify for themselves what works well or could be improved, which will help them take this on board in their clinical work.

Useful reference: *Oxford Handbook for the Foundation Programme*, 2nd edition, Hurley et al.

* Tip

A phlebotomist specializes in extracting blood from patients for laboratory analysis.

Additional activity

'Small talk' is an important communication skill to put people at ease and help interactions with colleagues and patients to run smoothly. Ask students to work in pairs and create mini-dialogues focusing on 'safe' small talk subjects like the weather, family, hobbies, etc. Ask them to think what other subjects people make small talk about. Discuss the function of small talk, and remind students of its use in putting the patient at ease.

Check up

- Put students in groups to do 1-4.

- 0-π 1** The attitudes of the people to each other are open to interpretation by students. The situations are:
- a A junior doctor is talking to a senior nurse. The doctor is asking for advice.
 - b A young doctor is talking to a consultant on the phone, asking her to come and see a patient.
 - c Three colleagues are chatting in a relaxed manner.
 - d A junior doctor is trying to interrupt two nurses.
- 2** 1 c
2 a, b and d
3 d
4 b
- 3** Because everybody needs the help of others to do their job effectively.

Additional activity

A group discussion of attitudes to politeness can usefully be linked to this topic to encourage students to think about their interactions with colleagues. For example, ask students to talk about their views of what it means to be polite and how important they consider it in different situations. They can make a list of similarities and differences in perceptions of politeness between cultures. They can think about verbal responses, body language / gestures, and general behaviour.

Additional activity

Ask students to write sentences of their own using the nouns and one of the adjectives not used in the sentences in **2**: *working, effective, moral, public, social, community, joint*.

* Tip

At the end of *Vocabulary*, ask students to close their books and recap. Say an adjective and ask students to supply the noun, e.g. *team – spirit, practical – support*. Alternatively, give the noun and ask students to tell you at least one suitable adjective. Students could also do this in pairs.

* Tip

Write the example given here on the board if students have difficulty getting started in **1**.

Culture project

- Put students in pairs to do **1** and **2**, then get them to form new pairs for **3**. Encourage them to develop the conversation as much as they can. Make the aim either to ask all the questions or to develop several fully.
- Do **4** as a whole class, and allow the students a chance to ask you the questions.

Vocabulary

Teamwork

- Students can do **1** and **2** on their own or in pairs. They may offer other possible answers for **1**; you can explore what they mean by each suggestion to check their understanding. The important thing is for students to understand each of the adjectives and nouns surrounding teamwork and be able to use them correctly. For **2**, the adjectives can be used more than once.
- Put students in groups to do **3**. Ask them to think in particular about the elements of teamwork discussed so far, e.g. attitudes towards responsibility, co-operation, support, etc.

- Key**
- 1 team: key, multidisciplinary, close, working, effective
 - 2 cooperation: practical, public, community, team, social, joint, close, effective
 - 3 spirit: public, community, team, working
 - 4 role: practical, public, community, team, moral, social, joint, key, multidisciplinary, effective
 - 5 responsibility: public, community, team, moral, social, joint, collective, key, multidisciplinary
 - 6 support: practical, public, community, team, moral, social, multidisciplinary, effective
 - 7 partnership: public, social, joint, key, close, working, effective
- 1 team spirit
 - 2 Close cooperation
 - 3 multidisciplinary team
 - 4 key role
 - 5 collective responsibility
 - 6 practical support
 - 7 close partnership

Writing

Describing an example of good practice

- Students work on their own to do **1** and **2**, then form pairs for **3**.
An example for **1** might be: 1 patient admitted to A&E from RTA → 2 ambulance crew briefed me (junior doctor) → 3 nurse checked vital signs → 4 I asked consultant's advice → 5 surgeon performed emergency surgery... etc.

In **2** they should expand these notes into full sentences and try to build in the words relating to teamwork, e.g. A patient was admitted to Accident & Emergency from a Road Traffic Accident. The ambulance crew briefed me, a junior doctor, then handed over responsibility for the patient's care to me. I worked closely with the nurse while she checked the vital signs – this is a key partnership in caring for patients. I asked the consultant's advice and she was able to offer me practical and moral support... etc.

Reading

- Put students in pairs to do **1** and **2**. They then work on their own for **3**. For question 2, encourage students to think of the dynamics of working in a team. For question 4, ask them to consider what happens if one person is acting on their own and what the consequences are for the patient and for colleagues. Does it put pressure on other people?

Key

2 1 demonstrate
2 outcome
3 perspective
4 appreciate
5 respect
6 heed
7 shape

3 1 (A good team worker) understands which piece of information needs to be conveyed to which particular person.

Additional activity

Once students have done **1**, you can play the recording again and ask them to give their own responses before you do **2**. You could do the same again before doing **3**.

Additional activity

Put students in groups to create their own initial statements or requests matching the polite responses. Then get them to role-play some of the exchanges.

Listening 1

Appropriate responses

-  Students listen and do **1** and **2** on their own. They can do **3** and **4** in pairs.

Key

1 1 Asking a colleague for help / interrupting a colleague's work
2 Asking to borrow a pen
3 Apologizing
4 Asking a colleague to take blood / interrupting a colleague's work
5 Checking how someone is feeling and whether they need help
6 Sympathizing / offering help
7 Apologizing / conveying important information

2 1b 2a 3a 4b 5a 6a 7b

3 Possible answers

1 Thank you. / That's really kind of you.
2 Thank you. / That's really kind of you.
3 Thanks for being so understanding.
4 That would be great. / That's fine.
5 I hope it stays that way.
6 Not at all. / My pleasure.
7 Thank you.

4 Possible answers

1 That's OK. No problem.
2 Actually, I haven't, but it's OK. Thank you.
3 I am sorry. I was genuinely held up.
4 I am sorry to ask when you're busy.
5 Oh, sorry to hear that.
6 OK, no problem.
7 Oh I'm really sorry. Shall I call ...?

Language spot

Being polite

- Read the introduction as a class. Students can do **1–3** on their own or in pairs. For **4**, ask them to work separately to underline the important words in each of their statements, and to think of brief polite responses that might be appropriate for each. They then take turns reading their statements aloud to each other. They can then swap over and read each other's statements, and say the brief responses they thought of for each.

0-π 1 1a 2b 3a 4b 5a 6a 7a
2 1 sorry to / bother
 2 Excuse me / come and have
 3 Would you mind / closed
 4 I can see / writing
 5 Is it OK / clear
 6 Do you think / use
3 1 cord
 2 cord
 3 bore
 4 borc
 5 e
 6 b, c, or d

Additional activity

Students work in pairs and choose a pain relating to one area of the diagram. Their partner takes a history to find out what the problem is and makes a diagnosis.

* Tip

Allow students to explore the value of doing other jobs like Dr Noori or doing volunteer work for their own personal development.

Speaking

- Put students in groups to do **1**. They find a partner from a different group for **2** and **3**. Set time limits: 10–15 minutes for preparation in **1**, 5 minutes for each doctor in **2** and **3**. At the end, allow for general discussion of the exercise and more open general feedback. Students may want to repeat the exercise; if you have time, allow them to do so to practise and improve. If you have access to telephones, you can use them to add authenticity to the exercise.

It's my job

- Students discuss **1** with a partner before they read the text and do **2**.

0-π 2 1 Afghanistan
 2 information on Health and Safety guidelines, order of draw, bottle additives, infection control, labelling and documentation, practising in an out-patient setting and on the wards, assessment on obtaining a minimum of 50 bloods, good communication skills
 3 Dari or Pushto
 4 driving a car, changing gears
 5 You need to react quickly and politely, and get on with colleagues, or the job is unbearable.

Additional activity

Elicit other adjectives to describe behaviour. This can be done as a whole-class, group, or pairwork activity. Allow students to use dictionaries. You could turn it into a competition between groups, with a time limit to see who can make the longest list. Then make sentences together using the examples students have come up with.

Vocabulary

Describing attitude and behaviour

- Put students in pairs to do **1–3**. Encourage them to use the *Useful phrases* given in **3**. You can then do **4** as a whole class.

- 0π 1**
- 1 offensive, rude
 - 2 friendly, sociable
 - 3 ambitious, determined
 - 4 abrupt, blunt
 - 5 thoughtful, kind
 - 6 calm, carefree
 - 7 cheerful, lively
- 4** There can be a variety of cultural, professional, and personal reasons. The concept of talking about both positive and negative qualities may be unusual in some cultures.

Speaking

- Put students in pairs to do **1** and **2**.
- Ask them to work with a different partner for **3**. At the end of each role-play, ask students to give each other feedback based on the agreed criteria, allowing each student to assess his/her own performance first.

- 0π 1 Possible answers**
- 1 Excuse me, I'm sorry to bother you, but ...
I'm sorry for interrupting you, but ...
 - 2 ... would you mind helping me with this?
... could you do this for me when you get a minute?
 - 3 We need an urgent blood sample.
The child is in a critical condition.
 - 4 Could you send this priority form off with the sample?
Here's a priority form; it will need to go off with the sample.
 - 5 Thank you. If there are any problems, can you bleep me?
Thanks. Any problems, just bleep me.

Listening 2

Asking a senior colleague for help

-  Students listen and do **1**, then compare with a partner for **2**. Students should work with a different partner for **3** and take turns as consultant and doctor, role-playing the phone call from their notes.

- 0π 1**
- 1 I'm really sorry to disturb you, but ...
 - 2 That's perfectly OK.
 - 3 Could you possibly come and see her?

Speaking

- Put students in groups to do **1–3**. Encourage them to use the *Useful phrases* where possible. Set a time limit (suggest 15 minutes) for preparation in **1** and **2**. Ask students to decide on two or three criteria to help them judge the interviewee's performance. Suggested criteria might be organization, relevance, and fluency. They can use the *Speaking checklist* on p.120.

The role-play can be done in pairs or in threes as panels of two interviewers and one interviewee. Set a time limit of 7–10 minutes maximum for each candidate. Ask the interviewers to take notes as they interview and give feedback as per the criteria on their *Speaking checklist*. Allow each student to have a turn. At the end, give general feedback and allow class discussion. If you have time, you could offer yourself to be interviewed with the whole class as the panel.

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

12 Diversity at work

Background

In a multicultural society like the United Kingdom, students' awareness of the cultural background of their colleagues and patients is crucial for them to be able to function well at all levels of primary and secondary health care. With the increasing movement around the world of people in general, and of professionals such as doctors and nurses in particular, more and more societies, systems, and institutions of health provision like hospitals have a culturally diverse workforce and patient body. With this comes a need for other people to understand your students' backgrounds and beliefs, and equally for your students to understand the people who they are working with and for.

For your students, awareness takes the form of understanding everyone they meet as individuals, who may have very different cultural and religious backgrounds or belief systems. These may have an impact on the way that patients behave, and the way that they expect your students to behave. The same applies in dealing with colleagues.

Just being aware of the differences is not enough – but it is a start. But which differences do they need to be aware of? Age, gender, race, religion, nationality, professional status, marital status, and level of education and language

ability are all areas in which differences can lead to stereotyping and making assumptions which can cause offence. It is important to remember that what may seem small or insignificant to one person may have enormous importance to another, so it is crucial not to make assumptions.

If we take something like names and titles, we can see how offence can be caused and create tension or a breakdown in communication. For example, one of your students may address a female patient with a newborn child as 'Mrs' assuming she is married when in fact she is not. To retrieve the situation, they may address her as 'Ms', only to be told that she is not a 'Ms' nor a 'Miss' but in fact a 'Dr'!

This unit will help your students in the important task of getting to know and understand the different beliefs and cultural backgrounds of their patients and colleagues. Being aware of other people and their cultures is essential in medicine. It helps health professionals to be sympathetic and empathetic. But above all, students should bear in mind the inscription on the temple of Apollo at Delphi: *know yourself*. Ultimately, to understand oneself is to understand other humans as well.

Useful reference: *Oxford Handbook of General Practice*, 2nd edition, Simon et al.

* Tip

Ask students to bring in pictures that they think reflect the culture of their own countries. They could bring in a selection relating to the themes in *Check up*. Students could prepare the selection as group homework and then show their pictures to the class as a five-minute presentation. Alternatively, you could link these presentations to **3** of *Reading* on p.108 of the Student's Book.

Check up

- Put students in groups to do **1-4**.

- 1** The pictures represent clothing, religion, festivals, language, and food.
- 3** Possible answer: It is important to treat patients within the context of their beliefs because it is possible to offend them or provide unsuitable treatment options by, for example, making suggestions about food they should eat, which the patient may not be allowed for religious reasons.
- 4** Possible answers
Increased migration has many causes – flexible international job markets and more affordable travel, for example. International understanding and co-operation are now more desirable than ever as the world 'becomes a smaller place' and different cultures mix and live alongside each other. It is possible for us to try to understand each other more as a result although it can require will and effort to respect others' beliefs.

Speaking

- Put students in groups to discuss the behaviours in **1** before they choose the most annoying ones. They can do **2** in pairs, then come together as a class for **3**.

Listening

Avoiding and responding to tactless comments

- Students can do **1** in pairs, groups, or as a whole class. Ask them to do **2** with a partner.
-  Students listen and do **3** on their own. They can do **4** in groups or as a whole class.

- 0π 1** This poster was used to encourage respect and raise awareness about diversity issues like age and gender.
- 2 a** a doctor recommending that a patient either should stop eating meat or should eat more meat
 b somebody expecting someone of either sex to be married, perhaps addressing a single mother / female as *Mrs*
 c somebody getting someone's name and title wrong
 d somebody mistaking a consultant for a patient
 e a doctor recommending a patient to cut down or give up drinking, or asking how much he / she drinks
 f somebody assuming that because someone has a disability that they are not a capable person
 g someone expressing empathy (e.g. I can understand what you're feeling), but not being in a position to do so, for example a male doctor talking to a woman about labour pains
 h somebody asking someone to do something on a day of worship
- 3** 1e 2a 3c 4h 5b 6f 7g 8d
- 4 Possible answers**
- 1 Can I ask if you drink at all?
 - 2 Do you eat meat products? Or do you have a special diet?
 - 3 Have I got your right name here? (Show it written down.)
 - 4 Are there any days of the week you can't come?
 - 5 Congratulations on your new baby.
 - 6 Can I ask if you are working or unemployed?
 - 7 It's not easy to go through this.
 - 8 Excuse me, are you by any chance [patient's name]?

Additional activity

Students take turns saying the statements in the *Listening script* on p.138 of the Student's Book, and saying the responses from **2**. You could then play the sentences in the recording one at a time and ask students to give their own response.

* Tip

Teetotal = does not drink alcohol

Patient care

- Put students in pairs to do **1** and **2**. Encourage them to use the *Useful phrases* and to develop the conversation as tactfully as possible.

- 0π 1 Possible answers**
- 1 Can you tell me who lives with you at home?
 - 2 What about your parents? Are they still alive?
 - 3 How shall I call you, Miss or Ms? / What is your preferred title?
 - 4 Is your family name from Africa?
 - 5 I know your husband is in a wheelchair, but is he able to work?
 - 6 Are there any festivals or celebrations that you need to observe?
 - 7 Are there any medicines you can't take for any reason?

* Tip

You can link **3** with the mini-presentations suggested in the tip for *Check up*.

Reading

- Students do **1** on their own, then form pairs for **2**. They can remain in their pairs for **3** or come together as a whole class.

Key **2** 1 respect 3 mainly 5 come too close
2 should not be 4 Some 6 Some

Project

- Put students in pairs to do **1**. They then research the names for **2** on their own.

Key **1** 1 Misspelling and mispronunciation of names sounds as if the speaker can't be bothered to learn a name properly. It can be interpreted as a lack of respect.
4 Yes. Some senior colleagues may like to keep a professional distance and prefer to have their title, e.g. Mr, Dr, Professor, used with their name, especially if they do not know you well or you are meeting them for the first time.
5 Students' own answers to the first question. In the UK, it is not polite to call people by their surname alone, except in certain professional circles.

Additional activity

When you have finished *Vocabulary*, get students to produce the related nouns and adjectives from the verbs. Then ask them in groups to make their own sentences using the words as adjectives, nouns, or verbs. Then can then share them with the class and transform them, e.g. from verbs to nouns.

Vocabulary

Awareness of feelings

- Students can do **1-4** on their own, then form pairs for **5**.

Key **1** 1 value 4 respect 7 criticize
2 ignore 5 regret 8 upset
3 offend 6 discriminate

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 1 criticized 4 offend 7 valuable
2 discriminated 5 upset 8 regrets/regretted
3 ignored 6 respect

- 3** 1 He felt that they were being unjustly critical when he thought he should be praised.
2 No applicants should suffer discrimination because of their background.
3 They were completely ignorant of my sensibilities when drawing up the rota.
4 He didn't mean to be offensive to the patient by calling her Mrs.
5 What the doctor said was really upsetting to the patient.

Additional activity

Ask students to write on strips of paper sentences someone might say. Then dictate them to the class for them to write as reported speech.

Additional activity

Put students in pairs. Using reported speech, get them to relate a short conversation between two doctors or a doctor and patient. Use one of the *Listening scripts* at the back of the Student's Book for ideas if necessary.

* Tip

Get students to practise breathing during sentences in a role-play, e.g. students can simply greet a patient and introduce themselves, but without racing through the introduction.

- 6 He respected patients and colleagues alike.
- 7 All members of the medical team play an invaluable role.
- 8 He felt / was regretful that he didn't check the patient's name before the consultation.

4 Possible questions

Have you ever innocently criticized / offended / upset / ignored / discriminated against a colleague?

Language spot

Reported speech

- Read the introduction as a class. Then put students in pairs to do **1** and **2**.

- Key 1**
- 1 Nurse Burnes said (that) Mr Jones had just telephoned to say he couldn't come for the afternoon clinic.
 - 2 The nurse asked Mrs Hall if it was OK to call her by her first name.
 - 3 Dr Ono asked Ahmed to tell him how it was done in his home country.
 - 4 Dr Sind advised (the patient) to give up eating red meat like pork and beef.
 - 5 The nurse asked what his patient number was.
 - 6 Mrs Taylor said that she had left her appointment card at home.
 - 7 He said (that) he wasn't sure how to pronounce his / her name.

Speaking

- Put students in pairs to do the role-play. Encourage students to examine any assumptions they made during the role-play, for example about the patient's religion, age, or lifestyle, or any of the other things they discussed in *Speaking* on p.106 of the Student's Book.

Pronunciation

Saying long sentences

- Read the introduction as a class. Then put students in pairs to do **1**.
-  Students listen and check for **2** and remain in their pairs to do **3**.

Key 1 Possible answers

- 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.

Additional activity

You can turn **1** into a debate or a much longer classroom activity. This fuller discussion can be done at the beginning or the end of the *Speaking* section.

*** Tip**

The type of committee exercise in **3** is often used in training and in assessment for job interviews.

Speaking

- Put students in groups of six (three pairs of two) to do these exercises. Encourage students to use the *Useful phrases* where possible during the discussion in **3** and **4**.
- Set a time limit of 15–20 minutes for the discussion and then 10 minutes for feedback. Stick to the time limit and remind students of the time left and the fact that they must have an outcome at the end. Get students to write down their recommendations and keep them for the following *Writing* exercise.

Although this is the first time students are likely to have done this type of exercise, they will have done plenty of pairwork and feedback exercises by now. You can ask them to talk to their respective partners individually to give feedback on their participation and then talk together as a larger group. If you have time, allow students to talk about their reactions to this exercise.

Key 3 Possible recommendations

cultural displays / posters
talks / workshops
positive discrimination
job quotas
celebrating positive role models
equal opportunity laws / regulations

Writing**A response to a report**

- Students do **1** and **2** on their own, using the ideas from *Speaking*. They should try to use as many of the phrases in **2** as possible. They then form pairs to do **3** and **4**.

If there is time, ask students to read each other's letters and check if they reflect what was said in the previous *Speaking* exercise. If you feel it is appropriate in your class, you could ask one student to read a letter aloud while the others listen and make notes of anything they want to discuss, including any discrepancies from the committee discussion.

Patient care

- Put students in pairs to do **1**. There is more than one possible answer. Avoid giving students the answers in **2** before they have completed this part of the exercise. Students can remain in their pairs for **2-4**.

- Key**
- 2**
- 1 your notes that you describe
 - 2 spiritual or religious beliefs
 - 3 helpful to you
 - 4 that we can support you
 - 5 we need to know
 - 6 spiritual or religious beliefs
 - 7 you like to see him / her
 - 8 to arrange a member of your
- 3**
- 1 I can see from your notes / that you describe your religion as ... , / can you tell me about this?
 - 2 Do you have any spiritual or religious beliefs? / Can you tell me about them?
 - 3 Is your faith / spirituality / religion helpful to you? /
 - 4 Are there ways that we can support you / in your faith / spirituality / religion?
 - 5 Are there any things we need to know / about your faith / spirituality / religion / that would help us in caring for you?
 - 6 Would you like to talk to someone / about spiritual or religious beliefs?
 - 7 We have a chaplain / who is part of our team, / would you like to see him / her?
 - 8 Would you like us to arrange / a member of your faith community / to come and see you?

Speaking

- Put students in pairs to do **1**. They then work with a partner from another pair to do **2**, before coming together as a whole class for **3**.

Checklist, Key words

- See suggestions on p.5. Go through the list of words to check students' pronunciation and understanding. Remind students to transfer useful words and phrases to their vocabulary notebooks.

Instructions for communication activities

Unit 1

- 1 Divide the class into pairs.
- 2 Give one student in each pair Cards A and D and the other Cards B and C.
- 3 Tell students that they need to check the details on their cards. Tell them that cards A and C have the correct details and Cards B and D have mistakes.
- 4 Once they have finished asking questions, students should compare their cards to make sure they have found all the mistakes.

Unit 2

- 1 Divide the class into pairs.
- 2 Give one student Card A and the other Card B. Students with Card A are GPs and students with Card B are receptionists.
- 3 Tell them they are going to role-play a conversation between the GPs and the receptionists. The GPs want to check if the housekeeping issues in their notes have been dealt with. The receptionists should answer the GPs from the information they have in their notes.
- 4 At the end of each role-play give feedback about tenses and intonation.

Follow-up

When they have finished, you could ask the students to work in groups and create a situation for another scenario with or without prompts from yourself, e.g. asking a health worker / practice nurse / health visitor about a patient.

Unit 3

- 1 Divide the class into pairs.
- 2 Give each pair a copy of the cards placed face down between them.
- 3 Students take turns to pick up a card and explain or describe in technical terms what is on the card. Their partners have to guess what they are explaining / describing.

Unit 4

This activity has two stages.

Stage 1

- 1 Divide the class into pairs.
- 2 Give each pair a copy of the cards placed face down between them.
- 3 Students take turns to pick up a card and explain or define the procedure or disease on their card in

technical terms, without saying what it is. Their partner should guess what is on the card.

Stage 2

- 1 Mix up the cards and place them face down again.
- 2 Students go through the cards again, role-playing conversations between a doctor and a patient. They should alternate roles. The doctors pick up a card and explain in non-technical terms and in a reassuring manner a procedure the patients are about to undergo or the details of a disease they are suffering from.

Unit 5

- 1 Divide the class into pairs.
- 2 Give one student in each pair Cards A and D and the other Cards B and C.
- 3 Tell students that they need to check the details on their cards. Tell them that cards A and C have the correct details and Cards B and D have mistakes.
- 4 Once they have finished asking questions, students should compare their cards to make sure they have found all the mistakes.

Unit 6

- 1 Divide the class into pairs, A and B.
- 2 Give students two cards each – one doctor card and one patient card. Student A is Doctor 1 and Patient 2; Student B is Doctor 2 and Patient 1.
- 3 Set a time limit for the role-play.
- 4 Ask Doctor 1 to give advice to Patient 1 using the notes on the card and adding any advice of his / her own. The patient can be as cooperative as he / she wishes. They should try to agree a plan that suits the patient.
- 5 Repeat the process for the second scenario.

Unit 7

- 1 Divide the class into two groups, A and B.
- 2 Give each student in Group A a copy of Card 1 and each student in Group B a copy of Card 2.
- 3 In their groups, students should discuss the medical conditions on the card. They should draw up a list of symptoms of the conditions and also discuss other minor conditions that also have some of these symptoms.
- 4 When they have finished, students should pair with a student from the other group and role-play the scenarios.
- 5 Students playing the parents should give some, but not all, of the symptoms typical of the presenting

complaint. Students playing the doctors should ask about all the possible symptoms and reassure the parents that, as the child does not have the symptoms, he / she is not seriously ill.

Unit 8

- 1 Divide the class into four groups, A, B, C, D.
- 2 Give each student in a group a copy of the corresponding card.
- 3 Tell students to discuss the details on their cards and decide how much of this information a patient might give when the doctor asks: *Can you tell me more about this?*
- 4 Give students complete freedom in the discussion to add or discuss information they want relating to the possible diagnosis. Encourage them to give lay terms for any medical conditions and try as far as possible to think how the patient would feel (to help develop empathy).
- 5 Set a time limit of about ten minutes.
- 6 Ask students to find a partner from another group; one in each pair takes the role of doctor and they role-play taking a history from the patient: *introducing themselves, asking what the presenting complaint is, asking the patient to tell them more about the presenting complaint, and then developing the patient's answer.*
- 7 When they have finished, they should change roles and repeat the role-play.
- 8 Students should then circulate and find partners from other groups until they have finished role-playing all the different complaints.
- 9 Set a time limit of five minutes for each role-play.

Unit 9

- 1 Divide the class into pairs.
- 2 Give each pair a copy of the cards placed face down between them.
- 3 Explain that they are going to role-play a review of a practice interview in psychiatry on setting the scene when meeting a patient for the first time.
- 4 The cards contain the sequence of steps in each of the four stages of setting the scene. The crosses on the cards are things the trainee doctor did not do.
- 5 Students should alternate playing the trainee doctor and the trainer.
- 6 The trainee selects two cards and describes the steps they carried out to the trainer. They then swap roles.
- 7 Encourage the trainees to think about using *After / When / Once I had ... and I didn't ...* to describe what they did, and *I wish I had ...* to describe the steps they didn't take and wish that they had. Tell them they

may then develop the description of the interview in any way they wish.

- 8 Encourage the trainers to ask questions, such as *What did you do after you had ... ? Did you ... after you had ... ? Is there anything you didn't do?*

Unit 10

- 1 Divide the class into small groups.
- 2 Give each group a copy of the sheet with pictures of the different settings for patients who are terminally ill.
- 3 Ask students to analyse the pictures from the patient's viewpoint, thinking about patients' wants and needs: *social needs, patients maintaining control of the situation, comfort, patients controlling who is around them, respect for the patient, safety.* Encourage students to comment from their own cultural viewpoint.
- 4 Set a 20-minute time limit for the discussions.
- 5 Ask each group to appoint a spokesperson to collect notes on each picture.
- 6 The spokesperson should give a short presentation on the results of their group's discussions.

Unit 11

- 1 Divide the class into groups of four.
- 2 Tell students that they are going to solve a problem and come up with a decision / decisions about spending money on improving the waiting room of a GP's surgery.
- 3 Give each student in the group a different role card, a copy of the list of suggestions, and the photograph.
- 4 Ask each group to discuss the options, examining any possible problems, and come to an agreement about how the money should be spent.
- 5 Students should follow the preferences stated on their cards.

Unit 12

- 1 Divide the class into groups of four.
- 2 Tell students that they are going to solve a problem and come up with a decision / decisions about improving diversity in their hospital.
- 3 Give each student in the group a role card, a copy of the agenda, and the photograph.
- 4 Ask students to discuss the items on the agenda and come to decisions about as many of the items as possible.
- 5 Set a time limit of 20–30 minutes.
- 6 Ask each group to appoint a spokesperson, who should take notes and report back to the whole class at the end of the discussion.

1 Grammar test

1 Complete the sentences with the correct form of the verbs in the box.

teach	wait	check	talk	get
-------	------	-------	------	-----

- 1 Mrs Milic _____ to see the consultant for over an hour now. She's still sitting there.
- 2 I _____ my last class for the day. I'm going home now.
- 3 He's not available at the moment. He _____ the case notes to make sure they are up to date.
- 4 I can see your rash _____ better.
- 5 I _____ these headaches for the past week now. The pain is so bad I had to come in today.
- 6 Patients usually _____ in this area to see the consultant.
- 7 Nurse Henderson _____ that class all day. That's why she looks tired now.
- 8 He normally _____ on the phone to the technician at least once a day.
- 9 Who _____ the test results when they come in?
- 10 Dr Singh _____ with Nurse Evans on the phone at the moment.

2 Rewrite the questions to make them more gentle. Start with *Can you tell me ...*

- 1 How long have you had the pain in your chest?
- 2 Have you ever had an operation before?
- 3 How long has your back been troubling you?
- 4 Where does the pain start off?
- 5 What's the pain like?
- 6 Where do you get the pain?

3 You overheard these short questions. Write a direct and a gentle question for each to make it clear what the speaker meant.

EXAMPLE

And your address?

What's your address? /

Can you tell me what your address is?

1 And your date of birth?

2 And your family name?

3 The time of your appointment?

4 Your hospital number?

5 Any brothers and sisters?

6 And your job?

1 Communication

Card A

Surname: Brompton
First name: Marianne
Sex: F **DOB:** 14/07/77
Marital Status: Single
Address: 266a Broad Street,
Oxford, OX9 5RL
Ward: Hastings Ward
at 5.30 a.m.
17th December 2009
Hospital no: 176982215
Tel no: 01865 227 9966
Occupation: Architect
GP: Dr Chatham
C/o: Severe headache

Card B

Surname: Brenton
First name: Mary-Anne
Sex: F **DOB:** 4/07/77
Marital Status: Single
Address: 66a Broad Street,
Oxford, OX9 5RL
Ward: Hastings Ward
at 5.30 p.m.
17th December 2009
Hospital no: 1676982215
Tel no: 01865 227 9866
Occupation: Architect
GP: Dr Kassim
C/o: Severe headache

Card C

Surname: Dalton
First name: Patrick
Sex: M **DOB:** 13/07/60
Marital Status: Married
Address: 19 Buckingham Way,
London, SE14 5LE
Ward: Lyttleton Ward
at 9.15 p.m.
2nd July 2009
Hospital no: 152318851
Tel no: 0208 991 08872
Occupation: Pharmacist
GP: Dr Ireland
C/o: Concussion

Card D

Surname: Doulton
First name: Patrick
Sex: M **DOB:** 30/08/60
Marital Status: Single
Address: 19 Rockingham Way,
London, SE4 5LE
Ward: Littlestone Ward
at 9.15 p.m.
2nd July 2009
Hospital no: 17459437
Tel no: 0207 891 8872
Occupation: Pharmacist
GP: Dr England
C/o: Concussion

2 Grammar test

- 1** In each sentence one verb has been used incorrectly. Underline and correct it.
- 1 My children have registered with the GP practice last year, but I have been registered with them longer.
 - 2 The health visitor has gone out an hour ago, but she has left this note for you.
 - 3 Did you live here for a long time now, or did you only arrive last month?
 - 4 Even though they were sent a week ago, I didn't receive the results yet.
 - 5 My waterworks have given me a few problems lately, and my bowels were not regular for some time either.
 - 6 First, the student has given the differential diagnosis, and then she put forward the reasons for her choice.
 - 7 Haven't you been feeling well since I last have seen you?
 - 8 First I have taken the history from Mrs Simons, and then I examined her.
 - 9 The pain came and went a lot at the beginning of last month, and then it has suddenly stopped.
 - 10 Have you given the receptionist the new leaflets which have arrived yesterday?
- 2** Complete the sentences with the Past Simple or the Present Perfect form of the verbs in brackets.
- 1 Mrs Purnell _____ in hospital for five days now. (be)
 - 2 My husband _____ an appointment for me with the GP yesterday. (book)
 - 3 Dr Jones has gone. The clinic _____ at 2 p.m. (finish)
 - 4 The swelling in my leg _____ a week ago. (begin)
 - 5 How long (you) _____ this pain now? (have)
 - 6 I (just) _____ my tenth appendectomy. (perform)
 - 7 I _____ a referral letter yet. (not receive)
 - 8 I _____ all the childhood illnesses at an early age. (catch)
 - 9 _____ you _____ this patient before? (meet)
 - 10 She _____ her ward rounds at 10 a.m. (start)
- 3** Expand the notes to make questions and answers in a conversation between a doctor and a patient. Make sure the verbs are in the right tense.
- 1 Doctor: be / abroad / this year?
 - 2 Patient: yes
 - 3 Doctor: where / go?
 - 4 Patient: go / India
 - 5 Doctor: be / sick while you / be there?
 - 6 Patient: no
 - 7 Doctor: feel / sick ever since you / return?
 - 8 Patient: no
 - 9 Doctor: when / start feeling sick?
 - 10 Patient: I start / feeling sick / two weeks ago

2 Communication

Card A

You are a GP. You need to check with the receptionist if the housekeeping issues in your notes have been dealt with.

- patients booked to see you next Tuesday (you want to go to a meeting)?
- test results received for a patient (Mr Hartley)?
- referral letter for Mr Hartley sent to the hospital?
- time of computer training confirmed?
- practice nurse arrived yet?
- letters arrived for you?
- lunchtime team meeting rearranged?
- case notes for Mr Todd found?

Card B

You are a receptionist. The GP needs to check if the housekeeping issues in the notes have been dealt with.

- next Tuesday kept free
- test results for Mr Hartley arrived this morning, but referral letter not sent out yet
- trainer booked for computer training tomorrow at 2p.m.
- practice nurse arrived five minutes ago
- six letters received
- new time for lunchtime team meeting still not decided
- case notes for a patient, Mr Todd, put in tray last night

3 Grammar test

- 1** Use the prompts to make instructions about taking blood. Use either the imperative or the Present Simple with *you*. Re-order the instructions and add additional words where necessary.



EXAMPLE hands / wash / non-sterile / gloves / put on
(You) wash your hands and put on non-sterile gloves.

- 1 ask / fist / patient / times / clench / several
 - 2 forget / to / equipment / prepare
 - 3 tourniquet / apply / near / site / vein
 - 4 forget / identity / check / patient
 - 5 stretch / out / ask / patient / arm / rest / on / pillow
 - 6 select / vein / appropriate
 - 7 introduce / patient / yourself
 - 8 clean / swab / area / alcohol
- 2** Use the words in brackets to make the instructions gentler. Add additional words and change the punctuation where necessary.
- 1 Keep your leg still. (I'd like / nice / for me / if you can)
 - 2 Tilt your head forward. (could / slightly / for me)
 - 3 Raise your arm a bit more. (now / I'd like / for me / if you can)
 - 4 Pop up on the couch. (can / just / for me)
 - 5 Roll up your sleeve. (could / for me / please)
 - 6 Bring your knees up further (just / a bit / for me.)
 - 7 Tell me what your date of birth is. (Can / please)
 - 8 Lean forward. (if you can / just / slightly / for me)
 - 9 Move more towards the edge of the trolley. (can / just / a little / for me / please)
 - 10 Stand up. (can / for me / please)

3 Communication

✂

Explain how a lumbar puncture is performed.

Explain how to measure blood pressure.

Explain how to wash your hands effectively.

Explain how an arterial blood gas sample is obtained.

Explain how a blood test is performed.

Explain how to give an IM injection.

Describe what is contained in a ward round entry.

Describe how to administer a local anaesthetic.

Describe the preparation for a ward round.

Describe how to perform IV cannulation.

4 Grammar test

- 1** Circle the correct form.
- 1 The trolley *prepared / is prepared / prepares* before the procedure *carried / have been carried / is carried out*.
 - 2 We rarely *are performed / perform / are performing* operations like this under general anaesthetic.
 - 3 The weekly ward rounds *are leading / led / are led* by a consultant.
 - 4 What *is done / is doing / are done* next is the most important part of the procedure.
 - 5 The tube *inserts / is inserted / is inserting* very carefully.
 - 6 Normally patients *are given / give / giving* a leaflet about the procedure.
 - 7 She *is used / used / use* a swab to clean the wound.
 - 8 The doctor *is obtaining / obtained / is obtained* consent and then *anaesthetize / anaesthetized / anaesthetizing* the area.
 - 9 What *happen / happens / is happened* next is the labelling of the bottles.
 - 10 A considerable amount of time *spent / is spend / is spent* on planning the operation.
- 2** Use the prompts to make sentences in the Present Simple, active or passive. Use the words in the order given.
- 1 procedure / perform / nurse / in / this / practice
 - 2 nurse / use / spray / numb / patient's / throat
 - 3 doctor / repeat / explanation / patient / if / necessary
 - 4 patients / rarely / react / instruments
 - 5 appointments / arrange / receptionist
 - 6 wound / clean
 - 7 painkiller / inject / as / required
 - 8 doctor / explain / procedure / patient
 - 9 syringe / insert / into / the / training / manikin / just / here
 - 10 nurse / examine / patient / first
- 3** Some of the sentences below are technical and some are non-technical. Rewrite the technical sentences as non-technical and the non-technical as technical.
- 1 What we need to do then is take a tissue sample.
A tissue sample needs _____.
 - 2 What we're going to do after that is give you something to help you relax.
After that _____ a sedative.
 - 3 Rest is obligatory for about an hour afterwards.
What you need to do _____.
 - 4 What we're going to do after that is schedule a follow-up appointment.
After that a follow-up appointment _____.
 - 5 What happens next is that you write down the various steps.
Next, the various steps _____.
 - 6 Then a tube is inserted down into the stomach.
What happens then is _____.
 - 7 What's going to happen next is we're going to numb your arm.
Next, your arm is _____.
 - 8 You are asked to lie on a couch on your left side facing the wall.
What happens next is _____.

4 Communication



herniorrhaphy	Alzheimer's disease	gastroscopy
colostomy	tonsillitis	lumbar puncture
radical mastectomy	colposcopy	biopsy
appendicitis	catheterization	MRSA
sciatica	colonoscopy	anaesthesia

5 Grammar test

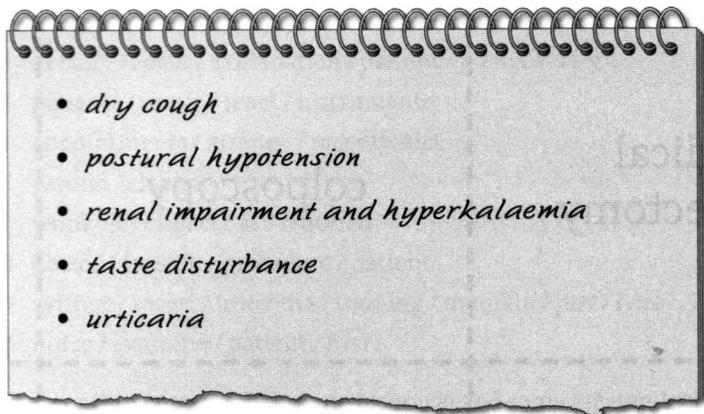
1 Complete the sentences with one verb and one particle from each box.

Verbs:	looked	get	cuts	take
	got	wrote	pointed	was taken

Particles:	at	down	up	out
	into	in	out	out

- 1 It's not easy to _____ all this information _____ at once.
- 2 The doctor _____ the prescription.
- 3 He quickly _____ the habit of doing the ward rounds.
- 4 This tablet can help because it _____ the workload of your heart _____.
- 5 Are you sure you can _____ without any help?
- 6 He _____ the patient's notes carefully.
- 7 The nurse _____ the mistake on the drug chart.
- 8 His appendix _____ when he was a child.

2 Use the notes to inform and reassure a patient about the possible side effects of ACE inhibitors.



3 Complete the sentences with *may* or *can*. Where you think side effects are being pointed out, use *can*.

- 1 In some people, the tablets _____ make them feel drowsy, so be careful.
- 2 It looks as if you _____ react to this tablet as well.
- 3 Sometimes, this _____ make people feel dizzy. If that happens, stop taking it.
- 4 There _____ be some bruising after the blood test, but it will go away.
- 5 With some patients, atenolol penicillin _____ cause problems.
- 6 Simvastatin _____ affect the liver, but it _____ not happen in your case.
- 7 The pain is unlikely to go away, but it _____ just ease a little.
- 8 Some of these _____ cause some mild side effects.

5 Communication

Card A

Patient Drug Details

1 Mrs Johnson

Dose Freq Route 24h Max
Ibuprofen 400mg 4h PO 4.2g

2 Mr C Haslam

Dose Freq Route 24h Max
Paracetamol 1g 4-6h PO 5g

3 Mrs D Hardwick

Dose Freq Route 24h Max
Diazepam 2mg(2-4) 8h PO 21mg

4 Mr T Smith

Dose Freq Route 24h Max
Ranitidine 300mg 12h PO 600mg

Card B

Patient Drug Details

1 Mrs Johnson

Dose Freq Route 24h Max
Ibuprofen 400mg 6-8h PO 2.4g

2 Mr C Haslam

Dose Freq Route 24h Max
Paracetamol 1g (0.5-1) 4-6h PO 4g

3 Mrs D Hardwick

Dose Freq Route 24h Max
Diazepam 2mg(2-4) 8h PO 12mg

4 Mr T Smythe

Dose Freq Route 24h Max
Ranitidine 150mg 12h PO 300mg

Card C

Patient Drug Details

5 Mrs P Taylor

Dose Freq Route 24h Max
Tramadol 200 mg (50-100) 4h
PO/IM/IV 900mg

6 Mr L Westbrook

Dose Freq Route 24h Max
Cyclizine 50 mg 8h PO/IV/IM 150mg

7 Mrs C Sheridan

Dose Freq Route 24h Max
Pethidine 150 (5-100) 4h PO/IM/IV
n/a

8 Mr M Thomas

Dose Freq Route 24h Max
Co-codamol 30/500 2 tablets (1-2)
4-6h PO 10 tablets

Card D

Patient Drug Details

5 Mrs P Taylor

Dose Freq Route 24h Max
Tramadol 50 mg (50-100) 4h
PO/IM/IV 600mg

6 Mr L Westbrook

Dose Freq Route 24h Max
Cyclizine 50 mg 8h PO/IV/IM 170mg

7 Mrs T Sheridan

Dose Freq Route 24h Max
Pethidine 50 (5-100) 4h PO/IM/IV
n/a

8 Mr N Thomas

Dose Freq Route 24h Max
Co-codamol 30/500 2 tablets (1-2)
4-6h PO 8 tablets

6 Grammar test

1 Underline and correct the mistake in each sentence.

- 1 You could try get away from your desk at work at least twice a day.
- 2 You can to try to cycle once or twice a week.
- 3 You should like to try spending more time walking.
- 4 Do you think you could, for example, took up something more strenuous?
- 5 You shouldn't to overdo the exercise.
- 6 People ought be more aware than they are of the damage exercise can cause.
- 7 You might like try starting by giving up the first cigarette of the day.

2 Decide which of the pieces of advice about giving up smoking are more patient-centred.

- 1 a You ought to stop smoking.
b Have you ever thought about how you might give up smoking?
- 2 a If you can, begin by making small changes.
b You should begin by making small changes.
- 3 a You could, for example, cut out the first cigarette in the morning. Would that work for you?
b You shouldn't have the first cigarette in the morning.
- 4 a You oughtn't to stop in one go. You should set yourself targets like reducing by one cigarette a day.
b Instead of stopping in one go, you might like to try setting yourself targets like reducing by one cigarette a day.

3 Rewrite the suggestions using the words in brackets.

- 1 You could try to eat lean meat where possible. (ought to)
- 2 Have you ever thought of cutting out chocolate gradually? (might)
- 3 You can, for example, walk up the stairs rather than using the lift. (should)
- 4 It's better to reduce the amount of food you eat gradually. (can)
- 5 You might like to try going for a walk with a friend. (could, for example,)
- 6 If you can, always go shopping by bus, or even on foot, rather than by car. (shouldn't; should)
- 7 Try to get into the habit of walking every day. (might)
- 8 Instead of frying food, try to steam or bake it. (shouldn't; should)

4 Which of the rewritten statements in 3 can no longer be considered patient-centred?

6 Communication

Student A – Doctor 1

You are a doctor giving advice to an overweight patient who doesn't see any need to reduce weight. The patient has excuses for your suggestions but try to persuade him / her. Use the BMI chart on p.47 in your Student's Book.

Suggestions

- eat less fatty food
- eat more fruit and vegetables
- grill rather than fry the food
- go on a diet
- walk as much as you can
- take the bus to work
- join a gym
- Other _____

Agreed outcome / management plan: (Would any of these work for you?)

Student A – Patient 2

You are a patient who is suffering from stress. You are initially reluctant, but willing to try the doctor's suggestions.

Responses

- I can't, because work is too busy at the moment.
- I'd like to, and maybe a day here and there is possible.
- They won't like it.
- I could maybe do that no more than once a week.
- I can try not to.
- It's difficult when it is busy but I could try.
- It's not easy except for weekends, but I could go swimming.
- Other _____

Agreed outcome / management plan: (I can definitely try to take a day off now and again and not do overtime more than once a week.)

Student B – Patient 1

You are a patient who needs to lose weight. You are reluctant to make any changes to your lifestyle.

Excuses / Barriers

- It's very difficult as I have meat every day.
- I don't like many fruit or vegetables.
- I don't like grilled meat.
- I have tried to diet many times.
- I get out of breath easily.
- There aren't any buses.
- I can't afford a gym.
- Other _____

Agreed outcome / management plan:
(Maybe I'll think about cutting down on fatty food and doing some exercise.)

Student B – Doctor 2

You are a doctor giving advice to a patient who is suffering from stress at work.

Suggestions

- take a holiday
- take time off
- talk to your Human Resources Department
- don't work overtime – work only from nine to five
- don't take work home
- take time to have a proper lunch break
- set aside time for leisure activities
- Other _____

Agreed outcome / management plan: (Would any of these work for you?)

7 Grammar test

1 Match the two parts of the sentences.

- | | |
|---|--|
| 1 If he were well enough to cope unaided, | a she'll book another appointment. |
| 2 If we have a bed free on the ward, | b he'll need to stop taking them. |
| 3 If her condition changed, | c we'll let you know it's available. |
| 4 If the consultant becomes available, | d I'll go in and ask him. |
| 5 If you ask the receptionist, | e we'd admit her straightaway. |
| 6 If these tablets make him dizzy, | f it would help his coordination. |
| 7 If I were in any doubt about the job, | g we'd take him out of intensive care. |
| 8 If James played a bit more, | h I wouldn't apply for it. |

2 Use the prompts to write First Conditional sentences.

- 1 Jane / develop fever / you / need / be careful
- _____

- 2 Timur / lose any more weight / it / be better / bring him in
- _____

- 3 doctor arrives / I / let you know
- _____

- 4 you / notice / change / Amir's condition / switchboard / be able / bleep me
- _____

- 5 Tom / get worse / we / transfer him / intensive care
- _____

- 6 Juan / stabilize / make / speedy recovery / we / discharge him soon
- _____

3 Put the verbs in brackets into the correct tense.

- If it were appendicitis, Charlie's pain _____ (be) on the right side.
- If the rash _____ (not go) away, we'll send him to a specialist.
- If it _____ (be) something sinister, the headache would probably be constant.
- If your father gets any worse, we _____ (probably admit) him.
- If I _____ (do) the operation again, I would take greater care.
- If it _____ (be) meningitis, your child probably wouldn't be so lively.
- If I sat the exam again, I _____ (prepare) myself better.
- If your mother _____ (need) any medication, we would give it to her.
- If your child _____ (be) very dehydrated, you need to bring him into A&E.
- If your child stays in the hospital, we _____ (keep) a close eye on him.

4 In which four statements in 3 is the doctor reassuring the patient that they are not suffering from a serious illness?

7 Communication

CARD 1

Situation A

PARENT

You are worried that your 2-year-old child has chickenpox.

Situation C

DOCTOR

A parent presents with his / her child who he / she thinks has asthma. The child has a mild chest infection. Reassure the parent.

Situation B

PARENT

You think your 5-year-old boy has appendicitis, or even peritonitis.

Situation D

DOCTOR

A parent presents with his / her baby who is bringing back 5–10 mls of each feed during or soon after (possetting). The child is otherwise well and growing normally. The parent is worried that the child has a stomach problem. Reassure her / him.

CARD 2

Situation A

DOCTOR

A parent presents with his / her child who he / she thinks has chickenpox. After examining the child, reassure the parent that it is just a rash.

Situation C

PARENT

You think your child has developed asthma.

Situation B

DOCTOR

A parent presents with his / her 5-year-old boy he / she thinks has appendicitis, or even peritonitis. After examining the child, reassure the parents.

Situation D

PARENT

You are worried that your baby is bringing back 5–10 mls of each feed during or soon after (possetting). You think your child has a stomach problem. The child is otherwise well and growing normally.

8 Grammar test

1 Decide whether the questions are open (O) or closed (C).

- 1 a How did it come on? _____
b Did it come on suddenly? _____
- 2 a Do you get tired after physical exercise? _____
b Tell me about the pattern of the tiredness. _____
- 3 a Do you sleep OK? _____
b What about your sleeping pattern? Can you tell me about that? _____
- 4 a You mentioned muscle pain. Can you say something more about that? _____
b Do you get pain in your muscles? _____
- 5 a Are your bowels OK? _____
b What about your bowels? _____
- 6 a Tell me about your general health. _____
b Is your general health OK? _____

2 Fill each gap with one word to complete the open questions.

- 1 Could _____ tell _____ more _____ work?
- 2 When _____ say things _____ not right _____ home, what _____ you mean?
- 3 Tell _____ your relationship with your colleagues.
- 4 What _____ family life? How _____ things there?
- 5 _____ you describe _____ discomfort in a little _____ detail?
- 6 How _____ accident happen?
- 7 _____ your daily routine _____ me.
- 8 Can _____ tell _____ bit more _____ exercise routine?
- 9 And _____ diet? What _____ that?
- 10 In _____ does relaxation help you?

3 Put the conversation in the correct order.

- a **Patient** Well, they started about a couple of months ago around the knuckles and went away, but they came on suddenly about 10 days ago and the joints are swollen this time. _____
- b **Patient** I've been getting these pains in my hands, Doctor. _____
- c **Patient** No. I haven't taken anything for them because I don't like taking too many tablets. _____
- d **Doctor** So there was no swelling the first time and that was two or three months ago. Am I right? _____
- e **Doctor** Can you tell me what brought you here? _____
- f **Doctor** Can you tell me a bit more about the pains? _____
- g **Patient** Yes. that's correct. _____
- h **Doctor** Have you taken anything for the pain? _____

8 Communication

PATIENT A: *'I'm tired all the time.'*

- tired all the time – tried different things
- fatigue not worse in the morning
- not worried about anything
- no pain
- several viral infections – can't shake off
- fatigue – abrupt onset
- tired on exertion – sometimes goes with rest
- some weight loss
- breathless / not sleeping well
- saw locum about six weeks ago – no change
- feeling low with it
- like to see someone

Possible cause: post-viral fatigue

PATIENT B: *'I've got this pain in my stomach, Doctor.'*

- severe pain for week or so
- not dehydrated, not pregnant, not diabetic
- no other symptoms
- wife / husband / partner says should come to doctor
- upper abdominal pain
- radiates to back / shoulder tip
- lasts more than half an hour
- taken OTC medications – nothing works
- feeling restless
- nausea / vomiting
- tenderness touch right upper quadrant

Possible cause: biliary colic

PATIENT C: *'I've been getting the runs and stomach pain.'*

- diarrhoea with blood mucus
- lower abdominal pain – doesn't radiate anywhere
- skin changes – slight erythema nodosum
- thought just virus
- tiredness and malaise
- anaemic – run down
- weight loss
- running a fever
- faecal urgency / incontinence
- tenesmus / straining
- no mouth ulcers
- no clubbing
- no eye problems
- arthritis
- no perianal fistulae / pendulous skin tags

Possible cause: inflammatory bowel disease

PATIENT D: *'I've got quite bad heartburn, Doctor.'*

- heartburn
- burning epigastric pain
- worsens on bending, stooping, or lying
- sometimes after hot drinks
- antacids help
- sometimes waterbrash – mouth fills with saliva
- reflux of acid into mouth – especially lying flat
- nausea and vomiting
- sometimes cough at night (due to aspiration of refluxed stomach contents)
- affecting sleep
- making me miserable / irritable

Possible cause: Gastro-oesophageal reflux disease (GORD)

9 Grammar test

1 Circle the correct form.

- 1 I wish I contacted / had contacted the hospital sooner.
- 2 If only we had brought / brought him here yesterday.
- 3 I wish I didn't have to / hadn't had to repeat the examination tomorrow.
- 4 Let's suppose we borrowed / had borrowed more money now to finance the clinic.
- 5 Let's say we allowed / had allowed you to go home. How do you think we would feel if something happened?
- 6 I wish he were / had been less anxious at the moment.
- 7 I wish my son were OK and didn't need to / hadn't needed to take anti-depressant drugs.
- 8 Let's say you went / had gone home and you weren't fully recovered. What would happen?
- 9 I wish I had done / could do things all over again now.
- 10 If only I followed / had followed the advice the doctor gave me.

2 Match the two parts of the sentences. Then put the verbs in brackets into the Past Simple or the Past Perfect.

- | | |
|---|--|
| 1 Before the consultant went on her rounds, | a she _____ (feel) more relaxed on the ward. |
| 2 The nurse ran to the clinic, | b the next shift _____ (turn) up. |
| 3 The patient had been on the ward before | c but the patient _____ (go). |
| 4 The staff were able to deal with Mr Wicks because | d and then I _____ (move) to the capital. |
| 5 Two days after he had been discharged, | e so he _____ (be) aware of what to do. |
| 6 By the time the doctors had finished, | f she _____ (finish) her clinic. |
| 7 Previously, I had worked in a rural hospital | g the police _____ (section) him again. |
| 8 When she had gained some experience | h they _____ (treat) him once before. |

3 Decide which of the underlined verbs are incorrect and correct them.

Once I had graduated¹ and finished my training, I had found² a job in a hospital close to my home very quickly. I devoted³ a lot of time to that new job in psychiatry, and I neglected my private life for quite a while. Looking back, I wish I didn't done⁴ that. I keep saying to myself, if only I had taken up⁵ sport, even just walking. But it meant that by the time I had left the post and moved to my present job, I had been⁶ confident in dealing with a wide range of assessments. I had done⁷ many different assessments and worked with a variety of patients with different disorders.

All this experience has helped further my career. Once the first week had passed in my present post, I realized how much I learnt⁸ in my previous post.

9 Communication

Card 1: Introductions

- think about meeting someone for the first time – adopting social norms
- introduce yourself and accompanying nurse – names and status ✗
- ensure that you know names of any people accompanying the patient and their relationship with the patient
- ask if the patient wished these people to be present
- do not use the patient's first name except at their request

Card 2: Seating

- avoid traditional 'consultation room' – desk with people on either side inappropriate
- arrange the room – several comfortable chairs of the same height
- orient the chairs at an angle to each other – less confrontational, allows eye contact where necessary ✗
- use a clipboard to take notes as you go along ✗

Card 3: Explanation

- inform the patient of your status and speciality ✗
- explain the purpose of the interview
- explain the reasons for referral as you understand them
- explain the information you have been told by the referrer
- indicate how long the interview will last ✗
- advise them you may wish to obtain further information from other sources
- obtain consent to talk to any informants accompanying them

Card 4: Documentation

- keep a written record – crucial
- write up the account as you go along – more accurate record
- write legibly ✗
- sign
- date ✗
- order in a standard fashion
- initially you may find it helpful to write out the standard headings on sheets of paper beforehand ✗

10 Grammar test

1 Match the question beginnings (1–8) with as many endings (a–h) as you can.

- | | |
|---------------------------|--|
| 1 Do you like _____ | a having to take lots of medication? |
| 2 Would you rather _____ | b having visitors throughout the day? |
| 3 Do you dislike _____ | c to have someone with you during the interview? |
| 4 Would you like to _____ | d being on this ward? |
| 5 Do you prefer _____ | e administer the painkiller yourself? |
| 6 Would you prefer _____ | f having a Marie Curie nurse coming in to help you at home to being in hospital? |
| 7 Do you hate _____ | g dealing with the challenges of working with terminally ill people? |
| 8 Do you enjoy _____ | h to call another family member? |

2 Put the verbs in brackets into the correct form.

- Do you prefer _____ (have) everything explained to you or not to be told?
- Jennifer dislikes _____ (work) on her own on the ward at night.
- I can't stand _____ (wait) for things to happen.
- Would you like _____ (move) into a home for a few weeks?
- He likes _____ (follow) his own routine in the morning.
- I'd rather _____ (stay) here as I feel much safer.
- Dr Medway detests _____ (see) people suffer unnecessarily.
- Daniel prefers _____ (surround) himself with people to being alone at home with occasional visitors.

3 Rearrange and expand the prompts in brackets to complete the sentences.

- (husband / not / visit / enjoy / I / my / in / hospice)
_____ even though the environment was very pleasant.
- (able / Andy / rather / be / work / return)
_____ than spend time in hospital.
- (you / this / evening / prefer / do / something / different?)
_____ I know you're fed up with staying in.
- (you / prefer / do / something physical)
_____ than to do something mental to help take your mind off things?
- (stand / I / can't / see / my partner) in pain like this.

- (every day / dislike / Marina / to work / travel) by public transport.

- I know (at / the / home / at / moment / she / love / be),
_____ but perhaps she should stay with us another day or so.
- (I / work / like / shift / on / early)
As a general rule, _____ so I can have the evening free.

10 Communication

11 Grammar test



11 Grammar test

1 Match the two parts of the sentences. In two cases there is more than one answer.

- | | |
|-----------------------------|---|
| 1 Is it OK if I | a to open it for you? |
| 2 Would you mind if I | b could possibly talk to you for a few minutes? |
| 3 Do you think I | c but could you check this for me? |
| 4 I'm sorry to disturb you, | d are busy, but we need your help. |
| 5 Would you like me | e borrowed your stethoscope? |
| 6 Excuse me. Could you | f use this PC? |
| 7 I can see you | g occupy this desk? |
| 8 Do you mind if I | h help me turn this patient? |

2 Use the prompts in brackets to complete the sentences.

- (mind / if)
_____ I rescheduled the clinic slightly?
- (I / see / busy / but)
_____ I don't quite understand the test results.
- (OK / if)
_____ I borrow your car during lunch?
- (Excuse / could)
_____ you move your chair just a little?
- (think / I / possibly)
_____ use your room to do some interviews?
- (sorry / disturb / but)
_____ you come and look at this patient for me?
- (mind / if)
_____ I helped them out in the orthopaedics clinic today?
- (Would / like)
_____ help you move the computer?

3 Complete the dialogues with appropriate questions from **2**.

1 Dr Barker. It's Dr Nizam in Jones Ward. _____

OK. I'll come straightaway.

2 Dr Purnell? _____

That's not a problem. What time are they?

3 Hi. Dr Bennett. _____

Ah. OK. Can you give me just two minutes to finish this report and I'll look at them for you.

4 Ahmed, _____

Mmm, I'm sorry but I need to go out into town myself.

11 Communication

Role Card 1

You are a GP working in a small practice. You have some money to spend to improve the waiting area for patients in your surgery. You like all the suggestions made, but would most like to have the plasma screen for patients to watch TV programmes.

Role Card 2

You are a nurse. You like all the suggestions, but you are not sure that the plasma screen is the best use of money. You would like the money spent on posters and leaflets.

Role Card 3

You are a receptionist. You think that the plasma screen would drive you mad, with TV or DVDs being on all day. Also you think that redecoration and new seating / curtains are a priority.

Role Card 4

You are a GP working in a small practice and think that the plasma screen is not a good idea. You think the decoration / refurbishment are priorities, along with new leaflets.

Suggestions for the waiting area

- 1 plasma screen for patients to watch TV while waiting
- 2 plasma screen for showing health promotion videos
- 3 new leaflets designed by the people in the surgery
- 4 new posters reflecting the ethnic mix of the patients
- 5 magazine / newspaper rack and daily newspapers
- 6 new curtains and seating and decorating
- 7 toys for the children



12 Grammar test

1 What did the people say? Change the reported speech sentences into direct speech.

- 1 Dr Jones said that he would finish at 5 p.m.
- 2 Mrs Dean asked if she could change the appointment.
- 3 I enquired when the clinic would start.
- 4 The caller said her child was very sick.
- 5 The nurse asked how I got there on my own.
- 6 The receptionist asked what the patient's hospital number was.
- 7 He said he had had the illness once before.
- 8 The doctor asked if I had ever had the illness before.
- 9 The patient said that the problem had been getting worse.
- 10 The consultant said he would come immediately.

2 Change the direct speech sentences into reported speech. Pay particular attention to the verbs.

- 1 'I don't want to stay in the hospital overnight,' said Mr Harmen.
- 2 'Why didn't you come sooner?' the nurse asked the patient.
- 3 'I'll book you another appointment,' said the receptionist.
- 4 'I haven't slept very well for several nights,' said Mr Connor.
- 5 'When did you last have a drink?' the nurse asked me.
- 6 'I want to get up for a while,' said the patient.
- 7 'I didn't bring any bed clothes with me,' said Mrs James.
- 8 'How has the wound healed?' the doctor asked.

3 Change the direct speech sentences into reported speech. Pay particular attention to the adverbs of time and the pronouns.

- 1 'My wife had her operation yesterday,' said Mr Aitkin.
- 2 'I am leaving hospital this afternoon,' said the patient.
- 3 'Take the tablets until tomorrow evening,' said the nurse to Mrs Gonzalez.
- 4 'When did you first feel the pain in your left arm, Mr Jones?' asked Dr Clarke.
- 5 'You can book the appointment for tomorrow,' said the consultant to Miss Downs.
- 6 'We can do the procedure now,' said Dr Brandt.
- 7 'Can you do the test today?' the doctor asked the phlebotomist.
- 8 'Why can't I have the operation this morning?' asked Mrs Patel.

12 Communication

Role Card 1

You are the chairperson of a hospital trust who is in favour of the first four items on the agenda. You think item 1 on the agenda is a priority and think the best way to do 5 and 6 is to have open days.

Role Card 2

You are a doctor in a hospital and you are a bit wary of item 3 because you think consultants should be appointed according to merit. You are open to suggestions. You think item 2 on the agenda is a priority. You don't think an open day is a good idea for items 5 and 6.

Role Card 3

You are a nurse and think item 6 on the agenda is a priority. You think an open day is a good idea. You also think that lifts would help patients and staff.

Role Card 4

You are a doctor in a hospital. You think items 3 and 4 are priorities, but you think too much money is spent on unnecessary events. You don't think an open day is a good idea for items 5 and 6. You think there are better ways.

Agenda for meeting

- 1 Building lifts for disabled patients and staff
- 2 Printing hospital leaflets in Braille and other languages
- 3 Improving the male / female balance in the workforce – there are more men in high positions in consultant posts
- 4 Improving the male / female balance in the workforce – there are more men in high positions in administration
- 5 Promoting diversity in the hospital generally
- 6 Reaching all sectors of the community



Grammar tests key

Unit 1

- 1**
- | | |
|--------------------|---------------------|
| 1 has been waiting | 6 wait |
| 2 've taught | 7 has been teaching |
| 3 is / 's checking | 8 talks |
| 4 is getting | 9 checks |
| 5 've been getting | 10 is talking |
- 2**
- 1 ... how long you have had the pain in your chest?
 - 2 ... whether you have ever had an operation before?
 - 3 ... how long your back has been troubling you?
 - 4 ... where the pain starts off?
 - 5 ... what the pain is like?
 - 6 ... where you get the pain?
- 3**
- 1 What's your date of birth? / Can you tell me what your date of birth is?
 - 2 What's your family name? / Can you tell me what your family name is?
 - 3 What's the time of your appointment? / Can you tell me what the time of your appointment is?
 - 4 What's your hospital number? / Can you tell me what your hospital number is?
 - 5 Do you have any brothers and sisters? / Can you tell me whether you have any brothers and sisters?
 - 6 What's your job? / Can you tell me what your job is?

Unit 2

- 1**
- 1 have registered registered
 - 2 has gone went
 - 3 Did you live Have you lived
 - 4 didn't receive haven't received
 - 5 were not have not been
 - 6 has given gave
 - 7 have seen saw
 - 8 have taken took
 - 9 has suddenly stopped suddenly stopped
 - 10 have arrived arrived

- 2**
- | | |
|------------------|-------------------------|
| 1 has been | 6 have (just) performed |
| 2 booked | 7 haven't received |
| 3 finished | 8 caught |
| 4 began | 9 Have (you) met |
| 5 have (you) had | 10 started |
- 3**
- 1 Have you been abroad this year?
 - 2 Yes, (I have).
 - 3 Where did you go?
 - 4 I went to India.
 - 5 Were you sick while you were there?
 - 6 No, (I wasn't).
 - 7 Have you felt sick ever since you returned?
 - 8 No, (I haven't).
 - 9 When did you start feeling sick?
 - 10 I started feeling sick two weeks ago.

Unit 3

- 1**
- 1 (You) ask the patient to clench his / her fist several times.
 - 2 Don't forget to prepare the equipment.
 - 3 (You) apply the tourniquet near the vein site.
 - 4 Don't forget to check the identity of the patient.
 - 5 (You) ask the patient to stretch out his / her arm and rest it on a pillow.
 - 6 (You) select the appropriate vein.
 - 7 (You) introduce yourself to the patient.
 - 8 (You) clean the area with an alcohol swab.
- 2**
- 1 I'd like you to keep your leg nice and still for me, if you can.
 - 2 Could you tilt your head forward slightly for me?
 - 3 Now, I'd like you to raise your arm a bit more for me if you can.
 - 4 Can you just pop up on the couch for me?
 - 5 Could you roll up your sleeve for me, please?
 - 6 Just bring your knees up a bit further for me.
 - 7 Can you tell me what your date of birth is, please?
 - 8 If you can, just lean forward slightly for me.

- 9 Can you just move a little more towards the edge of the trolley for me, please?
10 Can you stand up for me, please?

Unit 4

- 1** 1 is prepared, is carried out
2 perform
3 are led
4 is done
5 is inserted
6 are given
7 used
8 obtained, anaesthetized
9 happens
10 is spent
- 2** 1 The procedure is performed by a nurse in this practice.
2 The / A nurse uses a spray to numb the patient's throat.
3 The / A doctor repeats the explanation to the patient if necessary.
4 Patients rarely react to instruments.
5 Appointments are arranged by the receptionist.
6 The wound is cleaned.
7 A painkiller is injected as required.
8 The / A doctor explains the procedure to the patient.
9 The syringe is inserted into the training manikin just here.
10 The / A nurse examines the patient first.
- 3** 1 to be taken
2 you will be given / we'll give you
3 afterwards is rest for about an hour
4 will be scheduled
5 are written down
6 we insert a tube down into the stomach
7 numbed / going to be numbed
8 we ask you to lie on a couch on your left side facing the wall

Unit 5

- 1** 1 take ... in 5 get up
2 wrote out 6 looked at
3 got into 7 pointed out
4 cuts ... down 8 was taken out

2 Possible answer

ACE inhibitors, like all medications, can cause side effects, but this does not mean that you will get them. I am just pointing them out to you so that you are aware of them. For example, some people can get a dry cough when taking them. Sometimes they can also affect people's blood pressure. And in some people, ACE inhibitors can sometimes affect their taste, while others can get hives. Some people's kidneys can be affected and some people can have a high level of potassium in their blood.

- 3** 1 can 5 can
2 may 6 can, may
3 can 7 may
4 may 8 can

Unit 6

- 1** 1 could try get away could try to get away / could try getting away
2 can to try can try
3 should like to try might like to try
4 could for example took up could for example take up
5 shouldn't to overdo shouldn't overdo
6 ought be ought to be
7 might like try might like to try
- 2** 1 b 2 a 3 a 4 b
- 3** 1 You ought to try to eat lean meat where possible.
2 You might like to try cutting out chocolate gradually.
3 You should walk up the stairs rather than use the lift.
4 You can reduce the amount of food you eat gradually.
5 You could for example go for a walk with a friend.
6 You shouldn't go shopping by car. You should go by bus, or even on foot.
7 You might like to try getting into the habit of walking every day.
8 You shouldn't fry food. You should steam or bake it.
- 4** 1, 3, 6, 8

Unit 7

- 1** 1 g 3 e 5 a 7 h
2 c 4 d 6 b 8 f

- 5 Do you think I could possibly
- 6 I'm sorry to disturb you, but could
- 7 Would you mind if
- 8 Would you like me to

3 1 6 2 5 3 2 4 3

Unit 12

- 1** 1 I'll finish at 5 p.m.
- 2 Can I change the appointment?
- 3 When will the clinic start?
- 4 My child is very sick.
- 5 How did you get here on your own?
- 6 What's your hospital number?
- 7 I have had the illness once before.
- 8 Have you ever had the illness before?
- 9 The problem has been getting worse.
- 10 I'll come immediately.
- 2** 1 Mr Harmen said (that) he didn't want to stay in the hospital overnight.
- 2 The nurse asked the patient why he / she hadn't come sooner.
- 3 The receptionist said (that) he / she would book another appointment.
- 4 Mr Connor said (that) he had not slept very well for several nights.
- 5 The nurse asked me when I had last had a drink.
- 6 The patient said (that) he / she wanted to get up for a while.
- 7 Mrs James said (that) she hadn't brought any bed clothes with her.
- 8 The doctor asked how the wound had healed.
- 3** 1 Mr Aitkin said (that) his wife had had her operation the day before.
- 2 The patient said (that) he / she was leaving hospital that afternoon.
- 3 The nurse told Mrs Gonzalez to take the tablets until the evening of the next day.
- 4 Dr Clarke asked Mr Jones when he had first felt the pain in his left arm.
- 5 The consultant said (that) Miss Downs could book the appointment for the next day / the day after. / The consultant told Miss Downs that she could book ...
- 6 Dr Brandt said (that) they could do the procedure then / at that moment.
- 7 The doctor asked the phlebotomist if he / she could do the test that day.
- 8 Mrs Patel asked why she couldn't have the operation that morning.

Symbols and abbreviations

-ve +ve	negative and positive, respectively	Echo	echocardiogram
↑ ↓ ↔	increased, decreased, and normal, respectively (eg serum level)	ENT	ear, nose, and throat
△; △△	diagnosis; △△ means differential diagnosis (list of possibilities)	ERCP	endoscopic retrograde cholangiopancreatography; see also MRCP
Ab	antibody	EUA	examination under anaesthesia
ABC	airway, breathing, and circulation: basic life support	FB	foreign body
ABG	arterial blood gas	FBC	full blood count
Ac	<i>ante cibum</i> (before food)	FroM	full range of movements
ad lib	<i>ad libitum</i> ; as much/as often as wanted (Latin for <i>at pleasure</i>)	g	gram
AIDS	acquired immunodeficiency syndrome	GA	general anaesthetic
AXR	abdominal x-ray (plain)	GCS	Glasgow coma scale
Bd	<i>bis die</i> (twice a day)	GI	gastrointestinal
BMJ/BMA	<i>British Medical Journal/British Medical Association</i>	GP	general practitioner
BNF	<i>British National Formulary</i>	GU(M)	genitourinary (medicine)
BP	blood pressure	h	hour
bpm	beats per minute (eg pulse)	HAV	hepatitis A virus
Ca	cancer	Hb	haemoglobin
CCU	coronary care unit	HBsAg/HBV	hepatitis B surface antigen/hepatitis B virus
CHD	coronary heart disease	HCV (HDV)	hepatitis C virus (HDV is hepatitis D virus)
CI	contraindications	HIV	human immunodeficiency virus
CNS	central nervous system	HRT	hormone replacement therapy
COPD	chronic obstructive pulmonary disease	HSV	herpes simplex virus
CPR	cardiopulmonary resuscitation	IBD	inflammatory bowel disease
CRF	chronic renal failure	IBW	ideal body weight
CRP	c-reactive protein	IM	intramuscular
CSF	cerebrospinal fluid	INR	international normalized ratio (prothrombin ratio)
CT	computer tomography	ITU	intensive therapy unit
CVS	cardiovascular system	iu	international unit
CXR	chest x-ray	IV(I)	intravenous (infusion)
d	day(s) (also expressed as /7)	JAMA	<i>Journal of the American Medical Association</i>
dl	decilitre	Kg	kilogram
DoH (or DH)	Department of Health (UK)	L	litre
D&V	diarrhoea and vomiting	LBW	lean body weight
DVT	deep venous thrombosis	LFT	liver function test
ECG	electrocardiogram	LKKS	liver, kidney (R), kidney (L), spleen
		LP	lumbar puncture
		LUQ	left upper quadrant

µg	microgram	PE	pulmonary embolism
mane	morning (from Latin; the 'e' may be written 'é')	PEF(R)	peak expiratory flow (rate)
MAOI	monoamine oxidase inhibitors	PERLA	pupils equal and reactive to light and accommodation
MC & S	microscopy, culture and sensitivity	PMH	past medical history
mg	milligram	PO	<i>per os</i> (by mouth)
MI	myocardial infarction	PR	<i>per rectum</i> (by the rectum)
min(s)	minute(s)	PRN	<i>pro re nata</i> (as required)
mL	millilitre	PV	<i>per vaginam</i> (by the vagina)
mmHg	millimetres of mercury	qds; qqh	<i>quater die sumendus</i> (to be taken 4x daily); qqh <i>quarta quaque hora</i> : every 4h
MND	motor neurone disease	R	right
MRCP	magnetic imaging cholangiopancreatography (also Member of Royal College of Physicians)	RA	rheumatoid arthritis
MRI	magnetic resonance imaging	RBC	red blood cell
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>	RCT	randomized control trial
MS	multiple sclerosis	RFT	respiratory function tests
NAD	nothing abnormal detected	Rh	Rh; not an abbreviation, but derived from the rhesus monkey
NBM	nil by mouth	RUQ	right upper quadrant
ND	notifiable disease	S or sec	second(s)
ng	nanogram	SE	side-effect(s)
NG(T)	nasogastric (tube)	SOB	short of breath (SOB(O)E: short of breath on exercise)
NHS	National Health Service (UK)	SR	slow-release (also called MR, modified-release)
NICE	National Institute for Health and Clinical Excellence www.nice.org.uk	Stat	statim (immediately; as initial dose)
Nocte	at night	STD/STI	sexually-transmitted disease or sexually-transmitted infection
NR	normal range	Sy(n)	syndrome
N&V	nausea and/or vomiting	T°	temperature
od	<i>omni die</i> (once daily)	TB	tuberculosis
OD	overdose	tds	<i>ter die sumendus</i> (to be taken 3 times a day)
OHCM7	<i>Oxford Handbook of Clinical Medicine</i> , 7e, OUP, Longmore et al	tid	<i>ter in die</i> (3 times a day)
OHCS8	<i>Oxford Handbook of Clinical Specialties</i> , 8e, OUP, Collier & Longmore	TPR	temperature, pulse, and respirations count
OHFP2	<i>Oxford Handbook for the Foundation Programme</i> , 2e, OUP, Hurley et al	U	units
OHGP2	<i>Oxford Handbook of General Practice</i> , 2e, OUP, Simon et al	U&E	urea and electrolytes and creatinine
OHP2	<i>Oxford Handbook of Psychiatry</i> , 2e, OUP, Semple et al	US(S)	ultrasound (scan)
OHPC	<i>Oxford Handbook of Palliative Care</i> , OUP, Watson et al	WBC; WCC	white blood cell; white blood cell count
om; on	<i>omni mane</i> (in the morning); <i>omni nocte</i> (at night)	wk(s)	week(s)
OPD	out-patients department	yr(s)	year(s)
ORh-	blood group O, Rh negative		
OT	occupational therapist		

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