

OXFORD ENGLISH FOR CAREERS



MEDICINE²

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 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'.

Signs and symptoms

This focuses on common diseases and conditions that are relevant to the particular unit, providing students with the vocabulary for describing common signs and symptoms of illness.

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 the 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 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 Resource Book for easy reference.

1 Emergency medicine

Background

This unit looks at communication in an emergency situation, focusing on processing language (in particular verbs in the past tense, comparatives and superlatives, and adverbs) and medical detail rapidly. In such situations, it is crucial for accurate diagnosis for doctors and nurses to be able to deal with medical detail in rapid sequence and to work out the order and the relative importance of the information.

Third-party interviewing, where the health professional needs to be able to understand what is said to them by a third party, i.e. another health professional, a relative / friend, or a bystander or eyewitness, is also crucial. The scenarios are set in the street and in the emergency department in the hospital.

An inability to absorb and respond to information at speed can affect diagnosis and treatment.

The reading in this unit relates to Continuing Professional Development in the field of Emergency medicine

which is an important area for doctors and other health professionals to be aware of and to build on from an early stage in their career.

The ability to sequence personal details properly is also necessary. When it comes to applying for a job, your students need to be able to match their experience and qualifications to a particular post. And when they have done this, they need to be able to talk about themselves, reflecting exactly what they have written, getting the sequence of the information correct, and highlighting the detail that is most relevant.

On a cultural note, an awareness of your students' attitudes and the attitude of the culture they come from towards relating detail about themselves is helpful. You may find that it is not acceptable for some students to present themselves in a good light even to get a job. It may be seen as bad practice and akin to boasting.

Useful reference: *Oxford Handbook of Emergency Medicine*, 3rd edition, J Wyatt et al.

* Tip

Encourage students to talk about what emergency services were like in the past and what future services might be like or what services they would like to see introduced.

Additional activity

Ask each group to choose an image, making sure each group chooses a different one. If necessary, bring in additional images of different emergency services at work sourced from the internet. Each group prepares a brief talk based on an aspect of the scene to last no more than three minutes. One or more group members present their talk to the class and answer questions.

Check up

- For **1** and **2**, ask students to work in groups. For **3** and **4**, encourage them to give personal examples. Ask them to talk about where they are working as well as their home country.

- ambulance, motorcycle paramedic, air ambulance, bicycle paramedic
- Air ambulance, bicycle, and motorcycle may be suitable for inaccessible areas in towns; bicycles and motorcycles can get through traffic more easily, for example in a congested city centre, than a standard ambulance, but an air ambulance needs space to land. In many cases, more than one type of response may come into play at one time. The same applies in rural areas, but areas that are remote from hospitals / clinics may need an ambulance. In both these last two cases, the air ambulance is quicker.

* Tip

Point out the importance of being able to process very basic detail at speed. Point out the difference between the need for medical accuracy and the need for linguistic accuracy, especially in processing a sequence of information under pressure in an emergency and also from a third party rather than from a patient.

Additional activity

Ask for a volunteer to summarize all the information for the whole class with or without looking at the notes. Or you could ask one student to start the summary and then choose a fellow student to continue.

* Tip

Adverbs are important here because they can give detail about the manner / way in which something happens.

Additional activity

Ask students to work in pairs or groups and choose one or more sentences in **2** and explain the importance of the adverb from the medical point of view. Ask them to discuss how changing the adverb might affect the diagnosis. Each group can then share their ideas with the whole class.

Listening 1

Listening for detail

- For **1** to **4**, ask students to listen and write as many details as possible and compare their answers. When they have finished, ask them to share their answers with the rest of the class. Pinpoint any areas that students had difficulty with and if necessary play the recording again, stopping at details that caused problems.

2 Patient: Mr Stone

Doctor: Dr Tariq

Paramedic: Amir

Sequence of events

Place: walking along the street / Cambridge Street in town

Description of the event: his wife just fainted, tried to get her upright, started twitching quite violently

Reaction to the event: He found it scary

Before the event: feeling a bit unwell, had almost fainted, felt a bit woozy, a bit dizzy, yawning repeatedly, all of a sudden, lying on the ground, just tired before she fell, eyesight nothing, hearing a bit funny, wasn't hearing clearly, no vomiting, when she fell, crumpled to the ground slowly and silently, didn't cry out, no warning sign at all, passed out once before about a month ago, hasn't been feeling well off and on over summer, thought it was the heat.

After the event: came round very rapidly, dialled 999, a paramedic appeared almost instantly, ambulance almost immediately afterwards, seizure / epilepsy?

Past events: passed out once before about a month ago

Vocabulary

Adverbs: describing how things happened

- Ask the class to identify the adverbs in **1** and then have them in pairs do **2** and **3**. For **3**, you can ask them to support their choices.

1 suddenly, violently

2 1 abruptly

2 profusely

3 rapidly (In a seizure this would happen slowly.)

4 Embarrassingly

5 convulsively

6 clearly

7 typically

8 spontaneously

9 completely

10 reliably

3 Patient: 1, 4, 5, 6, 9

Medical professional: 2, 3, 7, 8, 10

Additional activity

Have students make a list of seven or eight medical / technical terms that they want to know the lay terms for. The students then find out the meaning from dictionaries, the internet, or fellow students. Students then check their words with the rest of the class. Or give the students in groups the same terms and ask you to give simpler terms, e.g. *collapse / syncope / associate / transient / precipitate / palpitations / tonic / clonic* (movements).

Additional activity

Record two volunteers doing the role-play and analyse their performance with the whole class. Remember to ask the volunteers how they felt about the role-play and also to give positive feedback.

* Tip

Aim to have the students combine accuracy with speed when they practise and use the tenses.

Additional activity

As an alternative to pairwork in 6, students work in groups of three. The third person takes notes using the form on p.115 and then summarizes the notes orally at the end of the role-play. The other two students listen and check for accuracy.

In order to help students empathize with patients, ask them to adopt a particular emotional role as a patient and to adjust the speed of their speech accordingly. The doctor can identify the mood / emotion of the patient at the end.

Patient care

- Have students do **1** on their own and then **2** in pairs. Encourage the students to use the *Useful expressions* in the dialogue in **2** or to give you other expressions of their own.

- Key**
- a technical – after the attack
 - b non-technical – seizure
 - c technical – to soil / mess / dirty yourself
 - d technical – faint
 - e non-technical – a prodrome
 - f technical – to wet yourself
 - g technical – lying flat
 - h technical – to twitch
 - i non-technical – to discriminate

Speaking

- Ask students to study the notes they made for *Listening 1* and then take turns role-playing a doctor asking questions to elicit the information from the patient who fainted in the street. Ask them to be prepared to give each other positive feedback at the end. Monitor the students and give feedback on the tenses used.

Language spot

Rapid tense change

- For **1-4**, ask the students to work individually first and check their answers. Then go over the answers for each exercise with the whole class, referring them to the *Grammar reference* if necessary. Make sure the students are clear about the sequence of the tenses and the relationships between them. Look at the *Tip*.
- For **5**, ask the students to talk about themselves, encouraging them to use the full range of tenses.
- For **6**, as the students do the role-play, take notes. Encourage them to give each other feedback at the end of the role-play. When the students have finished, give your own feedback. Look at the *Additional activity*.

- Key**
- 1** 1b 2f 3f 4f 5f 6f 7f 8d 9c 10f 11f 12b 13f
14f 15e 16f
 - 2** 1c 2d 8a 9b 15e
 - 3** 1 were walking, passed out
2 has never had, experienced
3 had been / was admitted, became
4 has never suffered, has been feeling
5 was yawning, has not done, fainted
6 had fallen / fell, started, tried
7 was lying, wasn't shaking
8 happened, fell
9 bit, messed, has been feeling

- 4 1 We were eating in a restaurant, when I suddenly felt woozy and I fainted. This has never happened before.
- 2 Ahmed had never been ill before, but he felt unwell yesterday. He abruptly cried and then passed out.
- 3 We were travelling by train to the city. He had not eaten since the morning. He vomited and we came straight here.
- 4 Mary has been having fainting fits for the past few days. She was doing a lot of running around when it happened the second time. She has never had them before. And none of us have had them, either.
- 5 She was getting out of bed when she came over all giddy, but she had had it before, so we thought nothing of it.

* Tip

Before the students do the role-play, ask two students to describe the signs and symptoms in each case to ensure medical accuracy. Allocate no more than two or three minutes for each case.

* Tip

Encourage students to focus only on the criteria they have chosen. But also allow brief feedback on the medical detail.

Additional activity

Find an internet connection with a video of a paramedic talking. If you can, play it on the interactive whiteboard before or after looking at *It's my job*.

Speaking

- For **1**, put the students into groups and ask them to list verbally or on paper the main signs and symptoms in each case. Then in **2**, students choose criteria that they want to be examined on in **3**. At this stage, limit the criteria to two. Limit the time for each role-play to five minutes and feedback to two or three minutes. Then allow students to share ideas with the whole class.

- Op 1**
- 1 Fever, cough production of sputum, breathlessness, pleuritic, chest pain, myalgia, rigors, haemoptysis. See Unit 10 on Respiratory medicine.
 - 2 Perforation, stenosis, slight poisoning, corrosive damage

It's my job

- For **1-3**, ask the students to work in pairs. In **1**, you can refer them to the picture in *Check up 1* and elicit the various aspects of a cycle paramedic's job. See *Additional activity*. Elicit advantages like *speed, getting through traffic, saving lives, accessing difficult areas*. Before students do **2**, elicit what they understand by skimming and scanning.
- For **4**, give each group a large sheet of paper to write down notes to use to give feedback to the whole class.

- Op 3**
- 1 more rapidly
 - 2 more sophisticated
 - 3 simultaneously
 - 4 not mentioned
 - 5 exceed

Additional activity

Give students a list of items, e.g.

- ambulance / bicycle
- hospital / street
- now / in the past
- accident at home / accident at work
- city / village
- air response / motorcycle
- pain (now) / ever.

Ask them in groups to compare the items in any way, writing their answers on to OHTs, the computer, or large sheets of paper. Tell them to illustrate the range of comparative sentences. At the end, the students look at each other's sentences.

* Tip

Write up on the board good examples of the students' use of the comparative / superlative for the class to look at.

Additional activity

Before the class, prepare a selection of equipment that is used in an ambulance and other rapid responses. In pairs, students can use them as prompts to describe to each other the benefits of the equipment. Take the pictures from the students and then select several at random, getting the students who discussed them to explain the benefits to the class.

Language spot

Comparative and superlative adjectives and adverbs

- Ask the student to look at the example in **1** and then elicit examples of the comparative and superlative from *It's my job*. Students can do **2** and **3** individually, check their answers in pairs, and then compare with the rest of the class. For **4**, ask the students to compare their current lives with the past using the adjectives given. Monitor student responses, giving quick guidance without interfering with their conversation.

0π 1 to request further assistance
more potentially life-threatening, 999 calls elsewhere in the City which we can negotiate more quickly and easily than ambulances
 100 per cent of the most serious, 'category A', 999 calls
 This response is much quicker than

2 1 longer	4 more serious / worse	7 wetter
2 violently	5 less drowsy	8 shallower
3 the worst	6 livelier	9 more frequently

3 1 He is much bigger than the last time you brought him to see us.
 2 This is by far the best hospital I have ever been in.
 3 How does this compare to the most severe pain you've had?
 4 It's easier to walk now than it was before the operation.
 5 He was sweating more / less profusely than before.
 6 His heart is beating less irregularly than before. It's almost back to normal.
 7 I'm pleased. John is less stressed than he was last year.
 8 He needs more exercise to get the full movement back.

Listening 2

Description of an emergency incident

-  When students have described the advantages of the equipment, a defibrillator, in **1**, they listen in **2** and write down as much detail as possible. When the students have checked their answers in pairs, refer them to the listening script to check the detail. For **3** and **4**, ask the students to write down the verbs only and then add the missing detail from their earlier notes to complete the sequence of information.
- Students then discuss the efficacy of this type of response in their respective countries (**5**).

0π 1 Possible answer
 It saves lives while waiting for an ambulance to transport someone to hospital.

2 See the listening script on p.128.

3 and 4 3 lost (consciousness)
 5 dialled (999)
 6 began (attempts to resuscitate him)
 9 (was able to) restart
 11 took (Mr Edwards to hospital)

*** Tip**

Ask students to make a list of activities that might be involved in Continuing Professional Development in answer to 1.3. Ask them what activities they have done themselves and what they intend to do. When they have finished the reading exercises, ask them to look at the list again and add to it if they want. Students can keep a copy of the list and refer / add to it throughout the course.

*** Tip**

Get student to discuss the different ways posts are advertised and filled in their own countries or where they are working.

*** Tip**

Make sure that the students' work is individual and that they do not copy each other. Point out that in the UK, the job market is very competitive.

*** Tip**

Refer the students to the quotation at the top of p.112 in *Medicine 1: Know thyself* (in Greek). Remind students that the application details must match what they say at interview.

Reading

- Students do **1-3** in pairs, groups, or individually, checking their answers with the whole class at the end of each exercise. For **1**, allow five to ten minutes or longer if the students look as if they want to continue talking.

0π 1 2 Medicine is changing rapidly with advances in technology and new treatments. So it is easy for health professionals to get left behind if they don't keep up to date.

2 1 undergo 4 institute 7 needs

2 draw up

5 underlie

3 amend

6 relevant

3 1 Not all (rather than All)

2 GMC (General Medical Council)

(not the College of Emergency Medicine)

3 Remove the word *considerably* as there are many contributors not just one which is making a huge contribution.

4 complements (not replaces)

5 each doctor (not the College of Medicine)

Project

- For **1-3**, ask students to work in groups and pool their experience or use the internet to find information. Ask each group to write notes on a large sheet of paper. Give them a time limit of fifteen to twenty minutes and get them to give feedback to the whole class through a spokesperson.

0π 3 A job specification, or job spec, is a description of a post to which applicants match their experience, education, qualifications, and qualities and state why they are suitable for the post.

Writing**A job application**

- Students look at the extract from a job application form or ask the students to find job applications in their specialty areas. Ask them to write a description of their suitability for the post. The students should write the description on their own; their answer should be individual to them.

Speaking

- Students work in pairs and give their job applications to their partner, who questions them on their experience and suitability for the post. Encourage the students not to copy each other and to make sure what they say matches their description without sounding as if they are reciting the details.

Checklist

- 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 Accidents

Background

Accidents due to various causes are common presentations at any Accident & Emergency department in the UK, with the commonest cause of injury among children being falls, many of which can be prevented. See *Reading* on p.17 and the second reading passage in the *Reading bank* on p.53. The former looks at accidents in various places and the latter at accidents at work.

The ability, therefore, to talk about various types of accidents, from minor injuries to more serious presentations like fractures, is a necessary skill in the communication armoury of health professionals working in clinics, hospitals, and GP surgeries.

This unit takes the students through a process from the description of different types of fractures to the explanation to the patient. The students need to know the names of the different types of fractures so they can talk about them among themselves and also to be able to explain to the patient. From a medical point of view, the description of a fracture needs to follow a particular

pattern so that it is easily understood by anyone anywhere. This is also looked at.

Patient language used to describe how accidents happen is included, i.e. the colloquial language like verbs that patients can use to describe the cause like *trip*, *smash*, *bang*, *twist*, etc. which can lead to particular types of fractures.

Understanding tenses together as in the previous unit is a feature of this unit. The tenses that patients use at the time of presentation, namely the Present Simple, Present Continuous, and Present Perfect, are dealt with.

When patients go home, they may not necessarily be fully aware of when they should come back to the hospital if there are any developments. As part of the 'safety netting' process, students need to point out to patients the need to come back if anything unusual happens. This has to be done in a polite way that does not frighten the patient but makes them aware of the urgency of the situation.

Useful reference: *Oxford Handbook of Emergency Medicine*, 3rd edition, Wyatt et al.

* Tip

You can use the illustrations as prompts for role-play at the end of the unit by way of revision.

Check up

- For **1-3**, put the students into groups. In **2**, encourage them to give the most likely injury in each case.

2 Possible answers

- Colles' fracture / broken wrist
- broken hip
- multiple / various injuries / broken limbs / cuts / bruises
- sprained / twisted / broken ankle

- 3** All accidents are preventable, but it is difficult to stop all of them. Accidents like the ones illustrated are difficult to prevent in all cases. It is only natural when falling to put one's hands out. Safety measures in the home can possibly prevent the accident in illustration b. The accident shown in c is difficult to stop if children are unsupervised and the accident in d can happen to anyone.

* Tip

As a variation for **2**, ask the students to choose a type of fracture for their partner to explain or to describe a case they have treated.

Additional activity

As a follow-up or prior to the class, ask students to find images or drawings of each fracture. Create a three-way pelmanism exercise. Put the images, the types of fractures, and the explanations on separate cards. Mark the back of the cards 1 / a / A. Have a master set for the board and / or one set for each group. To save time, ask the students to create a set for each group. Ask the students in groups to match the three cards related to each fracture.

* Tip

In *Listening 2*, play the recording a second time, stopping to help students check the tenses. Then if necessary, play it again so the students can hear the conversations at natural speed.

Additional activity

Have the students role-play the conversations in the listening, developing them as they wish.

Additional activity

Ask the students in pairs to use the sentences in *Language spot 4* as a guide and write at least three texts about recent cases they have encountered, preferably with the theme of accidents. Each text should include at least one of the following tenses: Present Continuous, Present Simple, and Present Perfect. Check the work of each pair. The students then find another partner to whom they say / read the texts. The partner identifies the tenses in sequence.

Vocabulary

Fractures

- Ask students to do **1** on their own and then to check it in pairs. Check the answers with the whole class. For **2**, students work in pairs and follow the instructions. You might want to do one as example with the whole class.

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

Listening 1

Understanding verb tenses

- Students match the three conversations to a picture in **1** and then identify the tenses in **2**.

Key 1 1b 2a 3c
 2 1 hurt c give b happen a
 2 hurt b break c look a
 3 cry b fracture c

Language spot

Talking about the present

- For **1** and **2**, ask students to listen, decide who is speaking and the topic of the conversation, and then identify the tenses. Allow them to discuss their answers in pairs first, followed by a whole class discussion. Students can then explain why the tenses are used in **3**. After checking the answers, ask the students to do **4** on their own. Check the answers in pairs and then finally with the whole class.

Key 1 1 Doctor – pain in the arm
 2 Patient – painful toe
 3 Doctor / Nurse – a child who has fallen out of a tree
 2 1 Present Continuous 3 Present Simple 2 Present Perfect 1
 2 Present Continuous 1 Present Simple 2 / 3 Present Perfect 2 / 3
 3 Present Continuous 3 Present Simple 2 Present Perfect 1
 4 1 I just slam – I've just slammed
 2 is coming back – has come back
 3 anything is happening – anything happens
 4 I've just waited – I'm just waiting
 5 It mends – It's mending
 6 do you begin – are you beginning
 7 immobilize – I've immobilized

* Tip

Check the students understand the words by asking questions or describing them using the same or a different word in the sentences: *What is the verb you can use when you are walking along the street and catch your foot in a loose paving stone? You _____. / I was walking along the street when my foot caught on a loose paving stone. I _____.*

Additional activity

Ask the students to find examples of X-rays from the internet / textbooks. If you have an interactive whiteboard, call up examples from the internet. Use the images in the same way as in *Speaking*. Or ask students to analyse the X-rays in pairs / groups and then discuss as a whole class. Or ask individual students to give an impromptu mini-presentation of an X-ray to the whole class and answer questions. Then check the answers.

Vocabulary

Causes of injury

- Students match the verbs to the appropriate sentence in **1** either individually or in pairs. Then in **2**, ask them to describe an injury from **1** that they have treated.

0-π	1	1 tripped, fell	6 slipped, landed
		2 stumbled, twisted	7 went over
		3 stubbed	8 dislocated
		4 banged, smash	9 squashed
		5 twisted	10 pulled

Speaking

- Students start by identifying the types of fracture in the X-rays in **1**. Then in pairs, for **2**, they create their own history for a patient using one of the X-rays as a prompt. For **3**, students swap partners to work with someone with the other X-ray and take the history from each other, explaining the X-ray in **4**.

0-π **1** a a Colles' fracture b a fractured toe

It's my job

- For **1** and **2**, get the students to work in pairs. When you have checked the answers, have students do **3** and **4** in groups. Ask each group to volunteer a spokesperson to share information with the class.

0-π **2**

- 1 the A&E department
- 2 a must-have
- 3 to provide information in order to alter the management of the patient and the outcome of the disease
- 4 to help confirm a diagnosis, exclude something important, define the extent, and monitor the progress of a disease
- 5 Without the benefit of being able to examine the patient, all of this detail is crucial.
- 6 Each day his schedule is full as he tries to balance the needs and priorities of different departments.

Writing

Describing a fracture

- Students do **1-3** in pairs. Or they can do them by themselves and then compare their answers with a partner.

0-π **1**

- 5 name the type of fracture (e.g. simple, spiral)
- 6 mention any intra-articular involvement
- 7 describe deformity (e.g. displacement) from anatomical position
- 8 state grade or classification of fracture (e.g. Garden IV)
- 9 state presence of any complications

2

29-year-old = age
 Motorcyclist = how it occurred
 Type 1 = the type of fracture
 Left humerus = name of bone

*** Tip**

When students are speaking, use it as an opportunity to learn from them. Listen as they speak and as well as identifying examples of good practice and corrections to point out at the end of the activity, collect one or two medical points that you would like clarification on. Do this regularly. The students will like doing it. They will benefit from explaining and you will benefit by building your knowledge. But remember at all times that no matter how much you know, you must be careful not to interfere with the medical side.

*** Tip**

Video the students and give whole class feedback. Ask the students if you can keep the recording as a sample and for use with other students.

Additional activity

Do not assume that students will understand what skimming means. Many doctors may be used to learning texts by heart as a result of their professional education and educational traditions in their culture. The practice of relaxing enough to 'touch a text lightly' may not be easy.

Find another text (medical or non-medical). Ask the students to explain to you what they understand by skimming. Show them how to skim by looking at the content words like nouns and verbs only. Get them to underline these words and then read these to each other in pairs and / or to the whole class and see how much they understand. Repeat this activity as it will take time for students to have enough confidence to relax.

Additional activity

Ask students to collect images of places that have potential to cause accidents, e.g. spilt water on a floor, a high stepladder in a room, a pond in a garden. Collect some yourself. Use these as prompts for **2** in *Listening 2* and keep them for future use.

Displaced = deformity
Humeral shaft = position

No neurovascular compromise = presence / absence of complications

Intra-articular involvement and grade or classification of fracture not given.

- 3** a) 40-year-old female police officer with a fracture of the distal metaphysis of the left radius (known as a Colles' fracture). Note that the wrist and hand are heavily affected by rheumatoid arthritis - there are abnormalities in several bones (including the distal ulna) and bone destruction.
- b) 40-year-old female police officer with comminuted fracture of the proximal phalanx of the right hallux. There is lateral angulation of the distal fragment leading to a valgus deformity.

Speaking

- Get students to identify the X-rays in **1** and check their answers in the upside down box. For **2-4**, students prepare a presentation as instructed. Once the students have given the presentation, they invite questions from the rest of the class. The class then gives feedback choosing from the criteria listed. Encourage students to use their own knowledge, refer to the *Oxford Handbook of Emergency Medicine*, or refer to the internet.

Reading

- Students can do **1-4** individually, in pairs, or in groups with the answers being checked as a whole class afterwards.

Key **2** 1C 2D 3A 4B

- 3** 1 stipulated
2 fatalities
3 in the lower socio-economic groups
4 advocating
5 routinely
6 frailty
7 presenting to
- 4** 1 five- to fourteen-year-olds
2 the lower socio-economic groups
3 They should have a multifactorial falls risk assessment and should be considered for interventions including those to improve their strength and balance and remove any home hazards.
4 misuse of equipment / appliances and chip pan fires
5 infection and needle-stick injury

Listening 2**Accident prevention measures**

- Students listen and check their answers for **1**. Then in pairs or groups they do **2**. They then give feedback to the whole class.

Key **1** Tick 2, 3, 4, 6, and 7.

Additional activity

Get students to work in groups and write at least three *if* clauses, e.g. *If your finger swells up, ...* on to a large sheet of paper. Check that all the stems are correct. Then display all of the sheets for the whole class, who then complete the sentences.

* Tip

As a whole class, elicit from the students examples of good practice in giving feedback. Get them to explain why the feedback was good and then choose examples of feedback that can be improved on and elicit suggestions for doing so.

Language spot

Saying what's necessary politely but firmly

- Ask students to do the exercise and refer them to the *Grammar reference* if necessary.

- Key
- 1 come back / you need to come back
 - 2 Don't hesitate to
 - 3 raise / you need to raise
 - 4 you need to come back / come back
 - 5 don't wait, just come in / you need to come in
 - 6 don't leave it
 - 7 you need to get / get yourself / don't hesitate to get yourself
 - 8 we're going to need to replace / we need to replace

Speaking

- After identifying the common injuries in **1**, students create a history for the patient in groups in **2**. They then find a partner from another group in **3** and take turns taking the history from each other using an illustration as a prompt. After the role-play, students should use the feedback grid.

- Key
- 1 a cut finger
 - b swelling of the ankle
 - c swollen face with bruising around the nose and eyes
 - d scalds / burn
 - e broken leg
 - f abrasion

Checklist

- 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 Sports medicine

Background

The images in *Check up* set the scene for this unit with the focus on potential sports injuries. Sporting activity, like all things, has two sides. People can do sport for the benefit of their health, but unsupervised practice for many people can lead to unwanted injuries, and among professionals accidents can happen, even if they are careful and seasoned athletes. Moreover, if people are 'addicted' to sport, they may not want to stop exercising, even when they are injured. Preventing people from injuring themselves further requires the development of delicate skills in the art of persuasion.

This unit looks at asking different types of questions, including open and closed questions, along with colloquial language and the art of persuasion by giving patients gentle warnings.

Open and closed questions were covered in *Medicine 1* on p.77 and you might want to refer your students to this. Be careful about making assumptions about the students' ability to use different types of questions, even if they have come across them before.

Students may rarely use open questions and indeed other types of questions and be inclined to stick primarily to closed questions or *yes / no* questions. For second or third language speakers of English, the use of closed questions may be 'safer'. The reason for this is that with open questions, patients give a lot of information that doctors or nurses may find difficult to process instantly and so they may miss vital information.

So before each role-play, it will help your students if you adopt the habit of eliciting the types of questions they should use.

Gentle persuasion through pointing out potentially 'dangerous' situations to the patient is another area covered in the unit. Doctors may not be used to dealing with 'challenges' from the patient in the form of excuses for not agreeing with suggested treatments or a course of action. This lack of concordance may cause further damage to the patient, so it is important for your students to be aware of and to be able to manipulate this skill.

Useful reference: *Oxford Handbook of Sport and Exercise Medicine*, MacAuley (ed).

* Tip

Encourage students to develop their critical thinking skills by creating questions related to each image: *Is the person injured? Did the person injure themselves? Is the person prone to injury? Is the injury likely to happen to ordinary people not involved in these activities? Is the injury likely to happen again? Will it happen to other people involved in the same activity?*

Such questions can be used to help analyse data, situations, etc. to help the students examine them rather than accepting them at face value.

Check up

- Students work in pairs or groups for **1-3**, and then in groups for **4**. In the whole class feedback for **1** and **2**, encourage students to develop their critical thinking skills. See the *Tip*.

- Key** 2 1 b 2 a or c 3 a or c 4 d
- 3** a running – skin grazing, sprains, stress fractures
 b rugby – broken bones, cauliflower ears, cracked ribs
 c football – cuts, bruises, leg injuries
 d gym – lower back injuries, tendinitis, muscle strain
- 4** Advantages might be working in different settings outside a hospital like a sports facility or travelling with a team. A disadvantage might be isolation from a medical team and difficulty in career progression, if outside the formal hospital setting.

Additional activity

When students have finished the section, ask them to look at the listening script in pairs and create a 'Spot the difference' activity by making their own changes to the script. Or you can choose a script from another source, e.g. a case report. Ask the students in pairs to read their script with the changes to the whole class while the latter listens and notes the changes. This can be done several times and also with the class divided into groups.

* Tip

If you have access to a digital recorder and it is appropriate to do so, record the role-play in **3**. Remember to keep it safe and ask if you can use it again in future classes. Or turn the images in **2** into a video and play to the students so they can match the actions to the instructions. Be sensitive to cultural issues in making the video, especially as regards showing the soles of feet.

Additional activity

Create a master list of lay terms that is updated and emailed to students regularly. Encourage one of the students to be responsible for maintaining the list.

Listening 1

Spot the difference

- For **1** and **2**, ask students to write notes, then check their answers with the listening script and state what the differences are. Students can answer **3** and **4** as the whole class or in pairs followed by whole class discussion.

- Key**
- 1 See the listening script on p.129.
 - 2 The details that are different are that the patient mentions going to the gym and that going there is more of a problem than work.
 - 3 In conversation A, the doctor asks closed questions. In B, the doctor asks a mixture of questions. The doctor uses an imperative (*Tell me a bit more about it*) like an open question, to encourage the patient to speak.
 - 4 B uses a more patient-centred approach in that the doctor encourages the patient to speak rather than just asking closed questions that require *yes/no* answers. The approach in B is therefore better.

Vocabulary

Verbs of movement

- In **1-3**, students focus on giving instructions to check limb movement. For **1**, elicit the instructions from the whole class. Or ask students to work in pairs / groups and then list sample instructions on the board. When students have matched the instructions in **2** to the pictures, ask them to use the images in **3** to do the role-play using the *Useful expressions*.

Key 2 a5 b1 c12 d6 e2 f10 g8 h11 i9 j3 k7 l4

Signs and symptoms

Patient vocabulary

- Elicit the answer to **1** from the whole class. Students can then do **2** and **3** in pairs with the answers being checked after each exercise.

- Key**
- 1 bullae The colloquial term is *blister*.
 - 1 shoulder 2 neck 3 armpit 4 leg 5 hand 6 foot
7 feet 8 hands 9 back 10 arm, leg
 - 3 (adhesive) capsulitis – frozen shoulder
furuncle – boil
bullae – blisters
hyperkeratosis – calluses
torticollis – wry neck
paraesthesia – tingling (pins and needles)

* Tip

After the students have finished the activities in the *Language spot*, refer them to the quote at the top of p.22 and have them discuss it as a whole class.

Additional activity

As a variation of **5**, ask students in pairs / groups to write their own dialogue with the instruction to include examples of all the question types in **2**. Either agree a scenario beforehand or give students complete freedom to choose their own. When they have finished, ask them to swap their dialogue with another pair / group to check if they have included all the question types. The students can then summarize the contents of each other's dialogues in groups or for the whole class.

Language spot

Types of questions

- Ask students to do **1** on their own and then check the answers with the whole class. Follow the same procedure for **2** and **3**. **4** can be done as pairwork exercises and **5** and **6** in groups. For **6**, you might want to get the students to do this directly on to a computer for projection on to an interactive whiteboard. If you don't have an interactive whiteboard, use OHTs or large sheets of paper from a flip chart.

- 0-π 1**
- 1 Have you fallen over?
 - 2 Can you tell me if you tripped in the street?
 - 3 Did you hurt yourself? / Are you hurt?
 - 4 What do you think is the problem?
 - 5 Who was / is around when the pain the pain set / sets in?
 - 6 Could you describe what happened for me?
 - 7 How long have you had the chest pain?
 - 8 Are there any other things you'd like to talk about?
 - 9 What else are you concerned about?
 - 10 Was the phlegm brown, yellow, or green?
- 2** 1a 2a 3a 4d 5a 6b 7f 8d 9c 10f
- 3**
- 1 Where does it hurt?
 - 2 Can you tell me how it all started?
 - 3 What's it like now?
 - 4 Did you knock yourself?
 - 5 When is the pain at its worst?
 - 6 How long have you had it?
 - 7 Is there anything else you can tell me about it?
- 4 Possible answers**
- 1 What can I do for you?
 - 2 And what's the matter?
 - 3 How long's it been bothering you?
 - 4 Have you had it before?
 - 5 Can you describe it for me?
 - 6 And where do you get the pain exactly?
 - 7 Does it go anywhere?
 - 8 Does anything make it better or worse?
 - 9 And are you still going?
 - 10 (And) Are you doing anything?
- 5** It could be more patient centred with one or two open questions.

*** Tip**

Remind students to use a range of question types before they start.

As the students do the role-play, make a note of good examples of open and closed questions. Try to get the students to create the sequence of turns in the dialogue to illustrate the questions in context, helping them where necessary.

*** Tip**

Point out the meaning of *et al*: 'and others'.

Additional activity

After students have finished **2**, ask one or more of them to summarize the information using the names.

*** Tip**

Also look for other texts with names and research or research findings, etc. for students to practise matching. For an example, see the *Reading bank*, p.55.

Speaking

- Students do the role-play in **1**. Then after giving feedback on the questions the students used, have them do the role-play. At the end of each role-play, ask them to give each other feedback on two or more criteria agreed in advance. You may want to ask students to role-play the dialogue without referring to the dialogue in *Language spot 4*. Ask them to read the dialogue in *Language spot 4* again when they have finished.
- Ask one or more pairs to do the role-play in front of the class, giving feedback. Always ask the students who performed the role-play to give feedback on their own performance. Then invite comments about room for improvement from the class.

Reading

- After doing **1** and **2**, students can do **3** in groups. For **2**, point out how important it is to be able to sort and categorize information in this way for reading in general and when taking notes.
- In the group discussion in **3**, encourage abstract discussion, encouraging students to talk about people, cases, and situations in general that they have encountered rather than personalizing the discussion. Example phrases: *People / Patients can ... / ... be persuaded / It isn't easy ...*

Key	1 1 weight-bearing	4 competitive	7 sports-related
	2 large-scale	5 research	
	3 longitudinal	6 significant	
	2 1 Greendale et al	3 Cheng et al	5 Ryan et al
	2 Pastor et al	4 Miller et al	

Listening 2**Patient attitude**

- After doing **1** as a lead-in, students listen and map the patient's and the doctor's attitude in **2** and **3**. If necessary, play the recording more than once, stopping the second time at specific places to isolate a particular attitude.
- For **4** and **5**, you may want to check if the students can answer before they listen again.

Key	1 The patient looks exasperated.
	2 d annoyed 2
	e uncooperative 3
	g friendly 1
	h receptive 4
	3 c and d throughout and then e
	4 2, 3, 4, 6, 7
	5 1, 2, 4, 6, 7

* Tip

When students role-play the exchange in **3**, ask them to adopt an 'attitude', use their own responses if they can, and get them to develop one of the exchanges in their own way.

Additional activity

To help students develop an awareness of the rhythm of sentences, ask them to say the words that carry a secondary stress first and then repeat the sentence, e.g. I tell little more all happened.

* Tip

Elicit seven model questions for **4** and write them on the board and practise the stress and rhythm.

* Tip

Give other examples of the greater frequency of unstressed syllables in speech.

Additional activity

Have students work in pairs and create their own scenarios similar to the one in **3**. They write them out in full or type them on computers. Check the scenarios for mistakes. Students swap stations with other pairs and take turns role-playing. Ask the students if you can keep copies of the scenarios for future use. Repeat this exercise in future lessons to build your bank of scenarios.

Patient care

- Once students have given their own replies to the excuses in **1**, get them to match the doctor's replies in **2** to the excuses in **1**. Then have them practise answering the patients' excuses.

Key 2 a4 b8 c2 d3 e1 f7 g6 h5

Pronunciation

Main stress

- Students predict where the main stress will be in the text in italics in **1** and then listen in **2** to see if they are correct. When they have checked answers, get the students to practise saying the statements as in **3**. In **4** and **5**, students prepare questions for the suggested scenario in pairs and then change partners to role-play the case history. Give feedback on the pronunciation and then look at **6** as a whole class exercise.

Key 2 2 But if your child's mood changes in **any** way, make sure you contact us immediately.
 3 but I **can't**. I have to go to my best friend's party this evening.
 4 But I'm afraid you do **need** to be careful.
 5 I'm not sure but I think I've torn a ligament in my **foot**. It's swollen and I can't get my shoe on.
 6 I've had it since the week before last, **here** on the heel of my hand.
 7 And you **need** to have someone to go home with you and stay with you for the next 24 hours as well.
6 Sentence 2 – for emphasis.
 There are fewer lexical items like nouns and more grammatical items like *the, in, at, a*.

Speaking

- The speaking section has two parts: **1** and **2** and **3–5**. After checking the points on the head injury warning card which were covered in *Listening 2*, students work in groups of three taking turns to role-play the conversation, with the third student monitoring the student in the doctor role. Ask the students to give feedback as before. In **3** and **4**, ask students to make a list of warnings for the parent and then in **5** to role-play the scenario, sticking to the attitude indicated. Students give feedback as before.

Key 1 Points covered

Ensure a responsible person is available to keep an eye on you for the next 24 hours and show them this card.
 Rest for the next 24 hours.
 Do take painkillers such as paracetamol to relieve pain and headache.
 DO NOT DRINK alcohol for the next 24 hours.
 Vomiting
 Disturbance of vision

Writing

Head injury warning instructions

- In **1** and **2**, students write the instructions for a sports centre and then role-play the scenario in **3** in the previous section again. Check for improvements.

Checklist

- 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 Obstetrics

Background

This unit covers language and scenarios related to the field of obstetrics. Students look at lay words and technical terms related to talking about pregnancy and giving birth. From the communication point of view, the unit deals with 'small talk' as a means of establishing rapport with the patient. 'Small talk', as the word *small* implies, is talking about minor / everyday things like the weather as a means of beginning a case history.

The subjects that form part of the small talk are safe subjects which, if the doctor knows the patient well, he / she can broaden out. However, like all good things, too much can cause problems, so it is important for students to gauge when to stop. Obviously, this will depend on the patient's relationship with the doctor and vice versa. As a general rule, no more than three turns for each

participant in the dialogue; otherwise it is in danger of straying into the territory of being personal.

Apart from small talk, other areas of communication that feature in this unit are pronunciation, where location of the nucleus in a chunk of a sentence is looked at, and modal verbs used as a means of negotiation.

The modal verbs are looked at from the point of view of their function and how they are used to show conclusion, persuasion, expectation, possibility, necessity, obligation, and permission. They are presented in questions with the effect of making them less direct and more conciliatory, hence the focus on negotiation.

The writing focuses on writing an argumentative essay.

Useful reference: *Oxford Handbook of Clinical Specialties*, 8th edition, Collier et al.

* Tip

Get the students to draw conclusions from each picture, e.g. *The people / woman in the photo must be ... , because ...*. Get them to think where they might make wrong assumptions, e.g. the woman in each is married and call them Mrs. Or the woman may want or not want to have a baby.

Additional activity

Before the lesson, look up various forms of data on the web related to childbirth / mortality, etc. Give the same set of data or different sets to the students in groups. Give them five to ten minutes and ask them to prepare a summary and a description of the data. Sources are ONS.co.uk and Eurostat (epp.eurostat.ec.europa.eu).

Check up

- Students work in pairs for **1-3**. As they look at **1**, remind them of the questions they used to analyse the images in *Check up* in the previous unit. Look at the *Tip* here for further development of critical thinking. For **2** and **3**, students may not be aware of statistics and it is possible there are none available. For these last two, encourage more abstract discussion rather than personalizing.

- 1**
- GP pre-counselling a young woman
 - pregnant woman meeting her midwife
 - newborn baby with umbilical cord still attached
 - ante-natal exercise class

*** Tip**

Accessing conversations even in one's own language is a skill. Show the students how they can catch certain words like nouns and verbs rather than listening to every detail when they want to work out what's going on. Point out the difference between hearing (passive) and listening (active) and the fact that as in reading they just need to 'skim' the spoken words to get a general idea.

+ **Additional activity**

Select a medical text related to obstetrics or a text for lay people. Give both texts to the students in groups and ask them to select seven words from the medical text that are technical and seven from the second that are colloquial. Ask the students to give lay terms or explain the medical terms and vice versa for the colloquial terms.

Add any words to the list of colloquial language.

*** Tip**

Add colloquial expressions to the class master list.

+ **Additional activity**

Develop the role-play in **3** by asking the students taking the patient role to assume an attitude.

Listening**Taking details**

- For **1** and **2**, ask students to work out what the conversation is about and give reasons. Students then insert the phrases in **3** in the relevant place and then listen and check their answers in the first part of the dialogue in **4**.
- For the rest of the dialogue, students predict who would say the sentences / phrases in **5** and state what they think they mean. Students listen and then check their answers in **6**. In **7**, to round off this section, ask the students to discuss the question in groups.

- 0π**
- 1 The patient is pregnant.
 - 2 Can you remember when your last period was?
So you think you've missed one?
I do feel a bit sick most mornings, and my breasts feel a bit tender.
 - 3 1 I'm expecting
2 We've been trying for ages
3 I'm as regular as clockwork
4 pop to
 - 5 1 Doctor – You're four weeks pregnant
2 Doctor – We can usually see more clearly
3 Patient – I understand
4 Patient – I do miss meals when I am in a hurry
5 Doctor – There are certain things you need to keep away from
6 Patient – I haven't drunk excessively for ages
 - 7 Doctor was friendly – small talk – but could have asked more open type questions or asked the patient why they think so.

Signs and symptoms**Lay words and medical terms**

- In **1**, ask the students to work out the meaning and then in **2**, match the technical terms to the sentences. For **3**, ask the students to role-play short dialogues reassuring the patient. Encourage them to use the *Useful expressions*.

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

* Tip

Reinforce the importance and efficacy of relaxing the students by role-playing how not to greet you, e.g. a student meeting a teacher in the street and the student starts talking about their homework or an exam without saying hello or any initial pleasantries. Then demonstrate small talk in a medical setting using one of the examples in the exercises.

Additional activity

A useful activity might be to show students how too much small talk can cause problems. Demonstrate small talk that goes on too long. Get the students to do it and ask them how it feels and then get them to do it correctly—lasting no more than two or three turns. Ask them to think how the patient might interpret this: Is the patient annoyed? Or does the doctor know what he / she is doing? Is he / she anxious? Or is the patient anxious and does he / she want to get on with it?

* Tip

Encourage the students not to write their answers in their books for this exercise, but in an exercise book. When they have done the exercise, ask students to read the sentences in turn to each other in pairs without looking at the answers and see if they can supply the answers automatically. Check the whole class randomly in this way.

Speaking

- Use the illustrations in **1** as a means of introducing the concept of small talk. In **2**, students think about topics to avoid. Ask students to decide how they would develop the small talk scenarios in **3** and then do the matching exercise in **4**. Students answer **5** and then do the role-play in **6**.

Answers

- Possible answers
 - The weather's quite bad today. / Is it still raining?
 - It's really quite hot out there, isn't it?
 - You look very well today.
 - The traffic's bad today for some reason. It looks as if ...
 - I can see you are a ... supporter.
- Politics, religion, and personal detail
- 1b 2c 3e 4a and g 5h 6d 7f 8a and g
- No more than two or three exchanges; otherwise, there is a danger it will turn into a chat!
Simple strategies to bring small talk to an end: *OK. / Great! / So ...*

Vocabulary

Technical terms

- Ask students to complete the sentences in **1** and then prepare the mini-presentation in **2** and the impromptu presentation in **3**.

- 1
 - contractions, cervix, dilated
 - dilation, descends, pelvis
 - placenta, spontaneously, retained
 - mother, foetal, ultrasound
 - lie, longitudinal, fundus
 - Antepartum, defined, gestation
 - Birth, lifting, traction
 - obstetric, associated, haemorrhage

* Tip

Where possible, check the pronunciation of polysyllabic words. Be sensitive to American and British pronunciation.

Additional activity

You might want to select a few words like *obstetrics*, *dilate*, *abnormal* where the stress shifts when you use a different form of the word: *obstetrician*, *dilatation*, and *abnormality*. You can select a few terms beforehand or select a few and ask students to select some at random. This will help with word-building and building your own confidence and vocabulary. Do not be afraid of being guided by the students. If necessary, say you'll check an answer and get back to them. They have to learn to do this when they are treating patients, so it will help them in this respect as well.

Additional activity

Put students into groups and give each group a large sheet of paper, OHTs, or use computers if you have access to them. Ask students to make their own True / False statements using the text for *It's my job* or another similar text. Ask each group to write at least three statements. Collate all of the statements and answer them as a whole class with the groups who made the statements leading the discussion.

Pronunciation

Sentence nucleus

- Students can do **1** and **2** in pairs or small groups. They then do the listening exercise in **3** and check their answers with a partner. For **4**, ask the students to work in pairs and use **5** to round off the section.

- 0π 1**
- 1 ultrasound, haemorrhage
 - 2 placenta, obstetric, contractions, gestation, dilated
 - 3 antepartum, dilatation
 - 4 spontaneously, associated
 - 5 longitudinal
- 2**
- 1 At vaginal hysterectomy, the uterus is brought down through the vagina.
 - 2 What happens is the womb is brought down through the vagina.
 - 3 Pre-eclampsia is pregnancy induced hypertension with proteinuria ± oedema.
 - 4 It's a condition where the blood pressure is **raised** with protein in the urine and possibly swelling.
 - 5 Normal labour is often heralded by a **show**.
 - 6 When an induction is being planned, the state of the cervix will be assessed.
 - 7 Ankle swelling is very **common** when you're pregnant.
 - 8 It tends to worsen at **night**? Well, if you use a firm mattress and wear flat shoes, it will help.
- 3** N.b. Only secondary stress is underlined; the main stress is marked in **2**.
- 1 At vaginal hysterectomy, the uterus is brought down through the vagina.
 - 2 What happens is the womb is brought down through the vagina.
 - 3 Pre-eclampsia is pregnancy-induced hypertension PIH with proteinuria ± oedema.
 - 4 It's a condition where the blood pressure is raised with protein in the urine and possibly swelling.
 - 5 Normal labour is often heralded by a show.
 - 6 When an induction is being planned, the state of the cervix will be assessed.
 - 7 Ankle swelling is very common when you're pregnant.
 - 8 It tends to worsen at night? Well, if you use a firm mattress and wear flat shoes, it will help.
- 5** 3 – it contains more medical terms

It's my job

- Ask students to do **1**, pointing out how prediction helps in accessing a text by helping students to access the subject area. Students can do **2** in pairs and when you have checked the answers, put them into groups to do **3**, followed by whole class discussion.

0π 2 1F 2T 3F 4T 5F

* Tip

To check that the students have understood the relationship between the functions and the modal verbs, read the statements to the class randomly and ask them to identify the function. They can also do this in pairs before or after you do this.

Additional activity

Ask students to work in groups. Give each group one of the following terms: *rest, breech presentation, Caesarian section, pre-eclampsia, waters broken, ectopic pregnancy, miscarriage*. Ask each group to write a scenario which includes the term you have given them. Groups can swap terms, but not add new ones. Ask them to prepare questions as per **5** and then role-play their scenario within their group. Ask for volunteers to come to the front of the class to do their role-play. Ask the students if you can take copies of the scenarios, which you can use at a later date.

* Tip

Ask students to bring in leaflets giving advice to patients. They can download them from the internet or use actual leaflets in their own language or English. Divide the students into groups and give each group several leaflets. Ask each group to look at their leaflets and choose which one is the best. Encourage them to use the questioning suggested in the *Tips* for the *Check up* in this unit and unit 3. One member of each group should then summarize the leaflet briefly for the class. Students can then pass the leaflets round the groups.

Language spot

Giving advice and talking about expectation

- Have students do **1** on their own and then check with a partner and then with the whole class. Students then work through **2–4** with a partner, stopping at the end of each exercise for whole class feedback / checking. In **5**, students produce questions using the *Useful expressions* and the language here. Refer students to the *Grammar reference*. Ask them to look at it for homework.

0π	1	1 can	4 Shouldn't	7 need to	10 Can't
		2 Can	5 have to	8 must	
		3 ought to	6 Can't	9 must	
	2	conclusion 9			
		persuasion 10			
		expectation 4			
		possibility 1, 2			
		necessity 7			
		obligation 5, 7			
		permission 10			

Speaking

- Students work in groups for **1–3**, first discussing the scenarios and making notes as directed. In **3**, ask the students to do the role-play, using the *Useful expressions* and with the student in the patient role using the questions created in **5** in *Language spot*.

0π	2	A 25-year-old patient who is epileptic, etc. – ask about medication, what she eats, whether she is sexually active
		A 25-year-old female whose partner smokes, etc. – ask about what they eat, whether they can change their diet, whether they can both stop smoking / drinking, how much they smoke / drink

Reading

- Students pool their knowledge and predict the contents of the leaflet to help them access the information when they look at the passage when they do **1**. They then do **2** and **3** in pairs. At the end, check the answers with the whole class. Round off this section with a whole class discussion on the quote at the top of the page.

0π	2	1 via	4 stimulated	7 pulsating
		2 clamp	5 preceding	
		3 speed up	6 likelihood	
	3	1 delivery	3 injected	5 peeling away
		2 severity	4 completed	

Speaking

- For **1–4**, ask students to prepare for the discussion as in **1** and **2**. Then divide the class into two groups, doctors and patients. Get the students to sit as per the illustration with each pair of students sitting facing each other. After the allocated time, the students who are the doctors move to the next patient. After three or four scenarios, change the patients around to give all students a chance to role-play being the doctor. In **4**, discuss the benefits of the process with the whole class.

* Tip

To brainstorm for ideas, ask students to work on their own and write the word *delivery* in the centre of a clean sheet of paper. Ask the students to write down as fast as they can any ideas related to the word anywhere on the page. Tell students not to exclude ideas and to write the ideas using no more than two or three words. Ask them to draw circles around all the ideas and then lines to link them together.

An alternative way to create ideas is to ask students to write down the word *delivery* at the top of the page on the left and then write vertically below it single words you associate with 'delivery'. Then attach ideas to the words and select those which are relevant to the essay title.

Writing

Supporting opinions

- For **1–3**, students prepare for and do the role-play. Then in **4** and **5**, students prepare to write an essay on the topic in **4**. For **5**, look at the *Tip*, then ask students to write the essay on their own in class or for homework.

0π 4 argumentative

Checklist

- 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 Psychiatry

Background

If students have used *Medicine 1*, you might want to refer them to Unit 9, Working in Psychiatry, p.82–89, before they go through this unit.

The unit begins with images of famous people from the past who have suffered from depressive illnesses. You may want to ask students for examples of famous people from their own cultures who suffered depressive illnesses but who achieved greatness. In doing so be aware of cultural sensitivities inside and outside the classroom.

Students are invited to say whether the people shown in *Check up* can influence public perception of psychiatric illness. The unit ends with a chart on the perception of various medical and non-medical groups of a range of psychiatric and non-psychiatric conditions. When you have finished the unit, you can ask the students to look again at questions 2 and 3 in *Check up* to see whether they would like to change their minds or refine their opinions. You might want to check which group your own opinions concur with in the chart in *Writing* and whether your thoughts about the questions in *Check up* have changed.

Medical language on psychiatric symptoms is covered along with the understanding and production of basic definitions in psychiatry and talking about affect and mood. To balance the medical / technical terminology the unit also looks at understanding and using lay terms for medical terminology, using phrasal verbs and verbs with prepositions, including the pronunciation of prepositions with verbs in sentences.

Understanding the patient during a mental state examination from the verbal and visual point of view is also dealt with so that students can make a full assessment of a patient.

The unit also continues the development of communication skills with the greater emphasis on students creating their own scenarios in context to achieve greater student autonomy. To this end, if you are not already doing so, it might be useful for you and your students to establish a discussion club as an offshoot of the class, using the scenarios that the students have created. They can take turns being in charge of the club.

Useful reference: *Oxford Handbook of Psychiatry*, 2nd edition, Semple and Smyth.

* Tip

To continue looking at critical thinking, you might want to ask students to examine the public perceptions and their own perceptions of the people in the photographs: Do these people have a public persona / image? Would / Do people think differently about them when more details are revealed? Do people generally accept / judge people and things at face value?

* Tip

Refer students to the dictionary of psychiatric symptoms on p.82–101 of the *Oxford Handbook of Psychiatry*.

Check up

- Students discuss **1–3** in groups, checking their answers to **1** in the upside down box before moving to **2** and **3**. Follow up with a whole class discussion.

Open 2 Possible answer

Famous people can act as role models and help build the confidence of those who suffer from psychiatric illness. They can also help the general public become more aware and more tolerant.

Signs and symptoms

Psychiatric symptoms

- For **1** and **2**, ask the students to see if they can identify the psychiatric symptoms in **1** on their own before they look at **2**. Then for **3–5**, students write their own definitions as directed and then take turns in their pairs defining them before explaining them to patients.

Additional activity

When students write dictionary definitions in **3**, you can ask them to write the terms and the definitions on separate cards. Copy the cards and make a master set for each group. When you photocopy the cards, get the students to tear the pages to make a set for themselves. Students put the cards face down spread out as in pelmanism cards. Students pick a card and give a definition if they pick up a card with a term on it. Where they pick up a card with a definition, they give the term. They pick up another card to match a card with the card they have. They do this until they have matched all the cards.

* Tip

After they have practised explaining the terms to patients, ask students to explain terms without preparation. You can also ask them to write explanations of the terms.

* Tip

Stop and start the recording if necessary when you play the recording a second or third time.

Additional activity

Ask the students to work in groups when they have finished **1** and **2**. Get them to summarize the information, as far as possible without reference to the notes. One student starts and chooses another student to continue.

2 1a 2c 3b 4f 5d 6i 7h 8e 9g

3 Possible answers

Depressed mood: the core feature of depressive illness. Milder forms of depressed mood are part of human experience, but in its pathological form, it is a subjective experience, which patients describe variously, e.g. an unremitting and pervasive unhappiness; the loss of the ability to experience the normal range of positive emotions; a sense of hopelessness and negative thoughts about themselves.

Ataxia: (a condition where there is) loss of coordination of voluntary movement

Clang association: an abnormality of speech where the connection between words is their sound rather than their meaning. It may occur during manic flights of ideas.

Bulimia: increased appetite and desire for food and / or excessive, impulsive eating of large quantities of usually high calorie food. It is a core symptom of bulimia nervosa and may also be seen in mania and in some types of learning disability.

Delusional mood: a delusional belief which is recalled as arising following a period when there is abnormal mood state characterized by anticipatory anxiety, a sense of 'something about to happen', and an increased sense of the significance of minor events. The development of the formed delusion may come as a relief to the patient in this situation.

Panic attack: paroxysmal, severe anxiety. It may occur in response to a particular stimulus or occur without apparent stimulus.

Somatization: the experience of bodily symptoms with no, or insufficient, physical cause for them, with presumed psychological causation.

5 Sample answers

- 1 ataxia: It's a condition where people lose the ability to coordinate their voluntary movements.
- 2 bulimia: It's a condition where someone's appetite and desire for food have increased appetite and / or where they eat large quantities of usually high calorie food excessively or impulsively.
- 3 panic attack: It's where someone is extremely anxious. It may occur when the person encounters a particular stimulus or for no apparent reason.

Listening 1

Mental state examination

- Students listen and check their answers in **1** and **2**. Follow this with whole class checking. Then do **3** and **4** with the students in pairs and follow this up with whole class checking.

1 **Appearance:** Caucasian, about 50 years old. Clothes: very extravagant with lots of clashing bright colours. But not very clean in himself, and doesn't look as if he's eating properly. Looks just a little thin.

Behaviour: not very aggressive, just elated, talking rather fast. Copious rapid speech, which is hard to interrupt. Talks at a much faster rate than normal, which may reflect the acceleration of speed of thought in affective illnesses. Stutters slightly and rather loudly.

Speech: Speech has a rhythmic pattern, uses a range of intonation patterns appropriately. Speech is appropriate to the situation; though fast, it is at times pointless with digressions. No word-finding difficulties nor neologisms.

3 Mood: subjective and objective assessment of mood

Risk: thoughts of / plans for self-harm or harm to others

Anxiety: anxiety; panic symptoms; obsessions and compulsions

Perception: Hallucinations and pseudo-hallucinations.

Depersonalization and derealization

Thought: form / formal thought disorder. Content / delusions, over-valued ideas

Cognition: Orientation, level of comprehension, short-term memory, concentration

Insight: awareness of experiences as a result of illness; acceptance of medical advice and treatment

4 Possible answers

Mood: I'm on top of the world.

Anxiety: Everyone is really trying to annoy me.

Insight: I'm really just as good a singer as Maria Callas.

* Tip

Ask students to add any terms they want to the class master list of lay terms.

Additional activity

Ask students not to write the terms into their books. When they have finished the exercise, ask them to read the sentences aloud adding the missing words automatically to the blank spaces as they read. As a whole class check, read the sentences to the class and say *blank* at the appropriate place. Students supply the words.

Additional activity

Ask students to write their own pairs of sentences using the phrasal verbs in **1**. Students can type them and display them on the interactive whiteboard if you have access or write them on OHTs or large sheets of paper.

Patient care

- Have students do **1** on their own followed by checking with a partner and then a whole class check. Students then work in pairs for **2** and then groups for **3** with a whole class feedback at the end.

Key **1** 1 top 4 panic 7 possible answer – fantastic
2 edge, nerves 5 scared 8 waste
3 down 6 losing 9 possible answer – patience

2 Anxiety: 2, 3, 4, 5, 6

Elation: 1, 7, 8, 9

3 Possible answers

Anxiety: psychic-subjective tension, increased arousal, fearful apprehension. Somatic-palpitations, dyspnoea, pallor, abdominal discomfort

Elation: thoughts racing; flow of ideas; special gifts / talents / insights / abilities; lack of concentration; interest in sexual matters

Language spot

Phrasal verbs – separable and inseparable

- Students do **1-3** in pairs, checking their answers with the whole class at the end of each exercise. In **3**, remind students to maintain patient confidentiality here and elsewhere when talking about actual patients. Refer students to the *Grammar reference* and give them the *Grammar test* on p.82 when you finish the unit.

Key **1** 1 at 2 down 3 over 4 into 5 off 6 on 7 through to 8 back

2 1 a I feel as if everyone is annoying me all the time.

2 a Sometimes work and the weather depress me.

b Can you try and eat some food today?

3 a My father mastered his depression quite quickly.

b He explained the procedure to the patient.

5 a It helps to try to talk about it so you can release it.

6 a Everybody's annoying me at the moment.

* Tip

To check students understand the phrasal verbs, read aloud the sentences in *Language spot 1* at random and some of the students' own examples in the *Additional activity*.

Say the wrong particle or put the particle in the wrong place and ask students to correct the sentences. Or say a mixture of correct and wrong sentences and ask students to decide if the sentences are correct or not and correct those which are wrong. The students can then do this in groups as you walk around monitoring they are doing it correctly.

Additional activity

For *Language spot 2*, ask students to give synonyms for sentences 1 b (get at the diagnosis); 4 a (get into a violent temper); 5 b (get off to sleep); and 6 b (he gets on with everybody).

* Tip

For *Speaking*, when students volunteer to do the role-play at the front of the class in the goldfish bowl, thank them before feedback is given and remind the class to keep in mind the circumstances of what the volunteers have done as they give feedback.

* Tip

To encourage students to read more outside medicine, select several articles with a psychiatric theme from the internet or other sources. Divide the class into groups and give each group member a copy of the same article. Students prepare a brief summary in note form which one or more group members share with the class.

Additional activity

Ask students in pairs or groups or individually to choose a recent medical article or text they have read on psychiatry or a related theme. Ask them to prepare a brief presentation of the article using whatever technology is available, stating the contents, saying whether it is useful or not, and suggesting similar articles. The presentations can be done in one lesson or over a series of lessons and if necessary adapted to the theme of subsequent units.

- 7 a I've tried contacting Dr Jarvind but his bleeper appears to be faulty.
b I've tried convincing him of the importance of this message, but he's very resistant.
- 8 b When do you think I'll be able to return to work?

Speaking

- To prepare for the goldfish bowl in **4**, students first work in groups in **1** and prepare questions. Then in **2**, they work with a partner, creating a scenario for themselves and taking a history from each other. In **3**, they check any medical detail, etc. and in **4** volunteers perform the role-play in front of the class with feedback being given using the *Checklist* on p.117 of the Student's Book.

Key 1 Possible questions

Anxiety:

Nature – (example) Would you say you were an anxious person?

Severity – Recently, have you been feeling particularly anxious or on edge?

Precipitants – Does anything trigger / set off your anxiety?

Impact on patient's life – How does the anxiety affect your life?

Situations / activities avoided – Do you avoid any situations or activities that trigger the anxiety?

Time spent on obsessional symptoms – Do you find yourself spending a lot of time doing the same thing over and over again?

Elevated mood:

Mood – (example) How has your mood been lately? Do you find your mood is changeable at the moment?

Thoughts – What is your thinking like at the moment?

Gifts / talents – Do you have any special gifts or talents?

Sleep – How are you sleeping?

Appetite – What is your appetite like at the moment?

Concentration – How is your concentration?

Reading

- For **1**, students work in groups and then do **2** and **3** as a whole class exercise. **4** can be done as a whole class exercise or as group work followed by whole class feedback.

Key 1 Possible questions

1 What were the 'melancholic' symptoms we now regard as part of a depressive disorder called in the past?

2 What does depression mean in other medical disciplines?

3 What kind of change did depression signify leading to its adoption?

4 What were made about affective disorders in the early decades of the twentieth century?

5 What was the focus shifted towards in Freud's 1917 publication?

6 What was the progression of neurotic or reactive depression described as?

*** Tip**

Encourage students to learn verbs with their prepositions when they come across them.

+ **Additional activity**

Ask students to write their own sentences in pairs using the verbs and prepositions in **1** and **2**.

+ **Additional activity**

Ask students to work with a partner and dictate the sentences they created for the *Additional activity* for the previous section.

*** Tip**

Keep copies of the students' scenarios with their permission for future use.

Vocabulary**Verbs with prepositions**

- Students can do **1-3** in groups or **1** on their own followed by **2** and **3** in groups. Check the answers with the whole class at the end of each exercise.

- Key**
- 1** 1 from 2 in 3 from 4 with 5 around 6 in 7 into
2 1 cope with 4 comes from 7 faced with
 2 blame for 5 prescribe with 8 worry about
 3 depends on 6 thought of 9 benefit from
- 3** 1 I sometimes feel I can't deal adequately with the baby as I am on my own with no support.
 2 I never reproach myself unnecessarily for things that go wrong.
 3 The baby relies on me for everything and sometimes it all gets on top of me, but I look forward to every day.
 4 I get down at times and sometimes feel a bit panicky and I don't know where it stems / derives from.
 8 I fret about the baby a lot, especially about her health, but I wouldn't hurt her.
 9 Would I get something / anything out of seeing a counsellor, do you think?
 Yes, the prepositions are the same.

Project

- Students do **1** and **2** in groups. Encourage them to use the *Useful expressions* by going through them first and checking they understand them, giving examples where necessary.

Pronunciation**Saying prepositions**

-  Students listen and check their answers in **1** and **2**. If necessary, play the statements several times so students can hear the prepositions clearly. Do **3** as a whole class exercise.

- Key**
- 1** 1 at the problems I have
 2 from another at the moment
 3 for the child
 4 at anything
 5 on going home
 6 for the day-to-day problems
 7 on me for everything
- 3** In these as in most other cases (excluding contrastive stress), the preposition has a weak stress. The preposition is then attached to the verb through elision (laugh at) or the word that follows (for me).

Speaking

- Students do the role-play in **1**, followed by a group discussion in **2**. In **2**, encourage the use of the verbs with prepositions and feed back examples of good usage to the students at the end. Again, remind the students about patient confidentiality while talking about patients.

* Tip

If you can, video the role-plays in **4** and use them for feedback and with permission in future classes as an introduction to this exercise.

Additional activity

To get students used to reading data, find a set of medical data related to psychiatry on the web or other sources, projecting the data on the interactive whiteboard, on OHT or give it out on paper. Allow students two or three minutes to look at the data. Then hide the file on the interactive whiteboard or switch off the OHP or ask students to turn over their pages. Ask them to work in pairs / groups and write down as many details as possible and then check their details with another pair or group. Then allow them another two minutes to check their details and go through them with the whole class. At the end, ask the class to write a one-sentence summary / overview of the data.

Listening 2

Asking about abnormal perceptions

- Ask students to listen and complete the sentences in **1** and then check their answers with the whole group in **2**. Before students do the role-play in **4**, have them answer the questions in **3** as a whole class and make a list on the board if necessary. In **5**, follow the same procedure for the goldfish bowl as before.

- Key 1**
- 1 These are questions I ask everyone.
 - 2 that you were unreal
 - 3 there was no one there to explain it
 - 4 to talk about this further
 - 5 you fully awake
 - 6 the sound appear to come from
- 3** Do you hear a voice speaking your thoughts aloud / narrating your actions? Do you hear two or more voices arguing? Do things taste / smell unpleasant or repulsive? Tell me more about this.

Writing

Describing a chart

- In **1** and **2**, students work in groups and prepare to write a description of the chart in **3**. When students have written their answer, ask them to compare it with a partner. Ask students if you can keep copies of their writing to use as sample answers for future classes. If you use them, remove references to the students' names.

- Key 2 Possible answer**
- Striking features:
- difference in opinion between non-medical academics and GPs
 - similarity in opinion between reference group and other groups re certain conditions, e.g. malaria and others like lead poisoning
 - difference in percentage terms for certain illnesses, depression c.20 to c.70
- Summary sentence:
It is clear that among the four groups there is a divergence as to what constitutes a disease, especially as regards mental illness.

Checklist

- 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 Geriatrics

Background

With the changing demographics throughout the world and the growing numbers of elderly people, the importance of geriatric medicine is increasing. An appreciation of the difficulties faced by elderly people as they go about their daily lives is helpful for those working in geriatric medicine. See image d in **1** in *Check up*.

If students come from a society where elderly people live with their families, dealing with older people living on their own and preparing them to return to their homes once they have been admitted to hospital is as important as learning to treat diseases common among the elderly.

In this unit, language related to Parkinson's and Alzheimer's disease is covered along with scenarios

related to talking to relatives of sufferers of these two conditions. The equipment used to help elderly people lead independent lives and rehabilitation are also looked at – see *Reading*.

The *Language spots* deal with supporting advice with purpose and reason and talking about past habits, while *Writing* covers priorities in health care provision.

But old age does not mean that elderly people are always ill or need special equipment. See the additional reading exercise for this unit in the *Reading bank* on p.57 of the *Student's Book*.

Useful reference: *Oxford Handbook of Geriatric Medicine*, Bowker et al.

* Tip

Ask the students to consider the position of elderly people in their respective cultures.

Additional activity

Put students into groups and ask them to discuss the impact on societies throughout the world of the demographic changes that are taking place with the increase in the numbers of elderly people and in some places the decrease in the numbers of younger people.

Check up

- Ask the class to describe the pictures in **1**. Analyse them by asking a series of *yes / no* and *wh-* questions. Students should then do **2–4** in groups with class discussion at the end of each.

- Key**
- 2 1** The geriatric training suit simulates what life is like for an elderly person, using blurred goggles (to replicate poor vision), ear plugs (hard of hearing), gloves (impaired manual dexterity), restrictive clothing (reduced mobility), and even shoes lined with packing material to replicate arthritis of the foot. It helps them appreciate what it is like for elderly people when they have difficulty moving around or doing things.
 - 2** to keep them healthy and hence independent
 - 3** Picture a is community care and d is in a home.
 - 3** UK: Approximately 20%
 - 4** Handicap – the social disadvantage caused by disability, e.g. unable to visit friends in a neighbouring village as the person is unable to drive
Impairment – pathological defect in an organ or tissue, e.g. homonymous hemianopia due to posterior circulation stroke.
See *Oxford Handbook of Geriatric Medicine* p.81

* Tip

Play other short extracts of a medical and non-medical nature to the students. Put them into groups and ask them to work out what is going on. Do this exercise at the end of a lesson, as a filler, or after you have done some listening exercises. There is no need to prepare any questions. All the students have to do is to work out the context of what is happening. If you have access to video and / or an interactive whiteboard with access to the internet, you can play visual extracts. Always check the content first.

Additional activity

Ask students in pairs or groups to choose a website which gives information about Parkinson's or Alzheimer's disease. Ask them to show the rest of the class around the website if you have access to the web and an interactive whiteboard. If not, ask the students to summarize the benefits of the website they looked at and how it could be improved upon.

Listening 1

Picking up the thread of what is being said

-  Students listen and identify the topic of the conversations in **1** and **2**, asking for the recording to be stopped when one of them thinks they understand. Then continue to confirm. For **3** and **4**, students decide for themselves what helped them and what stopped them accessing the conversation. Then in **5** they discuss their difficulties and strategies. Then play the conversations in **6** to end the section.

- Answers**
- 1 Talking about mother falling
2 Talking about a job interview
3 Talking about a patient's home being adapted
4 Talking about a patient with a consultant
 - 4 A major problem is 'listening to every word'. Like reading, you need to listen actively to certain words like nouns, verbs, and also just hear certain words (listen passively) to words like *the, in, a*, etc. It is like skimming and scanning in reading.

Signs and symptoms

Parkinson's and Alzheimer's

- After students have matched the images to the conditions in **1**, the students do **2**, if necessary looking at the list at the end of the exercise. Once the students have done the categorizing exercise in **3**, they move on to the role-play in **4** and then an explanation to a family member in **5**. Encourage the students to use the *Useful expressions* and the information in **2**. The section finishes with the students working in pairs describing the signs and symptoms of Parkinson's disease (**6**).

- Answers**
- 1 a Alzheimer's disease
b Parkinson's disease
 - 2 1 marche au petit pas / festinant gait
2 apathy
3 rigidity
4 disinhibitor
5 tremor
6 anosognosia
7 disorientation
8 bradykinesia
 - 3 Parkinson's disease: 1, 3, 5, 8
Alzheimer's disease: 2, 4, 6, 7

Project

- Students check the web resources before or during the class.

*** Tip**

When students do **2** in *Language spot*, encourage them to explain by giving reasons (*because*) and examples (*like / for example*), stating purpose (*to / in order to / so that*), and contrasts (*but*).

*** Tip**

Check that students understand what is meant by *empathy* and *sympathy*, and make sure they do not express either by giving personal examples.

Additional activity

Put students into groups before or after the role-play and ask them to make a list of ways to show empathy and sympathy. Ask each student to decide which two they like the best and why. Use the *Useful expressions* as a springboard for this exercise. As a subsequent whole class exercise, you might want to select expressions that should be avoided.

Language spot**would, used to, get used to, be used to**

- Students do **1** and **2**. If necessary, refer them to the *Grammar reference*.

Key	1	1 getting	5 would spend / got used to spending
		2 am used	6 get
		3 would	7 's used
		4 used to	8 didn't use to

Speaking

- Students do **1** in preparation for **2**. Encourage them to use the *Useful expressions* and to be empathetic, sympathetic, and reassuring.

Key	1 Possible answers		
	mood swings	forgetfulness	not knowing people
	wandering off	repeating things	constant care
	lack of help		

Reading

- After students do **1** on their own and the answers are checked, ask them to do **2** in groups. For **3**, students can stay in groups. Ask a student from each group to summarize their discussion. End with a class discussion about the quote at the top of the page and the photo of the rehabilitation unit.

Key	1	1 insults	3 define	5 consistent	7 roving
		2 akin	4 frail	6 holistic	
	2	1 This relates to the fact that the patient regains their normal ability to function properly and adjust their lives when their normal function is reduced.			
		2 This means that rehabilitation is patient centred and is achieved by the patient taking an active role.			
		3 This means that it is a powerful tool that not everyone knows a lot or anything about.			
		4 This means that wards where patients are being prepared for return to their homes should encourage and foster an atmosphere which allows people to do things.			
		5 This means that the geriatric team should focus on the social disadvantage caused by disability, e.g. unable to visit friends in a neighbouring village as the person is unable to drive, and not on the impairment itself.			

* Tip

Point out to the students that they shouldn't overdo active listening as it can be annoying for the speaker. Ask them to listen to other people and learn to judge when to use it.

▣ Additional activity

Put students into pairs / groups and ask them to choose another scenario related to geriatric medicine as in *Listening 2* where they might give reasons and state purposes to the patients. Ask the students to use the sentence beginnings a–d in **1** to help them (e.g. going into a home, respite care, going once a week to a day centre, playing games, reading, etc.). The students write down their own sentences and then role-play as in *Listening 2*. Ask the students if you can keep copies of their scenarios for future reference.

* Tip

Encourage students not to look at the upside down box until they have checked with other students. Allow the use of books, dictionaries, and the internet.

Listening 2

Active listening

- For **1** and **2**, students can work on their own, check their answers with a partner, and then with the whole class. They then do **3** in pairs. After listening again to do **4**, the students take turns doing the role-play in **5**.

Key **1** Pain (arthritis pain)
2 a4 b6 c2 d1 e3 f5
3 1 in case she gets hooked or in case they affect her stomach
 2 The patient isn't taking the tablets because she is worried about the effect of the medication.
 3 not being able to take the bus
 4 When she starts to do anything, it hurts a lot. So it puts her off.
 5 Well, you know, to help improve your strength and build up your muscles, exercise like swimming really helps.

4 Patient Not really. Sometimes.
Doctor Sometimes.

Patient Yes, for a while. When the pain is so bad I can't bear it, I take them.
Doctor So you take them when the pain's intolerable. It shows the doctor is listening and is interested.

Language spot

Purpose and reason

- Students do **1** on their own – refer them to the *Grammar reference* if necessary. Students do **2** and **3** in pairs. Check their answers for **2** before they move on to the role-play in **3**. Ask them to give feedback in the normal way after each role-play.

Key **1** a 2, 5, 11 b 7, 8 c 1, 3, 4, 6, 9 d 10
2 Sample answers
 We encourage people to have physiotherapy ... so that (we/you) can improve your coordination / because we want to improve your coordination.
 We are going to send you to rehabilitation so that we can get you ready for living on your own / because we want to get you ready for living on your own.

Vocabulary

Special equipment

- Students do **1** and then check their answers in the upside down box. Ask them to do **2** in pairs. When you have checked their answers, ask them to discuss **3** in groups and then give whole class feedback. Students then do **4** using the *Useful expressions*.

Key **2 Sample answers**
 The hoist is used in order to get people from the bed to a chair and vice versa.
 A chair lift is used to get people up stairs.
 People can use a helping hand so that they can pick up something they have dropped.

*** Tip**

Draw the students' attention to the statistics at the top of the page. Discuss them as a whole class, looking especially at the implications of the data.

*** Tip**

Limit the length of discussion. Use a stopwatch to help you.

*** Tip**

Keep samples of the students' writing with your students' permission.

Speaking

- Students prepare notes for the scenario in **1**. Then for **2–4**, students work in groups of three, preparing and taking turns doing the role-play and giving feedback. Restrict the role-play to five minutes and two minutes maximum for the feedback. Use a stopwatch to help you monitor the time. In **5–7**, students prepare for and take turns doing impromptu role-plays. Again, use a stopwatch to help you control the time.

Project

- Students find the information as directed in **1–2**.

0-π 1 Implications: prioritizing resources, increased cost for long-term care

Speaking

- Divide the students in to groups as per the instructions in **1** and give them ten minutes to prepare the debate. Students then debate the issue. For **2–3**, appoint a student to keep notes and one to summarize at the end and then take a class vote.

Writing**A short essay**

- Students do **1** and **2** in groups with each followed by class checking / discussion. Ask them to do **3** and **4** on their own.

0-π 1 1 Differently. Essay topic a and b are about measures / methods / ways of doing things and essay topic c is about opinion / opinions about a situation with arguments for and / or against.

2 a is asking about solutions
b is about cause and effect
c is an argument essay

3 a and b are factual, but c can contain factual information to support ideas.

4 a
5 c
6 Yes

Checklist

- 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 Dermatology

Background

The images that you come across in the field of dermatology in general can be distressing to look at. Your students will generally be less squeamish about looking at any pictures than you may be, but do not worry if you don't want to look at them. You may find that they will tell you that they reacted in the same way when they first worked in the field.

The unit does not, however, contain very distressing images, but you may come across some if you ask students to bring in some for any group work or presentation. Be conscious also of people glancing through a door window if you are using slides or an interactive whiteboard. This advice applies to all images and words that you write on the board. Certain words and images may raise a few eyebrows. So clean the board after you use the classroom and make sure you take any images away with you.

In one *Language spot* in this unit, students look at commenting on the past using modal verbs, which gives them a useful tool for evaluating their own work and

commenting in general. There is also another *Language spot* looking at verbs which are followed by *to* and / or *-ing*.

Throughout the unit there is plenty of scope for communication practice, including processing information at natural speed, with examples of useful expressions to help students build their confidence and flexibility when speaking.

Language related to dermatology, both medical and lay, is covered and practised in scenarios that help students become more aware of and able to use patient language. To this end, talking to teenagers is the focus of one of the listening exercises and practice scenarios.

The unit ends with a 'me' moment of quiet reflection where students write about their own professional experience.

Useful reference: *Oxford Handbook of Clinical Examination and Practical Skills*, Thomas and Monaghan (eds).

* Tip

Encourage the students to pool their knowledge. Make sure that you spread any students with (recent) experience in dermatology among the different groups.

Additional activity

Get students to organize a visual quiz / competition here or at the end of the unit. Collect images of dermatological conditions at random. Make sure you record the source and the diagnosis. Or ask students to do the same. Put the students into groups. Get them to identify the condition with the students who supplied the image not allowed to speak. If you collect the images electronically and can show them on the whiteboard, you will get a larger image. You can also get the students who supplied the images to quiz the class. Keep the images for your own future reference for presentations, role-plays, etc. You can restrict the viewing time.

Check up

- Students work in groups. After they do **1**, check the answers with the whole class. Then get them to do **2-4**, followed by whole class feedback.

- 1**
- | | | |
|--------------|-----------------|-----------------|
| a sun damage | d freckles | g scabies |
| b psoriasis | e eczema | h lichen planus |
| c vitiligo | f drug eruption | |
- 2**
- | | | |
|--------------|-------------------|---------------|
| a sun damage | d the sun | g infestation |
| b unknown | e unknown | h unknown |
| c unknown | f drugs / allergy | |
- 3** because they are visible to oneself and others

Vocabulary

Lesions

- Ask students to do **1** in pairs doing what they can before they look at the words at the bottom of the exercise. For **2** and **3**, students work in groups.

- 1**
- | | | |
|-----------|-----------|--------------|
| a macule | e scale | i purpura |
| b patch | f crust | j ecchymosis |
| c vesicle | g pustule | |
| d wheal | h ulcer | |

*** Tip**

Turn the identification of the lesions into a pairwork competition where the pair to finish first present their answers to the rest of the class who agree or challenge their answers. Use this as an opportunity to build your knowledge. When they have finished, ask the students questions for your own clarification and tell them you are doing so. The next time round you might not have to do it, so you can check something else. This will build your confidence.

*** Tip**

A 'macule' is sometimes defined as anything up to 1cm in size and a 'patch' as anything larger.

*** Tip**

When students write down the details in **1-3**, ask them to try to gauge how much they have been able to write proportionately. Ask them if it is more than before and to explain why this is so.

Additional activity

Put the students into pairs and give each one a different case report of a patient detailing the history and the investigations. Ask the students to read their report to their partners, who write down as much detail as they can. When they have finished reading, the student who is writing down notes can ask questions for clarification and request all or part of the text to be read again. Students then check the accuracy of the detail.

You can do this as a whole class activity with students checking their details in pairs and then discussing questions about the case report.

- 2** Example of each
 - a freckle
 - b (a) patch(es) of discoloured skin
 - c blister – chickenpox
 - d allergic reaction
 - e psoriasis
 - f wound
 - g a spot / a pimple
 - h leg ulcer / venous insufficiency / peripheral vascular disease
 - i allergies / scurvy / thrombocytopenia (low platelet count)
 - j trauma
- 3** itch d, f, i
ooze c, h
discharge c, h
spread a, d, e, h, i
scab f
harden e, f

Listening 1**Listening for details**

-  Students listen and do **1-3**, writing down the details and then checking their answers with each other and listening again. Refer the students to the listening script to check the details. Ask the students to do **2-7** in groups, playing the recording again for **3**.

- Key**
- 1** See the listening script on p.132.
 - 5** Open – How are you today?
Open – So what can we do for you?
Open – Can you tell me some more about it?
Closed – can you just tell me ... you said you used a lotion?
Closed – Is there any pain with it?
Closed – Have you had it before?
Leading – Were the tablets Piriton?
Patient-centred – Is there anything you think that might have triggered this?
Leading – What about drugs?
Closed – Are you aware of being allergic to anything?
 - 6** **Sample answers**
After the doctor says, Oh, yes. It does look quite dramatic, she could have said something more about the weather to reassure the patient: the weather must make it feel worse.
And agree with the patient when he says: And with the heat it's unbearable.
 - 7** Diagram d (wheal)

* Tip

Ask the students to expand on the *Useful expressions* before, or after, they do the role-play in **4**. Also discuss expressions that should be avoided. Keep the examples they come up with for your future reference.

Additional activity

Put the students into pairs / groups and give them a medical or non-medical scenario, e.g. an international conference on medicine, the environment, or something in the news. Ask them to analyse the scenario using the modal verbs in the past. Follow up with a whole class discussion. Ask the students to explain what the modal verbs in the past here allow them to do. Avoid political, religious, or other subjects that might cause offence.

* Tip

Keep a record of any questions the students come up with for your own reference.

Patient care

- Students do **1–3** in pairs, checking their answers with the whole class after each exercise. Do **4–6** as per usual giving feedback as in previous role-plays.

Key 1 1f 2h 3d 4c 5i 6a 7g 8b 9e
 2 1 scab(bed) 4 aware 7 patch(es)
 2 couldn't leave it alone 5 worked up 8 patch(es)
 3 unsightly 6 beside myself 9 scars
 3 1, 4, 7, 8

Language spot

Commenting on the past

- Ask students to do **1–3** in pairs and check after each exercise. After **1**, refer the students to the *Grammar reference* and do the *Additional activity* if necessary. For **4**, students again work in pairs.

Key 1 1 I must've knocked my arm on something and then these lumps came up.
 2 I should've come sooner and then the rash **wouldn't** be so bad.
 3 I **shouldn't** have put anything on as that's what's made it flare up.
 4 When I was stung, I **could've gone** into shock. I wish I'd known.
 6 Surely, I can't have **picked up** scabies.
 7 I **would've come** earlier, but I had to take the children to school.
 8 I should've **paid** closer attention and kept the box the tablets were in.
 10 Shouldn't it have **gone** by now?
 2 2, 4, 7, 8, 9, 10
 3 It would annoy the patient as using *should* here is criticizing the patient.

Speaking

- After checking the answer for **1** in the upside down box, students prepare for the role-play in **2** and **3**. Students follow the instructions for doing **4**. Make sure students are clear when they should show their respective images. For **5** and **6**, students give each other feedback as per usual with both checking the questions used from **2**.

Key 1 a impetigo b acne rosacea
 Impetigo – thin-walled blisters on face – some yellow crusted lesions
 Acne rosacea – erythema and pustules on face
 2 **Sample questions**
 The presenting complaint – Can you tell me what's brought you here?
 Past medical history – Have you (ever) had anything like this before?
 Allergies – Are you aware of being allergic to anything? Do you have any allergies?
 Drug history – Are you on any medication / on anything?
 Family history – Are your family OK? Has anyone in your family had anything like this?
 Social history – Do you have any pets? Does anyone you know have any pets?
 Psychosocial impact – Does this affect your life in any way?

* Tip

Encourage students to learn examples to help them remember to use *to* or *-ing* with the verbs.

Additional activity

Have the students work on their own and ask them to write at least three questions about their professional life that they would be prepared to answer. Ask them to work with a partner they have not worked with for a while, if ever, and give their questions to their partner. Students then ask each other their questions. Follow this up by giving the students questions that they can ask you about your professional life.

* Tip

Ask students to clarify what they understand by concordance and compliance as regards taking medication.

Language spot

Verbs with *to* and *-ing*

- Use **1** as a lead-in and refer the students to the *Grammar reference*. Then get the students to do **2** on their own or as a whole class exercise. When students do the role-plays in **3**, encourage them to use the *Useful expressions*.

Key	1 going, getting, cutting, using	You can use the infinitive with <i>to</i> with all of them except <i>getting</i> .	
	2 1 not using	4 getting	7 taking
	2 applying	5 sitting	8 to apply, getting up
	3 to make	6 coming	9 planning

Pronunciation

Main stress in a sentence

- Ask students to listen and follow the instruction for **1-3**. Students do **4** in pairs, reading the sentences to each other, and then do the role-plays in **5** as directed.

Key	1 and 3
	1 I should've have kept on using the cream you gave me.
	2 I should've taken it all more seriously .
	3 I have to say I regret not applying the cream now.
	4 I shouldn't have put anything on it as that's what's made it worse.
	5 I meant to get up and do it first thing in the morning but I didn't.
	6 I must've picked it and made it bleed.
	7 I stopped using it because it made my skin itchy .

It's my job

- After students do **1** and **2** in pairs and check their answers with the whole class, put them into groups to do **3** and **4**. Go over the group answers, inviting one group member to give class feedback.

Key	1 greater concordance, more efficient use of resources, and reduced costs
	2 1 when she saw how distressed people were when they came to the surgery where she works with various skin problems
	2 children might be more self-conscious than adults and worried what their school friends might think
	3 'Sometimes, just a few words help to make things better. But the main thing is help with the treatment itself as it is sometimes complex.'
	4 Compliance is to do with what happens when the patient follows a treatment regime and concordance is basically to do with the agreement about the treatment arrived at by the patient and the doctor.
	5 'We have found that concordance works if the patient sees me after the doctor to help in planning treatment through dialogue and understanding lifestyle constraints'.

Project

- Students search for the information as directed and share it with the rest of the class.

Speaking

- Once students have prepared for the role-play in **1** and **2**, check they understand what is required for the role-play in **3**. Encourage them to be reassuring, sympathetic, and empathetic.

Writing

Reflection on professional experience

- Students work in groups to do **1** and **2**, following the instructions and sharing ideas. When it comes to writing about themselves in **3**, emphasize that this must be individual to themselves.

Checklist

- 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

Emphasize the need for their writing about themselves to be honest and individual to them.

8 Surgery

Background

Surgery is a highly specialized field of medicine, but the scenarios and language covered in this unit are applicable to other medical professionals, doctors and nurses alike. The terminology used for procedures and operations is complicated for the patient and can be complicated for your students. They may not come from a medical / language background which allows them to understand the Latin and Greek roots of medical terms.

It is worthwhile for your own benefit and the benefit of your students to use a discussion of the students' medical training as a lead-in to the *Vocabulary* section on p.74. Find out how they are taught about medical terminology. You may be surprised.

At several points in the *Additional activities*, guidance is given about developing a light touch to help you facilitate role-play scenarios in *Speaking* and to help you build confidence. Encouragement is also given about collecting materials which you can use to revise in future lessons and supplement subsequent courses.

In the last role-play, a suggestion is made about using actors to help to role-play the patients in speaking activities. Actors will need to know in advance what roles they are expected to play. Ask the students to choose some or select them yourself. Also factor in some scenarios that the students have not prepared for in order to test them.

During role-plays, use a stopwatch and get the students used to sticking to the time you have allocated. Try to limit role-plays to five minutes with a warning 30 seconds from the end.

Apart from medical terminology, the unit also covers the use of relative pronouns *where* and *when* in explanations and explaining operations to patients in lay language. Talking about pain management is covered as a student project, which can be developed into a formal whole class presentation if necessary.

Useful reference: *Oxford Handbook of Clinical Surgery*, 3rd edition, McLatchie et al (eds).

* Tip

Look up the type of equipment used on www.adam-rouilly.com. If you have access to manikins, or any medical equipment like resuscitation equipment or equipment for taking blood pressure, organize a lesson around the equipment. Remember safety procedures for using any equipment.

* Tip

Note in the picture the doctor is not wearing a gown. The doctor is practising on a manikin. Ask the students why this would not be acceptable during surgery of any kind.

Check up

- Students work in groups to do **1–5**. Alternatively, you can use **1** as a lead-in with the whole class and then ask students to do **2–5** with spokespeople from each group giving feedback on the various questions. Relate **2** and **5** to the relevant pictures. Make sure students understand what day-case surgery is from the image.

01 **2** Scrubbing up is done to reduce the risk of infection from the surgeon to the patient. It involves a thorough clean with bactericidal soaps. See the *Oxford Handbook of Clinical Surgery* p.72 for further information and see *Medicine 1* p.22 for an example of thorough hand washing.

Gowning and gloving involves opening the gown without touching the outer 'face' and not pushing your hands through the cuffs. Pick up the right glove with your right hand through the cuff of the gown, holding it by the edge of the gown, on the palm side with the fingers pointing down your forearm. With your hand fold the other side of the glove 'over' your right hand. Slide your right hand into the glove. Once on, pick up the left glove holding it by the edge and pull it over the cuff of the left hand. Slide your left hand into the glove and adjust glove positions. It is becoming common practice to wear two pairs of gloves and eye protection. (*Oxford Handbook of Clinical Surgery*, p.72)

5 Possible answers

The benefit for the patient is reduced time in hospital; for the surgeon, reduced post-operative stay; for the hospital, reduced costs and increased bed efficiency.

Additional activity

Students work in groups. Ask each group to pool their knowledge and come up with words which contain the prefixes in **1**. Give each group one or more dictionaries and allow them to use medical textbooks. Ask the students to write the words on a large piece of paper and present them to the class.

Alternative activities are: students give the word endings of the words they have found and they add appropriate prefixes. Students can ask each other questions to establish the correct prefix without saying it: *Is it connected with ...?*; or play pelmanism with the words in two split and written on cards (large for whole class board work or small for group work) with numbers on the top side. Keep copies for future reference.

*** Tip**

Go through the *Useful expressions* and make sure students understand their meaning and how to complete them. Get students to suggest variations and check which ones are suitable and why others are not suitable. Point out that the expressions not only give them time to think and help frame the information they have, but also give them confidence.

Keep extra examples for your future reference.

Vocabulary**Medical terminology for surgery**

- Students can do **1** on their own, check the answers with the whole class, and then do **2** with a partner. Allow them to use a dictionary if necessary.

Key	1 h 2 g 3 i 4 j 5 f 6 c 7 e 8 d 9 a 10 b
	2 1 laparotomy 5 thoracoplasty 9 pyelolithotomy
	2 nephrectomy 6 mastopexy 10 colopexy
	3 colostomy 7 cystorrhaphy
	4 hysterectomy 8 cholecystectomy

Pronunciation**Secondary stress**

- For **1**, ask the students to work in pairs. After listening in **2** and checking their answers, have the students do the role-play in **3**.

Key	2 1 ●●● laparotomy	6 ●●● mastopexy
	2 ●●● nephrectomy	7 ●●● cystorrhaphy
	3 ●●● colostomy	8 ●●● cholecystectomy
	4 ●●● hysterectomy	9 ●●● pyelolithotomy
	5 ●●● thoracoplasty	10 ●●● colopexy

Listening 1**Patient response**

- Get the students to listen in **1** and **2** and answer the questions, noting down evidence for the questions. Students study the scenario in **3** and then do the role-play in **4**, using the questions in **2** as their guide then they give feedback. Encourage them to use the *Useful expressions*.

Key	1 relaxed
	2 1 caring / reassuring
	2 Yes, for example, she asks: <i>How do you feel about having the operation?</i> Also see 5 below ... <i>if you're happy ...</i>
	3 Yes: <i>Is there anything you'd like to ask me?</i> But when he asks, she doesn't answer him, she postpones the explanation rather than answering. She should have answered even if only briefly.
	4 Yes. <i>We can do an operation called a herniorrhaphy, where we repair the weak part of the gut using a special mesh. What we do is make one or two small holes in your tummy, one around the belly button and the other on the left side.</i> The doctor also offers to draw the hernia.
	5 Yes: <i>We'll need you to sign a consent form if you're happy with everything when you come for a pre-operation assessment.</i>
	6 Yes. See 4 above.

7 The doctor asks: *How do you feel about having the operation?*
But she could have checked if the patient understood everything: *is this OK so far?*

8 No. She doesn't answer the patient's question.

9 Yes. Example:

Patient I don't fancy being awake and hearing and seeing everything.

Doctor Yes, I can understand why you wouldn't want that.

- 3 All of the points raised in the questions in the previous section are pertinent. The doctor will need to be more reassuring as it's a child and perhaps check everything clearly as the parent may not take everything in as they may be apprehensive and hence distracted.

The father is likely to feel apprehensive as it's an emergency operation for a child.

Additional activity

Put students into groups and give them a list of procedures, operations, or conditions which they have to explain to a patient in their own words using *where / when / that / which / zero* relative. Select items at random from the previous units in the book (e.g. Parkinson's disease, etc.) or ask the students to select from the book or elsewhere. Students prepare explanations written on large sheets of paper or on computer for the interactive whiteboard. Monitor the language in each group. They put one deliberate mistake into each sentence and present their sheets to the other students in the class who have to find the mistakes. Again keep a record of work for your reference.

Language spot

Relative pronouns in explanations

- Students do the exercise in pairs or on their own and then check their answers as a whole class. Refer the students to the *Grammar reference* and then do the *Additional activity*, time permitting.

- 1 We're going to do something called a mastectomy, where a breast is removed.
- 2 It's a type of stitch done under the skin so that there is only a faint scar left at the end when the wound heals.
- 3 A colostomy is a procedure where the back passage is closed and the end of the gut is attached to an opening in the wall of the tummy, to which a bag is attached.
- 4 It's a type of shock which happens when the volume of blood in the body decreases.
- 5 Oliguria is a condition where an abnormally small amount of urine is produced.
- 6 It's an operation where the appendix is removed when there is colicky pain in the centre of the tummy followed by vomiting and then a shift of the pain to the right iliac fossa.

Patient care

- Have students do **1** in pairs without looking at **2**. They then complete **2** together. Once they have checked their answers, they can do the role-play in **3** with their partner. Encourage them to develop the conversation in their own way.

2 a4 b6 c1 d3 e2 f5

* Tip

Get students to bring in their examples of explanations regarding pain from different sources.

Project

- Students do **1-4** in groups sharing information that they collect with the whole class. For **1**, students can check with other groups. For **2**, you might want to allocate a website to particular groups. For **4**, ask students to explain the pain ladder to you. Given the connection with heroin, discuss

the attitude to the use of morphine. Also discuss the need to take in the use of paracetamol and patient fears of addiction to painkillers. For **5**, ask the students to work with a partner and do the role-play. Encourage them to use the *Useful expressions*.

Key 3 Different people have different attitudes to pain and different tolerance levels. Attitudes differ between families and societies. Cultural expectations / attitudes will also have an effect.

* Tip

Use this section as an opportunity to facilitate, observe, and absorb. Resist the temptation to become overly involved and allow yourself to fade into the background. Watch how the students perform rather than focusing just on the language.

* Tip

Develop a light touch in helping at appropriate moments by inserting appropriate language help or expressions without interfering and then 'politely' walking away. If necessary, explain what you are going to do at the beginning of the *Speaking* section. Develop the confidence of not having to be overly involved while being in control.

* Tip

Remind students of the difference between skimming and scanning.

Speaking

- Ask students first to work in groups to do **1** and then find a partner from another group for **2**. The students take turns explaining the operation to each other, including information the patient might want to know. Remind them to refuse consent if they are not happy. Give feedback about why consent was refused.
- For **4–6**, students prepare for the role-play in front of the class. Follow the instructions for preparation and feedback. Afterwards, time permitting, students might want to role-play the scenario in pairs.

Key 1 Possible answers

The patient would want to know how the colostomy is going to work; how the bag will work; about the odour; about normal activity, swimming, etc.; whether there is an alternative; stoma care, etc.; whether the operation can be reversed; whether it will solve the problem; how long it will be before he's back to 'normal'.

Reading

- As a lead-in, ask the students to skim the text in **1** quickly and tell you what it is about. Students can then complete the summary in **1** in pairs after reading the text. They can then check their answers with the whole class and do **3** in pairs. For **4**, have the students work in groups and give whole class feedback about interesting points.

Key 1 and 2

1 symptomless	4 cancer	7 dependent
2 regularity	5 Diagnosis	
3 constipated	6 suggest	

3 1d 2c 3b 4a

* Tip

At the end of *Listening*, check with the students whether they feel they are able to pick up the thread of conversations more easily now. If necessary, as before, play a few short extracts of conversations to check 'listening for gist'. Or divide the class into pairs plus one student. Give the pairs a medical or non-medical topic to talk about. Each pair talks and the single students go around listening and trying to work out what the topic is. The single students present the topics to the class and say what strategies they used and what difficulties they had.

Listening 2

Getting into conversations

- For **1**, ask students to listen on their own and then check answers with a partner and / or the whole class. Or students can go straight into **2** without checking. Have students do **3** as pairwork and give feedback as per normal after the role-play in **4**.

Key 2 a5 b3 c2 d4 e1

- 3** a **Patient** I'm not sure. I'm a bit worried about what might happen afterwards. It's a big step and a bit drastic. I'm not sure I want to go through with it.
Doctor Would you like some time to think about it and perhaps talk to other women who've had their womb removed?
- b **Patient** Can't you squeeze me in at all today? This is the second time this has happened.
Doctor I'm afraid we can't. There's an emergency, and there're no beds available.
Patient But the same thing happened the last time.
Doctor Unfortunately, yes, it did, but the situation's unavoidable.
- c **Patient** Will they come back?
Doctor I'm afraid we can't guarantee they won't.
- d **Patient** If I'm awake, will I feel any pain?
Doctor No. You won't feel any pain, but you'll feel your insides being touched.
- e **Patient** No, nothing. But I don't like having general anaesthetics.
Doctor (no reply given)

Vocabulary

Technical vocabulary

- After identifying the condition in **1** and checking their answers, students do **2** in groups. Encourage them to do the exercise, looking at the box as a last resort. Allow them to use dictionaries and medical textbooks. After checking in **3**, students do the role-play in **4**.

Key 1 intussusception

It can occur at any age but mostly between five and eighteen months.

- | | | |
|----------------|-------------|--------------|
| 2 1 telescopes | 5 shocked | 9 laparotomy |
| 2 inconsolable | 6 invasive | 10 resected |
| 3 rectum | 7 reduction | |
| 4 mass | 8 opacity | |

*** Tip**

This is another opportunity to facilitate, observe, and absorb.

*** Tip**

Remind students to mention signing the consent form at the beginning and then ask the patient to sign at the end when they have the necessary information.

*** Tip**

If you can, arrange a session where you bring actors to be the patients. Use this as an opportunity to revise topics you have collected or done before. Also ask the students to choose topics.

*** Tip**

Emphasize to the students the need to distinguish between helping each other and the need to make talking about their own experience individual to themselves, especially for job applications and interviews.

Speaking

- Students follow the instructions for the role-play preparation in **1** and **2**. Give the students a time limit for the preparation and allow them to check details with other groups, textbooks, and the internet. In **3** and **4**, students do the role-play as per the instructions. For **5**, students do an impromptu role-play without preparation. They can follow the instructions and then do it in pairs after the feedback.

Project

- Students work in groups to discuss and share the information with the class.

- **2** The number of stations can vary. A standard OSCE contains around 24 stations. Again the stations can vary in length; for the PLAB OSCE, the stations are five minutes long with one minute preparation.
- **3** All of the stations are normally found in an OSCE, except for giving a presentation and reciting medical detail.

Writing**Describing a complicated operation**

- Students work in pairs for **1** and then write the description as per the instructions in **2**. The description in **2** needs to be about their own experience and should not be a copy of the answer of the partner they discussed with in **1**. In **3** and **4**, students peer review their work, first for mistakes and secondly for content.

Checklist

- 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 Cardiology

Background

This unit deals with communication and language under the theme of Cardiology. Although students may not be specialists, given the prevalence of heart problems throughout the world, they will already have some information about this field. As the teacher, do not be intimidated by the medical side of the unit.

As before, follow the instructions and allow the students to help you if necessary. They are specialists and you are a specialist, so allow the partnership to be to your mutual benefit. By now it must be apparent that you do not have to worry about having to know or even understand all the medicine, but only enough to be able to help the students. Getting to this level of confidence in yourself is more important than the acquisition of understanding of the medicine itself, which will come gradually. It is worth pointing out here again that no matter how much

knowledge you gain, you must not interfere with the medical aspect of any discussion.

As well as looking at technical and non-technical / lay language in the context of talking about heart disease and giving explanations, dealing with talking about the future and the prognosis of a disease is covered.

Accessing information in conversation can take the form of finding what the general idea of a conversation is about, which has been dealt with in previous units. In this unit going deeply into what people say by interpreting detail delivered at natural speed is dealt with. This can be difficult, but especially so if processing the information when there are contractions like *he'll've been ...* You may want to revise this again in the remaining units.

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

* Tip

Encourage students to question each other about the ECGs and allow them to talk to other students.

* Tip

To build your own confidence further, go around listening to the students as they discuss to increase your familiarity with interpreting ECGs. Don't worry if you don't understand everything students say. After they have finished discussing **1**, ask them to explain more of the ECGs to you and ask questions for clarification.

Check up

- Students work in pairs to do **1–3**. If there are no statistics available for comparison in **3**, ask students to comment from their experience.

- **2** c Complete heart block
d Acute anterior myocardial infarction

Listening 1

A heart condition

-  Have students listen and then do **1** and **2** as a whole class activity. For **3–5**, students listen again, write notes, and compare their answers in groups, discuss the possible differential diagnosis, and then report back to the class. For **6**, students work in pairs to do the role-play.

- **1** myocardial infarction (or heart attack) rather than angina.
Reasons: pain in the centre of the chest, had it before but now unrelieved by use of the GTN spray, breathlessness, nausea, vomiting, sweating, pain in both arms
- 2** Doctor's manner – reassuring tone of voice and he says reassuring things:
He's actually OK. He's a bit more stable.
The GTN spray? (active listening)
Your husband is doing very well. It's good you got him straight into hospital (praising the patient's wife)
mood of the patient's wife – agitated – hurried speech

Additional activity

Get students to search the internet for examples of case history reports related to cardiology with answers. Ask each student to print multiple copies depending on group size. Put the students into groups and ask each student to give their fellow group members a copy of their case report and questions. The student who provides the case history guides the answering of the questions by asking his colleagues questions. He / she then reads the answers to the group. You can ask all group members to provide a case history or do only one case history per group. A group member gives feedback to the class. There are many books with case histories with answers you can use. Keep copies of the case histories the students provide.

Additional activity

For *Vocabulary*, find a case history report related to cardiology and medication – about half to two-thirds of a page in length. Underline words that you think are essential for the understanding of the report from the medical point of view. Do not underline words like prepositions or articles, etc. or verbs unless you think they are necessary. Either give the students the list of words you have isolated in the order they occur in the case report or dictate them. Students work in groups and recreate the text. Tell them there is no need to write anything down. When they have finished, give them a copy of the original text and ask them to find the underlined words. They then discuss the original text. Students then take turns role-playing the explanation of the medication to the patient without using any technical / medical terms.

* Tip

For *Language spot*, before the class, prepare seven or eight sentences related to cardiology using the future forms. Or ask students in pairs to write one each and collect them. Encourage them to use more than one verb in the future in each sentence. Read the sentences to the students who write down the tense used. When you have finished, ask them to check their answers in pairs. Read the sentences again and ask the students to tell you why the particular form was used in the sentence. Keep a copy of the sentences.

- 3 1 patient's husband gave himself a few puffs but the pain wouldn't go
- 2 at 7ish
- 3 What we're going to need to do, with your consent, is to give your husband something to help get rid of any blood clots. There is a risk of stroke with the procedure, but the benefit can be dramatic if we get it down quickly. It can have a considerable effect. There doesn't seem to be any reason why he shouldn't have the medication, but we need to give it as soon as possible and we need your consent.
- 4 By the looks of it, it's all gone very well and he'll be up and about in no time. For the moment he just needs a bit of a rest.
- 4 Differential diagnosis: angina, pulmonary embolism, musculoskeletal pain, and gastro-oesophageal reflux (to name but a few)

Vocabulary

Avoidance of technical terms

- Students can do **1** in pairs and check their answers or do it on their own and check their answers in pairs before the whole class looks at the exercise together. Then **2** can be done in groups.

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

Language spot

The future

- Have students do **1–3** in pairs, checking answers at the end of each exercise. In the pairwork in **4**, check students' questions before they ask each other questions. Refer students to the *Grammar reference*.

- Key
- 1 1 Simple Present 4 Future Continuous
 - 2 Future Perfect 5 Future Perfect Continuous
 - 3 Present Continuous
 - 2 1H 2D–E 3E 4D 5B 6B
 - 3 1 'll be
 - 2 'll be sent
 - 3 'll soon move / 'll soon be moving
 - 4 will've been / 'll be
 - 5 'll be walking
 - 6 Will he be able
 - 7 will he have had
 - 8 is coming / comes, 'll see / 'll be seeing

Pronunciation

Speaking at natural speed

- Students do **1–3** and write down the missing words, then check their answers with a partner before listening again. When you have gone over the answers, play the recording again so students can do **4**. Then get students to do **5** on their own.

*** Tip**

Use the sentences in the previous *Additional activity* as a dictation exercise. Dictate or ask one of the students to dictate the sentences. The class write down only the subject of the verb and the verb, not the whole sentence. Check the answers and check the pronunciation especially as regards contractions.

*** Tip**

As a quick check at the end, read a few sentences with future forms with other tenses mixed and ask students to say whether the sentence relates to the future or not.

- Key**
- | | |
|--------------------------|--------------------------|
| 1 He'll have been in the | 5 's scheduled |
| 2 isn't starting | 6 You're having |
| 3 He'll be in and out | 7 I'll be having |
| 4 he'll be able to go | 8 He'll have been coming |
- 4**
- 1 He'll have been in the theatre for over three hours in a few minutes' time.
 - 2 Dr Nur isn't starting his clinic till two p.m.
 - 3 He'll be in and out in no time.
 - 4 All being well, he'll be able to go home by the weekend.
 - 5 The operation's scheduled for five this afternoon.
 - 6 You're having the veins on the right leg stripped this afternoon, am I right?
 - 7 The doctor said I'll be having a general anaesthetic.
 - 8 He'll've been coming to the clinic off and on for the past three years.
- 5** Example for 1: He theatre over three hours few minutes' time.
(Unstressed words: 'll have been in the for in a)

Additional activity

Get the students to volunteer to summarize briefly the signs and symptoms for one or more of the conditions 1–4 in **1**.

*** Tip**

Allow the students to control the *Speaking* section, discreetly guiding them if they are straying off course. Watch the students and glean as much information as possible about (a) how they work together and (b) the medical content. Give constructive feedback about their performance and language.

Ask the students questions to clarify your own medical understanding of the role-play. The students will be only too happy to help you.

Video the role-play and play it back at the end for feedback. Keep a copy with permission and copy it for all the students. They can download them to their mobiles and watch them in their own time.

Patient care

- Students do **1** in pairs and then in **2** compare with other students before checking with the whole class. They then do **3** and **4** in pairs and check their answers. For **5**, get the students to do the role-play in pairs.

- Key**
- | | |
|---------------------------------|------------------------------------|
| 3 a noun – matter | d adjective – afraid, noun – while |
| b pronoun – everything / all | e verb – wear |
| c adjective – unusual, | f preposition – out |
| adverb – definitely / certainly | g adjective – natural |
- 4** 1f 2d 3e 4b 5g 6a 7c

Signs and symptoms**Competition**

- Put students into groups to do the competition-type exercise in **1**. Get them to check their answers in the upside down box. For the presentation in **2**, students work in groups.

Project

- Students work in groups and then share the information they have collected with the class.

Speaking

- Ask students to work in groups in **1** to prepare for the role-play. In **2–4**, students work in groups taking turns doing the role-play and giving feedback as directed. Emphasize the need to stick to the time limit as directed. For **5**, volunteers do the role-play in front of the class with one or more students giving feedback about their performance to the class. Students then do the role-play in **6** in pairs.

Additional activity

Ask for a volunteer to describe to the class the presentation of the patient in his/her role-play. Then ask them to describe their own performance and what they think they could have improved on.

* Tip

Refer students to the reading for this unit in the *Reading bank* (p. 60) to do for homework or do it at an appropriate point during this unit.

- Key 1** List of sample questions relating to pain:
Remember the mnemonic *Socrates*.
When did it start?, etc.
Can you describe the pain for me? Tell me about the pain.
In particular: When does the pain come on? Does anything set the pain off? Does anything relieve the pain?
Past history: Have you had any stomach problems in the past?
What do you think it might be? Is this what's worrying you?
The patient may be anxious that the pain is to do with the heart.

Reading

- Get students to do **1-3** in pairs and check their answers. Then for **4**, students work in groups and give feedback to the whole class.

- Key 2**
- Hypertension (HT) is commonly called high blood pressure, nowadays (2005 on) defined as above 140/85 mm Hg; or if one is diabetic, over 135/80.
 - Correct treatment of hypertension reduces the risk of a heart attack by about 20% and reduces the risk of stroke by about 40%.
 - Possibly as many as 16 million UK people have high blood pressure ...
 - ... obvious underlying cause such as kidney disease; being obese, too much alcohol, too much salt, stress, lack of exercise, poor diet, too little potassium, and family history of relatives with hypertension.
 - The link between hypertension and coronary heart disease and stroke is very well established.
- 3**
- | | |
|-------------|--------------------------|
| 1 135/80 | 4 Oily fish with omega-3 |
| 2 lifestyle | 5 well established |
| 3 most | |

Listening 2

Advice about lifestyle changes

- Students listen and do **1-3**. Then **4** can be done as a whole class exercise or in groups with feedback at the end.

- Key 1** See the listening script on p.134.
- Is there anything you think might be the cause of the high blood pressure? – patient centred, involving the patient
So when did you retire? – active listening.
 - Oh. That is quite a lot over. / Yes, on my father's side, all his brothers and sisters had problems with angina. / Mmm, I'm aware of that.
 - The doctor says: If nothing shows up in the tests, you seem to be generally quite healthy, but the problem is hypertension, which can lead to other problems. And asks: Do you think you can get your weight down easily?
 - Did you do any sport before? Have you thought of starting up again?
 - You'll feel the benefit of it quite quickly and if you're careful with what you eat, you'll be back to what you were before.
- 4 Possible answers**
Walk, get off the bus a stop earlier, take children to the park
- Suggestions**
Have you ever thought about / What about joining a club?

* Tip

Get students to search the internet for leaflets giving patients advice about lifestyle. Get them to discuss in groups the usefulness of the various leaflets. Or give them copies of leaflets you have.

Patient care

- Use the introduction as a lead-in, eliciting other examples from the students if appropriate. Put the students into groups to do **1**. They do **2** in pairs. After checking the answers, ask the students to do **3** in pairs, encouraging them to use and expand on the *Useful expressions*.

- 0-π 1**
- Appropriate 'strong advice', which you can say to a patient in danger of suffering heart related problems as result of smoking. But it could be softened by saying *you're going to need to stop*. It's not possible just to say *Have you thought of ...? You should* would be annoying.
 - Not appropriate if a person has had a heart attack, because it's a legal requirement to stop. *You('ll) need to ...* would be better.
 - Appropriate as by asking about sport, a suggestion is being made which draws the patient's attention to the idea.
 - An order. It is too abrupt and would put the patient off.
 - Very strong and might put patients off taking the medication. It is probably better to use *you'll need to* or *you're going to need* here.
 - Appropriate, but if salt is a problem, *You'll need / have to* might be better as it is stronger.
 - Appropriate where taking something like a drug is necessary. When suggesting changes in lifestyle like diet and smoking generally, this might be off-putting for patients.
 - Inappropriate as this is a weak suggestion and doesn't work here. This would send the wrong message to the patient. It's about necessity not possibility.
 - The use of *should* here would be annoying because it is giving a subjective opinion, not necessarily objective clinical advice. It might be better to say *Have you tried to ... / Try and stop ... / Instead of ...* Or for strong advice: *you'll need to / have to; you're going to need to / have to* so that the patient is aware of the gravity of the situation. Note there may be occasions where someone coming for advice about diet where suggestions like *Have you tried to ...?*, etc. will work and where using *you'll need to*, etc. will put the patient off and reduce concordance.
 - Appropriate generally but if smoking is a serious problem, a polite suggestion like this may not be strong enough. The patient may get the idea that it is desirable rather than necessary.
 - Appropriate when explaining medication.
 - Appropriate to emphasize that this is not a suggestion. It is possible to soften it by saying *you'll need to ...* or *you're going to need to ...*

2 Sample answers

- If you reduce the amount of coffee you drink gradually, it won't be as difficult to cut down.
Try and reduce the amount of coffee you have each day.
You'll need to try to cut down the amount of coffee you drink on a daily basis.

- 2 You could try and do some relaxation classes. They'll make you feel a lot better.
What about doing some stress management classes? You'll soon notice the difference in how you feel.
You'll feel a lot better after some classes to manage your stress. Classes to help you manage your stress'll help you a lot.
- 3 Getting yourself into some dynamic exercise like walking or swimming'll help you a lot. All being well, you'll've got used to the new routine by the next time we meet.
Have you thought of doing some dynamic exercise like walking or cycling?
To get yourself fitter, you'll need to / you're going to need to do some dynamic exercise like walking or cycling.
- 4 As salt is harmful, you'll need to reduce the amount of salt you eat, I'm afraid. It'll help reduce your blood pressure.
You're going to have to reduce the amount of salt you take. The amount of salt you take'll need to be reduced, I'm afraid.
- 5 How do you feel about eating more fruit and fibre?
It'd be better to increase the amount of fruit and fibre in your diet. It'll make you feel a lot better.
Eating more fruit and fibre will help you feel a lot better.

* Tip

Give the students an impromptu test. Use the speaking arrangement described on p.00 of the *Student's Book*. Or if possible bring an actor. Make this a surprise.

Speaking

- Students do the role-play in **1** in pairs. Volunteers then do **2** in front of the class with feedback being given in **3**.

Key 2 Sample answers for non-drug therapy:

Reduce intake of saturated fats; Use margarines and other foods enriched with plant sterol / stanol esters; Reduce weight; Increase physical activity; Give general advice about CHD/CVD, e.g. smoking cessation

Sample answers for drug therapy:

1st prevention: Statin therapy. Treat all type 2 diabetes with a statin
See the *Oxford Handbook of General Practice* 2nd edition, pages 324–5 for details.

Project

- Students collect and discuss the information as directed in **1–3**. This could be a series of mini presentations with groups giving feedback to the class.

* Tip

Keep samples of the students' writing with their permission for use with future classes.

Writing

Difficulties in persuasion

- Students do **1** in pairs before comparing their list with other students in **2**. Ask the students to do **3** on their own. As this is a collaborative exercise, students can check their answers with a partner afterwards. But remind them that if this were part of any job application / interview process, it would have to be individual to them.

Checklist

- 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 Respiratory medicine

Background

Respiratory medicine includes clinical conditions connected with the lungs and upper airway diseases like asthma, chronic obstructive pulmonary disease, and sinusitis. As can be seen in *Check up*, the incidence of asthma in the UK is high and is growing around the world. The countries currently with the highest incidence of asthma are Australia for children and New Zealand for adults. The top four are the UK, Australia, New Zealand, and Ireland. The high incidence is apparently as a result of rapid development in recent decades, especially due to modern living conditions with soft furnishings.

Statistics may not be readily available for students as regards their own countries, but it is useful for them to be able to interpret data, for which see *Writing* on p.96 of the *Student's Book*.

The unit deals with the language to describe different types of cough and sputum (phlegm) that students will need to know if they are going to be able to understand what the patient says when they present with certain respiratory illnesses.

This will also help them with the diagnosis of the condition as distinguishing the different types of cough and sputum will help identify the cause.

Communication focuses on dealing with recognizing the signs and symptoms in lung conditions and explaining devices like inhalers and peak flow meters and checking that the patient understands how to use them in order to increase concordance and compliance.

In the unit the use of articles is covered in the *Language spot*.

Useful reference: *Oxford Handbook of Respiratory Medicine*, 2nd edition, Chapman et al.

* Tip

Later in the unit, ask students in groups to collect images from the internet related to an aspect of respiratory medicine and give a presentation using the images. Encourage students to use an interactive whiteboard if you have access to one.

* Tip

For **4**, ask students to find which countries have the highest incidence of asthma in the world (this information is in the top margin on p.95 of the *Student's Book*).

* Tip

Get students to work in pairs. One student describes a cough to their partner and he / she then identifies the condition. Or have students name the condition and ask their partners to describe the cough.

Check up

- Students do **1–4** in groups. After students have done **1**, discuss the images with the whole class and elicit the link between them. For **2–4**, students again work in groups. When they have finished, get groups to feed back to the whole class.

Op 1 The link is causes of respiratory problems.

a asthma c hay fever e virus / flu
b virus / flu d community acquired pneumonia f lung disease

3 There is no universally agreed definition; it is usually a diagnosis – a chronic airway inflammatory disorder with inflammation due to complex interactions between inflammatory cells, mediators, and airway cells. This is characterized by airway hyperactivity to a variety of non-specific stimuli, leading to a variable degree of airway obstruction, some of which may become irreversible over many years.

Symptoms: wheeze, chest tightness, breathlessness, and cough, particularly at night.

Vocabulary

Coughs

- Students first do **1** on their own and check their answers with a partner, and then with the whole class. For **2**, students listen, identify the coughs, and check their answers in pairs. For **3**, get the students to work in pairs.

Key	1	1 hoarse	4 tickly	7 barking
		2 really painful	5 wheezy	8 hollow
		3 sharp	6 dry	9 productive
	2	1 dry	3 barking	5 wheezy
		2 hoarse	4 productive	

Listening 1

Signs and symptoms

-  Students do **1** and **2** in pairs. For **2**, they listen, write down notes, and then do **3** in pairs, checking if their diagnosis is the same as **1** above. Answer any questions the students may ask and clarify any details you yourself are not sure about.

Key	1	Most likely diagnosis: chronic obstructive pulmonary disease (COPD) Possible differential diagnosis: bronchiectasis/ bronchitis.
	2	See the listening script on p.135.
	3	Diagnosis: Bronchitis. The patient describes bronchitis. For example, the sputum production is not chronic.

* Tip

From a medical point of view, visual analysis of sputum is by no means an exact science! In many cases there is no right or wrong answer.

Additional activity

Choose different short medical texts related to respiratory medicine. Divide the class into groups of three students. Give each group copies of the same text. Ask them to go through the text underlining examples of nouns with the zero article, putting a circle around examples with the definite article, and a box around examples with the indefinite article. Ask students to compare their text with a partner from another group and explain any similarities or differences in the frequency of the articles and explain why they are used.

Vocabulary

Nature of the sputum

- Students can do **1–3** in pairs, groups, or on their own and then check their answers. For **4**, students work in pairs, taking turns to do the role-play in **5**.

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

3 Possible answers

Initially: Chest X-ray, Spirometry, Serial peak flow recordings
Later: Chest HRCT, ENT examination, Bronchoscopy, Oesophageal ph monitoring, serology for aspergillosis, and echocardiogram (for congestive cardiac failure).

Language spot

The definite and indefinite article

- As a lead-in, select example sentences to write on the board from this or other units illustrating the articles. Or take examples from the *Grammar reference*. For **1–3**, get the students to work in pairs, checking their answers with the whole class after each exercise. Then refer students to the *Grammar reference* and do the *Additional activity* if necessary.

- Key**
- 1 Breathlessness refers to the abnormal and uncomfortable awareness of breathing. Its physiological mechanisms are poorly understood; possible afferent sources for the sensation include receptors in the respiratory muscles. All patients need a full history and examination.
 - 2 Smoking is the main cause of chronic obstructive pulmonary disease and lung cancer. The NHS spends £1.7 billion per year caring for people with smoking-related conditions. Government targets have been set to reduce the number of smokers in the UK and health authorities have been allocated funding for smoking cessation services.
 - 2 The extra definite articles are:
 - 1 the pneumonia
 - 2 the airborne droplets, the expectoration
 - 3 the thrombus
 - 3 1 The majority of patients with chest pain referred to the respiratory team have either acute pleuritic pain or persistent well-localized pain.
 - 2 Not all patients need treatment. The evidence for significant treatment benefits rests on which symptoms drive treatment rather than the degree of OSA on a sleep study. Treatment decisions require a close dialogue between physician and patient.
 - 3 In addition to supportive care, antiviral treatment of pneumonia with amantidine or rimantidine may shorten the duration of illness if started within 48 hours of symptom onset.

Listening 2

Mistake recognition

-  Students listen and check their answers in pairs for **1-4**. This section acts as a form of concept checking for the previous *Language spot*.

- Key**
- 1 1b 2a 3a 4b 5b The mistakes are:

1a at the night, at moment	4a in past
2b the breathlessness	5a by situation
3b flights of the stairs	
 - 3 1 Wrong – a problem 5 Wrong – a nebulizer
 2 Correct 6 Wrong – a week
 3 Correct 7 Wrong – particular exercises
 4 Wrong – at the moment

Speaking

- Students work in pairs and do the ranking activity and check their answers with the rest of the class.

- Key**
- Instantaneous: pulmonary embolism, pneumothorax
 Acute (minutes–hours): exacerbations of asthma and COPD
 Subacute (days): pleural effusion, lobar collapse
 Chronic (months–years): pleural effusion fibrotic lung disease and/or asbestosis

* Tip

Once you have elicited possible questions in **1**, get students to work in pairs and do concept checking of each other. For pneumonia, for example, a student says *fever* and the partner gives the question. Then check the whole class randomly yourself in the same way.

Signs and symptoms

Lung conditions

- Have the students do **1-3** in pairs, checking their answers after each activity.

Open 1 Possible questions

1 Can you tell me what brought you here? Have you had any fever? Tell me more about the fever. You say you have been unwell. Tell me more about this. What about your appetite? / Have you lost any weight? Have you had any breathlessness? Tell me about the breathlessness. Can you describe the sputum for me? Was there any blood in the phlegm? Are you in pain? Is there anything else you want to tell me?

2 In addition to the questions in 1, ask about: Do you sweat at all? When?

3 Ask about wheeze. Is there any wheeze?

4 Ask about recurrent chest pain: Does the chest pain keep coming back? Have you had the pneumonia for a long time?

5 In addition to the questions in 1, ask: Is there / do you have any pain? Can you tell me more about the pain? Do you get dizzy?

Do you ever faint? Have you had any recent operations or immobility? Have you been on any long airplane journeys?

6 Additional questions: Tell me more about the chest pain. Do you sweat at all? Tell me more about the sweating. Have you ever had exposure to asbestos?

2 1 Assess oxygenation: O₂ saturation test. Blood tests: FBC, U&E, LFT, CRP, blood cultures. Establish baseline coagulation, sputum for microscopy and culture, pleuritic fluid for culture.

2 CXR, multiple sputum samples, Tuberculin skin test, pleural aspiration, biopsy

3 spirometry, PEFR, CXR, FBC, BMI

4 cytology: sputum and pleural fluid; chest X-ray, peripheral circular opacity; hilar enlargement; consolidation; lung collapse; pleural effusion; bony secondaries, biopsy, bronchoscopy, CT, PET, Radionuclide bone scan; lung function tests

5 FBC, U&E, baseline clotting, D-dimers, ABG, CXR, ECG

6 CXR/CT: pleural thickening/effusion. Bloody pleural fluid

3 1 Antibiotics, oxygen, analgesia

2 After checking patient, rifampicin, isoniazid, pyrazinamide, ethambutol, pyroxicline, steroids

3 Home: add or increase bronchodilators, antibiotics, oral corticosteroids

4 Depending on tumour: excision, chemotherapy, radiotherapy, analgesia, steroids, anti-emetics, cough linctus, bronchodilators, antidepressants.

5 heparin, warfarin

6 symptomatic, prognosis poor

*** Tip**

Check students understand the *Useful expressions* and encourage them to use them.

*** Tip**

Put students into pairs. Give each student a copy of a text related to respiratory medicine no more than a page long. Or give each pair a different text. Ask students to use a pen to blank out a selection of words at random – about ten words. Ask them to swap their text with another pair and complete each other's texts.

You can have variations of this exercise – blanking out only verbs, nouns, adjectives, etc.; or medical words only; or the last word of every sentence.

*** Tip**

Use the internet to find images of other devices for students to describe or use to give a presentation.

Speaking

- For **1–3**, students follow the instructions for the pairwork activity. For the group work in **4**, make sure the students are clear about their roles. For the role-play in front of the class in **5**, ensure students understand that the patient is worried about something they haven't got. Students give feedback in the usual way.

Reading

- Put students into groups to describe the diagram in **1** and then ask a student to describe it to the whole class. Students can then do **2** and **3** in pairs or on their own and then check their answers with a partner.

0π 2	1 expiration	5 closing volume
	2 dynamic compression	6 inspiration
	3 peak expiratory flow rate	7 fixed upper airway narrowing
	4 peak flow	
3	1 effect	2 effect
	3 cause	4 cause
	5 cause	

Speaking

- A peak flow meter is a small device that you blow into, which measures the fastest rate of air (airflow) that you can blow out of your lungs. Doctors may prescribe patients a peak flow meter if they have asthma.
- For **1–3**, students work in pairs. Go over the *Useful expressions* in **2** and expand them or add to them. Encourage students to use them as they speak.

0π 2 Possible answer

Introduce oneself, explain the procedure, and obtain verbal consent.

Ask the patient to stand or sit upright.

Set meter at '0'.

Ask patient to take the mouthpiece in his / her mouth, seal his / her lips around it, and take a deep breath in.

Ask the patient to blow out as hard and as fast as possible (maximal – not necessarily a complete blow out).

Note the reading.

Record best of three attempts.

Compare to Nomogram in 3.

Explain how to keep a record / diary.

Demonstrate and ask the patient to show you.

Project

- 1** and **2** can be done in pairs with students giving feedback to the whole class. Each pair can be given one item to look for. The project can also be done as homework activity with students giving feedback in the next lesson.

Listening 3

Explaining a device

-  Students listen in **1**, writing down the verbs and then checking their answers with a partner and other students in **2**. For **3** and **4**, students listen and compare answers.

0-π 1	remove	push	seal	feel	replace
	shake	use	inhale	change	wait
	prime	push	breathe	remove	take
	pushing	sit	clicks	hold	remember
	keeping	breathe	continue	push	prime

- 3** The three steps which aren't illustrated are priming the device by pushing the lever up, breathing out, and removing the inhaler and holding your breath for as long as possible.

Speaking

- Students work in pairs taking turns to explain the device to each other and asking the patient to explain. Go through the *Useful expressions* and encourage the students to use them.

Additional activity

In order to familiarize students with looking at and interpreting data, give them three graphs to look at in groups of three. Give them a time limit and ask them to prepare an oral summary of each chart, practising within the group before they do it for the class.

Writing

Describing data

- **1** is done by the students on their own. In **2**, they check their answers and prepare a description of the data orally, writing only notes. Then in **3**, students write a description of the chart.

0-π 1	1 all lines together
	2 Annual deaths per million
	3 Weekly GP episodes
	4 Annual hospital admissions
	5 Weekly GP episodes
	6 Weekly GP episodes
	7 Annual hospital admissions
	8 Weekly GP episodes
	9 Patients treated annually for asthma
	10 Annual hospital admissions

Checklist

- 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 Tropical diseases

Background

The theme of this unit is tropical diseases rather than tropical medicine. Tropical diseases were defined by Manson in his classic work, *Tropical Diseases. A Manual of the Diseases of the Warm Climates* (1898), as 'those occurring only, or, which from one circumstance or another are specially prevalent, in warm climates'. As regards tropical medicine, there has been discussion recently as to whether a better name might not be International Medicine. In the Foreword to the *Oxford Handbook of Tropical Medicine*, 3rd Edition, David Warrel points out that India, home to Kolkata's nineteenth-century School of Tropical Medicine, no longer distinguishes it from general internal medicine.

Hence, the communication and the language in the unit revolve around scenarios related to 'international illnesses' from a UK perspective. You may want to adapt the scenarios to suit the country you are working in and at times change the perspective.

With the ease of international travel, more and more people travel around the world and come in contact with

diseases / illnesses that are not prevalent in their home countries.

But people do not just travel for leisure or business, they migrate and settle in new homes in different parts of the world and it is important that health professionals are aware of their medical history so that they can be treated effectively in their new homes.

Talking about tropical diseases is covered in this unit. Sickle cell disease and malaria are just two of the topics looked at as well as traveller's diarrhoea, which obviously may occur among people travelling to and from any country. While describing the life cycle of the mosquito, an important vector of disease, the use of linking words like *next, then, when* in descriptions is covered.

When students are discussing with their fellow students and outside the classroom, it is important for them to be able to show respect to their colleagues in discussion. This important skill is dealt with in the context of problem solving.

Useful reference: *Oxford Handbook of Tropical Medicine*, 3rd edition, Eddleston et al.

Additional activity

Give each student an image related to tropical diseases. Students then have to work on their own to prepare a brief description of their picture. Encourage them to examine their picture using *yes / no* questions. They are also allowed to ask fellow students. Students find someone they haven't talked to and describe their picture within two minutes.

Check up

- Students do **1-3** in groups. Encourage students to create *yes / no* questions to examine the pictures. Elicit from the students what is meant by a *notifiable* disease in **2**.

- 1**
- mosquito net – to prevent the spread of malaria
 - tropical frog – contact with poisonous or dangerous animals in exotic locations
 - crowded cities – diseases spread more easily
 - international travel – disease is harder to contain, global pandemics occur
 - growing rice – swamp conditions in tropical countries, especially in Africa, are breeding grounds for parasitic diseases such as malaria, schistosomiasis ('snail fever'), and onchocerciasis ('river blindness')
- 2** Examples of notifiable diseases:
- | | | |
|--------------------|------------------------|----------------|
| acute encephalitis | dysentery | tetanus |
| cholera | malaria | tuberculosis |
| diphtheria | meningitis (all types) | whooping cough |

See Department of Health (DOH): *The Green Book: immunization against infectious diseases*.

The reason why certain diseases have to be notified is because of the risk to the general population if they spread and the cost to the public.

Additional activity

Do *Speaking 3* as a whole class activity or divide the class into groups. Each group chooses one person from the list in *Project* so that they all have a different one or allocate at random by writing the names on pieces of paper and asking students to choose without seeing the names. Each group has to prepare a case for their name to be voted the most important. Give a time limit for the preparation and a time limit for each group to speak and then allow a free vote.

* Tip

When you have checked the answers for *Listening 4*, ask one or more doctors to summarize the talk or to tell you as much information as possible without looking at their books.

Additional activity

For **5**, ask the students to write out their questions. Prepare your own list of questions similar to those in **5**, e.g. for 1: *Have you been outside the country in the last few weeks? Make sure they are jumbled. When students have written their questions, give them your list and ask them to match the questions. Or type your questions in a large font and well-spaced. Tear the page up so each question is at least two fragments. Give them to the students to match. Or get them to do the tearing.*

3 Sample answers

Spanish influenza pandemic 1918–19
Swine flu outbreak in the United States 1976
Swine flu outbreak 2009

Project

- Put students into groups and allocate two or three topics to each group. Then ask each group to feed back to the whole class.

Speaking

- Ask students to do **1** in pairs and then in **2**, compare their answers with other pairs. **3** can be done as a whole class activity.

Listening 1

Treating returning travellers

- Students listen and do **1** on their own. Then in **2**, they decide what types of words are missing in each space. After doing **3** on their own or in pairs, and checking their answers, students listen and do **4** on their own. In **5**, get students to prepare questions for the role-play in **6**.



1 Malaria

2 All are nouns or noun phrases except for 2 which is a prepositional phrase

3 FBC – full blood count

LFTs – liver function tests

MSU – mid-stream urine

4 1 imported disease 4 blood films 7 prodrome

2 prior to travel 5 two thousand cases 8 drenching sweats

3 travel party 6 mimic

5 Possible answers

1 Have you been abroad recently? / Can you tell me which country / places you have visited recently?

2 How long were you there / in each place? Did you have any (brief) stopovers?

3 What about vaccinations before you went away? / Tell me about vaccinations. Did you have any vaccinations?

4 Did you take any malaria tablets before you left and while you were there?

5 Are the other people you went with OK?

6 Did you have any sexual contacts while you were abroad?

7 Did you receive any medical treatment while you were away?

8 Anything else you'd like to add?

* Tip

For *Vocabulary*, tell students not to write the answers in their books. Then get them to read the text to each other and then to the whole class, putting the words into the text as they read.

Additional activity

Find a similar short and simple text to that in **1**. Read the text aloud to the class saying at random *noun, verb, adjective, preposition*, etc. in place of words. Or just replace nouns or verbs, etc. Read the text again and ask students to write down what words they think are missing. When the reading is finished, give them a few minutes to check with other students. Read the text again and then elicit the answers from the whole class. You can ask the students to do a similar exercise in pairs where they choose the words to replace with the word *noun*, etc. Each student then has a different text. Let the students see the full text.

* Tip

Find examples of other life cycles or processes for students to describe for homework or as oral exercises.

Additional activity

As a follow-up to *Reading*, ask students to work in groups and prepare a mini-presentation on a disease which is common in their countries. Encourage them to use images, PowerPoint, video, and whatever electronic media is available. Get them to do this for homework. Limit the talk to ten minutes maximum per group, followed by several minutes of questioning.

* Tip

Allow the students to listen again while reading the listening script.

Vocabulary

Travellers' diarrhoea

- For **1**, students can work by themselves and then check with a partner, work in pairs, or work in groups. When they have checked their answers, they do the role-plays in **2**.

Key 1	1 self-limiting	5 frequent	9 reputable
	2 sweetened	6 unpeeled	10 contaminated
	3 preferable	7 unhygienic	
	4 hyper-osmolar	8 chlorinated	

Speaking

- Get students to work in groups and do **1** and one student presents his / her case to the whole class in **2**. Students then do **3** on their own.

Language spot

Linking words

- Introduce the diagram and ask students to do **1** in pairs. They then do **2** in pairs and **3** in pairs orally.

Key 2	1 when	4 When / As soon as
	2 After that / Next / Then	5 Once / After this
	3 where	6 then / next

Writing

Describing a life cycle

- Students do **1** in pairs and **2** in groups of four.

Reading

- Have students do **1-3** in pairs and then put them into groups to do **4**.

Key 2	1 haemolyze	4 alternate	7 precipitated
	2 polymerize	5 occlusive	8 supervenes
	3 trait	6 concomitant	9 mutation
3	1 False 2 True	3 True 4 False	5 True 6 True 7 False

Listening 2

Maintaining good health

- Students listen and do **1-3**, checking their answers in pairs. Have the students use the listening script to check their answers in **3**. Then get the students into groups to do **4** in preparation for the role-play in **5**.

- 0π** 1 Sickle-cell anaemia
2 Students check their answers against the listening script on p.136.

4 Sample notes

General health education

Seek medical attention early – especially high fever

Genetic counselling important to identify relatives and plan pregnancy

Avoid factors precipitating crisis – especially dehydration, hypoxia, infections, cold environments

Folic acid supplements 1–5mg/day in adults

Protect against infection – pneumonia, etc.

Detection of acute splenic sequestration – teach parents of young children

Screening for retinopathy – annually from 15 years of age.

Patient care

- Students do **1** and **2** in pairs and check their answers with the whole class. Then they do the role-play in **3** in pairs.

0π 2 a5 b4 c2 d3 e1

* Tip

Remind students to show respect to each other as they speak.

Get student to suggest other problem-solving exercises they could do.

Speaking

- Put students into groups to do **1** and **2**. Go over **3** and **4** carefully, asking one or more students to explain what they are going to do. For **4** and **5**, put students into groups as directed. Explain the procedure for giving feedback and give students a time limit to complete the task. Do **6** as a whole class discussion.

0π 1 1d 2d 3c 4e 5c 6a 7b 8d 9f 10g

Checklist

- 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 Technology

Background

The impact of technology on every aspect of medicine is huge, influencing the lives of patients and their families, health professionals, and administrators. New medication, new devices to administer drugs, new treatments like stem cell therapy, new procedures like less and less invasive treatment, and self-registration of patients at clinics are all leading to a brave new world in medicine.

The creation of new technology in medicine is nothing new, but what is different is the speed at which it is being delivered. No sooner is some new groundbreaking

discovery introduced than it is superseded by something else.

New medications have to be taken by the patient and new ways of doing things also have to be learnt. Health professionals have to adapt to the change as well as keeping themselves up-to-date with the changes by learning about them and how to use them as well as explaining them to patients. Resistance to change both on the part of the patient and the health professional can affect treatment, and lack of understanding can reduce compliance and concordance on the patient's part.

* Tip

Ask students to create a list of questions to describe the images. Put the questions into categories, and ask them to use the questions to analyse the images.

Additional activity

Have students answer one of the questions in 2, 3, or 4 as a homework exercise or as a writing exercise in class.

Additional activity

Ask the students to work in pairs / groups and write sentences or questions using the adjective which does not collocate with each noun in **1**: *there has been or has there been a big change in ...?* Or ask students to use the verbs in **2** to write sentences – they can use the sentences in **1** as models: *Technology like computers has structurally changed provision of health care internationally (in a way that is far-reaching).*

Check up

- As a lead-in, link the pictures in **1** with the title of the unit. Then ask the students to describe the images. For **2–4**, put the students into groups and ask volunteers from the groups to summarize afterwards.

- 1**
- | | |
|------------------------|------------------|
| a futuristic ambulance | d nanotechnology |
| b sphygmomanometer | e pacemaker |
| c artificial hand | f cell division |

2 Advantages

Accuracy / speed / safety / less invasive / saves time / saves money

Disadvantages

Mistakes / dangers / deskilling / over-reliance / faulty / need technicians / lose sight of the patient / needs skilled personnel

Vocabulary

Change

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

1

Answers are shown in the correct order.

- | | |
|---------------------------|--------------------------|
| 1 far-reaching structural | 6 complete technological |
| 2 real medical | 7 sudden radical |
| 3 dramatic technological | 8 important scientific |
| 4 important medical | 9 constant technological |
| 5 ingenious modern | 10 pioneering joint |
| 2 1 change | 6 revolutionize |
| 2 breakthrough | 7 transform |
| 3 advance | 8 innovate |
| 4 develop | 9 evolve |
| 5 invent | 10 initiate |

*** Tip**

4 can be given as a writing exercise in class or for homework or ask a volunteer or volunteers to prepare a presentation on the subject for the next or a future lesson.

*** Tip**

Ask students to work in groups and with or without dictionaries to make a list of seven or eight more adjectives to evaluate nouns. Then collate the lists on the board.

*** Tip**

Put students into pairs and ask one student to say an adjective and the partner to give a synonym. You can do the same with opposites, e.g. *hazardous / risky* ≠ *safe*. Then do a random check around the class.

*** Tip**

Set a time limit for the debate and use a stopwatch to help you stick to it.

Listening 1

Technological advances

-  Students do **1–4** in groups. After **3**, check the answers with the whole class. Play the recording with the students looking at the listening script if necessary. For **4**, students give feedback to the class. Encourage students to pass a judgement rather than just describe as they evaluate.

Vocabulary

Evaluating change

- Students can do **1–3** in groups, checking their answers after each activity.

0-π	1 The adjectives below evaluate the nouns. The others describe them.		
	1 far-reaching	5 ingenious	9 –
	2 real	6 complete	10 pioneering
	3 dramatic	7 radical	
	4 important	8 important	
2	1 hazardous	5 invaluable	9 detrimental
	2 beneficial	6 convenient	10 objectionable
	3 persuasive	7 alarming	
	4 harmful	8 indefensible	
3	1 hazardous – risky	6 convenient – practical	
	2 beneficial – helpful	7 alarming – shocking	
	3 persuasive – compelling	8 indefensible – unjustifiable	
	4 harmful – unsafe	9 detrimental – unsafe	
	5 invaluable – incalculable	10 objectionable – offensive	

Speaking

- Put the students into groups in **1** to prepare them for the debate in **2**. For **3**, have one group summarize the arguments with other students helping.

Listening 2

Trying to persuade the doctor

-  Ask students to listen and do **1** alone and then check their answers in **2**. They can do **3** in pairs, then listen again in **4**, followed by the role-play in **5**.

0-π	1 1 Can't I just have the antibiotics I had the last time?
	2 Won't an MRI scan show if there's anything there or not?
	3 Won't these steroids make me put on weight if I take them?
	4 Isn't that new stem cell treatment available for people with strokes?
	5 Wouldn't it be better if I just stayed on this treatment for my diabetes?
3	Possible answers
	1 to persuade the doctor to change their mind – indirectly
	2 to persuade the doctor to give them something – indirectly
	3 to show worry
	4 to ask for treatment – indirectly
	5 to criticize / remind

- 4 1 Well, what you've got is different from the last time. This is a virus.
- 2 An MRI scan's not suitable here. It's clear from what you've said that there's nothing sinister here.
- 3 They *can* make people add weight, but it's only a short course.
- 4 It's still at the trial stage, I'm afraid.
- 5 You can, but you might find this is more convenient for you. Do you want to think about it for a while?

Additional activity

Get students to write their own negative questions in pairs or groups. Go round checking what they are writing. Ask them to give their questions to another group who has to write suitable replies. You can then organize a role-play.

* Tip

Check understanding by saying several of the sentences to students around the class to elicit responses.

Language spot

Negative questions

- Ask the students to look at the illustrations in **1** and elicit the various feelings shown. Get the students to do **2** and **3** in pairs. After checking the answers, students listen and do **4**, then **5**. For **6**, students work in pairs. Do **7** as a whole class activity, writing examples on the board.

- Key 1 a exasperated b slightly pleading c shocked d slightly coy
 3 a9 b8 c1 d2 e4 f7 g6 h11 i5 j3 k10
 4 a5,6,8,9,10 b2,3,4 c4,10 d4 e9,10,11 f1,2,7,10

5 Sample answers

- 1 You could / can, but you might want to think about trying this one.
- 2 I'm very sorry, but / I'm afraid not. It's only available privately.
- 3 You could / can continue, but you might find this is better for you.
- 4 Oh, yes, sorry ... / Oh, yes, you're right.
- 5 I'm very sorry, but this patient's next.
- 6 I'm very sorry, but all operations have been cancelled.

7 Acceptable situations would be using negative questions to make tentative (abstract) suggestions, e.g.

Can't we just give the change a go?

Wouldn't it be better to try to see how the machine works first?

Isn't it better to see how the technique develops before we try it?

The speakers are trying to persuade people of their opinion indirectly.

Unacceptable situations would be in exchanges where the listener feels he or she is being criticized (personally), e.g.

Shouldn't you have been here earlier?

Hasn't this been done yet?

Couldn't you work out how to use it then?

These sentences are critical and would be extremely rude if said to a patient or colleague. The tentative approach becomes rather negative in these examples.

Additional activity

Before the class, collect images as prompt cards (enough for four / five per group) to use as a follow-up to **2**. Ask students to put the cards face down and select one for someone else to respond as in **1**. Ask students to swap cards with another group when they are ready. Use the cards to check at random round the class.

Speaking

- Students do **1** in pairs and then check their answers. In **2**, they take turns doing the role-play in pairs.

Key 1 Sample answers

a Insistent: Can't I have an X-ray?

Reluctant: Wouldn't I be better off with an ultrasound?

b Insistent: Can't I have some acupuncture?

Reluctant: Wouldn't something other than acupuncture be better for me?

c Insistent: Can't you give me a prescription for this then?

Reluctant: Do I have to pay for another prescription?

- d Insistent: Won't I get any tablets to take home with me?
Reluctant: Couldn't I do without the tablets?
- e Insistent: Wouldn't it be better to arrange an ultrasound?
Reluctant: Isn't an X-ray just as good?
- f Insistent: Couldn't I have it done under local anaesthetic?
Reluctant: Didn't you say I could have a general anaesthetic?
- g Insistent: Can't I have an MRI then?
Reluctant: Isn't it possible to have something else?
- h Insistent: Shouldn't I have this (lumbar puncture) test?
Reluctant: Couldn't I have something else?

* Tip

Select three or four extracts and give them to students in groups. Then ask them to say where the texts are from and give reasons.

Reading

- For **1**, ask students to work in pairs. After checking their answers, ask them to do **2-4** by themselves, checking their answers after each activity. For **5**, the students work in groups and give feedback to the whole class.

- Open** **2** 1 A website for patients
2 A newspaper
3 A specialist website on stem cell research
- 3** 1 trial and error 3 unequivocal 5 outweigh
2 risks 4 emotive
- 4** 1 Such information is critical for scientists to be able to grow large numbers of unspecialized stem cells in the laboratory for further experimentation.
2 Edinburgh uses stem cells from voluntary adult donors, harvested after their death, to treat corneal blindness.
3 The chemotherapy is higher than conventional chemotherapy and also kills the stem cells in the bone marrow that would normally make blood cells.

* Tip

Choose a different subject to discuss as a whole class. Or create a problem which requires a solution like spending priorities in health provision: equipment or medical staff?

Speaking

- Students do **1** in pairs and then check with the whole class or alternatively they do it as a whole class activity. **2** and **3** are done in pairs with **4** and **5** being done as whole class activities.

- Open** **1** Stem cells are extracted, separated, and grown in the laboratory, and then injected into the patient's artery where they repair the damaged heart muscle.
- 2** For: 1, 2, 6, 8 Against: 3, 4, 5, 7

* Tip

Keep examples of good practice for your future reference with the students' approval.

* Tip

Ask the students to explain and discuss the quote at the top of the page.

Writing

Stem cell therapy

- Students do **1** in pairs and then in **2** do the writing activity by themselves.

- Open** **1** 1c 2d 3a 4e 5b

Checklist

- 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, Student A and Student B.
- 2 Give Student A Emergency Card 1 and Student B Emergency card 2. Allow the students one minute to look at the cards. The students adopt the role of the patient or friend / relative of the patient in the picture.
- 3 Student A is the doctor and asks the patient or friend / relative of the patient Student B what happened. Student B replies, giving as much information as possible to the doctor.
- 4 When they have finished, they switch roles.

Alternatively, divide the class into pairs, Student A and Student B. Student A has one minute to look at the scene. Then Student A gives the card to Student B and describes the scene, giving as much detail as possible. Student B looks at the card and prompts Student A about missing details: *What about ...? When ...?* You can increase the urgency of explanation by limiting the time available to describe the detail on the card.

Unit 2

- 1 Divide the class into pairs, Student A and Student B. Cut the page into ten cards and give each pair a set of the cards either put in a pile or spread out, face down.
- 2 Student A, the patient, selects a card without letting the doctor see and decides what accident he / she had. You may or may not want to allow the patient the option of choosing a different card.
- 3 Student B, the doctor, takes the history from the patient and creates a history around the card.

Alternatively, you can ask students to choose a card for each other. Or you can ask them to choose two cards and combine them in the history. You may also want to give the students a chance to go through all the cards first before they select one, to check the vocabulary, or you may want to do them impromptu.

Unit 3

- 1 Divide the class into pairs. Cut the page into eight cards and divide accordingly. Give each student the relevant set of cards.
- 2 Divide the Student As into groups and do the same for Student Bs. The students then discuss how they would deal with the situation as a doctor and as a patient. Give a time limit.
- 3 Ask the students to pair up with a student with different cards.
- 4 Student A, as a patient, tells the doctor what they want to / need to do and the doctor has to dissuade the patient: *I want to go home. / It's better to stay here. / But can't I ...?* You may want to write up the exchange on the board as an example.
- 5 The process is repeated for Student B.

Alternatively, you can ask the students to create a scenario and take a full history relating to the patient. You can ask the students to be a cooperative or (very) difficult patient.

Unit 4

- 1 Give each student a picture and tell them they are going to talk to a pregnant woman who has come to see them for a check-up. She has another child with her. The doctor knows the patient. (You may want to do it without the patient and doctor knowing each other—they then have to introduce / check names and greet.)
- 2 Tell them that they are to find a partner and initiate a case history using the thought bubble on the picture as a prompt for small talk. The doctor should begin by greeting the patient and using her name.
- 3 Tell them to restrict the small talk to no more than three turns / exchanges each.
- 4 Have the students do this with three or four students each.
- 5 Go through the process as a whole class and check any problems the students had with responding appropriately to any of the turns.
- 6 Write up one example on the board.
- 7 Ask the students to do several of the mini role-plays with you.

Unit 5

- 1 Ask the students to work in pairs and choose card A or B. Or allocate the cards to alternate pairs.
- 2 Have the students prepare a scenario for the patient on the card who has been brought to the hospital for the first time.
- 3 The students should create a medical history for the patient, writing down the patient's name, etc.
- 4 The students then work with a student with the other card and take a history from each other.

Unit 6

- 1 Ask the students to work in groups.
- 2 Give the page to the students and ask them to discuss areas of the house that are unsuitable for an elderly stroke victim who is returning home after being in rehabilitation. The patient is now fairly mobile, but frail. The students decide what they would say to the patient about what needs to be adapted before they can go home.
- 3 Ask the students to work with a student from another group and take turns explaining the fact that the house needs to be modified before the patient can return home. They should ask the patient if they can assess their home and how the patient feels about all of this.
- 4 Discuss the process as a whole class.

Unit 7

- 1 Ask the students to work in pairs.
- 2 Give them the page and ask them to choose two or three which reflect things they regret doing or not doing.
- 3 Give them a few minutes to decide together how they are going to explain their regret.
- 4 Remind them to use the modals they have learnt to reflect on their experiences (*should have / could have / would have*) and also the verbs taking *-ing / to (I meant to)*.
- 5 Ask the students to change partners and explain their choices, giving reasons and how they would change things now.
- 6 If students want to reflect about things outside the page, allow them to do so.
- 7 As a follow-up, allow the students to ask you to reflect on things on the page.

Unit 8

- 1 Ask the students to work in pairs.
- 2 Give them the words cut into cards and ask them to look at the cards without their partner seeing them. Give them three or four minutes. The students think of a scenario to match each card and details for a history. You may want to allow the students to write notes or forbid them doing so.
- 3 Ask Student B to choose a card without seeing it and give it to Student A, who adopts the role of the patient.
- 4 Student B takes a history from the patient and explains at the end the operation procedure that will be done.
- 5 Repeat the role-play with the Student B cards and change of roles.

Unit 9

- 1 Divide the class into groups, Students A and B.
- 2 Give the students the relevant ECG. Ask them to discuss the details of the ECG.
- 3 Ask them to decide: a possible scenario / brief history for the patient; how they would explain the findings of the ECG to the patient; and the prognosis. Remind them of the tenses they used in the unit.
- 4 Tell the students to work with a partner with a different ECG.
- 5 The students role-play explaining the prognosis to a patient starting by saying they have received the ECG and looked carefully at it.

Answers: A = normal ECG; B = atrial flutter

Unit 10

- 1 Cut the page into ten cards.
- 2 Divide the class into groups of three and give each group the cards to look at face up.
- 3 Ask one group member to choose a card with a subject he / she would like to be examined on.
- 4 The other two students ask questions about the subject, covering presentation, treatment, tests / investigations, differential diagnosis, prognosis.

- 5 Give them a maximum of five minutes each to be questioned and two minutes' feedback using the checklist on page 117 of the Student's Book. Ask them all to be examined and allow one or more students to choose the same subject in each group if they want to.
- 6 As a follow-up, discuss the exercise with the whole class as a revision tool.

Alternatively, ask the students to choose a card for each other; or ask them to role-play a patient with the condition on a card they choose or someone else chooses (face up or face down); or ask each student to make a mini-presentation (impromptu or with five minutes' preparation) to a small group.

Unit 11

- 1 Divide the class into pairs, Student A and Student B.
- 2 Give the students the relevant data. Students either ask each other questions to complete the missing data in their respective sets of data, or ask them to describe the information they have and their partners fill in the missing data. Encourage the students not to just ask *What is the answer for number 1?* but to ask *Which destination do 33% of ... ?*
- 3 As a follow-up, ask the students to discuss the data in groups or as a whole class.

Unit 12

- 1 Divide the students into sets of pairs, Students A and B and Students C and D.
- 2 Give Students A and B the relevant photograph and tell them that they have to support the modernization of the wards in their hospital to make them very high-tech. One of the pair is very enthusiastic about the modernization and one is lukewarm about it. But both are against making it cosy as in the other photograph, which they are allowed to see.
- 3 Give Students C and D the relevant photograph and tell them that they have to support the idea of making the wards as patient-friendly as possible with little or no equipment. One of the pair is very enthusiastic about the environment and the other is lukewarm. But both are against having a very high-tech environment, which they are allowed to see.
- 4 Remind students of the language of change and the adjectives in the unit.
- 5 Combine the two sets of students into groups of four to discuss which is the better environment.
- 6 Remind them about allowing and inviting each other to speak.
- 7 As a follow-up, discuss with the whole class the strongest arguments for and against each environment.

Alternatively, you can do this with three students: two enthusiastic students and one lukewarm about a picture of his / her choice. You could also put the students into larger groups and ask them to make their own choices and come to a decision about the environment they would like to have.

1 Grammar test

1 Underline the correct verb.

- 1 I *ran* / *was running* / *had run* to catch the bus when suddenly I felt a sharp pain in my side.
- 2 Jane had an attack last January, but before that she *hasn't experienced* / *hadn't experienced* / *wasn't experiencing* anything.
- 3 Once I *sat* / *have been sitting* / *had been sitting* down for a few minutes, the dizziness went away, but when I *stood up* / *have been standing up* / *had stood up*, it *have come on* / *came on* / *'s been coming on* all over again.
- 4 He's *been getting* / *got* / *was getting* these pains for two days now and we were getting really worried, so I *had decided* / *decided* / *was deciding* to bring him in.
- 5 After he had been brought in, he *began* / *was beginning* / *had begun* to feel much better and was discharged.
- 6 When we *came* / *have come* / *had come* home, we *found* / *have found* / *had found* her lying on the floor. She *has just lay* / *was just lying* / *had just lain* there, motionless.
- 7 He *stood* / *was standing* / *had stood* by the sofa when suddenly he *started* / *was starting* / *had started* moaning, and then he just *passed out* / *was passing out* / *had passed out*.
- 8 I *haven't had* / *hadn't* / *hadn't had* anything like this before it *happened* / *was happening* / *has happened* yesterday, but I *felt* / *was feeling* / *'ve been feeling* all right since.

2 Put the verbs in brackets into the correct tense and underline the name of the tense in brackets.

- 1 She _____ (walk) up the stairs when she suddenly felt woozy. She _____ (sit) down. It _____ (be) the first time it _____ (happen). (*SP, PC, Pres Perf, Pres Perf Cont, Past Perf*)
- 2 He _____ (sweat) profusely for this past hour or so. I _____ (not see) him like that before. Is he seriously ill? (*SP, PC, Pres Perf, Pres Perf Cont, Past Perf*)
- 3 Daniel _____ (attend) the clinic since last summer. He's certainly been improving recently. This time last year he _____ (lie) in the intensive care unit very ill. (*SP, PC, Pres Perf, Pres Perf Cont, Past Perf*)
- 4 He _____ (collapse) just outside the supermarket when he _____ (come) home from work. He _____ (not complain) of anything before this. It came as such as a surprise. (*SP, PC, Pres Perf, Pres Perf Cont, Past Perf*)
- 5 Mrs Denby's recovery _____ (be) very rapid ever since she was admitted to hospital. And she _____ (not have) any pain for the last ten hours now. (*SP, PC, Pres Perf, Pres Perf Cont, Past Perf*)

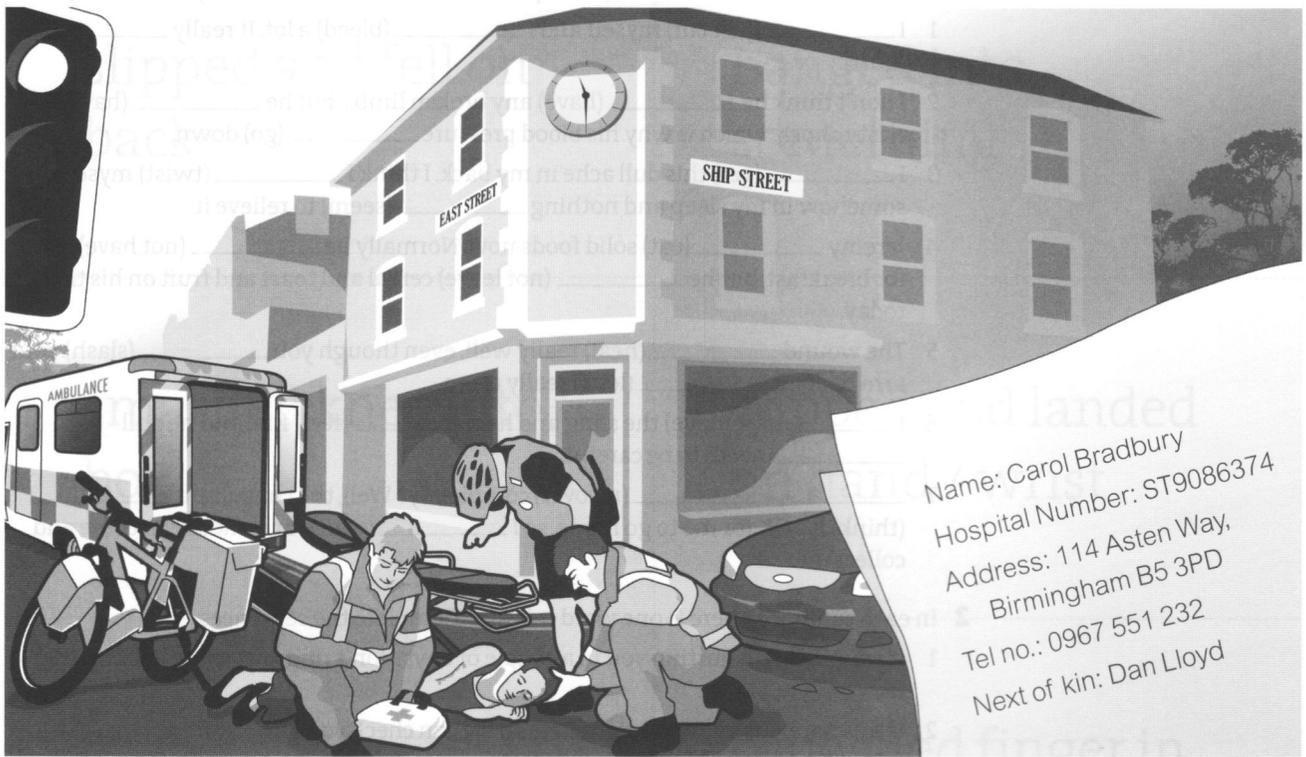
3 Match the parts of the sentences to form six sentences and questions.

- | | |
|-----------------------------|--|
| a less shallow than before | g he said the pain was |
| b his breathing is | h he's been attending the clinic |
| c I have ever been in | i were the stairs |
| d was the attack | j considerably sharper this time round |
| e this is the best hospital | k easier to climb |
| f shorter than before | l more irregularly than before |

1 Communication

2 Grammar test

Emergency card 1



Emergency card 2



2 Grammar test

1 In each sentence below, put the verb in brackets into the Present Continuous, Present Simple, or Present Perfect. In each sequence, use each tense once only.

- 1 I _____ (just cut) myself and I _____ (bleed) a lot. It really _____ (hurt).
- 2 I don't think he _____ (have) any broken limbs, but he _____ (have) a nasty shock, which is why his blood pressure _____ (go) down.
- 3 I _____ (get) this dull ache in my back. I think I _____ (twist) myself somehow in my sleep and nothing _____ (seem) to relieve it.
- 4 Jeremy _____ (eat) solid foods now. Normally he _____ (not have) much for breakfast, but he _____ (not leave) cereal and toast and fruit on his tray today.
- 5 The wound _____ (heal) really well, even though you _____ (slash) your arm badly. It _____ (look) really clean.
- 6 I _____ (remove) the sling and he _____ (feel) fine, but he still _____ (need) to be careful.
- 7 _____ I _____ (recover) completely? Well, the consultant _____ (think) it's OK for me to go home, so I _____ (wait) for someone to come and collect me.

2 In each sentence, there is one word missing. Complete the sentences.

- 1 If your foot still hurting you in a couple of days, don't ring, just come back and see us.
- 2 If this happens again, straight here so we can check you out.
- 3 If your toe swells up again, don't hesitate to come see us again.
- 4 You need take him to your GP if you have the slightest concern.
- 5 You're going have to stay in for another 24 hours, if the tests don't give the all-clear.
- 6 Don't wait. Just come straight in and see if the medicine causes you any problems.
- 7 If your foot discoloured, try to keep it up as much as you can.
- 8 You need come back and see us if anything unusual happens.

3 Persuade the patient in the following sentences using your own words.

- 1 If you get any circulation problems like pins and needles, _____
- 2 If his leg swells in the plaster cast, _____
- 3 If the pain doesn't go or if it gets worse in any way, _____
- 4 If your hand becomes ..., _____
- 5 If the stocking is too tight, _____
- 6 If your hand becomes paralysed, _____
- 7 If you get any stiffness in the shoulder, _____
- 8 If the bandage comes off, _____

2 Communication



slipped and fell on
back

banged into
something

smashed knee into
box

tripped and landed
on hand / wrist

went over on side

squashed finger in
door

dislocated shoulder

stubbed toe on box

pulled muscle in leg

twisted ankle
getting off bus

3 Grammar test

1 Use the cues to make questions.

1 Where you when the problem start?

2 the phlegm yellow or green?

3 What else you worry?

4 What think cause the rash?

5 Could describe bit more how all happen?

6 you pain?

7 bang knee something any time?

8 how long you have headache? (Looking at the patient holding her head)

2 Identify the types of question in 1 using these descriptions:

a a closed question

b an open question

c a leading question

d a patient-centred question

e a family- / work-related question

f a prejudicial question or question suggesting the answer

3 Use your own words to complete the doctor's questions in the conversation.

Doctor OK, Mrs Deacon, _____¹ here?

Patient Well, mmm, I'm not feeling very well.

Doctor _____² problem?

Patient Mmm. I have this pain in my shoulder.

Doctor How _____³?

Patient For the past few days.

Doctor _____⁴ before?

Patient At least twice in the last six months. But not as bad as this.

Doctor _____⁵ pain?

Patient Well, I can barely get dressed in the morning as I can't raise my arm above my head. It takes me ages to get ready.

Doctor Where _____⁶?

Patient Mmm, just here on the right shoulder.

Doctor _____⁷ spread _____?

Patient Yes. It goes down into the arm a bit.

Doctor _____⁸ anything _____?

Patient Nothing really, except a few painkillers. It wakes me up at night.

3 Communication

Student A



You want to go home, but the doctor wants you to stay in hospital.

You want to go back to work in a shop, but the doctor wants you to stay at home with your leg up for two or three days.

You want to run in an athletics competition next week, but the doctor wants you to rest for three weeks.

You want to go back to a party, but the doctor thinks it's better for you to rest at home.

Student B



You don't want to take any medication, but the doctor is trying to encourage you to take some anti-inflammatory medication.

You would prefer to be at home on your own, but the doctor says you need to have someone with you.

You need to travel abroad in a week's time on business, but the doctor thinks it is better for you not to travel.

You want to stay in hospital, but the doctor thinks you can go home.

4 Grammar test

1 Decide what the modal verb in each sentence is expressing. Underline the appropriate word in brackets.

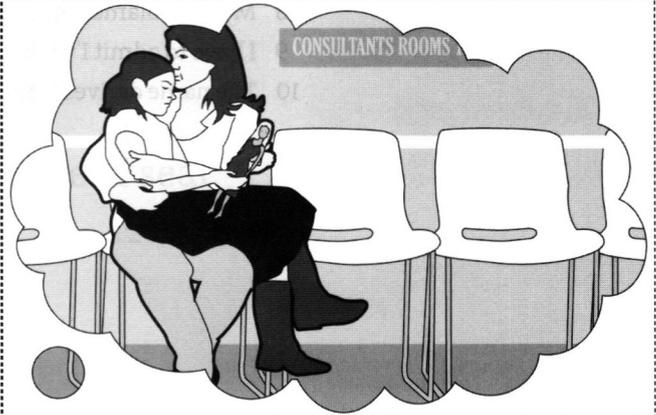
- 1 You need to be very careful as the baby is very fragile. (conclusion / necessity / persuasion)
- 2 This can help ease the pain a little bit. (possibility / obligation / permission)
- 3 The doctor thinks the baby should begin to move soon. (expectation / conclusion / necessity)
- 4 I think we ought to refer you to the hospital immediately. (strong advice / expectation / necessity)
- 5 The baby should be here any day now. (conclusion / expectation / possibility)
- 6 Can't I have the baby at home then? (persuasion / possibility / expectation)
- 7 You need to be careful with certain foods during pregnancy. (necessity / expectation / possibility)
- 8 Shouldn't we get a second opinion in this case? (persuasion / possibility / expectation)
- 9 It must be the fibroids that are causing the problem. (possibility / expectation / conclusion)
- 10 I've been told I mustn't overdo it at work in these last few weeks. (obligation / possibility / expectation)

2 The speaker in each case below wanted to express the meaning given at the beginning of the sentence but got it wrong. Correct the sentences using the appropriate modal verb.

- 1 Expectation: They are able to have children.
- 2 Conclusion: The diagnosis is wrong.
- 3 Permission: He will come to the lecture if he wants to.
- 4 Possibility: The medication has some side effects.
- 5 Persuasion: Do I need something to make me more relaxed?
- 6 Obligation: The doctor says I can rest.
- 7 Necessity: He shouldn't smoke around his pregnant wife.
- 8 Expectation: The baby will be born later this afternoon.



4 Communication



5 Grammar test

1 Add the correct particle to the sentences below. If you need to, look at the list of particles below.

- 1 Everyone at work just seems to be getting _____ me all the time.
 - 2 Things like the weather rarely get me _____.
 - 3 When do you think Admissions will get _____ to me?
 - 4 Dr Gant gets _____ with everyone. He's so friendly.
 - 5 I'm surprised he got _____ his illness so quickly.
 - 6 Sometimes it's not easy getting _____ certain patients.
 - 7 It can take me ages to get _____ to sleep.
 - 8 I don't know what's got _____ her at all. She was fine yesterday.
- at back down into off on over through to

2 In **1**, decide whether the phrasal verbs are separable or inseparable.

3 Expand the following notes in italics using the verb *get* and an appropriate particle to complete the sentences.

- 1 I can't *details computer* and I need them urgently.
- 2 I can't *it* at all. The capsule's too big to swallow.
- 3 It took her ages *lack confidence*, but she's fine now.
- 4 Everybody's annoying me today; they *really my nerves*.
- 5 I know *it better it* chest, but it's not easy to talk about it.
- 6 *I bad habit checking* that the door was locked several times.
- 7 You *not wards*. There's something wrong with the phone lines.
- 8 Don't worry. He *feet no time*.

4 Some of the sentences below are correct and some have mistakes in them. Tick the correct sentences and correct the mistakes in the prepositions.

- 1 My children depend for me for everything as I'm a single parent.
- 2 She worries about everything, no matter how small and insignificant.
- 3 I can't say when my present mood dates to.
- 4 Do you think I'll benefit from these tablets?
- 5 The doctor prescribed me by a new drug for my depression.
- 6 It's difficult to cope with work and the family at the same time.
- 7 Have you any idea where all these mood changes have come about?
- 8 My wife blames me of what has happened.
- 9 I have to admit I've thought on harming myself, but not for long.
- 10 The name derives from a Latin word for sleep.

5 Communication

Patient A in elevated mood

Name: _____

Age: _____

Sex: _____

Employment status: _____

Mood: very happy / elevated mood / euphoria / mania

Clothes: extravagant

Appearance: _____

Behaviour: extravagant gestures

Insight: _____

Speech: animated talking to the doctor

Patient B in a state of anxiety

Name: _____

Age: _____

Sex: _____

Employment status: _____

Mood: anxious

Clothes: extravagant

Appearance: worried look

Behaviour: fidgeting / sitting on edge of seat

Insight: _____

Speech: quick

6 Grammar test

1 Complete the sentences below using *be used to*, *get used to*, *used to*, or *would* and the verb in brackets in the correct form. More than one answer may be possible.

- 1 I _____ (run) a clinic in a remote area in the mountains.
- 2 I _____ (attend) the clinic once a day when I was ill.
- 3 She couldn't _____ (work) nights.
- 4 We _____ (study) together in each other's flats rather than in the library during exam time.
- 5 I'm not sure I _____ (ever take) this medication.
- 6 I _____ (not listen) to lectures in English when I was a student, but now it's OK.
- 7 We _____ (get up) early every morning and _____ (go) swimming before work.
- 8 _____ Professor Barker _____ (work) in Sri Lanka for a while?

2 Match the two parts of the sentences. You may use each item only once.

- | | |
|--|--|
| 1 As a lecturer she was used to | a perform his operations on Tuesdays. |
| 2 The patients at the day centre are used to | b working on my own. |
| 3 Mr Evans, the ENT surgeon, would | c doing everything punctually. |
| 4 It wasn't a good habit. I got used to | d sitting up very late studying. |
| 5 During his internship, he would | e be in charge of the clinic, but now she's gone. |
| 6 Being a team player, I can't get used to | f standing and talking in front of people. |
| 7 Mrs Morgan used to | g keep a detailed record to help with his final exams. |
| 8 As a creature of habit, I am used to | h having lunch there now. |

3 Expand the notes below so each sentence ends with a purpose. Begin: *We are going to ...*

- 1 give physiotherapy / get / mobile / before go home
- 2 test / see / in out bed / yourself
- 3 watch / monitor / cope on own / home setting
- 4 watch / see / cook / for yourself
- 5 modify / carpets / home / stop tripping, for example
- 6 assess / see / how / cope / stairs
- 7 go over flat / check home environment / suitable / return to
- 8 ensure / completely safe / you go home

6 Communication

7 Grammar test



7 Grammar test

- 1** Complete the sentences below by using one of the following items. Put the modal verb in the past and decide whether it needs to be positive or negative.

can catch can go must itch need pay should come
should give should use would start

- 1 Mrs Jones _____ the cream on it. It's made it worse.
- 2 _____ the dermatologist _____ me a prescription for this?
- 3 Your arm _____ a lot with that rash. It looks as if you scratched it badly.
- 4 I _____ to the clinic sooner. The psoriasis is now quite bad.
- 5 He _____ into shock if you hadn't stopped him eating the nuts.
- 6 He _____ head lice again. The children in school have been given the all-clear.
- 7 We _____ the clinic twenty minutes ago, but the computer's been down for half an hour.
- 8 He _____ for treatment. It was free. So he saved a lot of money.

- 2** Complete each sentence beginning 1–5 with two of the text fragments a–j.

- 1 What I should have done
- 2 What he could have
- 3 I needn't have
- 4 I would've
- 5 I can't have

- a done was go to his GP
- b made a mistake like that
- c was read a few more articles
- d and get a repeat prescription
- e but another one came up
- f They have changed the format
- g to keep myself up-to-date
- h applied for the new dermatology post
- i I'm always so careful
- j filled in all those forms for my portfolio

- 3** Put the verbs in brackets into the correct form to complete the sentence. In one sentence a passive is required.

- 1 The patient forgot _____ (make) the appointment for this morning. That's why she didn't turn up as scheduled.
- 2 Getting the clinic started on time requires _____ (ensure) the staff are punctual.
- 3 She stopped _____ (come) to the clinic because nothing was helping her skin.
- 4 I regret _____ (not apply) for the consultant post now.
- 5 I don't remember _____ (tell) to use the cream twice a day.
- 6 Always avoid _____ (be) out in the sun around midday.
- 7 I must admit to _____ (not follow) the instructions you gave me for the treatment.
- 8 I shouldn't have kept on _____ (take) the tablets as they made me very ill.
- 9 I meant _____ (get) here earlier so everything would be ready for the ward round.
- 10 You haven't finished _____ (use) the cream, you say.

7 Communication

networking
Sports
medical handbooks
Professional journals
Job applications
computer games
novels / non-medical books
lectures

8 Grammar test

- 1** Underline the correct words to complete the sentences. Sometimes more than one answer may be possible.
- 1 It's an operation *which is done / done / who is done* under local anaesthetic.
 - 2 It's an instrument *that is inserted / inserted* through a small hole in the tummy wall to have a look inside.
 - 3 We're going to do something *which is called / that is called / called* a colostomy, *that / where / when* we make an opening near your belly button.
 - 4 It's a procedure *when / where / what* we numb the skin and take a tiny sample.
 - 5 It's an operation *which is performed / performed* under general anaesthetic *when / where / that* the tonsils at the back of the throat are removed.
 - 6 It's a procedure *which / that* is very routine, but *which / that* requires a lot of skill when we are inside the body.
 - 7 We're going to do a procedure *when / where / that* we pump some air into the baby's back passage to unfold the part of the gut *that has telescoped / telescoped*.
- 2** Add the following words in a suitable place in the sentences.
- carried out performed a procedure where something called
used to (x2) where
- 1 Pre-operative examination in anaesthesia is an examination to see if the patient is fit for surgery.
 - 2 We're going to do a hysterectomy, where the womb is removed.
 - 3 You're going to have thyroidectomy, which is the thyroid is removed.
 - 4 A liver biopsy is a procedure a tiny sample is taken from the liver.
 - 5 We're going to do something called a vagotomy, a procedure reduce acid production from the stomach body and fundus.
 - 6 A lumpectomy under general anaesthetic will be carried out this afternoon.
 - 7 Myocardial perfusion imaging is a non-invasive method assess regional blood flow and the cellular integrity of myocytes.
- 3** Write your own sentences using the prompts below. Use a zero relative in each sentence.
- 1 nephrectomy / operation / remove
 - 2 something / laparotomy / general anaesthetic / inside tummy
 - 3 it / operation / general anaesthetic / cut out / part of gut / prevent spread / growth
 - 4 sedation / state / is reduction in conscious level / induce drugs
 - 5 procedure / do / local anaesthetic / back numb / remove skin tag

8 Communication

Student A



appendix

cyst on the
eyelid

stomach ulcer

skin tag (on the
back / neck)

Student B



enlarged
thyroid

fractured hip

swollen knee

epigastric
hernia

9 Grammar test

- 1 Add the verbs to the appropriate sentences using the tenses in brackets below. Then match the sentence beginnings with phrases a–h.

advance end get lead open see undergo work

- | | |
|---|---------------------------------|
| 1 Just wait here and I _____ (will Future) the doctor for you | a by 5 p.m. |
| 2 Dr Adams _____ (Future Perfect) the lecture on hypertension | b at 2 p.m. this Friday. |
| 3 Professor Gomez _____ (Present Simple) her PhD students | c on Fridays this month. |
| 4 It's booked. She _____ (Present Continuous) the operation | d by 2030. |
| 5 I _____ (Future Perfect Continuous) on this ward | e in a few minutes. |
| 6 The clinic _____ (will Future) when the consultant arrives | f in a matter of days. |
| 7 Medicine _____ (Future Perfect) considerably | g for two years now next month. |
| 8 You _____ (Future Continuous) a normal life | h immediately. |

- 2 Decide whether it is possible to swap the verb phrases in italics in each pair of sentences below.

- a *We'll have done* five years in the cardiac unit this time next week.

b *She'll have been doing* her cardiology rotation for a month this Friday.
- a *Mr Tennant performs* his first heart operations this Thursday.

b *Mr Tennant'll be performing* the heart transplant tomorrow afternoon.
- a Professor Hadid *is giving* her lecture at 7 p.m. this evening.

b *Annie will deliver* the training the day after tomorrow.
- a How long *will you have been working* in cardiology at the end of this academic year?

b *When are you working* this Wednesday?
- a *He'll come and see* Mr Clubb in the ward after the stent has been inserted.

b *He comes to see* me the day after tomorrow.

- 3 Unjumble the words in italics to complete the sentences.

Patient How long *before / be / work / will / back / go / can / to / it / I*¹?

Doctor Mmm, I think *working / you / again / within / be / about / will / two / months*².

Patient And what about driving? Can I start that soon?

Doctor I think *wait / to / you / while / need / a / yet / will*³, perhaps six weeks.

Patient Can't I start sooner?

Doctor You *putting / your / a / strain / heart / will / on / be*⁴, I'm afraid, if you start any sooner. We *check-up / will / you / for / a / have / in*⁵ in a couple of weeks and we'll see *on / then / getting / are / how / you*⁶. I think *your / you / nine / are / at / 29th / having / up / on / check-up / the*⁷.

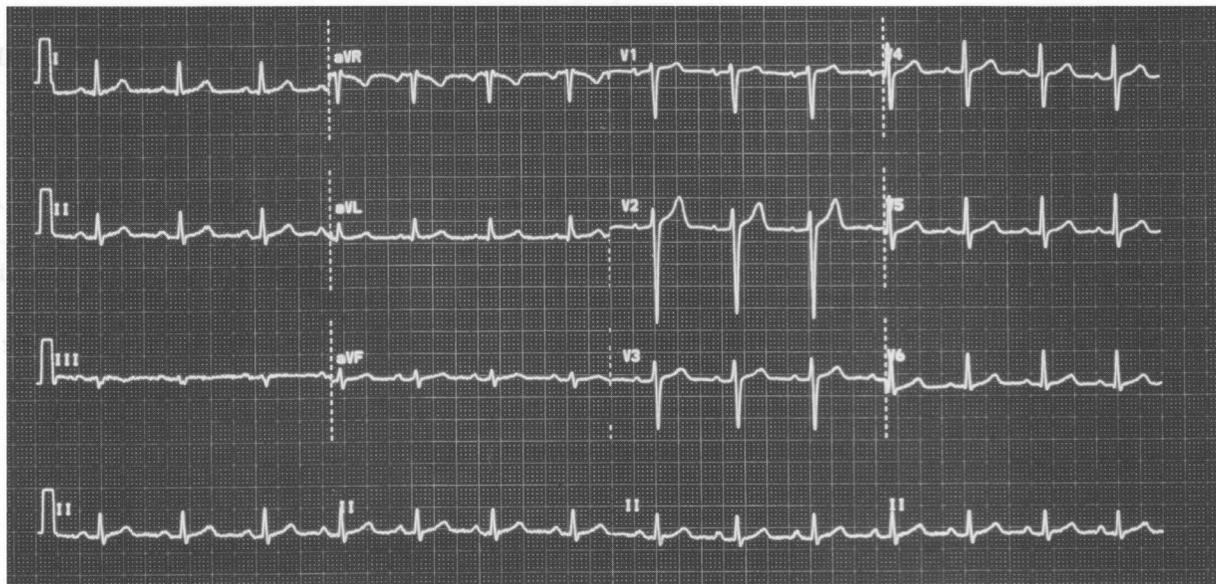
Patient Yes. That's right.

Doctor The *then / clinic / starts / will / first / first / and / you / out / so / be / in*⁸.

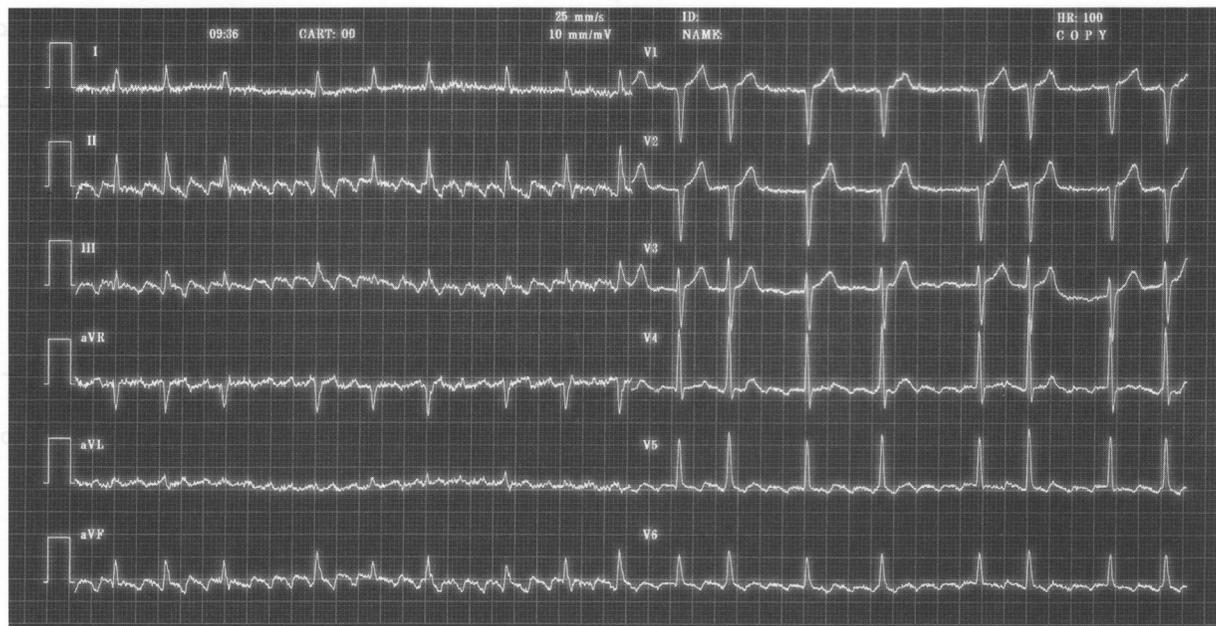
9 Communication

10 Grammar test

Student A



Student B



10 Grammar test

- 1** Cross out the alternatives in italics in the sentences below which are not suitable. Where no article is required, cross out all the alternatives.
- The / An* advice *the / a* doctor gave me was really helpful, so sometimes it is worth listening to *the / an* people's suggestions.
 - A / The* peak flow meter I have has something wrong with it. Do *the / a* devices like this often go wrong?
 - All *the / a* patients with *the / a* breathlessness need *the / a* careful examination with *the / a* detailed history being taken as well.
 - She had *the / a* tightness in *the / a* chest and *the / a* pains down her left arm. *The / A* pains really scared her.
 - With *the / a* bronchitis, there's *the / a* cough which can last for *the / a* days but with no breathlessness.
 - The / A / An* asthma affects *the / a / an* increasing number of *the / a* people in *the / a* population.
 - On *the / a* news it says *the / a* pollen in *the / a / an* air is quite bad today. Not all pollen triggers *the / a* reaction for me, though.
 - You've got *the / a* post-nasal drip, which is giving you *the / a* tickly cough.
- 2** Keep, change, or remove the definite articles in the sentences below to make them correct.
- From what you have told me, it doesn't look as if it's the TB.
 - There were the evident expiratory crackles on the auscultation.
 - The information on the inhalers can be found on the website for the British Thoracic Society.
 - Among the characteristics of the lung tumour are the slow resolving pneumonia and the anorexia.
 - He has been complaining of the intermittent haemoptysis for the past few months.
 - Apart from the nature of the sputum, what investigations / tests would you do to establish whether this is the case of the severe bronchiectasis?
 - In the case of the mesothelioma it is possible for the patient to be asymptomatic.
 - The allergy easily produces the reaction like this.
- 3** Swap an article between each pair of sentences so that they both make sense.
- The pleural effusion is a condition where there is fluid in the pleural cavity.
 - A chest X-ray here will help establish a diagnosis quite easily, I think.
 - The cost of the treatment of asthma over the lifetime is considerable.
 - The nurse asked a patient to explain the procedure to her.
 - The graph provides an information needed for the analysis of the data.
 - The easy way of dealing with the problem is for students to have more time to devote to respiratory medicine.
 - I've had the very irritating cough since the last time I came into the clinic.
 - A friend of mine had a same thing and they gave him a scan.

10 Communication



Pleural effusion

Laryngitis

Asthma

Severe
bronchiectasis

Tracheitis

Oesophageal
reflux

Pulmonary
embolism

Pneumonia
(CAP)

Lung cancer

COPD

11 Grammar test

- 1 In the text below, the first linking word or phrase in each set is correct. Decide which if either of the other two items in each case are suitable.

The eggs are ingested *when / once / then*¹ someone eats with unwashed hands *after / where / afterwards*² they have scratched itchy perianal skin. *When / As soon as / Then*³ people eat without washing their hands, the eggs are transferred on fingers or under fingernails to the mouth. Ingested ova *then / after / once*⁴ hatch in the stomach. *After that / Then / Next*⁵ they migrate to the appendix and the caecum, *where / when / as soon as*⁶ they invade the crypts. *Once / When / As soon as*⁷ they mature into adult worms, the females migrate through the anus (usually at night), *where / when / then*⁸ they lay eggs on the perianal skin and perineum. *Next / Then / After that*⁹ the eggs are carried on faeces or picked up under the fingernails during scratching. There is no multiplication inside the body. The cycle *then / after that / once*¹⁰ repeats itself.

- 2 Which life cycle is being described in 1?

- 3 Decide whether a or b is better for expressing items 1–7. In some cases both may be correct.

- | | |
|---|---|
| 1 agreeing | a I think you are right.
b Yes, brilliant. That's the answer. |
| 2 disagreeing | a You're wrong.
b I'm not so sure if that's the right way of doing it. |
| 3 inviting someone to speak | a Alan, what do you think?
b What about you Alan, what do you think? |
| 4 agreeing and disagreeing | a I think you are right, but we also need to ...
b That's wrong, we need to ... |
| 5 apologizing for speaking over someone | a Sorry, but can I go first?
b Oh, I'm sorry. You go first. |
| 6 adding information | a This is perfectly OK, but do we need to consider ...?
b You're completely right, but what about ...? |
| 7 taking the lead in the discussion | a Is it OK if I'm the chair?
b Do we need to choose someone to chair the group? |

- 4 Below are statements from the beginning of a problem-solving exercise with four students. Number the statements in the order they occur.

Andy Yes, that's a good idea.

Andy We agree, then?

Pedro I don't mind taking the notes and taking the lead if that's OK with everyone.

Charlie and Anna Yes.

Pedro OK. Shall we start by making a list of the problems?

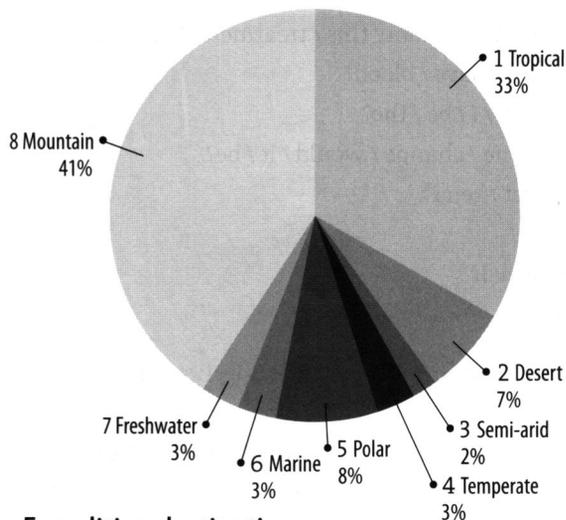
Pedro Oh yes, I think you're right; we need to make sure we know what we're being asked to do.

Anna OK, shall we appoint someone to take notes and lead the discussion?

Charlie Yes, we need to do that, but could we first just go through the problem solving to make sure we understand it?

11 Communication

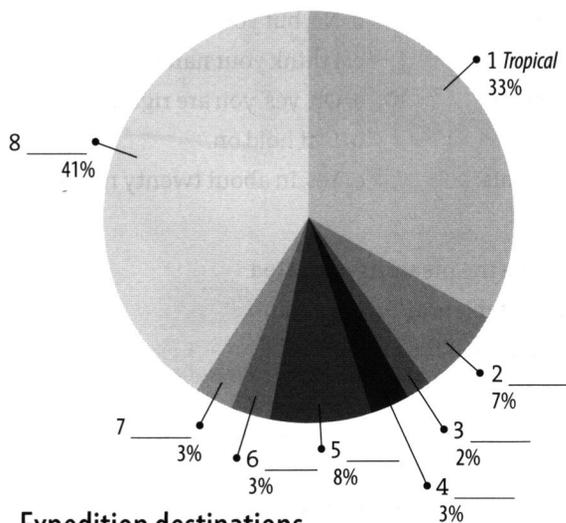
Student A



Expedition destinations

Relative risk of death in remote areas	
1	1 in 7
2	1 in 34
3	1 in 83
4	1 in 100
5	1 in 250
Royal Geographical Society Survey (1995–2000)	1 in 1500
Himalayan trekking	6
Gap year travel	7
Low altitude jogging	8

Student B



Expedition destinations

Relative risk of death in remote areas	
Everest summit ratio (to 1999)	1 in 7
Himalayan mountaineering	1 in 34
Everest summit ratio (2207)	1 in 83
Antarctica over-wintering (1943–83)	1 in 100
All cause risk of death after major surgery	1 in 250
Royal Geographical Society Survey (1995–2000)	1 in 1500
Himalayan trekking	1 in 7000
Gap year travel	1 in 7500
Low altitude jogging	1 in 7700

12 Grammar test

1 Make negative questions using the jumbled words below.

- 1 call / doctor / yet / you?
- 2 go / home / can / today / then / I?
- 3 to / same / could / I / just / stick / rather / than / this / treatment / new / device?
- 4 test / before / operation / I / should / have / blood?
- 5 stitches / out / getting / will / today / I / be / the?
- 6 just / bandages / myself / easier / me / change / would / it / be?
- 7 the / letter / hospital / to / you / yet / send?
- 8 have / this / ward / TV?
- 9 should / doctor / to / next / be / see / I?
- 10 medication / be / time / for / my?

2 Choose the two most suitable doctor's answers below to the questions in 1.

- | | |
|--|--|
| 1 a Yes, he's on his way. | 6 a No way. |
| b Just relax and sit down. | b It's OK – a nurse can come in and see to them. |
| c I'll check where he is. | c They need to be seen by a nurse, I'm afraid. |
| 2 a We need to wait just a little longer to be sure you're OK. | 7 a Yes, and we've just had the reply. |
| b Another 24 hours and you should be OK to go. | b Yes. |
| c No, you can't. | c We're still waiting for a reply, I'm afraid. |
| 3 a Of course not. | 8 a None of the wards have. |
| b This new one is more efficient. | b Only some wards have them. |
| c It's not working as well as the new device would for you. | c You can see there aren't any. |
| 4 a There is no need to remind us. | 9 a No. Just wait your turn. |
| b It'll be done today. Don't worry. | b No, but you'll be very soon. |
| c Oh, yes. You'll need to have one. | c I think your name's coming soon. |
| 5 a No, I think they need another day. | 10 a Oh, yes, you are right. |
| b Not all. | b Just hold on. |
| c We'll have a look at them later this morning and see. | c Yes, in about twenty minutes. |

3 Complete the sentences below to give the meaning indicated.

- 1 a strong criticism: _____ his tablets after he's eaten?
- 2 a mild criticism: _____ in his chair for a while?
- 3 a reminder: _____ the tea trolley _____ soon?
- 4 avoiding criticism: _____ this device _____ a bag _____ it in?
- 5 showing shock / surprise: _____ Johnnie _____ by anyone at all yet?
- 6 persuasion / demand: _____ scan my brain to be sure?

12 Communication

Students A and B



Students C and D



Grammar tests key

Unit 1

- 1**
- 1 was running
 - 2 hadn't experienced
 - 3 had been sitting, stood up, came on
 - 4 's been getting, decided
 - 5 began
 - 6 came, found, was just lying
 - 7 was standing, started, passed out
 - 8 hadn't had, happened, 've been feeling
- 2**
- 1 was walking, sat, was, happened (PC, SP, SP, SP)
 - 2 has been sweating, haven't seen (Pres Perf Cont, Pres Perf)
 - 3 has been attending, was lying (Pres Perf Cont, PC)
 - 4 collapsed, was coming, hadn't complained (SP, PC, Past Perf)
 - 5 has been, hasn't been having or hasn't had (Pres Perf, Pres Perf Cont or Pres Perf)
- 3**
- | | | | | | |
|---|---|---|---|---|---|
| b | a | g | j | e | c |
| d | f | h | l | i | k |

Unit 2

- 1**
- 1 've just cut, 'm bleeding, hurts
 - 2 has, 's had, is going
 - 3 'm getting, 've twisted, seems
 - 4 is eating, doesn't have, hasn't left
 - 5 's healing, 've slashed, looks
 - 6 've removed, 's feeling, needs
 - 7 Have I recovered, thinks, 'm waiting
- 2**
- 1 If your foot is still hurting
 - 2 **come** straight here
 - 3 come **and** see us
 - 4 You need **to** take
 - 5 You're going **to** have
 - 6 and see **us** if
 - 7 If your foot **becomes** discoloured
 - 8 You need **to** come
- 3** Students' own answers

Unit 3

- 1**
- 1 Where were you when the problem started?
 - 2 Is the phlegm yellow or green?
 - 3 What else is worrying you? / What else are you worried about?
 - 4 What do you think caused / has caused the rash?
 - 5 Could you describe a bit more how it all happened?
 - 6 Do you have / Have you got any pain?
 - 7 Did you bang / Have you banged your knee on something at any time?
 - 8 How long have you had the headache?
- 2**
- 1 b
 - 2 a, f
 - 3 c
 - 4 d
 - 5 b
 - 6 a
 - 7 a, c
 - 8 c
- 3** Possible answers
- 1 what brings you / has brought you
 - 2 What exactly is the
 - 3 long've you had it
 - 4 Have you (ever) had it
 - 5 Can you tell me a little bit more about the
 - 6 do you get the pain
 - 7 Does it spread anywhere else
 - 8 Have you taken anything for it

Unit 4

- 1**
- | | |
|-----------------|----------------------------|
| 1 necessity | 6 possibility / persuasion |
| 2 possibility | 7 necessity |
| 3 expectation | 8 persuasion |
| 4 strong advice | 9 conclusion |
| 5 expectation | 10 obligation |
- 2**
- 1 They should be able to have children.
 - 2 The diagnosis must be wrong.
 - 3 He can come to the lecture if he wants to.
 - 4 The medication can have some side effects.
 - 5 Can't I just have something to make me more relaxed?
 - 6 The doctor says I must rest.
 - 7 He mustn't smoke around his pregnant wife.
 - 8 The baby should be born later this afternoon.

Unit 5

- 1**
- | | |
|--------|--------------|
| 1 at | 5 over |
| 2 down | 6 through to |
| 3 back | 7 off |
| 4 on | 8 into |
- 2** Separable: 2
- 3**
- 1 I can't *get at the details in the computer* and I need them urgently.
 - 2 I can't *get it down* at all. The capsule's too big to swallow.
 - 3 It took her ages *to get over her lack of confidence*, but she's fine now.
 - 4 Everybody's annoying me today; they're *really getting on my nerves*.
 - 5 I know *it's better to get it off my chest*, but it's not easy to talk about it.
 - 6 I *got into a bad habit of checking* that the door was locked several times.
 - 7 You *can't get through to the wards*. There's something wrong with the phone lines.
 - 8 Don't worry. He'll *get back on his feet in no time*.
- 4**
- | | | |
|--------|--------|---------|
| 1 on | 5 with | 9 about |
| 2 ✓ | 6 ✓ | 10 ✓ |
| 3 from | 7 from | |
| 4 ✓ | 8 for | |

Unit 6

- 1**
- 1 used to run
 - 2 used to / would attend
 - 3 get used to working
 - 4 used to / would study
 - 5 'll ever get used to taking
 - 6 wasn't used to listening
 - 7 used to / would get up, go
 - 8 Didn't Professor Barker used to work
- 2**
- | | | |
|-----|-----|-----|
| 1 f | 4 d | 7 e |
| 2 h | 5 g | 8 c |
| 3 a | 6 b | |
- 3** Possible answers
- 1 give you physiotherapy to get you as mobile as possible before you go home
 - 2 test you to see how you get in and out of bed by yourself
 - 3 watch you to monitor how far you can cope on your own in a home setting
 - 4 watch in order to see if you can cook for yourself
 - 5 modify the carpets in your home to stop you tripping, for example.
 - 6 assess you in order to see how you cope with stairs
 - 7 go over your flat to check if your home environment is suitable to return to
 - 8 to ensure that it is completely safe for you to go home

Unit 7

- 1**
- | | |
|--|----------------------|
| 1 shouldn't have used | 5 could've gone |
| 2 Shouldn't the dermatologist have given | 6 can't have caught |
| 3 must've itched | 7 would have started |
| 4 should've come | 8 didn't need to pay |
- 2**
- | | | |
|-------|-------|-------|
| 1 c,g | 3 j,f | 5 b,i |
| 2 a,d | 4 h,e | |
- 3**
- | | |
|----------------|-----------------|
| 1 making | 6 being |
| 2 ensuring | 7 not following |
| 3 coming | 8 taking |
| 4 not applying | 9 to get |
| 5 being told | 10 using |

Unit 8

- 1**
- 1 which is done / done
 - 2 that is inserted / inserted
 - 3 which is called / that is called / called, where
 - 4 where
 - 5 which is performed / performed, where
 - 6 which / that, which / that
 - 7 where, that has telescoped
- 2**
- 1 Pre-operative examination in anaesthesia is an examination **carried out** to see if the patient is fit for surgery.
 - 2 We're going to do **something called** a hysterectomy, where the womb is removed.
 - 3 You're going to have thyroidectomy, which is a **procedure where** the thyroid is removed.
 - 4 A liver biopsy is a procedure **where** a tiny sample is taken from the liver.
 - 5 We're going to do something called a vagotomy, a procedure **used to** reduce acid production from the stomach body and fundus.
 - 6 A lumpectomy **performed** under general anaesthetic will be carried out this afternoon.
 - 7 Myocardial perfusion imaging is a non-invasive method **used to** assess regional blood flow and the cellular integrity of myocytes.
- 3** Possible answers
- 1 A nephrectomy is an operation (performed) to remove a kidney.
 - 2 We're going to perform something called a laparotomy (which is) done under general anaesthetic to look inside your tummy.
 - 3 It's an operation done under general anaesthetic to cut out part of the gut to prevent the spread of the growth.
 - 4 Sedation is a state where there is a reduction in the conscious level induced by drugs.
 - 5 It's a procedure done under local anaesthetic, where the back is numbed to remove a skin tag.

Unit 9

- 1**
- 1 'll get, h
 - 2 will have ended, a
 - 3 sees, c
 - 4 's undergoing, b
 - 5 'll have been working, g
 - 6 will open, e
 - 7 will have advanced, d
 - 8 'll be leading, f
- 2**
- 1 Not possible
 - 2 Possible
 - 3 Possible
 - 4 Not possible
 - 5 Not possible
- 3**
- 1 ... will it be before I can go back to work?
 - 2 ... you will be working again within about two months
 - 3 ... you'll need to wait a while yet
 - 4 ... (you)'ll be putting a strain on your heart
 - 5 ... (We)'ll have you in for a check-up
 - 6 ... how you are getting on then
 - 7 ... you're having your check-up on the 29th at nine.
 - 8 ... clinic starts then, so you'll be first in and first out.

Unit 10

- 1**
- 1 The advice the doctor gave me was really helpful, so sometimes it is worth listening to people's suggestions.
 - 2 The peak flow meter I have has something wrong with it. Do devices like this often go wrong?
 - 3 All patients with breathlessness need careful examination with a detailed history being taken as well.
 - 4 She had tightness in the chest and pains down her left arm. The pains really scared her.
 - 5 With bronchitis, there's a cough which can last for days but with no breathlessness.
 - 6 Asthma affects an increasing number of people in the population.
 - 7 On the news it says the pollen in the air is quite bad today. Not all pollen triggers a reaction for me, though.
 - 8 You've got a post-nasal drip, which is giving you a tickly cough.

- 2** 1 From what you have told me, it doesn't look as if it's TB.
 2 There were evident expiratory crackles on auscultation.
 3 Information on inhalers can be found on the website for the British Thoracic Society.
 4 Among the characteristics of lung tumour are slow resolving pneumonia and anorexia.
 5 He has been complaining of intermittent haemoptysis for the past few months.
 6 Apart from the nature of the sputum, what investigations / tests would you do to establish whether this a case of severe bronchiectasis?
 7 In the case of mesothelioma it is possible for the patient to be asymptomatic.
 8 (An) allergy easily produces a reaction like this.
- 3** 1 a A pleural effusion b the diagnosis
 2 a a lifetime b the patient
 3 a the information b An easy way
 4 a a very irritating cough b the same thing

Unit 11

- 1** Only the correct answers are given below.
 1 once 7 When / As soon as
 3 As soon as 9 Then / After that
 5 Then / Next
- 2** Enterobius vermicularis (threadworm / pinworm)
- 3** 1 a / b 4 a 7 b
 2 b 5 b
 3 a / b 6 a / b
- 4** **Anna** OK, shall we appoint someone to take notes and lead the discussion?
Andy Yes, that's a good idea.
Pedro I don't mind taking the notes and taking the lead, if that's OK with everyone one.
Andy We agree, then?
Charlie and Anna Yes.
Pedro OK. Shall we start by making a list of the problems?
Charlie Yes, we need to do that, but could we first just go though the problem solving to make sure we understand it?
Pedro Oh yes, I think you're right; we need to make sure we know what we're being asked to do.

Unit 12

- 1** 1 Haven't you called the doctor yet?
 2 Can't I go home today then?
 3 Couldn't I just stick to the same treatment rather than use this new device?
 4 Shouldn't I have a blood test before the operation?
 5 Won't I be getting the stitches out today?
 6 Wouldn't it be easier for me just to change the bandages myself?
 7 Haven't you sent the letter to the hospital yet?
 8 Doesn't this ward have TV?
 9 Shouldn't I be next to see the doctor?
 10 Isn't it time for my medication?
- 2** 1 a, c 5 a, c 9 b, c
 2 a, b 6 b, c 10 a, c
 3 b, c 7 a, c
 4 b, c 8 a, b
- 3** Other answers may be possible.
 1 Shouldn't you give him his tablets after he's eaten?
 2 Couldn't he sit in his chair for a while?
 3 Isn't the tea trolley coming soon?
 4 Doesn't this device have a bag to carry it in?
 5 Hasn't Johnnie been seen by anyone at all yet?
 6 Can't you just scan my brain to be sure?

Symbols and abbreviations

-ve +ve	negative and positive, respectively	Echo	echocardiogram
↑ ↓ ↔	increased, decreased, and normal, respectively (e.g. serum level)	ENT	ear, nose, and throat
Δ; ΔΔ	diagnosis; ΔΔ 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 (e.g. 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	<i>quater die sumendus</i> (to be taken 4x daily);
MND	motor neurone disease	qqh	<i>quarta quaque hora</i> : every 4h
MRCP	magnetic imaging cholangiopancreatography (also Member of Royal College of Physicians)	R	right
MRI	magnetic resonance imaging	RA	rheumatoid arthritis
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>	RBC	red blood cell
MS	multiple sclerosis	RCT	randomized control trial
NAD	nothing abnormal detected	RFT	respiratory function tests
NBM	nil by mouth	Rh	Rh; not an abbreviation, but derived from the rhesus monkey
ND	notifiable disease	RUQ	right upper quadrant
ng	nanogram	S or sec	second(s)
NG(T)	nasogastric (tube)	SE	side-effect(s)
NHS	National Health Service (UK)	SOB	short of breath (SOB(O)E: short of breath on exercise)
NICE	National Institute for Health and Clinical Excellence www.nice.org.uk	SR	slow-release (also called MR, modified-release)
Nocte	at night	Stat	<i>statim</i> (immediately; as initial dose)
NR	normal range	STD/STI	sexually-transmitted disease or sexually-transmitted infection
N&V	nausea and/or vomiting	Sy(n)	syndrome
od	<i>omni die</i> (once daily)	T°	temperature
OD	overdose	TB	tuberculosis
OHCM7	<i>Oxford Handbook of Clinical Medicine, 7e</i> , OUP, Longmore et al	tds	<i>ter die sumendus</i> (to be taken 3 times a day)
OHCS8	<i>Oxford Handbook of Clinical Specialties, 8e</i> , OUP, Collier & Longmore	tid	<i>ter in die</i> (3 times a day)
OHFP2	<i>Oxford Handbook for the Foundation Programme, 2e</i> , OUP, Hurley et al	TPR	temperature, pulse, and respirations count
OHGP2	<i>Oxford Handbook of General Practice, 2e</i> , OUP, Simon et al	U	units
OHP2	<i>Oxford Handbook of Psychiatry, 2e</i> , OUP, Semple et al	U&E	urea and electrolytes and creatinine
OHPC	<i>Oxford Handbook of Palliative Care</i> , OUP, Watson et al	US(S)	ultrasound (scan)
om; on	<i>omni mane</i> (in the morning); <i>omni nocte</i> (at night)	WBC; WCC	white blood cell; white blood cell count
OPD	outpatients department	wk(s)	week(s)
ORh-	blood group O, Rh negative	yr(s)	year(s)
OT	occupational therapist		

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