

Listening scripts

Unit 1

Listening 1

D = doctor, P = patient

- D I'd like to check some information about your personal details, if I may.
- P OK.
- D Can you tell me what your family name is?
- P It's Karlson.
- D Karlson. And your first name?
- P It's Dave.
- D Any other names?
- P My middle name's Ian.
- D OK. That's male. And can you tell me what your address is?
- P It's 3 Park View Mansions, Castlefield, Manchester, M6 7DE.
- D When were you admitted?
- P Yesterday, the 9th, at 2 p.m.
- D OK. 9th of November 2008 at 2 p.m., Duncan Ward. And do you know your hospital number?
- P Yes. It's here. It's 19733045.
- D OK, er ... 33045.
- D And what's your date of birth?
- P 7-9-53.
- D Your telephone number?
- P 0166 405 7001.
- D OK. Are you married or single?
- P I'm single.
- D Right. Single. What do you do for a living?
- P I'm a postman.
- D And lastly, who's your GP?
- P Dr Jones.
- D OK, Mr Karlson. Thank you.

Listening 2

D = doctor, P = patient

Exercise 1

- 1 **D** What's brought you here?
P My wrist is throbbing since I fell in the street.
- 2 **D** Can you tell me what seems to be bothering you?
P I've got a really sore throat.
- 3 **D** What's brought you here?
P I've been getting a kind of boring pain right here, which goes through to my back.
- 4 **D** Can you tell me what seems to be bothering you?
P Well, it feels a bit tender just here on my right side.

- 5 **D** Can you tell me what seems to be bothering you?
P I've got this gnawing kind of pain right about here in my stomach.
- 6 **D** What can we do for you?
P Well, I've got this sharp pain up and down my leg.
- 7 **D** What can we do for you?
P I feel as if there's a tight band squeezing all the way round my head.
- 8 **D** What's brought you here?
P I've got this crushing pain right here in my chest.

Exercise 5

- 1 It's just here around my belly button.
- 2 The pain is just here on my heel.
- 3 My wrist hurts.
- 4 It's just here below my ankle.
- 5 It feels as if my tummy is on fire.

Pronunciation

- 1 sternum, talus, carpus
- 2 clavicle, abdomen, tibia
- 3 patella, intestines
- 4 umbilicus, calcaneus, oesophagus

Listening 3

D = doctor, P = patient

- D Good morning Mr Wood, I'm Dr Martin, one of the doctors in A & E. What's brought you here today?
- P I've ... I've got this chest pain.
- D And you seem to be having some trouble catching your breath.
- P Y ... Yes.
- D Would you like me to give you some painkillers before we go on?
- P Yes, please.
- D OK. We'll get some for you. And I'll be as brief as I can.
- P Thank you, doctor.
- D Can you show me exactly where the pain is?
- P I've been getting it right here in the centre of my chest.
- D Right. I see. And how long've you had it?
- P For the past hour.
- D The past hour. And is the pain constant?
- P Yes. At the moment it's there all the time.
- D And does it go anywhere else?

- P At the moment, it's just here in the centre of my chest, but it was in my left shoulder before.
- D Can you describe the pain for me?
- P It's all over here. It's not a sharp pain. It's like a tightness, as if someone's squeezing my chest.
- D And when did the pain start first?
- P It came on first when I was bending over ... in the garden about two weeks ago ...
- D It's OK. Take your time.
- P And then I got this ... dull pain and I had shortness of breath.
- D So it started with you bending over in the garden. And the shortness of breath started at the same time?
- P Yes.
- D Have you had this pain before?
- P Not the pain in the chest, no. I had a pain in my left shoulder and arm when I was walking to work one morning about a month ago.
- D OK. I see from the notes that you're a bus driver.
- P Yes, that's right. Not the best of jobs to be starting at five on a frosty morning.
- D No. definitely not. Did you do anything about the pain?
- P I thought it was a touch of arthritis. There'd been a heavy frost, and I just rubbed some liniment into it.
- D How long did it last?
- P Off and on for about a week, and then I didn't think any more of it.
- D OK. And have you felt sick at all?
- P Yes.
- D And have you been sick at all?
- P No. I haven't brought anything up.
- D OK. I'd like to ask you some questions ...

Unit 2

Pronunciation 1

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

Listening 1

My name is Dr Choudhary, and I am a GP working in an inner city area in London, just on the edge of the East End. I started work as a GP in this area over 20 years ago. In recent years many developments, both technological and social, have occurred, affecting the practice enormously.

I enjoyed my work here a lot at the beginning and I still do now. But there are many problems in an area like this, which you would not find in rural communities in this country or in my home country – India. The crime rates are high, which affects the morale of the patients we serve and ultimately the morale of the GP practice. The workload is heavier than in most rural districts, which sometimes puts potential GPs off moving into the area. However, I have always found the job very rewarding. Another feature of an inner city GP practice is that patients move around a lot. As regards compensation for working in deprived areas in the inner city, sometimes GPs receive extra payment.

Listening 2

D=doctor, P=patient

- D** Good morning, Mr Bloomfield. My name's Dr Dickson, I'm a locum GP standing in for Dr Wright. What can we do for you?
- P** I've been having some problems with my breathing.
- D** Mm-hmm. Can you tell me a little bit more about this?
- P** Well, I keep getting breathlessness and wheezing in my chest. It all started about three weeks ago, and I've been coughing a lot with it, some white phlegm. I thought it might be a cold coming on, but then after about another week I started finding it more and more difficult to catch my breath.
- D** Right, so you've had the wheezing and the breathlessness for roughly three weeks.
- P** Yes, give or take a day.
- D** And do you get these bouts of wheezing and shortness of breath every day?
- P** No. They come and go.

- D** How frequently do you get them?
- P** The first week there was only one I think, and then they started getting worse, three, four times a week. It's not being able to get my breath that's really worrying.
- D** And so the attacks, have they increased in the past two weeks?
- P** Yes. They're much more frequent.
- D** OK. When do the attacks come on?
- P** At any time, but they seem to be worse at night. And in the morning.
- D** Have you noticed any change in the severity of the attacks, especially in the morning?
- P** Yeah.
- D** Do they wake you up at night?
- P** About three times a week.
- D** I see. You been off work at all?
- P** No. But I nearly didn't go in yesterday.
- D** Was that the worst so far?
- P** Yeah.
- D** And have you had anything else with it?
- P** Erm, I've felt a bit tight across the chest.
- D** Any pain with it?
- P** No just tightness.
- D** Are you aware of anything that triggers the attacks?
- P** Erm, like what?
- D** Dust, feathers, new carpets?
- P** No, I can't really say I am.
- D** OK. Have you had any infections recently like flu or sore throat or chest infection?
- P** No. Not for a long time, except this.
- D** And what about medications? Are you taking anything?
- P** No.
- D** No aspirin?
- P** No.
- D** Are you doing any exercise, jogging for instance?
- P** No.
- D** What about pets? Do you have pets at home?
- P** Erm no, but my neighbours have a cat. But I don't see it that much.
- D** Everything OK at home?
- P** Yeah, things are fine.
- D** And what about work? I see you're a civil servant. Any stress or problems at work or anything like that?

- P** Mmm, work's been getting me down recently.
- D** In what way?
- P** Well, there's been a lot of changes going on and recently and I suppose I'm a bit anxious what with the mortgage and that.
- D** Mm-hmm. And this has been getting to you?
- P** Yes ... more and more.
- D** I see. And does the wheezing et cetera continue over the weekends?
- P** Erm, no. When I come to think about it, it doesn't.
- D** OK. Some general questions. Have you ever had anything like this before?
- P** No, never.
- D** Do you have other illnesses?
- P** Erm ...
- D** High blood pressure, diabetes or heart problems?
- P** No. Nothing like that. This is the first time I've been ill in my life.
- D** Has anyone in your family had anything similar?
- P** No. Not as far as I know.
- D** What about eczema? Anyone in your family with that?
- P** Both my sister and my mother have it.

Listening 3

D=doctor, P=patient

- D** OK. Do you smoke?
- P** No.
- D** You drink?
- P** Just socially. Maybe, a couple of beers a week, nothing more than that.
- D** Is your appetite OK?
- P** Yes, I never seem to have any problems on that score.
- D** Bowels OK?
- P** Yes.
- D** Waterworks OK?
- P** Yes.
- D** Sleeping OK?
- P** Yes.
- D** General health OK otherwise?
- P** Yes.
- D** I think we'd better have a look at you. Could just pop behind the screen and ...

Pronunciation 2

Exercise 1

D Is your appetite OK?

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

D Bowels OK?

Exercise 2

- 1 Can you tell me a little bit more about this? (F)
- 2 Have you been eating properly? (F)
- 3 Your appetite OK? (R)
- 4 Are you sleeping OK? (R)
- 5 How frequently do you get them? (F)
- 6 Are you passing water a lot? (R)
- 7 You had any diarrhoea? (R)
- 8 Have you lost any weight? (R)
- 9 How long've you been living there? (F)
- 10 You been keeping well? (R)

Unit 3

Listening 1

There are many things that will become obvious once you have done your first ward round, but I can give you a few tips that helped me on my first day. The first thing is: make sure you know the names of all your patients and where they are in the ward, as you want to demonstrate that you are familiar with your patients.

The next tip is always check with the bed managers if any patients have been moved and if so where to in order to avoid wasting time, especially the consultant's, running around looking for patients. Also make sure you have all the case-notes, X-rays, and so on on hand so that you can refer to them quickly. It is useful to invite a nurse who knows your patients to come on rounds with you, because they may be more knowledgeable about the patients on the ward than you are.

As regards the case histories and results, record them clearly and concisely; in that way you can access information easily.

Listening 2

- 1 Can you just bend your head slightly to the left? OK.
- 2 I'd like you to raise your arm above your head for me.

3 Now roll your sleeve above your elbow. Yes. That's fine.

4 Would you just pop up on the couch for me? That's it.

5 Could you lean forward a little bit for me? Good. That's it.

6 If you could just move towards the edge of the couch. Yes. That's it.

7 Now I want you just turn over onto your tummy.

Listening 3

- 1 Can you just pop behind the screen and undress for me, please?
- 2 I need to examine your lower back, so if you could turn onto your tummy for me, please. Thank you.
- 3 Just cough for me. And again. That's fine.
- 4 I'd like you to stand up for me. Do you need any help getting up?
- 5 Could you just tilt your head to the left? Yes. That's it
- 6 Can you make a tight fist for me? Fine.
- 7 I'd like you to keep nice and still for me, if you can. OK.

Unit 4

Pronunciation

Exercise 3

- 1 endoscope
- 2 endoscopy
- 3 endoscopic

Exercise 4

- 1 endoscopy
- 2 proctoscope
- 3 gastroscopy
- 4 colposcopic
- 5 gastrectomy
- 6 proctoscopic
- 7 gastroscopic

Listening 1

Once the procedure is explained to the patient, advice is given about what preparation is required before it is carried out. The patient is asked to stop anti-acid therapy for two weeks beforehand if possible. For eating and drinking, the patient is advised to take nil by mouth for 8 hours before the procedure is done, but note that water up to 4 hours pre-op may be OK. As

regards driving, the patient is advised not to drive if sedation is involved in the procedure. A leaflet about the procedure is always given to the patient and follow-up is also ...

Listening 2

Exercise 1

D=doctor, P=patient

D I need to explain the procedure to you and get you to sign the consent form.

P OK.

D So we're going to do something called a gastroscopy. Do you know what that is?

P No, I don't. No.

D Well, what we are going to do is have a look at your gullet and your stomach to see what's going on there.

P OK.

D It's a routine procedure. What we are going to do first is to give you something to help you relax, and then we're going to numb your throat with a spray. Then, we are going to pass a bendy tube, which is no thicker than your little finger, down through your throat into your stomach. OK?

P I see.

D The tube will have a tiny camera on the end so that we can look at your stomach. And if we see anything there what we can do is take a tiny tissue sample.

P Right.

D We're also going to blow some air into your stomach to help us see a bit better, so you will feel a bit full and possibly want to belch.

P It sounds a bit scary.

D I agree it can ...

Listening 3

Exercise 3

- 1 It's a very **simple** procedure.
- 2 We're **just** going to take some fluid from your backbone.
- 3 You'll **just** feel slightly sore after the test.
- 4 All you'll feel is a **tiny** scratch, nothing more.
- 5 It'll take **ten** minutes.
- 6 It **only** takes a few minutes.

- 7 It's not a **pleasant** procedure.
8 You'll hardly feel **anything**.

Listening 4

D=doctor, P=patient

- D** Now, I just have to go through some possible side effects of the gastroscopy, if that's OK with you.
P Yes, fine.
D First of all, I can assure you that in most cases the procedure is problem-free. But I have to point out to you some side effects so that you are aware of them before you sign the consent form. Is that OK?
P Yes, fine.
D Right. Well, some people can have a mild sore throat for a day or two after the procedure. And if you have been given something to make you drowsy, you may feel a bit tired afterwards as well. And some people can get a chest infection or pneumonia. But remember this does not mean that you will necessarily get these as well.
P OK. I hope not.
D And on the odd occasion, the endoscope can cause some bleeding or infection in the gut and can also puncture the gullet or stomach, but this happens very rarely.
P I see.
D Is there anything that you would like to ask me or go over again? Or are you OK with all this?

Unit 5

Listening 1

Let's see now, Mrs T Hawthorne, date of birth fourth February 1963, hospital number 1834572Z. She was prescribed Tramadol today – fifteenth October 2009, given intramuscularly, fifty milligrams, started on thirteenth October at eleven thirty. All OK. Mmm Maximum frequency every four hours, maximum dose six hundred milligrams. OK. To be administered as required intramuscularly and given by Senior Nurse Bond.

Listening 2

- D** Good afternoon, Mr Johnson. My name is Dr Haward. How are you today?
P I'm fine, doctor.
D That's good. Well, ... I've got some good news for you. You've made very good progress and we're going to let you go home.
P Really?
D Yes. But before you go, there's just one or two things to do. I can see you're very pleased about going home.
P Well, I am.
D Well, we won't keep you long then. First, I'd just like to have a brief chat with you about your medication.
P OK.
D We're going to give you lots of tablets to take with you ... and make you rattle a bit.
P OK. I thought that might happen.
D Right. Now, if at any time you want to stop me and ask questions, feel free to do so. There's a lot of information to take in at one time.
P Yeah, fine.
D The first tablet, which I am sure you're familiar with, is this little white one, aspirin.
P Yeah.
D We're going to give you a very small dose of 75 milligrams. It's a much smaller dose than you'd normally buy over the counter. You take it by mouth once a day after a meal from now on.
P OK. Why do I need to take it?
D The aspirin will help you a lot, as it thins the blood and so helps to prevent further attacks.
P OK. That's good.
D Now as with everything we take there are some possible side effects.
P Mm-hmm?
D And I emphasize the word *possible*, as you may not get any of them. But I just have to point them out, so that you are aware of them and can do something about it if anything happens.
P OK.
D Sometimes, people get an upset stomach. Or aspirin can make the stools of some people dark and smelly, or it can cause bleeding like nose bleeds or shortness of breath. But

remember, I'm just pointing them out to you so that you're aware of them. Also look at the leaflet that comes with the tablets. If you do get anything, just get in touch with your GP. Is everything OK so far?

P Yeah.

D OK. Would you like to go through everything and explain it to me?

Unit 6

Listening 1

D=doctor, P=patient

Conversation 1

- D** What about work? Do you have any problems there?
P At the moment, yes. It's a bit stressful.
D And can you tell me a bit more about this?
P Well, I'd say it started about two months back. A colleague resigned and he wasn't replaced. So I'm kind of doing two jobs at the moment.

Conversation 2

- D** Are your parents still alive and well?
P My mother is, but my father died 3 years ago.
D Do you know what the cause of death was?
P It was lung cancer.

Conversation 3

- D** Do you smoke at all?
P Yes.
D How many do you smoke normally?
P I'd say about 20.
D When did you start smoking?
P I had my first cigarette when I was er fifteen.
D Fifteen. OK and have you ever stopped.
P Yes. Many times!
D When was the last time?
P I quit last year. But it only lasted a month.

Listening 2**D=doctor, P=patient**

D It isn't easy to lose weight, as there are so many ways to do it that people find it difficult to choose from them. And there are so many temptations as well. Have you tried to diet before?

P Yes, but none of them worked.

D What did you do?

P I've tried various diets like the Atkins diet and I've bought various commercial diets, but I found I couldn't stick to them.

D What do you think the problem is?

P I tend to snack a lot during the day with crisps and fizzy drinks and biscuits and sweets. Er ... I'm sitting around a lot at work, and I've tried to cut out all these things, but it's impossible.

D It's difficult to break habits like this, but there are ways round it. Rather than cutting out everything suddenly, it's perhaps better to do it gradually. You could have diet cola instead of the normal cola, or better still fresh fruit juice, low fat crisps and introduce some fruit. The danger is trying to do everything at one time and then giving up. Then when you get used to it, you can make more changes.

P Maybe, I could give it a go.

D What about exercise?

P Well, I spend most of my day at a desk. When I was younger I used to swim and I did some yoga, but not anymore.

D We've all been a bit more active in the past. Have you thought of taking up swimming again?

P Yes. But it's time. After work, I'm too tired to do anything, and it's difficult to cut down eating, as it makes me irritable.

Pronunciation

Exercise 1

- 1 Australian government
- 2 Australian government

Exercise 5

- 1 epidemic proportions
- 2 energy imbalance
- 3 lifestyle factors
- 4 cardiovascular disease
- 5 associated illnesses

6 Australian society

7 chronic disease

8 health surveys

Unit 7**Listening 1**

This brings me to an aspect of the training and job application process in New Zealand, which I initially found alien to my cultural background: talking about oneself, especially about strengths and weaknesses. A weakness I used to have was over-empathizing with the parents and becoming upset when something went wrong with one of the children. In the recent interview for my present post, I related a case where a child almost didn't recover from an attack of meningitis and I became very upset even in the presence of the mother. I mentioned how I recorded both the 'good' and 'bad' experiences as part of my daily reflection and how I talked to colleagues afterwards and soon realized that they had faced the some problems. I now see recording and analyzing my weakness in a more positive light as a means for self-education and advancement.

Listening 2**D=doctor, P=patient**

D Mrs Allen, from our examination, and from what you've told me, it doesn't really look like meningitis. But what he has got is a barking cough and a touch of fever. I think he's actually got croup.

P Mmm.

D You said he's had this once this year in the spring.

P Yes, around March I think, and I went to my GP then.

D What did he say it was then?

P The same as you, I think.

D Did you use steam the last time?

P A little.

D Well, if you use steam, it'll help to ease the cough.

P So you don't think it's meningitis?

D No. If it were, I'd expect him to be very unwell. He probably wouldn't be able

to run around the way he is; he'd maybe be a bit more listless.

P Mmm.

D And he'd maybe have a rash and, er, shy away from the light.

P I've seen on one of the posters that difficulty moving his head is related to meningitis.

D Ah. Yes, it is. But, Mrs Allen, if he had neck stiffness, he wouldn't be able to move about the way he is.

P I was just scared it might be something serious.

D Mmm. That's what every mother might feel in the circumstances, and you're very right to be cautious.

P Thank you, doctor.

D Keep an eye on him, and don't hesitate to contact your GP immediately or come and see us if there are any changes or if he starts crying in an odd way.

P OK. Thanks. I feel a bit more relaxed about it.

D Ah. Is there anything else you'd like to ask before I write ...?

Listening 3

In the end, I felt I handled the situation better than at the beginning. At first, I got the child's name wrong. I was very nervous and unsure of myself, as I didn't have time to look at the notes made by the nurse or talk to her; this is just down to bad organization. I felt the parents didn't like this, and it made them a bit edgy, but I recovered myself very quickly and as I became more confident in what I was doing, the parents became relaxed and the child became less agitated. I was very pleased because they thanked me for being sensitive and being gentle with the child. I could see they appreciated the fact that I made an effort to make them feel comfortable. While overall everything went well, I learnt quite a lot from this experience. I should be more patient and prepare myself before talking to a patient. If I were short of time again, I would speak to the nurse first and get the basic details right. It is in the end all about teamwork and respecting the contribution of colleagues.

Unit 8

Listening 1

Exercise 1

- 1 Can you tell me what quite a lot is for you?
- 2 So occasionally ... Can you tell me what you mean by that in days per week?
- 3 You said a couple. Could you tell me exactly how much that is for you? Two or three? Three or four?
- 4 When you say a 'weight problem', can you tell me what he said?
- 5 Do you want to tell me what has changed at work to make it so bad?

Pronunciation

D=doctor, P=patient

Exercise 2

D Have you taken any **drugs**?

P Mmm, I haven't taken any **prescribed** drugs.

D What about **recreational** drugs?

P No, ... at least not **recently**.

D You have taken them in the **past**, then?

Exercise 3

- 1 I haven't taken any prescribed drugs.
- 2 I was in a **café** when the palpitations came on.
- 3 The **first** time I had the pain was on a cold morning.
- 4 My **work's** not giving me any problems at the moment.
- 5 My partner was standing near the child, but it was **me** that picked the child up.
- 6 Well, I have a **normal** breakfast like everyone else.
- 7 Well, I suppose, at the weekends I might have a **few** more.

Listening 2

D=doctor, P=patient

- 1 P I've been getting this pain just here.
D Tell me a little bit about it.
P Mmm it seems to come on just after I've eaten usually fried food or something. It starts here near my belly button and bores right through to my back. I've been getting it off and on over the past month or so.

2 P I've got this runny nose.

D Can you tell me some more about this?

P I've had it for the past couple of months and I've taken everything there is from the chemist and nothing seems to work – cold, allergy tablets. I've had no other symptoms at all and I don't think it's a cold.

3 D What about at home?

P Everything there is just as bad. I have to look after two teenage boys as well as doing a full day's work. They're a real handful. I have to do the cooking, washing, ironing, everything, and get them off to school. There's no end to it.

4 D You have a dry cough. Can you tell me about it?

P I've had it for about the last ten days or so, and nothing I take seems to relieve it. I thought it might be the smoking. I used to smoke several years ago, but then I started up again in the past few months.

5 D I understand you've got a bad headache.

P Yes, doctor, I have.

D Can you describe it for me?

P It's really bad. I always get them here around my left eye. This one started about two days ago and I was just passing the hospital and I thought I'd just come in.

Unit 9

Listening

- 1 Mr Jones had the appearance of self-neglect. He did not appear to be paying attention to what was being said. He looked as if he had withdrawn completely from his surroundings and was preoccupied with his own thoughts with no eye contact whatsoever. He sat hugging himself during the interview. He did not interact much with the nurse nor look at anyone else. He left me feeling in quite a low mood myself.

2 Although Miss Rigby is in her late 40s, she wears really bright clothes, which are suitable for someone much younger. When she was admitted she was in a highly elevated mood, hyperactive, and was awake all night. Her thoughts are all over the place. She did not appear to be aware of anything abnormal in her behaviour.

3 Mr Dickson was well-dressed, but looked very worried and anxious. He sat on the edge of the chair, was quite agitated, and couldn't sit still. He was fidgeting all the time and had very poor concentration, though he looked at me when he spoke and was spoken to. I felt safe with him, but a bit 'nervous' after the interview.

Pronunciation

- 1 After I'd learnt to take a detailed history from the patient, I ...
- 2 Before I'd worked in psychiatry, I ...
- 3 I had worked for five years in my own country in the field of psychiatry, before I ...
- 4 I dealt with all the new patients as soon as I'd seen
- 5 Once I'd completed my undergraduate degree, I ...
- 6 I hadn't moved into psychiatry, because I ...
- 7 When I had left my home country, ...

Unit 10

Listening 1

D=doctor, P=patient

- 1 D The situation looks rather serious, I am afraid.
P It's bad then.
D Yes. I'm sorry to say it is as we had feared.
P It's not what I wanted to hear, but I suppose I knew it all along. It's difficult to come to terms with it, but I just have to accept it.
D Would you like me to get you anything? A cup of tea?
P I'd rather have some water.

- 2 **D** The results of the test have come back. Would you like to have someone with you at the moment?
- P** No, not really. I'd rather you gave me the results on my own.
- D** I'm afraid the news is not good as good as we had hoped. It shows that the lump has got some harmful cells.
- P** I just can't believe this is happening to me; it's just not possible. There must be a mistake.
- D** It is not easy to come to terms with this, but I'm afraid the results are correct.
- 3 **D** How are you today?
- P** A bit anxious about the results, but otherwise OK.
- D** The results, I am sorry to say, are not good. It's as we feared.
- P** I'm completely devastated. What am I going to do? Who's going to look after the children?
- D** It is very upsetting. Would you like us to stop for a moment? Or can I get you anything?
- P** I'd like to be on my own for a little while if that's OK.

Listening 2

I asked one of the nurses to be present, as it was my first time doing this, and I thought I would be nervous, but my concern for the patient's wife was greater than my own fears. When I saw Mrs Mann she was sitting in the corridor, and I asked if we could go into a side room. I think she could tell from my manner that the news was not good. I introduced myself, and she immediately asked if the news was bad. I had prepared what I was going to say and her question threw me off-balance. I managed to compose myself and say that it was, and I was sorry to say that we had not been able to resuscitate her husband on the operating table and that he had passed away. She started to cry.

I waited a few seconds and asked her if she wanted to be alone or stop for a while. I also asked if she wanted Sister Jones or me to get something for her. I gave her a tissue. She asked if he had been in pain, but I said that he was pain-free when he died. He did not regain

consciousness. I asked if there were any relatives she would like us to contact or if she'd prefer to do so herself. She said she would like us to do it and asked if she could see the body. I told her it wasn't easy to come to terms with this and again that I was very sorry. She was very dignified and I felt quite upset by the experience.

Unit 11

Listening 1

- 1 I can see that you are very busy, but could you help me?
- 2 Do you think I could possibly borrow a pen?
- 3 I'm sorry I'm late. I got caught in the traffic. I should have left earlier.
- 4 Excuse me. I know you are busy but is there any chance that you could take some blood from some patients for me?
- 5 How's it going? Everything OK? Not too overwhelmed?
- 6 Oh, dear. Would you like me to give you a hand with those files?
- 7 I'm very sorry to have to ring you at this hour, but Mrs Jones has had a relapse.

Listening 2

C=Consultant, D=Doctor

- C** Hello. Dr McClaren here.
- D** Hello. It's Dr John Duncan in A&E.
- C** Yes?
- D** I'm really sorry to disturb you, but ...
- C** That's perfectly OK.
- D** Thank you. ... We have an emergency and I'm on my own, as someone's off sick.
- C** Tell me what's happened.
- D** A 25 year-old patient, Mrs Trench, has just come in with abdominal pain. She has had some vaginal bleeding and pain on passing water and defecation. There has also been some shoulder-tip pain.
- C** OK. Anything else?
- D** She's a bit faint and feeling nauseous with tenderness in the right iliac fossa. On examination, there was extreme guarding on touching the cervix.

- C** Have you been able to take any more of the history?
- D** Not really. She's in too much pain and her husband is very anxious. He thinks she's pregnant. Could you possibly come and see her?
- C** OK. I'm on my way.
- D** Many thanks.

Unit 12

Listening

- 1 Can I ask you how much you drink?
- 2 I think it would be better if you cut out all meat products.
- 3 It's Miss Palan, is it?
- 4 Is Friday OK for the next visit?
- 5 Congratulations on your new baby, Mrs Willetts.
- 6 How long have you been unemployed?
- 7 I know what it is you're going through.
- 8 Which ward is your bed in?

Pronunciation

- 1 Do you think / that it would be a good idea / to display posters / in all the clinics?
- 2 He suggested going for weekends away / so that people / could get to know each other.
- 3 He asked what time / the clinic normally opened / in the afternoon.
- 4 The patient wanted to know / whether she was able to book an interpreter / for her appointment.
- 5 Dr Wen denied taking the equipment / out of the ward / during the last shift.
- 6 I think you said earlier / that one way to promote diversity / is to hold lunchtime displays in the hospital / for patients and medical staff.
- 7 He apologized for the misunderstanding / and even bought me some flowers.