

**ENGLISH FOR MEDICAL PRACTITIONERS
NOT ONLY FOR EMERGENCIES**

ENGLISH FOR MEDICAL PRACTITIONERS

**NOT ONLY FOR
EMERGENCIES**

Dominique Neyts and Catherine Verguts



**ACADEMIA
PRESS**

© Academia Press
Eekhout 2
9000 Gent
Tel. 09/233 80 88 Fax 09/233 14 09
info@academiapress.be www.academiapress.be



Dominique Neyts and Catherine Verguts
English for Medical Practitioners . Not only for emergencies
Gent, Academia Press, 2014, X + 302 p.

ISBN 978 90 382 2284 4
D/2014/4804/22
U 2146
NUR1 632

The anatomical drawings in this book only serve instructive purposes. For more precise anatomical drawings, we refer to specialist works.

No part of this publication may be reproduced in print, by photocopy, microfilm or any other means, without prior written permission of the publisher.

TABLE OF CONTENTS

Preface	IX
Exercises	1
Unit 1: Medical education and practice	3
Exercise 1: Professional statements	4
Exercise 2: (Para-)medical job titles	6
Exercise 3: Medical education	10
Exercise 4: Medical specialists	16
Exercise 5: (Para-)medical skills in job ads	17
Unit 2: Patient intake	23
Exercise 1: Making a doctor's appointment	24
Exercise 2: Welcoming the patient	25
Exercise 3: A doctor's visit from the patient's point of view	26
Exercise 4: Patient admission	28
Exercise 5: The patient encounter	32
Exercise 6: Patient-doctor communication	35
Exercise 7: Taking a history	40
Exercise 8: Describing pain	45
Exercise 9: Role-play	48
Unit 3: Human anatomy	51
Exercise 1: Introduction	52
Exercise 2: The nervous system	54
Exercise 3: The respiratory system	58
Exercise 4: The cardiovascular system	60
Exercise 5: The gastrointestinal system	65
Exercise 6: The urinary system	66
Exercise 7: The reproductive system	69
Exercise 8: The teeth	72
Exercise 9: The musculoskeletal system	73
Exercise 10: The sense organs	78
Unit 4: Examining a patient	87
Exercise 1: Giving instructions	88
Exercise 2: Reassuring a patient	89

Exercise 3: Explaining a procedure	91
Exercise 4: Discussing medical tests	95
Unit 5: Diagnosis and treatment	101
Exercise 1: Making a diagnosis	102
Exercise 2: Giving a prognosis	108
Exercise 3: Treatment	110
Exercise 4: Medication	112
Exercise 5: Medical procedures and equipment	118
Exercise 6: Ethical dilemmas	120
Unit 6: Prevention and screening	125
Exercise 1: Social history and lifestyle	126
Exercise 2: Prevention and immunization	133
Exercise 3: Infections	139
Exercise 4: Final presentation and argumentation	142
Role-plays	143
Reference section	
1. Medical education and practice	151
1.1. Medical education	153
1.2. Medical practice	153
1. Doctor and physician	154
2. General practice and primary care	154
3. Specialists	154
4. Clinic vs. hospital	156
5. Nursing	157
6. Mental health	158
2. Human anatomy	159
2.1. General anatomy	159
1. The head	159
2. The human body	160
2.2. The respiratory system	162
2.3. The cardiovascular system	163
2.4. The gastrointestinal system	164
2.5. The musculoskeletal system	165
1. The muscles	165
2. The bones	166
3. The joints	168
2.6. Reproductive and urinary systems	169
1. Female	169
2. Male	170

2.7.	The sense organs	170
1.	The eye	170
2.	The nose	171
3.	The ear	171
4.	The skin	172
5.	The tongue and the oral cavity	172
2.8.	The teeth	173
1.	Teeth	173
2.	Section of a molar tooth	173
3.	Disorders, symptoms and treatment	175
3.1.	Disorders and symptoms in general	175
1.	Disease, illness, disorder	175
2.	To develop a disease	175
3.	To exhibit symptoms	176
4.	To run a fever	177
5.	To become infected	177
6.	To feel pain	178
7.	To die	180
3.2.	Disorders and symptoms associated with specialities	181
1.	Neurology	181
2.	Otolaryngology or ENT (ears, nose and throat)	182
3.	Pulmonology	183
4.	Cardiology and haematology	184
5.	Gastroenterology	184
6.	Dietetics and nutrition	186
7.	Orthopaedics and physiotherapy	187
8.	Nephrology	188
9.	Obstetrics, gynaecology and maternity	188
10.	Dermatology	189
11.	Ophthalmology	190
12.	Surgery	191
13.	Oncology	192
14.	Paediatrics	192
15.	Mental health	193
16.	Accident and Emergency	193
17.	Dentistry	194
3.3.	Treatment	195
1.	Discussing treatment	195
2.	Medical dressings and supports	196
3.	Medication	196
4.	Alternative medicine	198

4. Communication skills	199
4.1. Communicating with patients	199
1. A patient-centred approach to communication	199
2. Welcoming a patient	200
3. Taking a medical history	200
4. Involving the patient when gathering information	206
5. Dealing with sensitive issues	207
6. Examining and reassuring	208
7. Giving a diagnosis	211
8. Describing cause and effect	212
9. Explaining medical terminology	213
10. Breaking bad news	214
11. Planning treatment	216
12. Closing the interview	219
4.2. Communicating with colleagues	219
1. Expressing opinion	219
2. Writing a referral letter	221
5. Language focus	225
5.1. Spelling	225
1. British and American spelling	225
2. Latin and Greek words in medical English	226
5.2. Pronunciation	229
5.3. Language functions	229
1. Expressing obligation and advice	229
2. Describing location	230
3. Using <i>do</i> for emphasis and confirmation	232
4. Degrees of certainty	232
5. Linking expressions	234
5.4. Grammar	236
1. Adjective vs. adverb	236
2. Conditional sentences	237
3. Passive	239
4. Relative clauses	240
5. Tenses	242
6. Appendix: common medical abbreviations	247
Key	257
Endnotes	297
To read more, to know more	301

PREFACE

As a medical practitioner, be it a general physician, specialist, medical student, nurse, dentist or physiotherapist, you have the professional medical skills to deal with patients, colleagues and health institutions. However, you may to some extent lack the language skills to accurately and effectively do so in English, and want to improve your English communication proficiency, e.g. because you have patients for whom English is your only common language, or because you plan to train or work in an international setting.

This book focuses on the language and communication skills you need. It aims at improving your English proficiency, thus enhancing your confidence and effectiveness in medical interactions. The course will train you how to communicate in English in a wide range of situations, based on authentic professional contexts. There are 6 units of exercises, each focusing on a particular aspect of medical practice: medical education and job skills (terminology, cultural awareness, job descriptions, tasks and skills), patient intake (taking a history, responding adequately to patients, asking about symptoms and pain), anatomy (anatomical systems and the associated disorders and symptoms), examinations (giving instructions, explaining procedures, reassuring the patient), diagnosis and treatment (making a diagnosis, discussing treatment and medication), and prevention and screening (social history, lifestyle, immunization, infectious diseases). A reference section complements the class exercises with more in-depth background information, detailed vocabulary lists, typical phrases used in medical practice and a grammar chapter.

The listening extracts can be found on the online learning platform Zephyr. To have access to the platform, you need to register (free of charge) on zephyr.ugent.be and then subscribe to the course's page *English for Medical Practitioners*. On this page, we will also post complementary exercises (discussion topics, extra listening exercises, etc.), interesting links and up-to-date information accompanying this course book.

The book is designed to cover a 20-hour course, but there is enough material to elaborate on some exercises or omit others, based on the specific needs. Two hours have been allotted for units 1 and 6; four hours for units 2, 3, 4, 5. You can also use this book for independent study and concentrate on those areas that are specifically helpful to you (both in the exercises and in the reference section). The entry level is upper-intermediate (B2 of the Common European Framework).

We would like to give special thanks to the following people for supporting our project: Silvia Alonso Morillo who helped to develop some parts of the reference section; the *Prins Filipsfonds*

(*Koning Boudewijnstichting*) for funding a fruitful collaboration with *Université de Liège* in which Christine Bouvy and Veronique Doppagne gave feedback; Elke Weylandt and Nele Noë for letting us reuse the illustrations from their book on medical French; Tom De Moor for proofreading the final draft; the University Language Centre (Ghent University) for providing the means to develop this book and for organizing the course; and, last but not least, Peter Laroy and Academia Press for giving their support to this publication.

Do not only open in case of an emergency!

Dominique Neyts and Catherine Verguts

January 2014

EXERCISES

Unit 1

Medical education and practice

TOPICS COVERED IN THIS UNIT

- communication skills:
 - using common professional statements in several practices
 - describing job tasks and requirements
 - discussing current issues in healthcare
 - presenting arguments pro or contra in matters of medical education
- vocabulary:
 - job titles in medical practice
 - medical education
 - collocations (typical word combinations)
 - (para-)medical skills
- language focus:
 - defining (para-)medical professions
 - skimming texts and summarizing
- writing skills:
 - typical features of a CV

Exercise 1: Professional statements

A. Which of the following statements are the most common in your own (para-)medical practice? Choose 3.

1. Do you have any trouble walking?
2. I will first take your medical history.
3. Have there been any new admissions last night?
4. Well done! You have lost another 2 kg. How do you feel about the start-to-run programme?
5. Could you accompany me on my ward round next Tuesday?
6. You will be put on a waiting list for your hip replacement operation.
7. The next tutorial in the training programme has been postponed to Friday 5 March.
8. We only perform minor surgery.
9. We refer to our report for further information on the identification of the deceased, the time and cause of death, and the type of weapon used.
10. A 55-year-old man, who had been well until five months previously, complained of tiredness. He had gained 15 kg in weight. His presenting symptom was constipation.
11. I will visit you at home after your hernia operation.
12. The incubation period is the period between the invasion of the tissues by pathogens and the appearance of clinical features of infection.
13. I'm afraid your wife has been diagnosed with obsessive-compulsive disorder.
14. If you have any problems tracing the pulmonary artery in this cadaver, please call me over.
15. Here are some exercises you can do at home to improve your knee joint flexibility.
16. Did your colleagues notice any involuntary movements while you were unconscious?
17. Our main objective is to diagnose and investigate health hazards in this community.

B. Link the statements in part A to the following professions.

- A. lecturer
- B. clinical trainer
- C. general practitioner (GP)
- D. receptionist
- E. practice nurse
- F. district nurse
- G. physiotherapist
- H. anatomy demonstrator
- I. forensic expert / forensic pathologist
- J. healthcare official

C. Discuss in pairs: in what way do your 3 statements from A typically illustrate your job tasks? And which statements from A are not typical at all? Why?

D. Present your neighbour to the group without mentioning his / her job title. Can they deduce the specific medical profession?

Exercise 2: (Para-)medical job titles

A. Match the following (British!) job titles with the definitions below.

1. theatre nurse
2. health visitor
3. GP
4. paramedic
5. clinician
6. midwife
7. registrar
8. medical assistant
9. consultant

1	2	3	4	5	6	7	8	9

- a. a trained person who is usually a qualified nurse and is employed to visit nursing mothers in their homes and advise them on health matters
- b. a general term for doctors, nurses and other professionals working directly with patients in all parts of the health service
- c. a nurse who assists a surgeon during operations
- d. a doctor who is trained in general medicine and provides primary and continuing medical care for patients in a particular area or town
- e. a trained non-medical member of the ambulance service who can provide immediate care in an emergency
- f. a nurse who specializes in the delivery of babies
- g. a doctor who has completed the Foundation Programme (2 years of post-graduate training) and is training in one of the medical specialties
- h. a fully qualified specialist who is called in for professional advice or services in a particular area of medicine
- i. a person who performs a variety of patient-related tasks / tests, ensuring smooth patient and work flow in the clinical practice

B. Complete the following definition of *physician*ⁱ.

A physician is a professional who pr_____ medicine, which is concerned with promoting, maintaining or re_____ human health, through the study, diagnosis, and tr_____ of disease, inj_____, and other ph_____ and mental impairments.

Physicians may focus their practice on certain disease categories, types of patients, or methods of treatment (specialist medical pr_____), or assume res_____ for the provision of continuing and comprehensive medical c_____ to individuals, families, and communities (general pr_____). Medical practice requires a detailed knowledge of the academic di_____ (such as anatomy and ph_____), of underlying diseases and their treatment (the science of medicine), and also a decent com_____ in its applied practice (the craft of medicine).

The et_____ of medicine require that physicians show con_____, compassion and benevolence towards their patients.

In the United States and Canada, the term *physician* describes all medical pra_____ holding a professional medical de_____.

C. Add these words / phrases to the nouns in the table to make correct collocations.

emergency - university entrance - flying - locum - follow-up - recommended - group - to swallow - to be in - psychiatric - to meet - family - herbal - a doctor in general - nursing - to seek - to administer - to send for a - to qualify in - to practise - to undergo - a dose of - to respond to - to comply with - dietary

	treatment
	practice
	medicine

	doctor
	requirements

D. Work in pairs. Choose 2 terms you are both familiar with. Identify the main tasks and requirements for each job.

Example:

A **visiting nurse** is a nurse employed (by a hospital or social-service agency) to perform public health services (e.g. promoting health and well-being, assisting in prevention programmes) and to visit and provide care for sick persons in a community. A visiting nurse needs to be able to cope with stress situations (for instance emotional, physical and financial stress in home healthcare) and needs to be available in crisis situations. Required skills include empathy, basic medical expertise, use of laptop, and multicultural sensitivity. (also called public health nurse)

- registered nurse
- practical nurse
- nurse practitioner
- general duty nurse
- circulating nurse
- charge nurse

1. _____ :

2. _____ :

E. Look at these duties of a nurse¹. Fill in the gaps.

1. Tri_____ : the nurses will take in the patients' information and they will categorize or prioritize according to the se_____ and the complications of a particular injury or ailment. Some people may be taken in first, if there is a high risk of spreading, or if there are cases of unc_____ bleeding, unexplained rashes or unexplained vomiting.
2. Est_____ IVs or other medical devices.
3. Fo_____ the doctor's orders and upd_____ the doctors with new suggestions of patient care. This may inc_____ coordinating tests such as blood tests, diagnostic imaging, biopsies.
4. Dis_____ medications (e.g. by mouth, by inhaling, IV, rectally).
5. In_____ catheters: to permit injection, to dr_____ fluids, or to allow access by surgical instruments.
6. Pr_____ emotional and physical support to patients (and their families): this is very important as the patients are in a vuln_____ state.
7. Tra_____ a patient from a bed to a chair or a wheelchair, or from a wheel chair to a shower.
8. Help with personal h_____ and dressing.

F. Discuss (one of) the following statements.

- Nurses' responsibilities are increasing. This is a positive evolution for healthcare in general.
- Engaging physician assistants¹ in hospitals will solve the medical practitioners' complaints about workload and fatigue.
- A nurse's job equals that of a doctor, except for the salary.
- The medical profession is 1/3 education, 1/3 experience and 1/3 vocation.

¹ Definition from Merriam-Webster: a specially trained person who is certified to provide basic medical services (as the diagnosis and treatment of common ailments) usually under the supervision of a licensed physician— also called PA

Exercise 3: Medical education

A. Read the information on your card. Card A is found here; go to 'role-plays' for card B. Summarize in the box by means of keywords.

Card A: United Kingdom:

In the UK, doctors wishing to become GPs (general practitioners) take at least 5 years training after medical school, which is usually an undergraduate course of five to six years (or a graduate course of four to six years) leading to the degrees of Bachelor of Medicine and Bachelor of Surgery.

Graduated medical practitioners have to do a minimum of 5 years postgraduate training:

- two years of clinical *Foundation Training (F1 and F2)*, in which the trainee will do a rotation around either six 4-month jobs or eight 3-month jobs - these include at least 3 months in general medicine and 3 months in general surgery, but will also include jobs in other areas;
- A three year "run-through" GP Specialty Training Programme containing (GPSTP) 18 months as a Specialty Registrar in which time the trainee completes a variety of jobs in hospital specialties such as obstetrics, gynaecology, paediatrics, geriatric medicine, accident and emergency or psychiatry and 18 months as a GP Specialty Registrar in General Practice.
- During the GP specialty training programme, the medical practitioner must complete a variety of assessments in order to be allowed to practise independently as a GP. There is a knowledge-based exam with multiple choice questions called the Applied Knowledge Test (AKT). The practical examination takes the form of a "simulated surgery" in which the doctor is presented with 13 clinical cases and assessment is made of data gathering, interpersonal skills and clinical management (Clinical Skills Assessment (CSA)). Throughout the year the doctor must complete an electronic portfolio which is made up of case-based discussions, critique of videoed consultations and reflective entries into a "learning log".
- Trainee GPs from 2008 onwards are compulsorily required to obtain the postgraduate qualification issued by the Royal College of General Practitioners in order to be able to practise. After passing the exam or assessment, they are awarded the specialist qualification of MRCGP (Member of the Royal College of General Practitioners). Previously qualified general practitioners (prior to 2008) are not required to hold the MRCGP, but it is considered desirable. In addition, many hold qualifications such as the DCH (Diploma in Child Health of the Royal College of Paediatrics and Child Health), and/or the