

MEDICINE ①

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Essential skills for doctor-patient communication



MEDICINE 1
ESSENTIAL SKILLS FOR DOCTOR PATIENT
COMMUNICATION

UNIT 2: Working In General Practice

1-4 February 2021

to make something, especially something bad, happen suddenly or sooner than it should

Vocabulary

Non-technical language

- 1 When you speak to patients, you need to use non-technical language that the patient understands. Look at the two example questions from the case history. Which verb means *precipitate* and which means *start*?

1 When do the attacks *come on*? **start**

2 Are you aware of anything that *triggers* the attacks? **precipitate**

2 Work in pairs. Replace the technical words in italics with non-technical words from the list. You may have to change the form of the word.

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

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

1. do
2. has got
3. avoid
4. prone (liable)
5. comes and goes
6. there all the time
7. stick to
8. admitted
9. booked

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

When? Is there...? Do you / Does it ...?

Did you ...? Have you ever ...? / Are you / Is it ... ?

EXAMPLE

Are you prone to coughs? Are you booked to see ...?


Do you find it difficult to stick to medication?

Does your cough come and go? Have you ever had ...?



Listening 3

Short questions in the general history

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

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

Is your appetite OK?

Bowels OK?

Waterworks OK?

Sleeping OK?

Patient care

1 Expand the short questions.

EXAMPLE

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

- 1 You eating well?
- 2 Your appetite OK?
- 3 You sleeping OK?
- 4 You passing water a lot?
- 5 Your periods OK?
- 6 Had any diarrhoea?
- 7 Lost any weight?
- 8 Been living there long?
- 9 You been keeping well?
- 10 You OK in yourself?
- 11 You been looking after yourself?

Reading

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



smoking in front of children

homelessness or sleeping rough



cramped housing/ accommodation



eating too much

deprivation (n) poverty

factors (n) causes

incidence (n) occurrence

plateau (n) level

pronounced (adj) evident

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

Social factors in general practice

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

the fact of having a particular disease; the number of people who have a particular disease.

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

This has an impact on general practice. There is higher incidence of illness → ↑ requirement for primary care team services and the ↑ use of out-of-hours and A&E services amongst deprived communities.

a difference, especially one connected with unfair treatment

a type of fat found, for example, in margarine, fried food and many types of meat, that is considered to be less healthy in the diet than other types of fat

in a way that increases or decreases in size, amount or degree according to changes in something else

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

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

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

negative and unpleasant; not likely to produce a good result

relating to diarrhoea

2 Match the symbols or abbreviations in the text to these words.

80y 1 years

3 less than < 50%

↑ 2 increased / increasing

4 leading to / resulting in →

3 Work in pairs. Answer these questions.

- 1 What main social factors are given?
- 2 Can you give your own reasons why those in social classes I and II were more likely to smoke 80 years ago?
- 3 What reasons could you give for the increased incidence of depression in those living in temporary accommodation?
- 4 Why is poor diet a problem among those sleeping rough?

- Homelessness, sleeping rough, employment and unemployment, divorce and immigrations status.
- 80 years ago, tobacco was fashionable and more affordable for those in higher paid jobs.
- Some general reasons are general anxiety about living conditions, lack of security, worry about the future.
- Some reasons are they probably have little or no money; no access to cooking facilities; lack of balanced diet with fresh vegetables; fixed routine.

Writing

A referral letter

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

nonprescription medicine

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

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

volunteer (n) a person who
works without payment



NHS Number 6684335792
Hospital Number 1017786F
22 August 2007



Dear Dr Ahmed,

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

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

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'John Brown 1021'.