

OXFORD ENGLISH FOR CAREERS

Student's Book

MEDICINE ①

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Essential skills for doctor-patient communication

Unit 3

Instructions and Procedures

In this unit

- following procedures in training
- giving and receiving instructions
- making polite requests to patients and colleagues
- understanding abbreviations
- understanding case notes

When it comes to talking to patients in a patient-centred environment, it is essential to take a gentle and indirect approach to fit in with the conventions of politeness in English. This is especially important when people are feeling vulnerable and perhaps ill at ease.

Specialist / Medical Specialist / Physician

1. **Dermatologist**: a doctor who studies and treats skin diseases.
2. **Ophthalmologist**: a doctor who studies and treats the diseases of the eye.
3. **Obstetrician**: a doctor who is trained in obstetrics (the birth of children).
4. **Cardiologist**: a doctor who studies and treats heart diseases.
5. **Nephrologist**: a nephrologist focuses on kidney care and conditions that affect the kidneys.
6. **Otolaryngologist (ENT)**: a doctor who treats ear, nose and throat.
7. **Neurologist**: a doctor who studies and treats diseases of the nerves and brain.
8. **Pediatrician**: a doctor who studies and treats the diseases of children.

9. **Psychiatrist**: a doctor who studies and treats mental illnesses.
10. **Oncologist**: a doctor who studies and treats cancer in the body.
11. **Radiologist**: a doctor who is trained in radiology.
12. **Rheumatologist**: a doctor who diagnoses and treats rheumatic diseases.
13. **Surgeon**: a doctor who is trained to perform surgery.
14. **Anesthesiologist**: a doctor who studies the use of anesthetics.

Diseases, disorder, and symptoms

1. **Diabetes**: a medical condition which makes the patient produce a lot of urine and feel very thirsty.
2. **Chickenpox**: a diseases, especially of children, that causes a slight fever and many spots on the skin.
3. **Malaria**: a disease that causes fever and shivering caused by the bite of some types of mosquito.
4. **Diarrhea**: an illness in which waste matter is empties from the bowels much more frequently than normal.
5. **Vomiting**: to bring food from stomach back out through the mouth.
Informal terms, throw up, bring sth up, puke.
6. **Constipation**: the condition of being unable to get rid of waste material from the bowels easily.

1. **AIDS**: Acquired Immune Deficiency Syndrome, caused by the Human Immunodeficiency Virus (HIV)
2. **Down syndrome**: a medical condition, caused by a fault with one chromosome, in which a person is born with particular physical characteristics and a mental ability that is below average.
3. **Epilepsy**: a disorder of the nervous system that causes to become unconscious suddenly, often with violent movements of the body.
4. **Autism**: a mental condition in which a person finds it very difficult to communicate or form relationships with others.
5. **Infertility**: the fact that a person or animal is not able to have babies.
6. **Nauseous**: feeling as if you want to vomit.
7. **Chronic**: lasting for a long time; difficult to cure or get rid of it.
8. **Vein**: any of the tubes that carry blood from all parts of the body towards the heart.
9. **Artery**: any of the tubes that carry blood from the heart to other parts of the body.

Paramedic: a person whose job is to help people who are sick or injured.

Optician: a person whose job is to examine people's eyes and to recommend and sell glasses.

Physical therapy: the treatment of diseases, injury or weakness in the joints or muscles by exercise.

- 1. Eye chart:** a chart used in measuring the sharpness of a person's vision, typically consisting of a number of rows of letters of decreasing size.
- 2. Eye drops:** liquid medication to be applied in very small amounts to the eyeball.
- 3. Syrup:** a sweet liquid made from sugar and water, often used in cans of fruit.
- 4. Ointment:** a smooth substance that you rub on the skin to heal a wound or sore place.
- 5. Lotion:** a liquid used for cleaning, protecting the skin.
- 6. Scales:** an instrument for weighing people or things.
- 7. Palpitation:** palpitations are feelings or sensations that your heart is pounding or racing.

In a training environment:

Insert the needle between..... Not impolite

You insert the needle Not impolite

When talking to patients:

Undress/ Take your clothes off impolite

Could you take your clothes off, please? polite

Use:

Could you/ Can you..... ?

I'd like you to

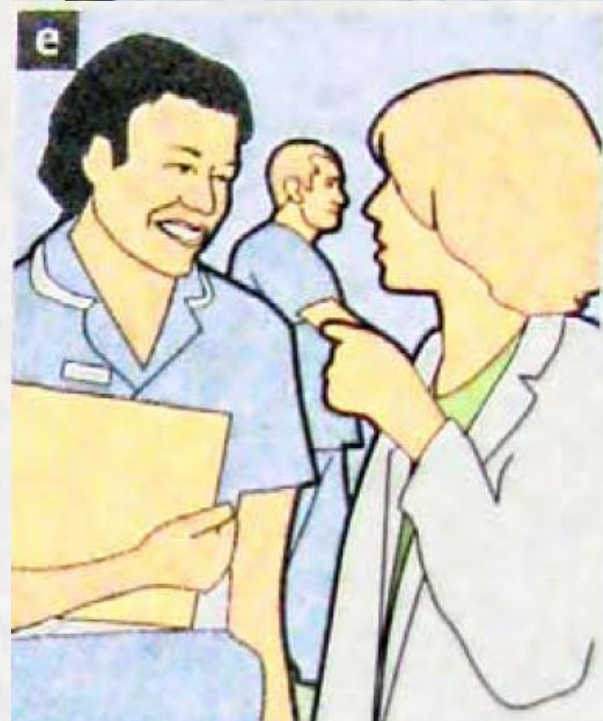
I need you to,if you can.



What pictures a-f have in common?



They all show a newly qualified/ junior doctor at work.



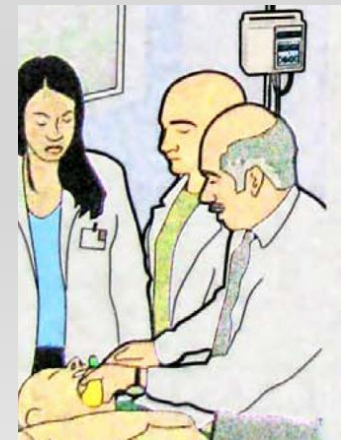
What is happening and what you think happens before and after each picture?



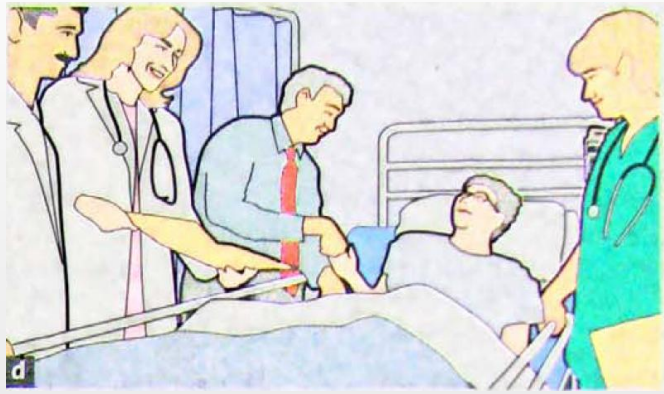
A newly-qualified / junior doctor is asking a patient to get undressed. The doctor perhaps took a case history before the scene in the picture and afterwards examined the patient.



A newly-qualified / junior doctor is writing up case history notes. The doctor perhaps took a case history, and after writing up the notes, saw another patient.



A slightly older doctor is explaining a procedure to newly qualified / junior doctors. The senior doctor perhaps asked the students what they knew and, after demonstrating, asked for volunteers to show what they learnt.



A newly-qualified / junior doctor is talking with a consultant and the team during a ward round. The consultant may have asked the junior doctor questions about the patients and then advised on treatment, investigations, etc.



A newly-qualified / junior doctor is asking a phlebotomist to take some blood from a patient. A senior doctor may have asked for the test. The junior doctor may have had difficulty and then called the phlebotomist to take the blood instead.




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



Preparing for the first ward round

- 1 Work in groups. Discuss these tips for a first ward round with a consultant.
 - a Make sure you know the names of your patients and where they are.
 - b Find out from the bed managers if any patients have been moved and to where.
 - c Check that all the case notes, investigations, and so on are on the ward.
 - d Invite a nurse who knows your patients to come on the ward rounds.
 - e Record case histories and results clearly and concisely.



3  Listen and complete the reasons given for each tip.
Use no more than five words for each gap.

a ... as you want to demonstrate that you are
familiar with your patients.

b ... to avoid wasting time ... running around
looking for patients.

c ... so that you can
refer to them quickly.

d ... because they may be more knowledgeable about
the patients on the ward.

e ... in that way you can
access information easily.

Patient care

Why do you need to do these things before you carry out a procedure?

1. Obtain consent from the patient for the procedure.
2. Introduce yourself.
3. Prepare the ~~trolley~~ A cart or wheeled stand used for conveying something

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



blood bag



braces



rubber gloves



ambulance



first aid kit



microscope



stretcher



surgical mask



face mask



tape



bandage



crutches



walker



wheelchair



cane



scissors



scalpel



syringe



stethoscope



pipette



tooth brush



thermometer



dental pick



saline bag

Introductions for a procedure

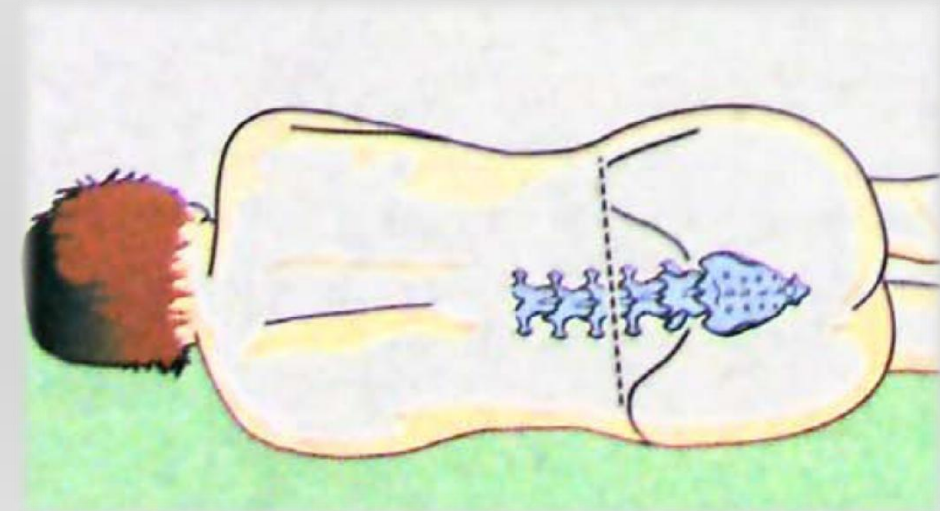
1 Use the words to complete the instructions for a procedure.

Cerebrospinal fluid

- Withdraw the stylet.
- Drain 10 drops of CSF into the three specimen tubes.
- Mark the point between L3/4 where the needle is to be inserted.
- Wash your hands and put on sterile gloves.
- Obtain consent for the procedure.
- Sterilize the area of the patient's back.
- Prepare the equipment on the trolley.
- Attach the manometer.

prepare mark attach
wash sterilize drain
obtain withdraw

The procedure is lumbar puncture



Steps

Order	Action	Purpose
1	Obtain consent	Legal/ethical requirement
2	Wash hands	Prevent infection
3	Prepare trolley	Set up all equipment
4	Mark site	Identify correct needle insertion location
5	Sterilize back	Aseptic technique
6	Insert needle	Begin the lumbar puncture
7	Withdraw stylet	Allow CSF to flow
8	Attach manometer	Measure CSF pressure
9	Drain CSF	Collect fluid for analysis

Language spot

Giving instructions

The imperative form of the verb can be used for giving very clear and direct instructions. It is very direct, and in certain contexts (for example a doctor speaking to a patient), it can sound abrupt or even rude.

Infinitive without to

Complete the drug charts.

Negative

Don't / Do not forget to complete the drug charts.

Adverbs

Always complete the drug charts.



IM injection

Intramuscular(IM) injection is a technique used to deliver a medication deep into the muscles. This allows the medication to be absorbed into the bloodstream quickly.



Arterial blood sample

1 Use the words and the diagrams below. Write instructions (using the imperative) on how to wash your hands. Then compare your instructions with a partner.

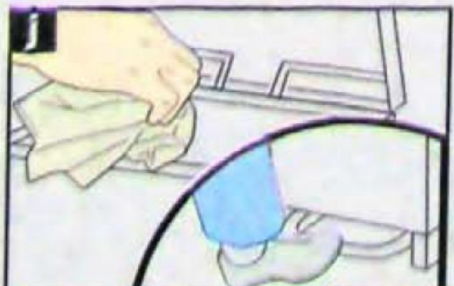
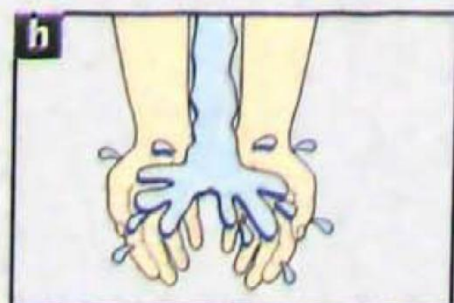
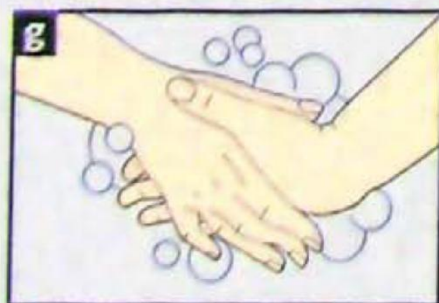
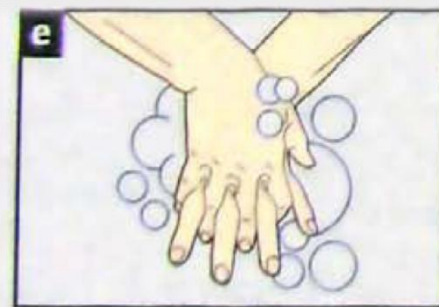
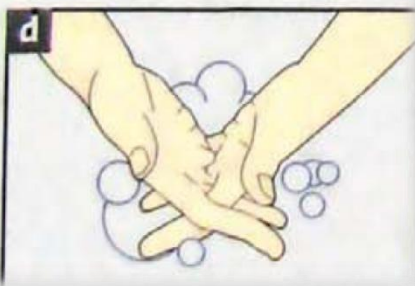
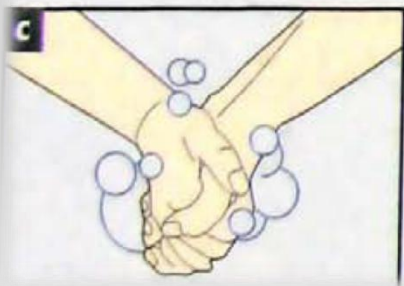
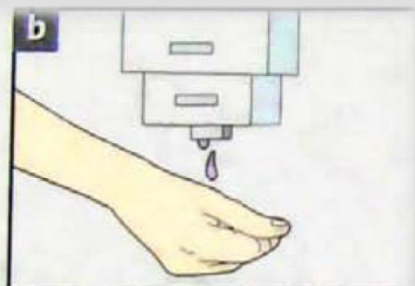
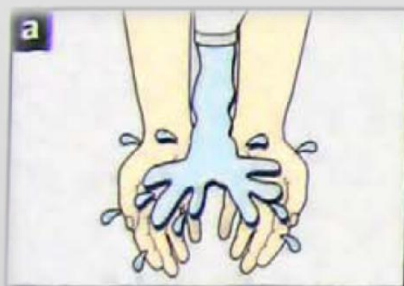
dry	soap (up)	paper towel	dispose of
forearms	wet	rub	rinse
fingers	interlaced	massage	bin
handle	thoroughly	fingertips	palms
locked	thumbs	hands	touch
take	rotationally	dispenser	

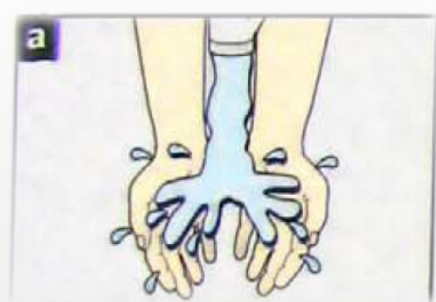
dispose of (v) throw away

fingertip (n) end of a finger

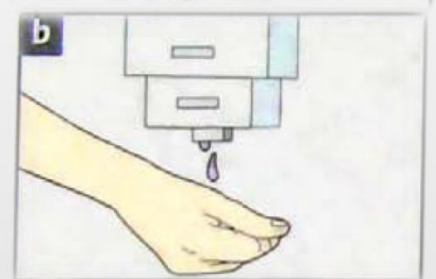
interlaced (adj) joined together

thoroughly (adv) completely





Wet hands and forearms under running water.



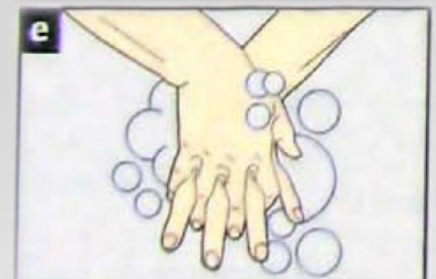
Take soap from dispenser.



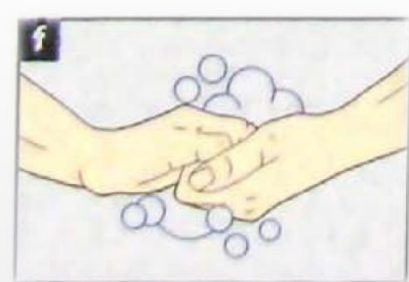
Soap up, rubbing palm to palm.



Rub with fingers interlaced.



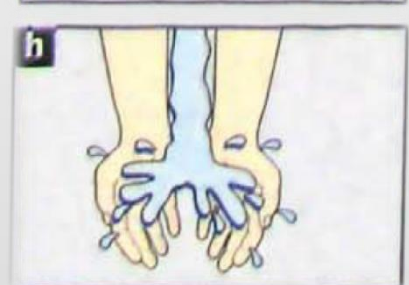
Massage between fingers, right palm over back of left hand, left palm over back of right hand.



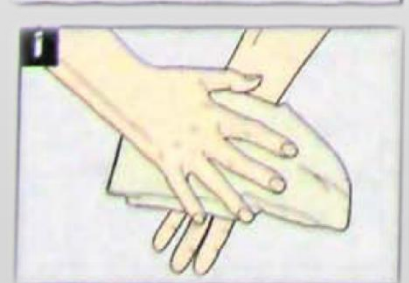
Rub with fingers locked, including fingertips.



Rub rotationally with thumbs interlocked.



Rinse thoroughly.



Dry hands thoroughly using a paper towel.



Dispose of towel into foot-operated pedal bin. Do not re-contaminate hands by touching the bin lid.

Discuss this text with your friend.

- Controlled studies in hospitals have followed health care workers with video cameras through their daily routines. Many health care professionals actually do not wash their hands and, surprisingly, doctors were the worst offenders. Up to 50% of doctors do not wash their hands in between patients.
- Is hand washing always necessary? When and why do you think it is necessary?

Read the text and do activity 1,2,3 and 4 at home.

DOPS (Direct Observation of Procedural Skills)

DOPS is designed to provide feedback on procedural skills essential to the provision of good clinical care. Trainees will be asked to undertake four to six observed encounters, or procedures, during the year with a different observer for each encounter. The assessors include among others experienced specialists, appropriate nursing staff, or consultants in a secondary care setting. The estimated time taken by each procedure is 20 minutes (i.e. 15 minutes for the assessment and 5 minutes for feedback).

Each DOPS should represent a different procedure and trainees should choose from each of the core problem groups identified in the F2 curriculum by the end of the year. The trainee chooses the timing, procedure, and observer.

What is DOPS?

It is essential that all trainees should be adequately assessed for competence in the practical procedures that they undertake. Directly Observed Procedural Skills (DOPS) is a method that has been designed specifically for the assessment of practical skills and was originally developed and evaluated by the RCP. In keeping with the Foundation programme quality improvement assessment model, strengths and areas for development should be identified following each DOPS encounter.

DOPS includes a range of procedures, for example venepuncture, IV cannulation, the use of local anaesthetics, arterial puncture in an adult, blood culture (peripheral), and blood culture (central). Also included are nasogastric tube insertion

and airway care, including simple adjuncts and intubation.

Each doctor needs to satisfy a number of criteria, some of which are given below. Apart from overall ability to perform a particular procedure, the trainee needs to demonstrate an understanding of relevant anatomy and the technique of the procedure. There needs to be a clear demonstration of appropriate preparation before the procedure takes place as well as knowledge of the appropriate analgesia or safe sedation and aseptic technique. Apart from the technical ability, a trainee needs to seek help where appropriate and demonstrate post procedure management as well as good communication skills, while at the same time considering the feelings of the patient.

Reading

1. Underline the noun which you think will follow the verb in the text.

1 **provide**

feedback food information data

2 **Undertake**

searches procedures surveys
investigations

3 **assess**

theory attitude competence cost

4 **identify**

people strengths patients places

5 **administer**

medications help business punishment

6 **seek**

property keys time help

7 **consider**

feelings age reason cost

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- a person who is being taught how to do a particular job
- to make yourself responsible for something and start doing it
- A health care contact between the patient and the provider who is responsible for diagnosing and treating the patient.

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- to a satisfactory or acceptable extent.
- the puncture of a vein as part of a medical procedure, typically to withdraw a blood sample or for an intravenous injection.
- Intravenous (IV) cannulation
- Local anesthesia, also called local anesthetic, is usually a one-time injection of medicine that numbs a small area of the body.
- is a special tube that carries food and medicine to the stomach through the nose.

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Apart from the technical ability, a trainee needs to seek help where appropriate and demonstrate post procedure management as well as good communication skills, while at the same time considering the feelings of the patient.

- A thing joined or added to another thing, which is not an essential part thereof
- is a process where a healthcare provider inserts a tube through a person's mouth or nose, then down into their trachea (airway/windpipe).
- the inability to feel pain.
- is medically induced temporary depression of consciousness prior to procedures that cause pain or discomfort to patients
- preventing infection

3 Read the text and decide which alternative in italics below makes these sentences true.

- 1 During the year, trainees are examined by (*the same / various*) assessors.
- 2 The timing, the procedure, and the observer are chosen (*partly / solely*) by the trainee.
- 3 DOPS was (*created / adopted*) by the RCP.
- 4 As part of the Foundation programme, it is (*expected / suggested*) that the weaknesses of each trainee in a DOPS should be improved.
- 5 Preparation for a DOPS encounter on the part of the trainee needs to be (*fairly / very*) evident.
- 6 During a DOPS, a trainee (*may / must not*) seek help from anyone else.
- 7 Communication skills are (*considered / ignored*) during the examination.

What is DOPS?

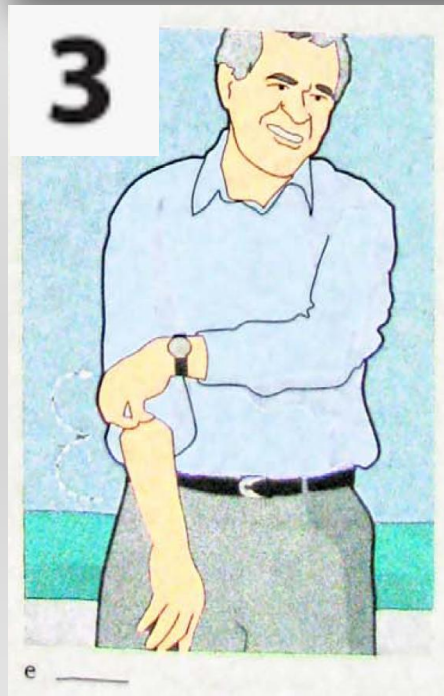
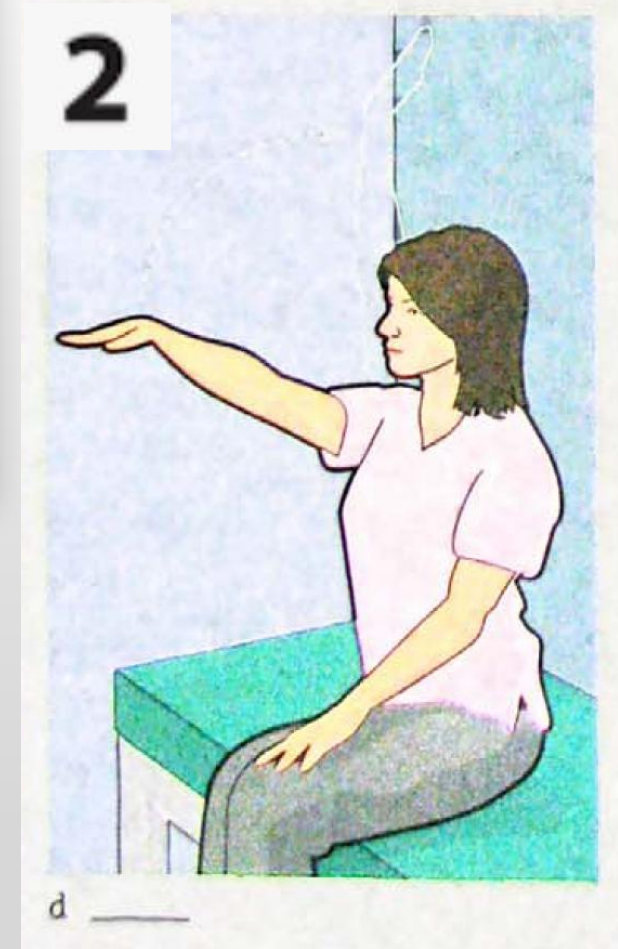
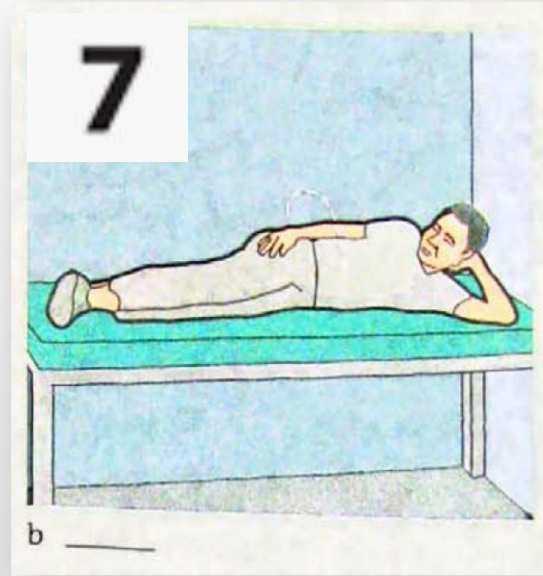
DOPS is a method used to give medical trainees feedback on how well they perform important clinical procedures. The purpose is to improve their skills and ensure they can do these procedures safely and correctly.

Each trainee must perform 4 to 6 procedures throughout the year.

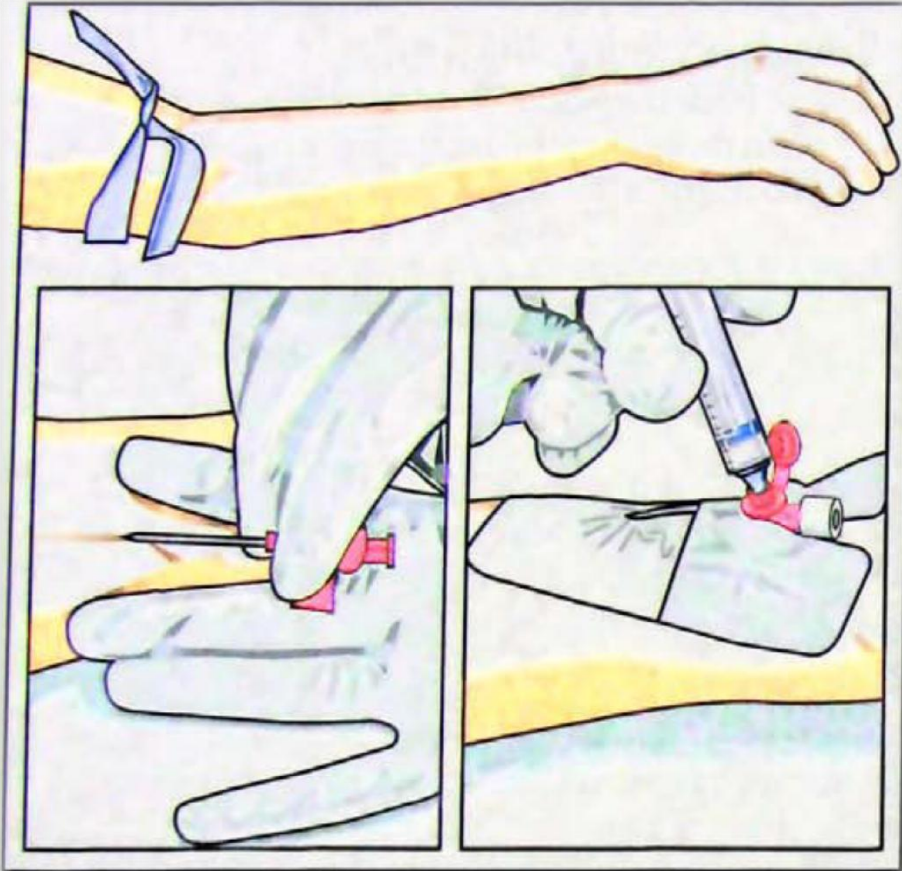
Each procedure must be observed by a different supervisor, such as a senior doctor or experienced nurse.

One DOPS session takes about 20 minutes: 15 minutes for watching the procedure, 5 minutes for giving feedback

Listen. Match each instruction with a picture.



What procedure is shown in the picture?



- **Intravenous (IV) cannulation**
- It is a technique in which a **cannula** is placed inside a vein to provide venous access.

Make a list of instructions you would give a patient to carry out the whole procedure.

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

Can you lie down flat for me?

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

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

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

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

Can you clench and unclench your fist for me?



Language spot

Making polite requests to patients

Giving instructions to a patient by just using the simple imperative can sound very harsh if a patient is ill. To soften imperatives, add *for me, please*. Note with some verbs this still might sound hard, if the instruction or request is short.

Undress for me, please.

Compare

Bend your head forward for me, please.

Use **can / could** to make the instruction gentler by changing it into a **request**.

Can you (just) + infinitive without to +(please)?

Can you just clench your fist, please?

Could you just clench your fist for me, please?

You can also use if you can/ could you just
+ infinitive without to + (please)

- 1 Work in pairs. Decide which of these instructions are inappropriate to use with a patient.
- a Could you just lie on your left side for me?
 - b If you could just pop off your clothes and then ...
 - c On your left side, please.
 - d Just bring your legs up to your chest. Yes, like that and relax. I'm just going to ...
 - e Can you just bend your knees towards your chin and curl your neck?
 - f I'd like you to stand up for me, if you can.
 - g Take off your shirt.

2 Complete the sentences with these words and your own.

make tilt pop keep
stand up cough turn

1 Can you just pop screen and undress for me, please?
behind the

2 I need to examine your lower back, so if you
could turn onto your tummy

3 Just cough for me. And again. That's fine.

4 I'd like you to stand. Do you need any help getting
up for me
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 still for me if you can. OK.
keep nice and



Read the text and answer the question.

I am newly qualified. I work as a junior doctor at Alderbay General Hospital as part of a medical team, or 'firm'. I work with two other junior doctors also in the first year of postgraduate training. Our main aim is to learn as much as possible from our seniors. The first people we turn to are two doctors in their second year of training. They supervise any practical procedures we do and are available to help us when we have problems.

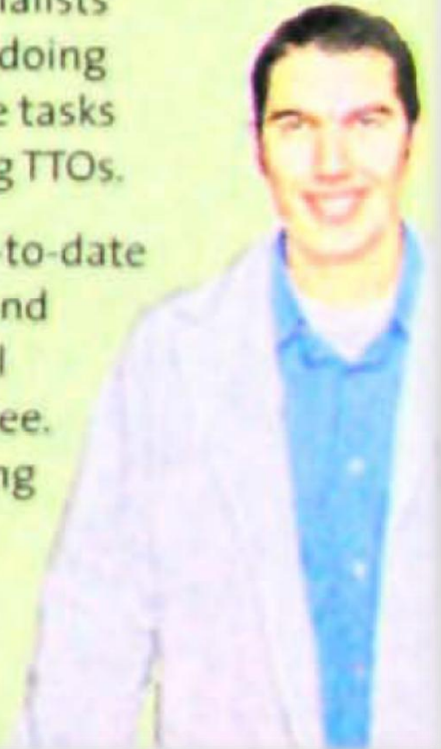
Above these senior doctors there are specialist registrars. They are usually in charge of daily ward rounds. They also work in outpatient clinics, deal with inpatient referrals, teach, and undertake procedures and operations. They give us instructions about what investigations need to be performed. Specialist registrars are training posts for the next grade up, consultant level. They can be bleeped at any time if we need advice or to refer a patient. If nobody at these two levels is available, we refer to the consultants who are responsible for our posts.

We see each consultant when they do their weekly ward rounds, once on a Wednesday and the other on a Friday morning. These rounds are the most tense and

hectic times each week, as we have to make sure all the patient records are up-to-date and present patients to the consultant. In addition to doctors at all levels of the firm, there may be a nurse present, as well as undergraduate students and doctors doing clinical attachments.

My job also involves a wide range of duties from clerking patients, keeping the patient lists in order, requesting investigations and making sure the results are received, and referring and liaising with specialists as part of a multidisciplinary team, doing practical procedures, administrative tasks like rewriting drug charts, and doing TTOs.

We have to keep our knowledge up-to-date through training from our seniors and keep a log or record of all the special procedures we learn and cases we see. We also have to find time for learning to present cases to our peers and other colleagues. I also find time to talk to the patients and their families!



Dr Franco Carulli

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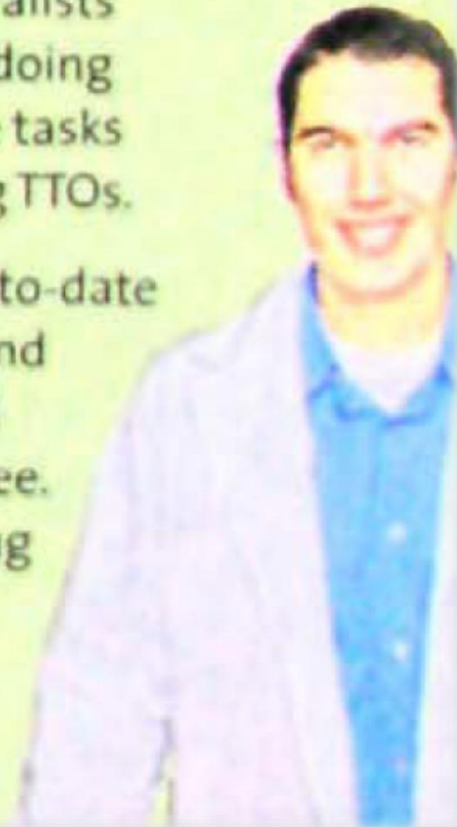
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- To go to somebody for help
- A doctor who is receiving advanced training in a specialist field of medicine in order to become a consultant .
- A regular visit to patients in hospital by medical staff for the purpose of making decisions concerning patient care
- The directing of a patient to a medical specialist by a GP.
- To make yourself responsible for something and start doing it
- A job that prepares a person for a more senior or more specialized position; a traineeship.

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- very busy; full of activity
- An informal and unpaid 2–4 month work placement carried out at a hospital, in which a person (junior doctor, medical student or other) shadows a doctor, usually a consultant.
- The act of taking a full history, a physical examination and documentation in the patient's notes.
- to work closely with somebody and exchange information with them
- involving several different subjects of study
- a person who is the same age or who has the same social status as you

It's my job

Read about Dr Franco Carulli. Find:

- 1 the name given to a medical team.
 - 2 who supervises the practical procedures junior doctors perform.
 - 3 who leads the daily ward rounds.
 - 4 who deals with patient referrals.
 - 5 who leads the weekly ward rounds.
 - 6 when the busiest time of the week is.
 - 7 who rewrites the drug charts.
1. a firm
 2. two senior doctors
 3. specialist registrars (SpR)
 4. specialist registrars (SpR)
 5. the consultant
 6. the consultant's rounds
 7. the junior doctor

Writing

Case notes

Ward Round
road traffic accident
road traffic collision
observation
temperature
blood pressure
on examination
International normalized ratio
Liver function test
Urea and electrolytes
Home
Tomorrow morning
Out-patient in 6 weeks

- 1 Work in pairs. Discuss these case notes about a young man who was admitted to hospital after a road traffic accident (RTA).

3/09/09 WR Mr Stone, (SpR) slept badly overnight
0800 Day 2 post RTA/RTC No nausea vomiting no blood transfusion
epistaxis Patient stabilized
swelling bruising noted

Obs (T) 36.4 BP 120/80 pulse 65

O/E

Plan

1 postural BP, FBC, clotting/INR, LFT, U+E

2 Aim for (H) later today/mane (O/P in 6/52)

Dr John Blunt

Bleep 7859

Thanks for your attention