HELP2

Healthcare

Language Learning Programme 2

Modules in English

Erasmus+

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Reviewer: PhDr. Bronislava Grygová, Ph.D., Mgr. Helena Tylšarová

Authors: Gerd Zimmer, Justyna Kowalczys, Dorota Borowska, Lukáš Merz, Hana Sobotková, Terezia Krčméryová, Zuzana Kafková, Aelita Skarbaliene, Žaneta Čėsnienė, Edigijus Skarbalius, Lina Gedrimė, Anișoara Pop, Adrian Năznean, Ilina Doykova, Ivan Merdzhanov, Marilia Dourado, Nicole Dourado, Maria Costa Pau

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The learning platform and the mobile app have been developed by the Bulgarian HELP2 consortium partner, the Medical University in Varna by the team of the International Distance and E-Learning Center.

Link to the online platform:

Link to the Android app:

GET IT ON Google Play

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Dear Reader,

Welcome to **HELP2**: **H**ealthcare **L**anguage Learning **P**rogramme **2**, an innovative learning programme for English and German language learners in higher education and for healthcare professionals at CEFR levels B1 and B2. HELP2 consists of **14 medical and intercultural modules in English, and 10 medical and intercultural modules in German**. They provide a high standard of foreign language and intercultural training in higher education and prepare students for their careers, which are taking place increasingly in the **European work space**.

The project is funded by the European Commission under the Erasmus+ programme (ERASMUS+ 2018-1-CZ01-KA203-048150). **HELP2** is the follow-up project to the earlier **HELP** (help-theproject.eu), which was successfully completed and won the 2017 European Language Label Award for Innovative Teaching Practice. Whereas HELP contains modules focusing on general healthcare English, **HELP2** expands the programme with modules focused on various healthcare and medical specialties, new intercultural modules, and also features fundamental modules of German for healthcare and information on working in Germany.

HELP2 allows more flexibility in language education in a standard classroom, and in blended learning and e-learning settings, because you will also find the entire contents of this book on an online platform, as well as in an electronic version and an app for mobile devices.

We have brought together an international interdisciplinary team to create the programme: language teachers, linguists, medical doctors, and software engineers from eight countries. A similar didactical design was used for the modules of the learning programme as in HELP, but the authors of HELP2 have added a real treasure, a European perspective on various didactical approaches – different national "accents". Thanks to funding from the EU, we have been able to create a product of successful European cooperation, with a truly European perspective.

Who is this programme for?

HELP2 has been designed for development of a quality language programme in higher education. The programme will benefit anyone who wants or needs to improve their English and German language skills working in the healthcare industry:

- nurses, care workers, and other healthcare professionals who require further learning, in English and/or German, both formal or informal, to assist in the needs of their workplace;
- universities, medical high schools, language centres and European language teachers who teach English and German for Medical Purposes;
- European students from medical universities and medical centres or BA and MA programmes wanting to undertake an apprenticeship or internship, attend courses or attend Erasmus programmes in another European country;
- European medical graduates and healthcare workers who want to develop professionally and become mobile within the EU labour market;
- local governments and stakeholders dealing with challenges linked to internationalisation in care for the elderly and/or healthcare in general;
- service and management staff working in the growing sector of medical tourism.

How is it different from other learning programmes?

HELP2 is a modular, media supported training programme. The modular content covers a number of healthcare related subjects. The authors' intention is to present the most relevant topics in a practical way. **Usefulness** of content for practice is the most important motivation in language learning. The authors also sought

to maintain a good **balance between professional focus and development of communication skills**. The content and media also address the **emotional side** of supporting learning. New prerequisites for **foreign language and intercultural competences** are transforming teaching techniques, approaches, methods, and language learning aids. HELP2 fulfils specific practical communication requirements for **different fields of professional activity (care, hospital, medical tourism), as well as ethical and intercultural preparation in a holistic way**. This means overcoming patchwork materials in favour of **well thought out learning supports, which include audio, video, and an app for formal and informal learning settings**.

HELP2 meets formal education requirements during **professional studies, for further life-long learning, and real-time workplace orientation**.

How to use the programme?

The programme seeks to satisfy **important and common professional communication needs for selected areas of healthcare and care environments**. HELP2 **contributes to consolidating professional knowledge**. HELP2 focuses on developing the four communication skills – listening, speaking, reading and writing – and puts the **emphasis on communication**.

Concerning the modules, you are **free to choose** which ones to study, in any order, and in line with your learning needs, interests, and pace. HELP2 combines learning for the development of foreign language and intercultural competences. In the **intercultural modules**, knowledge is developed gradually and starts with the original HELP modules 15–20 (available at help-theproject.eu).

You have in hand the printed version of the learning material. You will find all learning units, including all audio and video resources, on our platform http://help2project.eu/moodle/ and in the Google App store. Registration takes less than five minutes and access is free.

Does this mean that you will have to be online all the time? No! You can decide to use your device in parallel with this book; or if you prefer, you can download the media resources to your computer and use them all off-line. You can also download all modules as a pdf, leave the book at home for your evening studies, but still have everything you need for learning on the go or while in the workplace. This means you will make your own decisions as to how to use and where to store audios and videos and module texts, according to your preferences. You can also download the user guide and the learning tips for storage on your device(s).

The only time you will need to go online (or join any available social network or teleconference provider) is when you want to find communication partners. We have provided you with the HELP2 programme in the widest range of formats **to allow for independent learning anywhere, at any time, and for any in-workplace learning**.

To support structuring the content, we have used **icons**. Most are self-explanatory.

To promote learning in the workplace and provide wider access for higher education studies, we provide separate instructions for **self-learners**. For speaking exercises, we often recommend a monologue, because the process of doing the exercise is more important than checking for linguistic correctness. Again, you have the chance to gain benefit from the media when we suggest finding a speaking partner via (social) networks, Skype, or other communication channels.

The **recorded key words** are presented at the beginning, due to the importance of correct pronunciation of professional terms for further exercises. We recorded native speakers for all the key words and phrases.

The **listening exercises** and videos feature native and non-native speakers in hospital or care situations that relate to the module topic. This corresponds best to the real environment in hospitals and care situations. The user can **choose between five different speeds**, which allows for different learning levels and gradual progress. The user can also choose to listen and watch video cartoons with or without **subtitles**. Exercises

are downloadable as **MP3**s and transcripts are provided. All audios and videos can be **downloaded** from the multimedia audio-video resources section.

YouTube videos with live actors for the intercultural modules are mainly from the European Intercultural Workplace project, also funded by the European Commission.

Icons used


Learning Objectives


Revision of Learning objectives


Exercise with key


Vocabulary


Question, Discussion, Reflection


Important


Speaking exercises, pair work, role play


Background information/Explanation


Reading


Memorise / Remember


Hints/Tips


Task


Self-learner


Listening


Videoclip

One icon is perhaps lacking in the list, but hopefully integrated throughout the whole learning environment: ☺

We wish you every joy and success in working and learning with the HELP2 language learning programme.

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Berufs-Ausbildungs-Zentrum e.V. Selbelang – BAZ e.V. – for specific information on culturally sensitive care in Modules 8 and 20

http://www.baz-selbelang.de/ (Module 20 "Religion – Where can I find the prayer room?")

Barrierefrei Leben e.V. www.barrierefrei-leben.de www.online-wohn-beratung.de

(Module 7 "Hilfsmittel der häuslichen Pflege")

migra e.V. – Sprache, Bildung und Integration für MigrantInnen in Mecklenburg-Vorpommern
https://www.migra-mv.de/

and

Fachstelle Berufsbezogenes Deutsch im Netzwerk Integration durch Qualifizierung – IQ

passage GmbH Migration und Internationale Zusammenarbeit (MIZ)

www.deutsch-am-arbeitsplatz.de

(Module 1 "Arbeiten in Deutschland – Alten- und Krankenpflege")

Module 1

Dental Care

Authors
Adrian Năznean, Anișoara Pop

George Emil Palade University of Medicine,
PharmacyScience and Technology of Târgu Mureș
www.umfst.ro

UNIVERSITATEA DE MEDICINĂ,
FARMACIE, ȘTIINȚE ȘI TEHNOLOGIE
„GEORGE EMIL PALADE"
DIN TÂRGU MUREȘ

INTRODUCTION

This module will introduce healthcare professionals to different linguistic and communication aspects of dentistry, pain, dental treatments, implants and tooth fillings.

OBJECTIVES

In this Module you:

- will acquire vocabulary related to different aspects of dentistry;
- will learn how to interact with patients, ask questions to assess their problems, answer their queries and provide explanations;
- will know the names of teeth and their functions;
- will be able to make recommendations and suggestions for dental care and the prevention of dental problems;
- will be able to describe, discuss, and explain the therapeutic treatments patients may need to undergo.

PART I – TOOTH-RELATED VOCABULARY

LISTENING 1

Tooth-related vocabulary – key words

Listen to the pronunciation of the following words and repeat them:

aetiology /ˌiːtɪˈɒlədʒɪ/	alveolus /ælˈvɪələs/	cavity /ˈkævɪtɪ/
decay /dɪˈkeɪ/	dentin /ˈdentɪn/	drainage /ˈdreɪnɪdʒ/
enamel /ɪˈnæməl/	extraction /ɪksˈtrækʃən/	gingiva /dʒɪnˈdʒɪvə/
gum /gʌm/	implant (noun) /ˈɪmplɑːnt/	incision /ɪnˈsɪʒən/
periodontal abscess /ˌperɪəˈdɒnt(ə)l ˈæbsɪs/	periodontal ligament /ˌperɪəˈdɒnt(ə)l ˈlɪgəmənt/	plaque /plɑːk/
root canal /ruːt kəˈnæl/	sulcus /ˈsəlkəs/	toothache /ˈtuːθeɪk/

LANGUAGE FOCUS 1

History of dentistry

SPEAKING 1

History of dentistry

Before you read the following fragment, together with your partner think about some fields of dentistry and about dental education in your country in terms of duration and specialist training after gaining a graduate degree.

Use the words in the box to fill in the gaps in the following fragment:

childhood	decaying	differences	employment
malocclusion	popularity	replacements	specialty
	treatment	writings	

The field of dentistry can be divided into several subcategories, such as: paediatric dentistry, which deals with 1. ..... tooth problems, orthodontics, the branch of dentistry which treats 2. ..... , that is, the teeth are incorrectly positioned when the mouth is closed, endodontics, which concerns dental pulp and tissues surrounding the roots of a tooth, prosthodontics, the branch of dentistry which deals with the design, manufacture, and fitting of artificial 3. ..... for teeth and other parts of the mouth, whereas oral and maxillofacial surgery concerns the diagnosis, surgical and adjunctive 4. ..... of disorders, diseases, injuries, and defects. While these branches are rather new, the history of dentistry dates back to approximately 7000 B.C. A Sumerian text written around 5000 B.C. preceded the 5. ..... of the Ancient Greek philosophers Hippocrates and Aristotle about the 6. ..... of the tooth. However, Pierre Fauchard, a French surgeon, is regarded to be the father of modern dentistry.

The 7. ..... of the profession of dentist may lie in the fact that the training period is shorter than in other medical branches. While it takes several years for a doctor to specialise in neurology or surgery, for instance, dentists may start practising as soon as they graduate from the dental school. There are 8. ..... in terms of the training period across the different cultures and countries of the Globe, however, on average, a student in dentistry undergoes around 5-6 years of studying.

Nevertheless, many dentists pursue additional training by completing different postgraduate education programmes in order to earn a dental 9. ..... in one of the above mentioned branches of dentistry. However, dentists who are willing to work in underserved areas and those who provide cosmetic dentistry services are expected to have the best prospects for 10. ..... .

LANGUAGE FOCUS 2

Types of teeth 1

Name the following types of teeth using the terms *canines, incisors, molars, premolars (bicuspids)*:

1. ..... : the four front teeth in both the upper and lower jaws whose main primary function is to bite and cut food. These teeth have a single root.
2. ..... : there are four such teeth, two are in the maxillary arch and two in the mandibular area. Their main role is to tear food and they are conical and pointed with a single root.
3. ..... : there are eight teeth of this type, two in each quadrant of the mouth, and they are located behind and adjacent to the canines and play a role in crushing food. These teeth can have three or four cusps, some have two roots, others a single root.
4. ..... : these are located at the back of the oral cavity. Their main function is to grind and chew food. There are twelve of them, three in each quadrant of the mouth. The third tooth of this type is often called the “wisdom tooth”.

LANGUAGE FOCUS 3

Types of teeth 2

Label the following diagram using the names of teeth from the previous exercise:

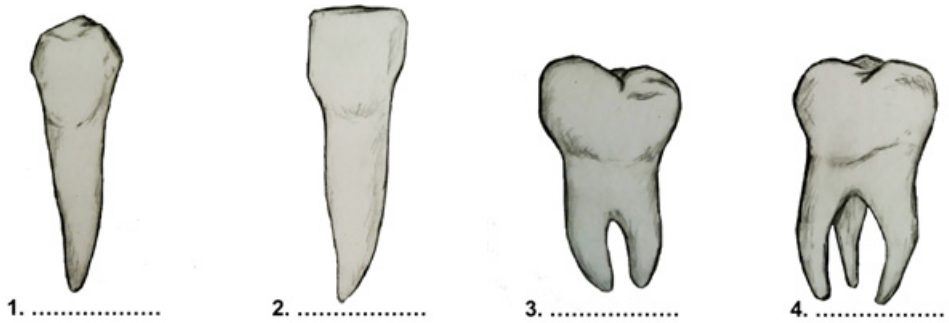

Figure 1. Types of teeth[1]

LANGUAGE FOCUS 4

Parts of a tooth

Match the following terms (1–7) with their definitions (a–g):

1. cementum	a. bonelike tissue which forms the outer surface of the root of the tooth
2. crown	b. layer of the tooth under the enamel
3. dentin	c. outermost layer of the tooth
4. enamel	d. part of the tooth that is embedded in bone
5. gumline	e. soft tissue found in the centre of the tooth
6. pulp	f. top part of the tooth, the only part that we can see
7. root	g. where the tooth and the gums meet

Label the diagram below using the words from the exercise above:

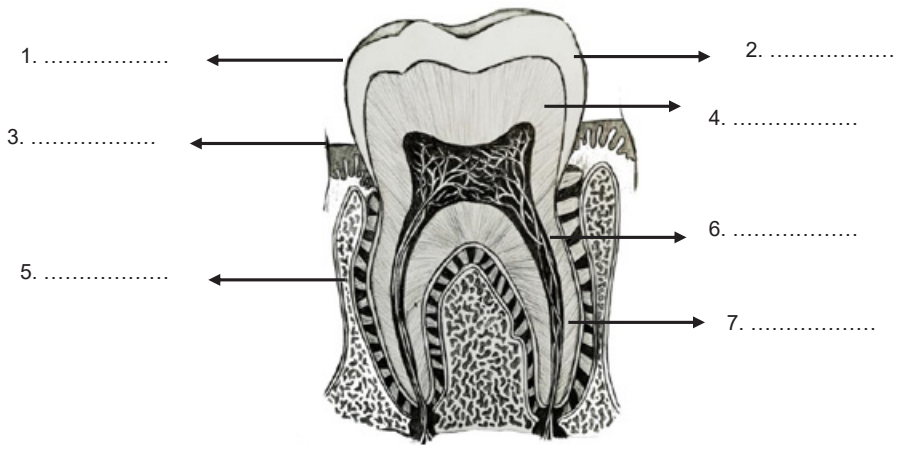

Figure 2. Parts of a tooth[2]

[1, 2] Drawing by Andrei Pascariu. (CC-BY-SA 4.0) [2019]

SPEAKING 2

Types of teeth

Based on the previous three exercises, together with your partner, describe the types of human teeth, their parts, and their roles. Try to give as many details as possible. Help each other in constructing a full description of human teeth.

Suggestions for self-learners: you can work with a partner via Skype or any other social media channel or you can prepare a monologue.

PART II – TOOTH-RELATED PROBLEMS AND TREATMENTS

LISTENING 2

Dental complaints

SPEAKING 3

Dental complaints

You are going to listen to three short dialogues about problems dental patients have. Before you listen, together with your partner think and discuss what complaints may make a patient visit their dentist.

Suggestions for self-learners: you can work with a partner via Skype or any other social media channel.

Listen to three dialogues and match them with the problem each patient has. There are two extra problems that you do not need to use. Write your answers in the boxes provided:

		A. This patient does not need a filling
Patient 1	☐	B. This patient has fractured teeth
Patient 2	☐	C. This patient needs a filling
Patient 3	☐	D. This patient needs home remedies
		E. This patient needs to have a tooth out

SPEAKING 4

Visiting the dentist

Together with your partner, take turns in asking and answering the following questions. You can ask additional question of your own encouraging a fluent dialogue.

1. When was the last time you visited a dentist?
2. How often do you visit your dentist?
3. Do you dread going to the dentist?
4. Have you ever needed a filling?
5. Have you ever needed to have a tooth taken out?
6. Do you use mouthwash?
7. What foods do you think cause cavities?
8. What do you think people did before there were dentists?
9. How often do you think people should have a dental check-up?
10. Would you like to be a dentist? Why? Why not?

Suggestions for self-learners: you can work with a partner via Skype or any other social media channel or you can prepare a monologue.

WRITING 1

Dental problems

Think of a dental problem you have had and write a short description of it. Describe the symptoms you experienced, the diagnosis, and the treatment that you were given. Make sure to include specific terminology such as: cavity, filling, chipping, tooth fracture, extraction, etc. Write about 100 words, and ask your partner to assess your writing. Self-learners can revise their own work critically.

.....
.....
.....
.....

LANGUAGE FOCUS 5

Sedation in dentistry

For gaps 1–10, make a new word from the one in brackets: 

Sedation is a technique in which a drug, or a combination of drugs, produces a state of 1. ..... (DEPRESS) of the central nervous system 2. ..... (ABLE) treatment to be performed, but in which verbal contact with the patient is maintained throughout the period of sedation. The drugs and techniques used should carry a margin of 3. ..... (SAFE) wide enough to avoid 4. ..... (INTEND) loss of consciousness. Although more than one 5. ..... (SEDATE) agent can be used, the vast majority of patients can be adequately and safely sedated with a single drug technique.

The indications for sedation can be considered under three main 6. ..... (HEAD): psychosocial, medical and dental.

Indications relating to anxieties regarding dental treatment include:

– phobias
– gagging: inability to tolerate objects intraorally without retching

– persistent fainting during procedures, often associated with the 7. ..... (ADMINISTER) of local analgesics
– idiosyncrasy to local analgesics: patients who have a problem where local analgesics are not effective; the cause of the 8. ..... (FAIL) is psychological rather than physical.

There are certain medical conditions which may be aggravated by the stress of undergoing dental treatment:

– 9. ..... (ISCHAEMIA) heart disease
– hypertension
– asthma
– epilepsy
– psychosomatic 10. ..... (ILL). [3]

LANGUAGE FOCUS 6

Dental implants

READING 1

For gaps 1–10, choose the best answer A, B, C, or D:

There are various 1. ..... why patients lose their teeth, these may be congenital or as a result of 2. ..... , in which case caries and periodontal breakdown are the most common. Missing teeth may not always be replaced, however, replacement may be 3. ..... to improve appearance, masticatory function or speech, or sometimes to prevent harmful changes in the dental arches, such as the overeruption or tilting/ drifting of teeth. Moreover, tooth loss leads to resorption of the alveolar bone, which worsens the subsequent tissue 4. ..... .

Before performing any implants, the dentist should take into account the general health status of the patient since there may be cases of medical situations which would pose a 5. ..... to implant treatment. Assessment of the patient's health should be based on specific questions as well as a general medical questionnaire. Elderly and weak patients who are unable to 6. ..... prolonged surgical treatment should not be recommended implants. Also, patients who are mentally 7. ..... , have uncontrolled depression, are alcohol or drug abusers should be advised against implant treatment.

Another feature that has to be considered before performing implants is bone 8. ..... which implies density, anatomy, and volume. While bone volume does not influence osseointegration, it is an important determinant of implant 9. ..... .

The majority of dental implants are designed to be placed into axisymmetric holes which are drilled in the bone. In low density bone, the process may result in poor 10. ..... . There are implants made with a tapering design, which creates a wedging effect as the implant body is seated. [4]

1.	A. details	B. reasons	C. aims	D. causes
2.	A. disease	B. malady	C. syndrome	D. sickness

[3] Adapted from Coulthard, Paul, Horner, Keith, Sloan, Philip, Theaker, E. D., *Master Dentistry: Volume 1: Oral and Maxillofacial Surgery, Radiology, Pathology and Oral Medicine*, Churchill Livingstone, Edinburgh/ London/ New York, 2003.

[4] Adapted from Hobkirk, J. A., Watson, R. M., Searson, L. J. J., *Introducing Dental Implants*, Churchill Livingstone, Edinburgh/ London/ New York, 2003.

3.	A. wanted	B. sought	C. desirable	D. expected
4.	A. shortage	B. shortfall	C. scarcity	D. deficit
5.	A. peril	B. hazard	C. menace	D. risk
6.	A. endure	B. undergo	C. suffer	D. experience
7.	A. uneven	B. unsteady	C. unstable	D. unequal
8.	A. quality	B. worth	C. value	D. excellence
9.	A. settlement	B. placement	C. employment	D. situation
10.	A. constancy	B. solidity	C. stability	D. strength

LISTENING 3

Endodontic treatment

WRITING 2

You will hear a lecture about endodontic treatment. After listening, answer the following questions.

1. Name five conditions/ types of patients that a dentist should know about before performing an endodontic treatment:

…… , …… , …… , …… , …… .

2. Which three types of patients may have severe bleeding problems?

…… , …… , …… .

3. What should patients with uncontrolled or brittle diabetes be monitored for?

……

4. Why should the patient's oncologist be consulted?

……

5. In what kind of patients are biopsies recommended?

……

6. In what kind of patients may extraction be a threat?

……

7. What should be done in case of rubber latex allergic patients?

……

8. Which patients may need antibiotics?

……

9. What may lead to death in anaphylaxis?

.....

10. What should sickle cell patients be treated for?

.....

SPEAKING 5

Summarising the lecture on endodontic treatment

Based on the answers that you provided to the ten questions above, try to summarise the lecture with your partner. You may ask additional questions in order to encourage a fluent conversation.

Suggestions for self-learners: you can work with a partner via Skype or any other social media channel in order to present them a short summary of the lecture.

VIDEO CLIP

Visiting the dentist

Watch a video about a child visiting the dentist and write the answers to the following questions:

WRITING 3

Samantha's toothache

1. When did Samantha's toothache start?

.....

2. What does the doctor take?

.....

3. What causes Samantha's toothache?

.....

4. What does Samantha need?

.....

5. What colour does Samantha want?

.....

SPEAKING 6

Visiting the dentist

Act out a similar dialogue with your partner, one being the dentist, the other one the patient.

Suggestions for self-learners: you can work with a partner via Skype or any other social media channel.

READING 2

Dental plaque

Read the following fragment on dental plaque:

Dental plaque is an accumulation of bacteria and intercellular matrix that forms the biofilm which adheres to the surfaces of teeth and other oral structures in the absence of effective oral hygiene. Accumulation of plaque is the key aetiological factor that leads to periodontal diseases. Plaque can be of two types: supragingival or subgingival.

Supragingival plaque is located on the crowns of the teeth, at or above the gingival margin. It initially forms as a soft, yellow-white layer on the tooth surface. It accumulates at the gingival margin and also other regions such as grooves, pits, under overhanging restorations, where there is protection from the mechanical cleaning effect of the oral soft tissues. The rate of plaque formation varies among individuals and is influenced by oral hygiene, dietary composition, and salivary flow rates. Small amounts of plaque may not be visible to the naked eye, but may be detected by scanning the gingival margin with a periodontal probe, or by the use of disclosing solutions.

Subgingival plaque is found within the gingival sulcus or periodontal pocket, below the gingival margin. It develops from the downgrowth of supragingival plaque into the gingival sulcus or periodontal pocket; it can only be seen if the overlying gingiva is retracted. The composition of subgingival plaque differs from that of supragingival plaque as a result of the unique conditions that exist in the gingival sulcus, which favour colonisation and growth of anaerobic bacteria.

Plaque consists of microorganisms (approximately 75% of the plaque volume) suspended in an extracellular matrix. As many as 300 bacterial species have been identified in dental plaque. Moreover, there are nonbacterial organisms, such as yeasts, that can also be found in plaque.

Organic components of plaque include extracellular polysaccharides secreted by plaque bacteria, salivary glycoproteins, desquamated oral epithelium cells, and defence cells. The inorganic component primarily comprises calcium and phosphorus from saliva.

Plaque build-up can be prevented by flossing. The best way is flossing once a day and brushing the teeth twice daily using a fluoride toothpaste. Regular visits to the dentist and professional cleanings can also help to prevent and treat oral health problems.

The dentist can remove any plaque on the surface of the teeth which has formed in the hardly accessible places. Moreover, dentist can treat the teeth with fluoride to help prevent tooth decay. Dietary changes may also be of great help. As such, avoidance of cookies, candy, sugary foods, as well as starchy ones such as dried fruits or potato crisps can significantly contribute to a healthier oral cavity. Excess and prolonged consumption of soda, sports drinks, and citrus juices is also known to cause dental problems.

SPEAKING 7

Dental plaque

Together with your partner, decide if the statements below are true (T), false (F), or not mentioned in the text (N). Correct any false statements.

1. Dental plaque is due to the build-up of bacteria and intercellular matrix. .....
2. Periodontal disease is not caused by plaque build-up. .....
3. Supragingival plaque is a result of the lack of mechanical cleaning. .....
4. The gingival margin is the location of subgingival plaque formation. .....
5. Subgingival and supragingival plaques have the same composition. .....
6. Starches can be found in plaque. .....
7. Flossing and the use of fluoride toothpaste remove plaque. .....
8. Dental check-ups kill the bacteria that build up plaque. .....

WRITING 4

Dental plaque

Using the words in the box, summarise the text above:

accumulation	components	formation
likelihood	sulcus	

Bacteria and intercellular matrix accumulate in the oral cavity. This 1. ..... leads to plaque formation and causes periodontal disease. Supragingival plaque forms as a biofilm which sticks to hardly accessible places. Subgingival plaque collects in the gingival 2. ..... or periodontal pocket. Plaque bacteria secrete organic 3. ..... known to contribute to plaque 4. ..... Regular flossing reduces the 5. ..... of plaque build-up. It is best to avoid sugary and starchy foods in order to diminish plaque formation.

SPEAKING 8

Preventing and avoiding dental plaque

Using the information in the text, decide with a partner about the dos and don'ts of avoiding plaque build-up and preserving a healthy oral cavity. You may add additional details and ask your partner questions in order to encourage a fluent conversation.

Suggestions for self-learners: you can work with a partner via Skype or any other social media channel or present your opinions in a monologue.

WRITING 5

Flyer on avoiding dental plaque

Based on your decisions, design a flyer which should include advice on avoiding dental plaque. Add a catchy headline to your flyer, use imperatives, and employ topic specific vocabulary. You can divide your flyer into short sections, you may also want to use rhetorical questions as section headings.

LANGUAGE FOCUS 7

Idioms

There are several idiomatic phrases with the word *teeth*. Use the following verbs to complete the idioms in sentences 1–5, then match the sentences with the meanings A–E:

give	gnash	grit	lie	set

1. I saw you stealing the wallet, so don't ..... through your teeth!
2. She had to ..... her teeth and start digging up the garden.
3. Young children often ..... their teeth when they are asleep.
4. I would ..... my eye teeth to get that car!
5. The thought of having to clean up the mess after the party will ..... my teeth on edge.

A. to be determined to do something in spite of the difficulties
B. to conceal the truth
C. to grind
D. to be unpleasant and to cause an uncomfortable feeling
E. to want to do or to get something very much

SPEAKING 9

Idioms

Together with your partner, use the idioms above in questions and sentences of your own.

Using a dictionary of idioms or an online one, find five additional idioms and explain their meaning to your partner.

Suggestions for self-learners: you can work with a partner via Skype or any other social media channel.

LANGUAGE CORNER

The following expressions have been selected to act as the building blocks for successful communication regarding the subject addressed in this module. They will support you in creating adequate subject-related sentences and expressions to meet the communicative requirements in different professional situations you may encounter.

alcohol-free mouth rinse /ˈælkəhɒl friː maʊθ rɪns/	analgesic /ˌænælˈʤesɪk/
biofilm /baɪˈɒ fɪlm/	cementum /sɪˈmentəm/
contraindication /ˌkɒntrəˌɪndɪˈkeɪʃən/	dental plaque /ˈdent(ə)l plɑːk/
dental restoration /ˈdent(ə)l ˌrestəˈreɪʃən/	elective dental treatment /ɪˈlektɪv ˈdent(ə)l ˈtriːtmənt/
emergency relief /ɪˈmɜːʤənsɪ rɪˈliːf/	endodontic treatment /endɒdɒntɪk ˈtriːtmənt/
extensive crack /ɪksˈtensɪv kræk/	fractured cusp /ˈfræktʃəd kʌsp/
gumline /ˈgʌmlaɪn/	healing process /ˈhiːlɪŋ ˈprəʊses/
intercellular matrix /ˌɪntəˈseljʊlə ˈmeɪtrɪks/	make an appointment /meɪk ən əˈpɔɪntmənt/
malocclusion /mælɒˈkluːʒən/	oral hygiene /ˈɔːrəl ˈhaɪʤiːn/
osseointegration /osiəˌɪntɪˈgreɪʃən/	overhanging restorations /ˈəʊvəhæŋɪŋ ˌrestəˈreɪʃənz/
periodontal disease /ˌperɪəˈdɒnt(ə)l dɪˈziːz/	periodontal pocket /ˌperɪəˈdɒnt(ə)l ˈpɒkɪt/
prompt treatment to save the tooth /prɒmpt ˈtriːtmənt təː seɪv ðə tuːθ/	psychosedation /ˈsaɪkəʊsɪˈdeɪʃən/
replacements /rɪˈpleɪsmənts/	resorption of the root surface /rɪˈsɔːpʃən əv ðə ruːt ˈsɜːfɪs/
sensitive teeth /ˈsensɪtɪv tiːθ/	steroid therapy /ˈsterɔɪd ˈθerəpi/
stress reduction protocol /stres rɪˈdʌkʃən ˈprəʊtəkɒl/	vertical root fracture /ˈvɜːtɪkəl ruːt ˈfræktʃə/

SUMMARY

In this module, you have practised English related to dentistry focussing on special vocabulary, asking questions, advising patients on good oral hygiene.

You have:

- acquired new vocabulary related to dental care;
- practised oral interaction with patients, asking questions to assess their oral health;
- advised patients on preserving a healthy oral cavity, avoiding dental plaque, good oral hygiene;
- learnt about dental problems, treatments, procedures.

REFERENCES

1. Aschheim, K. W., Dale, B. G., *Esthetic Dentistry: A Clinical Approach to Techniques and Materials*, Mosby, Inc., Second edition, St. Louis/ Philadelphia/ London, 2003.
2. Coulthard, Paul, Horner, Keith, Sloan, Philip, Theaker, E. D., *Master Dentistry: Volume 1: Oral and Maxillofacial Surgery, Radiology, Pathology and Oral Medicine*, Churchill Livingstone, Edinburgh/ London/ New York, 2003.
3. Hobkirk, J. A., Watson, R. M., Searson, L. J. J., *Introducing Dental Implants*, Churchill Livingstone, Edinburgh/ London/ New York, 2003.
4. Types of Teeth and their Functions | An Overview of Dental Anatomy | Continuing Education Course https://www.dentalcare.com/en-us/professional-education/ce-courses/ce500/types-of-teeth-and-their-functions [22.04.2019]

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AUDIOSCRIPTS

LISTENING 2

DENTAL COMPLAINTS

DIALOGUE 1

Receptionist: Hello! Dental Clinic *White Smile!* How can I help you?

Ms Knowles: Hello! I would like to make an appointment with Dr. Lewis.

Receptionist: I see. Could I have your name please?

Ms Knowles: Yes, my name is Miranda Knowles.

Receptionist: Ah, sorry Ms Knowles. Dr. Lewis can see you on Friday at 6 p.m.

Ms Knowles: Oh, don't you have any availability sooner? My tooth has been killing me since last night!

Receptionist: Let me check (computer mouse clicks can be heard)! I am afraid no. Can I put your name down for Friday at 6?

Ms Knowles: Oh, no! I cannot take this pain anymore! I couldn't sleep at all last night, and it is only Wednesday. And my whole face is swollen!

Receptionist: Would you like me to find another doctor for you?

Ms Knowles: I think anyone would be okay. I am afraid I need an extraction….

Receptionist: Alright, Ms Knowles, give me a second (computer mouse clicks can be heard). Dr. Martin could see you tomorrow morning.

Ms Knowles: Tomorrow morning? I don't think I can wait for that long!

Receptionist: He starts at 8 o'clock and could see you then!

Ms Knowles: Don't you have anyone available today?

Receptionist: Let me see (computer mouse clicks can be heard). Dr. Howell could see you at 4 this afternoon. Would that be okay?

Ms Knowles: Oh, great, yes, thank you!

Receptionist: Alright Ms Knowles. See you at 4!

Ms Knowles: Thank you! Good bye!

Receptionist: Good bye!

DIALOGUE 2

(There is a knock at the door, and the patient enters the dentist's surgery.)

Martin: Hello, Miranda!

Miranda: Hello, Martin! Nice to see you! What brings you here today?

Martin: Oh, I think I have a bad tooth.

Miranda: Well, your face looks a bit swollen. Have you taken anything?

Martin: Yes, I took some painkillers, but they don't seem to have done much.

Miranda: I see. Why don't you sit down and open your mouth? Let's have a look.

Martin: Aaaaaaaaaa!

Miranda: Well, yes, you are right. There seems to be a problem with this molar. But don't worry, it's nothing serious!

Martin: Does it have to be extracted?

Miranda: Oh, no, a filling will do. I'll prepare the tooth, fill it, and you will be ready in five minutes.

Martin: Great! I was afraid I might lose the tooth.

Miranda: Ah, no. Open your mouth once again!

Martin: Aaaaaaaaaaa!

DIALOGUE 3

Dr. Attenborough: Show him in, Martha!

Mr Sanders: Hello, doctor!

Dr. Attenborough: Mr Sanders! Nice to see you! How are you doing these days?

Mr Sanders: I am alright, thank you, doctor. But some of my teeth have been giving me trouble lately.

Dr. Attenborough: Trouble? In what way?

Mr Sanders: I think I may have several cavities. Whenever I drink or eat something hot or cold, I feel a sharp pain in my jaw.

Dr. Attenborough: Okay, Mr Sanders, let's see what the problem is. Will you open your mouth, please?

Mr Sanders: Aaaaaaaaa!

Dr. Attenborough: Does this hurt?

Mr Sanders: Oo, oo!

Dr. Attenborough: Okay, how about this one?

Mr Sanders: Ah, ah!

Dr. Attenborough: Good! It is not as serious as you thought, but let's spray some cold water. Does it hurt now?

Mr Sanders: AAAAAAAA!

Dr. Attenborough: Okay, your problem is increased tooth sensitivity, but at this point it is quite mild. It is caused by recessed gums, so the treatment will be rather simple, and you can do it yourself. None of your teeth are cracked, and there are no fractured cusps either. I suggest that you use a softer toothbrush and try a toothbrush labelled for sensitive teeth. And you could also get an alcohol-free mouth rinse, using it will cause less irritation. Try it for two weeks and if the problem does not go away, come back and I'll write a prescription for a specific toothpaste.

Mr Sanders: Oh, thank you, Dr Attenborough! I'll do so!

Dr. Attenborough: Good bye, Mr Sanders.

Mr Sanders: Thank you, doctor, good bye!

LISTENING 3

ENDODONTIC TREATMENT

Doctor Taylor: Good morning everyone! As I promised you last week, Doctor Mayor is joining us today to shed light on some types of patients who might have problems that impede a successful endodontic treatment. Doctor Mayor, thank you for joining us today.

Doctor Mayor: Thank you Doctor Taylor for having me here. It is always a pleasure to train future dentists. Should there be any questions, please do not hesitate to ask me. First of all, we all know that every patient undergoing endodontic treatment must be evaluated both physically and mentally. You might ask why. Well, because if a patient's physical or mental health is seriously compromised, even the simplest endodontic treatment can become an extremely difficult process. The dentist must use all available knowledge and experience in order to assess the patient and the dental problem. It is well-known that most medical conditions do not contraindicate endodontic therapy, but the patient's medical condition should be carefully assessed in order to handle the case appropriately. If the treating dentist finds it uncomfortable to treat medically compromised patients, such patients should be referred to an endodontist, who, in most cases, may be able to provide more expeditious treatment. As I said before, an important step before treating a patient is a physical assessment. Now obviously, I do not mean that we should have a thorough check-up, but there may be relevant episodes in the patient's history that could define the way we treat them. Thus, for example, a history of myocardial infarction within the past 6 months is a contraindication for elective dental treatment. You might ask why this is important. Well, first of all, emergency relief, should be provided in consultation with the patient's cardiologist. We can never know when an episode of myocardial infarction may occur, and let's also bear in mind that there are so many patients out there who simply fear the dentist. And you don't want to be the one who causes a heart attack!!! (students laugh). The best way to approach the treatment of these patients is with a stress reduction protocol that includes short appointments, psychosedation, and pain and anxiety control. Moreover, you may have patients with a history of rheumatic heart disease who you should premedicate with amoxicillin, erythromycin, or clindamycin, for instance. In your daily practice you may have to deal with patients with bleeding disorders. In an ideal setting, laboratory screening tests and a consultation with the physician are necessary in such cases. You should know that dialysis patients, alcohol abusers, and patients taking aspirin may have severe bleeding problems. While we recommend endodontic therapy instead of extraction in these patients, be prepared to handle any bleeding caused by impingement of the rubber dam clamp, vital pulp extirpation, or surgical procedures. Furthermore, with diabetes as an epidemic of our times, remember that an acute endodontic infection can compromise even a well-controlled diabetic patient. Patients with uncontrolled or brittle diabetes should be monitored carefully for signs of insulin shock or diabetic coma. Be careful to schedule such patients in such a way that the treatment will not interfere with the patient's normal insulin and meal schedule. Oh,

and yes, do follow a stress reduction protocol! Another condition which, unfortunately, more and more patients suffer from these days is cancer. In such cases, a thorough history will reveal what type of cancer the patient has and what type of treatment is being provided. However, do be gentle when asking such delicate questions, as many patients are uncomfortable when talking about their disease. We know that some cancers can appear as endodontic lesions, and so it is best to biopsy any that you consider suspicious. Because chemotherapy and radiation to the head and neck region can severely compromise the healing process, do not hesitate to contact the patient's oncologist before you perform any endodontic treatment. There are many other details that you should inquire about before starting an endodontic treatment. Take AIDS, for example. Such patients are at less risk with endodontic therapy than with extraction.

Student 1: Should pregnant women be treated differently? I mean, it's simpler to tell a pregnant patient apart from one suffering from diabetes! (students laugh).

Doctor Mayor: Yes, last term pregnancy is obviously visible in most women! (students laugh). But pregnancy is not a contraindication to endodontic therapy. If there is any pain and infection you should consult the patient's obstetrician.

Student 2: How about allergic patients?

Doctor Mayor: Yes, allergic patients may need extra care. For one thing, you may have to treat patients who are allergic to latex rubber. Instead of treating them bare handed (students laugh), you could use a vinyl glove which you can simply wear over the rubber gloves.

Student 3: Should we ask patients if they are on a steroid therapy?

Doctor Mayor: Oh, definitely! And that is because any patient taking steroids is more susceptible to infection. Once again, do not hesitate to contact the patient's physician in order to decide on the types of antibiotics that would offer the patient the best protection.

Student 4: What if we have to deal with a case of anaphylaxis?

Doctor Mayor: Anaphylaxis is characterized by bronchospasm, hypotension or shock, and urticaria or angioedema. It is a medical emergency and it may result in death as a result of respiratory obstruction, circulatory failure, or both.

Student 5: Have you ever dealt with patients suffering from sickle cell anaemia?

Doctor Mayor: Certainly! We do not have many such cases in our daily practice, but you can never know when such a patient will walk in. It is important to know that patients with sickle cell disease should not receive dental treatment during a crisis, except for the relief of dental pain and treatment of acute dental infections.

Doctor Taylor: Well, Doctor Mayor, thank you for your lovely presentation today, I am sure that our students have a better understanding of why they should know about a patient's medical conditions before providing any endodontic treatment.

Doctor Mayor: Thank you for inviting me, it is always a pleasure to talk to students! I have also brought a handful of brochures in case you need any further tips.

VIDEO CLIP

VISITING THE DENTIST

Mrs Wilson: Hello, Dr. Smith!

Dr. Smith: Hello, Mrs Wilson. Hello, Samantha! What seems to be the problem?

Samantha: Hello, Dr. Smith!

Mrs Wilson: Samantha has a terrible toothache. It started last night.

Dr. Smith: Well, let's see what the problem is! Samantha, come and sit on this lovely chair! Don't worry, you'll feel comfortable! Come on, hop up here! Okay, now, open your mouth and say "aaaahhhhhhh"!

Samantha: Aaaahhhhhhh!

Dr. Smith: Yes, there seems to be a tiny problem. But first let's take an X-ray.

Samantha: What is an X-ray?

Dr. Smith: Oh, we'll take a photo of your tooth.

Samantha: A photo of my tooth?

Dr. Smith: Yes, we'll put this tiny camera in your mouth, so open up and say "aaaahhhhhhh".

Samantha: Aaaahhhhhhh!

Dr. Smith: Excellent! Now, let's wait for the picture to come up on the screen.

Samantha: Is that my tooth?

Dr. Smith: Yes, it is! Do you see that darker spot? It is called a cavity.

Samantha: Yes…

Dr. Smith: Well, Mrs Wilson, Samantha needs a filling. What we are going to do is to make that black spot disappear! We'll make it white!

Samantha: But I want a pink spot!

Dr. Smith: No problem, we'll make it pink then! Ok, Samantha, now, open up once more, I will use this drill to remove any black areas, and then we will fill your tooth with this white mixture!

Samantha: But I want it pink!

Dr. Smith: Ah, I nearly forgot! Open your mouth!

Samantha: Aaaahhhhhhh!

Dr. Smith: Ok, just a minute! Good! And ready!

Samantha: Is it pink? Can I see it?

Dr. Smith: Of course! Come over here to this mirror! Do you like it?

Samantha: Mum! Look! Aaaahhhhhhh!

Mrs Wilson: Thank you, Dr. Smith!

Dr. Smith: Samantha? Will you promise to brush your teeth after each meal?

Samantha: If I brush my teeth, will I get more pink spots?

Dr. Smith: No, Samantha, if you brush your teeth, you will not need pink spots.

Mrs Wilson: Thank you once more, Dr. Smith!

Dr. Smith: Good bye, Mrs Wilson! Good bye, Samantha!

Mrs Wilson: Good bye!

Samantha: Good bye!

KEY TO EXERCISES

PART I – TOOTH-RELATED VOCABULARY

LANGUAGE FOCUS 1. HISTORY OF DENTISTRY

1. childhood; 2. malocclusion; 3. replacements; 4. treatment; 5. writings; 6. decaying; 7. popularity; 8. differences; 9. specialty; 10. employment

LANGUAGE FOCUS 2. TYPES OF TEETH 1

1. incisors; 2. canines; 3. premolars (bicuspids); 4. molars

LANGUAGE FOCUS 3. TYPES OF TEETH 2

1. incisor; 2. canine; 3. premolar; 4. molar

LANGUAGE FOCUS 4. PARTS OF A TOOTH

1 a, 2 f, 3 b, 4 c, 5 g, 6 e, 7 d

1. crown; 2. enamel; 3. gumline; 4. dentin; 5. root; 6. pulp; 7. cementum

PART II – TOOTH-RELATED PROBLEMS AND TREATMENTS

LISTENING 2. DENTAL COMPLAINTS

Patient 1	E
Patient 2	C
Patient 3	D

LANGUAGE FOCUS 5. SEDATION IN DENTISTRY

1. depression; 2. enabling; 3. safety; 4. unintended; 5. sedative; 6. headings; 7. administration; 8. failure; 9. ischaemic; 10. illnesses

READING 1

1. B, 2. A; 3. C; 4. D; 5. D; 6. B; 7. C; 8. A; 9. B; 10. C.

LISTENING 3. ENDODONTIC TREATMENT

1. any five of these: myocardial infarction, bleeding disorders, cancer, diabetes, AIDS, pregnancy, allergies, patients on steroid therapy
2. dialysis patients, alcohol abusers, and patients taking aspirin
3. signs of insulin shock or diabetic coma
4. because chemotherapy and radiation to the head and neck region can severely compromise the healing process
5. cancer patients
6. AIDS patients
7. use a vinyl glove
8. patients on steroid therapy
9. respiratory obstruction, circulatory failure, or both
10. the relief of dental pain and treatment of acute dental infections

WRITING 3. SAMANTHA'S TOOTHACHE

1. Samantha's toothache started last night.
2. The doctor takes an X-ray.
3. A cavity causes Samantha's toothache.
4. Samantha needs a filling.
5. Samantha wants a pink filling.

SPEAKING 7. DENTAL PLAQUE

1. T, 2. F; 3. T; 4. T; 5. F; 6. N; 7. F; 8. N.

WRITING 4. DENTAL PLAQUE

1. accumulation; 2. sulcus; 3. components; 4. formation; 5. likelihood

LANGUAGE FOCUS 7. IDIOMS

1. lie; 2. grit; 3. gnash; 4. give; 5. set

1. B; 2. A; 3. C; 4. E; 5. D

Module 2

Mental Health, Psychiatric Care

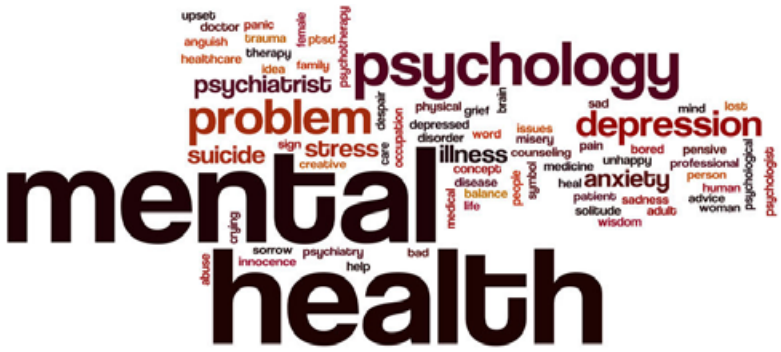
Authors
Aelita Skarbalienė, Žaneta Čėsnienė, Egidijus Skarbalius

Klaipėda University, Lithuania
www.ku.lt

Klaipėdos universitetas

INTRODUCTION

This module will introduce healthcare professionals and students to different linguistic and communication aspects of mental health nursing-related situations, faced when dealing with challenging behaviour and the prevention of mental disorders.



OBJECTIVES

In this module, you:

- will be able to use professional mental health-related vocabulary in situations when you need to discuss mental health issues with professionals,
- will be able to use professional mental health-related vocabulary in discussing mental health issues with family in care of a mentally ill family member,
- will learn how to interact with mentally ill patients, assess their condition and engage in emphatic and empowering communication,
- will be able to make recommendations for family members regarding nursing of a mentally ill family member,
- will be able to describe, discuss, and explain issues related to mental health conditions and disorders as well as their prevention.

PART I – MENTAL HEALTH DISORDERS

LISTENING 1

Mental health – key words

Listen to the pronunciation of the terms related to mental health disorders and repeat them:

dementia /dɪˈmenʃə/	schizophrenia /skɪtsəˈfriːniə/	anxiety disorder /æŋˈzaɪəti dɪˌsɔːdə(r)/
Alzheimer's disease /ˈɔlts ˌhaɪmə(r)z dɪˌziːz/	autism /ˈɔːtɪzəm/	stigma / stigmatise /ˈstɪgmə /ˈstɪgmətaɪz/
phobia / agoraphobia /ˈfəʊbiə/ /ˌægərəˈfəʊbiə/	psychosis /saɪˈkəʊsɪs/	bipolar disorder /baɪˈpəʊlə dɪˌsɔːdə(r)/

mental disorder /ˈmentəl dɪˌsɔːdə(r)/	psychiatrist /saɪˈkaɪətrɪst/	depression /dɪˈpreʃən/
agitation /ˌædʒɪˈteɪʃən/	personality disorder /pɜːsənˈæləti dɪˌsɔːdə(r)/	impaired memory /ɪmˈpeərd ˈmeməri/

READING 1

Anxiety disorders

Use the words and expressions from the box below to fill in the gaps in the following text. If you come across unfamiliar words or expressions, please translate them and learn.

shakiness mental disorders agoraphobia anxiety hyperthyroidism personality disorder antidepressants cognitive behavioural therapy phobias rapid heart rate

ANXIETY DISORDERS

Anxiety disorders are a group of (1) ..... characterised by significant feelings of (2) ..... and fear, i.e. anxiety is a worry about future events, and fear is a reaction to current events. These feelings may cause physical symptoms, such as a (3) ..... and (4) ..... There are several anxiety disorders, including generalised anxiety disorder, social anxiety disorder, separation anxiety disorder, panic disorder, a specific phobia such as (5) ..... etc. The disorder differs by what results in the symptoms. People often have more than one anxiety disorder.

The cause of anxiety disorders is a combination of genetic and environmental factors. Risk factors include a history of child abuse, a family history of mental disorders, and poverty. Anxiety disorders often occur with other mental disorders, particularly major depressive disorder, (6) ....., and substance use disorder. To be diagnosed, symptoms typically need to be present for at least 6 months, be more than what would be expected for the situation, and decrease functioning. Other factors that may result in similar symptoms include (7) .....; heart disease; caffeine, alcohol, or cannabis use; and withdrawal from certain drugs, among others.

Without treatment, anxiety disorders tend to persist. Treatment may include lifestyle changes, counselling, and medications. Counselling is carried out typically with a type of (8) ..... Medications, such as (9) ....., benzodiazepines, or beta blockers, may improve symptoms.

Over a lifetime, between 5% and 30% of the society is affected by an anxiety disorder. Anxiety disorders occur in females about twice as often as in males, and generally begin before age 25. The most common are specific (10) ....., which affect nearly 12%, and social anxiety disorder, which affects 10%. Phobias mainly affect people between the ages of 15 and 35, and become less common after age 55. Rates appear to be higher in the United States and Europe[1].

[1] Anxiety disorder. https://tinyurl.com/vakadjn Retrieved on 4 March 2020

SPEAKING 1

Discussion on anxiety

Discuss the following questions with a partner or answer by yourself:

1. What are the types of anxiety disorders and what are the most typical symptoms?
2. What are the causes of anxiety disorders?
3. What is the traditional treatment of anxiety disorders? In your opinion, what are the most effective measures to deal with anxiety and why?
4. What are the general statistics about anxiety disorders in relation to the type of disorder and demographic situation (gender, age, location)? In your view, what is the situation with mental health disorders in your country?
5. Do you know any specific person diagnosed with an anxiety disorder (any type)? If yes, what are the symptoms, causes and recommendations for treatment? If you don't know any real-life case, please recall a case, for example, from a film that you have watched or simply use your imagination.

VOCABULARY 1

You will listen to an audio clip on dementia. Before you listen, check to see if you know the expressions and their pronunciation below. Repeat and learn them.

disorientation	deteriorate	impaired memory
make out a will	power of attorney	leave to your own devices

LISTENING 2

A dementia case

TASK A

Listen to the following extracts from an interview with Tom, a patient with a diagnosed early stage of dementia, his wife Jane, and their psychiatrist Dr. Brown. Note which specific conditions or symptoms of dementia have been named by Dr. Brown, Jane, and Tom.

Dr. Brown: . . . . . .

. . . . . .

Jane: . . . . . .

. . . . . .

Tom: . . . . . .

. . . . . .

TASK B

WRITING

Listen again and answer the following questions:

1. How did Tom understand that he had health problems?
2. How did Tom accept the possibility of being affected by dementia?
3. How is dementia tested?
4. How is life affected after dementia is diagnosed?
5. How can life be planned after dementia is diagnosed?
6. How did Jane's life change after Tom's disease?
7. What changed in Tom's life after the diagnosis, how does he understand his life now?
8. What kind of social support is available for people with dementia?
9. Why is it useful to get involved in support groups?
10. What does the precise kind of support depend on?

VOCABULARY 2

You will watch a video about students sharing some thoughts about mental illness. Before you watch, check to see whether you know the expressions and their pronuncuation below. Repeat and learn them.

severe brain disorders	stigma and discrimination	social isolation

VIDEO CLIP

The class about mental illness

Watch the video of the teacher's, Ona's, and Tomas's conversation in the class about mental illness. While watching the video, answer the following questions[2]:

1. What beliefs do many people have about people with mental illnesses?
2. How do stigma and discrimination impact the lives of mentally ill people?

LANGUAGE FOCUS 1

Gap filling

Fill in the following sentences from the video you've watched with the missing word(s) from the table. NB! In some cases, 2 options are possible.

shame	*mental disorder*	*psychosis*	*depression*
severe brain disorders	*stigma*	*discrimination*	

1. Over 450 million people globally have some type of ..... .
2. I started traveling around different countries to understand the ..... and ..... against people with mental disorders.
3. People in all countries experience ..... and discrimination.
4. Discrimination may lead to ..... and social isolation.
5. Many people with ..... and other ..... do not have access to effective treatment.
6. Almost half the people in the world live in a country where there is one ..... or less to serve 200,000 people.

[2] Video Personal stories and the WHO's Mental Health Action Plan (https://tinyurl.com/vpzxvab) [4 March 2020]

SPEAKING 2

Discussion on stigma and discrimination of mentally ill people

Remember the information provided in the video about mental illness or watch it again to answer the following questions by yourself or discuss with a partner.

1. What are the global statistics on mentally ill people worldwide?
2. Why do people tend to keep a silence when it comes to mental health problems?
3. What is the role of education as regards mental health disorders?

If you are a self-learner, consider the questions for discussion in a monologue and record yourself on your mobile device.

WRITING 1

SPEAKING 3

Reflection on mental disorders

Now you have read about anxiety disorders and listened to some facts. First, reflect on the following questions for yourself and then discuss them with a partner or in bigger groups. If you are a self-learner, prepare a monologue and record your reflections.

1. Think of anyone in your environment who has dementia, schizophrenia or any other mental health disorder (If you cannot think of anyone, think of the characters whose cases you have analysed in this module or perhaps you would like to refer to some other external sources, e.g. films). When you have one in mind, think of the symptoms and the severity of disorder in this person's case.
2. What problems does he or she face in daily life?
3. What kind of support does he or she receive from other people (family, friends, etc.)?
4. How are such people accepted in society in your country?
5. What is your personal attitude to mentally impaired people? Is there anything you (can) personally do or suggest in order to overcome the stigma?
6. Perhaps you have watched some film(s) related to mental health disorders. Maybe you would like to suggest something to your group mates and to exchange some ideas on the films that you consider worth watching.

If you haven't had a chance yet, you might want to watch the movie A Beautiful Mind, which is a 2001 American biographical drama film based on the life of John Nash, a Nobel Laureate in Economics. Early in the film, Nash begins to develop paranoid schizophrenia and endures delusional episodes while watching the burden his condition brings on his wife Alicia and his friends. Or perhaps you would like to watch the 2010 dramatic film My Name is Khan, which includes a love story, an Islamic setting, and a mild form of autism. This film received a leading 10 nominations at the 56th Filmfare Awards, including Best Film.

LANGUAGE FOCUS 2

Missing letters / definitions

Based on a given definition and the provided letters, think of the appropriate word to name a defined mental health disorder or symptom. NB! You may want to refer to LISTENING 1 for help.

1) A ..... M: This is abnormal self-absorption, usually affecting children, characterised by a lack of response to people and actions and limited ability to communicate.
2) A ..... Y: This is a state of apprehension, uncertainty, and fear resulting from the anticipation of a realistic or fantasised threatening event or situation.
3) D ..... A: This is a syndrome due to a disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple functions: memory, thinking, orientation, comprehension, calculation, learning capacity, language, judgement.
4) P ..... A: This is an abnormal intense and irrational fear of a given situation, organism, or object.
5) D ..... N: This is a severe mental state dominated by a lowering of mood and often accompanied by a variety of associated symptoms, e.g. anxiety, agitation, a feeling of unworthiness, suicidal ideas, insomnia, complaints, etc.
6) P ..... S: This is a mental condition that causes you to lose touch of reality. It is not a medical condition, but rather a symptom of several mental illnesses.

Cultural differences, subjective assessments, and competing professional theories all affect how one defines "mental health". It is, however, generally agreed that mental health is broader than a lack of mental disorders. According to the World Health Organization (WHO), concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualisation of one's intellectual and emotional potential, among others.[3]

PART II –THE THERAPEUTIC RELATIONSHIP AND PREVENTION

READING 2

The therapeutic relationship

According to scholars Dziopa and Ahern (2009), nine critical mental health aspects can be distinguished in psychiatric nursing. Below, there is a brief description of each of them. Match the nine critical mental health aspects (A–I) to the appropriate descriptions below:[4]

A. being genuine
B. being there and being available
C. demonstrating clear boundaries

[3] Adapted from The World Health Report 2001 – Mental Health: New Understanding, New Hope. WHO, 2001. Retrieved on 4 March 2020. https://tinyurl.com/ukbgbt9

[4] Adapted from What Makes a Quality Therapeutic Relationship in Psychiatric / Mental Health Nursing: A Review of the Research Literature. https://tinyurl.com/olhvbwk [4 March 2020]

D. demonstrating respect
E. demonstrating self-awareness
F. individuality
G. promoting equality
H. providing support
I. understanding and empathy

§ 1	§ 2	§ 3	§ 4	§ 5	§ 6	§ 7	§ 8	§ 9

QUALITY THERAPEUTIC RELATIONSHIP IN MENTAL HEALTH NURSING

§ 1. Understanding from psychiatric nurses reinforces a positive psychological balance for patients. The expression of thoughts and feelings of patients should be encouraged without blaming, judging, or belittling. Feeling important is significant to the lives of people who live in a society which often stigmatises the mentally ill because of their disorder. Empowering patients with feelings of importance will bring them closer to the normality they had before the onset of their disorder.

§ 2. Individualised care becomes important when nurses need to get to know the patient. The psychiatric nurse must see patients as individual people with lives beyond their mental illness. It is imperative in making patients feel valued and respected. In order to accept the patient as an individual, the psychiatric nurse must not be controlled by their own values and pre-understanding of mental health patients.

§ 3. Successful therapeutic relationships between nurses and patients need to have positive support. Different methods of providing patients with support include many active responses, such as giving suggestions and feedback, conveying hope, reflecting concern, and providing patients with reassurance. Patients sense feelings of connection when nurses hug or embrace them, put a hand on their shoulder, or hold a patient's hand. Physical touch is intended to comfort and console patients who are willing to embrace these sensations and share mutual feelings with nurses.

§ 4. In order to make patients feel more comfortable, the patient care providers make themselves more approachable, therefore more readily open to multiple levels of personal connections. Such personal connections have the ability to uplift patients' spirits and secure confidentiality. The quality of time spent with the patient proves to be beneficial. A combination of being there and being available allows empirical connections to quell any negative feelings within patients.

§ 5. Nurses should be natural and authentic in their interactions with the patient and in accordance with their values and beliefs, and be consistent and reliable in both punctuality and character. This is determined through the level of consistency displayed between the nurse's verbal and non-verbal behaviour. Self-disclosure proves to be the key to being open, honest and using humour. Such genuine emotion as tearfulness, blunt feedback, and straight talk facilitate the therapeutic relationship in the pursuit of being open and honest. The basic concept of genuineness is centred on being true to one's word. Patients would not trust nurses who fail in complying with what they say or promise.

§ 6. For a successful therapeutic relationship to form, a beneficial co-dependency between the nurse and patient must be established. While patients need nurses to support their recovery, psychiatric nurses need patients to develop skills and experience. Equal interactions are established when nurses talk to patients one-on-one. Participating in activities that do not make one person more dominant over the other, such as talking about a mutual interest or getting lunch together, strengthen the levels of equality shared between professionals and patients.

§ 7. To develop a quality therapeutic relationship, nurses need to make patients feel respected and important. Accepting patient faults and problems is vital to convey respect. Behaviours used to convey respect include active listening, being accessible, consistent, taking patients seriously and interacting in an equal partnership, accepting the patient with their faults and problems.

§ 8. Limit setting is essential for protecting both the patient and the nurse, and maintaining a functional therapeutic relationship. It helps to shield the patient from embarrassing behaviour and instils the patient with feelings of safety and containment. Limit setting also protects the nurse from burnout, preserving personal stability, thus promoting a quality relationship. While mental health nurses need to promote a close and warm co-operation with patients, they also need to know how far they can be self-disclosing while maintaining professional boundaries.

§ 9. It is important for psychiatric nurses to recognise personal vulnerability in order to survive and develop professionally. Humanistic insight, basic human values, and self-knowledge help to improve care. Different personalities affect the way psychiatric nurses respond to their patients. The more self-aware nurses are, the more knowledge on how to approach interactions with patients they have.

WRITING 2

SPEAKING 4

Therapeutic relationship

TASK A

Imagine that you have to instruct a newly employed psychiatric nurse on how to ensure an appropriate therapeutic relationship with a mentally ill patient. Complete the table below with your recommendations using the information from the text above.

The beginning is done for you as an example:

The critical aspect	A nurse should do	Should avoid doing
be genuine	• be natural (authentic) in your interactions; • be in accordance with your values and beliefs; • …	• avoid being one-sided in a relationship (patients will be reluctant to give you any more information); • …
be there and be available	• …	• …

demonstrate clear boundaries	• …	• …
demonstrate respect	• …	• …
demonstrate self-awareness	• …	• …
ensure individuality	• …	• …
promote equality	• …	• …
provide support	• …	• …
understand and empathise	• …	• …

TASK B

Once you have completed the table, present your recommendations to your partner and discuss them together, comparing your recommendations.

If you are a self-learner, present the recommendations in a monologue and record yourself on your mobile device.

SPEAKING 5

Role play

Role play a dialogue between a psychiatric nurse who is speaking to a family member of a patient with mental disorders.

Student A. ***You are the family member.*** **Explain the condition of the patient and complain that you suffer from burnout because of ever-growing demands from your family member and the attention he or she seeks, and enquire about professional advice, practical tips on how to improve the relationship with the family member so that both of you have a healthy and encouraging relationship.**

Student B. ***You are a psychiatric nurse.*** **Listen attentively to the problems the patient's family member faces. Give professional advice on how to overcome burnout; give real-life examples and explain how to tackle the problem; explain how to engage with the person in care in a more positive an collaborative way that will empower the patient to draw on his / her inner resources in addition to any other treatment he or she may be receiving.**

If you are a self-learner, take turns being the psychiatric nurse and the patient's family member and then record your answers on your mobile device.

SPEAKING 6

Reflection on the therapeutic relationship

Which of the following would you recommend to the nurse to facilitate a therapeutic relationship? Decide if they are generally T (True) or F (False). If you consider them false, then explain why by giving a proof from the text above or perhaps your own personal experience.

1) (...) In your interactions with a mentally ill patient, be open, honest and authentic.
2) (...) Avoid using humour because patients may not understand you.
3) (...) You should take a leadership position in a therapeutic relationship; otherwise patients will be reluctant to give you any more information.
4) (...) In applying self-disclosure and vulnerability, there is a potential for boundary violation. Be careful about that.
5) (...) The more self-aware you are, the more knowledge on how to approach interactions with patients you will have.
6) (...) Avoid such things as talking about mutual interests or getting lunch together, it is too personal.

LISTENING 3

SPEAKING 7

Suicide Prevention

TASK A

Listen to a WHO report on suicide prevention[5]. What facts do you remember? Was there anything in the report unexpected or surprising for you? What do the numbers below refer to? Listen twice if you need to.

1) 1.2 million
2) 10–20 times
3) 500,000
4) 230,000
5) 15 to 25

TASK B

Here is a list of possible measures to prevent suicide as provided by the WHO. Which ones would you consider most effective and why? Discuss your views with a partner.

If you are a self-learner, consider presenting the most effective suicide prevention measures in a dialogue or record it on your mobile device.

- *Prescription of antidepressant drugs*
- *Reduction of access to the means to commit suicide*
- *Hotlines and crisis centres*

[5] Adapted from Prevention of Mental Disorders. Effective Interventions and Policy Options. Summary Report. Geneva. World Health Organization, 2004. Retrieved on 4 March 2020. https://tinyurl.com/vrjamgy

- *School-based programmes*
- *Early intervention in primary care and prescription of psychoactive drugs*
- *Reducing access to the means to commit suicide*

TASK C

Listen to the information from the WHO report on preventive measures. Compare your insights with the information provided in the WHO report. Did you have similar ideas? What other ideas did you have which have not been covered by the WHO report?

WRITING 3

Tips for suicide prevention

Imagine that you participate in a study conducted in your country regarding prevention of mental disorders. Write a paragraph on possible suicide prevention measures that you consider most effective in your country.

LANGUAGE FOCUS 3

Word building

TASK A

Analyse the formation of the words of different parts of speech. Fill in the table below with the missing words.

No.	Noun	Adjective
1.		*Dependent*
2.	*Hypnosis*	
3.	*Anxiety*	
4.		*Cognitive*
5.	*Paranoia*	
6.	*Comprehension*	
7.	*Compulsion*	
8.		*Conscious*
9.	*Delusion*	
10.	*Abuse*	
11.	*Psychosis*	

12.		*Depressive*
13.		*Developmental*
14.		*Fragile*
15.	*Neurosis*	

TASK B

Fill in the sentence using an appropriate form of the word from the table above[6].

1. He can be characterised by habitual violence and cruelty, so he is really ..... .
2. I can see that you are ..... because you show worry, nervousness, and unease about the uncertain outcome.
3. ..... is a general term covering the acquisition of knowledge by means of any of various mental processes, such as conceptualisation, perception, judgement, or imagination.
4. ..... disorder is a relatively mild mental disorder that is not caused by organic disease, involving symptoms of stress (depression, anxiety, obsessive behaviour, hypochondria) but not a radical loss of touch with reality.
5. A ..... act most commonly involves cleaning (hand-washing), repeated checking to ensure that a potentially dangerous situation has not been allowed to develop, or orderliness and tidiness.

LANGUAGE FOCUS 4

Word matching

Match the words to form typical collocations. Write the letter next to the number in the table below.

1)		*clouded*	**A.**	*abuse*
2)		*Alzheimer's*	**B.**	*consciousness*
3)		*conduct*	**C.**	*disease*
4)		*obsessive*	**D.**	*disorder*
5)		*schizoid*	**E.**	*memory*
6)		*reactive*	**F.**	*paranoia*
7)		*commit*	**G.**	*personality*
8)		*delusional*	**H.**	*psychosis*

[6] Adapted from Lexicon of psychiatric and mental health terms. Second edition. World Health Organization. Geneva, 1994. Retrieved on 4 March 2020. https://tinyurl.com/sj7jcpg

9)		*child*	**I.**	*suicide*
10)		*impaired*	**J.**	*thoughts*

LANGUAGE FOCUS 5

WRITING 4

Using the words or collocations from the LISTENING 1, LANGUAGE FOCUS 1–4 and LANGUAGE CORNER sections of this module, write a summary paragraph of at least 10 sentences on therapeutic relationship, mental health disorders and (or) their prevention.

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

LANGUAGE CORNER

The following expressions have been selected to act as the building blocks for successful communication regarding the subject addressed in this module. They will support you in creating adequate subject-related sentences and expressions to meet the communicative requirements in different professional situations you may encounter.

to attempt / commit / prevent suicide /tə əˈtempt / kəˈmɪt / prɪˈvent ˈsuːɪsaɪd/	child abuse /ˈtʃaɪld əˌbjuːz/
a power of attorney /ə ˌpaʊər əv ə ˈtɜːni/	severe brain disorder /sɪˈvɪə(r) breɪn dɪˈsɔːdə(r)/
distortion of thinking / perception /dɪˈstɔːʃən əv ˈθɪŋkɪŋ / pəˈsepʃən/	irrational fear /ɪˈræʃənəl fɪər/
psychotic disorder /saɪˈkɒtɪk dɪˌsɔːdə(r)/	apprehension /æprɪˈhenʃən/

feeling of (un)worthiness /ˈfiːlɪŋ əv (ʌn)ˈwɜːðinəs/	restlessness /ˈrestləsnəs/
to set (clear) boundaries /tə set (klɪə(r)) ˈbaʊndrɪz/	to foster self-awareness /tə ˈfɒstər selfəˈweənəs/
to develop / maintain a therapeutic relationship /tə dɪˈveləp / meɪnˈteɪn ə θerəˈpjuːtɪk rɪˈleɪʃənʃɪp/	a sense of importance /ə sens əv ɪmˈpɔːtəns/
to empower (a patient) /tu ɪmˈpaʊə(r) (ə ˈpeɪʃənt)/	to empathise /tu ˈempəθaɪz/
to quell a negative feeling / emotion /tə kwel ə ˈnegətɪv ˈfiːlɪŋ / ɪˈməʊʃən/	embarrassing behaviour /ɪmˈbærəsɪŋ bɪˈheɪvjə(r)/
to protect against burnout /tə prəˈtekt əˈgenst ˈbɜːnˈaʊt/	provide (patients) with reassurance /prəˈvaɪd (ˈpeɪʃənts) wɪð riːˈʃɔːrəns/
to draw on their inner resources /tə drɔː ɒn ðeə(r) ˈɪnə(r) rɪˈzɔːsɪs/	the World Health Organization (WHO) /ðə wɜːld helθ ˌɔːgənaɪˈzeɪʃən/
to prescribe antidepressant / psychoactive drugs /tə prɪˈskraɪb ˌæntidɪˈpresənt / ˌsaɪkəʊˈæktɪv drʌgz/	suffering from depression /ˈsʌfərɪŋ frɒm dɪˈpreʃən/
persistent feeling of sadness /pəˈsɪstənt ˈfiːlɪŋ əv ˈsædnəs/	impaired memory /ɪmˈpeərd ˈmeməri/
obsessional thoughts /əbˈseʃənəl θɔːts/	clouded consciousness /klaʊdɪd ˈkɒnʃəsnəs/
to develop (paranoid) schizophrenia /tə dɪˈveləp (ˈpærənɔɪd) skɪtsəˈfriːniə/	anxiety disorder /æŋˈzaɪəti dɪˌsɔːdə(r)/

SUMMARY

In this module you have practised English related to mental health, including the use of special vocabulary, recommending and advising patients and their family members on how to handle mental health nursing-related situations, challenging behaviours, and prevention of mental disorders.

You have:

- acquired professional vocabulary related to mental health nursing and prevention;
- learnt about therapeutic nursing, mental health disorders and their prevention;
- practised oral interaction with mentally ill patients, assessed their condition and engaged in emphatic and empowering communication with patients and their family members;
- practised advising families on how to deal with their mentally ill family members;
- practised describing, expressing and explaining issues related to mental health conditions and disorders as well as their prevention.

REFERENCES

1 *Anxiety disorder*. https://tinyurl.com/vakadjn [4 March 2020]

2 Video *Personal stories and the WHO's Mental Health Action Plan* (https://tinyurl.com/vpzxvab) [4 March 2020]

3 Adapted from *The World Health Report 2001 – Mental Health: New Understanding, New Hope. WHO, 2001.* https://tinyurl.com/ukbgbt9 [4 March 2020]

4 Adapted from *What Makes a Quality Therapeutic Relationship in Psychiatric / Mental Health Nursing: A Review of the Research Literature*. https://tinyurl.com/olhvbwk [4 March 2020]

[5] Adapted from *Prevention of Mental Disorders. Effective Interventions and Policy Options.* Summary Report. Geneva. World Health Organization, 2004. https://tinyurl.com/vrjamgy [4 March 2020]

[6] Adapted from *Lexicon of psychiatric and mental health terms*. Second edition. Geneva, 1994. https://tinyurl.com/sj7jcpg [4 March 2020]

AUDIOSCRIPTS

LISTENING 2

A DEMENTIA CASE

Doctor: Well… dementia is a collection of symptoms and has lots of different conditions. Dementia symptoms include memory problems, **disorientation** and communication problems. In fact, there are over 400 different kinds of dementia. Alzheimer's disease, for instance, is the best well-known form among all of them.

Jane: Tom was showing signs of being tired all the time. It did not matter how much sleep he had, he was tired even after a long rest, or when we were on holiday… you see, he was tired most of the time. And in addition to minor things, such as forgetfulness, he also had some major things, for example, his driving was **deteriorating**.

Tom: Yes, my wife Jane kept saying that I was not getting certain things right through forgetfulness. And at first thought it's not a big deal, because many people are forgetful. But when you keep hearing this so many times… and from other people too…, you start thinking that maybe it's time indeed to go to see the doctor.

Doctor: At the moment there is no single positive test for dementia, such as for example, a blood test. No blood test will tell you that you've got Alzheimer's disease or any other type of dementia. So currently, dementia is diagnosed merely by eliminating everything else it can possibly be.

Jane: At first, neither Tom nor I really thought of the possibility of dementia. But when you live with a person for a long time, you start picking up signs more easily. You start thinking that things have changed, that this person is no longer the same in many respects as he was, let's say, 3 or 5 years ago…

Doctor: If you are able to get a diagnosis at an early stage, you're in a position to make plans for how you want the rest of your life to be.

Jane: Now, Tom finds it quite difficult to look through legal documents because of his **impaired memory**. He cannot remember page-long information. So this work now falls onto me.

Doctor: When it comes to financial planning in terms of family, for example, let's take wills…. Having a diagnosis of dementia doesn't mean you can't **make a will.** So you need to sort the will out. You need to take out a lasting **power of attorney**. This enables somebody to take care of your finances should you become incapable of doing so, and also to make health decisions for you and perhaps make decisions about where you live.

Tom: Well, you know, you have to concentrate on living in the present. If the present holds many good things and is happy for me, I'll suspend things in the present for the time being.

Jane: It's good that you are not **left to your own devices**. The help is out there. Doctors will point you in the right direction. The earlier you ask for help, the better. And also there are support groups. It's quite interesting to get yourself involved, so that you see how other people are dealing with it.

Doctor: There are around 700,000 people with dementia in the UK. And everyone's experience of dementia is different. As dementia progresses, you will find you need more and more support. But the precise kind of support you need depends very much on you, on the kinds of symptoms you're having and also on what you want.

Tom: I've been pleasantly surprised at how supportive people are: friends, family, societies, employers… I found that the world is quite a helpful place to be.

VIDEO CLIP

THE CLASS ABOUT MENTAL ILLNESS

Teacher: Good morning, everybody. Some of you had to collect some facts and information about mental health for today's class. How did you do? Who would like to share your thoughts with the class?

Ona: Can I start with the statistics? I found that over 450 million people globally have some type of mental disorder. And I find it frightening…

Tomas: Regardless of the kind of mental illness, stigma and discrimination against people with mental disorders can be met all over the world.

Teacher: Tomas, could you explain what stigma and discrimination are?

Tomas: It's explained that stigma is when someone sees a person in a negative way because of their mental illness.

Discrimination is when someone treats a person in a negative way because of their mental illness. Social stigma and discrimination can make mental health problems worse and stop a person from getting the help they need.

Teacher: What is the most common feeling experienced by those with mental illness?

Tomas: It's a shame! Society in general has stereotyped views about mental illness and how it affects people. Many people believe that people with mental health problems are violent and dangerous, when in fact they are more at risk of being attacked or harming themselves than harming other people.

Teacher: How do stigma and discrimination impact their lives?

Ona: People with mental health problems are amongst the least likely of any group with a long-term health condition or disability to find work, be in a steady, long-term relationship, live in decent housing, and be socially included in mainstream society.

Tomas: It's hard not to feel hurt because of discrimination. And that may lead to depression and social isolation. Thus, discrimination traps a person in the illness.

Ona: And I found the information that many people with psychosis and other severe brain disorders do not have access to effective treatment. Almost half the people in the world live in a country where there is 1 psychiatrist or less to serve 200,000 people.

Teacher: Well done. And remember that others' judgments almost always stem from a lack of understanding rather than information based on facts. Learning to accept the condition and recognise what you need to do to treat it, seeking support, and helping educate others can make a big difference.

LISTENING 3 / SPEAKING 7

SUICIDE PREVENTION

TASK A

According to the World Health Organization's (WHO) estimates, in the year 2020, approximately 1.2 million suicides are estimated and 10–20 times more people than this will attempt suicide. In most European countries the annual number of suicides is larger than the annual number of deaths by traffic accidents, and in 2001 the worldwide number of suicide deaths overtook the number of deaths by violence (500,000) and war (230,000). Suicide rates increase with age, although several studies have recently shown an alarming increase in rates of suicidal behaviour among young people aged 15 to 25 years.

The most important evidence-based risk factors for suicide are psychiatric disorders (mostly depression and schizophrenia), past or recent social stressors (e.g. childhood adversities, sexual or physical abuse, unemployment, social isolation, serious economic problems), suicide in the family or among friends or peers, low access to psychological help and access to means for committing suicide.

So far, the most effective strategies to prevent suicides include the prescription of antidepressant drugs to patients suffering from depression and the reduction of access to the means to commit suicide. For suicide prevention among youngsters, a multicomponent school-based approach is recommended.

TASK C

Other possible preventive measures include the following:

Firstly, hotlines and crisis centres. Outcome studies over recent decades have not provided convincing evidence that such hotlines and centres have any impact on suicide rates. Some results suggest a positive effect, however. For example, on the evidence of research in Italy, a telephone helpline for the elderly combined with a home visiting service proved to be successful.

Secondly, school-based programmes. On the one hand, suicide education in school settings is not always welcomed, as such education may increase the number of students who consider suicide as a possible solution to their problems. On the other hand, systematic direct screening of adolescents, using evidence-based suicide predictors, is considered an effective public health strategy to address adolescent suicide.

Thirdly, early intervention in primary care and prescription of psychoactive drugs. For example, training of general practitioners in recognising and treating depression in primary care; prescribing antidepressant drugs such as paroxitine and lithium maintenance therapy.

And finally, reducing access to the means to commit suicide. For example, strategies include detoxification of domestic gas and car exhaust, safety measures on high buildings and bridges, control of the availability of sedatives and pain-killers, and restricted access to pesticides.

Taking all that into consideration, reducing access to the means to commit suicide is considered to be the most effective measure. Meanwhile, hotlines and suicide education in school settings rarely prove to be effective, in particular the latter, as such education may increase the number of students who consider suicide as a possible solution to their problems.

KEY TO EXERCISES

PART I. MENTAL HEALTH DISORDERS

READING 1. ANXIETY DISORDERS

1. mental disorders
2. anxiety
3. rapid heart rate
4. shakiness
5. agoraphobia
6. personality disorder
7. hyperthyroidism
8. cognitive behavioural therapy
9. antidepressants
10. phobias

LISTENING 2. A DEMENTIA CASE

TASK A

Dr. Brown: Dementia is a collection of symptoms, memory problems, disorientation, communication problems;

Jane: Signs of being tired even on holiday, forgetfulness; driving was deteriorating, impaired memory (difficulties in remembering page-long information);

Tom: Forgetfulness (but he did not make a big deal of his forgetfulness, only recurring comments from others made him aware of this condition).

TASK B

1. Jane kept saying that he was not getting certain things right through forgetfulness. When he kept hearing this so many times from other people, he started thinking of seeing a doctor.
2. Disbelief. He thought that forgetfulness "is not a big deal".
3. There is no single positive test for dementia; dementia is diagnosed by eliminating everything else it could possibly be.
4. Life changes after dementia is diagnosed. External care and help are needed to deal with daily life situations, such as driving, dealing with finances, solving legal issues, making decisions related to health care, and even a place to live.
5. E.g. you need to take out a lasting power of attorney to take care of your finances, to make health decisions or decisions related to the place of living.
6. More work falls onto Jane: to assist Tom at home and to make decisions in the family, e.g. to handle legal documents, to take care of finances, to make health decisions and decisions related to the place of living.
7. He concentrates on living in the present for the time being, and in different daily life situations he relies on the help and support he receives from others. He has been pleasantly surprised to find that "*the world is quite a helpful place to be*".
8. There are support groups for people with dementia and their families.
9. You see how other people are dealing with dementia in their daily lives.
10. The precise kind of support depends very much on the patient, on the kinds of symptoms they're having and also on what they want.

VIDEO CLIP. A PERSONAL STORY

1. Many people believe that people with mental ill health are violent and dangerous.
2. People with mental health problems are amongst the least likely of any group with a long-term health condition or disability to find work, be in a steady, long-term relationship, live in decent housing, and be socially included in mainstream society.

LANGUAGE FOCUS 1. GAP FILLING

1. mental disorder
2. stigma/discrimination, discrimination/stigma
3. shame
4. depression
5. psychosis, severe brain disorders
6. psychiatrist

SPEAKING 2. DISCUSSION ON STIGMA AND DISCRIMINATION OF MENTALLY ILL PEOPLE

1. Over 450 million people globally have some type of mental disorder.
2. They feel shame and keep a silence. There is discrimination and a stigma against people with mental disorders worldwide.
3. To raise awareness of mental health problems and people who suffer from them, to educate people so that they know how to handle that.

LANGUAGE FOCUS 2. MISSING LETTERS / DEFINITIONS

1. AUTISM
2. ANXIETY
3. DEMENTIA
4. PHOBIA
5. DEPRESSION
6. PSYCHOSIS

PART II. THE THERAPEUTIC RELATIONSHIP AND PREVENTION

READING 2. THE THERAPEUTIC RELATIONSHIP

§ 1	§ 2	§ 3	§ 4	§ 5	§ 6	§ 7	§ 8	§ 9
I	F	H	B	A	G	D	C	E

SPEAKING 6. REFLECTION ON THE THERAPEUTIC RELATIONSHIP

1. True
2. False
3. False
4. True
5. True
6. False

LISTENING 3 / SPEAKING 7. SUICIDE PREVENTION

TASK A

1) 1.2 million:

In the year 2020, approximately 1.2 million suicides are estimated.

2) 10–20 times:

10–20 times more people than this (i.e. than 1.2 million) will attempt suicide.

3) 500,000:

In 2001, the worldwide number of suicide deaths overtook the number of deaths by violence.

4) 230,000:

In 2001, the worldwide number of suicide deaths overtook the number of deaths by war.

5) 15 to 25:

Increase in the rates of suicidal behaviour among young people aged 15 to 25 years.

TASK C

- *Prescription of antidepressant drugs* (So far, the most effective strategies to prevent suicides include the prescription of antidepressant drugs to patients suffering from depression and the reduction of access to the means to commit suicide)
- *Reduction of access to the means to commit suicide*
- *Hotlines and crisis centres* (e.g. a telephone helpline for the elderly combined with a home visiting service may be helpful).
- *School-based programmes* (e.g. suicide education in school settings is not always welcomed, as such education may increase the number of students who consider suicide as a possible solution to their problems. However, systematic direct screening of adolescents, using evidence-based suicide predictors, is considered an effective public health strategy to address adolescent suicide).
- *Early intervention in primary care and prescription of psychoactive drugs* (e.g. training of general practitioners in recognising and treating depression in primary care; prescribing antidepressant drugs such as paroxitine and lithium maintenance therapy)
- *Reducing access to the means to commit suicide* (e.g. strategies include detoxification of domestic gas and car exhaust, safety measures on high buildings and bridges, control of the availability of sedatives and pain-killers, and restricted access to pesticides).

LANGUAGE FOCUS 3. WORD BUILDING

TASK A

No.	Noun	Adjective
1.	*Dependence*	*Dependent*
2.	*Hypnosis*	*Hypnotic*
3.	*Anxiety*	*Anxious*
4.	*Cognition*	*Cognitive*
5.	*Paranoia*	*Paranoid*
6.	*Comprehension*	*Comprehensive*
7.	*Compulsion*	*Compulsive*
8.	*Consciousness*	*Conscious*
9.	*Delusion*	*Delusional*
10.	*Abuse*	*Abusive*
11.	*Psychosis*	*Psychotic*
12.	*Depression*	*Depressive*
13.	*Development*	*Developmental*
14.	*Fragility*	*Fragile*
15.	*Neurosis*	*Neurotic*

TASK B

1. ABUSIVE
2. ANXIOUS
3. COGNITION
4. NEUROTIC
5. COMPULSIVE

LANGUAGE FOCUS 4. WORD MATCHING

1)	**B**	clouded consciousness
2)	**C**	Alzheimer's disease
3)	**D**	conduct disorder
4)	**J**	obsessive thoughtsl
5)	**G**	schizoid personality
6)	**H**	reactive psychosis
7)	**I**	commit suicide
8)	**F**	delusional paranoia
9)	**A**	child abuse
10)	**E**	impaired memory

Module 3

Midwifery – *When is the baby due?*

Author
Lukáš Merz

Palacký University Olomouc
www.upol.cz

Palacký University
Olomouc

INTRODUCTION

This module covers the topic of midwifery, with the emphasis on communication with pregnant women. The aim of the module is to provide students and healthcare professionals with essential language that may encourage them to communicate with their patients freely and confidently in English and motivate them to further study. The chosen topics represent the principal aspects and concerns of pregnancy, and they are designed to reflect the process of pregnancy, birth, and care for the new-born.

OBJECTIVES

In completing this module, you will be able to:

- describe the basic anatomy of the female reproductive system;
- inform women about the various kinds of methods of birth control;
- ask relevant questions concerning pregnancy and childbirth;
- clarify the purpose of a variety of medical tests performed during pregnancy and methods of pain relief during childbirth;
- give instructions during childbirth;
- ask relevant questions about breastfeeding.

LISTENING 1

Listen to the key vocabulary presented below. Pay attention to the pronunciation. Then listen again and repeat the words and phrases:

pregnancy /ˈpregnənsi/	labour /ˈleɪbə(r)/	delivery /dɪˈlɪvəri/	due date /dju: deɪt/	childbirth /ˈtʃaɪldbɜ:θ/
foetus /ˈfi:təs/	womb /wu:m/	uterus /ˈju:tərəs/	vagina /vəˈdʒaɪnə/	birthing canal /ˈbɜ:θɪŋ kəˈnæl/
hormone /ˈhɔ:məʊn/	antenatal care /ˌæntiˈneɪtl keə(r)/	new-born /ˈnju:bɔ:n/	contraception /ˌkɒntrəˈsepʃn/	midwifery /ˌmɪdˈwɪfəri/

READING 1

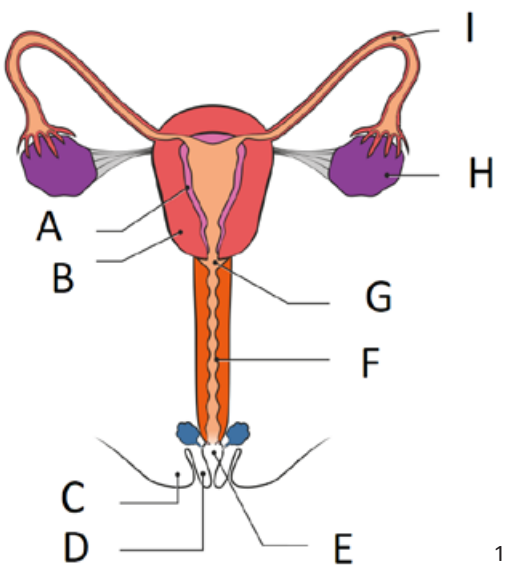
Getting the essentials right

1. Read the text and make sure you understand the terminology.

The female reproductive system is comprised of organs that are essential, together with the organs of the male reproductive system, in keeping the human population alive. Both systems consist of organs that are external and internal, and they are located in the lower belly and pelvis. Female reproductive organs enable women to produce ova; they provide a place for fertilization to occur, and support the development and growth of the fertilised egg, protecting and nourishing it until the foetus is delivered. The male reproductive system produces sperm cells, which may be released into the vagina during sexual intercourse. The following text describes the external and internal organs that form the female reproductive system.

The external genitalia of the female reproductive system include the **vaginal opening** and clitoris, which are surrounded by folds of skin called **labia minora** (the inner lips) and **labia majora** (the outer lips). These organs cover and protect the vaginal opening and together are called the vulva.

The internal reproductive organs are the **uterus** (or womb), vagina, fallopian tubes, and the ovaries. The uterus is a hollow, pear-shaped organ. It has a muscular wall that is able to expand during pregnancy to accommodate the foetus. The uterine cavity is lined with the **endometrium**, a soft mucous membrane. The lower part of the uterus is called the **cervix** (the neck of the womb) and it protrudes into the vagina. The **vagina** is a tube attached to the vaginal opening, joining the uterus with the outside of the female body.



1

Two **ovaries** are located on each side of the uterus and they are attached to the uterus by utero-ovarian ligaments. Their function is to produce ova (eggs) and the hormones oestrogen and progesterone. Usually only one ovum is released from the ovaries during ovulation. The egg then enters the **fallopian** (uterine) **tube** where it may be fertilised by sperm. If fertilization does not occur, the unfertilised egg reaches the uterus, decomposes, and is removed from the body together with menstrual blood during one's period.

If a sperm reaches the egg and fertilization occurs, the DNA of the male and female cells are combined. The fertilised egg implants itself into the uterine wall and an embryo starts to develop. After 8 weeks, it is called a foetus, and the 9-month period of development of the foetus is called pregnancy, or gestation.

2. Now label the picture with the words in bold.

A .....

B .....

C .....

D .....

E .....

F .....

G .....

H .....

I .....

3. Find words in the text with the following meaning:

a) The moment when an ovum is released from the ovary .....
b) Male sex cells .....
c) The union of the male and female sex cells .....
d) The fluid that is released monthly from a woman's body if fertilization does not take place .....
e) A thin layer covering the inside of the womb .....
f) A term for a baby developing inside the womb after 8 weeks .....

4. Complete the text with the words from the box.

protrudes	protect	implants	located	produces	attached	released

1) During ovulation, an ovum is ..... from the ovaries.
2) The fertilised egg ..... itself into the uterine wall.
3) The male reproductive system ..... sperm cells.
4) The cervix ..... into the vagina.
5) Labia minora and labia majora ..... the vaginal opening.
6) Ovaries are ..... on each side of the uterus and they are ..... to the uterus by utero-ovarian ligaments.

SPEAKING 1

Where problems might lie

ovaries	fallopian tubes	uterus	cervix	vagina

Focus on the above-mentioned parts of the female reproductive system and use your knowledge or make a small research to describe some common disorders and health issues associated with each of them and possible treatment methods.

Suggestion for self-learners: Find a partner at work, at home, or over digital communication means to discuss the issues with. Alternatively, do the exercise in a soft voice monologue.

LANGUAGE FOCUS 1

Taking precautions

Fertilization and pregnancy might not always be desired, for various reasons. Look at the list of methods of contraception. Match them with their definitions in the right column.

2

1 Cervical cap or diaphragm	**a –** A medical device inserted under a woman's skin. It releases hormones that prevent pregnancy.
2 Condom	**b –** A medical method that leaves the woman permanently unable to reproduce.
3 Contraceptive pill	**c –** A method of birth control that consists of monthly injections that contain hormones that prevent pregnancy.

4 Implant	**d –** A method in which a man withdraws his penis from the woman's vagina before ejaculation.
5 Injections	**e –** Watching for the signs and symptoms of ovulation. Abstaining from sex at this time of the month.
6 IUD (intra-uterine device)	**f –** A thin rubber tube that a man wears over his penis to stop sperm from being released into the female vagina.
7 Spermicide	**g –** A silicone or rubber cap that is inserted into vagina to cover the cervix.
8 Sterilisation	**h –** A type of birth control that women take orally, usually on a daily basis. It contains a combination of hormones that prevent pregnancy.
9 Fertility awareness	**i –** A small device that is inserted into a woman's uterus to prevent pregnancy. It may be hormonal or non-hormonal, and it has a long-lasting effect.
10 Withdrawal	**j –** A substance that is put into the vagina before sexual intercourse. It contains chemicals that slow down the sperm so that they cannot reach the egg.

1	2	3	4	5	6	7	8	9	10

Which of the methods are hormonal? Which of them are barrier methods (i.e. they create a barrier that prevents the union of male and female sex cells)? Which of them are considered natural? Put them into the corresponding categories. Some may be used more than once.

cervical cap or diaphragm condom contraceptive pill implants injections
IUD (intra-uterine device) fertility awareness withdrawal

Methods of birth control		
Hormonal	Barrier	Natural

The choice of contraception may depend on the woman's general health, age, number of children, as well as on the couple's religious beliefs. Among Catholics, for instance, only sexual abstinence is allowed. Protestants, on the other hand, have a more pluralistic view on birth control and divide into different opinion groups. Both Islam and Judaism are more open in this matter and rely on the partners' judgement. Buddhism permits contraception that does not stop sex cells from developing.

SPEAKING 2

What is the best choice?

Which method of contraception would you recommend to the women listed below? Give reasons with regard to their general health and possible risks:

a) Maya, a 17-year-old girl who had a boyfriend, but now is single. She has met somebody, but she is not sure he is the right man for her. She wants to be better prepared and she does not want to become a mother now.

b) Ava, a woman in her mid-twenties. She is in a long-term relationship, but she wants to focus more on her studies at present and does not plan to have a family just yet. She is a smoker and has a history of high blood pressure in the family.

c) Juliet, a woman in her mid-thirties and a mother of two boys. Her husband wishes for a baby girl, but she is not certain she wants another child.

d) Luisa, a Catholic woman in her early forties who lives with her husband. They have two children.

With a partner, choose four methods of birth control and consider their advantages and disadvantages. You may include the following areas: effectiveness, possible side effects, medical procedures, safety of use, demands on correct use, protection against sexually transmitted diseases (STDs), cost and need of prescription, religion and cultural acceptability.

Suggestion for self-learners: Prepare a short monologue and try to give advice to three selected women.

LANGUAGE FOCUS 2

Before you proceed, study the vocabulary in the box. Try to learn the correct pronunciation:

to conceive /tə kənˈsiːv/	pregnancy test /ˈpregnənsi test/	to try for a baby /tə traɪ fɔː(r) ə ˈbeɪbi/	a low sperm count /ə ləʊ spɜːm kaʊnt/	to seek medical assistance /tə siːk ˈmedɪkl əˈsɪstəns/
IVF (In Vitro Fertilization) /ˌaɪ viː ˈef/, /ɪn ˈviːtrəʊ ˌfɜːtəlaɪˈzeɪʃn/	a prenatal screening test /ə ˌpriːˈneɪtl ˈskriːnɪŋ test/	to give birth /tə gɪv bɜːθ/	to deliver /tə dɪˈlɪvə(r)/	antenatal appointment /ˌæntiˈneɪtl əˈpɔɪntmənt/

READING 2

Blessed with a child

Read the text about Michaela and her husband. Complete the text with the words from the box.

fighting	planned	results	trying	procedure

Michaela Novotná and her husband married in 2015. After about a year and a half of .....[1] for a baby and a lot of negative pregnancy test .....,[2] the couple decided to seek medical assistance. The specialist discovered that her husband had a low sperm count and it may not be possible for them to have a baby on their own. It affected them both emotionally and Michaela was ....[3] depression. In the end, they decided to try IVF. After the .....,[4] Michaela found out that she was pregnant. She was nervous when she had her prenatal screening tests, especially genetic screening, but the results were good. She gave birth to a healthy boy (birth weight 3200 g) and the delivery was without complications.

Now much to the couple's surprise, Michaela found out that she is pregnant again, a few weeks after they returned from a summer holiday. The couple had not .....[5] for another child and they conceived without even trying. But they both welcomed the news and now Michaela is about to go to her first antenatal appointment.

Now answer the questions below.

1) Why did the couple seek medical assistance?
2) What did they decide to do after they received results from the specialist?
3) How did they conceive their second baby?

WRITING 1

Antenatal/Prenatal appointment

Michaela's first antenatal appointment is today. Before you listen to her talking to a midwife, put the words into the correct order to make questions.

1) from / illnesses / any / you / suffer / do / ?

.....

2) like / attend / would / classes / you / to / antenatal / ?

.....

3) medications / any / take / do / you / ?

.....

4) this / first / pregnancy / is / your / ?

.....

5) did / your / have / last / you / when / period / ?

.....

6) have / your / difficulties / any / last / did / you / during / pregnancy / ?

.....

7) you / to / are / medications / allergic / any / ?

.....

LISTENING 2

Obstetric history

Louisa, a midwife, is taking a history from Michaela. Listen to the conversation and mark the following sentences true or false. If false, what is the correct answer?

1) Michaela is feeling perfectly well. True / False
2) Michaela's previous birth was an induced one. True / False
3) Michaela had an episiotomy during her previous birth. True / False
4) Michaela does not suffer from high blood pressure. True / False
5) Michaela wants to attend antenatal classes. True / False

Now listen to the recording once again (or more times if necessary) and complete the form with all available information.

PATIENT HISTORY QUESTIONAIRE		MENSTRUAL HISTORY	
Full name:	Michaela Novotná	Age at first menstrual period:	years
Age:	31	Regular/irregular menstrual periods:	
Marital status:		Periods start every:	days
Occupation:		Duration of bleeding:	
Phone no.:		Bleeding or spotting between periods:	
Partner contact details:		Bleeding or spotting after intercourse:	
Insurance:		First day of last menstrual period:	
BIRTH CONTROL HISTORY		**SEXUAL HISTORY**	
Methods of birth control?		Do you have a sexual partner?	
OBSTETRIC HISTORY		**CURRENT PREGNACY**	
Gestational age:		Vaginal discharge:	
Gravidity:		Pain:	
Parity:		Headache/ Visual disturbance/ Epigastric pain:	
Miscarriage/abortion / stillbirth:		Urinary symptoms:	
Gynaecological history:		Estimated day of delivery (EDD):	

SPEAKING 3

Completing a history form

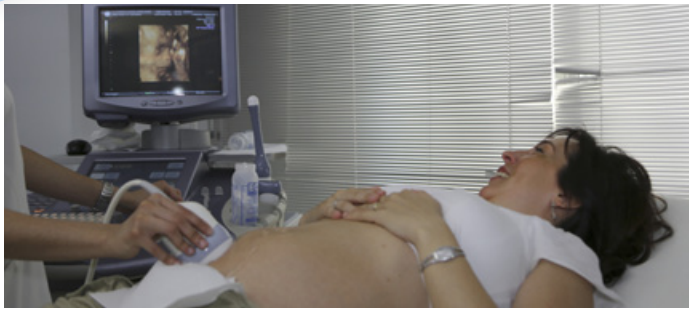
Now look at the missing information and make up questions to complete the questionnaire. Role-play the interview and ask a partner to come up with answers using his/her imagination. Explain why it is important to ask about the following:

- Abdominal pain
- Vaginal bleeding
- Vaginal loss
- Itching/Pruritis
- Headache/Visual disturbance/Epigastric pain
- Reduced foetal movements

Suggestion for self-learners: Prepare these questions and try to explain why you need to know about these symptoms.

READING 3

If something goes wrong



3

Here is a list of possible complications of the pregnancy or foetal development. Match the conditions with their explanations.

1. Pregnancy-induced hypertension (pre-eclampsia)
2. Gestational diabetes
3. Negative Rh factor
4. Preterm rupture of membranes
5. Miscarriage
6. GBS positive pregnancy
7. Placenta previa
8. Chromosome abnormality

a) When the placenta is in an abnormal position near or over the cervical opening.

b) Breaking of the membranes of the amniotic sac before the 37th week of pregnancy.

c) There may be a problem if the baby is Rh positive. The mother's body may produce antibodies that may damage the baby's red blood cells.

d) A woman is tested positive for group B streptococcus bacteria and should be treated with antibiotics before delivery to prevent infecting the baby.

e) The baby has an incorrect number of chromosomes or their structures are altered.
f) The natural death of the foetus, usually before 20 weeks of gestation.
g) A woman develops high blood sugar levels during pregnancy.
h) Blood pressure higher than 140/90. The foetus does not get enough oxygen and nutrients. May cause premature delivery. Dangerous for both mother and child.

Which of these can be diagnosed via an ultrasound examination?

SPEAKING 4

Preparing Michaela's birth plan

In recent years, it has become increasingly common for an expectant mother to come up with a birth plan. It is not to tell midwives, nurses, and doctors, how to do their job. There are so many unpredictable factors in play that the plan can be changed – usually at the last minute. Therefore, the term "plan" is not accurate, because it is more a list of preferences, guidelines, or wishes. It is usually the midwife's job to assist the mother to write down such a birth plan.

A midwife should inform the mother about the birthing options in the facility where the mother wishes to give birth, and to inform her about the risk and benefits of her options. Completing a birth plan also helps the mother realise what is important for her and her baby. A well thought-out birth plan can help communicate the mother's wishes and goals to the people assisting with the labour and delivery. Because these may be people the mother is seeing for the first time in her life!

Here is a list of items a birth plan usually covers. First, sort these phrases and expressions into the categories which a birth plan is usually divided into:

Before admission	During labour	After delivery	Personal wishes

cleaning the baby; episiotomy; accompanying person; pain management options; cutting the umbilical cord; laying the baby on mother's belly; medical students present; shaving the pubic area; having an enema; where to deliver; induction of labour; position during delivery (standing, lying on one's back, squatting, on all fours); feeding the baby; music in the delivery room; monitoring during labour; pushing according to the mother's feelings; the use of forceps or ventouse (VEX); skin-to-skin contact; food and drink; active management of the third stage of labour

Now role-play a midwife and Michaela in conversation about these topics. You should explain what the options are and what benefits and risks are associated with each choice. Then change roles.

Suggestion for self-learners: Prepare a monologue explaining the items of a birth plan to an expectant mother.

WRITING 2

Expressing preferences

Once you have completed the previous exercise, put Michaela's preferences on paper – some 10 sentences will do. Try to phrase them as requests, not demands. Use phrases like "I would like to…", "We would prefer if…", "unless medically necessary", "If possible…", "We hope to…", etc.

LISTENING 3

The due date is here!

Before you listen, study the vocabulary below. Focus on the correct pronunciation:

contraction /kənˈtrækʃn/	cramp /kræmp/	nagging ache /ˈnægɪŋ eɪk/	sticky mucus /ˈstɪki ˈmjuːkəs/	dilatation of the cervix /dɪləˈteɪʃn əv ðə ˈsɜːvɪks/
bloody show /ˈblʌdi ʃəʊ/	waters breaking /ˈwɔːtə(r)s breɪkɪŋ/	early stage of labour /ˈɜːli steɪdʒ əv ˈleɪbə(r)/	active stage of labour /ˈæktɪv steɪdʒ əv ˈleɪbə(r)/	relaxation techniques /ˌriːlækˈseɪʃn tekˈniːks/

Michaela's due date is coming. Her contractions have started today and she is not sure whether to go to hospital or keep waiting at home. She decides to call the maternity unit to ask a couple of questions. Listen to the dialogue with a midwife and tick the information that is mentioned:

• Bloody show	• Length of contractions	• Movement of the baby
• Inability to sleep	• Relaxation techniques	• Dilatation of the cervix
• Waters breaking	• Appropriate food	• Her husband

Listen again and mark the sentences true or false (T/F):

1) Michaela's due date is in four weeks. True / False
2) She has a nagging headache and cannot stay in one position. True / False
3) Her contractions are 25 minutes apart. True / False
4) She has passed sticky mucus with some blood in it. True / False
5) Her waters have broken. True / False
6) She is in an active stage of labour. True / False

Order the words to make questions. Then listen again and check:

1) due / is / date / when / your / ?

.....

2) the / contractions / when / start / did / ?

.....

3) contractions / how / the / do / last / long / ?

.....

4) passed / you /sticky / any / have / mucus / ?

.....

5) last / felt / time / baby / when / moving / was / the / you / your / ?

.....

The term "labour" refers to the last days or hours of pregnancy when the body prepares for childbirth. The uterus contracts and the cervix dilates. It is usually divided into three stages. "Delivery" refers to the second stage of labour, which involves pushing the baby through the birth canal in case of vaginal delivery, or via C-section.

VIDEO CLIP

Reporting to a doctor

Before watching the video, focus on the pronunciation of these words:

gravidity, gravida /ˈgrævɪdɪti, ˈgravɪdə/	parity, para /ˈpærɪti, ˈpɑrɑ/	bonding /ˈbɒndɪŋ/	a fully dilated cervix /ə ˈfʊli daɪˈleɪtɪd ˈsɜːvɪks/	umbilical cord /ʌmˈbɪlɪkl kɔːd/
pump /pʌmp/	to clamp the cord /tə klæmp ðə kɔːd/	delayed cord clamping /dɪˈleɪd kɔːd klæmpɪŋ/	placenta /pləˈsentə/	to pee /tə piː/
consistency /kənˈsɪstənsi/	tone /təʊn/	atony /ˈætəni/	retention /rɪˈtenʃn/	spontaneous delivery /spɒnˈteɪnɪəs dɪˈlɪvəri/

Michaela arrived at the hospital yesterday and gave birth to Emma, a healthy girl. There were, however, some complications. Watch the video and circle the statement which summarises best what happened.

a) The midwife was worried but recalled the standards of medical communication.
b) The midwife did not know how to give a proper account of the situation to the doctor.
c) The midwife was in a hurry and delivered the placenta.

Answer these questions: What did the midwife do wrong? How did she improve the second time she called the doctor? What are the standards of reporting in your country?

SPEAKING 5

Reporting a case

Invent details about a patient's situation, background and assessment of the situation. Then prepare a short report following the SBA (Situation, Background, Assessment) communicative technique, similar to what our midwife gave to the doctor. Find a partner and practice giving proper patient handover. Your partner will make notes. Swap roles. When you have finished, compare your notes.

Suggestion for self-learners: Prepare a monologue explaining the items of a birth plan to an expectant mother.

The competences of a midwife differ across countries and regions. In some countries, midwives may prescribe and administer some medications on their own, or they can suture birth wounds themselves. In other countries, a doctor's presence is required at all times during delivery. Some countries also allow home births when certain conditions are met: e.g. a physiological pregnancy, experienced midwife, a hospital being close by, a doctor available on the phone. Find the exact conditions in your country and try to find reliable information about the situation in the countries near you. If possible, ask a student or a midwife from another country to compare the situation.

LANGUAGE FOCUS 3

Communication in the delivery room

Look at a list of instructions that an experienced midwife may give to her colleague in the delivery room. Put the sentences into proper order (1–7):

	a) Give the baby to her mother to encourage bonding and cover with a towel.
	b) Put an identification bracelet on the baby's wrist.
	c) When you see the baby's head is crowning, check the condition of the perineum.
	d) Check that the baby is breathing when completely delivered.
	e) Tell the mother to push when she feels like it.
	f) You can tell the mother that she can push gently to deliver the shoulders.
	g) Monitor foetal heart rate throughout the labour.

A valuable source of language skills and information about the Apgar score and vaccination can also be found in **Module 5 – Paediatrics**. You are encouraged to have a look at it!

LISTENING 4

Breastfeeding counselling

Study the words in the table below. Listen and repeat to learn the correct pronunciation.

breastfeeding /ˈbrestfiːdɪŋ/	nursing /ˈnɜːsɪŋ/	latch /lætʃ/	sucking /sʌkɪŋ/	lactation consultant /lækˈteɪʃn kənˈsʌltənt/
nipples /ˈnɪpls/	sore /sɔː(r)/	cracked /ˈkrækd/	engorgement /ɪnˈgɔːdʒmənt/	colostrum /kəˈlɒstrəm/

Joanna, a midwife, visits Michaela at home a few days after the delivery and they discuss breastfeeding of her new-born daughter Emma. Read the dialogue and complete it with phrases from the box above. Then check with the recording.

4

Joanna: Is your breastfeeding going well? Has the milk come in already?

Michaela: Yes, it has. The milk is much thicker now than the 1 ..... was.

Joanna: Does she have a good 2 .....?

Michaela: Yes, the 3 ..... at the hospital showed me how to get her latched on.

Joanna: How often do you feed her?

Michaela: Every two or three hours.

Joanna: Is the 4 ..... painful? Are your breasts painful or tender?

Michaela: It's painful when she starts 5 ..... Then it's a bit better.

Joanna: If your nipples became 6 ..... and 7 ....., you should use an ointment for relief. And if your breasts became swollen and painful, it may indicate breast 8 ..... The best way to prevent this is to feed the baby as often as possible or use a breast pump.

Michaela: I put lanolin on my 9 ..... after she finishes feeding.

Joanna: OK, that's fine, but let your nipples dry first. Do you have any more questions concerning 10 .....?

SPEAKING 6

Breastfeeding aids

Study these words or look them up on the Internet.

breast pump	nursing bra	nursing pads	lanolin	nipple shield

Now explain to your partner what they are used for, and how they help or facilitate breastfeeding. Try to come up with benefits of breastfeeding, encourage the mother and support her efforts. Invent other details to change the dialogue and role-play it.

You might consider:

- health benefits for the baby;
- health benefits for the mother;
- economy;
- convenience;
- bonding.

Suggestion for self-learners: Find a partner at work, at home, or via social media channels to discuss the issues with. Or prepare a short monologue on the advantages of breastfeeding or how to avoid possible problems.

LANGUAGE CORNER

The following words and expressions have been selected to act as the building blocks for successful communication regarding the subject addressed in this module. They will support you in creating adequate subject-related sentences and expressions to meet the communicative requirements in any professional situations you may encounter.

morning sickness /ˈmɔːnɪŋ ˈsɪknɪs/	to go into labour /tə ˈgəʊ ˈɪntə ˈleɪbə/
a spontaneous vaginal delivery /ə spɒnˈteɪniəs vəˈʤaɪnəl dɪˈlɪvəri/	to get pain relief /təˈget peɪn rɪˈliːf/
pelvic floor /ˈpelvɪk flɔː/	water breaks /ˈwɔːtə breɪks/
induced labour /ɪnˈdjuːst ˈleɪbə/	provide support/guidance/counselling /prəˈvaɪd səˈpɔːt/ˈgaɪdəns/ˈkaʊnsəlɪŋ/
pre-term/full-term/post-term pregnancy /priː-tɜːm/fʊl-tɜːm/pəʊst-tɜːm ˈpregnənsi/	pregnancy loss/miscarriage /ˈpregnənsi lɒs/mɪsˈkærɪʤ/
to use contraceptive devices /tu ˈjuːz ˌkɒntrəˈseptɪv dɪˈvaɪsɪz/	stillbirth /ˈstɪlbɜːθ/
to cut the umbilical cord /tə kʌt ðiˌʌmˈbɪlɪkəl kɔːd/	suffer from gestational diabetes /ˈsʌfə frəm ʤesˈteɪʃən(ə)l ˌdaɪəˈbiːtɪz/

breech position /briːʧ pəˈzɪʃən/	pre-eclampsia /priːɪˈklæmpsiə/
longitudinal/transverse foetal lie /lɒnʤɪˈtjuːdɪnl/ˈtrænzvɜːs ˈfiːtl laɪ/	to apply an epidural block /tu əˈplaɪ ən ˌepɪˈdjʊərəl ˈblɒk/
post-partum haemorrhage /pəʊst-paːtm ˈhemərɪdʒ/	to promote breastfeeding /tə prəˈməʊt ˈbrestfiːdɪŋ/
perineal tears /perɪˈniːəl teəz/	sore/cracked nipples /sɔː/krækt ˈnɪplz/
obstructed labour/shoulder dystocia /əbˈstrʌktɪd ˈleɪbə /ˈʃəʊldə disˈtəukɪa/	antenatal classes /æntɪˈneɪtl ˈklɑːsɪz/
instrumental delivery/forceps, VEX /ˌɪnstrʊˈmentļ dɪˈlɪvəri / ˈfɔːseps/	gas and air (Entonox) /ˈgæs ənd eə/
nappy rash /ˈnæpi ræʃ/	to start bottle feeding /tə stɑːt ˈbɒtl ˈfiːdɪŋ/
twins/multiples /twɪnz/ˈmʌltɪplz/	heartburn /ˈhɑːtbɜːn/
foetal presentation /ˈfiːtļ ˌpreznˈteɪʃņ/	dilation of the cervix /ˌdɪlə'teɪʃn əv ðə ˈsɜːvɪks/

SUMMARY

Having completed this module, you will have:

- developed the competence to use appropriate language in specific situations in the field of midwifery;
- acquired vocabulary related to the anatomy of the female reproductive system, methods of birth control, the process of conceiving, preparing a birth plan, reporting a case to a colleague, and breastfeeding counselling;
- developed the ability to ask questions in dealing with a patient and to explain a variety of technical terms that may be unclear to the patient;
- developed the ability to give instructions to a patient or to your colleague;
- learned helpful expressions related to women's reproductive health.

REFERENCES

Psychologie der Kommunikation, Jessica Röhner, Springer-Verlag, ISBN-13 9783658100230 – a text adopted with the kind permission of Barbara Kosfeld, MSc.

Oxford Learner's Dictionaries https://www.oxfordlearnersdictionaries.com/

IMAGE RESOURCES

1 Photo by Wikipedia. https://commons.wikimedia.org/wiki/File:Female_genital_system_-_Front_view_1.svg. Creative Commons license. [15. 12. 2019]

2 Photo by Freeimages. https://bit.ly/2typSf8. Public domain. [15. 12. 2019]

3 Photo by Pixabay. https://bit.ly/2UyWWyI. Public domain. [15. 12. 2019]

4 Photo by Pixabay. https://bit.ly/2H4PCmu. Public domain. [15. 12. 2019]

AUDIOSCRIPTS

LISTENING 2

OBSTETRIC HISTORY

Midwife: Hello, my name is Joanna, and I'll be your midwife. This is your first antenatal appointment, so we'll go through a couple of questions and then we'll do some tests to check on your state of health. Can we start?

Patient: Yes, thank you.

M: Let's start with your name first. What's your name, please?

P: My name is Michaela Novotná.

M: Thank you. And how old are you?

P: I'm thirty-one.

M: Fine. thank you. Have been feeling well lately?

P: I guess I am ok. I mean I am quite tired and I do feel sick.

M: Um, morning sickness is quite common. Would you say it is severe or persistent? Does it affect your daily life significantly?

P: No, it's not that bad, it's rather uncomfortable.

M: Ok, we will come back to it. I think I could offer some advice and tips on that. Now to your pregnancy. When did you find out you were pregnant?

P: At the end of August, I took a pregnancy test.

M: Ok, fine, and when did you have your last period?

P: It started on the 6th of July.

M: Ok, so we are now in the 11th week. Were your periods regular? And how long do they usually last?

P: They are regular, more or less. And they usually last from four to five days.

M: Ok… Now tell, me, is this your first pregnancy?

P: No, this is my second. A have a three-year-old boy… I couldn't get pregnant for two years and then we found out that my husband had a low sperm count. So we had an IVF and it was successful. Now I'm pregnant without any medical assistance, we did not expect it, it just happened, but we're very happy about it.

M: That's very fine, congratulations! Now let me ask you about your previous pregnancy, was it a vaginal delivery?

P: Yes, it was.

M: Was it to term?

P: Well, yes. He took his time a little bit and the doctors were considering induction, but in the end it was all fine. I guess he heard it in my belly and decided to go naturally.

M: OK… Did you have any difficulties in your last pregnancy?

P: I don't think so, no. I only had that dreadful test for diabetes and the doctors said that I should have a special diet.

M: Alright, gestational diabetes. We will watch this and do the tests again when the time comes. Do you take any medications?

P: I haven't taken anything for the last year, only some supplements.

M: OK, but let's discuss nutrition later. Are you allergic to any medications?

P: I'm allergic to amoxicillin. I had an upset stomach after I took some of it, so my GP gave me something else.

M: Ok, that's not a big problem. Now, could you tell me, are there any serious or chronic diseases in your family?

P: My father suffers from diabetes and my mother from high blood pressure.

M: And do you suffer from any illnesses?

P: Not that I know of, no.

M: Have you ever had any gynaecological problems?

P: I had a yeast infection about five years ago. Nothing else since.

M: Have you ever had any operations?

P: No, I haven't.

M: OK. Do you smoke or drink alcohol?

P: I drink occasionally and I don't smoke.

M: Alright. Do you have a job?

P: Yes, I work as a receptionist in a bank. Part-time.

M: Do you live in a house or a flat? And, do you share your home with the father of your child?

P: I live in a flat, and yes, I live with the father of my child, my husband.

M: OK. And now my final question for now is, would you like to attend antenatal classes?

P: No, thanks. I think I know what to do now and what to expect.

M: OK… We'll do some basic testing now. We will measure your height and weight, take your blood pressure, and a urine sample. Could you please step on the scales right there? … Thank you … (voice fades away)

LISTENING 3

THE DUE DATE IS HERE

Midwife: Hello, this is midwife Louisa Hales speaking. How can I help you?

Patient: Hi, this is Michaela Novotná. I'm having contractions now, but I'm not sure if I'm in labour or not. My first birth was so different.

M: OK, Mrs. Novotná. When is your due date?

P: In three weeks.

M: And when did the contractions start?

P: About five hours ago. I've been having cramps in my belly since morning. And a nagging backache, I can't stay long in any position and I don't know what to do.

M: I see. Well, it is going to be fine. Don't worry and tell me, are the contractions regular?

P: Yes, they are. They're about fifteen to twenty minutes apart.

M: How long do the contractions last?

P: About 20 seconds. And sometimes they are quite strong.

M: Have you passed any sticky mucus? Or did you have any bloody show?

P: Yes, about an hour ago. And there was some blood in it.

M: That is perfectly normal, don't worry. Have your waters broken?

P: No, not yet.

M: And when was the last time you felt your baby moving?

P: I feel her moving all the time.

M: That is good. Have you had any complications in this pregnancy?

P: No, I haven't.

M: Alright, like I said, try to stay calm. It seems that you are at an early stage of labour. There is no need to hurry. Try to use relaxation techniques like breathing exercises, massage, perhaps a bath. Also, if possible, try to lie down on your left side. If not, just keep moving. It would be great if you could record the frequency and length of the contractions. If they become longer and stronger, or they are more frequent, or if your waters break, you should come to the hospital. Is there somebody with you now to take you?

P: Yes, my husband.

M: Can he drive you to the hospital?

P: Yes.

M: Alright, so watch the contractions and when they become about ten minutes apart and they last for about thirty seconds, you should come to the hospital. We will be expecting you and will monitor the progress here.

P: Thank you.

M: Take care, and I am sure everything is going to be fine.

VIDEO CLIP

REPORTING TO A DOCTOR

Midwife: I ran into an interesting situation here yesterday, felt a bit bad about it, but I think I will share it with you, and I think you could all learn a lesson from my mistake. We admitted the patient, Mrs Novotná – as you know – to the maternity unit yesterday at 8 pm. Her membranes ruptured, and at 9 pm she was having regular contractions about five minutes apart and about 60 seconds long. At that time, her cervix was dilated to approximately 7 cm. At 10:40 pm her contractions were 2 to 3 minutes apart and her cervix was fully dilated. She gave birth to a girl, Emma, spontaneously at about 0:30 am.

Midwife: I put the baby to her naked breast to encourage bonding, put a blanket on the mother and the child, and waited until the umbilical cord quit pumping. Then I clamped the cord. As I was ready to deliver the placenta, Mrs Novotná said:

Novotná: I am very dizzy. I'm sorry, but I think I peed.

Midwife: I tried to feel for the consistency of the uterus and realised that the uterus had lost its tone. She was bleeding heavily and I have to say I was quite worried at that time. So I took the phone (takes a phone) and called the doctor on duty.

Please come to Delivery Room 3 immediately, a patient is bleeding heavily after delivery.

Doctor: OK, Joanna, I will hang up the phone now and when you're able to give the proper patient handover, call me again.

Midwife: I was shocked at this but then I realized that he was right and that the account of the patient was incomplete and inappropriate.

I called him again in a few seconds *(takes the phone)*: "This is midwife Louisa with a call for emergency in Delivery Room 3. The patient has a uterine atony with possible placenta retention and she is feeling dizzy. Her vital signs are: blood pressure 90/60, respiratory rate 45 bpm, temperature 36.6 °C. I'm worried because the placenta was not expelled spontaneously and there is increased vaginal bleeding. The patient's name is Michaela Novotná, 31 years old, she is 170 cm, 75 kg, second pregnancy, second birth. She gave birth to a girl spontaneously at 0:30 am, blood loss was approximately 600 ml. The patient is getting worse. I'm asking you for assistance. Thank you.

Doctor: That is much better. Please alert the staff, continue the uterine massage and I will be right there to help you.

Midwife: The doctor appeared shortly after my call, he applied some medication, started to remove the placenta and treated the atonic bleeding. All's well, that ends well. Good luck in your jobs, dear midwives.

LISTENING 4

BREASTFEEDING COUNSELLING

Joanna: Is your breastfeeding going well? Has the milk come in already?

Michaela: Yes, it has. The milk is much thicker now than the colostrum was.

Joanna: Does she have a good latch?

Michaela: Yes, the lactation consultant at the hospital showed me how to get her latched on.

Joanna: How often do you feed her?

Michaela: Every two or three hours.

Joanna: Is the breastfeeding painful? Are your breasts painful or tender?

Michaela: It's painful when she starts sucking. Then it's a bit better.

Joanna: If your nipples became sore and cracked, you should use an ointment for relief. And if your breasts became swollen and painful, it may indicate breast engorgement. The best way to prevent this is to feed the baby as often as possible or use a breast pump.

Michaela: I put lanolin on my nipples after she finishes feeding.

Joanna: OK, that's fine, but let your nipples dry first. Do you have any more questions concerning breastfeeding?

KEY TO EXERCISES

READING 1 – GETTING THE ESSENTIALS RIGHT

2. Label the picture with the words in bold.

A. endometrium
B. uterus
C. labia majora
D. labia minora
E. vaginal opening
F. vagina
G. cervix
H. ovary
I. fallopian tube

3. Find words in the text with the following meaning:

a) ovulation
b) sperm
c) fertilization
d) menstrual blood
e) endometrium
f) foetus

4. Complete the text with the words from the box.

1) released
2) implants
3) produces
4) protrudes
5) protect
6) located, attached

SPEAKING 1 – WHERE PROBLEMS MIGHT LIE – SUGGESTED ANSWERS

ovaries – Polycystic Ovary Syndrome, cysts
fallopian tubes – obstruction/blockage
uterus – endometriosis, uterine fibroids, uterine prolapse
cervix – cervical cancer, HPV
vagina – infection, inflammation, vaginismus
any STD
extrauterine pregnancy

LANGUAGE FOCUS 1 – TAKING PRECAUTIONS

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

Methods of birth control		
Hormonal	**Barrier**	**Natural**
Contraceptive pill	Cervical cap	Fertility awareness
Implants	Condom	Withdrawal
Injections	Diaphragm	
IUD	IUD	

SPEAKING 2 – SUGGESTED ANSWERS

a) pills, condom, IUD
b) condom, non-hormonal IUD
c) spermicide gel, condom, diphragm
d) fertility awareness, abstinence

READING 2 – BLESSED WITH A CHILD

1. trying, 2. results, 3. fighting, 4. procedure, 5. planned

READING 2 – QUESTIONS

1) They were trying for a baby but Michaela could not get pregnant.
2) They decided to try IVF.
3) Michaela conceived spontaneously.

WRITING 1 – ANTENATAL/PRENATAL APPOINTMENT

1. Do you suffer from any illnesses?
2. Would you like to attend antenatal classes?
3. Do you take any medications?
4. Is this your first pregnancy?
5. When did you have your last period?
6. Did you have any difficulties during your last pregnancy?
7. Are you allergic to any medications?

LISTENING 2 – OBSTETRIC HISTORY

1. False (tiredness, sickness)
2. False (doctors only considered induction)
3. False (the birth went naturally)
4. True
5. False (she has experience)

SPEAKING 3

- Abdominal pain (urinary tract infection, placental abruption, constipation, pelvic girdle pain)
- Vaginal bleeding (antepartum haemorrhage, placenta praevia, cervical causes)
- Vaginal loss (abnormal vaginal discharge or spontaneous rupture of membranes)
- Itching/Pruritis (obstetric cholestasis)
- Headache/Visual disturbance/Epigastric pain (pre-eclampsia)
- Reduced foetal movements (may be a sign of foetal distress)

READING 3 – IF SOMETHING GOES WRONG

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

SPEAKING 4 – PREPARING MICHAELA'S BIRTH PLAN

Before admission	During labour	After delivery	Personal wishes
accompanying person shaving the pubic area having an enema where to deliver induction of labour	episiotomy pain management options medical students present position during delivery (standing, lying on back, squatting, on all fours) monitoring during labour pushing according to mother's feelings the use of forceps or ventouse (VEX)	cleaning the baby cutting the umbilical cord laying the baby on mother's belly feeding the baby skin-to-skin contact active management of the third stage of labour	music in the delivery room food and drink

LISTENING 3

Items mentioned: bloody show, waters breaking, length of contractions, relaxation techniques, movement of the baby, her husband

1) F
2) F
3) F
4) T
5) F
6) F

Making questions

1) When is your due date?
2) When did the contractions start?
3) How long do the contractions last?
4) Have you passed any sticky mucus?
5) When was the last time you felt your baby moving?

VIDEO CLIP – REPORTING TO A DOCTOR

Correct answer: b)

LANGUAGE FOCUS 3 – COMMUNICATION IN THE DELIVERY ROOM

1) g; 2) e; 3) c; 4) f; 5) d; 6) a; 7) b

LISTENING 4 – BREASTFEEDING COUNSELLING

1) colostrum
2) latch
3) lactation consultant
4) nursing / breastfeeding
5) sucking
6) sore / cracked
7) cracked / sore
8) engorgement
9) nipples
10) breastfeeding / nursing

Module 4

Palliative Care

Author
Lukáš Merz

Palacký University Olomouc
www.upol.cz

Palacký University
Olomouc

INTRODUCTION

The presented module focuses on palliative care, which has become an increasingly important part of healthcare services. The module should help you understand that palliative care is not limited to the elderly or the dying, but rather that it is an integral part of comprehensive care provided to patients at any age and any stage of their illness. Essentially, it involves several different specializations and it can be provided at various settings. The module gives you a hint as to all the different aspects that need to be considered when meeting physical, psychological, social and spiritual needs and should equip you with useful vocabulary and communication skills.

OBJECTIVES

After completing this module, you will:

- know about the basic concept of palliative care;
- understand the key ideas for preserving the dignity and assessment of psychosocial, physical and spiritual needs;
- be able to use appropriate questions for pain management;
- know what advance care decisions involve;
- have an idea about cultural and religious differences in end-of-life issues;
- acquire knowledge and abilities that will better prepare you for successful communication with patients and families/friends to promote cooperation and education.

LISTENING 1

Key words

Listen to the key words for this module. Make sure you are familiar with their meaning and the correct pronunciation.

anxiety /æŋˈzaɪəti/	empathy /ˈempəθi/	chemotherapy /ˌkiːməʊˈθerəpi/	to grieve /tə griːv/	fatigue /fəˈtiːg/
suffering /ˈsʌfərɪŋ/	bereavement /bɪˈriːvmənt/	pain relief /peɪn rɪˈliːf/	burden /bɜːdən/	power of attorney /paʊər əv əˈtɜːni/
compassion /kəmˈpæʃən/	to refuse treatment /tə rɪˈfjuːz ˈtriːtmənt/	dignity /ˈdɪgnɪti/	respite care /ˈrespaɪt keə/	counsellor /ˈkaʊnsələ/

LISTENING 2

Introduction to palliative care

Listen to a short talk about the principles of palliative care and say whether the sentences are true or false (T/F) based on what you hear.

1. Palliative care is there for patients in the last days of their life. .....
2. When curative treatment fails, it is time for palliative care. .....
3. The care period can go on after the person dies. .....
4. Many professions are involved in palliative care and many people benefit from it. .....
5. Spiritual and social support are the most important aspects of palliative care. .....
6. Patients want to be in control as long as possible. .....

SPEAKING 1

What does the introduction say?

Based on what you have heard in the LISTENING 2, answer the questions below. Use the following words and key concepts from the listening:

terminal (adj) /ˈtɜːmɪnəl/	quality of life /ˈkwɒlɪti ɒv laɪf/	to cope with an illness /tə kəʊp wɪð ən ˈɪlnɪs/	spiritual support /ˈspɪrɪtjʊəl səˈpɔːt/
life-limiting /laɪf-ˈlɪmɪtɪŋ/	holistic care /həˈlɪstɪk keə/	concerns and expectations /kənˈsɜːnz ənd ˌekspekˈteɪʃn̩z/	to be a guide /tə biː ə gaɪd/

1. What does *holistic care* mean and how do you apply it in practice?
2. What is *not* palliative care based on what you heard?
3. What do you imagine the concerns and expectations of patients and family might be?
4. How do you understand the term *quality of life*?
5. What is the difference between the roles of a *doctor, nurse* and a *guide*?

As a self-learner, answer these questions in a few sentences.

LANGUAGE FOCUS 1

The palliative team

Palliative care is essentially provided by a multidisciplinary team of professionals. Match each profession involved with the correct work description:

1

1. Palliative doctor
2. Palliative nurse
3. Social worker
4. Psychologist, psychotherapist
5. Priest
6. Respite carer
7. Volunteer
8. Dietician
9. Occupational therapist

a. takes care of the person you care for, so that you can have a break, relax and recharge
b. admits the patient, assesses symptoms, and prepares a treatment plan
c. is in close contact with the patient and family, provides daily care, coordinates the team
d. help people overcome various limitations so that they can live more independent lives in everyday activities
e. helps and assists without being paid, e.g. a charity worker
f. helps the family obtain financial aid, hiring equipment, obtaining support
g. can provide spiritual support to the patient or family
h. takes care of a person's nutrition based on the medical condition and other factors
i. provides professional support in a stressful situation, dealing with anxiety, bereavement, or complicated grief

1. ___ 2.___ 3.___ 4.___ 5.___ 6.___ 7.___ 8. ___ 9. ___

SPEAKING 2

ROLE PLAY "Who am I?"

Pair work: pick a profession mentioned in the previous exercise and keep it to yourself. Think about three/four questions you could ask the patient or the family (your speaking partner) without telling them what your profession is. Let your partner guess who you are. See if you can focus these questions correctly on your area of interest. Then take turns.

Palliative doctor	Psychologist, psychotherapist	Volunteer
Palliative nurse	Priest	Dietician
Social worker	Respite carer	Occupational therapist

As a self-learner, you can do this exercise as well. Pick a profession and come up with four different questions you can ask a member of the palliative team. Say them out loud to yourself.

READING 1

The definition of palliative care

The text below provides the WHO's official definition of palliative care as of 2020 in a slightly adapted version. Read the text and complete the gaps with a suitable word:

Palliative care is the active holistic care of individuals across all ages with serious health-related suffering because of severe illness and especially those near the end of life. It aims to improve the quality of life of patients, their families, and their caregivers. Health-related suffering is serious when it cannot be 1 ..... without medical intervention and when it weakens physical, social, spiritual and/or emotional functioning. A severe illness is a condition that carries a high risk of 2 ..... negatively impacts quality of life and daily function, and/or is demanding in terms of symptoms, treatments or caregiver stress.

Palliative care:

1. Includes prevention, early identification, careful assessment, and management of physical issues, including pain and other distressing symptoms, psychological and spiritual 3 ..... and social needs.
2. Provides support to help patients live as fully as possible until death by promoting effective communication, helping them and their families establish goals of care.
3. Is useful throughout the course of an illness, according to the patient's 4 .....
4. Is provided with disease-modifying therapies whenever needed.
5. May positively influence the course of illness.

6. Intends neither to hasten nor to postpone death, affirms life and recognizes 5 ..... as a natural process.
7. Provides support to the family and caregivers during the patients' illness and in their own bereavement.
8. Is delivered while recognizing and respecting the cultural 6 ..... and beliefs of the patient and family.
9. Is suitable throughout all health care 7 ..... (place of residence and institutions) and at all levels (primary to tertiary).
10. Can be provided by professionals with basic training.
11. Requires specialists with a multi-professional team for 8 ..... cases.

1.	a) understood	b) healed	c) relieved	d) cared
2.	a) morbidity	b) death rate	c) lethal	d) mortality
3.	a) distress	b) stressor	c) doubts	d) disbalance
4.	a) temperature	b) needs	c) results	d) questions
5.	a) ageing	b) ailment	c) recovery	d) dying
6.	a) values	b) competence	c) forms	d) care
7.	a) hospitals	b) settings	c) organisations	d) models
8.	a) easy	b) wrong	c) complex	d) hopeless

READING COMPREHENSION 1

Look at the numbered sentences in READING 1 and decide which of them refer to the following statements about palliative care:

If you are not sure, you can go back to the LISTENING 2 to help you:

a. Palliative care can start at any time during the illness.
b. You do not need a university degree to be able to help.
c. Euthanasia is forbidden.
d. It can be provided at home as well as at a highly specialized facility.
e. It is intended to relieve suffering.

VIDEO CLIP

Alena – a case study

You are going to watch a typical scenario, which is based on real cases. It illustrates the concepts mentioned in the previous exercises. Watch the video and answer the questions below.

- Which professions involved in palliative care were mentioned in the video?
- How did each of the palliative team contribute to the care for Alena?
- What were Alena's choices?
- What other services might she have asked for?

SPEAKING 3

Is a mobile hospice a good solution?

With a partner, discuss the pros and cons of mobile hospice services. Which options would you prefer for you or your loved ones? What would be your priorities and what factors influence them? Consider the following aspects and think of a few more:

- ease of care
- setting
- role of the family
- caregiver burden
- financial side
- privacy
- availability of care
- drug management
- .....
- .....
- .....

Tip for self-learners. Prepare this exercise as a short monologue. Try to cover all the areas mentioned.

WRITING 1

Pain management

As was said earlier, pain relief is one of the most important aspects of palliative care. Complete the table with a suitable question about pain that fits the given answer.

1.	"The effect wears off very quickly. I need another dose in a few hours." .....
2.	"It's not too bad in general, but quite severe in the morning. And it's agonizing when I hit the spot." ....
3.	"It is always worse after a meal. It also hurts when I swallow." .....
4.	"It's a dull ache, not too painful, but steady." .....
5.	"It feels a little better when I lie on the other side." .....
6.	"I always take my medication and if not, my wife reminds me." .....
7.	"It usually lasts the entire night. I take the pills before getting out of bed, then it's better." ....
8.	"I can apply it myself, thank you." .....
9.	"It always starts when I lie down." .....

Now match the each question and answer with one of the areas linked to pain management:

a) onset
b) duration
c) intensity
d) aggravating factors
e) relieving factors
f) type of pain
g) drug efficiency
h) compliance
i) self-management

LANGUAGE FOCUS 2

Tools, equipment, drugs

There are some practical things that are useful when providing palliative care. This is an open-question exercise for you or your partners. Take a few minutes to think about

the drugs, tools and equipment that you might use and why and write down a list of five items in each category. Then check with the key to see if you have listed some of those mentioned:

Medication	Room equipment	Medical devices

LISTENING 3

The difficult interview (that helps)

Listen to an extract from a radio interview with Dr Linn about communication with patients with a serious illness. Before you listen, make sure you are familiar with the following expressions. Read the questions first and answer the following questions after listening to the interview:

preferences and values /ˈprefrənsɪz ənd ˈvælju:z/	invasive interventions /ɪnˈveɪsɪv ˌɪntəˈvenʃn̩z/	DNR code /ˈdi: en ɑ: kəʊd/	complicated grief /ˈkɒmplɪkeɪtɪd gri:f/
to elicit answers /tu ɪˈlɪsɪt ˈɑ:nsəz/	to gain insight /tə geɪn ˈɪnsaɪt/	to achieve goals /tu əˈʧi:v gəʊlz/	post-traumatic stress disorder /pəʊst-trɔ:ˈmætɪk ˈstres dɪsˈɔ:də/

1. What was the question Dr Linn asked the research participants?
2. What conclusion does the study draw with regards to the hospital team?
3. How does the discussion with the patient affect the family?
4. What strategies does Dr Linn use to ask patients about their wishes and fears?
5. What are some of the hopes and fears Dr Linn has recorded?
6. How long does Dr Linn let patients talk without jumping in?

SPEAKING 4

End-of-life decisions

With the person(s) sitting next to you, role-play a conversation which might take place between Dr Linn and a patient/family/friend. Try to use the open-ended questions as suggested to elicit answers. As a patient (and family/friend), try to think of some other issues that may play a role in discussing these issues. Use the prompts below to help you formulate questions and answers:

- Setting (hospital/home/hospice)
- Pain management (self-management/visits)
- Family (their role/wishes/what about my spouse?)
- Time (when, where, how often)

Tip for self-learner: even if you do not have a partner, try to say the questions out loud. Or, prepare a short monologue in the form of a report: what the doctor/nurse asked and what was the patient/family/friend's reply.

LANGUAGE FOCUS 3

Psychosocial support

Another aspect of palliative care is psychosocial support. Here are some areas that may or may not fall into this category. Cross the odd ones out first:

1. non-abandonment
2. pain relief options
3. support hope
4. discuss spirituality
5. deal with an unresolved family conflict
6. dietary needs assessment
7. arrangement for respite care
8. massage
9. help with shopping
10. care for an IV port
11. help with obtaining financial aid
12. prescribe antidepressants
13. arrange complementary therapy

WRITING 2

Advance care planning

It is all about thinking ahead. It removes the burden of uncertainty from the patient and family. Advance care planning is the process of planning future health care. It establishes the care people would or would not like to receive if they become seriously ill and unable to communicate their preferences or make decisions. Advance care planning gives the opportunity to think about, discuss and record preferences for the type of care a person would like receive and the outcomes he or she would consider acceptable. It helps ensure the preferences are respected. It significantly improves end-of-life care. Families that have had advance care planning have less anxiety, depression, stress and are more satisfied with care. It reduces unnecessary transfers to acute care and unwanted treatment for healthcare professionals and organisations.
These are some of the questions you may need to ask the patient. These are very sensitive and difficult questions, so be prepared to stop at any time, make a pause, and continue later or some other day.

Make questions from these jumbled words and complete them with possible answers:

1. makes / you / happy / at this time / what ?
.....
2. to / important / is / you / what ?
.....
3. elements / you / care / to / what / are / of / important ?
.....
4. would / what / to / you / not / happen / want ?
.....
5. your / condition / deteriorates / if / you / where / cared for / would / like / to be ?
.....
6. have / requests / you / any / do / preferences / special / or ?
.....

SPEAKING 5

Advance care options

Discuss with your partner why these decisions are important and what they mean, what are the outcomes and consequences? Please speak about the situation in your country. If necessary, search for relevant information.

- AD or ADRT (Advance Decision or Advance Decision to Refuse Treatment) have some legal conditions that vary across countries. Do you know yours?
- Is DNR (do not resuscitate) or DNACPR (do not attempt CPR) binding? What is the success rate of CPR and the risks associated?
- What is Lasting Power of Attorney? Who else would be involved and can make decisions for the patient if they no longer can express their views themselves?

If you are a self-learner, prepare a short monologue and answer these questions. Carry out some small desk research on the Internet if you are not sure.

LANGUAGE TIPS 1

Cultural and religious belief at the time of dying

The following words appear in the reading material below. To understand the text, match the word and their definitions.

1. anointment	a. an address (such as a petition) to God or a god in word or thought
2. confession	b. a cloth or long piece of clothing used to wrap a dead body before it is buried
3. post-mortem	c. a period of time when signs of grief and sorrow are shown
4. prayer	d. occasion when people tell what they have done wrong so that they can be forgiven
5. funeral	e. to make something straight or level
6. mourning	f. a religious ceremony of putting holy water or oil on someone
7. shroud	g. a medical examination of a dead body in order to find out the cause of death
8. to straighten	h. a ceremony for burying or burning a dead body or scattering the ashes after cremation

1.	**2.**	**3.**	**4.**
5.	**6.**	**7.**	**8.**

READING 2

Cultural and religious belief at the time of dying

We live in a society with many cultures and religious beliefs. This text provides a brief overview of the differences surrounding dying and death that are important for the provision of culturally sensitive care. You should be aware of these practices, respect them and offer appropriate service:

CHRISTIANITY


3

Christian practices vary depending on denomination (Catholic, Protestant, or Orthodox). When death is near, some Christians may wish for prayers and Anointment of the Sick. When available, a priest or minister should be called to the bedside. Many Christians will also want to take confession and to make peace with God. The priest or you may offer to help contact a funeral service for the grieving relatives. In the Greek Orthodox church, a candle has to be lit. Sometimes there is a prayer service for the dead person before the funeral either in the house or in a church. The body may be placed there the night before and in Orthodox funerals, the coffin will be open throughout the service. At the end, close family members may carry the casket out. The body is either buried or cremated, although some denominations still discourage cremation. There is usually no official mourning period or mourning dress. There is a general positive outcome of death, as the soul unites with God and will rest in heaven.

ISLAM


4

There are again many variations the in the Islamic tradition. Family members usually join the dying person in prayer, recite verses from the Qur'an and recite the Declaration of Faith (shahada). The dying person may wish to have their face towards Mecca. Moving the bed to make this possible will be appreciated. As soon as the person dies, the eyes and mouth are gently closed and the face turned towards Mecca. The arms and legs are straightened. Non- Muslim health workers should ask permission to touch the body and they should use disposable gloves. Soon after death, there is a ritual washing of the body by Muslims of the same sex. The body is then wrapped in a white shroud. Post-mortem examinations are discouraged. The body is always buried, never cremated. The burial should be held as soon as possible, preferably within 24 hours. Islamic law requires friends and relatives to feed visitors and mourners for three days. There is usually a 40-day mourning period.

JUDAISM


5

The beliefs vary depending whether the Jewish person is Orthodox, Reform or Conservative. In general, family and friends gather around the dying person. A rabbi may be called to join in prayer and recite the "Confession on a Death Bed". The dying person and the dead body should never be left alone. Health workers should handle the body as little as possible and cover it with a white sheet. All the tubes and dressings are usually left in place as they contain bodily fluids that must also be buried. *Chevra kaddisha*, a Jewish burial society usually consisting of volunteers who prepare the deceased for proper Jewish burial, collects the body. The society will perform a ritual wash and shrouding before burial. Post-mortems are disliked. Burial of the body is as soon as possible in simple coffins, although some non-orthodox Jewish

communities permit cremation. The mourners may make a tear in their clothing as an expression of grief. Funerals are not held on the Sabbath (Friday evening to Saturday evening). After burial, there is a seven-day mourning period called *shiva*.

Some aspect of religion in healthcare and the provision of culturally sensitive care are also dealt with in the other HELP2 modules, namely ***Module 20 – Where can I find the Prayer Room***. You are encouraged to have a look as well. Hinduism and Buddhism have their own practices as well, but they vary across locations and cannot be easily summarized here due to lack of space.

READING COMPREHENSION 2

Which religion practices the following rituals? Put C (Christians), I (Islam), and J (Judaism) next to the statements. There may be more than one answer.

1. Cremation is not acceptable. .....
2. Some form of mourning is generally expected. .....
3. There is a group of trained and experienced people who take care of the dead body. .....
4. A fabric is used to cover the dead body.....
5. The dying person should have some people around. .....
6. A special position of the body is required. .....
7. The dead body might be on display for some time. .....

SPEAKING 6

Funeral arrangements

Discuss with your partner why these rituals are still important to people. You may consider the following questions:

- Why is the ritual important for the dying person?
- What importance does it have for the relatives and friends?
- In a secular society, some people do not wish for any funeral at all – what do you think are the pros and cons?
- What are the rituals in your country? Do they differ between regions?
- Do you know what your elder relatives' wishes are in this respect?
- To what extent should the family decide about these matters?
- Some patients find it easier to discuss their last wishes with the healthcare staff rather than with their family and friends. Why do you think this is?

If you are a self-learner, you can prepare a short monologue and answer these questions.

Please remember that in such sensitive, intimate matters, there is no universal approach that will work for everyone. Focus on the person in front of you, listen, ask and explore. People may react quite differently to your strategy, so be ready to adapt, adjust and respect the individual. It is important to stay calm, allow time, privacy and comfort. It takes a great deal of empathy, social intelligence and experience to master these difficult conversations.

LANGUAGE FOCUS 4

Expressing support

When a loved person dies, the carer should provide comfort to the relatives or people who are close. It is impossible to give one universal piece of advice about what to say, one always needs to assess the concrete situation and individuals. There are some strategies, however, that work better than others. Here are some sentences. Tick those that you think are inappropriate in communication and explain your decision.

a. I am very sorry about what happened.
b. Don't worry, everything will be fine again.
c. Pull yourself together, there is no point in crying.
d. You can stay here as long as you want.
e. I know how you feel.
f. That's the way it is, we cannot change that now.
g. Would you like to talk to someone? Shall I call your husband?
h. Everything happens for a reason.
i. What can I do for you?
j. At least he is not suffering anymore.
k. Let's talk about what you need right now.

You decided that some statements are not appropriate. Please explain your decision: why do you think the selected sentences should be avoided? If you are not sure, check with the key to receive feedback.

SPEAKING 7

Expressing emotional support

What most patients require, apart from symptom management, is emotional support. Empathy is the ability to share someone else's feeling by imagining what it would be like in the person's situation. Compassion is the sadness felt for the bad situation of others and a wish to help. Sympathy is understanding and caring for someone else's suffering. These may be personal qualities of a carer, but it is also a skill that can be learnt and practised – like any other communication skill. Here is a list of phrases one could use while providing palliative care. Sort them into the respective categories and try to learn some of the good ones by heart. Use them in a conversation with friends or patients and see what impact they will have. However, it is usually less words, but being there and listening that counts.

Showing interest	Showing support and encouragement	Sharing feelings	Expressing gratitude	Not recommended

1. I'm sorry you are going through this.
2. I know how you feel.
3. Is there anything else you want to share?
4. Thank you for trusting me with this. That really means a lot.
5. I wish I could make it better.
6. I can see how that would be difficult.
7. I'm happy to listen any time.
8. It makes me sad to hear this happened.
9. Just look on the bright side…
10. What do you need right now?
11. I'm here for you any time.
12. This too shall pass.
13. I'm glad you told me.
14. Time will heal all wounds.
15. This must be hard to talk about. Thanks for opening up to me.

Some of the topics covered in this module can be further explored in the other HELP2 modules, namely ***Module 10 – Care for the Elderly*** and ***Module 9 – Social Care***. You are encouraged to have a look as well.

LANGUAGE CORNER

The following words and expressions have been selected to act as the building blocks for successful communication regarding the subject addressed in this module. They will support you in creating adequate subject related sentences and expressions to meet the communicative requirements in any professional situations you may encounter.

to maintain quality of life /tə meɪnˈteɪn ˈkwɒlɪti əv laɪf/	person's physical, psychological, social and spiritual needs /ˈpɜːsənz ˈfɪzɪkəl, ˌsaɪkəˈlɒdʒɪkəl, ˈsəʊʃəl ənd ˈspɪrɪtjʊəl niːdz/
to maintain comfort and dignity /tə meɪnˈteɪn ˈkʌmfət ənd ˈdɪgnɪti/	to show empathy and compassion /tə ʃəʊ ˈempəθi ənd kəmˈpæʃən/
to manage symptoms /tə ˈmænɪdʒ ˈsɪmptəmz/	cultural, religious, social or spiritual preferences /ˈkʌltʃərəl, rɪˈlɪdʒəs, ˈsəʊʃəl ɔː ˈspɪrɪtjʊəl ˈprefərənsɪz/
to involve a person in decision-making /tu ɪnˈvɒlv ə ˈpɜːsn ɪn dɪˈsɪʒən ˈmeɪkɪŋ/	to respect a person's goals and wishes /tə rɪsˈpekt ˈpɜːsnz gəʊlz ənd ˈwɪʃɪz/
wishes for the time you get more sick /ˈwɪʃɪz fə ðə ˈtaɪm ju ˈget mɔː sɪk/	to provide comfort /tə prəˈvaɪd ˈkʌmfət/
to be on the same level with patients /tə bi ˈɒn ðə seɪm ˈlevəl wɪð ˈpeɪʃnts/	to observe cultural values /tu əbˈzɜːv ˈkʌltʃərəl ˈvæljuːz/
shared decision-making /ʃeəd dɪˈsɪʒən ˈmeɪkɪŋ/	to resolve family issues /tə rɪˈzɒlv ˈfæmli ˈɪʃuːz/
informed denial of care /ɪnˈfɔːmd dɪˈnaɪəl əv keə/	to close important relationships /tə kləʊz ɪmˈpɔːtənt rɪˈleɪʃənʃɪps/
advance decision to refuse treatment (ADTR) /ədˈvɑːns dɪˈsɪʒən tə rɪˈfjuːz ˈtriːtmənt/	to express wishes and fears /tu ɪksˈpres ˈwɪʃɪz ənd fɪəz/
to share and involve /tə ʃeər ənd ɪnˈvɒlv/	to ease distressing symptoms /tu iːz dɪsˈtresɪŋ ˈsɪmptəmz/
to be on the same wavelength with patients /tə bi ˈɒn ðə seɪm ˈweɪvleŋθ wɪð ˈpeɪʃnts/	to help with breathlessness /tə help wɪð ˈbreθləsnəs/

to alleviate agitation or anxiety /tu əˈliːvɪeɪt ˌædʒɪˈteɪʃ(ə)n ɔːr æŋˈzaɪəti/	to identify spiritual needs /tu aɪˈdentɪfaɪ ˈspɪrɪtjʊəl niːdz/
to offer complementary therapy /tu ˈɒfə ˌkɒmplɪˈmentəri ˈθerəpi/	to balance benefits and burdens /tə ˈbæləns ˈbenɪfɪts ənd ˈbɜːdn̩z

SUMMARY

Having completed this module you have:

- learned about the principles of palliative care;
- seen what a typical scenario looks like;
- read about practices related to death and dying in other cultures;
- learnt about advance care planning;
- learnt some strategies for successful communication.

REFERENCES

1. Lukas Radbruch et al. Redefining Palliative Care—A New Consensus-Based Definition. Journal of Pain and Symptom Management, Vol 60, Issue 4, 2020, p. 754-764. ISSN 0885-3924, https://doi.org/10.1016/j.jpainsymman. 24. 7. 2020
2. Steve Pantilat. Palliative Care Series, UCFS School of Medicine. Available at https://www.youtube.com/watch?v=-ANllihWQ5rI. [12. 2. 2020]
3. NHS – End of life care website: https://www.nhs.uk/conditions/end-of-life-care/

IMAGE RESOURCES

1 Photo by Michael_Swan. https://cutt.ly/5zIdSJY. (CC BY ND) [18.10.2020]

2 Photo by Melvin Grounds, https://pixy.org/153056/. (Public domain). [22. 11. 2020]

3 Free GraveYard 07 Stock Photo. https://www.freeimages.com/photo/graveyard-07-1485143 (FreeImages.com Content License) [20.10.2020]

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5 Jewish Graveyard, https://www.freeimages.com/photo/jewish-graveyard-in-prague-1557160 (FreeImages.com Content License License) [20.10.2020]

AUDIOSCRIPTS

LISTENING 2

The topic of this module – palliative care – usually makes people uncomfortable. It is, of course, associated with serious, life-limiting illnesses, dying and grief. It is an integral part, however, of the nursing profession and is highly valued by patients and families. So let's take a look at the definition of palliative care and talk about the basic principles. I hope that by the end of the module, you will feel more confident about it and the topic will not be that intimidating.

To begin with, we should emphasize what palliative care is not. It is not end-of-life care. That is limited to the final weeks or days of life for a person with a terminal condition and is usually provided in a hospital or hospice setting or by a mobile hospice at home. Palliative care may start at the same time as a standard disease treatment and may include patients that are not necessarily terminal. It does not stop when a person dies, but may continue to support the family in the following period of bereavement.

In addition, palliative care is not only a substitute for traditional care. It is often provided side by side with the curative treatment, only taking over as the illness progresses. This means that the palliative care is an extra layer of support and is provided not only to the patient, but also to the family and friends.

Palliative care is also not only about helping people die, or even die prematurely, but helping them live comfortably until they die. The goal of palliative care is to achieve the best quality of life for patients with life-limiting illness. The emphasis here lies on quality, not quantity. Research shows that good palliative care provided in time, significantly improves patients' quality of life. It decreases the need for

aggressive medical interventions and even improves the health of the caregivers, because they can better deal with the related stress.

So what is it about? Palliative care is about providing specialized care for people with a serious illness. It is focused on management of pain and other symptoms and provision of psychological, social and spiritual support. In this sense, it should be seen as holistic care. There is solid evidence that a caring approach, which includes psychological, psychosocial and spiritual support, is highly effective and is valued by patients and families. In order to do so, palliative care is based on a multidisciplinary approach. Each specialist contributes in their own way to provide comfort, support and help to the patient and family.

Palliative care must above all reflect the patients' individuality: their life experience, their own way of coping with the illness, their concerns and expectations. Patients are extremely desirous of honesty and want control over their lives. They need to maintain personal dignity as they see it, for the life they are leaving behind.

Palliative care has currently developed into a recognized medical and nursing specialization. Many consider it an honour, a special privilege, to accompany a dying person and family though a very distressing period, by being close to them, being their partner and guide. With the help of palliative professionals, they make the difficult time easier to bear for everybody, more comfortable and, essentially, more humane.

LISTENING 3

A: And now it's time for today's feature interview. In the studio, we have Dr Linn from the University Hospital, who works at the palliative unit and is also as a researcher specializing in clinical communication. Good morning Dr Linn, it's great to have you here.

L: Good morning, thank you for inviting me and it's an honour to be here.

A: It's very kind of you to find the time in your busy schedule to come and talk to us. Your recent article discusses difficulties in communication that the hospital staff is facing when talking to people with life-limiting illnesses. Could you tell us what you mean by that?

L: My research focus is on how we can communicate more clearly so that we can help our patients make better decisions, understand their preferences and values, and help them make decisions that are consistent with these preferences and values. In our study, we asked patients receiving palliative care the following questions: Have you and your doctor discussed any particular wishes you have about the care you would want to receive if you were dying? Do you have any specific preferences about the care you would want if you were dying?

What was important is that those patients who said they had the conversation were not depressed. They were not worried. Having that conversation did not make them feel any worse. There were no special characteristics of the patients like the type of diagnosis or the stage of the illness, the only difference was in how many had this conversation across different institutions.

A: What does that tell us?

L: It tells us something very important. To have or not have these conversations is not about the patient. It's about us, the healthcare staff. The point is that patients are open and willing to have these conversations, and it is our responsibility to do so.

A: So what happens when you have this conversation?

L: Good things happen to your patients. These discussions about end of life care are good for patients and their families. The end-of-life discussions were associated with better quality of life near death, which means the patients had a better quality of life in the last weeks of life. They were associated with fewer invasive interventions. Those patients were less likely to end up in an ICU, less likely to get chemotherapy in the last weeks of life, and more likely to have a DNR code, which almost certainly would not work.

A: Does it affect the family as well?

L: There were also better outcomes for family care givers. Six months later when we followed up with care givers we found that those care givers, who reported that their loved one had had this conversation, were less likely to have a post-traumatic stress disorder or complicated grief. And we know that complicated grief is the biggest risk factor for depression. This conversation with the patient not only made the patient's care better, but it made the patient's family member, their caregiver's health better.

A: So what can we say about how to communicate effectively with seriously ill patients?

L: The first thing we want is to elicit values and preferences for care.

A: What does that mean?

L: It means we really want to understand what's important to the patient, what do they value, what kind of care do they want in dealing with their serious illness, and if they think about being even sicker. This is easier said than done I can tell you.

A: So what do you say?

L: What I like to say is this. When you think about the future what do you hope for? When you think about what lies ahead, what worries you the most? There's nothing in here about death or dying or end of life. It's just talking about the future. The first statement, the first question says, what do you hope for? And this will tell you a lot of information about what's important to them. I hope to be at home. I hope to live long enough to see my grandchild be born. I hope I'm not in pain. These kinds of hopes are incredibly important, and really help us gain insight into what's important

for patients and think about how our treatment can help them achieve those goals. Or this: When you think about the future, what worries you the most? I worry that I'll be in pain, I worry that I'll be alone, I worry that I will be in the hospital at the end of my life. Understanding what people hope for and what they worry about, really helps you understand what's important to them. The things we value or the things we hope for. The things we do not want to have happen are the things we worry about. What I like to do is ask the open-ended question, what do you hope for? What worries you the most? And listen for two minutes without interrupting the patient, two minutes. You can learn a lot.

A: Two minutes without being interrupted at a doctor's office – that is very rare these days, there is always very little time. Now your article also deals with cultural differences, how do you tackle the different approaches…

VIDEOSCRIPT

Alena was a 60-year-old teaching assistant who lived with her elderly husband and had two adult daughters. Alena had had some breathing problems, but thought it was an untreated cold or high blood pressure.

After some examinations, Alena was diagnosed with advanced metastatic lung cancer. The diagnosis came as a shock for the family, because Alena had never had any serious health issues, only minor problems linked to old age.

Alena's cancer was treated with chemotherapy and radiation therapy, which helped her a bit, but the side effects made her feel very weak and sick.

Alena was unable to work due to her ill health and worried about how she would support herself and the family. A social worker helped her apply for the benefits she was entitled to and she was quite relieved.

Alena had also become quite lonely since she had stopped working, but the social worker put her in touch with a social support group for women living with cancer.

Alena's body did not respond well to the therapeutic treatment and the illness progressed. After a consultation with an oncologist, the treatment was stopped. The oncologist at the hospital discussed her options in terms of palliative treatment, helping her to understand the benefits and drawbacks of each, so that she could make an informed decision. A care plan had to be made, that is Alena and the palliative team decided how and where the care will take place.

Despite the support Alena got, she was often feeling low and was referred to a counsellor. He helped Alena make plans for her and her family after her death and helped her set up her priorities in her care.

The palliative care nurse talked to Alena about the management of her symptoms, particularly the pain, which made it difficult for her to carry out daily activities. As Alena's disease progressed, she grew increasingly tired and weak. Her husband tried to assist, but could not perform all the activities.

A community social worker organised a carer to visit twice a day to help Alena get washed and dressed in the morning and ready for bed at night. An occupational therapist visited to advise her on fatigue management: ways to conserve her energy and arranged for the installation of grab rails.

Alena decided that she would like to be cared for at home when she reached the final stages of her illness. Her family supported her decision and with the help of a mobile hospice team, they managed to coordinate work and care for Alena. They gave her information and choices about her treatment, which enabled her to retain a sense of control.

One of the respite workers also helped Alena make a telephone call to her brother in Australia when she was too weak and fatigued to manage this by herself, and she took great comfort in hearing his voice.

Alena's health deteriorated, she was weak and tired. Thanks to the medication, she did not suffer from pain or breathlessness. She died peacefully surrounded by her close family.

After Alena's death, the hospice bereavement service continued to support her family and friends. The family appreciated the service and were happy that Alena died in a familiar home setting, in comfort and peace.

KEY TO EXERCISES

LISTENING 2

INTRODUCTION TO PALLIATIVE CARE

1. F 2. F 3. T 4. T 5. F 6. T

LANGUAGE FOCUS 1

1. B 2. C 3. F 4. I 5. G 6. A 7. E 8. H 9. D

READING 1

1. C 2. D 3. A 4. B 5. D 6. A 7. B 8. C

READING COMPREHENSION 1

A. 3 – Is useful throughout the course of an illness, based on the patient's needs.

B. 10 – Can be provided by professionals with basic training

C. 6 – Intends neither to hasten nor to postpone death, affirms life, and recognizes dying as a natural process

D. 9 – Is suitable throughout all health care settings (place of residence and institutions) and at all levels (primary to tertiary)

E. 1 – Includes prevention, early identification, careful assessment and management of physical issues, including pain and other distressing symptoms, psychological and spiritual distress and social needs.

VIDEO CLIP

Suggested answers:

- social worker, oncologist, counsellor, carer, occupational therapist, respite worker
- social worker: got in touch with a support group; oncologist: discussed treatment options; counsellor: helped her with anxiety and depression; carer: helped getting washed and dressed; occupational therapist: fatigue management; respite worker: got in touch with her brother in Australia
- join a support group, accept help from the palliative team, seek help from a counsellor, stay at home for end-of-life care.
- hospice care, complementary therapy (massage, reflex therapy, basal stimulation), etc.

WRITING 1

Suggested answers (may vary):

1. How long does the effect last? How long does the medication help?
2. How strong is the pain? How do you cope with the pain?
3. Is there anything that makes the pain worse?
4. Can you describe the pain? How is the pain?
5. Is there anything that makes the pain feel better?
6. Do you remember to take the medication?
7. How long does the pain last? How often do you get the pain?
8. Are you able to apply the medication yourself? Do you need any assistance with applying the medication?
9. What brings the pain on? When does the pain start?

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

LANGUAGE FOCUS 2

Suggested answers:

Medication	Room equipment	Medical devices
morphine – for pain/breathlessness midazolam – for agitation/anxiety haloperidol – for nausea/vomiting/delirium oxygen – for better saturation buscopan – for respiratory secretions dexamethasone – for anorexia/fatigue	adjustable bed monkey pole IV pole railing commode pressure pad walking frame wheelchair crutches bedpan adult diapers bed rails heel protectors ice/heat packs cushions, wet wipes	syringe driver – for continuous medication nasogastric tube – for feeding oxygen mask/glasses – to help breathe oximeter – to check blood saturation urinary catheter – to drain bladder needle and syringe – to apply medication central line – for continuous medication gauze – to cover wounds disposable gloves, face mask – protective gear

LISTENING 3

Suggested answers:

1. Have you and your doctor discussed any particular wishes you have about the care you would want to receive if you were dying? Do you have any specific preferences about the care you would want if you were dying?

2. It is up to the healthcare staff to start this conversation. The patients are always ready to do so.
3. Yes, they suffer less from depressive symptoms, their bereavement feels better.
4. Dr Linn asks about hopes, wishes and fears.
5. People want to stay at home, want to live a good quality life. They fear pain, loneliness and loss of control.
6. Two minutes.

LANGUAGE FOCUS 3

1. non-abandonment
2. ~~pain relief options~~
3. support hope
4. discuss spirituality
5. deal with an unresolved family conflict
6. ~~dietary needs assessment~~
7. arrangement for respite care
8. ~~massage~~
9. help with shopping
10. ~~care for an IV port~~
11. help with getting financial aid
12. ~~prescribe antidepressants~~
13. arrange complementary therapy

WRITING 2

1. What makes you happy at this time?
2. What is important to you?
3. What elements of care are important to you?
4. What would you not like to happen?
5. If your condition deteriorates, where would you like to be cared for?
6. Do you have any special requests or preferences?

LANGUAGE TIPS 1

1. F 2. D 3. G 4. A 5. H 6. C 7. B 8. E

READING COMPREHENSION 2

1. I 2. J, I 3. J 4. J, I 5. J 6. J 7. C

LANGUAGE FOCUS 4

a. correct

b. wrong – That is not true: the person will always be missed and the bereavement never disappears completely

c. wrong – It is normal and natural to cry, it is an emotional outlet.

d. correct

e. wrong – You can never know and cannot imagine. You might have been in a similar situation, but you cannot know what the individual experience is.

f. wrong – This is too vague. As a healthcare professional, you are the competent person and must provide concrete information.

g. correct

h. wrong – Too vague and insincere. This is what the patient might say, but not a healthcare professional.

i. wrong – You have to offer concrete help. The person in shock usually does not know and is unable to think clearly.

j. wrong - Too vague. This is what the patient might say, but not a healthcare professional. This does not help the person you are talking to.

k. correct

SPEAKING 7

Showing interest	Showing support and encouragement	Sharing feelings	Expressing gratitude	Not recommended
I'm happy to listen any time. Is there anything else you want to share?	What do you need right now? I'm here for you any time. This must be hard to talk about. Thanks for opening up to me.	I wish I could make it better. I'm sorry you are going through this. I can see how that would be difficult. It makes me sad to hear this happened.	Thank you for trusting me with this. That really means a lot. I'm glad you told me.	I know how you feel. Just look on the bright side... This too shall pass. Time will heal all wounds.

Module 5

Paediatrics

Authors
Terézia Krčméryová, Zuzana Kafková

Slovak Medical University in Bratislava
www.szu.sk

The purpose of this module is to shed light on the specific aspects of paediatric nursing care when compared to adult care. In the following pages, key differences in medical knowledge, disease ocurrance, communication techniques and ethical reasoning will be tackled by the student.

OBJECTIVES

After having worked through this module:

- You will have learnt key differences between paediatric care and adult care;
- You will become aware of professional values in paediatric care;
- You will easily differentiate between different developmental stages of children;
- You will have gained knowledge about specific tests, signs, phenomena and diagnoses in children;
- You will develop communication skills appropriate for communicating with the patient's parents;
- You will have trained skills of idea abstraction, reading comprehension, critical thinking, and argumentation.

LISTENING 1

Key words

Listen to the professional key words for this module. Repeat the words until you are familiar with their meaning and correct pronunciation.

neonatal period /ˌniːəʊˈneɪtəl ˈpɪərɪəd/	paediatrician /ˌpiːdɪəˈtrɪʃən/	assessing child development /əˈsesɪŋ ʧaɪld dɪˈveləpmənt/
toddler period /ˈtɒdlə ˈpɪərɪəd/	infant care /ˈɪnfənt keə/	impaired new-born development /ɪmˈpeəd ˈnjuːbɔːn dɪˈveləpmənt/
ability to parent /əˈbɪlɪti tə peərənt/	children's hospital /ˈʧɪldrənz ˈhɒspɪtəl/	caretaking by caregiver /keəˈteɪkɪŋ baɪ ˈkeəˌgɪvə/
calming technique /ˈkɑːmɪŋ tekˈniːk/	managing fever /ˈmænɪʤɪŋ ˈfiːvə/	administering antipyretic in suppository /ədˈmɪnɪstərɪŋ ˌæntɪpaɪˈretɪk ɪn səˈpɒzɪtəri/
acute laryngitis /əˈkjuːt ˌlærɪnˈʤaɪtɪs/	barking cough /ˈbɑːkɪŋ kɒf/	impaired swallowing /ɪmˈpeəd ˈswɒləʊɪŋ/

1

PAEDIATRIC DIAGNOSES

LISTENING 2

Acute laryngitis

Listen to the following telephone encounter between patient's mother and a paediatrician.

1. In the table below, write down medical symptoms that Benjamin is suffering from and the treatment suggestions Dr. Lewis gave to Mrs. Sykora.

Symptoms	Treatment suggestions
e.g. fever 38.5 ° Celsius	e.g. cold compress

2. Put the following actions of Dr. Lewis in the correct order:

___ Dr. Lewis provides recommendation for immediate action to soothe the patient.
___ Dr. Lewis listens to Benjamin's cough over the telephone to assess the symptom.
___ Dr. Lewis takes thorough history of Benjamin's illness.
___ Dr. Lewis calms down Mrs. Sykora and tells her to take deep breaths.
___ Dr. Lewis proposes a diagnosis and explains the issue to the patient's mother.
___ Dr. Lewis inquires why Mrs. Sykora is calling and listens to a short description of the problem.
___ Dr. Lewis instructs the mother on the next steps after the phone call and assures her that the situation is manageable.

SPEAKING 1

Specific challenges in paediatrics

1. In your work as a medical professional you will often encounter children patients. What are some of the specific challenges of caring for children? How do these challenges change in children of different ages? Think of 4 challenges and present them to the group.

If you are a self-learner, present your answers as a monologue.

e.g. patients often communicate non-verbally, according to their stage of development

....

....

2. Pair up with the person next to you and together, brainstorm and write down different diseases and injuries that paediatric patients suffer from but, which are less common in adults.

e.g.
diseases: acute laryngitis, tonsillitis

injuries: suffocating, falls

.....
.....
.....

Then, explain these diseases to each other as if you were explaining them to:

- a toddler
- a child of pre-school age
- a teenager
- a parent of a child, not a medical professional.

Do not forget to use appropriate vocabulary that is easy to understand. Avoid medical jargon and unnecessary details about the diagnosis. Try to be patient and kind.

If you are a self-learner, present your answers as a monologue. Alternatively, you can find a person from each group (a toddler, a child, a teenager, an adult who is not a medical professional) and explain the diseases to them.

3. With your partner, act out the following medical scenario in a telephone call: One partner is the parent of a child who is very ill at home. As a parent, choose a paediatric diagnosis you know and explain it. Ask for explanations, diagnosis, and therapeutic tips. The second partner is a medical professional. Give advice to your partner based on the disease they describe.

e.g.
Partner 1: the child has had a fever of 40°C for 4 days, has a sore throat, white spots on the tonsils
Partner 2: give tips to lower temperature, treatment can only be determined after tests are run to differentiate between viral cause and bacterial cause so the parent is advised to visit the child's GP

If you are a self-learner, prepare the description of symptoms from the perspective of the parent and the therapeutic recommendation from the perspective of the medical professional and present them in a monologue.

RIGHTS OF THE CHILD

2

EACH – European Association for Children in Hospital – is an international organization, which promotes the welfare of children in healthcare. The values that EACH promotes are written in a Charter of 10 rights of sick children and their parents. These rights apply to all children, regardless of their age, race, cultural background, financial status, illness or disability.[1]

[1] EACH – European Association for Children in Hospital, 'THE EACH CHARTER with ANNOTATIONS' (https://www.each-for-sick-children.org/images/stories/2016/Charter_AUG2016_oSz.pdf) Accessed 1 June 2019.

LANGUAGE TIPS

The following terms can be found in the reading material below. To properly understand the text, acquaint yourself with their meaning. First, however, you must match the meanings to the proper terms.

1. substitute (e.g. parent substitute)	A. to make less severe, less serious
2. to incur (e.g. cost)	B. to become subject to, bring upon oneself
3. loss of income	C. to provide with furniture
4. to mitigate	D. person or thing acting or serving in place of another
5. to furnish	E. fact or process of losing money which would usually be received for work or investment

1.	2.	3.	4.	5.

READING 1

Rights of the child

The following list of rights encompasses the key needs of paediatric patients. Read the 10 articles carefully.

Article 1: Right to .....

Children shall be admitted to hospital only if the care they require cannot be equally well provided at home or on a day basis.

Article 2: Right to .....

Children in hospital shall have the right to have their parents or parent substitute with them at all times.

Article 3: Right to .....

- Accommodation should be offered to all parents and they should be helped and encouraged to stay.
- Parents should not need to incur additional costs or suffer loss of income.
- In order to share in the care of their child, parents should be kept informed about ward routine and their active participation encouraged.

Article 4: Right to .....

- Children and parents shall have the right to be informed in a manner appropriate to age and understanding.
- Steps should be taken to mitigate physical and emotional stress.

Article 5: Right to .....

- Children and parents have the right to informed participation in all decisions involving their health care.
- Every child shall be protected from unnecessary medical treatment and investigation.

Article 6: Right to .....

- Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards.
- There should be no age restrictions for visitors to children in hospital.

Article 7: Right to .....

Children shall have full opportunity for play, recreation and education suited to their age and condition and shall be in an environment designed, furnished, staffed and equipped to meet their needs.

Article 8: Right to .....

Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.

Article 9: Right to .....

Continuity of care should be ensured by the team caring for children.

Article 10: Right to .....

Children shall be treated with tact and understanding and their privacy shall be respected at all times.

READING COMPREHENSION 1

Fill out the blank space with the central theme of each article. Use the topics from list below.

- privacy
- child-friendly nurishing environment
- knowing what is going on
- continuity and stability
- age-appropriate environment
- home care
- choosing and participating in care
- accompanying person, not being alone
- professionally trained specialized staff
- support for their parents

READING COMPREHENSION 2

Are the following practices according to or gainst the EACH Charter? Sort them from the list to the appropriate boxes.

A. Discussing child's sensitive issues with many people in the room.
B. Regularly training medical staff to understand children's emotional development.
C. Requiring that hospitalized children attend classes at the hospital school.
D. Allowing parental visits at certain times of the day.
E. Arranging patients sittings or visits with psychologists.
F. Regularly exchanging members of medical teams during long hospital stays.

G. Limiting visits of very small babies to prevent disruption at the ward due to their special needs.
H. Informing the parents to prevent burdening the child with information.
I. Discussing care plans with the child and the parents.
J. Limiting unnecessary interventions and medication.

According to EACH Charter	Against EACH Charter

SPEAKING 2

Guessing the article

With a partner, play the following guessing game:

- **person A explains a chosen article without using any of the forbidden words in the table below or any derivatives of these words;**
- **person B guesses the number of the article.**

Each person explains and guesses 5 articles. How many did you guess correctly? Did you manage to avoid the forbidden words?

Art.1: home, care, hospital	Art.2: parent, substitute, alone	Art.3: support, cost, accommodation	Art.4: to inform, to know, stress	Art.5: to choose, to participate, unnecessary
Art. 6: same, adult, appropriate	Art. 7: play, education, environment	Art. 8: trained, skills, professional	Art. 9: care, continuity, stability	Art. 10: tact, privacy, to treat

e.g.

Article: 1.Right to home care

Forbidden words: home, care, hospital

Person A's possible explanation: Article 1 states that children have the right to stay in their house/ with their family when they are sick if they do not absolutely need to be on a ward/ in an institution and be treated there.

Even as a self-learner you can try how difficult it is to explain the articles without using the forbidden words. You can either try describing them outloud to yourself, or you can play the game with a friend or a colleague. You just need the articles and the box with forbidden words.

3

PAEDIATRIC EXAMINATION OF THE NEWBORN

LANGUAGE FOCUS 1

Paediatric terminology

While speaking of a paediatric patient, correct terminology is key. Match the stages of childhood development with their correct explanations on the right:

1. Foetus
2. Newborn/neonate
3. Infant
4. Toddler
5. Adolescent

A. child from 1 to 3 years of age
B. unborn child that develops from an embryo
C. child between 1 and 12 months of age
D. child after 11 years of age undergoing hormonal and psychological changes prior to adulthood
E. child in the first 28 days after birth. The term encompasses premature, full term and post mature children.

1.	2.	3.	4.	5.

VIDEO CLIP 1

Paediatric examination

Watch the following introduction of Dr. Laura Harmanova's lecture on paediatric examination.

1. Dr. Harmanova's lecture can be divided into four distinct parts. From the following list of titles, find four that represent each section the best:

Part 1: A. Introduction: Who is Our Patient?
B. Introduction: Paediatrics vs. Adult Medicine
Part 2: A. How to Deal with Parents
B. Paediatric History: All Information is Needed
Part 3: A. Physical Examination vs. History
B. Specifics of Physical Examination in Neonates and Infants
Part 4: A. Conclusion: Efficient Communication
B. Conclusion: Field with a Special Charm

2. How is the paediatric examination different from an examination of the adult?

Write down 6 examples of aspects OR areas of questioning that are specific for paediatric examination:

.....

.....

3. Are the following statements about paediatric examination true (T) or false (F)?

	Children patients communicate differently but, just as efficiently as adult patients.
	Physical examination in children is the same as in adults.
	Paediatric examination consists of two parts: history of the patient and physical examination.
	When assessing paediatric patients, the physician does not use auscultation due to the small size of the patient.
	Nurses and other medical professionals are the primary source of information due to their observation skills.
	In small children history includes prenatal, natal, and post-natal history.
	Paediatric patients require exact classification as different developmental stages require different physical examination and overall approach.
	Parents are to be respected, however, are more of a burden than an asset.

LANGUAGE FOCUS 2

Commonly examined tests and signs

The lecture presents tests and signs that are specific for paediatric examination. Match the following 4 examinations from the lecture with their correct descriptions:

Ortolani test	Barlow maneuver	Moro reflex	Setting-sun phenomenon

Test	Description
	The maneuver is easily performed by adducting the hip while applying pressure on the knee, directing the bone posteriorly. If the hip is dislocatable and can be popped out of the socket the test is considered positive. The test is used to identify an unstable hip that can be passively dislocated.
	The reflex ought to be present in all newborns and infants up to 3 or 4 months of age as a response to a sudden loss of support. The infant feels like it is falling and presents the following components: spreading out the arms (abduction), pulling the arms in and crying or a startled look. The reflex is tested to indentify underlying damage to the central nervous system.
	The clinical phenomenon can be seen in infants and young children with high intracranial pressure. It is caused by upward paresis with the eyes appearing driven downward.
	The test is performed with the Barlow maneuver. The test is positive when clunk noise can be heard and felt as the head of the femur relocates anteriorly into the socket of the hip bone. The test is performed to identify a dislocated hip.

VIDEO CLIP 2

Apgar score

Watch the following video of neonatological nurse Gajdosova showing students how to assess the Apgar score.

The Apgar score is a crucial paediatric assessment and must be included in properly taken history of small children. It serves as a dependable assessment of the child's skin colour, muscle tone, reflectoric reactions to irritation, heart rate and breathing 1, 5 and 10 minutes after birth, thus providing a reliable image of the newborn's overall state of health. Scores 7 to 10 are normal; 4 to 6, fairly low; and 3 and below are critically low and require immediate resuscitative efforts.

WRITING 1

Apgar score table

Based on the video, fill out the table with information about the Apgar scoring system:

Smptom	0 points	1 point	2 points
Appearance (skin colour)			
Pulse			
Grimace (reflex irritability)			
Activity (muscle tone)			
Respiration			

SPEAKING 3

Apgar score

Pair up with the person sitting next to you. Role-play the following scenario: you are both medical professionals, one of you is reporting about a new-born patient and the other is assessing the patient with points according to the Apgar Score.

Choose from the following patients:

Patient A: bluish extremities, pulse of 89 bpm, week flexion of extremities, no movement, irregular respiration, no cry

Patient B: cough, then vigorous cry, active movement of limbs, pink extremities and pulse of 110 bpm

Patient C: active movement, some grimace, week cry, pink body but, blue extremities, pulse of 105 bpm

You can use the following phrases:

- The patient presented with....
- The patient suffered from...
- The patient exhibited....
- The patient manifested....
- The patient was (un)able to...

If you are a self-learner, present the patients in a monologue. Then assess their Apgar scores.

TO VACCINATE OR NOT TO VACCINATE?
CONTROVERSIAL DILEMMAS IN PAEDIATRICS

4

The vaccination history of an infant should include information about the mandatory or recommended vaccination according to the vaccination calendar.

In most countries, the list will include the 6-in-1 vaccine against diphteria, tetanus, poliomyelitis, pertussis or whooping cough, hepatitis B, and haemophillus influenzae type b. Pneumococcal vaccine, rotavirus vaccine and meningitis B vaccine may also be recommended. The MMR vaccine (measles, mumps, and rubella) is recommended at around 1 year of age and will, therefore, be relevant in the history of some infants.

SPEAKING 4
Discussion on vaccination

1. With your partner, discuss which vaccinations and infectious diseases you recognize. How do these diseases manifest?

Write a list of symptoms for one disease at a time. Present them to your partner and let them guess: Which disease were you describing?

2. Should vaccinations be mandatory?

In some countries vaccinations in children are mandatory, in others they are optional, in some governments use incentives to motivate parents to have their children vaccinated.

Do you think that vaccines should be optional or mandatory?

Write 3 arguments for both sides. With your partner, each pick one side and discuss the issue. If you are in a classroom, divide into two groups (pro-vaccination and against-vaccination) and simulate a debate on the topic.

Suggestion for self-learners: prepare a statement for both sides and present them out loud. Make sure to prepare at least five sentences for each statement.

WRITING 2

Creating a pamphlet

Create a pamphlet of 1 page to inform parents of the benefits and risks of vaccinations in small children. Choose one infectious disease, include description of transmission, symptoms, treatment options. Present a table with possible side-effects of the vaccination. Promote the benefits of the vaccine both on the individual level and the societal level. If you are using a computer to create your pamphlet, include fitting illustrations.

LANGUAGE FOCUS 3

Controversial dilemmas

Below you will find one-sided statements to some medical controversies in child care. As a medical professional you should be aware of the whole discussion in these topics.

To each statement, write a counter-statement to fully represent the debate.

1. Some women desire natural birth without medical intervention, others wish to give birth in a familiar environment.

.....

2. Parents are concerned that vaccination may have serious side-effects on their child.

.....

3. Vegan or vegetarian diet is generally thought to be healthy and is much more planet-friendly than meat-based diet and should be preferred in both children and adults.

.....

4. Professional sports at a young age create a disbalance in the overall development of the child.

.....

5. In acute cases alternative medicine can endanger the life of the child, where western medicine has success with evidence-based interventions.

.....

6. Sugar should be eliminated from children's diet as it stimulates hyperactivity and produces addiction.

.....

SPEAKING 5

Discussing critical issues

Prepare a 5-minutes statement on one of the following issues. Write down key points, rehearse your speech and then present it in front of the classroom. Support

your position with the minimum of 3 arguments. Address the possible arguments from the opposite side. After your statement, answer at least 4 questions from your colleagues.

Suggestion for self-learners: Find a partner at work, at home, or over online communication tool to discuss the issues with. Alternatively, you may prepare a monologue and present it in front of an imagined audience.

Mandatory vaccination

Home birth

Vegan/ vegetarian diet for children

Sugar in children's nutrition

Professional sports in young age

Withdrawal of treatment in children

Alternative medicine vs. Western medicine in paediatrics

e.g.

Topic: Mandatory vaccination

Key points:

- Autonomy of the family, who decides about the health of the child?
- Public health concern, overall level of immunization in society vs. individual freedom
- Safety of the child, potential side effects
- Moral concerns about the vaccines (origins of vaccines, efficacy, pharmaceutical interests)
- Which vaccines meet the criteria and should be mandatory and which can remain voluntary?

In your statement you can use the following phrases:

- The following points prove....
- It can be argued...
- Such concern is crucial/ not important because...
- On the other hand,...
- ... is a valid point because it shows that...
- In conclusion, we should...

TEST YOURSELF
WRITING 3

Write down at least 5 articles from the EACH Charter for children in hospitals.

.....

.....

.....

.....

.....

LANGUAGE FOCUS 4

Stages of child development

Fill in the blank spaces with appropriate paediatric terminology of stages of child development. Do not forget to use the proper article a/an.

A. Child from 1 to 3 years of age is a/an .....
B. Unborn child that develops from an embryo is a/an .....
C. Child between 1 and 12 months is a/an .....
D. Child after 11 years of age undergoing hormonal and psychological changes prior to adulthood is a/an .....
E. Child in the first 28 days after birth is a/an ..... The term encompasses premature, full term and post mature children.

LANGUAGE FOCUS 5

Paediatric terminology

Choose the correct word from the brackets to fill in the missing words in Mrs. Sykora's description of baby Benjamin's condition.

1. He is ..... and has a horrible cough. **(feverish/feversome)**
2. Sometimes he ..... bluish and looks like he might suffocate. **(turns/makes)**
3. He has been crying non-stop for several hours now and I can't ..... him. **(smooth/soothe)**
4. He has been a little strange for the past two days, he has been crying more and did not really want to eat much, but I didn't ..... it was something serious. **(restore/realize)**
5. Today his cheeks were red and he was sweaty, so I ..... his temperature and it was 38° Celsius. And it has been going up in the past 12 hours. **(measured/counted)**

LANGUAGE CORNER

The following words and expressions have been selected to act as the building blocks for successful communication regarding the subject addressed in this module. They will support you in creating adequate subject related sentences and expressions to meet the communicative requirements in any professional situations you may encounter.

feverish /ˈfiːvərɪʃ/	physical examination /ˈfɪzɪkəl ɪgˌzæmɪˈneɪʃən/
hoarse barking cough /hɔːs ˈbɑːkɪŋ kɒf/	congenital luxation of the hip /kənˈdʒenɪtəl lʌkˈseɪʃən əv ðə hɪp/
paediatric patient /ˌpiːdɪˈætrɪk ˈpeɪʃənt/	disease manifestation /dɪˈziːz ˌmænɪfesˈteɪʃən/
antipyretic suppository /ˈæntɪpaɪˈretɪk səˈpɒzɪtəri/	newborn assessment /ˈnjuːbɔːn əˈsesmənt/

to droole (saliva) /tə druːl səˈlaɪvə/	breech position /ˈbriːʧ pəˈzɪʃən/
voice box /vɔɪs bɒks/	vacuum extraction /ˈvækjʊəm ɪksˈtrækʃən/
whooping cough /ˈhuːpɪŋ kɒf/	growth of the foetus /grəʊθ əv ðə ˈfiːtəs/
vaccination calendar /ˌvæksɪˈneɪʃən ˈkælɪndə/	premature birth /ˌpremәˈtjʊə bɜːθ/
croup /kruːp/	full-term pregnancy /ˈfʊl-tɜːm ˈpregnənsi/
vigorous cry /ˈvɪgərəs kraɪ/	fontanella/ fontanellae elevation/ depression /ˌfɑːntəˈnelə ˌfɑːntəˈnelə ˌelɪˈveɪʃən dɪˈpreʃən/
intracranial hypertension /ˌɪntrəˈkreɪniəl ˈhaɪpəˈtenʃən/	muscle tone /ˈmʌsl təʊn/
parent substitute /ˈpeərənt ˈsʌbstɪtjuːt/	child development /ʧaɪld dɪˈveləpmənt/
child-friendly /ʧaɪldˈfrendli/	to undergo bodily changes /tʊ ˌʌndəˈgəʊ ˈbɒdɪlɪ ˈʧeɪnʤɪz/
nourishing environment /ˈnʌrɪʃɪŋ ɪnˈvaɪərənmənt/	flexion of extremities /ˈflekʃən əv ɪksˈtremɪtɪz/
age appropriate /eɪʤ əˈprəʊpriət/	reflex reactions to irritation /ˈriːfleks riːˈækʃənz tʊ ˌɪrɪˈteɪʃən/

SUMMARY

Having completed this module you have:

- learned to use proper terminology for developmental stages of paediatric patients;
- adopted appropriate strategies to communicate with children and parents;
- gained knowledge of rights of children in healthcare;
- developed awarness of most common issues in paediatrics.

REFERENCES

Brucknerová, Ingrid. Neonatology simple & easy: Part 2 (Univerzita Komenskeho v Bratislave, 2015)

Each European Association for Children in Hospital, «THE EACH CHARTER with ANNOTATIONS» https://www.each-for-sick-children.org/images/stories/2016/Charter_AUG2016_oSz.pdf [Accessed 1June 2019].

IMAGE RESOURCES

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AUDIOSCRIPTS

LISTENING 2

ACUTE LARYNGITIS

MS: Hello Dr. Lewis. I am calling you because I am very worried about little Benjamin. He is feverish and has a horrible cough. Sometimes he turns bluish and looks like he might suffocate. He has been crying non-stop for several hours now and I can't soothe him. He won't eat. I am very scared, should I take him to the hospital?

DL: Mrs. Sykora, it is good that you called. Firstly, try to calm down. Breathe deeply. I will ask you a few questions that will help us determine whether Benjamin is in any danger.

MS: Okay.

DL: Good. Let's start then. How high is his temperature?

MS: 38.5 ° Celsius.

DL: When did the fever start?

MS: Today, in the morning. He has been a little strange for the past two days, he has been crying more and did not really want to eat much, but I didn't think it was something serious. Today his cheeks were red and he was sweaty so I measured his temperature and it was 38° Celsius. And it has been going up in the past 12 hours.

DL: And you also mentioned the cough. Can you describe it to me? Does it sound dry or wet? Is it accompanied by a whoop? Or is it more like barking?

MS: Barking! It sounds so hoarse and loud, it is very frightening. But it wasn't like this during the day. It has gotten much worse in the evening.

DL: Hmm, good. Is he coughing now? Please, can you put the phone next to him so I can hear the cough.

How is his swallowing? Is he drooling a lot?

MS: No, he doesn't seem to be drooling. But it is hard to tell, because he is crying so hard.

DL: Ok, Mrs. Sykora. I need you to open all the windows in your room. Benjamin most likely has something called the croup. It is acute laryngitis, a viral infection of the voice box. To soothe his hoarse barking cough, he needs humidity. Wrap him up in a blanket and take him to the window. If it doesn't work, you can take him to the bathroom, turn on the shower and create steam. He also needs calming down, so take him into your arms and try to make him comfortable. The combination makes for the best calming technique.

MS: Ok... I wrapped Benjamin and now I am taking him to the window and I am opening it. Oh gosh, I really hope this works, my poor baby is crying and coughing so much. Benjamin, little darling Benjamin, mommy is here. It's working! He stopped coughing!

DL: Well done, Mrs. Sykora! Now let's make sure that Benjamin will get better. Try to keep him comfortable and well hydrated. He may struggle with swallowing, but make sure that his fluid intake is good. If his swallowing is impaired too badly and he starts drooling, you should take him to the children's hospital. The same goes for his temperature; if it rises over 39.0 ° Celsius you need to bring him in. However, you needn't worry too much. Acute laryngitis usually clears up on its own within 5 to 7 days.

MS: But doesn't he need some medication? Wouldn't antibiotics help?

DL: You don't need to worry. I understand that episodes such as these are very stressful, but you are managing wonderfully. Antibiotics have no impact on viral infections, so they wouldn't help little Benjamin. If the fevers don't go away, you should start with cold compress. Put a wet piece of cloth on his neck and cover it with a dry layer. Then leave it there for 15 minutes or until it gets warm, then exchange for a new compress. Only if that doesn't work should you try medication to manage the fever. Administering an antipyretic in a suppository would be best. You can get it in any pharmacy without a prescription.

MS: Ok, so cold compress, suppository, fluids, humid air... I think I can do it.

DL: Yes, you can. Well done! But don't forget, if the fever increases to over 39 ° Celsius, if he is drooling or if he has trouble breathing, take Benjamin to the hospital and the doctors there will take care of him.

MS: Yes, good, I will. Thank you very much Dr. Lewis.

DL: No worries. I am sure you will manage splendidly; I have great confidence in your ability to parent. Goodbye Mrs. Sykora!

MS: Goodbye Dr. Lewis!

VIDEO CLIP 1

PAEDIATRIC EXAMINATION

Hello students. My name is Dr. Laura Harmanova and I am a paediatrician with a specialty in neonatology. Today's lecture will start with an overview of differences in a physical examination of neonatal and infant patients. Remember, while speaking of a paediatric patient, correct terminology is key as the term comprises many types of patients in different stages of development. Each of these stages brings about distinct concerns and, therefore, requires a highly specialized approach.

When conducting the examination of a newborn or an infant, two aspects serve as key sources of information: history and physical examination.

Firstly, the history of the patient must be taken just as in any other patient. However, specifically for this group of patients, it includes the history of the pregnancy, the birth and the development up to 28 days after birth, the vaccination history, and psychomotor development. Beware that

in paediatric patients parents serve as a valuable source of detailed information and are of tremendous value.

The examiner must inquire about any health complications of the mother during the pregnancy such as gestational diabetes or pre-eclampsia, as these conditions have a direct effect on the growth of the foetus. Regarding birth history, a caesarian section, use of a vacuum extraction, prolonged labour, breech position, premature birth or any other complications must be noted. The Apgar score provides a reliable image of the newborn's overall state of health shortly after birth and must be noted in the child's history. The vaccination history of the child should include information about mandatory or recommended vaccination according to the vaccination calendar.

Secondly, a physical examination is conducted. Similarily to a physical examination in adult patients, it consists of the following aspects: aspection, palpation, percussion and auscultation of the heart for murmurs, of the lungs, and of the abdomen for peristalsis. However, unlike in adults, physical examination in neonates assesses new signs and symptoms, or looks at the well-known symptoms differently. It starts with the assessment of the general status of the child where the examiner conducts an evaluation of consciousness, height or length, weight, bodily proportion, nutritional status, posture movements and sound production. The initial phase also includes measurement of the temperature and appearance of the skin. Then, the physical examination of the whole child must be conducted from head to toe. Additionally, in neonates and infants, the following signs must be examined: the fontanellae, which should be on the level of the skull and may indicate dehydration when below or intracranial hypertension when above. We also examine the "setting sun" eye phenomenon that also accompanies intracranial hypertension, the suck reflex, the grasp reflex, or the Moro reflex which is present up to 3 or 4 months of age. We need to have a look at the muscle tone of the palms in the fists and the upper and lower limbs in flexion, the Barlow maneuver and the Ortolani test for congenital luxation of the hip, the presence of a smile at the age of 6–8 weeks, the reactions to the voice of the mother and shifting the head following the sound, and many more. The psychomotoric development of the child must be examined thoroughly and appropriately to the stage of development of the child, therefore, the list is not exhaustive.

Paediatric examination requires many special skills as the patient cannot communicate, develops quickly over time and manifests diseases in different manner. However, those who undertake this difficult task claim that paediatrics, including neonatology, are on of the most rewarding fields of medicine.

VIDEO CLIP 2

APGAR SCORE

N: Hello students. My name is nurse Gajdosova and today I will talk you through the most fundamental examination in neonatology. We will look at the Apgar score assessment. Is anyone familiar with this particular assessment? Yes, Mr. Podolsky?

S1: The Apgar score is the assessment of vital functions of the newborn. The child is examined in specific intervals after birth, I think it is 1, 3, and 10 minutes after birth.

N: You are almost correct. We will talk about the exact times shortly. What vital functions do you think need assessment in a child right after birth?

S2: Breathing.

S1: Pulse.

S3: Whether the baby is crying?

N: Good, all of these are very important. Can you think of anything else?

S2: The colour of the child's skin? If there were any difficulties with breathing the child could manifest with cyanosis.

N: Very good. There are 5 criteria that need to be monitored in a neonate and the word APGAR serves as a mnemonic for all of them. So, as a medical practitioner you will be looking to assess A Appearance, or as Ms. Uhlikova has correctly identified the colour of the skin, then P for Pulse, G for Grimace and reflex irritability such as sneezing or coughing. Next is another A, this time for Activity. This means flexion in arms and legs. And last, but not at all the least important R for Respiration. And here you should be interested also in whether the baby has cried. Let's revise it together then: A is for ...?

Students: Appearance.

N: P...?

Students: Pulse.

N: G...?

Students: Grimace?

N: Good. Grimace and reflex irritability. Is the child reactive to the environment? Has it coughed, sneezed? Next is A for...?

S2: Activity and flexion of extremities.

N: And R for...?

Students: Respiration.

N: Well done. Now that you remember what categories you are looking for, we will discuss when and how they are examined. As Mr. Podolsky has mentioned correctly, the score is assessed at three different times. However, the times are not 1, 3, and 10 minutes after birth, but rather 1, 5, and 10 minutes. At each of these times you will record the overall score for the newborn child. For each of the five categories you can award 0, 1 or 2 points. Therefore, the overall score ranges between 0 to 10. A score 7 or above is considered within the normal range, a score below 7 is considered abnormal and suggests distress in the child that should be followed by intervention on the part of the health professional. The score is not necessarily a predictive examination,

rather its role is to determine whether urgent intervention is required. Scores 3 and below are critically low and call for immediate resuscitative efforts.

Now, let's look at how to assess each of the categories.To assess appearance, as a medical professional you look at the colour of the skin. If the child is pink and rosy, 2 points are awarded. However, if the skin is blue on the extremities, only one point is awarded and if the skin is pale or blue overall, zero points are given.

For pulse, the optimal heart rate that constitutes 2 points is over 100 beats per minute. If the pulse is below, 1 point is given and if there is no pulse, no points are taken into consideration for this category.

2 points are given if the child has reflex activity and a grimace, cough, or sneeze is observed. 1 point is recorded for some flexion of the extremities and some grimace and 0 for no response. To assess activity, you look at the overall muscle tone and the flexion of the extremities. For active movement and good flexion, 2 points are recorded, 1 for flexed arms and legs and 0 for no movement. Lastly, you look at the signs of breathing. If the child cries vigorously that constitutes 2 points. If a slow, irregular or weak cry is present, 1 point is recorded and for no cry 0 points are given. At the end, the points are counted and the overall score is recorded. Who can remember what the optimum score is? Ms. Kiskova?

S3: 7 and above.

N: Very good. As you see, the assessment is quite intuitive. The most important thing to remember is what you are looking for and the mnemonic serves for just that. And the last question: Do you know where the name of the examination comes from? Why is it called the Apgar score?

S1: Isn't it because it is the abbrevation of all the monitored functions?

N: Yes, that is correct. However, the word Apgar is not only a mnemonic of vital functions in newborns, it is also the name of the physician who first developed this method to quickly summarize the health of children. Her name was doctor Apgar and she was an anesthesiologist. Now let's continue our rounds at the neonatological ward.

KEY TO EXERCISES

LISTENING 2

1.

Symptoms	Treatment suggestions
e.g. fever 38.5 ° Celsius	e.g. cold compress
flushed cheeks, sweat	**humid environment (open window, shower)**
barking cough	**calming technique**
turns bluish	**fluids**
non-stop crying	**antipyretics in suppository to manage fever**
will not eat or drink due to impaired swallowing	**if the fever increases to over 39 ° Celsius, if he is drooling or if he has trouble breathing, take Benjamin to the children hospital**

2. Put the following actions of Dr. Lewis in the correct order:

1 – f; 2 – d; 3 – c; 4 – b; 5 – a; 6 – e; 7 – g

LANGUAGE TIPS

1. D	2. B	3. E	4. A	5. C

READING 1

Article 1: (home care)
Article 2: (accompanying person, not being alone)
Article 3: (support for their parents)
Article 4: (knowing what is going on)
Article 5: (choosing and participating in care)
Article 6: (age-appropriate environment)
Article 7: (child-friendly nurishing environment)
Article 8: (professionally trained specialized staff)
Article 9: (continuity and stability)
Article 10: (privacy)

READING COMPREHENSION 2

According to EACH Charter	Against EACH Charter
B, C, E, I, J	A, D, F, G, H

LANGUAGE FOCUS 1

1.	2.	3.	4.	5.
B	E	C	A	D

VIDEO CLIP 1

1.

Part 1: **A. Introduction: Who is Our Patient?**

Part 2: **B. Paediatric History: All Information is Needed**

Part 3: **B. Specifics of Physical Examination in Neonates and Infants**

Part 4: **B. Conclusion: Field with a Special Charm**

2.

– different for each stage of development,

– parents as source of information,

– importance of prenatal history and the history of the mother,

– birth history and the Apgar score,

– vaccination history,

– specific signs and phenomena for different manifestation of diseases

3.

1.	2.	3.	4.	5.	6.	7.	8.
F	F	T	F	F	T	T	F

LANGUAGE FOCUS 2

1. Barlow maneuver
2. Moro reflex
3. Setting-sun phenomenon
4. Ortolani test

WRITING 1

Symptom	0 points	1 point	2 points
Appearance (skin colour)	Pale, blue	Pink body, blue extremities	Pink
Pulse	Absent	<100 bpm (beats per minute)	>100 bpm
Grimace (reflex irritability)	No response	Some response (grimace, some flexion of extremities)	Active motion (cough, sneeze, pull away)
Activity (muscle tone)	Absent	Arms and legs flexed	Active movement, well flexed
Respiration	Absent	Slow, irregular, weak cry	Vigorous cry

SPEAKING 3

Patient A: bluish extremities, pulse of 89 bpm, week flexion of extremities, no movement, irregular respiration, no cry **(4/10)**

Patient B: cough, then vigorous cry, active movement of limbs, pink extremities and pulse of 110 bpm **(10/10)**

Patient C: active movement, some grimace, week cry, pink body but, blue extremities, pulse of 105 bpm **(7/10)**

LANGUAGE FOCUS 3

1. Some people oppose home births because they think that children born outside of the hospitals are at substantial risk.
2. Medical professionals argue that the benefits of vaccination for both the individual and the society outweigh severity of potential side-effects.

3. For proper growth children need vitamins which are not present in plant-based diets.
4. Professional sports promote healthy habits both physically and mentally.
5. Alternative medicine offers reliable solutions despite lacking evidence.
6. Sugar is not dangerous to children and its intake does not need to be restricted.

WRITING 3

Right to home care
Right to accompanying person, not being alone
Right to support for their parents
Right to knowing what is going on
Right to choosing and participating in care
Right to age-appropriate environment
Right to child-friendly nurishing environment
Right to professionally trained specialized staff
Right to continuity and stability
Right to privacy

LANGUAGE FOCUS 4

A. a toddler
B. a foetus
C. an infant
D. an adolescent
E. a new-born / a neonate

LANGUAGE FOCUS 5

1. feverish
2. turns
3. soothe
4. realize
5. measured

Module 6

Effective Patient Communication

Authors
Aelita Skarbalienė, Lina Gedrimė, Egidijus Skarbalius

Klaipeda University, Lithuania
www.ku.lt

Klaipėdos universitetas

INTRODUCTION

Communication and social skills are becoming increasingly valuable in the 21st century. It is argued that the advantages of effective communication cannot be emphasized enough, and it must be noted that excellent communication is expected by patients. In addition, it has been indicated that features of healthcare professional-patient communication can predict better health outcomes. Thus, this module aims to explain the pathways how communication may help patients to recover faster. The module covers the topics of effective communication that are essential for any healthcare specialist: speaking, active listening, giving feedback, and emotional interaction in the conversation. Each part includes a variety of tasks to be accomplished to achieve the intended objectives of the module. In addition, you will find many tips for improving your communication skills.

OBJECTIVES

In this module you will:

- learn which aspects of speaking are important for sending a clear message to the patient;
- improve your active listening skills;
- acquire new knowledge about giving and getting feedback;
- be able to understand the emotional expressions of others and read body language;
- acquire several helpful expressions for more effective communication.

LISTENING 1

Keywords

Listen and repeat the words and expressions to become familiar with their pronunciation.

verbal communication /ˈvɜːbəl kəˌmjuːnɪˈkeɪʃən/	nonverbal communication /nɒnˈvɜːb(ə)l kəˌmjuːnɪˈkeɪʃən/
emotional and psychological comfort /ɪˈməʊʃənəl ənd ˌsaɪkəˈlɒʤɪkəl ˈkʌmfət/	conflict prevention /kɒnflɪkt prɪˈvenʃən/
efficient communication /ɪˈfɪʃənt kəˌmjuːnɪˈkeɪʃən/	interpersonal relations /ˌɪntəˈpɜːsən(ə)l rɪˈleɪʃənz/
inappropriate communication /ˌɪnəˈprəʊprɪɪt kəˌmjuːnɪˈkeɪʃən/	communication competency /kəˌmjuːnɪˈkeɪʃən ˈkɒmpɪtənsi/
positive body language /ˈpɒzətɪv ˈbɒdi ˈlæŋgwɪʤ/	communication barrier /kəˌmjuːnɪˈkeɪʃən ˈbærɪə/
networking /ˈnetwɜːkɪŋ/	to indicate feelings /tu ˈɪndɪkeɪt ˈfiːlɪŋz/
getting information /ˈgetɪŋ ˌɪnfəˈmeɪʃən/	establishing relations /ɪsˈtæblɪʃɪŋ rɪˈleɪʃənz/
attentive listening /əˈtentɪv ˈlɪsnɪŋ/	effective family communication /ɪˈfektɪv ˈfæmɪli kəˌmjuːnɪˈkeɪʃən/
facial and verbal expressions /ˈfeɪʃəl ənd ˈvɜːbəl ɪksˈpreʃənz/	respond to others /rɪsˈpɒnd tu ˈʌðəz/

LISTENING 2

Tips for starting a conversation

Many people have problems in starting a conversation, but can communicate easily once the conversation proceeds. Please listen to some tips for greetings and how to start a conversation when you meet the patient for the first time.

SPEAKING 1

Imagine you as a caretaker are entering the ward to meet a patient who is hospitalized. Think how you could start the conversation. Present it to your colleague in pairs or small groups. Listen to each other and discuss good practice. You also might role-play different situations that require starting communication.

Suggestion for self-learners: We recommend doing a monologue, summarizing important points from the communication tips while speaking in a soft voice, or finding a partner via your social networks to discuss a good approach and individual experience.

READING 1

What is effective communication and why it is important in healthcare?

Read and analyse the text about effective communication and the barriers for it, then answer the questions given at the end of the text.

A short survey revealed that most people think communication is an exchange of information. But is it so?

Imagine a patient who got to the hospital and heard the diagnosis. What is he or she experiencing? The patient often experiences stress, and their sensitivity to the environment can increase dozens of times. After the period of diagnosis and treatment, the patient feels particularly vulnerable and helpless (both emotionally and psychologically). It is this helplessness and vulnerability that encourages the intuitive search for some support (informational, emotional, psychological, and even spiritual). So, it is natural that such support and help is expected from healthcare professionals. Not only standard and protocol communication with the caretakers, conversations about the course of treatment, methods, etc. are important for each patient, but also the personal attention and emotional support of the caretaker is needed. Every patient wants special attention, special care, special help, and special relationships.

Thus, effective communication is not just about exchanging information. It is an understanding of information related to emotions and intentions. To communicate effectively with the patient, you need to hear not only the words, but also the emotions behind them.

Often, people think that communication is instinctive. However, this is not true. Often, we say one thing, the other person hears something else, and there come misunderstandings, frustrations, and conflicts. This can cause particularly big problems when it comes to the healthcare environment.

Here are some barriers to effective communication that can be met with in healthcare:

- **physiological barriers**: poor eyesight, hearing, memory loss, lack of alertness, etc.
- **psychological barriers**: high level of stress, fear, anxiety, difficulty concentrating, etc.
- **cultural barriers**: different cultural and religious experiences.
- **different interpretation of information**: due to different education, social status, different experiences, people may hear and perceive information differently.

Answer the following questions based on the text above.

1. What does a person experience when hospitalised?
   a) .....
   b) .....
   c) .....
2. What support is expected from caretakers?
   a) .....
   b) .....
   c) .....
3. What are some reasons for different interpretations of information?
   a) .....
   b) .....
   c) .....

FOLLOW-UP ACTIVITY

Discuss the barriers to effective communication that can be met within healthcare with your colleagues. Remember some situations from your professional practice and share them as examples.

LISTENING 3

Conversation at hospital

Listen to a conversation between a nurse anaesthetist, a patient, and her family member. The conversation consists of two parts, i.e. the first part shows bad communication and the second part shows how it should be. Pay attention to the differences.

Indicate which actions were demonstrated by Joana (the nurse) in the first part of the conversation.

	Yes	No
1. Speaks too fast		
2. Introduces herself in a proper way		
3. Uses professional jargon		
4. Uses complicated words		
5. Explains the procedure at the beginning of the conversation		
6. Repeats everything in an appropriate manner		

WRITING 1

Imagine meeting an 80-year-old female patient who was admitted to hospital with pneumonia. Write down questions and sentences to enhance the dialogue to learn and meet the patient's expectations. Please use the tips listed below.

Tips for effective speaking

- Give effort to **build a trusting relationship** with the patient by giving your undivided attention.
- Initiate the discussion/conversation with **open-ended questions**, e.g. "How are you doing today?", "What is worrying you?", etc.
- Seek depth and clarity about the patient's concerns and encourage talking, e.g. "Tell me more about it."
- **Avoid using slang/professional jargon.** A common mistake that many health professionals make is to use longer and more complicated words. Another common mistake is the use of slang/jargon terms that are not fitting or appropriate. Avoid both mistakes for better communication. E.g. use the word 'medicine' rather than 'drug' when talking to patients. Many people associate the word 'drug' with illicit substances, whereas health professionals view the word 'drug' as pharmaceutical.
- **Remember who your audience is.** What you say to a doctor or a fellow might be quite different from what you would say to a patient and their family. Choose your words to fit the situation and the audience. If you speak to a foreign patient, greet them in their own language. This always relieves stress and creates a good emotional atmosphere.

SPEAKING 2

Work in pairs. Play a dialogue: healthcare professional – a patient with pneumonia. The person who plays the healthcare professional should initiate the dialogue, build trust, show honesty, learn the patient's needs, concerns, and expectations.

Suggestion for self-learners: We recommend doing a monologue using the structure above – you see that the patient is full of fear, seems not to trust the process, etc. What should you tell him or her? You might take note of what you are going to say and make the monologue after, while speaking in a soft voice. You also could try to find a partner via your social networks.

VIDEO CLIP 1

Barriers to effective feedback

Various research reveals that healthcare professionals lack feedback-giving skills. Watch the video of two students' presentation about the most common barriers for effective feedback (adapted from Hardavella et al, 2017[1]) and complete the following statements.

[1] Hardavella G, Aamli-Gaagnat A, Saad N, et al. How to give and receive feedback effectively. Breathe 2017; 13: 327–333. Retrieved from https://tinyurl.com/yyprqcj2. (CC-BY-SA 4.0)

1. Feedback needs to be given in a ..... manner.
2. Giving feedback in the presence of other patients ..... and the recipient ....
3. ..... barriers convey unclear messages and result in unclassified assumptions.
4. When preparing to give feedback, ...
5. There is no "one-size fits all" approach; feedback should be ....

FOLLOW-UP ACTIVITY

Focus on the main reasons for the poor feedback while listening. Then do a short self-reflection and discuss with your colleagues which barriers for effective feedback you meet with most often.

Suggestion for self-learners: If you are learning alone, do a monologue in a soft voice or connect to another learner via social media to do the exercise.

WRITING 2

Here is a five-step feedback-giving formula.

Imagine the situation: a 15-year-old boy felt weak while playing basketball. He was hospitalized and dehydration was diagnosed. Write down a plan for feedback about the situation to him.

1	*When ... happened*	Describe the behaviour, situation
2	*I felt / thought / expected / etc.*	Describe your reaction
3	*Because*	Explain the reaction
4	*What I think / imagine / etc.*	If possible, show your understanding about the other's behaviour
5	*What I'd prefer / suggest / offer / etc.*	Suggest a different way of behaving

READING 2

Communication is a two-way street: stop and listen

To hear someone else talking does not always mean just listening to him or her. Active listening means listening and responding with one's full attention. However, sometimes we meet people that are difficult to listen to. Nevertheless, here are some tips for such cases as well. Read the text (adopted from Mosaic[2]) to find the tips.

One of the most important communication skills is the ability to listen actively and politely to what is being said by the other person. Listening is a conscious activity which requires attention. Rather than waiting to speak, you need to listen attentively to fully understand the other person. Remember, there

[2] Mosaic. Active Listening & Effective Questioning. Retrieved from https://tinyurl.com/ya4vumug [01-02-2020]. CC BY 3.0

is no point in asking a question if you do not intend to listen carefully to the answer! Listening fully or actively means putting everything else out of your mind. Moreover, show the person that you are listening properly and valuing what is said. Understanding and valuing does not necessarily mean agreeing. Active listening is particularly valuable in situations of conflict or disagreement. An atmosphere of cooperation can be created by active listening. Thus, it can be counted on as a possibility of resolving the conflict.

Some of the **key skills for active listening** include:

- Listen with your whole body:
  - Face the other person and use an open posture to establish rapport.
  - Use eye contact and facial gestures to demonstrate your attention.
  - Be still and resist fidgeting.
- Let the other person do the talking:
  - Be quiet and actively encourage the other person to talk; promote their willingness to communicate.
  - Avoid interrupting.
  - Avoid pre-judging what is being said (rather, make sure you focus on understanding precisely what the speaker means).
  - Avoid starting to think about your answer or response (wait until the speaker has finished – active listening is hard work and needs 100% of your concentration);
  - Do not finish their sentences or fill in the blanks – no matter how tempting!
- **Notice non-verbal communication** – i.e. body language, tone, and pitch of the voice – listen for feelings and emotions, as much as to facts and words.
- **Be comfortable with silence**. Staying silent gives time and opportunity for the speaker to share extra information. It may feel odd initially, but you will be amazed how often more information emerges after a moment's silence.
- **Listen inquisitively and strategically:**
  - Inquisitive listening – actively looking for interesting 'bits' of information in what is being said that will help formulate a solution or answer.
  - Strategic listening – going beyond the words to understand the speaker's real motivations and driving forces and/or needs. This involves listening 'between the lines' and hearing the things that were 'not said' as well as those that were.
- **Use questions effectively.**
- **Reflect the information you receive** to illustrate your understanding and provide opportunities for clarification. Use paraphrasing, acknowledgement, and reflective statements.
- To make sure that the communication is flowing, learn the simple **trick of reflecting** what the person is saying to you. To do so, you simply repeat what has been said in your own words, back to the person. If you are wrong, the person can say so before you walk away.

SPEAKING 3

Based on the above text, do some self-analysis and write down your strengths in listening and areas that need improvement. Discuss them in pairs with your colleagues. Try to apply active listening elements while listening to your colleague.

Suggestion for self-learners: Are you a good listener? What do you think works well and what potentials do you see for improvement? Imagine different situations. Do you sometimes lose patience? What could you do about it? We recommend doing a monologue while speaking in a soft voice or find a partner via your social networks.

VIDEO CLIP 2

Emotional interaction and body language

Emotional interaction is another important skill in effective communication. It is common that people's feelings and emotions influence and occasionally even determine their communicative behaviour and the course of the conversation. It is common as well that patients and their families experience emotional tension on different levels. Understanding their emotions and showing respect to them helps to develop a positive atmosphere and an easier conversation. Despite the words you use, most human communication is through body language – of your face, hands, posture, etc.

The ability to read body language may help in revealing the emotions of people and choosing the right tactic. On the other hand, using the right elements of body language for the healthcare professional may send a message about their self-confidence, calm state, and may help calm down another person.

Watch the video about some body language tips to follow and put them into a table.

New for me	Use in my practice	Should include in my practice

FOLLOW-UP ACTIVITY

SPEAKING 4

Share your lists among your colleagues. If you are learning alone, do a monologue in a soft voice. Explain how the skills from the column "Should include in my practice" could improve your performance.

WRITING 3

Look at the pictures and write at least 3 elements of positive body language used.

SPEAKING 5

In this module you learned about many barriers to effective communication and found many tips for improving it. What skill would you like to improve first? Speaking? Listening? Giving feedback? Or managing body language? Why? What are the tips you remember the best and will use in your practice? Discuss these issues in pairs. Try to apply questioning skills, managing emotions, reduced body-language, etc., while listening to your colleague.

Suggestion for self-learners: If you are learning alone, do a monologue in a soft voice. Refer to your strengths and weak points when communicating. What would you like to take from the tips and from the content of this module into your communication practise? Changing habits is not easy, but it's worth trying!

LANGUAGE CORNER

The following expressions have been selected to act as the building blocks of successful communication. They will support you in creating sentences and expressions to meet the requirements of effective communication in any professional situation you may encounter.

I've been thinking about some things and would like to hear your thoughts.	Thank you for sharing that with me, do you mind if I think about it for a little bit?
Thank you for pointing this out. I will work on it right away.	Let's see if I understood this correctly, what you're saying is...
Okay, what is your biggest concern?	How do you feel about...?
I can tell you have given a lot of thought to this. Let me be sure I understand what you're talking about.	What do you think of...?
What do you think about...?	How would you feel (about...)?
What's your opinion of...?	What are your views on...?
What would you say to... / if we...?	Are you aware of.....?
I could not agree more.	Yes, absolutely.
I think so, too.	Do you think it is all right to do it?
What do you think about (me doing that)?	What would you say if I (did it)?
Wait and see.	Let me get back to you.
I am sorry, that is confidential.	I am quite sure...
I am absolutely positive...	I am fairly / quite certain...
It must be right.	You can be sure...
I've no doubt at all that...	Is there anything else you need?

SUMMARY

In this module you learned which aspects of speaking are important for sending a clear message to the patient, improved your active listening skills, acquired new knowledge about giving and getting feedback, understood some emotional expressions of others, and acquired a number of helpful expressions that will help you to communicate more effectively. Still, if you have ever stumbled on a word or found yourself frustrated trying to communicate an idea, then you know your roadblocks. Everyone has a few of them. Nobody is perfect. The results of the research show that healthcare professionals are not born with excellent communication skills, as they have different innate talents. Instead, they can understand the need for good communication, learn and practice these skills, and be capable of modifying their communication style if there is sufficient motivation and incentive for self-awareness, self-monitoring, and training.

REFERENCES

Mosaic. Active Listening & Effective Questioning. Retrieved from https://tinyurl.com/ya4vumug [01-02-2020]. CC BY 3.0

Hardavella G, Aamli-Gaagnat A, Saad N, et al. How to give and receive feedback effectively. Breathe 2017; 13: 327–333. Retrieved from https://tinyurl.com/yyprqcj2. (CC-BY-SA 4.0)

IMAGE RESOURCES

123RF.com. CC BY 3.0

AUDIOSCRIPTS

LISTENING 2

TIPS FOR STARTING A PROFESSIONAL CONVERSATION

M: Many people have problems in starting a conversation, but can communicate easily once the conversation proceeds. Please listen to some tips for greetings and how to start a conversation.

F: You will not feel awkward during introductions if you are always ready to introduce yourself. Do not just stand, waiting to be introduced; take the initiative. Put out your hand for a handshake, smile, and say your name in a confident voice. For example: "Hello, I'm Lina. I'll be your nurse during your stay at the hospital and will do my best to take good care of you."

M: Address all patients as Mr., Mrs., or Ms. Use a first name only if the person gives their permission. Do not use any informal names such as "darling", "my dear", or "honey", etc. Do not treat elderly patients by saying "grandma" or "grandpa", and do not speak to the elderly using childish language.

F: Take a few seconds to compose yourself and put a smile on your face before entering the ward to meet a patient, his or her family, or meeting a colleague.

M: Greet patients in a manner similar to the following: "Welcome to the hospital. My name is Jakob Dovydas, and I am the person who will be coordinating your care until you are in the hospital. Do not hesitate to call upon my colleagues or me if you have any concerns or need anything."

F: Explain to the patient what to expect preoperatively, intraoperatively, and postoperatively. Use open-ended questions. Ask the patient for input.

M: Always use formal and polite language in a polite voice.

F: Use formal communication at the beginning and during the meeting, and try not to cause emotional and psychological discomfort to another person.

M: Do not let professional competencies overshadow effective communication. Remember that interpersonal relations and networking play an important role in the treatment process.

F: Do your best to be attentive, to establish relations with the patient and their family.

M: Remember that it is crucial to listen attentively whilst gathering information, and to follow verbal and facial expressions while listening.

F: Because of stress and haste, medical professionals sometimes make mistakes when communicating. Do not be shy, and say that you are deeply sorry about that. Moreover, always say, "thanks for understanding".

F: We believe these tips will help you start the conversation more easily. Good luck!

LISTENING 3

SCENE 1

Nurse: Good afternoon Mrs. Gedimine, I am the nurse anaesthetist. Tomorrow you will have a gastric resection surgery, and a combined epidural and general anaesthesia will be given to you. When you are asleep, we will be carefully monitoring you. It is important to measure your fluid balance, so we are going to insert a urinary catheter. In addition, we are going to insert a nasogastric tube to decompress the gastrointestinal tract. After the surgery, you will wake up in the ICU department where you will be extubated, but the urinary catheter and nasogastric tube will stay in place for the first 24 hours. Epidural anaesthesia or opioids will be used to relieve your pain.

Now, I want to ask you some questions: Do you have any chronic diseases, what kind of medicines do you use, are you allergic to anything?

Do you have any questions for me, Laura?

Laura's mum: Dear nurse, I am sorry, but I am not Laura. I am Laura's mother. You spoke so quickly that I could not interrupt you and I cannot understand you. English is not my native language. Laura is away because she is having her routine tests now. I am very worried about the anaesthesia that Laura is going to get. What are the opioids for? Why is

she going to be taken to the ICU department? What does ICU mean? What are all these tubes for?

Nurse: Oh, I am so sorry, it is my mistake that I have been talking fast and you have not understood me.

SCENE 2

Laura's mum: Here is Laura.

Nurse: I am nurse anaesthetist Joana Visma. What is your name and surname? Can you show me your identification bracelet, please?

Laura: I am Laura Gedimine, here is my identification bracelet...

Nurse: That's right – Laura Gedimine.

I would like to talk about the anaesthesia that will be used during your surgery. You can ask your surgeon all the questions about the surgery, and I can answer all your questions about the anaesthesia.

You will be given a combined anaesthesia. A general anaesthesia, which means you will be asleep through the whole surgery. It will be given to you via gas, which you will breathe through a mask. Then I am going to insert an endotracheal tube into your airway that will assist with breathing during the anaesthesia. To control the pain during and after the surgery we can use an epidural catheter. The procedure is performed on your back. We numb a small area on your back, then we insert a needle into your spinal cord; after that, a small tube is threaded into the epidural space. Once the catheter is placed, we use anaesthetics or opioids to block the pain. Do you agree with the plan of anaesthesia?

Laura: Yes, I do. Nevertheless, I am afraid that I will feel pain and I will not be able to tell you, and I am afraid I might wake up during the surgery....

Nurse: Do not be afraid, we will monitor your condition and all the equipment we use will show us how deep your sleep is, and if you feel pain, we will take care of you immediately.

In addition, we will insert an intravenous cannula because we will be supplying you with intravenous fluids. That is why, for measuring fluid balance, we will insert a urinary catheter. One more tube will be inserted through your nose into your stomach because we need to decompress it and control the situation. Do not be afraid, we will remove them as soon as possible.

Laura: Will the anaesthesia be harmful to me?

Nurse: After surgery you will wake up in the Intensive Care Unit department because it is safer for you, so do not be afraid that you will hear many beeping monitors. You will feel the endotracheal tube in your mouth, but do not panic; it will be removed as soon as you are breathing normally. Was everything clear to you? If you have any concerns, do not hesitate to contact me or my colleagues.

VIDEO CLIP 1

FEEDBACK TO A PATIENT

Teacher: Good morning, students. Today we will continue talking about effective communication in a healthcare setting. And the topic for today is "Feedback to a Patient". The famous coach Eric Parsloe said**:** "Feedback is the fuel that drives improved performance". However, giving feedback is not an easy task. To gain skills, everyone should know what the main barriers to the feedback are. Two of you were assigned to prepare a presentation today about the barriers to effective feedback. Vilius and Vaiva, can I ask you to share your insights with the class?

Vilius: Thank you, professor, for giving such an interesting assignment to us. Dear colleagues, hopefully, you will enjoy our presentation and find it useful for your future career.

Various factors, actually, can impact on effective feedback and act as barriers. Our presentation is based on the review by Georgia Hardavella and colleagues. The first barrier I would like to describe is generalized feedback that is not related to specific facts and does not give advice on how to improve behaviour. Generalised feedback is unhelpful and can be confusing. The person receiving feedback remains unclear about the actual purpose of the session and usually starts exploring hidden agendas that might have triggered the feedback. It disrupts relationships and causes unnecessary suspicion.

Vaiva: Another barrier to feedback is a lack of respect for the source of feedback. We all tend to accept feedback more from people we value. In the opposite case, it is advised that you ask another colleague that was present to provide informal feedback rather than doing it yourself, as otherwise, this might impact on relationships and the feedback will be ignored.

Vilius: The healthcare professional giving feedback might be different from the patient in terms of gender, age, social status, and educational and cultural background. These factors may result in a demotivating feedback session. Therefore, feedback needs to be given in a supportive, empathic, and relaxed manner, and upon a background of a relationship based on mutual respect.

Vaiva: Poor handling of situations in which the recipient is resistant or defensive can result in a dismissive approach; therefore, the feedback will be disregarded.

Vilius: Giving feedback loudly in a noisy corridor, or in the presence of another patient, is inappropriate. Such feedback loses its objectivity and the recipient may consider this as an insult that will impact their institutional relationship with the healthcare provider.

Vaiva: Language and cultural barriers convey unclear messages and result in unclassified assumptions. It is important to confirm the message sent is the message that is received. All feedback sessions should be held in a respectful and supportive manner.

Vilius: Personal agendas should not influence feedback. As soon as you realise that this might be a possibility, it is best not to give feedback, as this will be perceived by the recipient negatively. Personal reflection will identify the reasons behind this and will be crucial in improving this aspect.

Vaiva: A person given feedback who lacks confidence may exhibit shyness, difficulty in being assertive, or lack of awareness of their own rights and opportunities.

Vilius: When preparing to give feedback, think about what you would like to achieve. What do you want to highlight, what went well, and where could there be some improvements?

Vaiva: Planning in advance is crucial to the process. Planning should include to whom you are giving feedback. There is no "one-size-fits-all" approach; feedback should be tailored to each individual and the corresponding situation. Thank you very much for your attention.

Teacher: Thanks, Vaiva and Vilius. It was interesting and useful. I am sure the class has been given something to think about.

VIDEO CLIP 2

– Stand upright with your shoulders back and your chin up; avoid slouching. That sends a message about your self-confidence, honesty, and respect for the person.

– Keep your hands out of your pockets. That sends a message about your honesty and respect for the other person.

– Keep your palms open. That shows your honesty and openness.

– Do not put your hands on your hips or cross them over your chest. These are signs of domination, superiority, efforts to hide something, or insincerity.

– Use a sincere smile to show warmth and friendliness.

– Look at the eyes of the person you are talking to, to show your interest.

– Do not wring your hands or make a fist. That demonstrates aggression and domination.

– Do not drag or shuffle your feet. That is a sign of a lack of self-confidence, nervousness, and confusion.

– Keep your eyes at the same level as the patient's, to show respect and honesty.

– Do not look at your phone, watch, or the clock. This demonstrates disrespect for the person, inattention, and not taking the problem seriously.

– Light touch. Touching others is a sensitive matter, but we show sensitivity and care in this way. Prior to touching someone, we need to judge the person's needs and situation, for example, emotional stress, etc.

– Keep your clothing neat and tidy.

KEY TO EXERCISES

READING 1

stress, fear, anxiety

informational, emotional, psychological

different education, different social status, different experiences

LISTENING 3

1. Yes
2. No
3. Yes
4. Yes
5. No
6. Yes

VIDEO CLIP 1

1. Feedback needs to be given in a supportive, empathic, and relaxed manner.
2. Giving feedback in the presence of other patients loses its objectivity and the recipient may consider this as an insult.
3. Language and cultural barriers convey unclear messages and result in unclassified assumptions.
4. When preparing to give feedback, think about what you would like to achieve.
5. There is no "one-size-fits-all" approach; feedback should be tailored to each individual and the corresponding situation.

WRITING 3

1. Neat clothing, smile, eye contact
2. Light touch, eyes on the same level, smile
3. Light touch, eye contact, smile

Module 7

Physiotherapy

Author
Justyna Kowalczys

Stowarzyszenie Angielski w Medycynie
Association for Medical English
http://angielskiwmedycynie.org.pl/

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INTRODUCTION

This module is directed primarily toward physiotherapy students and practising physiotherapists, but also to other healthcare specialists and caretakers. Particular sections discuss the basic role of physiotherapy (PT), types of physiotherapeutic treatment methods, as well as PT equipment and accessories. The learner will study how to perform a successful physiotherapy evaluation and examination using mnemonic techniques, together with filling in patient documentation and planning an efficient treatment plan. A handful of practical words and phrases will help the learners develop their professional language skills, both for oral and written communication, whereas a variety of listening and multimedia tasks will promote familiarisation with hospital and other healthcare environments. Practical physiotherapeutic knowledge is processed further on during analyses of patients' cases which refer to the most common skeletal, muscular and neurological disorders and pathologies. A comprehensive analysis of this module is recommended after the study of project HELP Module 3 "Physical Examination".

OBJECTIVES

In this module, you will:

- learn about types of physiotherapy and a number of specific treatment methods;
- expand your vocabulary on rehabilitation and physical therapy equipment and accessories;
- analyse types of physical exercises, together with indications and contraindications;
- practice how to prepare a thorough treatment plan for the medical cases presented;
- develop knowledge concerning physiotherapy evaluation and examination facilitated by mnemonic techniques;
- develop awareness of examination techniques, i.e. Joint Movement Test, SFTR method, Range of Motion (ROM), Manual Muscle Test, the Lovett Scale;
- listen to interviews and discuss cases of skeletal, muscular and neurological disorders in order to develop communication skills for real life situations;
- improve skills of effective physiotherapy documentation keeping, e.g. patient records and patient treatment plans;
- acquire a number of helpful expressions to be able to discuss professional cases in a specialist healthcare environment.

LISTENING 1

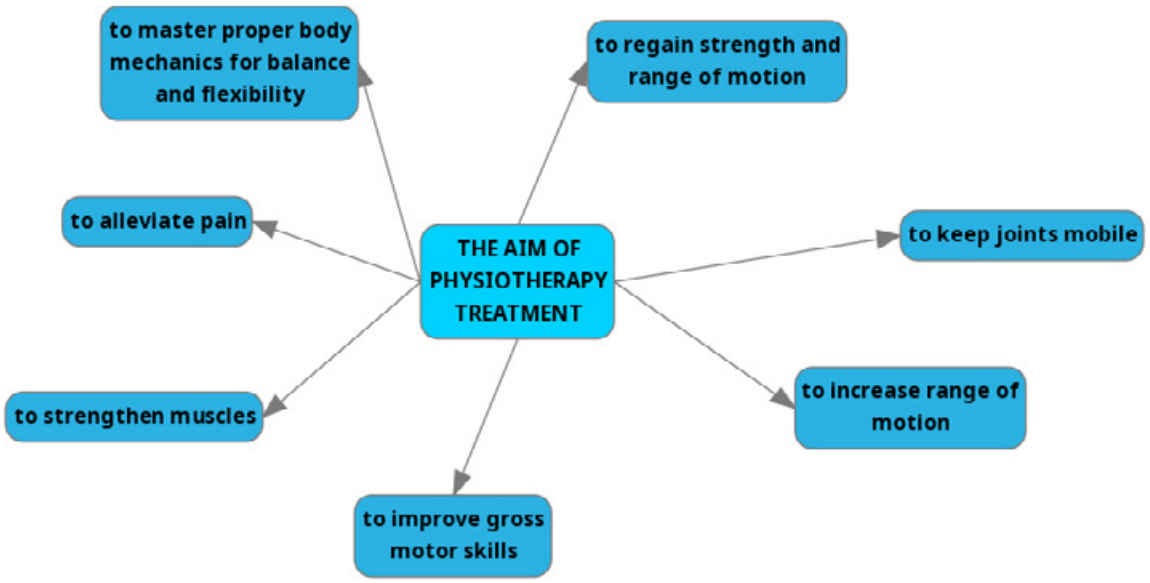
Listen to the professional key words for this module. Repeat the words until you are familiar with their meaning and correct pronunciation.

physiotherapy / physical therapy /ˌfɪzɪəʊˈθerəpi / ˈfɪzɪkl̩ ˈθerəpi/	kinesitherapy / kinesiotherapy /kənɪzɪˈθerəpi / kənɪzɪəʊˈθerəpi/	manual therapy / therapeutic massage /ˈmænjʊəl ˈθerəpi /ˌθerəˈpjuːtɪk ˈmæsɑːʒ/	SFTR method /ˈes ˈef ˈtiː ˈɑː ˈmeθəd/	manual muscle test /ˈmænjʊəl ˈmʌsəl ˈtest/
physiotherapist / physical therapist /ˌfɪzɪəʊˈθerəpɪst / ˈfɪzɪkl̩ ˈθerəpɪst/	rehabilitation /ˌriːəˌbɪlɪˈteɪʃən/	joint movement test /dʒɔɪnt ˈmuːvmənt ˈtest/	ROM = range of motion exercises /ˈɑː ˈəʊ ˈem = reɪndʒ əv ˈməʊʃn̩ ˈeksəsaɪzɪz/	reflex /ˈriːfleks/

SPEAKING 1

Introduction to physiotherapy treatment

Analyse presented ideas and discuss them with a fellow colleague. The list is not finished, add some more points and present them.



Suggestion for self-learners: you can work with a partner via Skype, or any other social media channel, or present your point of view in a monologue.

LISTENING 2

Introduction to physiotherapy

Listen to the lecture and complete the following statements. You do not need to present all possible options.

1. Physical therapy treatment is applied in order to ....., ..., ..., or .....
2. Physical therapy treatment is recommended to patients who suffer from ....., ...
3. Physical therapists cooperate closely with other healthcare professionals, such as ....
4. Physical therapy treatment is provided to patients in a variety of settings, including ....
5. Rehabilitation medicine aims at three basic patient groups: ....

FOLLOW-UP ACTIVITY

Focus on the key phrases while listening. Then use the given key words to create your own sentences.

physical and functional limitations	motor and functional abilities	paediatric rehabilitation services
systematic therapy practice	improving their quality of life	physical therapy treatment plan

Suggestion for self-learners: you can work with a partner via Skype, or any other social media channel, or present your own sentences in a monologue.

READING 1

Read the text and change the words in brackets to complete the gaps.

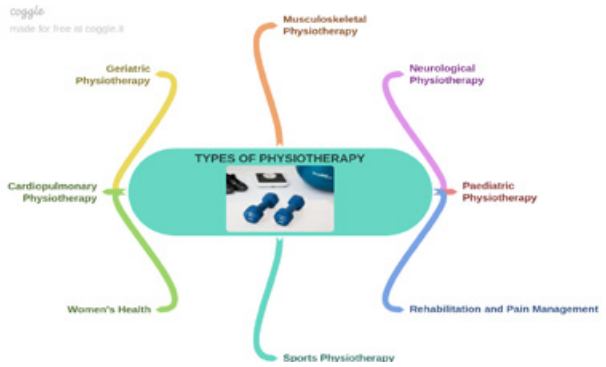
Physiotherapy, also recognised as physical therapy (PT), is a medical science aimed at **(1) ..... (RESTORE)** and maintaining health. Steps are taken in order to develop, maintain, improve or restore full fitness and capacity with patients who suffer from various physical and **(2) ..... (FUNCTION)** limitations as a result of congenital defects, injuries, diseases (inborn and acquired) and ageing.

Systematic therapy practice carried out to work on patients' maximum motor and functional abilities is a major task of a physiotherapist, also known as a physical therapist (PT). PTs are healthcare professionals who cooperate closely with medical specialists, such as e.g. orthopaedics or neurologists, **(3) ..... (GERIATRY)**, rehabilitation nurses, occupational and **(4) ..... (SPEAK)** therapists, social workers, clinical psychologists or even prosthetists when the replacement of an amputated body part is performed. Common effort is meant to work toward a common goal which is understood as helping patients with **(5) ..... (DISABLED)** and improving their quality of life.

The delivery of care is provided to patients in a variety of settings, including hospital units, **(6) ..... (REHABILITATE)** centres, outpatient departments, private clinics and practises, nursing homes and health resorts. Rehabilitation medicine aims at three basic patient groups, i.e. adults, the elderly and children (infants included). The grown-ups are the greatest target group and the one that most commonly suffers from the diseases of the motor organs or **(7) ..... (NEUROLOGY)** and cardiological disorders which affect functional and motor activity. A physical therapy treatment plan is also recommended after injuries and **(8) ..... (SURGERY)** procedures. Senior patients need regular rehabilitation care as a result of neurological diseases or diseases of the joints and spine, after the implantation of endoprosthesis, and after injuries and strokes. Paediatric rehabilitation services are implemented in developmental, neurological and orthopaedic disorders, in patients with concomitant genetic diseases and after surgical procedures.

FOLLOW-UP ACTIVITY

Discuss the presented common categories of physiotherapy. Take into consideration their primary focus (e.g. functions, conditions, impairments) and types of therapeutic exercises, modalities and treatments applied.



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Suggestion for self-learners: you can work with a partner via Skype, or any other social media channel, or present your point of view in a monologue.

LISTENING 3

Treatment methods in physiotherapy

Create logical statements out of the jumbled words. The first words have been presented to help you. Then listen to the lecture and check.

1. THE TERM – word / Greece / *movement* / kinesitherapy / was / in / from / the / coined / *kinēsis* / which / means

.....

2. A PROPERLY – performed / is / the / for / test / the / functional / prognosis / basis

.....

3. AFTER ASSESSING – patient's / the / precise / patient / movement / condition,/ options / are / the / determined / and / reproducible

.....

4. PHYSICAL EXERCISES – selected / for / should / be / each / individually / patient

.....

5. REHABILITATION – at / inhibiting / disease / and / treatments / are / symptoms / disease / aimed / the / progression / removing / of / the

.....

6. REHABILITATION MEANS – different / which / to / reduce / ability / the / painful / stimuli / use / reactions

.....

7. MANUAL – evaluate / of / massage / reactivity / the / massaged / the / allows / to / being / tissues / palpation

.....

8. CLASSICAL – complete,/ and / massage / is / partial, / into / local / divided / massage

.....

9. MASSAGE – rubbing,/ of / vibrations / has / a / stroking, / in / form / the / weak / or / calming / effect

.....

10. THERAPEUTIC – assist / treatment / of / musculoskeletal / used / be / in / the / massage / can / to / problems

.....

FOLLOW-UP ACTIVITY

Have a look at the script and find five words / expressions in the lecture that refer to the definitions presented below. Some letters have been given to help you.

1	to act in order to activate the patient's organism	to s _ _ _ _ _ _ _ _ the b _ _ _
2	the time of treating and curing the patient	h _ _ _ _ _ _ p _ _ _ _ _ _
3	the method of curing patients with medications	p _ _ _ _ _ _ _ t _ _ _ _ _ y
4	one of the methods of physical examination; touching the patient with hands	p _ _ _ _ _ _ _ _
5	a condition that limits the mobility of movements, e.g. in the joints, as the result of stillness which usually appears in the morning	s _ _ _ _ _ _ _ s

SPEAKING 2

Describe to your fellow colleague one chosen variation in the delivery and exercise content in physical therapy: kinesitherapy, rehabilitation, or therapeutic massage. Use external (Internet) sources to acquire more detailed information.

Suggestion for self-learners: you can work with a partner via Skype, or any other social media channel, or present your point of view in a monologue.

READING 2

Fill the text with the key phrases presented below.

mechanical devices	disease symptoms	stimulating effect	peripheral nerves	classical massage
manual grip technique	physiotherapeutic treatment	patient involvement	prophylactic purposes	assessing the patient's condition

There are three treatment variations in physical therapy: kinesitherapy, rehabilitation and manual therapy also known as therapeutic massage.

The term kinesitherapy (kinesiotherapy or kinesiatrics) was coined in Greece from the word *kinēsis* which means *movement* and is associated with practical knowledge of using motion and patients' physical activity as a treatment method to stimulate the whole body.

There are many general criteria that classify kinesitherapeutic methods such as the range of influence (local and general), the level of **(1) .....** (passive and active), the goal (restoration of function, adaptation to the situation) or the theoretical basis (mechanical, neurophysiological, educational). A properly performed functional test is the basis for the prognosis, in other words of improvement objectives, and indirectly determines the choice of the therapeutic agents used. In practice, right after **(2) .....**, the precise and reproducible patient movement options are determined. Physical exercises should be selected individually for each patient, they should be consciously dosed and precisely performed. It is also emphasized that recreation of the exercises ordered by the physio-


2

therapist will contribute to achieving an improvement in the clinical condition. Repeated testing carried out with the same methods makes it possible to control the effects of the healing process.

Rehabilitation constitutes the second treatment method which uses physical factors for therapeutic or **(3) .....** A physical factor is understood as any type of natural or artificially generated energy created by using appropriate **(4) .....**, which, among others, include light, thermal and mechanical energy. Each of these factors can exert stimulus effects on the body, triggering appropriate general and local reactions. Rehabilitation treatments are aimed at removing **(5) .....** and inhibiting the progression of the disease. The applied energy of natural stimuli interacts at the place of the treatment, causing a reaction in tissues resulting in the expected change of the local or general state of the organism. Rehabilitation is based on the knowledge of reactions and the ability to use different stimuli which reduce painful reactions and thus limits the use of pharmacotherapy, improves the local state of **(6) .....**, and enhances the whole body's condition through selective influence on specific tissues and organs.

Therapeutic massage, as the oldest therapeutic technique, is the third and last group in the methods of **(7) .....** that are presented. It is a form of therapy that uses mechanical pressure on the body's tissues, usually exerted by the therapist's hands, but also by vibration devices, water jets or rotating water. Manual massage allows palpation to evaluate the reactivity of the tissues being massaged and to assess the occurrence of changes in the tissue.

Manual therapy is divided into two basic types: classic massage and segmental massage. **(8) .....** is divided into complete (whole body), partial (e.g. one limb) and local massage (massage around one joint). Segmental massage, on the other hand, is one of the ways in which the impact on the surface of the skin and deeper tissues can affect distant disease outbreak points.

Both classic and segmental massage are performed using the **(9) .....** The basic types include: stroking, rubbing, kneading, patting and shaking. Massage in the form of stroking, rubbing, or weak vibrations has a calming effect, whereas kneading, patting and strong vibrations have a **(10) .....** Therapeutic massage can be used to assist in the treatment of most musculoskeletal and associated problems as the results become visible in improved circulatory, lymphatic and neurological functioning. Reduced joint and nerve compression and an increased range of joint and muscle motion benefit patients in conditions such as chronic stress and anxiety, arthritis, chronic pain, stiffness associated with long bed-rest or minor injuries.

Suggestion: If you want to develop your skills on *Kinesitherapy exercises* refer to **ADDITIONAL RESOURCES. TASK 1. OVERVIEW of KINESITHERAPY exercises.** in Module 7 "Physiotherapy_Additional Resources" available on HELP2 platform.

The number of contraindications to kinesitherapy alone are really limited. It is possible to prepare an appropriate exercise schedule to almost every patient's condition. Even if someone remains unconscious or after a surgery, passive and isometric exercises can be used, respectively. Kinesitherapy is contraindicated only in cases when doing any form of exercise is life-threatening. Other obstacles to carrying out the exercises can be e.g. acute joint inflammation; excessive pain associated with exercise; elevated body temperature (over 38 degrees); elevated or non-normalised blood pressure, or a condition after surgery when the sutures have not yet been removed.

LANGUAGE FOCUS 1

Rehabilitation and physical therapy equipment and accessories

Match the names of the medical products with the relevant photos.

physioball, rehabilitation rotor (lower limbs), wobble seat balance cushion, sling suspension frame, foam roller, physioband = resistance band, rehabilitation rotor (upper limbs), shoulder pulley (used as pulley therapy system), dumbbells, wall bars

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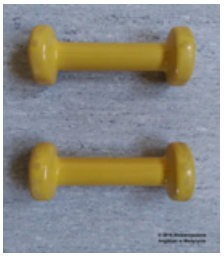

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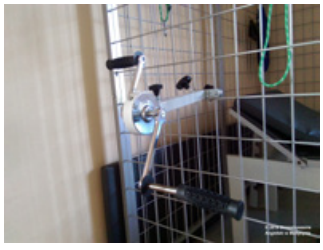

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Suggestion: If you want to develop your linguistic skills on *types of physical exercises*, refer to **ADDITIONAL RESOURCES. TASK 2. TYPES OF EXERCISES**. in Module 7 "Physiotherapy_Additional Resources" available on the HELP2 platform.

Suggestion: If you want to develop your speaking skills on *the effects of exercise and (im)mobility on body function,* refer to **ADDITIONAL RESOURCES. TASK 3.** in Module 7 "Physiotherapy_Additional Resources" available on the HELP2 platform.

SPEAKING 3

Sciatica – a case study

A patient – an overweight builder aged 49, visits a physiotherapy clinic. Two days ago, he was admitted to an ER in a local hospital where the diagnosis was made. Physiotherapy constitutes part of his overall treatment plan.

Check the notes from his physiotherapy evaluation and examination and prepare a dialogue between the physiotherapist and the patient. [1]

Interview

- for 2 days, a very strong pain radiating from the lumbosacral spine and buttock, through the rear surface of the right thigh and lower leg up to the foot, which prevents functioning,
- urinary and stool disorders,
- sensory disturbance on the right leg and around the perineum,
- coughing or even sneezing causes an increase in pain symptoms

Physical examination

- on the right side, a positive Lasègue sign when raising the lower limb,
- hypoaesthesia on the skin in the area of innervation,
- weakness in muscular strength, especially in terms of flexion or extension of the foot

Diagnostic tests

- MRI: large hernia of the nucleus of the intervertebral disc L5/S1 narrowing the lumen of the spinal canal on the right side and compressing the roots of the spinal nerve S1

Treatment plan

- hernia of the nucleus of the intervertebral disc treated by microdiscectomy,
- kinesitherapy exercises: aerobic exercises, strengthening abdominal and paravertebral muscles, stretching exercises

[1] It is recommended to refer to project HELP Module 3, Language Tips 2, p. 60 "PLACING THE PATIENT IN DIFFERENT POSITIONS FOR PHYSICAL EXAMINATION." Join our platform at: https://help-theproject.eu/moodle/login/index.php

Suggestion for self-learners: you can work with a partner via Skype, or any other social media channel, or present your point of view in a monologue.

LANGUAGE FOCUS 2

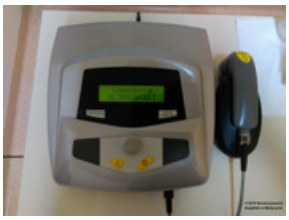
Rehabilitation

There are many categories of rehabilitation used to treat disorders of the skeletal, muscular, or nervous system. Please match specific types of rehabilitation with general treatment techniques. Choose from the list below:

therapy also referred to as Sonotherapy, Phonotherapy	biostimulation low energy lasers	heating with hot sand	IFS = Interference Electrostimulation; Interferential Current Stimulation
liquid nitrogen treatment	TENS = Transcutaneous Electrical Nerve Stimulation	therapy also referred to as Magnetotherapy	sulphide baths
whirlpool bath	paraffin bath	infrared radiation (IR = infra-red)	water whips
carbonic acid baths	ionization	galvanization therapy	hot water bottle heating
ultraviolet radiation (UV = ultra-violet) (UV-A, UV-B, UV-C)	EMS = Electrical Muscle Stimulation, also known as NMES = Neuromuscular Electrical Stimulation or Electromyostimulation	carbon dioxide bath	low frequency impulse currents (rectangular, triangular, trapezoidal)
water and electric baths	carbon dioxide treatment	sauna	brine baths

1 **THERMOTHERAPY** 	**A**	
	B	
	C	

2	**COLD THERAPY = CRYOTHERAPY** 	D	
		E	
3	**PHOTOTHERAPY** **HELIOTHERAPY (natural source)** **ACTINOTHERAPY (artificial light source)** 	F	
		G	
4	**LASER** 	H	
5	**ELECTROTHERAPY = FES (FUNCTIONAL ELECTRICAL STIMULATION)** 	I	
		J	
		K	
		L	
		M	
		N	
		O	

6 ULTRASOUND 	P	
7 MAGNETIC FIELD 	R	
8 WATER CURE 	S	
	T	
	U	
9 BALNEOTHERAPY 	V	
	W	
	X	
	Y	

SPEAKING 4

Lateral epicondylitis, known as "tennis elbow" – a case study

A 47-year-old car mechanic is admitted to an Orthopaedic Outpatient Clinic. He undergoes a comprehensive interview, physical examination and two diagnostic procedures which allow for proper diagnosis and a rehabilitation treatment plan.[2]

Check the key words presented and next place them in the proper places. Then prepare a dialogue between the orthopaedic team and the patient. Use the prompts provided.

[2] It is recommended to refer to project HELP Module 3, Language Tips 2, p. 60 "PLACING THE PATIENT IN DIFFERENT POSITIONS FOR PHYSICAL EXAMINATION." Join our platform at: https://help-theproject.eu/moodle/login/index.php

extension	prominence	laser	degenerative	triggered
ultrasound	grip	pronation	radiates	magnetic

Interview

- pain around the bony (1) ..... of the lateral epicondyle that often (2) ..... down the forearm in line with the common extensor muscle mass,
- pain is usually (3) ..... or exacerbated by contraction of the common extensor mass in response to a variety of activities,
- pain is severe and affects daily activities, occurs at night, causing disturbance in sleep

Physical examination

- limited elbow (4) ..... when the forearm is fully pronated,
- resisted middle finger extension was painful owing to selective recruitment of the extensor carpi radialis brevis tendon (Maudsley's test),
- resisted wrist extension with the elbow fully extended and in (5) .....,
- diminished (6) ..... strength

Diagnostic examinations

- ultrasonography test: thickening tendons, hypoechoic foci indicating intra-substance (7) ..... areas, tendon tears,
- Doppler ultrasound: neovascularization

Treatment plan

- corticosteroid injections,
- rest and avoidance of aggravating activities,
- therapeutic (8) ..... (stimulates collagen fibres by increasing their elasticity, promotes physiological tissue regeneration),
- (9) ..... field,
- low energy (10) ..... therapy,
- iontophoresis

Suggestion for self-learners: imagine you have to present the patient's case to a fellow physiotherapist. Use the information provided above and prepare a comprehensive description in the form of a monologue.

Suggestion: If you want to develop your speaking and writing skills on *the most popular physiotherapy methods*, refer to **ADDITIONAL RESOURCES. TASK 4. COMMON PHYSIOTHERAPY TREATMENT TECHNIQUES – REVIEW**. in Module 7 "Physiotherapy_Additional Resources" available on the HELP2 platform.

READING 3

Physiotherapy evaluation and examination

Analyse the procedure described below. Next, fill in the patient chart, basing on your professional experience. As a follow-up, discuss the case with your fellow colleague.

Patient evaluation and physical examination (anamnesis) is a crucial step in the physiotherapeutic overall patient assessment process.

In the first phase of the subjective examination, all information provided by the examined person or their carers will be collected, both of a general nature (personal data, History of Present Complaint (HPC), Past Medical History (PMH), Family Medical History (FMH), Social History (SocHx)), as well as data directly related to the main ailments (onset and course of the disease, methods and effects of the previous treatment).[3] [4] [5]

PHYSIOTHERAPY EXAMINATION CARD				
Name, surname	**Gender**	**F**	**M**	**Date**
DOB	**Address**			**Telephone no.**
Date of issue of the referral	**Referring physician**			**Doctor's diagnosis / Disease code**
HPC (History of Present Complaint) = Chief Complaint: e.g. What made you visit me today? How do you feel? Please, describe your condition. What are your symptoms? When did you first notice the symptoms? What were you doing when the symptoms occurred? Have you ever experienced this incident before?				
PMH (Past Medical History) (chronic/concomitant diseases): e.g. Have you ever had any health problems? What are your pervious medical conditions? Have you ever been operated on ...? Have you ever suffered from...? Have you ever been seriously injured? Have you ever had any accidents? Have you ever had any other form of treatment?				

[3] It is recommended to refer to project HELP Module 3, Speaking 1, p. 53 "CONDUCTING A GOOD MEDICAL INTERVIEW."

[4] It is recommended to refer to project HELP Module 3, Speaking 2, p 56. "SOCIAL, FAMILY and PAST MEDICAL HISTORY."

[5] It is recommended to refer to project HELP Module 3, Language Tips 1, p. 56, on how to "Use "open-ended" or "closed-ended" questions." Join our platform at: https://help-theproject.eu/moodle/login/index.php

FMH (Family Medical History):

e.g.

Does this problem run in your family?

Has any other family member ever experienced …?

Is this condition inherited?

Are you at risk of an inherited disease?

Are there any other family diseases you are aware of?

SocHx (Social History):

e.g.

What do you for your living? / What is your occupation?

Are you a habitual user of tobacco/alcohol/drugs?

What are your hobbies?

Do you practice any sports?

What is your family situation?

Could any of your relatives take care of you?

What is your financial status?

Current ailments:

e.g.

Do you have any accompanying diseases?

Are you on any long-term medications?

Do you have any other concerns?

Duration of complaints:

e.g.

When did you first feel the symptoms?

How often do the symptoms occur?

How long have you been suffering from…?

Tender areas/areas of complaint:

e.g.

Where is the pain located?

Which place is sore?

Where does it hurt?

Is this site tender?

Is your movement limited?

Do you feel any limitations in the scope of arm/leg movement?

Assessment of complaints in NRS (Numerical Rating Scale) 0–10:

e.g.

Can you describe your condition using the scale 0–10, where 0 is no pain at all?

Mitigating factors:
e.g.
When do you feel better?
What are the relieving positions/factors?
Does anything make your state better?
Aggravating factors:
e.g.
What makes your condition worse?
When do you feel the pain?
When do you feel uncomfortable?
Which activities aggravate your state?
Previous treatment and diagnostic tests performed:
e.g.
What did you do about your condition/situation?
Did you visit your GP/any specialist?
How have you been treated?
Have you had any diagnostics tests?
Current treatment:
e.g.
Is there any treatment plan prepared for you?
Are you currently on any medications?
Do you have any tests/consultations planned?

In order to facilitate memorisation, the mnemonics OLD CARTS easlily recalls: Onset, Location/radiation, Duration, Character, Aggravating factors, Relieving factors, Timing and Severity.

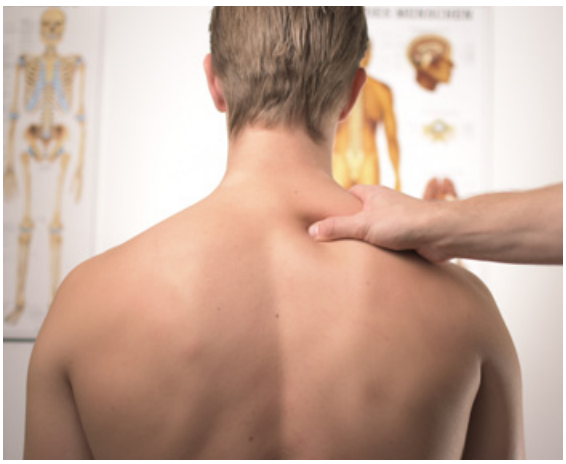
The physical examination is the second stage, which is mainly based on the expertise and experience of the examiner. The classic physical examination consists of observation, palpating, tapping/percussion and auscultation. Yet, the most important thing is the efficient, detailed and relatively accurate determination of the patient's mobility. As a standard, the test is divided into local (concerning individual body parts) and general, as well as static and dynamic (taking into account the degree of patient activity).

PHYSIOTHERAPEUTIC ASSESSMENT BEFORE TREATMENT		
PHYSICAL EXAMINATION	**LOCAL**	**GENERAL**
STATIC	– length measurements – circuit measurements – examination of the CNS reception area	– body posture assessment

DYNAMIC	– joint range of motion (ROM) = examination of the scope of movability – manual muscle test (MMT) = muscle performance (assessment of muscle strength) – functional assessment	– gait analysis – evaluation of the upper limb for the gripping ability – functional performance testing (FPT) → functional independence measure (FIM)

Diagnostic tests present the third part, which adds additional knowledge to the overall prognosis of the patient's condition and the preparation of an appropriate therapeutic plan. Using modern equipment, including X-ray diagnostics along with computer tomography, magnetic resonance imaging and spectroscopy, static and dynamic scintigraphy, ultrasound, electrocardiography, electromyography and electroencephalography, diagnostic tests often serve as the primary source of information in the diagnostic process. Without performing the above tests, it becomes almost impossible to reliably determine the cause of patient dysfunction.

Properly performed physiotherapy evaluation and examination is the basis for determining the goals of patient improvement (prognosis) and determines the choice of therapeutic measures used. Repeated examination performed with the same methods allows for controlling the effects of the therapeutic process. Therefore, for the implementation of the above, it is important for the physiotherapy team to keep the proper documents.



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Having completed all the above stages of physiotherapy evaluation and examination, the patient's goals and individual plan of treatment may be established. Achievable and realistic objectives are set in line with the patient's condition and dysfunctions. It is important that the process of formulating a treatment plan should involve both the physiotherapist and the patient, as this boosts motivation, makes him/her feel more comfortable, and in the long term results in better rehabilitation outcomes.

Suggestion for self-learners: this reading task can be treated in a broader, less standard way. After you have filled in the "Physiotherapy Examination Card", present the patient case to a partner via Skype, or any other social media channel, or in a form of a monologue.

You can also use a pdf "Physiotherapy Examination Card", downloaded from the HELP2 platform, with or without auxiliary questions.

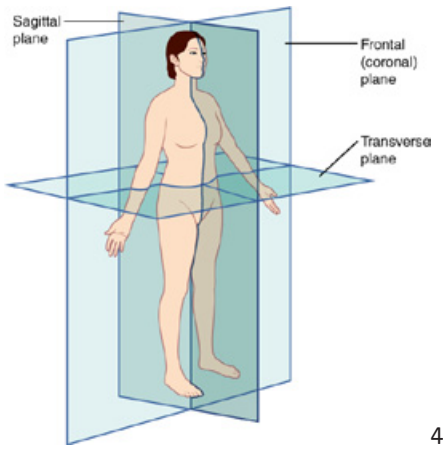
Suggestion: If you want to develop your speaking and writing skills on *formulating and asking questions from the physiotherapist perspective*, refer to **ADDITIONAL RESOURCES. TASK 5. OLD CARTS mnemonics**. in Module 7 "Physiotherapy_Additional Resources" available on the HELP2 platform

Suggestion: If you want to develop your speaking skills on *formulating patient's experience*, refer to **ADDITIONAL RESOURCES. TASK 6. *ICE* mnemonics**. in Module 7 "Physiotherapy_Additional Resources" available on the HELP2 platform.

LANGUAGE TIPS

Joint movement test and the SFTR method

According to structural classification, there are three types of joints: fibrous, cartilaginous, and synovial. They vary in mobility because of different internal structure, respectively: no joint cavity, but fibrous connective tissue between bones; no joint cavity, but cartilage between bones; joint cavity containing synovial fluid. Consequently, immovable, slightly movable and freely movable joints are distinguished.
Physiotherapeutic assessment considers joint position to do the test. In the starting point both parts of the limb merge and are marked with position 0^{o}. In order to record joint motion, an international neutral-zero system is used: the SFTR METHOD – the METHOD OF SAVING RESULTS OF MOTION RANGE RESEARCH, where SFTR stands for Sagittal, Frontal, Transverse and Rotation.



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LANGUAGE FOCUS 3

Types of movement – ROM = range of motion

Freely movable joints allow for changes of position and provide for motion. Here is a list of movements to describe changes in the positions of body parts. Match the names with the relevant pictures.[6] Basic synonyms are also provided to reinforce everyday communication with a patient.

MEDIAL ROTATION */turning/*	FLEXION / EXTENSION (fingers) */clenching/ outstretching/*	ABDUCTION / ADDUCTION (fingers) */spreading away/ bringing together/*	PRONATION / SUPINATION / *rotation (palms face downward)/rotation (palms face upward)*	ABDUCTION / ADDUCTION (arms) */moving away from/ towards the midline of the body/*
LATERAL FLEXION (head)/*tilting to the right/left side/*	FLEXION (head) */bending to the front/*	LATERAL ROTATION */external movement along the long axis, away from the centre of the body/*	INVERSION / EVERSION / *turning inward/ turning=rotating outward/*	ROTATION (head) */turning/*
FLEXION / EXTENSION (elbow) */bending/stretching/*	HYPEREXTENSION */stretching out/*	DORSIFLEXION / PLANTAR FLEXION */bending backward/ bending at the ankle away from the body/*	CIRCUMDUCTION */circular movement/*	

[6] It is recommended to watch the video to observe ROM in practice: https://www.youtube.com/watch?v=t6hE_ntz4Ho

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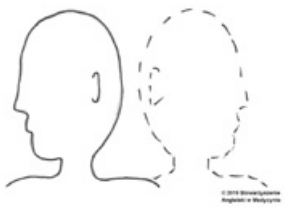

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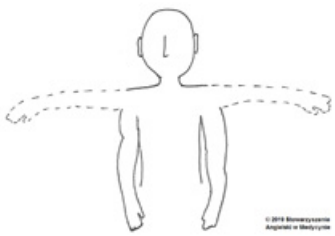

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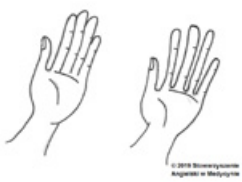

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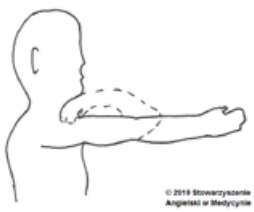

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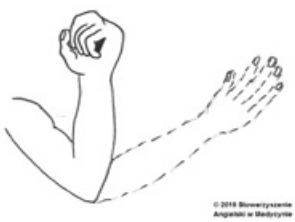

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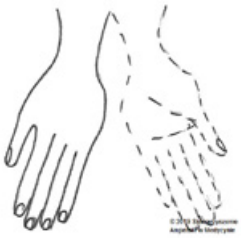

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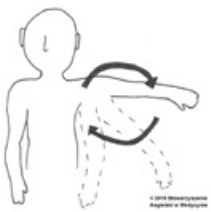

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5

ROM exercises should be performed smoothly and gently. When the patient complains of pain, or resistance in the joint is observed, stop the movement.

Suggestion: If you want to develop your linguistic and speaking skills on *measuring patient's muscle scale*, refer to **ADDITIONAL RESOURCES. TASK 7. MMT – MANUAL MUSCLE TEST(ING). LOVETT SCALE**. in Module 7 "Physiotherapy_Additional Resources" available on the HELP2 platform.

VIDEO CLIP 1 & 2

Common skeletal disorders, movement pathologies & physiotherapeutic treatment. Case studies.

Among the most common disorders connected with the skeletal system, one can differentiate:

- Bone disorder (metabolic) – osteoporosis
- Fractures – closed, open, greenstick, impacted, comminuted, spiral
- Joint disorders – dislocations, sprains, arthritis (osteoarthritis = DJD degenerative joint disease, rheumatoid arthritis, septic = infectious arthritis, gout)
- Backache
- Bursitis (Student's elbow, Ischial bursitis, Housemaid's knee, Subdeltoid bursitis)
- Bunions [7]

VIDEO CLIP 1 presents a middle-aged woman admitted to the *Rheumatology and Rehabilitation Clinic* as an inpatient with rheumatoid arthritis confirmed. Patient examination will be performed and rehabilitation treatment recommended.

VIDEO CLIP 2 shows an obese elderly woman in an Orthopaedic Clinic, Physiotherapy Ward, diagnosed with DJD. The patient will be examined and the treatment cycle described.

Watch the two interviews and fill in the table with the relevant data.

Sometimes NO INFO is provided. As a follow-up activity, check the written Medical Diagnosis for VIDEO CLIP 1 in the Key section.

		VIDEO CLIP 1 RHEUMATOID ARTHRITIS	VIDEO CLIP 2 OSTEOARTHRITIS = DJD DEGENERATIVE JOINT DISEASE
1 INTERVIEW	kind of pain		
	location of pain		
	ADL / mobility		
	family history		

[7] It is recommended to refer to an online medical dictionary (e.g. https://www.merriam-webster.com/medical or https://medical-dictionary.thefreedictionary.com/ to understand the names of the presented disorders.

2 PHYSICAL EXAMINATION	**results of PE**		
3 DIAGNOSTIC TESTS	**tests performed**		
	results obtained		
4 TREATMENT PLAN	**pharmacotherapy**		
	rehabilitation		
	other recommendations		

SPEAKING 5

Common muscular pathologies, movement disorders & physiotherapeutic treatment. A case study.

There are a number of muscular disorders, muscular diseases and their associated structures. Here are some of them:

- Muscle spasms (colic, seizures, convulsions)
- Strains and sprains
- Atrophy
- Duchenne muscular dystrophy (DMD)
- Myasthenia gravis
- Myalgia (myositis, fibrositis, fibromyositis)
- Tendinitis

6

Choose one of the disorders presented below and prepare a situation in dialogue form. Use the following table to make preliminary notes.[8]

PHYSIOTHERAPY EXAMINATION CARD				
Name, surname	***Gender***	***F***	***M***	***Date***
DOB	***Address***			***Telephone no.***
Date of issue of the referral	***Referring physician***			***Doctor's diagnosis / Disease code***
HPC (History of Present Complaint) = Chief Complaint:				

[8] It is recommended to refer to Reading 3 for detailed instructions.

PMH (Past Medical History) (chronic/concomitant diseases):
FMH (Family Medical History):
SocHx (Social History):
Current ailments:
Duration of complaints:
Tender areas/areas of complaint:
Assessment of complaints in NRS (Numerical Rating Scale) 0-10:
Mitigating factors:
Aggravating factors:
Previous treatment and diagnostic tests performed:
Current treatment:

PHYSIOTHERAPEUTIC ASSESSMENT BEFORE TREATMENT		
PHYSICAL EXAMINATION	**LOCAL**	**GENERAL**
STATIC		
DYNAMIC		
PATIENT TREATMENT PLAN		
KINESITHERAPY		
REHABILITATION		
THERAPEUTIC MASSAGE		

Suggestion for self-learners: you can work with a partner via Skype, or any other social media channel, or present your patient case in the form of a monologue.

LISTENING 4

Common nervous system disorders, movement pathologies & physiotherapeutic treatment. A case study.

Nervous system disorders are complex entities which simultaneously involve other body systems. Disorders concerning the spinal cord and the spinal nerves most commonly affect the patient's motor functions, which requires an intensive rehabilitation process.

- Dyskinesias (Sydenham's chorea, Huntington's chorea)
- Cerebral palsy
- Multiple sclerosis
- Poliomyelitis
- Spinal cord injuries (motor vehicle crashes, swimming and diving accidents, gunshot wounds)
- Paraplegia
- Peripheral neuritis = peripheral neuropathy (Carpal tunnel syndrome)
- Stroke

Before you listen, check the meaning of the presented key words. Next, listen to the stroke patient case and answer the following questions:

hemianopsia	aphasia	dysarthria	hemiplegia
hypodensity	intravenous thrombolytic therapy	recanalization	pressure sores
contractures	trophic muscle and skin changes	gait	verticalization
prolonged flaccidity	joint laxity	spasticity	limb fitness

1. **What risk factors for stroke are presented?** .....
2. **What were the outcomes of the physical examination?** .....
   .....
   .....
3. **Where was the patient transported?** .....
   .....
4. **What tests did the patient undergo after arrival?** .....
   .....
5. **Early phase of physiotherapy treatment, aimed to prevent (list at least three elements):** .....
   .....
   .....
6. **The main rehabilitation methods in the early stage of patient treatment were (list at least three elements):** .....
   .....
   .....

7. **What were the objectives for neurological rehabilitation ward treatment?**
   – to reduce: .....
   – other (list at least three elements): .....
   .....
   .....
8. **Chronic outpatient rehabilitation process aimed to (list at least three elements):** .....
   .....
   .....

LANGUAGE CORNER

The following expressions have been selected to act as the building blocks for successful communication regarding the subject addressed in this module. They will support you in creating adequate subject related sentences and expressions to meet the communicative requirements in any professional situations you may encounter.

physical assessment of mobility status /ˈfɪzɪkl̩ əˈsesmənt əv məʊˈbɪlɪti ˈsteɪtəs/	impaired physical mobility /ɪmˈpeəd ˈfɪzɪkəl məʊˈbɪlɪti/
assessing alignment, balance, coordination, gait /əˈsesɪŋ əˈlaɪnmənt, ˈbæləns, ˌkəʊˌɔːdɪnˈeɪʃn̩, geɪt/	physical restraint /ˈfɪzɪkəl rɪˈstreɪnt/
muscle mass, tone and strength /ˈmʌsl̩ mæs, təʊn ənd streŋθ/	activity intolerance /ækˈtɪvəti ɪnˈtɒlərəns/
joint structure and function /dʒɔɪnt ˈstrʌktʃər ənd ˈfʌŋkʃn̩/	risk of disuse syndrome /rɪsk əv dɪsˈjuːs ˈsɪndrəʊm/
anatomical location /ˌænəˈtɒmɪkəl ləʊˈkeɪʃn̩/	to explain functions /tu ɪksˈpleɪn ˈfʌŋkʃənz/
self-initiated body positioning /self ɪˈnɪʃɪeɪtɪd ˈbɒdi pəˈzɪʃn̩ɪŋ/	to list treatment options /tə lɪst ˈtriːtmənt ˈɒpʃənz/
components of body mechanics /kəmˈpəʊnənts əv ˈbɒdi mɪˈkænɪks/	to recommend / perform resistance, aerobic, stretching, aquatic exercises /tə ˌrekəˈmend / pəˈfɔːm rɪˈzɪstəns, eəˈrəʊbɪk, ˈstretʃɪŋ əˈkwætɪk ˈeksəsaɪzɪz/
continuous vs. passive motion /kənˈtɪnjʊəs ˈvɜːsəs ˈpæsɪv ˈməʊʃən/	to advise caution /tu ədˈvaɪz ˈkɔːʃən/
joint mobilisation /dʒɔɪnt ˌməʊbɪlaɪˈzeɪʃən/	to agree on an exercise programme /tu əˈgriː ɒn ən ˈeksəsaɪz ˈprəʊgræm/
muscle control /ˈmʌsl kənˈtrəʊl /	to present an appointment schedule /tə prɪˈzent ən əˈpɔɪntmənt ˈʃedjuːl/
to improve balance /tu ɪmˈpruːv ˈbæləns/	medication / pain management /ˌmedɪˈkeɪʃən / peɪn ˈmænɪʤmənt/
the diagnostic process (diagnostic tests, examinations) = diagnostic procedures /ðə ˌdaɪəgˈnɒstɪk ˈprəʊsɪs (ˌdaɪəgˈnɒstɪk tests, ɪgˌzæmɪˈneɪʃənz) = ˌdaɪəgˈnɒstɪk prəˈsiːdʒəz/	muscle strengthening to facilitate ambulation /ˈmʌsl ˈstreŋθənɪŋ tə fəˈsɪlɪteɪt ˈæmbjuːleɪʃən/

to make a diagnosis / prediction / recommendation /tə ˈmeɪk ə ˌdaɪəgˈnəʊsɪs / prɪˈdɪkʃən / ˌrekəmenˈdeɪʃən/	physical fitness promotion /ˈfɪzɪkəl ˈfɪtnɪs prəˈməʊʃən /
manifestations of altered mobility /ˌmænɪfeˈsteɪʃənz əv ˈɔːltəd məʊˈbɪlɪti/	self-care: Activities of Daily Living (ADL) /self keə: ækˈtɪvɪtɪz əv ˈdeɪlɪ ˈlɪvɪŋ (eɪ dɪ el)/
altered gait /ˈɔːltəd geɪt/	physiological and psycho-cognitive immobility consequences /ˌfɪzɪəˈlɒʤɪkəl ənd ˈsaɪkəʊ-ˈkɒgnɪtɪv ˌɪməʊˈbɪlɪtɪ ˈkɒnsɪkwənsɪz/

SUMMARY

Having completed this module, you have:

- developed competence for oral and written communication in the healthcare environment for physiotherapists, caretakers and other healthcare staff;
- developed awareness on a variety of physiotherapy treatment methods;
- acquired professional terminology on rehabilitation and physical therapy equipment, types of physical exercises and a number of chosen disorders and pathologies of the skeletal, muscular and nervous systems;
- developed your competence to perform an overall physiotherapy evaluation and examination, using the most common examination techniques, i.e. the Joint Movement Test, SFTR method, Range of Motion (ROM), Manual Muscle Test, Lovett Scale;
- obtained the ability to read and listen for specific information in the area of physiotherapy treatment;
- improved your speaking skills for group discussions, as well as for professional dialogues and monologues;
- obtained the ability to fill in physiotherapy documents basing on one's experience, ready medical cases prepared both in written and oral form.

REFERENCES

1. It is recommended to watch the video to observe ROM in practice: https://www.youtube.com/watch?v=t6hE_ntz4Ho [28.08.2019]
2. Kinezyterapia, ed. by Zembaty A., Wydawnictwo Kasper, Kraków, 2002.

IMAGE RESOURCES

1 J Steve Buissine (stevepb): Physiotherapy. https://bit.ly/2m2bK9N. (Pixabay License: https://pixabay.com/pl/service/license/) [14.08.2019]
2 Toa Heftiba: Body Care. https://bit.ly/2mmJvmC. (Unsplash Photos for everyone) [23.08.2019]
3 Jasper Aggergaard: neck and shoulder treatment at physical therapist. https://bit.ly/2pEMCEW. (Unsplash Photos for everyone) [23.08.2019]
4 OpenStax College. Anatomy & Physiology: The three planes most commonly used in anatomical and medical imaging are the sagittal, frontal (or coronal), and transverse plane. https://bit.ly/2HqVOWt. (CC BY 4.0) [26.08.2019]
5 Toralf Thomassen. https://bit.ly/2kG8Kjr. (Unsplash Photos for everyone) [23.08.2019]
6 Petko Momilov: Photos MU-Varna. (CC-BY-SA 4.0) [2019]

AUDIOSCRIPTS

LISTENING 2

INTRODUCTION TO PHYSIOTHERAPY

Physiotherapy, also recognised as physical therapy (PT), is a medical science aimed at restoring and maintaining health. Steps are taken in order to develop, maintain, improve or restore full fitness and capacity with patients who suffer from various physical and functional limitations as a result of congenital defects, injuries, diseases (inborn and acquired) and ageing.

Systematic therapy practice carried out to work on patients' maximum motor and functional abilities is a major task of a physiotherapist, also known as a physical therapist (PT). PTs are healthcare professionals who cooperate closely with medical specialists, such as e.g. orthopaedics or neurologists, geriatricians, rehabilitation nurses, occupational and speech therapists, social workers, clinical psychologists or even prosthetists when the replacement of an amputated body part is performed. Common effort is meant to work toward a common goal which is understood as helping patients with disabilities and improving their quality of life.

The delivery of care is provided to patients in a variety of settings, including hospital units, rehabilitation centres, outpatient departments, private clinics and practises, nursing homes and health resorts. Rehabilitation medicine aims at three basic patient groups, i.e. adults, the elderly and children (infants included). The grown-ups are the greatest target group and the one that most commonly suffers from the diseases of the motor organs or neurological and cardiological disorders which affect functional and motor activity. A physical therapy treatment plan is also recommended after injuries and surgical procedures. Senior patients need regular rehabilitation care as a result of neurological diseases or diseases of the joints and spine, after the implantation of endoprosthesis, and after injuries and strokes. Paediatric rehabilitation services are implemented in developmental, neurological and orthopaedic disorders, in patients with concomitant genetic diseases and after surgical procedures.

LISTENING 3

TREATMENT METHODS IN PHYSIOTHERAPY

There are three treatment variations in physical therapy: kinesitherapy, rehabilitation and manual therapy also known as therapeutic massage.

The term kinesitherapy (kinesiotherapy or kinesiatrics) was coined in Greece from the word kinēsis which means movement and is associated with practical knowledge of using motion and patients' physical activity as a treatment method to stimulate the whole body.

There are many general criteria that classify kinesitherapeutic methods such as the range of influence (local and general), the level of patient involvement (passive and active), the goal (restoration of function, adaptation to the situation) or the theoretical basis (mechanical, neurophysiological, educational). A properly performed functional test is the basis for the prognosis, in other words of improvement objectives, and indirectly determines the choice of the therapeutic agents used. In practice, right after assessing the patient's condition, the precise and reproducible patient movement options are determined. Physical exercises should be selected individually for each patient, they should be consciously dosed and precisely performed. It is also emphasized that recreation of the exercises ordered by the physiotherapist will contribute to achieving an improvement in the clinical condition. Repeated testing carried out with the same methods makes it possible to control the effects of the healing process.

Rehabilitation constitutes the second treatment method which uses physical factors for therapeutic or prophylactic purposes. A physical factor is understood as any type of natural or artificially generated energy created by using appropriate mechanical devices, which, among others, include light, thermal and mechanical energy. Each of these factors can exert stimulus effects on the body, triggering appropriate general and local reactions. Rehabilitation treatments are aimed at removing disease symptoms and inhibiting the progression of the disease. The applied energy of natural stimuli interacts at the place of the treatment, causing a reaction in tissues resulting in the expected change of the local or general state of the organism. Rehabilitation is based on the knowledge of reactions and the ability to use different stimuli which reduce painful reactions and thus limits the use of pharmacotherapy, improves the local state of peripheral nerves, and enhances the whole body's condition through selective influence on specific tissues and organs.

Therapeutic massage, as the oldest therapeutic technique, is the third and last group in the methods of physiotherapeutic treatment that are presented. It is a form of therapy that uses mechanical pressure on the body's tissues, usually exerted by the therapist's hands, but also by vibration devices, water jets or rotating water. Manual massage allows palpation to evaluate the reactivity of the tissues being massaged and to assess the occurrence of changes in the tissue.

Manual therapy is divided into two basic types: classic massage and segmental massage. Classic massage is divided into complete (whole body), partial (e.g. one limb) and local massage (massage around one joint). Segmental massage, on the other hand, is one of the ways in which the impact on

the surface of the skin and deeper tissues can affect distant disease outbreak points. Both classic and segmental massage are performed using the manual grip technique. The basic types include: stroking, rubbing, kneading, patting and shaking. Massage in the form of stroking, rubbing, or weak vibrations has a calming effect, whereas kneading, patting and strong vibrations have a stimulating effect. Therapeutic massage can be used to assist in the treatment of most musculoskeletal and associated problems as the results become visible in improved circulatory, lymphatic and neurological functioning. Reduced joint and nerve compression and an increased range of joint and muscle motion benefit patients in conditions such as chronic stress and anxiety, arthritis, chronic pain, stiffness associated with long bed-rest or minor injuries.

VIDEO CLIP 1

COMMON SKELETAL DISORDERS, MOVEMENT PATHOLOGIES & PHYSIOTHERAPEUTIC TREATMENT. RHEUMATOID ARTHRITIS – A CASE STUDY.

A 41-year-old female patient is admitted to the *Rheumatology and Rehabilitation Clinic* as an inpatient.

Physiotherapist Hello, Ms Szymula. I am Paweł Głowacki and I will be your chief physiotherapist. Please, take a seat and prepare your documentation.

Patient Good morning. I am so happy about today's appointment. I really do not feel well and it's been a long way to finally see you.

Physiotherapist I understand. Please, tell me more about your discomfort. I hope to be able to improve your condition.

Patient: Well, I've experienced pain in my palm and foot joints for over half a year. It is quite symmetrical pain of the palm joints and with time progressing it's increasing.

Physiotherapist: I see. Your medical documentation shows inflammation of the upper and lower limb joints. Does the pain interfere with your daily activities?

Patient: Yes, a lot, especially in the early morning hours, when my morning stiffness lasts for more than one hour. Then I can't perform any of my morning daily activities.

Physiotherapist: Do you have anyone to help you then?

Patient: I do. I live with my husband and two kids, so they take over some of my duties.

Physiotherapist: Are there any other accompanying symptoms?

Patient: I have a slightly elevated body temperature, about 37.5 degrees C, and I feel constant fatigue. Over the last two months I've also lost some weight and I'm really weak now.

Physiotherapist: I can see how concerned you are. Our team will try to improve your condition. Please tell me, has anyone in your family ever experienced something similar?

Patient: Well, my mother did. She died three years ago, and suffered from rheumatoid arthritis as well.

Physiotherapist: Ok, I would like to examine you now, Ms Szymula. Let me have a look at your hand joints.

Patient: *(The patient shows both her hands, they are being examined)*

Physiotherapist: Well, luckily there is no redness of the skin, but I feel increased warming. Does this hurt? *(the physiotherapist puts some pressure on the joints)*

Patient: Oh, yes, it is quite painful.

Physiotherapist: I feel this area is really sore, swollen, and the hand joints are stiff. Some loss of muscular muscle mass in the thumb is also present.

Patient: You are right, my hands don't feel the same they did some months ago….

Physiotherapist: Let me have a look at your elbows, I would like to check their range of motion. Can you stretch one out and now place it at your side? This kind of movement is called "abduction" and "adduction". Ok. And now please bend your arm. We need to check flexion and extension.

Patient: This is not easy…

Physiotherapist: I understand. And finally, I need to check rotation: outward and inward. We will have to work on this – there are significant limitations in extension.

Patient: And what about my feet? They are sore as well.

Physiotherapist: Yes, I am going to examine them right away. Let me palpate your feet and check ROM, range of motion.

Outward and inward rotation is also limited. Now, I'll see how much you can bend your feet at the ankle. Bend your right foot back and away from the body, please. Fine. Let's look at the left foot now. And then we are going to check "inversion" and "eversion": this means that you should rotate your feet inward and outward. Very good!

Patient: It's really painful….

Physiotherapist: I'm sure it is, and I'm sorry, but it won't last long.

And finally your toes – we need to move them up and down, I have to check them in two planes. This is called "abduction/adduction" and "extension/flexion".

Patient: So this is the same kind of movement as when you were examining my elbow…?

Physiotherapist: Yes. I will put it in the documentation that you experience "soreness under pressure, swelling and stiffness of the foot joints".

Patient: Would you like to have a look at the results of my diagnostic tests?

Physiotherapist: Yes, indeed. The X-ray examination of your hand and foot joints shows: osteoporosis related to

the joints, narrowed gaps between the joints and some observable erosion on the joint surfaces.

Patient: True. And these are my laboratory tests.

Physiotherapist: Aha, the laboratory tests show: increased levels of CRP and ESR, and also a positive RF – rheumatoid factor. In other words, the diagnosis is confirmed: you suffer from rheumatoid arthritis.

Patient: I really hope physiotherapy will bring me relief...

Physiotherapist: I am going to present you with our comprehensive treatment plan. First, medicines. In terms of pharmacotherapy we are going to include disease-modifying drugs: synthetic conventional pharmacological treatment, and non-steroidal anti-inflammatory drugs in the event of severe pain. Your family doctor will also be notified about these recommendations.

Patient: All right. And what about rehabilitation?

Physiotherapist: Primarily, the rehabilitation treatment applied will be: electrotherapy, laser therapy, and balneotherapy.

Patient: What is the purpose of these particular methods?

Physiotherapist: Electrotherapy uses low-frequency currents to cause muscle or nerve spasms.

We are going to use laser therapy treatment with a laser beam of the appropriate intensity, which, when penetrating the tissues, causes the analgesic, anti-inflammatory, and anti-oedema effect. It also increases blood oxygenation.

Patient: And balneotherapy?

Physiotherapist: Balneotherapy, also known as hydrotherapy, has an analgesic, anti-inflammatory, and muscle relaxing effect.

All in all, you should feel some relief very soon.

Patient: That sounds promising.

Physiotherapist: And finally, kinesitherapy. I am going to present you with a number of physical exercises which will help you increase muscle strength, improve physical fitness, and prevent joint contractures and deformities.

Patient: This sounds like a lot of physical activity!

Physiotherapist: We will exercise regularly, every day in the late morning hours. Here is a detailed Patient Treatment Plan for you. Thank you very much for presenting me with your history and queries.

Patient: I have one more concern. Should I prepare for these exercises in any special way?

Physiotherapist: Some loose, convenient clothing would do. And please do not eat 30 minutes before our meeting. I will give you the rest of the instructions tomorrow, ok?

Patient: Of course. Thank you so much for being patient with me, and for your careful examination. I feel really secure with such care. See you tomorrow, Mr Paweł.

Physiotherapist: Thank you, too, and see you tomorrow at 11 a.m.

VIDEO CLIP 2

COMMON SKELETAL DISORDERS, MOVEMENT PATHOLOGIES & PHYSIOTHERAPEUTIC TREATMENT. DEGENERATIVE JOINT DISEASE – A CASE STUDY.

An obese 71-year-old woman in the *Orthopaedic Clinic*, Physiotherapy Ward:

Patient's daughter: Good morning. We have an appointment with Mr Adamczyk, a physiotherapist. I am here with my 71-year-old mother.

Receptionist: Good morning. Yes, I see your visit is scheduled for 10:15, so please both take a seat and wait a moment to be called to room 8.

Patient's daughter: Of course, thank you.

Mum, let me help you sit down.

Physiotherapist: Mrs Maria Cichocka, please come in.

Good morning, my name is Matthew Adamczyk and I will be your physiotherapist.

Elderly patient: Pleased to meet you. I am Maria and I feel I really need your assistance. Today my daughter drove me here as I cannot get around on my own lately.

Physiotherapist: We will work on your condition. And I hope you will get assistance – not only today.

Patient's daughter: We live in the neighbourhood and I am going to bring my mum to rehabilitation for the entire treatment cycle.

Physiotherapist: Let's start the examination now. Mrs Cichocka, please tell me about your recent complaints. I have your documents already from the orthopaedic ward and the diagnosis says hip osteoarthritis.

Elderly patient: That's right. I've been suffering from it for 5 years, but quite recently the symptoms have become aggravated.

I feel pain in my right thigh, mainly when I exercise, but also it appears during rest.

Physiotherapist: Please show me where it is located.

Elderly patient: Here, in the groin, and then it radiates to my thigh. To the front and middle part of my thigh, and then it goes down to the knee.

Physiotherapist: So if I understand well, it is a radiating type of pain and it appears even at rest?

Elderly patient: Yes. What is worse, there is accompanying pain in the area of my hip plate, which slows down my daily activities.

Physiotherapist: Please, tell more about your mobility.

Elderly patient: I am slightly limited in terms of mobility, especially outside the house. And I've developed a limp because of the growing discomfort.

Patient's daughter: When my mum was hospitalised, the medical team mentioned that there are limitations on the internal rotation and extension of her joints.

Physiotherapist: Sure, we are going to work on ROM, which is range of motion, and this will tell us more about your joint mobility.

However, for now, I would like to ask you, Mrs Cichocka, to please stand up for me, as we have to verify a few elements. Let me help you with standing up.

Elderly patient: Oh, you are very kind. Thank you.

Physiotherapist: Can you please walk towards the door. Fine. And now back to me. Ok. Now, please stand on your right leg, the other leg should be bent at the hip joint and raised. Ok, fine, you can put it down. And stand in the same position on your left leg. Great. You can put it down.

Elderly patient: I felt discomfort when standing on my right leg, you know?

Physiotherapist: Yes, I could clearly see it, and it also proves that your thigh abduction muscle group must be strengthened.

Now, please lie down on the couch in a supine position. I will give you a hand with this. Great. Please bring your right knee to your chest as far as possible, and then hold it there. Do you feel any stretching in the right groin?

Elderly patient: I do.

Physiotherapist: Your extended leg is lifting off the table. Let me measure the angle at the knee now. Perfect.

And finally the third test. Lie on your back again. I am going to work with your right leg now. I will grab it by the foot and at the height of the knee joint I will perform a bend. How does it feel?

Elderly patient: Painful again.

Physiotherapist: It is natural in osteoarthritis of the hip joint. If the external rotation of the limb in the hip joint increases during flexion, this is a condition. Movement sometimes causes pain.

Elderly patient: So, are you are perfectly clear about my diagnosis?

Physiotherapist: Indeed. For the final confirmation, let me have a look at the X-ray results. Have you taken them today?

Elderly patient: Of course. My daughter has the documentation in the folder.

Can you find it, Monika?

Physiotherapist: Thank you. Yes, typical symptoms: narrowing of the right hip joint, some bone cysts….

Ok. It's time now to talk about your treatment plan. First, it is recommended that you lose some weight. How do you fell about that?

Elderly patient: I will do my best, you know it is a process, but I also understand how important it would be for my health and overall good feeling.

Physiotherapist: That's right. And I can offer you magnetotherapy and cryotherapy every day in the morning hours.

Elderly patient: Fine with me.

Physiotherapist: And next you will have exercises in water. There are no contraindications nor risks associated. We aim to reduce pain and disability and slightly improve the quality of life after the completion of the treatment cycle (up to three weeks of exercise in water).

Elderly patient: Sounds very promising.

Physiotherapist: And finally, I will meet with you to perform supervised aerobic and strengthening exercises.

I really hope your stay here will bring you much relief.

Elderly patient: Thank you so much for all the detailed explanations and presenting me with the treatment plan.

See you tomorrow then!

Physiotherapist: Thank you too, and see you soon, Mrs Cichocka.

LISTENING 4

COMMON NERVOUS SYSTEM DISORDERS, MOVEMENT PATHOLOGIES & PHYSIOTHERAPEUTIC TREATMENT. A CASE STUDY.

Patient, 62-year-old man, living in the countryside with a history of hyperlipidaemia, hypertension, and diabetes, experienced a sudden onset of right-sided weakness witnessed by his wife. She called emergency medical service that arrived on the spot and diagnosed a stroke on the basis of a physical examination. The following conclusions were drawn:

- right facial drop
- right homonymous hemianopsia
- aphasia
- dysarthria
- right hemiplegia

Because there was no hospital in the immediate area, the EMS organised a helicopter flight to the closest stroke centre.

The following tests were performed:

- head computer tomography which showed hypodensity in the left middle cerebral artery area
- CT angiography which confirmed the left middle cerebral artery occlusion

Treatment / procedures applied:

- intravenous thrombolytic therapy
- recanalization of the middle cerebral artery

Physiotherapy treatment

1. Early phase of rehabilitation in the stroke department lasted three weeks. The action was taken mainly to prevent pressure sores, contractures, and incorrect positioning of the limb, pulmonary complications of immobilization, and to establish contact with the sick. The following methods were used:
   - right patient positioning
   - drainage positions
   - breathing exercises
   - active exercises for healthy limbs
   - passive exercises for paralysed limbs
   - block exercises with tapes in bed
   - manual massage – to avoid trophic muscles and skin changes

Further physiotherapy

   - learning how to sit on the bed with the back supported
   - learning how to sit with and without a footrest
   - sitting on a chair
   - verticalization (at the patient's bedside)
   - balance exercises
   - gait learning using orthopaedic equipment

2. Rehabilitation at the compensation stage took place in the neurological rehabilitation ward for another three weeks. Its aim was to reduce the risk of pathological movement patterns, prolonged flaccidity, joint laxity, or spasticity. Other objectives also included:
   - achieving maximum independence, mobility and mental fitness,
   - continuing learning to walk with orthopaedic equipment,
   - rehabilitation of speech disorders,
   - balance-coordination exercises,
   - general fitness exercises,
   - hydrotherapy, music therapy, ergotherapy.
3. Further rehabilitation cycle, in the chronic stage, was performed in the outpatient department for the next four months with the purpose of:
   - improving gait and limb fitness, restoring precise movements and other functions
   - achieving maximum independence, mobility, and mental fitness

KEY TO EXERCISES

LISTENING 2

1. develop, maintain, improve or restore full fitness and capacity to patients.
2. various physical and functional limitations as a result of congenital defects, injuries, diseases (inborn and acquired) and ageing.
3. orthopaedics or neurologists, geriatricians, rehabilitation nurses, occupational and speech therapists, social workers, clinical psychologists, or even prosthetists.
4. hospital units, rehabilitation centres, outpatient departments, private clinics and practises, nursing homes and health resorts.
5. adults, the elderly and children (infants included).

READING 1

1. restoring, 2. functional, 3. geriatricians, 4. speech, 5. disabilities, 6. rehabilitation, 7. neurological, 8. surgical

LISTENING 3

1. THE TERM kinesitherapy was coined from the Greek word *kinesis*, which means *movement*.
2. A PROPERLY performed functional test is the basis for the prognosis.
3. AFTER ASSESSING the patient's condition, the precise and reproducible patient movement options are determined.
4. PHYSICAL EXERCISES should be selected individually for each patient.
5. REHABILITATION treatments are aimed at removing disease symptoms and inhibiting the progression of the disease.
6. REHABILITATION MEANS the ability to use different stimuli which reduce painful reactions.
7. MANUAL massage allows palpation to evaluate the reactivity of the tissues being massaged.
8. CLASSIC massage is divided into complete, partial, and local massage.
9. MASSAGE in the form of stroking, rubbing, or weak vibrations has a calming effect.
10. THERAPEUTIC massage can be used to assist in the treatment of musculoskeletal problems.

FOLLOW-UP ACTIVITY

1. to stimulate the body, 2. healing process,
3. pharmacotherapy, 4. palpation, 5. stiffness

READING 2

1. patient involvement, 2. assessing the patient's condition, 3. prophylactic purposes, 4. mechanical devices, 5. disease symptoms, 6. peripheral nerves, 7. physiotherapeutic treatment, 8. classical massage, 9. manual grip technique, 10. stimulating effect

LANGUAGE FOCUS 1

1. sling suspension frame, 2. wall bars, 3. physioball, 4. dumbbells, 5. physioband = resistance band, 6. foam roller, 7. wobble seat balance cushion, 8. shoulder pulley (used as pulley therapy system), 9. rehabilitation rotor (upper limbs), 10. rehabilitation rotor (lower limbs)

LANGUAGE FOCUS 2

1. (A, B, C) – paraffin bath; heating with hot sand; hot water bottle heating
2. (D, E) – liquid nitrogen treatment; carbon dioxide treatment
3. (F, G) – infrared radiation (IR = infra-red); ultraviolet radiation (UV = ultra-violet) (UV-A, UV-B, UV-C)
4. (H) – biostimulation low energy lasers
5. (I, J, K, L, M, N, O) – galvanization therapy; ionization; water and electric baths; low frequency impulse currents (rectangular, triangular, trapezoidal); TENS = Transcutaneous Electrical Nerve Stimulation; EMS = Electrical Muscle Stimulation, also known as NMES = Neuromuscular Electrical Stimulation or Electromyostimulation; IFS = Interference Electrostimulation; Interferential Current Stimulation
6. (P) – therapy also referred to as Sonotherapy, Phonotherapy
7. (R) – therapy also referred to as Magnetotherapy
8. (S, T, U) – whirlpool bath; sauna; water whips
9. (V, W, X, Y) – carbonic acid baths; brine baths; sulphide baths; carbon dioxide bath

SPEAKING 4

1. prominence, 2. radiates, 3. triggered, 4. extension, 5. pronation, 6. grip, 7. degenerative, 8. ultrasound, 9. magnetic, 10. laser

LANGUAGE FOCUS 3

1. FLEXION (head), 2. LATERAL FLEXION (head), 3. ROTATION (head), 4. ABDUCTION / ADDUCTION (arms), 5. ABDUCTION / ADDUCTION (fingers), 6. FLEXION / EXTENSION (elbow), 7. FLEXION / EXTENSION (fingers), 8. HYPEREXTENSION, 9. PRONATION / SUPINATION, 10. MEDIAL ROTATION, 11. LATERAL ROTATION, 12. CIRCUMDUCTION, 13. DORSIFLEXION / PLANTAR FLEXION, 14. INVERSION / EVERSION

VIDEO CLIP 1 & 2

		VIDEO CLIP 1 **RHEUMATOID ARTHRITIS**	**VIDEO CLIP 2** **OSTEOARTHRITIS** **= DJD DEGENERATIVE JOINT DISEASE**
1 **INTERVIEW**	**kind of pain**	increasing, symmetrical pain	mainly when exercising, sometimes during rest
	location of pain	hand and foot joints, elbow joints	– pain in the groin which radiates to the right thigh, then goes down to the knee; – accompanying pain in the area of the hip plate
	ADL / mobility	symptoms prevent daily activities	– ADL is slowed down; – slight limitation of mobility, especially outside the house; – limping
	family history	the patient's mother had RA	no information

2 PHYSICAL EXAMINATION	**results of PE**	**hand joints:** – increase in warming (without redness of the skin), soreness under pressure, swelling and stiffness of the joints – loss of muscular muscle mass in the thumb **elbow joints:** – limitation of extension **foot joints:** – soreness under pressure, swelling and stiffness of the foot joints	– positive Trendelenburg-Duchenne test – Thomas and Drehmann positive test
3 DIAGNOSTIC TESTS	**tests performed**	– X-ray examination of the hand and foot joints – laboratory tests	X-ray
	results obtained	– X-ray: osteoporosis related to the joints, narrowed gaps between the joints and some observable erosion on the joint surfaces – laboratory tests: increased levels of CRP and ESR, and a positive rheumatoid factor (RF)	X-ray – narrowing of the right hip joint and bone cysts
4 TREATMENT PLAN	**pharmacotherapy**	– disease-modifying drugs included – synthetic conventional pharmacological treatment and non-steroidal anti-inflammatory drugs in the event of severe pain	no information
	rehabilitation	**Rehabilitation** – electrotherapy (using low-frequency currents to cause muscle or nerve spasms) – laser therapy (the use of a laser beam of appropriate intensity, which, when penetrating the tissues, causes an analgesic, anti-inflammatory, anti-oedema effect, increases blood oxygenation) – balneotherapy (=hydrotherapy) has an analgesic, anti-inflammatory and muscle relaxing effect **Kinesitherapy** (to increase muscle strength, improve physical fitness, prevent joint contractures and deformities)	– magnetotherapy and cryotherapy – exercises in water – aerobic and strengthening exercises supervised by a therapist
	other recommendations	no information	– weight loss

VIDEO CLIP 1

ADDITIONAL MATERIALS: MEDICAL DIAGNOSIS

Patient: Alicja Szymula (F), age 41	
Physical examination (revealed more joints affected):	**Hand joints** – increase in warming (without redness of the skin), soreness under pressure, swelling and stiffness of the metacarpal, proximal interphalangeal and carpal joints – joint deformities: elbow deviation of the fingers and slight palmar subluxation of the phalanges – swelling of periarticular tissues – muscular atrophy and erythema of the thumb and withers area **Elbow joints** – limitation of extension **Foot joints** – soreness under pressure, swelling and stiffness of the metatarsophalangeal joints
Diagnostic tests:	– X-ray examination of the hands and foot joints showed: articular osteoporosis, narrowing of interstitial gaps and erosions of joint surfaces – laboratory tests showed: increased levels of CRP and ESR, positive rheumatoid factor RF, positive antibodies against cyclic citrullinated ACPA peptide

LISTENING 4

COMMON NERVOUS SYSTEM DISORDERS, MOVEMENT PATHOLOGIES & PHYSIOTHERAPEUTIC TREATMENT. A CASE STUDY

1. history of hyperlipidaemia, hypertension, and diabetes
2. physical examination:
   - right facial drop
   - right homonymous hemianopsia
   - aphasia
   - dysarthria
   - right hemiplegia
3. The EMS organised a helicopter flight to the closest stroke centre because there was no hospital in the immediate area.
4.
   - head computer tomography (which showed hypodensity in the left middle cerebral artery area)
   - CT angiography (which confirmed the left middle cerebral artery occlusion)
5. This action was taken mainly to prevent pressure sores, contractures, and incorrect positioning of the limb, pulmonary complications of immobilization.
6.
   - right patient positioning
   - drainage positions
   - breathing exercises
   - active exercises for healthy limbs
   - passive exercises for paralysed limbs
   - block exercises with tapes in bed
   - manual massage – to avoid trophic muscles and skin changes
7.
   - to reduce: .....

   Its aim was to reduce the risk of pathological movement patterns, prolonged flaccidity, joint laxity, or spasticity.

– other (list at least three elements):

Other objectives also included:

– achieving maximum independence, mobility and mental fitness,
– continuing learning to walk with orthopaedic equipment,
– rehabilitation of speech disorders,
– balance-coordination exercises,
– general fitness exercises,
– hydrotherapy, music therapy, ergotherapy.

8.

– improve gait and limb fitness, restore precise movements and other functions
– achieve maximum independence, mobility, and mental fitness

Module 8

Emergency Medicine

Author
Justyna Kowalczys

Stowarzyszenie Angielski w Medycynie
Association for Medical English
http://angielskiwmedycynie.org.pl/

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INTRODUCTION

This module is directed primarily toward medical rescue students and practising paramedics, but also to other healthcare specialists and caregivers. Subsequent sections of the module briefly cover early recognition for help, emergency calls, the role of an emergency medical dispatcher, the procedure for placing the patient in a recovery position, and Basic Life Support (BLS) standards. The learner will also study SAMPLE and ABC mnemonics to facilitate patient assessment techniques, together with filling in patient documentation. A handful of recorded practical words and phrases will help learners develop their professional language skills, both for oral and written communication; whereas a variety of visuals, listening, and multimedia tasks will promote familiarisation with emergency services and associated healthcare environments. A comprehensive analysis of emergency medicine is recommended together with the study of project HELP Module 10 "Wounds and Injuries".

OBJECTIVES

After having studied this module you will:

- understand the importance of early recognition for help and the role of on-site care;
- recognise the steps for an emergency call and the role of an emergency medical dispatcher;
- have information on placing the patient in a recovery position;
- become familiar with Basic Life Support (BLS) standards;
- be able to apply SAMPLE and ABC mnemonics that facilitate patient assessment techniques;
- gain the ability to fill in Medical Emergency Team (MET) documentation;
- become proficient in using a number of professional key words and expressions in the context of specialist healthcare environment.

LISTENING 1

Professional key words

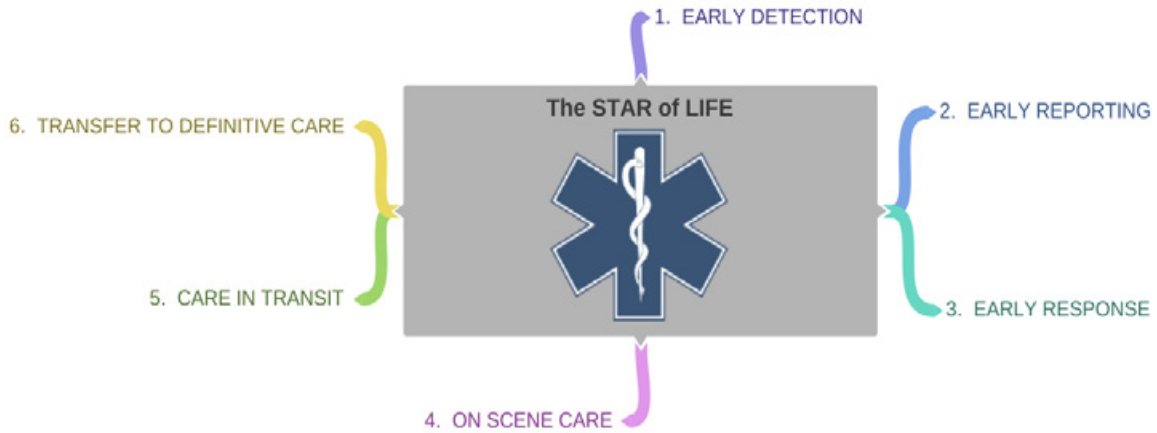
Listen to the professional key words for this module. Repeat the words until you are familiar with their meaning and correct pronunciation.

dispatcher /dɪsˈpætʃə/	EMS = Emergency Medical Services /ˈi: ˈem ˈes = ɪˈmɜ:dʒənsi ˈmedɪkl ˈsɜ:vɪsɪz/	emergency call /ɪˈmɜ:dʒənsi kɔ:l/	paramedic /ˌpærəˈmedɪk/	ABC = Airway, Breathing, Circulation /ˈeɪ ˈbi: ˈsi: = ˈeəweɪ, ˈbri:ðɪŋ, ˌsɜ:kjʊˈleɪʃn̩/
BLS = Basic Life Support /ˈbi: ˈel ˈes = ˌbeɪsɪk ˈlaɪf səˈpɔ:t/	ALS = Advanced Life Support /ˈeɪ ˈel ˈes = ədˈvɑ:nst ˈlaɪf səˈpɔ:t/	CPR = Cardiopulmonary Resuscitation /ˈsi: ˈpi: ˈɑ: = ˌkɑ:dioˈpʊlməˌneri rɪˌsʌsɪˈteɪʃn̩/	recovery position /rɪˈkʌvəri pəˈzɪʃn̩/	AED = Automated External Defibrillator /ˈeɪ ˈi: ˈdi: = ˈɔ:təmætɪd ɪkˈstɜ:nl̩ di:ˈfɪbrɪleɪtə/

SPEAKING 1

The star of life

Talk about the visual. Analyse the present role of a bystander in the need for early recognition for help (1), calling for assistance (2), proper reaction, and on-site care (3), (4). Next describe the transit (5) and transfer to a medical unit centre (6).



1

Suggestion for self-learners: We recommend doing a monologue while speaking in a soft voice or finding a partner via your social networks.

VIDEO CLIP 1

Medical emergency – call for an ambulance

A bystander who witnesses a sudden loss of consciousness of an elderly man calls for an ambulance. Listen to the dialogue and discuss the following points:

1. Describe the desired pattern for a bystander intervention.
2. Describe the procedures that a bystander performed.
3. Describe medical guidelines to place the victim/patient in a recovery position. When is it recommended and what are the therapeutic effects?
4. Discuss possible reasons for the elderly man to faint during the day in the street.

Suggestion for self-learners: We recommend doing a monologue while speaking in a soft voice or finding a partner via your social networks.

The bystander (who is trained) should be able to assess the collapsed victim rapidly to determine if the victim is **(un)responsive and/or (not) breathing normally**. He/she then alerts the emergency services without leaving the victim. Cardiac arrest as the cause for fainting (syncope) must be excluded.

SPEAKING 2

Medical dispatch protocols

Practice the dialogue between a bystander and a dispatcher to provide a zero-minute response. You can follow the dispatchers' protocol system and use the questions provided below.

<table>
<tr><th colspan="3">CASE ENTRY QUESTIONS
To get basic information about the case</th></tr>
<tr><td>Ambulance service, what's your emergency?
How many people are injured?
How many other people are hurt?</td><td>What's the phone number you are calling from?</td><td>What's the address of the emergency?
Give me the location of the emergency.</td></tr>
<tr><td colspan="2">Tell me exactly what happened.
What is happening at the moment?</td><td>Move dangerous objects away from them.</td></tr>
<tr><th colspan="3">KEY QUESTIONS
To obtain specific information about the patient's/victim's chief complaint</th></tr>
<tr><td>How old are they?
What's their age?</td><td>Are they awake?
Are they conscious?
Are they completely alert?
Are they responding to voice?
Do they appear to be completely alert/awake?</td><td>Are they breathing?
Are they speaking between breaths?
Are they coughing?
Go check and tell me what you find.
We need to do a quick test on them before the medics arrive.</td></tr>
<tr><td>Do they have difficulty speaking?
What are they doing – standing, sitting, or lying down?
Are they moving at all?
Any significant changes of skin colour?</td><td>Is there a defibrillator (AED) available?
If there is a defibrillator (AED) available, send someone to get it now in case we need it later.</td><td>Where exactly are they?
Are you with the person now?
Remind them to do what their doctor has instructed for these situations.</td></tr>
<tr><td colspan="3">Are they bleeding? Do you see any wounds or injuries?</td></tr>
<tr><th colspan="3">PRE-ARRIVAL INSTRUCTIONS
To provide necessary assistance to the victim and control of the situation prior to the arrival of field personnel</th></tr>
<tr><td colspan="2">We are getting help for you right now.
I'm sending the paramedics to help you now.</td><td>Stay on the phone/line and I'll tell you exactly what to do next.</td></tr>
<tr><th colspan="3">POST-DISPATCH INSTRUCTIONS
Given by the call taker/dispatcher to the caller/patient/victim to address the specific chief complaint until responders arrive on-scene</th></tr>
<tr><td>Lay them flat on their back on the floor/ground/bed and remove any pillows.
Do it now and tell me when it's done.</td><td>Listen carefully and I will tell you how to do chest compressions.
If you get too tired, get someone to take over.
Make sure you don't stop.</td><td>Don't let them have anything to eat or drink.</td></tr>
</table>

Just let them rest in the most comfortable position and wait for help to arrive. Just tell them to be still and wait for help to arrive.	Don't move them unless it is absolutely necessary.	Stay with the patient until help arrives. I want you to watch them very closely.
Before the ambulance arrives: gather their medication, unlock the door, have someone to meet the paramedics.		
CASE EXIT QUESTIONS **Once the ambulance is sent and the situation is stable, the dispatcher either disconnects or stays on the line with caller depending on the circumstances of the case**		
Tell me when the paramedics arrive? Are they with you?	If the situation changes, return to the phone and tell me.	If they get worse in any way, call us back immediately for further instructions.

Suggestion for self-learners: We recommend doing a monologue alternately taking the role of a dispatcher and a bystander while speaking in a soft voice or finding a partner via your social networks.

LANGUAGE FOCUS 1

First aid – recovery position[1]

Repeat the procedure for placing the patient in a recovery position. Complete the imperative with the steps described below. Use the verbs from the box. Next listen to the recording and check your answers.

hold	correct	adjust	kneel down	roll
wait	take off	turn	cover	grab
move	check	bend	tilt	monitor

[2] According to European Resuscitation Council (ERC) recommendations, the safe position is used with haemodynamically stable patients, without spinal injuries, who are unable to maintain airway patency by themselves. Being placed on the side at the same time allows removal of accumulated secretions, blood, or vomit. There are specific steps to be followed:

- (1) ..... their glasses and unbutton the patient's clothes,
- (2) ..... next to the injured person and make sure that both lower limbs are straight,
- (3) ..... their upper limb, closer to you, at a right angle to their body with their palm facing up,
- take their far arm across their chest so that the back of their hand stays on the cheek nearest to you, and (4) ..... it in place,
- with your free hand (5) ..... the patient's far leg and (6) ..... it into a right angle,
- carefully (7) ..... the patient towards you by pulling on the far bent knee,
- (8) ..... the upper limb so that both the hip and knee joints are bent at right angles,
- (9) ..... the patient's head to make sure that the airway is clear,
- if necessary, (10) ..... the hand under the cheek to keep the head tilted,

[1] It is recommended to watch the video: https://www.nhs.uk/conditions/first-aid/recovery-position/ [14.08.2020]
[2] *2015 First Aid Guideline* in the European Resuscitation Council Guidelines for Resuscitation 2015, Section 9

- if required, (11) ..... the patient with a blanket,
- regularly (12) ..... their breathing,
- systematically (13) ..... the contents of the oral cavity,
- if necessary, (14) ..... the patient on their other side after 20 to 30 minutes,
- (15) ..... for the arrival of specialised services.

SPEAKING 3

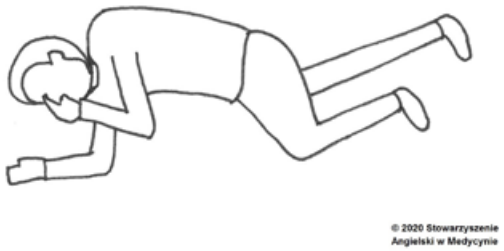
Take turns in pairs to practise presenting the procedure for placing the patient in a recovery position. The steps can be demonstrated or only described. Make sure you are clear with the instructions and the correct verb forms are used.

1

2

3

4



Suggestion for self-learners: We recommend doing a monologue while speaking in a soft voice or finding a partner via your social networks.

SPEAKING 4

The chain of survival

Discuss the visualisation in terms of four stages of emergency response. First analyse individual phases (phase 1, 2, 3, and 4) and next recount the whole concept of the chain of events.[3]

[3] European Resuscitation Council Guidelines for Resuscitation 2015, Section 2. Adult basic life support and automated external defibrillation.

1. EARLY RECOGNITION AND CALL FOR EMERGENCY SERVICES

2. EARLY CPR

4. POST RESUSCITATION CARE

3. EARLY DEFIBRILLATION

2 3 4 5

The factors that influence the effectiveness of resuscitation and the chances of survival for sudden cardiac arrest (SCA) victims are called the "chain of survival". The chain of survival consists of the following stages that must occur in rapid succession:

1. quick call for help,
2. early initiation of cardiopulmonary resuscitation (CPR) according to Basic Life Support (BLS) procedures,
3. early defibrillation using an Automated External Defibrillator (AED),
4. early implementation of Advanced Life Support (ALS) and inpatient treatment.

It is worth mentioning that the first three links of the chain can be performed by direct witnesses of the event.

Suggestion for self-learners: We recommend doing a monologue while speaking in a soft voice or finding a partner via your social networks.

LANGUAGE FOCUS 2

"SAMPLE" as a diagram of communication in emergency situations

Analyse the diagram below and fill in the missing key words. Next listen to the recording and check your answers.

hospital	condition	drug	complaint
health	signs	vomiting	administration

S – SIGNS / SYMPTOMS	Determine the chief (1) ..... and why the patient expects help. Determine (2) ..... (objective) and ask about symptoms (subjective).
A – ALLERGIES	Ask about (previous) (3) ..... and food allergies.
M – MEDICINES	Determine what medications the patient is taking, find out the route of (4) ..... and (if possible) the dose.
P – PAST MEDICAL HISTORY or PREGNANT	Determine the past medical history, treatment used so far, or the possibility of pregnancy, last (5) ..... stay (for what reason?).

L – LAST ORAL INTAKE	Ask about the last meal eaten (at what time?), nausea, or bouts of (6) .....
E – EVENTS	Determine the circumstances in which the (7) ..... condition has deteriorated. This can be an important source of information affecting the patient's present (8) .....

The **"SAMPLE"** mnemonic serves as a model for patient emergency assessment. Emergency services interview a victim, or if they are unresponsive, their relatives or accompanying people and witnesses. The SAMPLE history is as a rule used together with vital signs assessment and **OPQRST** (Onset, Provocation, Quality, Region, Severity, Time).

This is a very significant process, as the bystanders will not travel with the victim in the ambulance. The paramedic is the only person who can assess the scene of the accident, and often the only person who will be able to conduct the interview, as some of the injured may lose consciousness before being brought to hospital.

SPEAKING 5 and WRITING 1

Role play

Use the SAMPLE diagram of communication in an emergency situation. You can choose from the scenarios below:

- Student A is a paramedic that arrives at the scene of a multiple vehicle collision. Student B is one of the bystanders who calls emergency services.
- Student A is a nurse that arrives in their patient's home and finds the patient in bed with a high fever. Student B is an elderly patient, conscious and responsive, with a sudden onset of high fever.
- Student A is a caregiver that arrives in their patient's home and finds the patient lying on the floor in the hall, with their walking frame overturned nearby. Student B is an elderly patient who lost their balance when walking to the bathroom. They need assistance.

Use the space provided below to make some notes.

As a follow-up exercise you may use the OPQRST set of questions to investigate the patient's condition.

S .....

A .....

M .....

P .....

L .....

E .....

Suggestion for self-learners: We recommend doing a monologue while speaking in a soft voice or finding a partner via your social networks.

LISTENING 2

Adult Basic Life Support (BLS) and Automated External Defibrillation (AED)

Listen to the lecture and answer the questions below.

1. What are the medical indications for the use of CPR?
2. How important is the cooperation between the emergency medical dispatcher and the bystander?
3. What three elements shall be initially checked with the victim in order to apply proper emergency assistance?
4. What is the linear sequence of the BLS algorithm?
5. Explain the commonly used abbreviations: BLS, CPR, AED, SCA.

READING 1

Adult Basic Life Support (BLS) and Automated External Defibrillation (AED)[4]

Read the text and change the words in brackets to complete the gaps.

Adult Basic Life Support (BLS) Guidelines promoted by the European Resuscitation Council provide guidance on the techniques used during the early stage of **(1) ..... (RESUSCITATE)** of adult sudden cardiac arrest victims. A close link between community **(2) ..... (RESPOND)** and the emergency medical dispatcher is highlighted. Interaction between the **(3) .....**, **(DISPATCH),** who plays a major role in the early diagnosis of a sudden cardiac arrest (SCA), the bystander, who provides on-site cardiopulmonary resuscitation (CPR), and the timely use of an automated defibrillator increase the chances for out-of-hospital **(4) ..... (SURVIVE)**. It is vital to note that the bystander, even if not professionally trained, is able to initiate appropriate procedures known as "dispatcher-assisted CPR" or "telephone CPR". In the meantime, emergency services shall be immediately **(5) ..... (ALERT)**.

The chain of survival is based on the early recognition of symptoms. As soon as the scene of the incident is secured, the bystander determines the victim's responsiveness, airway patency, and **(6) ..... (BREATH)** pattern. Patients who are **(7) ..... (RESPONSE)** and not breathing normally are presumed to be in cardiac arrest, therefore obtaining an accurate description of the pattern of breathing and recognising agonal breaths is challenging for dispatchers.

The linear sequence of steps is reduced to key actions. Once the ambulance is on its way, the bystander is guided on the nearest location of an Automated External Defibrillator (AED), which is **(8) ..... (DELIVER)** by a witness of the event. Simultaneously, the bystander does not leave the victim and starts on-site CPR. First, chest compressions are **(9) ..... (ADMINISTER)** by properly positioning both hands over the centre of the victim's chest and pressing down on the sternum

[4] European Resuscitation Council Guidelines for Resuscitation 2015, Section 2. Adult basic life support and automated external defibrillation.

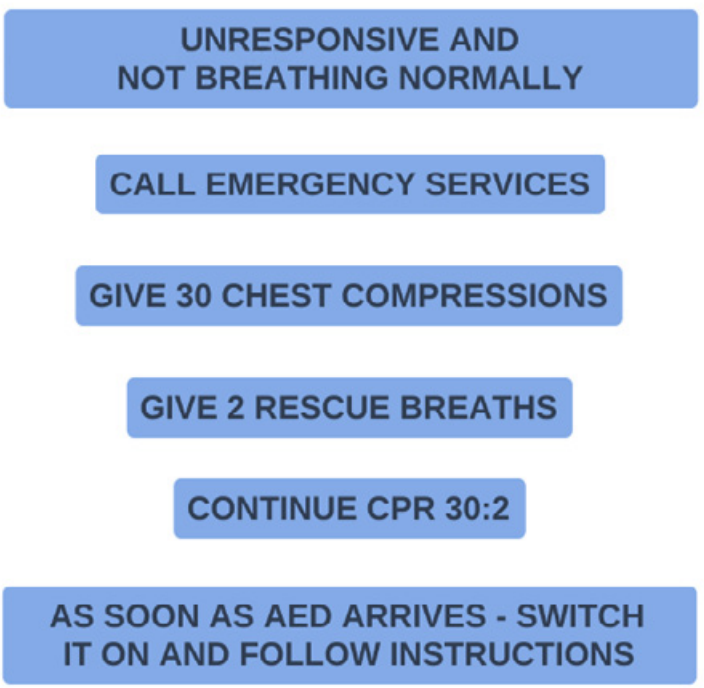
with an adequate depth of 5 centimetres, and no more than 6. Properly trained and able bystanders combine chest compressions with rescue breaths. Therefore, after 30 compressions the victim's airway is open by **(10) ..... (TILT)** the head and lifting the chin, which allows for application of two effective rescue breaths. Chest compressions accompanied by rescue breaths are continued in a ratio of 30:2, with the recommendation that no more than 10 seconds is spent on providing **(11) ..... (VENTILATE)**.

As soon as the AED arrives, early defibrillation can be applied according to the indicated prompts. Fully automated AEDs deliver a shock with no further action from the CPR provider, thus it must be ensured that nobody is touching the victim while the AED is working.

Subsequently, CPR in a ratio of 30:2 is immediately **(12) ..... (RESUME)** and the procedures continued as directed by the AED voice prompts. Cardiopulmonary resuscitation shall not be interrupted until medical emergency services arrive and take over rescue operations.

SPEAKING 6

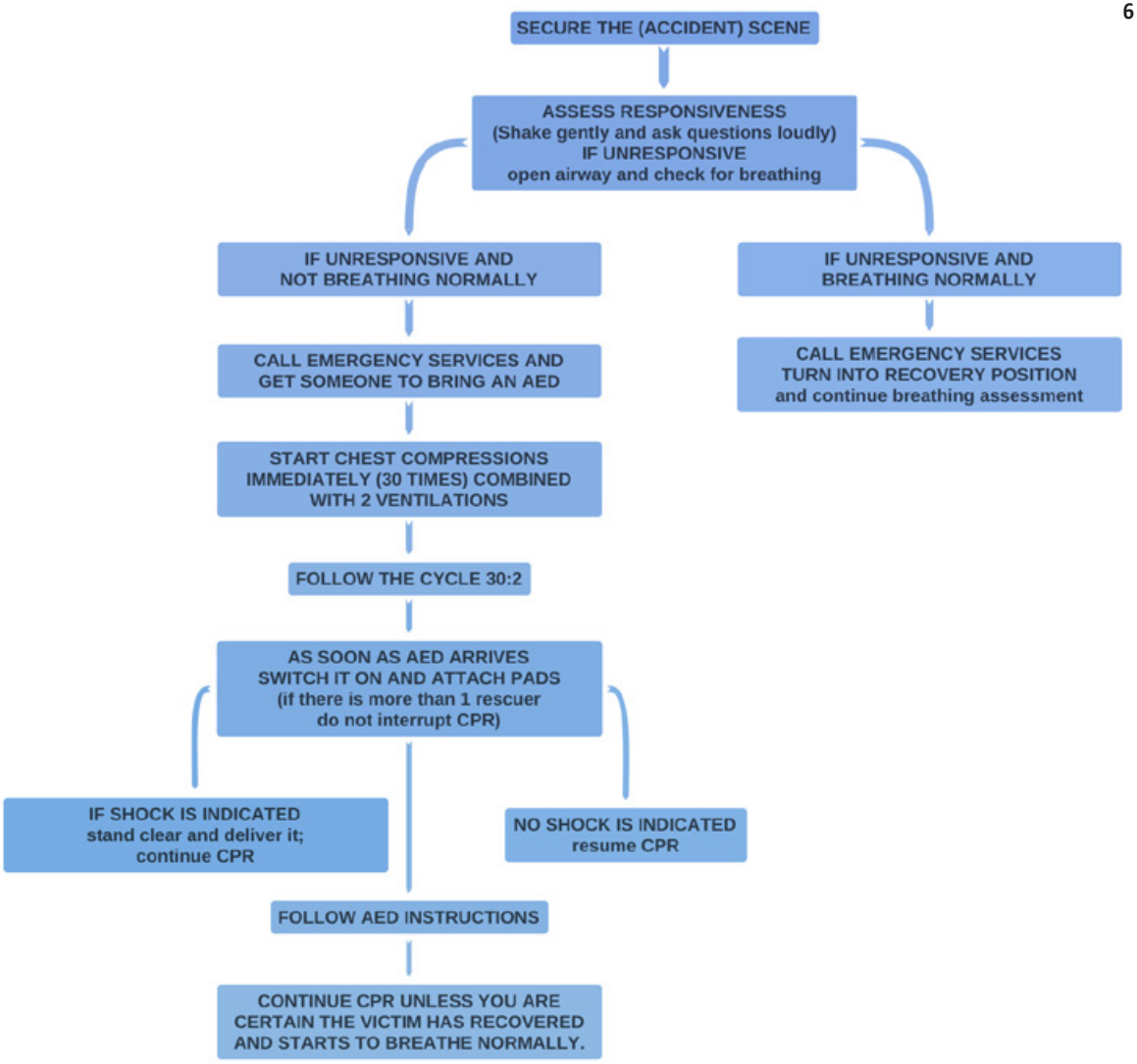
Describe the *BLS* and *BLS with an AED* algorithm in your own words. Follow the sequences provided below:



[5]

[5] European Resuscitation Council Guidelines for Resuscitation 2015, Section 2. Adult basic life support and automated external defibrillation.

6



Suggestion for self-learners: We recommend presenting the procedure steps in a monologue while speaking in a soft voice or finding a partner via your social networks.

LANGUAGE FOCUS 3

ABC – Airway, Breathing, Circulation

Analyse the professional key words provided below. Make sure you are familiar with correct pronunciation and meaning. Next, match the most common terms used to describe assessment and treatment of patients in acute medical and trauma situations.

nasopharyngeal tube /ˈnɑːsəʊ fəˈrɪndʒɪəl tjuːb/	artificial respiration /ˌɑːtɪˌfɪʃəl ˌrespəˈreɪʃn̩/	murmurs /ˈmɜːməz/	cardiac rhythm /ˈkɑːdɪæk ˈrɪðəm/	intubation /ˌɪntjʊˈbeɪʃən/

[6] European Resuscitation Council Poster_BLS_AutomatedExternalDefibrillator_Algorithm_ENG_20151001

stridor /ˈstraɪdə/	arterial pressure monitoring /ɑːˈtɪəriəl ˈpreʃə ˈmɒnɪtərɪŋ/	agonal breathing /əˈgenəl ˈbriːðɪŋ/	hypoxia /haɪˈpɒksiə/	foreign body /ˈfɒrɪn ˈbɒdi/
breath sounds /breθ ˈsaʊndz/	irregular heart sounds /ɪˈregjʊlə ˈhɑːt ˈsaʊndz/	epinephrine /əpɪˈneθriːn/	obstruction /əbˈstrʌkʃən/	respiratory distress /rɪˈspɪrətɹi dɪˈstres/

AIRWAY	BREATHING	CIRCULATION

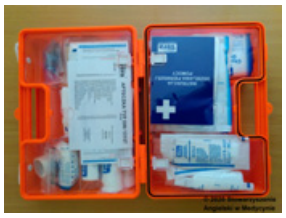
LANGUAGE FOCUS 4

EMS equipment list

Analyse the professional key words provided below. Make sure you are familiar with their correct pronunciation and meaning. Next, match the names of the medical products with the corresponding photos.

1	bag valve mask /bæg vælv mɑːsk/	**7**	defibrillator = AED /diːˈfɪbrɪleɪtə = ˈeɪ ˈiː ˈdiː/
2	jump bag /dʒʌmp bæg/	**8**	vehicle mounted oxygen /ˈviːɪkl̩ ˈmaʊntɪd ˈɒksɪdʒən/
3	ECG Monitor with Defibrillator = Cardiac monitor defibrillator with paddles or pads /ˈiː ˈsiː ˈdʒiː ˈmɒnɪtə wɪð diːˈfɪbrɪleɪtə = ˈkɑːdɪæk ˈmɒnɪtə diːˈfɪbrɪleɪtə wɪð ˈpædl̩z ɔː pædz/	**9**	first aid kit /ˈfɜːst eɪd kɪt/
4	Ambu rescue mask = pocket CPR mask /ˈæmbu ˈreskjuː mɑːsk = ˈpɒkɪt siː ˈpiː ɑː mɑːsk/	**10**	full body vacuum immobilisation mattress /ˈfʊl ˈbɒdi ˈvækjʊəm ɪˌməʊbɪlaɪˈzeɪʃn̩ ˈmætrɪs/
5	trauma = spinal board with a harness attached /ˈtrɔːmə = ˈspaɪnl̩ bɔːd wɪð ə ˈhɑːnəs əˈtætʃt/	**11**	extremity vacuum splints /ɪkˈstremɪti ˈvækjʊəm splɪnts/
6	orthopaedic = cervical (neck) collar = neck brace /ˌɔːθəˈpiːdɪk = sɜːˈvaɪkl̩ (nek) ˈkɒlə = nek breɪs/	**12**	emergency hospital trolley bed /ɪˈmɜːdʒənsi ˈhɒspɪtl̩ ˈtrɒli bed/

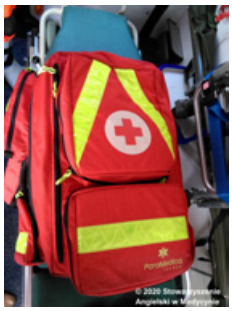

A


B


C


D

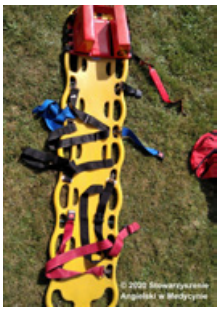

E


F


G


H


I


J

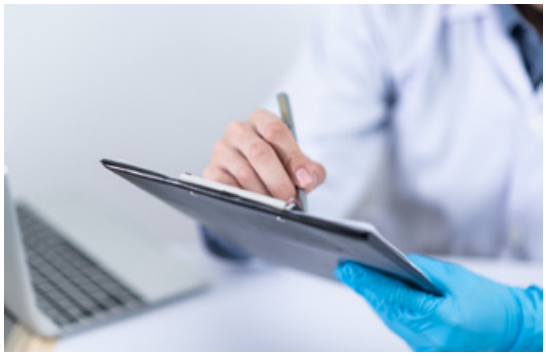

K


L

VIDEO CLIP 2

Patient handover from pre-hospital emergency services to an emergency department. A case.

Follow the I MIST AMBO protocol for a clinical handover. The Emergency Ambulance Crew (EAC) arrives with an 8-year-old patient at the ED of a local paediatric hospital, where the emergency doctors take over the patient. Fill in the protocol and then check the model answers.


6

I – Identification	
M – Mechanism of Injury or Medical Complaint	
I – Injuries or Information related to the complaint	
S – Signs	

T – Treatment & Trends	
A – Allergies	
M – Medications	
B – Background history	
O – Other information	

LANGUAGE CORNER

The following expressions have been selected to act as the building blocks for successful communication regarding the subject addressed in this module. They will support you in creating adequate subject related sentences and expressions to meet the communicative requirements in any professional situations you may encounter.

emergency case /ɪˈmɜːdʒənsi keɪs/	to initiate appropriate / professional treatment by the emergency services /tu ɪˈnɪʃɪeɪt əˈprəʊpriət / prəˈfeʃnəl ˈtriːtmənt ˈbaɪ ðiˌ ɪˈmɜːdʒənsi ˈsɜːvɪsɪz/
emergency station /ɪˈmɜːdʒənsi ˈsteɪʃn̩/	to provide telephone-rendered pre-arrival instructions /tə prəˈvaɪd ˈtelɪfəʊn ˈrendəd priː əˈraɪvl̩ ɪnˈstrʌkʃn̩z/
accident and emergency service /ˈæksɪdənt ənd ɪˈmɜːdʒənsi ˈsɜːvɪs/	(to deliver) chest compressions /(tə dɪˈlɪvə) tʃest kəmˈpresɪz/
grave / serious emergency /ˈgreɪv / ˈsɪərɪəs ɪˈmɜːdʒənsi/	rescue breaths /ˈreskjuː breθs/
START = Simple Triage And Rapid Treatment guidelines /stɑːt = ˌsɪmpəl ˈtriːɑːʒ ənd ˈræpɪd ˈtriːtmənt ˈgaɪdlaɪnz/	on-site AEDs /ˈɒn saɪt ˈeɪ ˈiː ˈdiːz/
emergency dispatch /ɪˈmɜːdʒənsi dɪˈspætʃ/	defibrillation / defibrillator /diːˈfɪbrɪleɪʃən / diːˈfɪbrɪleɪtə/
to apply the chain of survival /tu əˈplaɪ ðə ˈtʃeɪn əv səˈvaɪvl̩/	suspected cardiac arrest /səˈspektɪd ˈkɑːdɪæk əˈrest/
early bystander /adj./ CPR /ˌɜːli ˈbaɪstændə ˈsiː ˈpiː ˈɑː/	SCA = Sudden Cardiac Arrest /ˈes ˈsiː ˈeɪ = ˈsʌdn̩ ˈkɑːdɪæk əˈrest/
to recognise agonal breathing / breaths /tə ˈrekəgnaɪz ˈægənəl ˈbriːðɪŋ / breθs/	victim's breathing pattern /ˈvɪktəmz ˈbriːðɪŋ ˈpætn̩/
reduced blood flow to the brain /rɪˈdjuːst blʌd fləʊ tə ðə breɪn/	regularity of pattern of breathing /ˌregjʊˈlærɪti əv ˈpætn̩ əv ˈbriːðɪŋ/
to be suspicious of a cardiac arrest /tə bi səˈspɪʃəs əv ə ˈkɑːdɪæk əˈrest/	an unresponsive victim /ən ˌʌnrɪˈspɒnsɪv ˈvɪktɪm/
adult cardiac arrest victim /ˈædʌlt ˈkɑːdɪæk əˈrest ˈvɪktɪm/	MVA = Motor Vehicle Accident /ˈem ˈviː ˈeɪ = ˌməʊtər ˈviːɪkl̩ ˈæksɪdənt/
early cardiac arrest recognition /ˌɜːli ˈkɑːdɪæk əˈrest ˌrekəgˈnɪʃn̩/	clinical handover between paramedics and Emergency Department (ED) /ˈklɪnɪkəl ˈhændəʊvə bɪˈtwiːn ˌpærəˈmedɪks ənd ɪˈmɜːdʒənsi dɪˈpɑːtmənt (ˈiː ˈdiː)/

to provide telephone CPR /tə prəˈvaɪd ˈtelɪfəʊn ˈsiː ˈpiː ˈɑː/	to apply the handover tools in practice /tu əˈplaɪ ðə ˈhændəʊvə tuːlz ɪn ˈpræktɪs/
dispatcher-assisted CPR /dɪˈspætʃər əˈsɪstɪd ˈsiː ˈpiː ˈɑː/	ITLS = International Trauma Life Support /ˈaɪ ˈtiː ˈel ˈes = ˌɪntəˈnæʃn̩əl ˈtrɔːmə ˈlaɪf səˈpɔːt/

SUMMARY

Having completed this module, you have:

- discussed and understood the importance of early recognition for help and the role of on-site care;
- recognised and practised the steps for an emergency call and the role of an emergency medical dispatcher;
- developed competence for placing the patient in a recovery position;
- developed knowledge on Basic Life Support (BLS) standards;
- obtained the ability to apply SAMPLE and ABC mnemonics that facilitate patient assessment techniques;
- obtained the ability to fill in Medical Emergency Team (MET) documentation;
- developed communication skills and become proficient in applying a number of professional key words and expressions in the context of specialist healthcare environment.

REFERENCES

1. European Resuscitation Council, ERC Guidelines 2015, https://cprguidelines.eu/
2. European Resuscitation Council Guidelines for Resuscitation 2015, Section 2. Adult basic life support and automated external defibrillation
3. European Resuscitation Council Guidelines for Resuscitation 2015, Section 9. First aid
4. The Medical Priority Dispatch System, 2012
5. Medyczne Czynności Ratunkowe, P. Paciorek, A. Patrzała, PZWL

IMAGE RESOURCES

1 Lambang Pra Rumah Sakit: Star of Life. https://cutt.ly/JfnP86n. (CC0) [14.08.2020]
2 Golda Falk: Ambulance. https://cutt.ly/YfnAeFZ. (Pixabay License: https://pixabay.com/pl/service/license/) [29.01.2020]
3 succo: first aid. https://cutt.ly/vfnDOeb. (Pixabay License: https://pixabay.com/pl/service/license/) [14.08.2020]
4 Elien Smid: aed. https://cutt.ly/HfnDRCs. (Pixabay License: https://pixabay.com/pl/service/license/) [29.01.2020]
5 Bokskapet: Ambulance. https://cutt.ly/QfnDvvM. (Pixabay License: https://pixabay.com/pl/service/license/) [29.01.2020]
6 Chokniti Khongchum: Adult. https://cutt.ly/efnDsoi. (Pixabay License: https://pixabay.com/pl/service/license/) [29.01.2020]

AUDIOSCRIPTS

VIDEO CLIP 1

MEDICAL EMERGENCY – CALL FOR AN AMBULANCE

Narrator: Midsummer. A bystander who witnesses a sudden loss of consciousness of an elderly man calls for an ambulance.

Bystander: Emergency?! Please, send an ambulance!

Dispatcher: Who's calling? Can I have your name?

Bystander: Oh, Monika Bednarek. I'm a medical student. An elderly man has just fallen over. Here, at the bus stop. And he's not responding to me!

Dispatcher: OK. What's your exact location?

Bystander: The city centre. The bus stop at the junction of Maria and Hallera Street.

Dispatcher: What's the telephone number you are calling from?

Bystander: It's my mobile, 508 491 233.

Dispatcher: Tell me exactly what's happened?

Bystander: I was waiting for the bus and just noticed that the man suddenly lost his balance and collapsed onto the pavement. No one was accompanying him so I tried to offer some assistance, but he was unresponsive. So now I am calling emergency services.

Dispatcher: Is the patient breathing normally?

Bystander: Yes, he seems to be breathing regularly.

Dispatcher: Is the patient conscious?

Bystander: I don't think he is. Sir, can you hear me? *(after a moment)* No reaction.

Dispatcher: Can you see signs of any bleeding?

Bystander: No, I don't see any injuries.

Dispatcher: How old is the man?

Bystander: I'm not sure. Approximately 70 to 75 years old. Can I do anything before you come?

Dispatcher: An ambulance is on its way. Can you stay with him until they arrive? I need you to follow my instructions.

Bystander: Just tell me what to do.

Dispatcher: If the patient is unconscious, but is breathing and has no other life-threatening conditions, he should be placed in the recovery position.

Bystander: OK, I know how to proceed.

Dispatcher: We need to keep the patient's airway clear and open. And to make sure that any vomit or fluid won't cause him to choke.
Are you by him right now?

Bystander: I am.

Dispatcher: If he is wearing glasses remove them now.

Bystander: OK.

Dispatcher: Kneel on one side of the patient and straighten his legs. Position his upper arm nearest to you in a 90--degree bend in the shoulder and elbow joints. When the elbow is bent, the hand should be placed upwards.

Bystander: Yes.

Dispatcher: Place his other arm across his chest and position the back of his hand under the patient's cheek.

Bystander: Right.

Dispatcher: Now grab his other leg slightly higher than the knee and pull it upwards without lifting the foot off the ground. And pull the lower leg so that he is turned on his side facing towards you. Do you follow me?

Bystander: Sure.

Dispatcher: After turning the patient, place the upper leg in such a way that the bend at the hip and the knee is 90 degrees. Gently tilt his head backwards to make sure his windpipe is not blocked.

Bystander: Right. I remember that the respirations of the injured person should be constantly monitored.

Dispatcher: Correct. And finally, adjust his hand under his ear to keep the head tilted and facing downwards. This will allow any liquid to possibly drain from his mouth.

Bystander: Done. It is too hot to cover him with a blanket or a jumper.

Dispatcher: Good job! Now, please stay with the patient and monitor his condition until help arrives. You can call me if his condition worsens.

Bystander: OK. Thank you!

LANGUAGE FOCUS 1

FIRST AID – RECOVERY POSITION

According to European Resuscitation Council (ERC) recommendations, the safe position is used with haemodynamically stable patients, without spinal injuries, who are unable to maintain airway patency by themselves. Being placed on the side at the same time allows removal of accumulated secretions, blood, or vomit. There are specific steps to be followed:

- take off their glasses and unbutton the patient's clothes,
- kneel down next to the injured person and make sure that both lower limbs are straight,
- move their upper limb, closer to you, at a right angle to their body with their palm facing up,
- take their far arm across their chest so that the back of their hand stays on the cheek nearest to you, and hold it in place,
- with your free hand grab the patient's far leg and bend it into a right angle,
- carefully roll the patient towards you by pulling on the far bent knee,
- correct the upper limb so that both the hip and knee joints are bent at right angles,
- tilt the patient's head to make sure that the airway is clear,
- if necessary, adjust the hand under the cheek to keep the head tilted,
- if required, cover the patient with a blanket,
- regularly check their breathing,
- systematically monitor the contents of the oral cavity,
- if necessary, turn the patient on their other side after 20 to 30 minutes,
- wait for the arrival of specialised services.

LISTENING 2

ADULT BASIC LIFE SUPPORT (BLS) AND AUTOMATED EXTERNAL DEFIBRILLATION (AED)

PART ONE

Adult Basic Life Support Guidelines (BLS) promoted by the European Resuscitation Council provide guidance on the techniques used during the early stage of resuscitation of adult sudden cardiac arrest victims. A close link between community response and the emergency medical dispatcher is highlighted. Interaction between the dispatcher, who plays a major role in the early diagnosis of a sudden cardiac arrest (SCA), the bystander, who provides on-site cardiopulmonary resuscitation (CPR), and the timely use of an automated defibrillator increase the chances for out-of-hospital survival. It is vital to note that the bystander, even if not professionally trained, is able to initiate appropriate procedures known as "dispatcher-assisted CPR" or "telephone CPR". In the meantime, emergency services shall be immediately alerted.

The chain of survival is based on the early recognition of symptoms. As soon as the scene of the incident is secured, the bystander determines the victim's responsiveness, airway patency, and breathing pattern. Patients who are unresponsive and not breathing normally are presumed to be in cardiac arrest, therefore obtaining an accurate description of the pattern of breathing and recognising agonal breaths is challenging for dispatchers.

PART TWO

The linear sequence of steps is reduced to key actions. Once the ambulance is on its way, the bystander is guided on the nearest location of an Automated External Defibrillator (AED), which is delivered by a witness of the event. Simultaneously, the bystander does not leave the victim and starts on-site CPR. First, chest compressions are administered by properly positioning both hands over the centre of the victim's chest and pressing down on the sternum with an adequate depth of 5 centimetres, and no more than 6. Properly trained and able bystanders combine chest compressions with rescue breaths. Therefore, after 30 compressions the victim's airway is open by tilting the head and lifting the chin, which allows for application of two effective rescue breaths. Chest compressions accompanied by rescue breaths are continued in a ratio of 30:2, with the recommendation that no more than 10 seconds is spent on providing ventilation.

As soon as the AED arrives, early defibrillation can be applied according to the indicated prompts. Fully automated AEDs deliver a shock with no further action from the CPR provider, thus it must be ensured that nobody is touching the victim while the AED is working.

Subsequently, CPR in a ratio of 30:2 is immediately resumed and the procedures continued as directed by the AED voice prompts. Cardiopulmonary resuscitation shall not be interrupted until medical emergency services arrive and take over rescue operations.

VIDEO CLIP 2

PATIENT HANDOVER FROM PRE-HOSPITAL EMERGENCY SERVICES TO AN EMERGENCY DEPARTMENT. A CASE.

Clinical handover within the emergency care is a frequent and highly critical task in clinical practice. Continuity of patient care is guaranteed by joint activity and dialogue between Emergency Ambulance Crew (EAC) and Hospital Emergency Medical Service professionals. The need to exchange necessary, complete and precise information ensures an effective handover and reduces possible threats to patient safety. Therefore, patient transfer principles compiled as models of clinical handover reduce communication failures that can lead to treatment delays and corresponding adverse effects. The I MIST AMBO protocol covers the standard way paramedics hand over information about patients to receiving Emergency Department staff, where "I" stands for *Identification*, "M" for *Mechanism of Injury* or *Medical Complaint*, "I" for *Injuries* or *Information related to the complaint*, "S" for *Signs*, "T" for *Treatment & Trends*, "A" for *Allergies*, "M" for *Medications*, "B" for *Background history*, and "O" for *Other information*.

The Emergency Ambulance Crew has just arrived at the ED of a local children's hospital.

Hospital ED: What's happened?

EAC: We have an 8-year-old boy here. Run over by a passenger car. With multiple injuries.

Hospital ED: Do you have any more details?

EAC: He was riding a bicycle. And forced the right-of-way at the intersection. He was hit on his left side. And he was not wearing a helmet.

Hospital ED: What about the vehicle?

EAC: The passenger car was travelling at about 40 km/h, has a damaged bumper, hood and windshield. The driver sustained no injuries. He is being interviewed by the police officers now.

The child was found about 2m in front of the hood of the vehicle.

Hospital ED: Identified injuries with the boy?

EAC: Unconscious from the start of the incident. With a bleeding wound from an open left forearm fracture and a left shin fracture. Visible head trauma.

Hospital ED: The results of the clinical examination?

EAC: In a quick trauma examination, it was evident that the airways need to be opened. Own breathing was efficient and a pulse was observable in the radial artery.

Hospital ED: Procedures performed?

EAC: First, the airway was cleared by means of the mandible protrusion manoeuvre and the cervical spine was manually stabilised. Effective application of the dressing on the bleeding wound on the forearm.

Hospital ED: And any other observations from the physical examination?

EAC: Contusion in the frontal region on the right side. Anisocoria, left pupil larger than the right. Cervical spine positioned in the body axis, no increased paravertebral tension.

Hospital ED: Ok, clear.

EAC: Trachea centred. Jugular veins collapsed.

Hospital ED: What about internal body sounds?

EAC: Auscultatory muffled vesicular murmurs on the left. And visible percussion sound. That gives us suspicion of pleural bleeding.

Hospital ED: And abdominopelvic cavity?

EAC: Abdomen soft, without pathological resistance and muscle defence. Pelvis stable.

Hospital ED: Treatment applied?

EAC: Load & go mode has been decided due to crus fracture. For the duration of transfer to the ambulance, a cervical collar was put on and the child was placed on a PediBoard. Mechanical ventilation was started in the continuous mandatory ventilation (CMV) mode.

Hospital ED: And on the transfer?

EAC: In the ambulance, the cervical collar was removed, the trachea was intubated. Analgosedation in the form of midazolam-fentanyl-rocuronium was applied.

Hospital ED: Noted.

EAC: During transport, reassessment was performed, mechanical ventilation through the endotracheal tube applied. Efficient and hyperkinetic circulation noticeable. Persistent anisocoria.

Hospital ED: Any other observations on the way?

EAC: The dressing on the left forearm is not bloody, the fracture of the lower leg is stabilised on the board. Left foot warmed and properly supplied with blood.

Hospital ED: Anything on the background history?

EAC: No burdened medical history, no drug allergy, last meal an hour ago. The patient's mum is present. Currently in shock, but the sedatives applied should calm her down soon. She should be able to give you any further information as needed in a moment.

Hospital ED: Thank you so much. We have complete information now. Our trauma team is ready to continue the emergency treatment.

EAC: Good to hear that. See you next time.

KEY TO EXERCISES

VIDEO CLIP 1

MEDICAL EMERGENCY – CALL FOR AN AMBULANCE

1. prosocial behaviour, watchful, willingness to help someone in need, ready to react, making rational decisions / even if the victim attracted little attention from bystanders
2. checked breathing, level of consciousness and put the patient in the recovery position, assisted him until the ambulance arrived
3. Recovery position is recommended for unconscious patients with normal breathing pattern and heart rhythm. It allows to keep the patient's airway clear and open and facilitates breathing. Also, it prevents that any vomit or fluid won't cause the patient to choke.
4. e.g. diabetes type 1 or 2; blood sugar level becomes too low, which suggests hypoglycaemia

LANGUAGE FOCUS 1

FIRST AID – RECOVERY POSITION

(1) take off	(4) hold	(7) roll / move	(10) adjust / correct	(13) monitor / check
(2) kneel down	(5) grab	(8) correct / adjust	(11) cover	(14) turn / roll / move
(3) move	(6) bend	(9) tilt	(12) check / monitor	(15) wait

LANGUAGE FOCUS 2

"SAMPLE" AS A DIAGRAM OF COMMUNICATION IN EMERGENCY SITUATIONS

(1) complaint	(3) drug	(5) hospital	(7) health
(2) signs	(4) administration	(6) vomiting	(8) condition

LISTENING 2

ADULT BASIC LIFE SUPPORT (BLS) AND AUTOMATED EXTERNAL DEFIBRILLATION (AED)

1. CPR procedures are applied with adult sudden cardiac arrest victims.
2. Interaction between the dispatcher, who plays a major role in the early diagnosis of sudden cardiac arrest (SCA), the bystander, who provides on-site cardiopulmonary resuscitation (CPR), and the timely use of an automated defibrillator increase the chances for out-of-hospital survival.
3. The bystander determines the victim's responsiveness, airway patency, and breathing pattern.
4. Unresponsive and not breathing normally → Call Emergency Services → Give 30 chest compressions → Give 2 rescue breaths → Continue CPR 30:2 → As soon as AED arrives – switch it on and follow instructions
5. Basic Life Support, Cardiopulmonary Resuscitation, Automated External Defibrillation / Defibrillator, Sudden Cardiac Arrest

READING 1

ADULT BASIC LIFE SUPPORT (BLS) AND AUTOMATED EXTERNAL DEFIBRILLATION (AED)

(1) resuscitation, (2) response, (3) dispatcher, (4) survival, (5) alerted, (6) breathing, (7) unresponsive, (8) delivered, (9) administered, (10) tilting, (11) ventilation, (12) resumed

LANGUAGE FOCUS 3

ABC – AIRWAY, BREATHING, CIRCULATION

AIRWAY	BREATHING	CIRCULATION
nasopharyngeal tube	stridor	cardiac rhythm
foreign body	artificial respiration	irregular heart sounds
hypoxia	agonal breathing	murmurs
intubation	breath sounds	arterial pressure monitoring
obstruction	respiratory distress	epinephrine

LANGUAGE FOCUS 4

EMS EQUIPMENT LIST

1C, 2F, 3G, 4A, 5J, 6H, 7E, 8L, 9B, 10D, 11K, 12I

VIDEO CLIP 2

PATIENT HANDOVER FROM PRE-HOSPITAL EMERGENCY SERVICES TO AN EMERGENCY DEPARTMENT. A CASE.

I – Identification	road accident, involving an 8-year-old boy
M – Mechanism of Injury or Medical Complaint	run over by a passenger car while riding a bicycle, with multiple injuries, hit on his left side, not wearing a helmet

I – Injuries or Information related to the complaint	Bleeding wounds from an open left forearm fracture and a left shin fracture. Visible head trauma. Contusion in the frontal region on the right side. Anisocoria, left pupil larger than the right. Jugular veins collapsed. Auscultatory muffled vesicular murmurs on the left. Visible percussion sound, which gives the suspicion of pleural bleeding.
S – Signs	Unconscious from the start of the incident. Own breathing was efficient and pulse was observable in the radial artery. Cervical spine positioned in the body axis, no increased paravertebral tension. Trachea centred. Abdomen soft, without pathological resistance and muscle defence. Pelvis stable. During transport, efficient and hyperkinetic circulation noticeable. Persistent anisocoria. The dressing on the left forearm is not bloody, the fracture of the lower leg is stabilised on the board. Left foot warmed and properly supplied with blood.
T – Treatment & Trends	The airway was cleared by means of the mandible protrusion manoeuvre and the cervical spine was manually stabilised. Dressing on bleeding wound was applied. Load & go mode. Cervical collar put on. Child placed on a PediBoard. Mechanical ventilation was started in the continuous mandatory ventilation (CMV) mode. Trachea intubated. Mechanical ventilation through the endotracheal tube applied.
A – Allergies	No drug allergy.
M – Medications	Analgosedation in the form of midazolam-fentanyl-rocuronium applied.
B – Background history	No burdened medical history.
O – Other information	Last meal an hour ago. The patient's mum is present.

Module 9

Social Care in Medicine

Authors
Terézia Krčméryová, Zuzana Kafková

Slovak Medical University in Bratislava
www.szu.sk

INTRODUCTION

In this module, we will accompany social workers to learn about their important job within the multi-disciplinary healthcare team in hospital. Social workers are in charge of ensuring the smooth transition of the patient back to their home setting. Care must never stop after leaving hospital, because every discharged patient is at risk – for both low treatment compliance, as well as social isolation due to their illness.

We will learn about different tools that can be applied and rules that have to be followed, such as creating a discharge plan, or figuring out which follow-up care measures have to be planned, and which other professionals must be included. The plan may include a dietician, a physio, a mental health team, an occupational therapist (OT), a speech and language therapist, etc. It is also crucial to meet with family members in order to discuss, develop in common, and to agree about further care.

So you can see: social care in medicine is a challenging topic! Would you like to learn more about it? Then let's go!

OBJECTIVES

In this module, you will:

- identify different connections between social care and medicine;
- gain knowledge of different professions that are involved in hospital social care and home care;
- learn to identify various social care issues that you may encounter in hospital settings;
- try conducting needs assessment and plan patient discharge;
- practice asking targeted questions about a patient's specific needs;
- adopt communication skills for explaining your ideas with limited vocabulary.

LISTENING 1

Key words

Listen to the professional key words for this module. Repeat the words until you are familiar with their meaning and correct pronunciation.

assessing health and social care needs /əˈsesɪŋ helθ ənd ˈsəʊʃəl keə niːdz/	discharge planning /ˈdɪstʃɑːdʒ ˈplænɪŋ/	collaborating with an interprofessional team /kəˈlæbəreɪtɪŋ wɪð ən ɪnˈtɜːprəˈfeʃənəl tiːm/	family caregiver /ˈfæmɪli ˈkeəˌgɪvə/	ensuring continuity of care /ɪnˈʃʊərɪŋ ˌkɒntɪˈnjuːɪti əv keə/
family able to participate in care planning /ˈfæmɪli ˈeɪbəl tə pɑːˈtɪsɪpeɪt ɪn keə ˈplænɪŋ/	identifying expectations about home care /aɪˈdentɪfaɪɪŋ ˌekspekˈteɪʃənˌz əˈbaʊt həʊm keə/	consulting with the home care service /kənˈsʌltɪŋ wɪð ðə həʊm keə ˈsɜːvɪs/	effective social support /ɪˈfektɪv ˈsəʊʃəl səˈpɔːt/	risk for social isolation /rɪsk fə ˈsəʊʃəl ˌaɪsəˈleɪʃən/
social work service /ˈsəʊʃəl ˈwɜːkˈsɜːvɪs/	facility-based care /fəˈsɪlɪti-beɪst keə/	institutional care /ˌɪnstɪˈtjuːʃən(ə)l keə/	nonmedical supports /nɒnˈmedɪkəl səˈpɔːts/	needs assessment /niːdz əˈsesmənt/

A DAY IN THE LIFE OF A HOSPITAL SOCIAL WORKER

LISTENING 2

A day in the life of a hospital social worker

Listen to hospital social worker Hana Vlckova describe her everyday work.

1

1. What does a hospital social worker do? Based on Ms Vlckova's description of her daily activities, put the following actions in the correct order.

a) The social worker conducts needs assessment for patients and meets with family to engage them in care planning. ___

b) The social worker checks in to learn when the patients require discharge planning. ___

c) The social worker follows up on assessment of health and social care need and contacts agencies and institutions, connecting the providers with the service users. ___

d) The social worker discusses any issues about care arrangements with another member of a multidisciplinary team. ___

e) The social worker participates in a multidisciplinary round to learn important information about each patient, get referrals, and present information about social care plans. ___

2. Listen to Ms Vlckova again. Which of the following professions are not involved in the multidisciplinary care planning she described? Find the odd professions out.

physician	hospital administrator	radiology technician	social worker
charge nurse	midwife	occupational therapist	First Aid instructor
speech and language therapist	surgical technologist	chief nursing officer	

LANGUAGE FOCUS 1

Interprofessional team

Hospital social care requires the cooperation of an interprofessional team. Are you familiar with all the professions that Ms Vlckova mentioned in her description? Match each profession with the correct work description.

1.	Hospital social worker	**A.**	…restores movement and function with exercise and physical treatment
2.	Occupational therapist (OT)	**B.**	…provides support to people living with complex mental health problems
3.	Physiotherapist (physio)	**C.**	…helps people who have difficulties with speaking, with understanding spoken language, or with swallowing to restore these functions
4.	Speech and language therapist (speech and language pathologist)	**D.**	…alters a person's nutrition based upon their medical condition and individual needs

5.	Dietician / Dietitian	**E.**	…uses intervention to develop, recover, or maintain meaningful everyday activities or occupations
6.	Mental health team (psychiatrist, psychologist, mental health nurse, support worker)	**F.**	…enables transition of patients from institutional care into their homes, connects patients with agencies that provide needed home care, discusses living difficulties that patients have

1.	2.	3.	4.	5.	6.

SPEAKING 1

Other professions in hospital

With a partner, play the following guessing game:

- **Person A explains a chosen profession without using any of the forbidden words presented in the table below or any derivatives of these words.**
  - **Words included in the name of the profession are always forbidden to use as part of the explanation.**
- **Person B guesses the profession.**

Each person explains and guesses three professions. How many did you guess correctly? Did you manage to avoid the forbidden words?

Even as a self-learner you can try how difficult it is to explain the professions without using the forbidden words. You can either try describing them out loud to yourself, or you can play the game with a friend or a colleague. All you need is the table below.

Hospital social worker	**Occupational therapist (OT)**	**Physio**
care	work	injury
support	activity	body
discharge	profession	to exercise
Speech and language therapist	**Dietician**	**Mental health team**
impediment	food	psychology
to talk	to eat	depression
stammer	nutrition	anxiety

THE FUTURE OF HOME HEALTHCARE

LANGUAGE TIPS

The following terms can be found in the reading material below. To properly understand the text, match the terms with the proper meanings.

1. beneficiary	A. a continuous sequence
2. to constitute	B. care provided in specialised institutions
3. seamless	C. the ability to do something successfully or efficiently
4. continuum	D. a person who derives advantage from something
5. facility-based care	E. to put into effect
6. gerontological	F. smoothly continuous, without obvious joints
7. competency	G. to compose, to form
8. to implement	H. pertaining to the science that deals with ageing and problems of elderly persons

1.	2.	3.	4.
5.	6.	7.	8.

READING 1

The future of home healthcare

The following article offers an insight about the future of home healthcare. As you read carefully about the four key characteristics, choose the right word from the brackets to fill in the gaps.

THE FUTURE OF HOME HEALTHCARE

Often when we think of home healthcare, we find ourselves prejudiced against the idea that it could offer an advantageous model of healthcare. However, home healthcare has been the major means of delivering healthcare for most of civilization's existence and there are good reasons to believe that despite the modern-day challenges, home healthcare is on the rise again. To ensure that home healthcare can successfully compete with institutional care, four key characteristics must be pursued:

1. _____: (1) The ..... (HIGHEST / LOWEST) quality of care must be consistently provided by home agencies to achieve the patient's goal of remaining at home and out of the more expensive and less comfortable institutional setting. Compared to facility-based care, home care must overcome obstacles of delivering care in a setting that has not previously been designed for healthcare provision. Skilled nursing and therapy services, specialised care for clinical conditions such as heart failure, diabetes, or joint replacement surgery, gerontological expertise, and palliative care are all critical competencies that will pose challenges for home health agencies. There is a/an **(2)..... (DECREASING / INCREASING)** need to provide specialised care and health agencies must be able to **(3)..... (RELIABLY / UNRELIABLY)** care for a wide range of patients in a wide range of settings.

2. _____: The home health industry is inherently more patient-centred and individual-oriented than institutional care. It is provided from one's home, which offers an opportunity to identify and address the particular needs of every beneficiary and their family. Such care can be **(4)..... (SUBOPTIMALLY / OPTIMALLY)** tailored to one's life, unlike institutional care, which must take into account the limitations of caring for patients outside their natural environment. It will remain a challenge for home health agencies to identify how to measure and assess what constitutes person-centred care.

3. _____: To provide the best care for every patient, home care must be a part of a seamlessly connected and coordinated healthcare continuum, together with primary care and facility-based care. Therefore, home health agencies must **(5)..... (COOPERATE / COORDINATE)** patient care and ensure a successful transition from a hospital to one's home. Home healthcare is **(6)..... (WELL / ILL)** positioned to manage this transition while including non-medical support, including family and other social support (e.g. food assistance, transportation, etc.).

4. _____: Lastly, as healthcare is rapidly changing, home healthcare must evolve too and become technology assisted. Technological advances allow patients to connect with healthcare providers and receive services more easily, thus **(7)..... (APPROVING / IMPROVING)** access to care for many. Health information technology **(8)..... (ENABLES / PREVENTS)** care coordination, quality, and efficiency, thus promoting the patient's interest in receiving high-quality, patient-centred and seamlessly coordinated healthcare at home.

READING COMPREHENSION 1

Each of the paragraphs carries one theme of the four key pillars. Match the four paragraphs with their appropriate headings.

Heading	Paragraph number (1–4)
Seamlessly connected and coordinated	
Patient- and person-centred	
High quality	
Technology enabled	

READING COMPREHENSION 2

Are the following statements about the future of home healthcare true (T) or false (F)?

T/F	Statement
	1. Home healthcare of the future works separately from institutional care and should not cooperate with hospitals.
	2. Institutional care is less expensive than home care.
	3. It is the patient's goal to remain at home to receive medical care.
	4. Technology will not allow patients to be more easily connected with health professionals.
	5. Home health agencies should coordinate a seamless transition from institutional care to home care.
	6. Home health is well positioned to manage medical care with non-medical support, including family and other social support.

SPEAKING 2

Home healthcare: advantages and disadvantages

What are the advantages and disadvantages of home healthcare compared to institutional healthcare? Write a list of three pros and three cons based on the lecture. Find a partner and present to each other one side of the list: one partner presents the cons from their list and the other presents the pros from their list. After the presentation you can ask your partner more questions about pros or cons that they did not include.

Pros:

e.g. home healthcare more easily manages to include non-medical support (social workers, family) in care

.....

.....

.....

Cons:

e.g. home healthcare must improve in specialised management of common conditions

.....

.....

.....

You can use the following expressions to help you with your presentation:
I believe that one of the (dis-)advantages may be that ...
I consider ... to be the most serious / valid / notable (dis-)advantage of home healthcare.
I worry that home healthcare ...
I appreciate that home healthcare ...

If you are a self-learner, present both sides of the list out loud. You can also find a friend or a family member to present the list to. They may have some questions about the topic of home healthcare.

DISCUSSING IMPORTANT SOCIAL CARE ISSUES

Another important role of hospital social workers is to assist patients with troubling situations. Social workers help patients and their families deal with psychological, social, and family issues that are associated with illness, hospitalisation and outpatient treatment. They must strive to advocate for the rights of patients and their carers and intervene in situations of discrimination, exclusion, substance abuse, domestic violence, child abuse, or elderly abuse.

2

LISTENING 3

Elder abuse

Listen to the introduction of Prof Hadvab's lecture on common manifestations of elder abuse.

1. In the table below, write down examples and warning signs for each type of elder abuse.

Type of abuse	Example	Warning sign
Physical abuse		
Financial abuse		
Neglect		

2. Are the following statements true (T) or false (F)?

	1. Social workers are not in close contact with elder patients and are therefore ill-positioned to identify signs of elder abuse.
	2. Elder abuse is often reported, mostly by family members.
	3. Elder abuse occurs in the forms of physical abuse, financial abuse, and neglect.
	4. The abuser is often someone that the victim does not know very well.
	5. Physical abuse is manifested through visible marks, such as scratches, bruises, or bed sores, but also through changes in overall demeanour, such as increased fearfulness.
	6. Delivering substandard care does not constitute elder abuse, but is rather the commonly accepted result of understaffed medical institutions.
	7. Frequent talks about inheritance may imply financial motivations of the family carers and should raise the worker's suspicion.
	8. Elderly patients are individuals with personal goals and needs that should be respected in order to promote the dignity of every human being.

LANGUAGE FOCUS 2

Elder abuse: vocabulary practice

The following terminology was mentioned by Prof Hadvab's introduction to elder abuse. Do you know what it means? Connect the verbs with their correct definitions.

1. to mishandle	A. to behave improperly or in an unprofessional manner
2. to abuse	B. to fail to care properly
3. to misconduct	C. to treat someone with cruelty or violence, especially repeatedly
4. to neglect	D. to manipulate roughly or carelessly

1.	2.	3.	4.

SPEAKING 3

Case studies

Look at the following case studies

Martin's case: Martin's eyesight has recently deteriorated. He can only withdraw money from his account with the help of his son-in-law Jan. During several visits to the ATM, Jan has claimed that no money came out of the machine. Martin has mentioned to you that he does not understand why so many ATM machines in the city are broken.

Marta's case: After the death of her husband, Marta has moved in with her daughter and her family. Marta doesn't want to be a burden, so she keeps to herself. Her daughter often complains about the financial burden Marta has become to the household and often mentions Marta's will. Marta had an accident and is now in hospital. She mentioned to you how sad she was that her friends stopped visiting her after she moved in with her daughter. You hear the daughter talking to someone on the phone telling them that Marta is not feeling up to having any visitors.

Pavol's case: After Pavol broke his hip and underwent a surgery, the family decided that he should no longer live alone in his apartment. He now lives in a retirement home. During their last visit, his family noticed that he was flinching a lot. He seemed agitated and scared. Pavol has lost quite a bit of weight, too. He has not had a visit from a physio in a month despite the doctor's recommendation.

With a partner, discuss the three case studies. Identify the type of abuse and its key signs. Discuss the possible means of preventing such abuses and also means of reporting and investigating the cases.

You can use the phrases such as:

- In this case, the key sign of abuse was...
- Such abuse can be prevented by...
- The patient should be...
- ... should be investigated to prove abusive behaviour.

If you are a self-learner, imagine that you are in a team meeting. Report to the others about the issue. Suggest to your virtual colleagues possible means of preventing such abuses and also means of reporting and investigating the cases.

CARE AND SUPPORT PLANNING

Before a patient is discharged from hospital, it must be determined whether they will require additional care when they return home. A care and support plan is put together to determine the patient's health and social care needs. Through rigorous discharge planning and assessment of psychosocial determinants in the patient's life, social workers can prevent unnecessary hospital readmissions.

3

VIDEO CLIP

Care and support planning

Watch a video of a social worker, Mrs Jurcova, discussing the care and support plan with a patient, Mr Moravec.

WRITING 1

Needs assessment

A. Fill out the following excerpt from a needs assessment checklist with questions that correspond to the given answers.

	"I am not as fit as I used to be. I gained quite a bit of weight when I was around 50 and it has stuck ever since. So, my joints hurt, especially my hips and I stumble every once in a while. I don't leave the house a lot because I worry I may fall on the street somewhere."
	"My son shops for me every week. I don't cook very much, and my diet, overall, has not been the healthiest. I struggle with weight loss. I mostly prepare myself easy pre-made foods that I stick in the microwave."
	"I mostly manage on my own, but I sometimes struggle with getting in and out of the tub. I do not have a shower and I am afraid that I may slip."
	"I am quite diligent with my regime, so I never forget to take pills. However, if they are not in the case I get confused as to which I should take at what time and then I take the lunch ones in the morning or things like that."
	"I would really like to meet other people and just chat or discuss the news or play cards. But I am too afraid to go anywhere on my own and my son travels a lot for work so he cannot take me anywhere regularly."
	"I live in a flat with a lift, I don't have to take any stairs."
	"I hope I can still manage in my apartment for now. I have lived in this apartment my whole adult life, my wife lived here, and we raised our children in this area. I only need a little help to get by. Do you think I will qualify for a carer of some kind?"

WRITING 1

Needs assessment

B. What other questions would you ask during an interview in order to best assess the needs of a patient? Write down additional questions for the imaginary patients below:

Patient 1 may be insufficiently recovered from the acute health condition to take care of himself or herself.	
Patient 2 may be mentally confused, emotionally depressed, or otherwise mentally impaired permanently or temporarily.	

Patient 3 may have a new baby with special problems but has never cared for an infant before.	
Patient 4 has been advised not to climb stairs and he or she is disabled from the waist down and he or she stays in an upstairs flat.	
Patient 5 has to be reporting to hospital regularly for treatment, and he or she has no personal transportation.	

SPEAKING 4

Needs assessment interview

With the person sitting next to you, role-play a needs assessment interview, asking them about their needs. For the purpose of the role-play your partner can choose one of the scenarios below as a source of inspiration. Use the table to ensure that you do not forget to ask about anything important.

If you are a self-learner, present the patients' needs assessment in a monologue.

Scenario 1:
John is 80 years old and he broke his femur falling over in the shower. Before this injury he was self-sufficient. He has two children who live in the same city and can occasionally help him. He lives in a house with a garden.

Scenario 2:
Margita is 42 years old and she is recovering from breast cancer. She has a husband and 2 teenage children.

Scenario 3:
Jan is 32 years old and he just underwent an intestinal removal surgery because of his Crohn's disease. He lives alone in a studio apartment and his family lives in a different country.

What kind of care is needed?

Bathing	Grooming	Medications
Dressing	Toileting	Managing symptoms (e.g. pain or nausea)
Eating (are there diet restrictions, e.g. soft foods only? Certain foods not allowed?)	Transfer (moving from bed to chair)	Special equipment
Personal hygiene	Mobility (includes walking)	Coordinating the patient's medical care
Transportation	Household chores	Taking care of finances

When asking the questions, you can use the following phrases:

- Are you able to...?
- Do you have difficulties with...?

- Have you experienced difficulties with...?
- Can you manage...?

SO, WHAT DOES A HOSPITAL SOCIAL WORKER DO?

LANGUAGE FOCUS 3

Social work in children's hospitals

Because different patient groups have particular needs, hospital social workers specialise in cooperation with different types of patients. Read the following text about the specifics of social work in children's hospitals. As you are reading, fill in the blank spaces with the correct terminology from the word choices below.

4

social workers	alleviate	parents	counselling	constitutes	planned	discharge

In children's hospitals, (1)..... provide various types of support. They offer emotional support through therapy, organisational support and (2)..... planning. A significant portion of the work (3)..... providing support to the (4)....., as well as the child. As accepting illness and its consequences in child patients is incredibly difficult, support, (5)..... services, or educational sources and opportunities may need to be (6)..... for all family members. Social workers help families navigate the services to help them (7)..... the emotional and financial strain of caring for a sick child.

WRITING 2

A job offer

With everything you learned about hospital social work in mind, write a job offer for a starting hospital social worker at the ward where you are working. Be careful to include a job description, list of desired qualities, profile of the ideal candidate, and education requirements. The offer should be approximately 250 words long.

SPEAKING 5

Medical career fair – job presentation

Prepare an oral job presentation for a medical career fair. Choose one or several of the following professions involved in the multidisciplinary social care process. Your presentation should include similar information as the job offer. To attract potential job applicants, you should highlight the positives of the particular career. However, you must also address the possible difficulties in a manner that would be truthful, but would not discourage the applicants.

Occupational therapist	Hospital social worker	Home care nurse
Home physiotherapist	Speech and language therapist	Paediatric social worker

You can use the following phrases:

- The position entails...
- The perfect candidate should have the following qualities...
- The position is suitable for....

Suggestion for self-learners: Find a partner at work, at home, or over social networks and present them with the job offer. After your pitch they can ask more questions. Did you succeed in convincing them to consider the position?

TEST YOURSELF

LANGUAGE FOCUS 4

Future of home care

Fill in the blank spaces in the following statements about the future of home care.

1. Because home health is, by definition, provided in a patient's home, it offers an optimal opportunity to identify and respond to the needs of individual ..... (**BENEFICIARIES / BENEFICENT**) and families.

2. Home health is well positioned to manage medical care with ..... **(MEDICAL / NON-MEDICAL)** supports, including family and other social supports (e.g., food assistance, transportation, etc.) and provide other services such as nurse visits.

3. As the home health industry begins to care for individual patients more broadly, the industry needs to identify what constitutes ..... **(PERSON-CENTRED / IMPERSONAL)** home health care and how it is defined and measured.

4. The home health agency of the future must be part of a ..... **(SEAMING / SEAMLESS)**, connected and coordinated home-based care continuum, as well as being connected with primary care, and facility-based care.

5. Home health is and will continue to be a critical tool in ensuring that beneficiaries received skilled nursing and therapy services, thereby supporting the patient's goal of remaining safely at home and out of more expensive ..... **(CONSTITUTIONAL / INSTITUTIONAL)** settings.

6. Health information technology promises to ..... **(ENABLE / DISABLE)** improved care coordination, quality, and efficiency.

WRITING 3

Needs assessment questionnaire

Based on an imaginary patient of your choice, fill out the following needs assessment questionnaire.

1. Do you have any difficulties with mobility?

.....

2. Are you able to manage your household or do you require assistance with cleaning, cooking, or shopping?

.....

3. What are your eating habits?

.....

4. Do you adhere to your treatment regime? If not, why?

.....

5. Do you have any hobbies and interests that you wish to maintain, but you may require some assistance for?

.....

LANGUAGE CORNER

The following words and expressions have been selected to act as the building blocks for successful communication regarding the subject addressed in this module. They will support you in creating adequate subject related sentences and expressions to meet the communicative requirements in any professional situations you may encounter.

assessing health and social care needs /əˈsesɪŋ helθ ənd ˈsəʊʃəl keə niːdz/	risk of being a victim of elder abuse /rɪsk əv biːɪŋ ˈvɪktɪm əv ˈeldər əˈbjuːs/
effective social support /ɪˈfektɪv ˈsəʊʃəl səˈpɔːt/	screening for abuse /skriːnɪŋ fər əˈbjuːs/
lack of social support /ˈlæk əv ˈsəʊʃəl səˈpɔːt/	supporting a victim of abuse /səˈpɔːtɪŋ ə ˈvɪktɪm əv əˈbjuːs/
referring to a social worker /rɪˈfɜːrɪŋ tu ə ˈsəʊʃəl ˈwɜːkə/	reporting abuse to authorities /rɪˈpɔːtɪŋ əˈbjuːs tu ɔːˈθɒrətiz/
risk of social isolation /rɪsk əv ˈsəʊʃəl ˌaɪsəˈleɪʃn̩/	abuse by visitor restriction /əˈbjuːs ˈbaɪ ˈvɪzɪtə rɪˈstrɪkʃn̩/
social structure /ˈsəʊʃəl ˈstrʌktʃə/	taking advantage of vulnerable patients /ˈteɪkɪŋ ədˈvɑːntɪdʒ əv ˈvʌlnərəbl̩ ˈpeɪʃənts/
social worker service /ˈsəʊʃəl ˈwɜːkə ˈsɜːvɪs/	children's hospital social worker /ˈtʃɪldrənz ˈhɒspɪtl̩ ˈsəʊʃəl ˈwɜːkə/
social support role /ˈsəʊʃəl səˈpɔːt rəʊl/	connected with primary care /kəˈnektɪd wɪð ˈpraɪməri keə/
decreased social isolation /dɪˈkriːst ˈsəʊʃəl ˌaɪsəˈleɪʃn̩/	family able to participate in care planning /ˈfæməli ˈeɪbl̩ tə pɑːˈtɪsɪpeɪt ɪn keə ˈplænɪŋ/
monitoring for child abuse /ˈmɒnɪtərɪŋ fə tʃaɪld əˈbjuːs/	identifying expectations about home care /aɪˈdentɪfaɪɪŋ ˌekspekˈteɪʃn̩z əˌbaʊt həʊm keə/
non-medical supports /ˌnɒnˈmedɪkl̩ səˈpɔːts/	ensuring continuity of care /ɪnˈʃʊərɪŋ ˌkɒntɪˈnjuːɪti əv keə/

needs assessment /niːdz əˈsesmənt/	discharge planning by family caregiver /ˈdɪstʃɑːdʒ ˈplænɪŋ baɪ ˈfæməli ˈkerˌgɪvə/
institutional care /ˌɪnstɪˈtjuːʃən(ə)l keə/	collaborating with an interprofessional team /kəˈlæbəreɪtɪŋ wɪð ən ˌɪntəprəˈfeʃən(ə)l tiːm/
facility-based care /fəˈsɪlɪti beɪst keə/	consulting with a home care service /kənˈsʌltɪŋ wɪð ə həʊm keə ˈsɜːvɪs/
retirement home /rɪˈtaɪəmənt həʊm/	ability to participate in care planning /əˈbɪləti tə pɑːˈtɪsɪpeɪt ɪn keə ˈplænɪŋ/

SUMMARY

Having completed this module, you have:

- learned to conduct needs assessment and organise discharge planning for patients with specific needs;
- adopted appropriate strategies to conduct interviews and form questions;
- read an excerpt from an original academic article;
- developed awareness of most common social care issues in medicine;
- practised communication strategies and appropriate vocabulary usage for various social-care-related scenarios.

REFERENCES

1. Australian Association of Social Workers, 'Scope of Social Work Practice: Hospital Social Work' (*AASW*, April 2016). https://www.aasw.asn.au/document/item/8644. [20.08.2019]
2. National Institute of Health, 'Elder Abuse' (*National Institute on Aging*, 29 December 2016). https://www.nia.nih.gov/health/elder-abuse. [20.08.2019]
3. SWHELPER, 'The Significance of Discharge Planning in Medical Social Work' (SWHELPER, 4 March 2015) https://swhelper.org/2015/03/04/significance-discharge-planning-medical-social-work/. [20.08.2019]

IMAGE RESOURCES

1 soyfeliz2018. https://pxhere.com/en/photo/1446759. (CC0) [15.08.2019]

2 runran. 'Elder abuse.' https://www.flickr.com/photos/runran/4093781255. (CC BY SA 2.0) [20.08.2019]

3 agilemktg1. 'Nurse measuring blood pressure of senior woman at home.' https://www.flickr.com/photos/68716695@N06/29609189672. (Public Domain 1.0) [15.08.2019]

4 soyfeliz2018. https://pxhere.com/en/photo/1446749. (CC0) [20.08.2019]

AUDIOSCRIPTS

LISTENING 2

A DAY IN THE LIFE OF A HOSPITAL SOCIAL WORKER

Hi, my name is Hana Vlckova and I am a hospital social worker at General Hospital. I often get asked what a social worker really does in healthcare, so today I will tell you about a day in my life as a hospital social worker.

In general, every social worker is assigned to a ward and they are in charge of the patients at that particular ward. They are a part of a multidisciplinary team and the goal is to ensure a smooth transition of the patient back to their home setting and out of facility-based care. Our goal is to ensure continuity of care. Every discharged patient is at risk for both low treatment compliance as well as social isolation due to their illness.

Every day is different, but there are some aspects that are the same. I start my day by checking in with the nurses to see which patients will be discharged soon so that we can focus on creating a discharge plan for them. We figure out what needs to be planned, and which other professionals need to be included. The plan may include a dietician, a physio, a mental health team, an occupational therapist (OT), and/or a speech and language therapist, depending on the needs of that particular patient.

After that I always go on multidisciplinary rounds and together with the doctors, the nurses, and other professionals, we go over every patient and discuss their specific needs. I get important information about my patients, get my referrals, and also present information about the social care that each patient requires.

After that I focus on needs assessments with particular patients, or I meet with family members or other nonmedical supports. I try to engage the family to be able to participate in care planning as much as possible. It is crucial that the hospital social worker forms relationships with the service users and gets to know them very well in order to help the patient achieve their personal goals and best meet their needs in the community where they are living. There are all of these options and they can be difficult to navigate, so it is my job to explain and recommend the services as well as shed light on the financial implications that they may carry. I provide support as well as connecting patients to the needed resources. And in order to do that, it is crucial to build a relationship of trust with each particular patient.

Then it is off to arranging what needs to be done next. That means making phone calls, connecting outside providers with the client, and making referrals to agencies. This may include referrals to community resources, such as housing, consulting with a home care service, or dealing with insurance issues, arranging physical therapy, communicating with retirement homes, and also counselling or crisis intervention. The work always varies and if I encounter any difficulty, I can always discuss the case with other members of the multidisciplinary team.

I really enjoy my work. Every day is different because every patient is different. I must learn constantly. However, I have the support of my colleagues with whom I work very closely. Being part of an interprofessional team where we all come from different perspectives is very enriching. And we all have the same goal – to help the patient return to their normal life and pursue what they consider important.

LISTENING 3

ELDER ABUSE

Part 1. Introduction: Hello, my name is Professor Hadvab, I am a professor of Social Care in Medicine and with today's lecture we will start a series of lectures on uncovering abuse in medical care. As future social workers, you must learn to recognise the warning signs, even when they may be subtle or unspoken, as to help your patients avoid mistreatment and thus protect their dignity as human beings.

Today we will talk about elder abuse as it is an issue that is not very well known or represented in mainstream information sources. Why? Senior abuse is not always physical and is sometimes rather difficult to define. The elderly form a vulnerable category that depends on their carers socially, physically, emotionally, and also financially. The patients, due to their illnesses, are often incapable of speaking up and so it often goes unrecognised, unreported, and without sufficient reporting or any investigation.

When defining elder abuse, it is important to note that it can consist of both an action or an inaction. The abuse or mistreatment can come from various sources. The abuser can be another elderly, a friend, a family member, a caregiver or someone from the nursing staff. Sadly, it is most likely done by someone in the proximity of the patient who had a relationship of trust with them and upon whom the patient is very much dependent. This results in the patient being in constant fear. Where there safety and nurturing should come from, instead there comes harshness, neglect, or direct attacks.

Elder abuse is generally divided into three categories: physical abuse, financial abuse, and neglect.

Part 2. Physical abuse: Physical abuse is most commonly recognised and reported as it can result in injuries visible to third parties. Physical abuse can occur in the form of mishandling of patients, not properly monitoring their health conditions, the delivering substandard care, sexual misconduct, and the violent handling of the patient. As a social worker, you should look for physical marks, such as bruises, scratches, bed sores, but also any significant changes in overall demeanour. Such may include becoming withdrawn, not taking part in previously enjoyed activities, weight loss for no reason, confusion, agitation, or violence.

Part 3. Financial abuse: Next is financial abuse. Financial abuse can come from scams, family members, or caregivers. It can take the form of blackmail and extortion, but also money withdrawals without the knowledge of the patient or other types of direct stealing. Warning signs include frequent talks of inheritance, observing financial motivations in the care giver's attitude, limiting of personal freedoms of the patient, deliberate non-provision of basic food, or visitor bans and isolation. Such techniques can be used to drive the victim into desperation so they comply with the demands of the caregiver. You should also pay attention to any reports of money disappearing. Such are often dismissed as a sign of poor memory and such dismissals can serve to cover up the real issue.

Part 4. Neglect: Lastly, elder abuse often takes the form of neglect. Neglect includes inappropriate physical or medical restraints. Psychosocial neglect is also quite common. As hospital social workers, you are well positioned to recognise both medical and psychosocial neglect. You should pay attention to any signs of substandard care. This requires knowledge and experience and it will differ in each case. Psychosocial neglect is manifested by the low activity of the patient, depression, fearfulness, feelings of abandonment. It is crucial to remind ourselves every day that all patients are individuals with personal goals and needs which should be respected. All too often the elderly are considered a burden that should be sedated or otherwise managed so as not to hinder our ways of living. Remember, people must not be handled as an inconvenience. We must always strive to promote the dignity of each human being.

We will now take a five-minute break. After that we will go into more detail about each form of elder abuse.

VIDEO CLIP

CARE AND SUPPORT PLANNING

AJ: Hello Mr Moravec, my name is Anna Jurcova and I am a hospital social worker. I am here today to go over your needs assessment, so we can determine what kind of care assistance you may need when you return to your house.

MM: Hello Mrs Jurcova.

AJ: Mr Moravec, before we start, it's very important that you do not downplay any difficulties that you may have in everyday life because then you may not receive the support to the extent that you require it.

MM: I will try. It can be hard to honestly estimate how much need one really needs. You know, not to either exaggerate or downplay. But I will keep it in mind.

AJ: Thank you. Prior to our meeting, your nurse had asked you to prepare a list of activities that you can think of which you have previously or may after the discharge prove difficult for you. I think the list can be helpful so we do not forget anything essential.

MM: Yes, yes, I have it right here. My son helped me write it down, we went over the checklist that nurse David gave us.

AJ: Wonderful, we can start then. If I am informed correctly, you are in hospital because you fell over in your home. After that you were feeling nauseous and dizzy. You had an MRI scan done and there were no lesions in your brain. Then you underwent a neurological assessment and were diagnosed with a concussion and were hospitalised for observation. You also broke your arm during the fall. Am I describing everything correctly?

MM: Yes, you are.

AJ: Prior to your accident, were you diagnosed with any chronic illnesses? If so, could you also include the treatment regime that you are on for that illness?

MM: Yes, about 15 years ago, I had a mild stroke and was diagnosed with high blood pressure. I take my tablets for that daily; some for water retention, some for the high pressure and some for blood clotting. There are a few of them, I don't quite remember the names, but I take them in the morning and in the evening. Then, I was diagnosed with diabetes about 2 years ago and I was on oral medication for that as well. However, the tablets weren't good for my digestion and as my diabetes got a little worse, my GP started me on insulin injections.

AJ: Thank you, that was very informative. Now, how does your health influence your everyday activities?

MM: Hmm… I wrote down that sorting out the tablets can be very difficult for me. They are rather small, and the plastic bottle can be difficult to open, so sometimes I get tired when preparing them for the week ahead and I just don't do it. Sometimes I ask any visitors that I have to help me prepare them, but most of my friends are my age and struggle with those silly bottles as well.

AJ: Good, I will write that down. Do you sometimes forget to prepare the pills or is it just that the case is giving you a struggle? Have you perhaps observed that you are unusually forgetful?

MM: I am quite diligent with my regime, so I never forget to take the tablets. However, if they are not in the case I get confused as to which I should take at what time and then I take the lunch ones in the morning or things like that. But I am not forgetful; except for these tablet mess-ups I don't forget things.

AJ: Do you have any physical health problems? Any difficulties with mobility? Problems with incontinence?

MM: I am not as fit as I used to be. I gained quite a bit of weight when I was around 50 and it has stuck ever since. So, my joints hurt, especially my hips, and I stumble every once in a while. I don't leave the house a lot because I worry I may fall on the street somewhere.

AJ: Do you have any help with shopping, cleaning, and cooking?

MM: My son shops for me every week. I don't cook very much, and my diet, overall, has not been the healthiest. I struggle with weight loss. I mostly cook myself easy pre-made foods that I stick in the microwave. I also don't clean the place a lot, it is too exhausting.

AJ: Do you live in a house or in a flat? Do you have to overcome any steps on your way?

MM: I live in a flat with a lift, I don't have to take the stairs.

AJ: How about taking care of yourself? Do you manage alone, or does someone help you with washing yourself, washing your clothes, or getting dressed?

MM: I mostly manage on my own, but I sometimes struggle with getting in and out of the bath. I don't have the shower and I am afraid that I might slip. Especially after this fall. I tripped on a small stool in my kitchen, but next time it may happen in the bathroom. Who would help me then?

AJ: We will do everything to ensure that upon your return you are well taken care of. I just have a few more questions to help us sort out your specific needs. I must ask, do you struggle with incontinence?

MM: Sometimes. Luckily, my son helps me with the washing once a week and I have enough things to wear even when I have an accident.

AJ: Thank you. I see in your file that you do not smoke or drink.

MM: That's right, I have never smoked, and I haven't had any alcohol for the past 50 years, since I was 25.

AJ: Do you have any hobbies or interests that you wish to maintain, but you may require some assistance for?

MM: Well, I thought about this when making the list, it was part of the checklist. Hmm, I am quite lonely in my flat. I would really like to meet other people and just chat or discuss the news or play cards. But I am too afraid to go anywhere on my own and my son travels a lot for work, so he can't take me anywhere regularly.

AJ: I am sure we can come up with a plan to solve that. I will write that down. What else have you checked on the list? I will add it to my notes.

MM: I thought that the tablet case was a real struggle. Then, I wrote down that I need help with cooking and cleaning. Especially the cooking, because I need to get my diabetes under control, my doctor worries about that a lot. But I am too clumsy around the kitchen and I have burnt myself a few times, so I don't want to risk it. And now with my arm in a cast, I can barely cook any food, or clean anything. It is just my luck to break my left arm when I am left-handed....

AJ: I am writing everything down. Now, I have one very important question. You mentioned your son travels a lot. Do you have any other family members or friends who can help you?

MM: No, my daughter lives abroad, so she only visits a few times a year. My son isn't married, so I don't have daughter-in-law or anything. Or grandchildren nearby. And my friends are mostly my age, 75, and have enough work on their hands with their health problems.

AJ: Mr Moravec, have you thought about moving into a retirement home?

MM: Yes, I have, but I hope I can still manage in my flat for now. I have lived in this flat my whole adult life, my wife lived there, and we raised our children in this area. I only need a little help to get by. Do you think I will qualify for a carer of some kind?

AJ: I will assess my notes as well as your medical history and I will come back with a care and support plan that best fits the needs that you have. I am sure we will figure out a way to overcome the impediments that you have described. How does that sound?

MM: Very good. I will come before I am discharged.

AJ: Of course, your care and support plan will be all set before you are discharged. First, we had to do a needs assessment, then I will go over the information again and determine whether you will benefit more from a minimal or a complex discharge. I will come again with a proposal and we can discuss it together. In the meantime, if you have any questions, you can write them down for our next meeting or you can ask your nurse. If you wish to contact me sooner, the nurse will help you with my contact information. However, I will be back within 2 days, so you don't need to worry. Till then, it was a pleasure to meet you. Goodbye Mr Moravec.

MM: You too. Goodbye.

KEY TO EXERCISES

A DAY IN THE LIFE OF A HOSPITAL SOCIAL WORKER

LISTENING 2

1. C, D, A, E, B

2. hospital administrator, radiology technician, midwife, First Aid instructor, surgical technologist, chief nursing officer

LANGUAGE FOCUS 1

1. F, 2. E, 3. A, 4. C, 5. D, 6. B

THE FUTURE OF HOME HEALTHCARE

LANGUAGE TIPS

1. D, 2. G, 3. F, 4. A 5. B, 6. H, 7. C, 8. E

READING 1

1. HIGHEST
2. INCREASING
5. COORDINATE
6. WELL

3. RELIABLY
4. OPTIMALLY
7. IMPROVING
8. ENABLES

READING COMPREHENSION 1

Heading	Paragraph number (1–4)
Seamlessly connected and coordinated	3.
Patient- and person-centred	2.
High quality	1.
Technology enabled	4.

READING COMPREHENSION 2

1. F, 2. F, 3. T, 4. F, 5. T, 6. T

DISCUSSING IMPORTANT SOCIAL CARE ISSUES

LISTENING 3

1.

Type of abuse	Example	Warning sign
Physical abuse	substandard care, mishandling patients, sexual misconduct	bruises, scratches, bed sores, change in demeanour
Financial abuse	blackmail, stealing	reporting missing money, isolation and visitor bans, talk of inheritance, limiting personal freedoms
Neglect	physical or medical restraint, psychosocial neglect	signs of substandard care, low reactivity of the patient, depression, feelings of abandonment

2. Are the following statements true (T) or false (F)?

1. F, 2. F, 3. T, 4. F, 5. T, 6. F, 7. T, 8. T

LANGUAGE FOCUS 2

1. D, 2. C, 3. A, 4. B

CARE AND SUPPORT PLANNING

WRITING 1

A.

Do you have any physical health problems? Any difficulties with mobility?	"I am not as fit as I used to be. I gained quite a bit of weight when I was around 50 and it has stuck ever since. So, my joints hurt, especially my hips, and I stumble every once in a while. I don't leave the house a lot because I worry I may fall on the street somewhere."
Can you cook for yourself? What do you usually eat? Do you have any help with shopping and cooking?	"My son shops for me every week. I don't cook very much, and my diet, overall, has not been the healthiest. I struggle with weight loss. I mostly prepare myself easy pre-made foods that I stick in the microwave."
Do you require help with washing yourself, washing your clothes, or getting dressed?	"I mostly manage on my own, but I sometimes struggle with getting in and out of the tub. I do not have a shower and I am afraid that I may slip."

Do you adhere to your treatment regime?	"I am quite diligent with my regime, so I never forget to take pills. However, if they are not in the case I get confused as to which I should take at what time and then I take the lunch ones in the morning or things like that."
Do you have any hobbies and interests that you wish to maintain but you may require some assistance for?	"I would really like to meet other people and just chat or discuss the news or play cards. But I am too afraid to go anywhere on my own and my son travels a lot for work so he cannot take me anywhere regularly."
Do you live in a house or in a flat? Do you have to overcome any steps on your way?	"I live in a flat with a lift, I don't have to take any stairs."
Have you thought about moving into a retirement home?	"I hope I can still manage in my apartment for now. I have lived in this apartment my whole adult life, my wife lived here, and we raised our children in this area. I only need a little help to get by. Do you think I will qualify for a carer of some kind?"

WRITING 1

B.

Patient 1 may be insufficiently recovered from the acute health condition to take care of himself or herself.	Do you require a home nurse or a physiotherapist to visit you at home?
Patient 2 may be mentally confused, emotionally depressed, or otherwise mentally impaired permanently or temporarily.	Have you considered different types of therapy such as art therapy, occupational therapy? Do you need recommendations for a therapist in your local community?
Patient 3 may have a new baby with special problems but has never cared for an infant before.	Do you have a family member or a friend that can share the workload with you? Would you like information about community centres in your area?
Patient 4 has been advised not to climb stairs and he or she is disabled from the waist down and he or she stays in an upstairs flat.	Do you need an assistant to shop for you? Do you need a physiotherapist to work with you to overcome your mobility issue (if the impairment is temporary)?
Patient 5 has to be reporting to hospital regularly for treatment, and he or she has no personal transportation.	Do you have any friends or relatives that could help transport you to your appointments? Do you require a transportation service?

SO, WHAT DOES A HOSPITAL SOCIAL WORKER DO?

LANGUAGE FOCUS 3

1. social workers
2. discharge
3. constitutes
4. parents
5. counselling
6. planned
7. alleviate

TEST YOURSELF

LANGUAGE FOCUS 4

1. beneficiaries
2. non-medical
3. person-centred
4. seamless
5. institutional
6. enable

Module 10

Care for the Elderly

Author
Ilina Doykova

Medical University 'Prof. Dr. Paraskev Stoyanov' – Varna
www.mu-varna.bg

INTRODUCTION

Older people are significant users of health services and, in the coming years, a growing number of elderly citizens will need access to health and community care services. Older people in hospitals often have a number of different diagnoses and consequently have multiple and complex needs. Therefore, health care professionals need to ensure that they have specific knowledge about care requirements of older people as well as the right tools and skills to appropriately manage elderly care. Therefore, becoming more responsive and supportive to the special needs and requirements of the elderly may be both challenging and rewarding.

OBJECTIVES

In this module you will:

- gain knowledge of specific terminology from the field of care for the elderly;
- master the basic principles of communication to effectively improve patients' comfort and wellbeing;
- develop awareness of the social factors that may affect the caregiving process;
- create age-friendly communicative environments;
- learn how to make older patients feel comfortable and respected.

LISTENING 1

Key words

Repeat the words to become familiar with their pronunciation.

ailment /ˈeɪlmənt/	concern /kənˈsɜːn/	assisted living /əˈsɪstɪd ˈlɪvɪŋ/	independent /ɪndɪˈpendənt/	retirement /rɪˈtaɪəmənt/
impairment /ɪmˈpeəmənt/	grooming /ˈgruːmɪŋ/	hospice /ˈhɒspɪs/	companionship /kəmˈpænjənʃɪp/	morbidity /mɔːˈbɪdɪti/
anxiety /æŋˈzaɪəti/	bedsore /ˈbedsɔː/	apathy /ˈæpəθi/	analgesics /ænælˈʤesɪks/	accident /ˈæksɪdənt/

LISTENING 2

Age matters

Listen to Rosy sharing her personal experience as a career for her elderly relatives and answer the questions below.

- Who was Rosy looking after?
- When did she start taking care of her relatives?
- What challenges did she face initially?
- How did she feel when she was organizing care for her loved ones?
- How did Rosy manage to help her relatives?
- Why it was difficult for Rosy to provide home care for her loved ones?

DISCUSSION 1

Long-term care

Ask each other whether you have any experience with a loved one who needed care.

How is care for the elderly organized in your country? Is it more common to look after your relative at home or send him/her to a nursing home? Whom do you call for help?

Suggestion for self-learners: you can work with a partner via a videotelephony system of your choice or over a phone or present your story in a monologue.

October 1st is designated as the Day of the Elderly. It is not accidental to have such a day in the calendar as it draws our attention to the difficulties the elderly face, as well as to their need for a continuous and comprehensive treatment on behalf of many healthcare practitioners.

READING 1

Caregiving services

The following services may be offered by family or professional caregivers at home or in health institutions.

As the aging population increases, the demand for formal and informal caregiving is increasingly becoming an important concern. Care for the elderly is provided at adult day centres, community centres, adult care homes, hospices, nursing homes, and at the patient's home. Caregiving services include a wide range of activities such as bathing, monitoring vital signs, assistance with daily living tasks, assistance with laundry, nutrition support, meal preparation, transportation, toileting, care planning, keeping company, dressing and grooming, observation of the patient, scheduling and accompanying to appointments, and rehabilitation. Patient-centered home care for the elderly may also include reading aloud, writing letters, practicing cognitive exercises, bill paying, and housekeeping.

SPEAKING 1

Caregiving services

Compare the services mentioned in the text with the situation in your country. Which services are provided by caregivers and which are not?

If you are learning alone, please present your ideas in a monologue.

DISCUSSION 2

Hospital services

Where else can we get help for our elderly relatives? Discuss with your fellow students which of the hospital services below are available for the elderly inpatients in your country. Mark the suggested options as true (T) or false (F) for your country.

	1. Treatment of wounds, wound dressings
	2. Examination of patients with stroke
	3. Examination of patients with fractures
	4. Prevention of complications
	5. Patient and family consultations with family for home treatment
	6. Examination of patients with recent heart attack
	7. Physical rehabilitation
	8. Consultation of patients with hypertension and heart failure
	9. Diabetic foot examination
	10. Participation in support groups

Depending on the relationship the care recipient may be referred to as a customer, patient, resident (for those who reside in nursing homes), loved one (to many caregivers), and even a charge. Any informal or professional caregiver may be referred to as a family member, care partner, care provider, care team member or practitioner of care.

VIDEO CLIP 1

Personal care

In this video you will explore the different types of attitude to an elderly patient with dementia. Focus on the verbal and non-verbal cues used by the caregiver. Would you do anything different? After watching the video, you will have to develop similar situations when providing assistance to elderly patients. Watch this simulation, please.

SPEAKING 2

Your attitude to patients

The positive approach lays the foundation of good nursing practice and care. Maintaining a positive attitude to patients helps reduce their tension, anxiety, and depression. Prepare short scenarios and role play them demonstrating a positive or a negative approach toward your patient.

Sample scenario: After a routine vision screening you have to announce bad news to your patient (glaucoma). Your objective is to provide further support by reassuring your patient, presenting

the treatment options (eye drops, oral medications or microsurgery) and referring the patient to an ophthalmologist.

DISCUSSION 3

Effective communication

What communicative strategies are preferable for the elderly people? How could you build a positive relationship? What activities you may suggest for prevention of physical disability and psychosocial problems in the elderly?

If you are learning alone, please present your ideas in a monologue.

LISTENING 3

Activities of Daily Living (ADL)

Listen to the advice on how to approach an elderly person. Mark the verbal and non-verbal communicative strategies that are mentioned.

• Communicate at face level.	
• Explain in simple words and short sentences.	
• Encourage the use of hearing aid or eyeglasses.	
• Reduce background noise.	
• Allow time to respond.	
• Speak slowly.	
• Allow independence and assist when necessary.	
• Communicate respect, understanding, and patience.	
• Listen actively.	
• Relax and make suggestions. Use a calm tone of voice.	
• Use closed questions (requiring a "yes" or "no" answer).	
• Paraphrase repeated messages.	
• Involve elderly people in routine daily activities.	
• Provide positive feedback.	

WRITING 1

Addressing the problems of the elderly

Reflect on your interactions with elderly people on the type of communication that you have used. Describe situations where you performed well or could have managed in a better way using the strategies that you have learned.

LISTENING 4

Medical conditions and diseases

The following medical conditions and diseases are common health issues among the elderly. Listen and repeat the words to become familiar with their pronunciation.

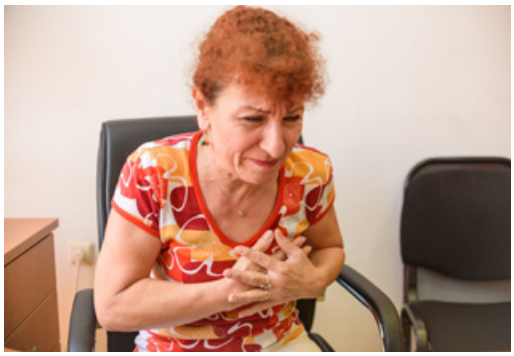
malnutrition /ˌmælnjuːˈtrɪʃən/	fatigue /fəˈtiːg/	dementia /dɪˈmenʃə/	incontinence /ɪnˈkɒntɪnəns/
inflammation /ɪnfləˈmeɪʃən/	depression /dɪˈpreʃən/	arthritis /ɑːˈθraɪtɪs/	hypertension /ˌhaɪpəˈtenʃən/
injury /ˈɪndʒəri/	glaucoma /glɑʊˈkəʊmə/	diabetes /ˌdaɪəˈbiːtiːz/	heart disease /ˈhɑːt dɪˌziːz/
stroke /strəʊk/	thyroid dysfunction /ˈθaɪrɔːɪd dɪsˈfʌŋkʃən/	edentulism /iːˈdentʃʊlizm/	osteoporosis /ˌɒstiəʊpəˈrəʊsɪs/
pneumonia /njuːˈməʊniə/	myxoedema /ˌmɪksɪˈdimə/	diarrhoea /ˌdaɪəˈriə/	cataract /ˈkætəˌrækt/

Elderly patients have at least two chronic disorders and suffer from multimorbidity (up to 8 diseases). Nearly two thirds present with physical-mental health comorbidity (Barnett et al. Lancet 2012); 35 % of people over 70 years receive 5 to 8 different medical drugs per day.

LANGUAGE FOCUS 1

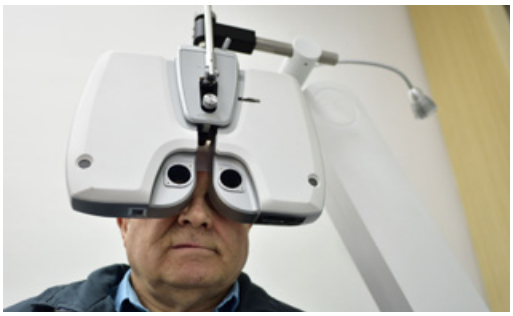
Deterioration in health

Multiple pathology in elderly patients is possibly caused by an accumulation of chronic diseases during lifetime. Look at the pictures below. What health problems do you associate with these pictures? Use the words for various medical conditions and diseases from Listening 4 to label the pictures.



- .....

- .....



• .....

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• .....

• .....

READING 2

Urinary incontinence

What may help people who have problems controlling their urine or bowels? Complete the sentences with a suitable word from those suggested below.

frustration involuntary	reduce control rashes	disposable bladder cystitis	leakage weakening benign	overweight irritants

- Involuntary _____ of urine is a very common phenomenon observed in 70% of older women and men.
- Unintentional urination may cause _____ and serious psychological complexes. Various methods are used to treat _____ urination in adults.
- Kegel exercises are one way to _____ incontinence without medication.
- Medications are also effective in increasing the functional capacity and reducing the activity of _____ contraction.
- Stress incontinence in the elderly (30–40% of cases) is caused by the _____ of the pelvic floor muscles. This usually happens when patients sneeze, laugh, or exercise.
- Incontinence associated with increased bladder activity (15–20% of cases) is provoked by external _____ : the noise of running water, washing dishes, drinking alcohol, cold season, etc.
- Transient (temporary) incontinence may be associated with infectious and inflammatory diseases of the bladder (acute _____), inflammation of the vagina or urethra with the presence of urgency (in women), frequent urination, or burning sensation.

- Urinary overflow is a type of incontinence in older men caused by _____ prostatic hyperplasia, narrowing of the urethra, severe stress, or diseases of the nervous system (stroke, Parkinson's disease).
- There is a direct link between _____ and incontinence, therefore physicians should advise obese patients to lose weight.
- People who suffer from incontinence should _____ the consumption of caffeine, alcohol, and soft drinks.
- Perineal cleansers and diaper rash creams are used to prevent skin problems such as redness, _____, incontinence dermatitis, and to maintain skin integrity.
- To keep the skin clean and dry, use _____ products such as incontinence pads, diapers, or briefs.

LANGUAGE FOCUS 2

Feelings without memory

What signs will tell you an older adult needs help? Form adjectives from the nouns below and use them to describe the feelings of an elderly person with Alzheimer's disease.

Noun	Adjective
flexibility /ˌfleksɪˈbɪlɪti/	
frustration /frʌsˈtreɪʃən/	
embarrassment /ɪmˈbærəsmənt/	
irritability /ˌɪrɪtəˈbɪlɪti/	
forgetfulness /fəˈgetfəlnəs/	
anger /ˈæŋgər/	
boredom /ˈbɔː dəm/	
distress /dɪˈstres/	

SPEAKING 3

Needs evaluation

What do you think are the indicators of quality care for the elderly? What factors are most important for wellbeing in old age?

DISCUSSION 4

Providing assistance and support

How could older people evaluate their need for assistance and support? Discuss with your colleagues in which routine activities patients may need assistance. Consider the following suggestions:

- Nutrition: help when shopping and preparing food.
- Personal hygiene: support when grooming, bathing, maintaining oral hygiene.
- Apparel: support when changing of clothes and decent outer appearance.
- Pelvic function control: urination, bowel movements.
- Movement and posture: stability, walking assistance.
- Disease awareness: information and support to monitor health.
- Control of vital signs: respiratory rate, pulse, body temperature.
- Manipulations and consultations: in hospitals, hospices, at home.

If you are learning alone, please present your ideas in a monologue.

Researchers analysed how physicians used the terms *geriatric, aged, old, older,* and *elderly* to describe older patients in clinical English literature from 1950 to 2015. During the last decade the term *older adults* was the most popular term, *elderly patients* and *geriatric patients* among the preferred alternatives.

WRITING 2

Aging well

How could you help the elderly members of your family at home? Make a list of what you can do in a situation when your parent/grandparent refuses to change clothes regularly.

- How can you convince him or her to wear fresh clothes?
- What can you do to improve comfort during bathing?
- How can embarrassing odour at home be reduced?

Suggestions for self-learners: write your ideas as a caregiver who adheres to the positive approach by being reassuring and encouraging with a patient.

READING 3

The Sandwich Generation

Nowadays the number of elderly people who require care and support is growing. How do people get into the Sandwich Generation Trap and what are the risks for society? Read about these challenges and rearrange the paragraphs in the right order.

1. ____	a. Most frequently, the care of the elderly falls upon a woman in the family. Many wives turn into hostages of family duty and are forced to stay imprisoned in their own home: they cannot go out, get a break or have fun as somebody has to care for the elderly. Taking care of a sick person is an enormous amount of work which affects family life, gives rise to conflicts, lack of attention to children and husband.

2. ____	b. How to provide constant attention? How to manage the balance between taking care of family members and work? In this case, as this is not a cold which we can cure, the family must reach at a decision – to hire an assistant if there is money available, or someone has to stop working.
3. ____	c. The sandwich generation includes all people whose children are not yet grown up and fully independent, but at the same time have aged and ill parents who also require attention and care. Thus, the average working person today takes care of the entire family. The care for the older generation has fallen wholly onto the children who have not yet raised their own daughters and sons to adulthood.
4. ____	d. But even in this case the children feel guilty. They worry that the home assistant will not take good care of the parents and will treat them badly. The old people themselves view with distrust the strangers who step into their personal space.
5. ____	e. One reason for the emergence of this sandwich generation syndrome is related to the global demographic changes and population ageing. Today, the average life span has exceeded 70 years.
6. ____	f. Usually, it is the generation in between, those aged 45– 65, who experience the sandwich syndrome. Research shows that the number of those who happen to be squashed between children and parents has significantly increased since 2011 and it is evident that each year will lead to a rise in that percentage.
7.____	g. Second, it is giving birth at a later age. Young people no longer have children at the age of 20–25, but postpone it until they are 30 or later. It also takes more years for the youngsters to become independent of their parents, thus remaining economically, psychologically and socially tied to them. Thus, there may be two children about to graduate from school in a family, while the grandparents may no longer be able to live on their own and require assistance.

DISCUSSION 5

A caregiver's life

Are your parents, or even you, responsible for an elderly person?

What challenges do they / you face when providing care for them?

Would you include an elderly member of your family in child-rearing?

Would you refocus your efforts on the old and not on children?

What support would you benefit the most?

WRITING 3

Embrace your choice

Being anxious, irritable, hopeless, helpless, constantly exhausted, unable to concentrate, and sleep deprived are some of the symptoms of a caregiver burnout. What may motivate a caregiver's choice to provide care then? Give some positive reasons which may sustain your efforts of caregiving.

If you are learning alone, please present your ideas in a monologue.

DISCUSSION 6

Personal qualities and professional skills

After learning about the specifics of eldercare, what skills and interpersonal qualities do you think a caregiver should possess? What should be the characteristics of a trained caregiver?

How is a good caregiver chosen? Read the list of interview questions below which are for reference only. These sample questions may help a prospective caregiver to prepare for a job interview.

- Why did you decide to be a caregiver?
- What attracted you to being a caregiver?
- How do you compare yourself to other caregivers?
- Do you have any experience as a caregiver? / How long have you been doing this job?
- Are you certified? Do you have First Aid certification?
- What is your approach to people with special needs such as dementia?
- What do you like to do personally? What are your interests and hobbies?
- Who was your favourite patient/client and why?
- Which is the most challenging experience that you have had with an elderly person?
- What would you do in an emergency situation with a patient/loved one?
- What is the most rewarding part of eldercare for you?
- In your opinion what does it take to be a superior caregiver?

SPEAKING 4

Interview questions for a prospective caregiver

In pairs act out a job interview and answer these sample questions.

What other questions could be asked in a caregiver job interview?

Suggestions for self-learners: you can role play the interview with a partner via a videotelephony system of your choice or over a phone.

LANGUAGE CORNER

Aged care support

The following terms have been selected to act as building blocks for successful communication regarding the subject in this module.

Verb phrases	Nouns	Adjective pairs (antonyms)
to monitor vital signs	decreased mobility	adverse/beneficial
to assess functional ability	functional decline	independent
to work collaboratively	comorbidity	supported/assisted

to maintain independence	consequence	frail/strong
to provide treatment/care	continuity (of care)	acute/sub-acute (care)
to obtain accurate history	findings	patient-centred/physician-centred approach
to maintain functional decline	impairment	insusceptible/vulnerable
to perform an examination	complications	common/rare
to establish rapport	investigations	mandatory/elective

SUMMARY

Having completed this module, you have:

- developed competence in the patient-centered approach in healthcare;
- acquired new vocabulary related to caregiving;
- been able to read specialized texts and analyse complex information;
- developed awareness of the common medical conditions and daily issues associated with ageing;
- learned about the important skills when preparing for an interview with a care agency.

IMAGE RESOURCES

Petko Momchilov: Photos MU-Varna. (CC-BY-SA 4.0) [2019]

AUDIOSCRIPTS

LISTENING 2

AGE MATTERS

Hallo, my name is Rosy and am going to tell you my personal story of caring for my loved ones. Since last year I have been looking after my mom and my mother-in-law. During my 30's and 40's I had not been close to either of them. My mom was busy raising my nephew and nieces, while my mother-in-law was taking care of her older husband who had suffered a heart attack and she provided home care for him. And now, it is in my fifties when I am learning how to balance my personal life, my career, and my duties for my closest relatives. My mom was recently hospitalized and treated for an ischaemic stroke. Her stay in hospital was further complicated by a vision disturbance caused by a lesion in the brain involving the optic nerve. While she was in hospital I visited her daily and managed to discuss home treatment options and how to prevent further complications with her doctor. Despite my concerns that she was weak and unsteady by the end of the second week she was prepared for discharge. This episode had a serious impact on my mother's life, but she strived to preserve her independence in many ways like dressing, feeding herself or brushing her teeth, and she even insisted on performing other everyday activities, things like cooking and cutting food. It was important for me to remain calm in order to reassure her, but soon I noticed that she started reducing the daily intake of the prescribed medications because they were too many (in her opinion) and even replacing them with cheaper alternatives. She was proud of these changes, so I started my daily visits to check blood pressure regularly, give all medication in the prescribed doses and help with the cooking and cleaning at home. My mom is 76 now and she can continue medication and treatment methods with my help.

Towards the end of the year my mother-in-law was suddenly operated on breast-cancer. It was hard at home and we went to the hospital to check up on her recovery every day. When she finally came home she felt lonely and depressed all the time. The real problem became the lack of someone to share her experiences with. The only entertainment she had was television. New technologies are a taboo subject for my parents and relatives not because they are expensive, but because they find no sense in using them. So, she limited her contacts with her relatives to making an occasional phone call and reduced her friendship circle to a minimum. As of today, she does not use public transport and insists on visiting her GP with an escort (me or my husband). The nearest supermarket and one or two local shops are the most preferable for her as there is no queuing there. However, frequent visits are also tiresome because of her inability to carry everything she needs to buy. So, I started looking after her, too.

I love being helpful and I think I am responsible, and supportive, but it was incredibly challenging for me to adapt to this complex situation. It was hard because we live in a place where the subways are usually unlit, sidewalks and stairs are broken, and there are no ramps or handles to assist the elderly and visually impaired. It became part of my lifestyle to look after them and to accompany them in their routines and through the rehabilitation process. Now I have my routines that make it much easier and simple.

LISTENING 3

ACTIVITIES OF DAILY LIVING

Activities of Daily Living (ADLs) include all the activities that you need to practice as a caregiver such as feeding, dressing, toileting, or transferring a loved one from the bed to a standing position. Helping loved ones with such activities can be a sensitive issue because it can make them feel embarrassed and vulnerable. For example, if your loved one has dementia, it may include fear of the activity itself (for example refusing to bathe and maintain personal hygiene).

Therefore, you need to approach your loved one with respect and patience. You needn't rush anything. First, you should try and create a safe environment. Then, you need to allow your loved one as much independence as possible. Stand by and assist in tasks when necessary. Comfort may be the most important goal at that age, therefore try to consider their wishes, and talk gently through all the steps you're taking while helping them.

You need not be alone in addressing the problems and needs of your loved one. Providing the best care for the elderly necessitates the inclusion of other members of the health-care team. The team must be multidisciplinary – comprised of an internist physician (for the shortage of specialists in geriatrics), a psychologist, a psychiatrist, a social worker, a rehabilitator, nurses or nursing assistants. You shall also be able to share your feelings about the ageing process with the caregivers or the family in order to avoid frustration and emotional overload.

VIDEO CLIP 1

PERSONAL CARE

Nurse *(as narrator)***:** Caring for elderly patients can be challenging as it requires a positive approach and a lot of patience. In the following scenario you will first see a negative approach, followed by the recommended positive approach of engaging the elderly patient.

A. Negative approach

N: You haven't changed yet? God, what am I going to do with you. Come on now. These clothes will do for today. Your hair is a complete mess. You haven't visited the bathroom yet, have you?

P: Oh, no. I do not want to ...

B. Positive approach

N: Hallo, Mrs Christov. I'm Stella. Looks like you are ready to get your day started. Mrs Christov, would you like me to choose some nice clothes for you?

P: Ok.

N: What would you like me to do first? Would you like me to put some toothpaste on your toothbrush?

N: What would you like me to do next? Let me refresh your face with this fresh warm towel.

P: OK.

N: Here is your hairbrush. Do you want to brush your hair now?

P: Yeah.

N: I like how you are fixing your hair. Looks so nice.

Nurse (summarizing): As a nurse I try to provide a step-by-step assistance based on the patient's response. I use mostly visual cues such as the hand-under-hand technique to guide the patient to the bathroom for grooming. I allow the patient to be more engaged, but I am also attentive to non-verbal and verbal signals as I want to avoid problems. Giving positive feedback to the patient's choices also keeps my patient engaged in the process and willing to cooperate.

KEY TO EXERCISES

LISTENING 2

AGE MATTERS

Listen to Rosy sharing her personal experience as a career for her elderly relatives and answer the questions below.

1. **Who was Rosy looking after?**
   She was taking care of her mother and her mother-in-law.
2. **When did she start taking care of her relatives?**
   She started looking after them a year ago (recently).
3. **What challenges did she face initially?**
   First, she learned how to remain calm and be reassuring and helpful. Next, she learned how to check blood

pressure, give medication in the prescribed dose, help with the cooking and cleaning at home.

4. **How did she feel when she was organizing care for her loved ones?**
   She loves being helpful and supportive and she takes on responsibilities, but it was challenging to adapt to this complex situation.
5. **How did Rosy manage to help both of her relatives?**
   She managed to adjust herself to the new situation and to accept her duties.
6. **Why it was difficult for Rosy to provide home care for her loved ones?**
   First, because her mother adhered poorly to the prescribed medication treatment. Second, because she lives in a place where the subways are usually unlit, sidewalks and stairs are broken, there are no ramps and handles to assist the elderly and visually impaired.

DISCUSSION 1

HOSPITAL SERVICES

The services provided to the older patients may vary in different countries.

Suggested answers:

1. True
2. True
3. True
4. True
5. False
6. True
7. False
8. True
9. False
10. False

DISCUSSION 3

EFFECTIVE COMMUNICATION

Suggested answer:

A positive relationship may be established only when older patients are treated with respect and warmth, listened to without judgment, and are given opportunities for independence and self-expression. The patient-centered approach requires that language is not straightforward and emphasizing. You should vary your sentence choice (ask questions instead of using declarative and imperative sentences) and choose words that do not sound negative, impersonal or labeling the person with the medical condition (e.g. the term 'diaper' used in the care of children may be substituted for 'adult briefs', 'feeder' for a person who needs support to eat and drink).

Elderly patients should be encouraged to remain productive, engaged in leisure activities, and involved with other people. Suggested activities are: obtaining a pet, performing minor household chores, visiting pensioners' clubs, etc.

LISTENING 3

ACTIVITIES OF DAILY LIVING

• Communicate at face level.	No
• Explain the steps in short sentences.	Yes
• Encourage the use of hearing aid or glasses.	No
• Reduce background noise.	No
• Allow time to respond.	No
• Speak slowly.	No
• Allow independence and assist when necessary.	Yes
• Communicate respect, understanding, and patience.	Yes
• Listen actively.	No
• Relax, do not rush and make suggestions.	Yes
• Use closed questions (requiring a "yes" or "no" answer).	No

• Paraphrase repeated messages.	Yes
• Involve elderly people in routine daily activities.	Yes
• Provide positive feedback.	Yes

LANGUAGE FOCUS 1

DETERIORATION OF HEALTH

1. Stroke
2. Injury
3. Glaucoma/cataract
4. Edentulism
5. High blood pressure
6. Incontinence

READING 2

URINARY INCONTINENCE

1. leakage	7. cystitis
2. frustration, involuntary	8. benign
3. control	9. overweight
4. bladder	10. reduce
5. weakening	11. rashes
6. irritants	12. disposable

LANGUAGE FOCUS 2

FEELINGS WITHOUT MEMORY

Noun	Adjective
flexibility /ˌfleksəˈbɪlɪti/	flexible /ˈfleksəbl̩/
frustration /frʌˈstreɪʃən/	frustrated, -ing /frʌsˈtreɪtɪd/
embarrassment /ɪmˈbærəsmənt/	embarrassed, -ing /ɪmˈbærəst/
irritability /ˌɪrɪtəˈbɪlɪti/	irritable /ˈɪrɪtəbəl/
forgetfulness /fəˈgetfəlnəs/	forgetful /fəˈgetfəl/
anger /ˈæŋgə/	angry /ˈæŋgri/
boredom /ˈbɔːdəm/	bored, -ing /bɔːd/
distress /dɪˈstres/	distressing /dɪˈstresɪŋ/

SPEAKING 3

NEEDS EVALUATION

What are the indicators of quality of care for the elderly?

Suggested answer:

outer appearance and hygiene, disorders in the integrity of the skin, rashes, cramps, impaired general condition of the patient (phlebitis, oedema, etc.), patient autonomy in activities of daily living care, malnutrition, physiological needs may all be signs of lack of proper care

READING 3

THE SANDWICH GENERATION

Read the information about the Sandwich syndrome and arrange the paragraphs in the right order.

1. c, 2. f, 3. e, 4. g, 5. b, 6. d, 7. a

DISCUSSION 6

PERSONAL QUALITIES AND PROFESSIONAL SKILLS

Suggested answer: Among the personal traits that a good caregiver should have are being patient, compassionate, empathetic, flexible, attentive, committed, creative, supportive, encouraging, honest, trustworthy, able to maintain confidentiality, physically fit, experienced in monitoring patient's vital signs, etc. Good verbal and non-verbal communication skills (facial expression, tone of voice, gestures, etc.) are essential.

Module 11

Family Medicine

Author
Ilina Doykova

Medical University 'Prof. Dr. Paraskev Stoyanov' – Varna
www.mu-varna.bg

INTRODUCTION

Family doctors, also called general practitioners, are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care. They are able to identify traumatological, surgical or other pathologies and to provide first aid assistance to their patients. They care for individuals in the context of their family, their community and culture, therefore the focus is on providing medical services and counselling to the children as well as to the adults and the elderly representatives, plus being aware of their habits and lifestyle in order to carry out all preventive measures for improving the health of the patient in a timely manner. Family physicians exercise their professional role by promoting health, preventing disease, and providing cure and care.

OBJECTIVES

In this module you will:

- have a clear understanding of what family physicians actually do, and acquire the main principles of family practice;
- gain knowledge of specific terminology related to the most common problems in family practice;
- practise your interviewing skills to gather information about the patient's concerns and illness experience;
- learn to communicate clearly and appropriately to the patient's understanding;
- improve your verbal and non-verbal communication skills when examining patients.

LISTENING 1

Key words

Repeat the words to become familiar with their pronunciation.

rapport /ræˈpɔ:/	neglect /nɪˈglekt/	abuse /əˈbju:z/	compliance /kəmˈplaɪəns/	concordance /kəmˈplaɪəns/
percussion /pəˈkʌʃən/	palpitation /ˌpælpɪˈteɪʃən/	auscultation /ˌɔ:skəlˈteɪʃən/	adolescence /ˌædəˈlesəns/	senescence /sɪˈnesns/
anxiety /æŋˈzaɪəti/	discharge /ˈdɪstʃɑ:dʒ/	adherence /ədˈhɪərəns/	reluctant /rɪˈlʌktənt/	counsel /ˈkaunsəl/

LISTENING 2

Why I love being a family doctor

Family medicine is identified by six principles: continuity of care, comprehensiveness, coordination, community, prevention, and family.

Listen to a family physician who values these principles and mark what is not usually performed by family doctors in your country. The scope of services may vary from country to country.

1. Care for acute minor illnesses	
2. Managing minor traumas	
3. Identifying risk factors, mental health, and drug abuse	
4. Administering musculoskeletal injections	
5. Writing referrals	
6. Providing routine paediatric surveillance of infants and children	
7. Counselling and guidance on nutrition, diets and healthy lifestyle	
8. Recommending vaccines and immunisations (adult and paediatric)	
9. Family planning and contraceptive care	
10. Wound suturing	
11. Obtaining the patient's informed consent	
12. Terminating the doctor-patient relationship	
13. Offering e-mail consultations	
14. Paying home visits on out-of-hours schedules	
15. Keeping clinical records	
16. Performing screening tests	
17. Removal of cysts	
18. Setting up intravenous infusions	

Note: Family practitioners are also known as family physicians/doctors, general practitioners, or GPs.

READING 1

A key figure in the child's well-being

The ability to provide good childcare is one of the most challenging aspects of family practice. Read the text on how family doctors can support children's holistic development and change the words in brackets to complete the gaps (negative words may also appear). Then answer the questions below.

Family doctors may influence childcare by applying **(1)** _____ **(prevent)** practices and promoting health between birth and 18 years of age. They provide a wide range of activities targeting both healthy and sick children, as well as the whole family. Breastfeeding, immunisations, and proper nutrition are among the main **(2)** _____ **(indicate)** that account for a child's well-being.

To take care of newborns as soon as they are discharged from the healthcare facility, the family doctor visits the newborn several times during the first months in the parents' home, giving advice on proper care, **(3)** _____ **(convince)** the mother of the benefits of breastfeeding, and performing immunisations according to an approved immunisation calendar. By the age of 7, a test for intestinal parasites is recommended even if a child is asymptomatic. From 7 to 18 years of age routine **(4)** _____ **(measure)** of height, weight and chest circumference, blood pressure, vision tests, and **(5)** _____ **(normal)** in the development of the musculoskeletal system are annually performed during prophylactic examinations. If there are **(6)** _____ **(deviate)** in the child's physical or

mental development, the family doctor should refer the parents and the child to consult a specialist in a timely manner. Additionally, the family doctor informs the parents of the type and date of the next immunisation and performs the necessary **(7) _____ (vaccine)**.

By physical examination, laboratory testing, obtaining family and health history, reviewing of systems, and paying home visits, the family doctor identifies risk factors and places infants, children and adolescents in various risk groups. Risk factors may arise from poverty, the parents' lifestyle (drug abuse or **(8) _____ (dependent)**), education, family dysfunction, poor parent-child relationships, or exposure to domestic violence. Doctors also have knowledge and skills to recognise signs and symptoms of abuse and neglect. Those who apply the holistic (bio-psycho-social) approach can monitor and evaluate the social environment as well as the symptoms of impaired social **(9) _____ (engage)** of the child as the first signs of developing addictions and risk behaviours. In general practice, by counselling parents and their children, the family doctor has the unique opportunity to help parents build their relationship with the child based on understanding, respect and nurturing morale and ethics. Thus, doctors may prevent health problems such as **(10) _____ (anxious)** and depression, addictions (alcohol, smoking, drugs) or risky sexual behaviour including sexually transmitted diseases, early pregnancies, and suicidal tendencies.

SPEAKING 1

Please work in pairs or in the group to answer the questions according to the reading text:

1. What factors directly affect a child's development?
2. Where do parents get information about immunisations?
3. What are the indicators of children's normal growth and development?
4. How can doctors identify children at risk?
5. Why should doctors perform regular home visits and ask questions like: *What has changed since I last saw you?*
6. What are the possible causes that may suggest a child is at risk?
7. Why measure a child's well-being?
8. Why is a child's holistic development important?
9. How can doctors support the family?

Suggestion for self-learners: : you can work via social media or present your views in a monologue.

LANGUAGE FOCUS 1

Check the correct pronunciation of the key words from the listening text below and practise their pronunciation.

growth /grəʊθ/	weight /weɪt/	height /haɪt/	length /leŋθ/	breadth /bredθ/
circumference /sə:ˈkʌmfərəns/	width /wɪtθ/	skinfold thickness /ˈskɪnˌfəʊld ˈθɪknəs/	auscultation /ˌɔ:skəlˈteɪʃən/	palpation /pælˈpeɪʃən/

Although growth and development occur simultaneously, these two terms have different meanings. Growth refers to the gradual changes in physical characteristics such as height, weight, and size, while development refers to the changes which result in maturity.

READING 2

Advanced Practice Nurses (APNs)

Read the definition and the characteristics of a new primary care model (APNs) below:

An Advanced Practice Nurse (APN) is a generalist or specialised nurse who has acquired, through additional graduate education (minimum of a master's degree), the expert knowledge base, complex decision-making skills and clinical competencies for Advanced Nursing Practice, the characteristics of which are shaped by the context in which they are credentialed to practice. [1]

"The most common roles for APNs are the Clinical Nurse Specialist (CNS) with in-depth expertise in a specialised area of practice, and the Nurse Practitioner (NP), with an expanded scope of practice in diagnosing, prescribing, treating, and referring patients.

In countries where APNs are well established, they often work as substitutes for doctors in primary care. In a recent review, Laurant et al. (2018) assessed their impact on patient outcomes, utilisation and processes of care. Analysing 18 randomised trials, they found that nurses, compared to doctors, have longer consultations, achieve similar or better health outcomes, higher patient satisfaction, and slightly better quality of life for their patients."[2]

SPEAKING 2

Do you think that nurses should provide more primary care? If yes, which responsibilities and activities do you think they should take over? You can share your opinion with the group or work with a partner via social media.

LISTENING 3

Assessment of growth and development in infancy and adolescence

When assisting doctors, nurses measure vital signs, administer medications and work with medical records. Listen to the dialogue where two advanced practice students revise the topic prior to an exam.

As a next step, match the common measurement sites with the techniques.

1. Breadth (elbow, wrist, hip, shoulder)	a. Measured from crown to floor with weight distributed on both feet
2. Head circumference (width)	b. Taken in supine position on a measuring board from crown to heels

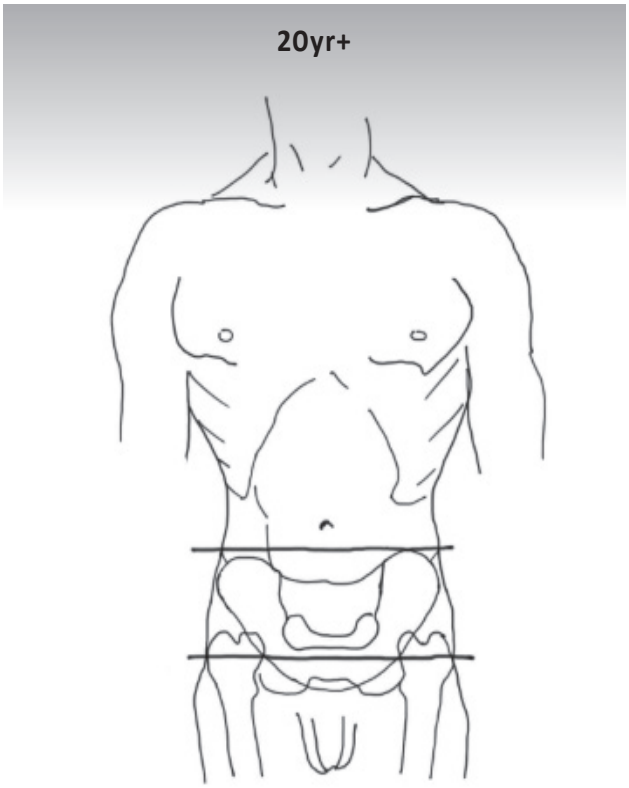
[1] https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf

[2] Gysin, S., Sottas, B., Odermatt, M. et al. Advanced practice nurses' and general practitioners' first experiences with introducing the advanced practice nurse role to Swiss primary care: a qualitative study. BMC Fam Pract 20, 163 (2019). https://doi.org/10.1186/s12875-019-1055-z

3. Recumbent length	c. Measured across the frontal bones of the skull above the eyebrows and ears
4. Skinfold (abdominal, triceps, medial calf, thigh)	d. Measured at several body sites to indicate body build, taken by the most prominent part of the skeletal framework
5. Standing height	e. Measured at several body sites by grasping the skin firmly and using callipers
6. Waist circumference	f. Measured around the abdomen at the level of the umbilicus

DISCUSSION 1

Based on the information about body measurements above, discuss with a partner what should NOT be taken for adolescents (20 years and above). Why measure waist circumference in adults? How can a nurse take these measurements in a respectful manner?



Measurement name

1. Arm circumference
2. Buttocks circumference
3. Elbow breadth
4. Head circumference
5. Recumbent length
6. Stature (body height)
7. Subscapular skinfold
8. Thigh skinfold
9. Waist circumference
10. Weight
11. Wrist breadth

WRITING 1

Genetic and environmental factors influencing development

Physical development is not controlled by genetics only. Consult the table below for the many factors that affect a child's development – environmental, biological, early experiences, etc. As a next step, do some research to find more examples and include them in the table (Table 1).

TABLE 1
Influences on development

Factors	Examples
Biological	Heredity, congenital defects, Down syndrome, maternal infections and lifestyle during pregnancy
Environmental	Exposure to pollution, respiratory disorders, access to health and social care services
Social	Familial influence, parenting styles, interpersonal relationships, attachment
Economic	Income, employment status, education, lifestyle
Early experiences	Touch, smell, taste, sight, hearing

SPEAKING 3

Share your research findings with the group and present your point of view on which factors have a direct influence on the growth and development of a child. How does the environment have an impact on physical development? Discuss the examples that illustrate each category with other learners in the group or via social media.

READING 3

Administering vaccines

TASK 1
Please read the text and answer the questions below

Immunisations help reduce **morbidity** and mortality from a variety of infectious diseases. Vaccines may prevent the harmful effects of an infection (toxoid vaccines) or significantly reduce the **incidence** and complications from many diseases such as diphtheria, whooping cough, meningitis, etc. Common **attenuated vaccines** in childhood are against measles, mumps, rubella, rotavirus, and varicella virus. Besides the recommendations there are **contraindications** and possible **adverse reactions** when administering a vaccine. Reactions can range from fever and irritability to more severe ones such as **anaphylaxis** and death. Patients with weakened immune systems, on high-dose steroids, undergoing cancer chemotherapy treatment, or pregnant women should not receive live virus vaccines.

The flu shot is an example of another type of vaccine – the inactivated one – where the risk of developing the disease that the vaccine is intended to prevent is zero. However, during initial immunisation, inactivated vaccines (e.g. polio and pertussis) often require multiple doses and periodic **booster doses** for continued protection.

Recommended routine immunisations for adults include diphtheria-tetanus every 10 years, yearly influenza vaccines (especially for persons over 65), and those with chronic cardiac and respiratory conditions.

When counselling patients and parents whose children have received immunisation about potential **adverse effects**, the doctor should provide complete information and ensure it is understandable to them.

WRITING 2

Please mark the statements as true (T) or false (F):

1. Vaccines prevent deadly illnesses.	
2. Children can actually get the disease from a vaccine.	
3. Vaccine-preventable diseases are just part of childhood. It is better to have the disease than become immune through vaccines.	
4. Any vaccine is rigorously tested and regularly monitored for side effects after it is approved for use.	
5. Vaccines provide better immunity than natural infections.	
6. Vaccine efficacy may be reduced if not given by the recommended route or when the administration of a vaccine may be delayed.	
7. There is a limit for the number of vaccines that can be administered during one visit.	
8. Simultaneous administration of vaccines means when someone receives a vaccine in the morning and then another that same afternoon.	
9. Immunity from some vaccines can decrease over time, which means booster doses are necessary to maintain protection.	
10. Adolescents are more likely to be infected and develop complications from vaccine-preventable diseases.	
11. Improved hygiene and nutrition are responsible for the reduction in disease rates, rather than vaccination.	
12. Sufficient vaccination levels can provide protection against disease for members of the community who would otherwise be left vulnerable.	

WRITING 3

Match the words from the text above with their definitions:

1. Adverse reactions	a. a condition in a recipient which is likely to result in a life-threatening problem if a vaccine were given
2. Anaphylaxis	b. the number of new disease cases reported in a population over a certain period of time
3. Attenuated vaccine	c. the number of disease cases (new and existing) within a population over a given time period
4. Booster doses	d. an immediate and severe allergic reaction to a substance (e.g. food or drugs), including breathing difficulties, loss of consciousness and a drop in blood pressure
5. Contraindication	e. undesirable experiences occurring after immunisation
6. Incidence	f. additional doses of a vaccine needed periodically to stimulate the immune system (for example, the tetanus and diphtheria (Td) vaccine which is recommended for adults every ten years)
7. Morbidity	g. refers to the amount of disease within a population
8. Prevalence	h. a vaccine in which a live virus is weakened through chemical or physical processes in order to produce an immune response without causing the severe effects of the disease (e.g. measles, mumps, rubella, varicella, smallpox)

SPEAKING 4

Share your response regarding the questions below in the group. If you are working alone, you may discuss them with a partner via social media or prepare a monologue.

1. What are the benefits of immunisation shots?
2. Which immunisations do children need?
3. How effective are inactivated immunisations?
4. What routine vaccinations are mentioned in the text?
5. What are the disadvantages of vaccines?

DISCUSSION 2

Herd immunity

Discuss with a partner or in a group the following topics:

1. How do we protect ourselves effectively from disease?
2. What is herd immunity?
3. Why are some parents reluctant to vaccinate their children?
4. What arguments do you know of against vaccines?
5. Should childhood immunisations against common infectious diseases be compulsory?

Suggestion for self-learners: you can work with a partner via social media or present your views in a monologue.

WRITING 4

How may I help you today?

Adolescents often present complaints such as headache, fatigue, chest or abdominal pain. Arrange the words to form grammatically correct questions and use the appropriate ones in a diagnostic interview with a teenager.

1. like before you ever anything experienced this have?
2. taken have recreational drugs you ever?
3. from protect and how yourself do you sexually transmitted disease pregnancy?
4. this been long how you feeling have way?
5. feel do you how yourself about?
6. losses have in your life there been any recent (e.g. person, health, income, self-esteem)?
7. had changes have you sleep patterns sexual interest in your appetite energy level?
8. difficulty have concentrating do you?
9. antisocial a history of is there or behaviour in depression your family?
10. dropped your any or interests have you activities of?

SPEAKING 5

Self-diagnosing

Use the 10 questions from the writing task above to role-play a diagnostic interview. What type of approach would adolescent patients benefit from most? What do you think is the possible diagnosis?

Suggestion for self-learners: you can work with a partner via social media or self-diagnose yourself. Score 1 point for each positive answer (a score > 5 points is suggestive of depression).

WRITING 5

High fever

Complete the missing fragments of the doctor-patient dialogue with appropriate questions and role-play the interview:

P: Good morning, doctor.
D: Good morning! 1. .....?
P: I've been suffering from fever for a few days.
D: I can understand your concern. 2. .....?
P: No, it is constantly high, between 38˚ and 39˚.
D: 3. .....? Any shivering sensation?
P: Yes, I do feel chills.
D: 4. .....?
P: Yes, I take Paracetamol up to 5 tablets a day, but the temperature only drops by one or two degrees for a short while.
D: 5. .....? When did you first start having symptoms?
P: Yes, the pain started on the 5th day.
D: 6. .....?
P: My chest hurts when I breathe or cough.
D: 7. .....?
P: It is sharp and very strong.
D: 8. .....? What seems to improve or worsen your symptoms?
P: Yes, it is stronger when I breathe in, and it forces me to stop breathing. I feel really breathless. And I have a headache now.
D: 9. .....?
P: Yesterday morning, on the same day when I felt the pain in my chest.
D: 10. .....?
P: Initially the cough was dry and irritating but now there is phlegm. There is no relief – neither cough syrup, nor warm compresses. I feel so much tightness in my chest.
D: 11. .....?
P: I only feel short of breath when I cough for a long time, so I usually sit forward.
D: 12. .....?

P: I feel very weak and unable to study. I'm constantly cold and nauseous.
D: 13. ……?
P: No, I have decided not to vaccinate myself.
D: OK, let me listen to your lungs now. A chest X-ray and a sputum test will also be necessary.

LISTENING 4

High fever

Please listen to the dialogue and mark the correct answers.

1. What may have triggered the fever in the situation above?
   a. a virus that causes respiratory tract infections
   b. the origin is unknown
   c. exposure to the cold
2. What symptoms accompany the condition?
   a. sweating
   b. shivering
   c. mental confusion
3. Which of the following additional symptoms does the patient have?
   a. is irritable, vomits repeatedly
   b. has a severe headache
   c. abdominal pain
4. What home remedies were not used before coming for medical examination?
   a. drinking a lot of liquids to hydrate
   b. self-medication
   c. strengthening the immune system by getting enough rest
5. Preventive care may have involved:
   a. antibiotics
   b. improved personal hygiene
   c. vaccination
6. As pneumonia is suspected, the doctor recommends:
   a. a blood test
   b. a vaccine
   c. a sample of fluid from the lungs

Gaining the trust of adolescent patients can be difficult. One helpful interview technique with adolescents is **reflective listening**, which involves asking open questions, making reflections aloud to show empathy, and to test whether the doctor (or nurse) has understood what the patient meant, affirming the strengths and qualities of the patient, and summarising to check that both doctor and patient have the same understanding of what has been said.

VIDEO CLIP 1

A good attitude goes a long way

Reflective listening is a difficult skill to apply during a consultation. Besides asking open-ended questions, verbal skills include rephrasing or paraphrasing a patient's statements, clarifying important information, and reflecting key words and possible feelings. Watch the doctor-patient consultation and discuss if the doctor uses the interactive technique explained above.

DISCUSSION 3

What are the ways you use reflective listening with your patients? What would be reflecting feelings? Share your ideas and responses in the group, with a partner via social media, or in a monologue.

LANGUAGE FOCUS 2

Health behaviour

The patient's actions to restore health and the attitude to medical treatment are defined as health behaviour. Decide to which type of medicine-taking behaviour the patient in the video adheres to (if any):

a. Compliance: Understanding how medication should be used and its benefits, and acting accordingly.
b. Adherence: The patient takes medication as prescribed.
c. Concordance: The patient and the doctor make decisions together about the treatment.
d. Persistence: The patient is able to follow medical advice for the intended course of treatment.

SPEAKING 6

Patient counselling

Adolescence (approximate age 12 to 20 years) is a time when health risks are high. These patients come to the doctor's office relatively infrequently, despite experiencing multiple medical and developmental problems, or problems with a psychosocial component (depression, eating disorders, addictions). Work in pairs and role-play a dialogue between a family doctor who listens reflectively and an adolescent patient, following the instructions:

Doctor: A 19-year-old female student comes for a routine check-up. During the examination, asking about her health habits, you identify medical problems including anxiety, alcohol drinking, and sleep deprivation. Express your concerns in non-judgemental way about drinking alcohol, the risk of being involved in an injury (car accident), STDs, etc.

Recommend some changes in the patient's life and emphasise that any decision about change is the adolescent's choice.

Patient: You are unwilling to share your problems with your family doctor because you do not want your parents to know about recent events in your life (drinking, partying, skipping lectures and seminars, catching up on sleep over the weekends). You are not sure you need any treatment to get more sleep.

If you are working alone, please find a partner via social media to role-play the dialogue.

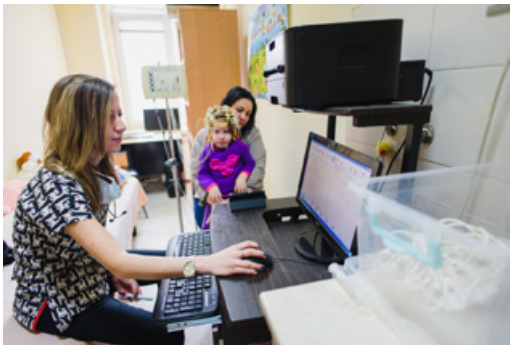
DISCUSSION 4

What do you think are some of the challenges involved in providing care for teenage patients? What signs might the doctor look for (e.g. facial expression, body language, tone of voice) in a consultation?

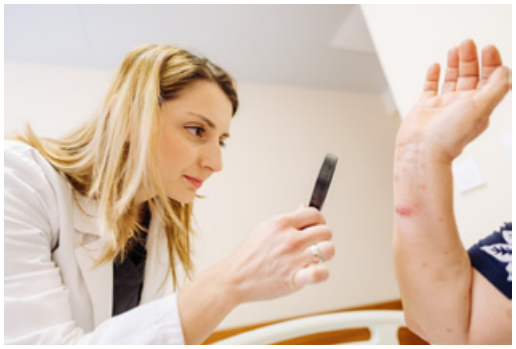
Suggestion for self-learners: you can work with a partner via social media.

SPEAKING 7

During a medical consultation, family doctors check many systems of the patient's body. A physical exam may include an updated health history, vital signs check, visual examination, inspection of a specific organ, etc. Look at the pictures below and comment on the roles family doctors perform for their patients (more than one answer is possible):



1. .....



2. .....

3. .....

4. .....

5. .....

6. .....

LANGUAGE CORNER

The following terms have been selected to act as building blocks for successful communication regarding the subject of this module.

Expressions	Nouns	Adjectives
to become/remain febrile /tə bɪˈkʌm/rɪˈmeɪn ˈfiːbraɪl/	breathlessness (dyspnoea) /ˈbreθləsnəs (dɪsˈpniːə)/	slurred (speech) /slɜːd (spiːtʃ)/
to palpate the pulse /tə pælˈpeɪt ðə pʌls/	dizziness /ˈdɪzɪnɪs/	somatic /sɒˈmætɪk/
to auscultate the heart /tu ˈɔːskəlteɪt ðə hɑːt/	laceration /læsəˈreɪʃən/	recurrent /rɪˈkʌrənt/
to percuss for tenderness /tə pɜːˈkʌs fə ˈtendənəs/	bruise (contusion) /bruːz (kənˈtjuːʒən)/	congenital /kənˈdʒenɪtl̩/
to assess the patient /tu əˈses ðə ˈpeɪʃnt/	malaise /mæˈleɪz/	impaired /ɪmˈpeəd/
to suspect /tə səˈspekt/	addiction /əˈdɪkʃ(ə)n/	predisposed /priːdɪsˈpəʊzd/
to detect murmurs /tə dɪˈtekt ˈmɜːməz/	referral /rɪˈfɜːrəl/	infertile /ɪnˈfɜːtaɪl/

SUMMARY

Having completed this module, you have:

- acquired new vocabulary related to the most common problems in family practice;
- learned about the principles of family medicine and the multiple roles of the family doctor;
- developed competence how to approach patients and yield accurate health information;
- practised communication skills required to enhance doctor-patient relationships.

REFERENCES

Sloane, P., Power, D., Slatt, L., Ebell, M., Smith, M. & Viera, A. (2012). *Essentials of Family Medicine*. Lippincott Williams & Wilkins.

IMAGE RESOURCES

Petko Momchilov: Photos MU-Varna. (CC-BY-SA 4.0) [2019]

AUDIOSCRIPTS

LISTENING 2

WHY I LOVE BEING A FAMILY DOCTOR

Interviewer: Dr Marek, would you share with us your personal mission as a family doctor?

Dr Marek: (*in a confident and cheerful tone of voice*) Yes, I am going to share why my specialty – family medicine – is a real asset for me.

The first aspect that I would like to mention is what we call continuity of care. We, as family doctors, are dedicated to developing a personal relationship with our patients over time. I think that good communication and empathy are essential in our practice because we place the patient at the centre of what we do. For example, my aim is to provide integrated and quality care for the whole family. And by integrated, I mean that I am involved in seeing my patients over many episodes of illness and knowing them on a personal level. I consider this the heart of family practice!

Second, I view my patients not only from a biological perspective. When thinking of a diagnostic plan, I take into consideration some social and psychological factors that may affect their health. Think of chronic diseases such as diabetes, heart disease, and their consequences. These conditions require screening, detection, and promotion of healthy habits such as eating well and exercising to avoid sickness before it happens. Recognizing risk factors, promoting a healthy lifestyle, and detecting disease in its early phase is a major part of our work on health prevention.

When we identify the need for additional services – for those with chronic conditions, for example – we coordinate with other health specialists in the overall care of our patients.

It is also worth recognising here the role of the family – which are the members of our support system. We do not work in a vacuum, we try to establish a therapeutic alliance with the patient's family. Over many years of practice, I have learned to take the time and listen to the questions and concerns of the family, which goes a long way in the healing process.

And finally, there are so many advantages to good communication skills. When the focus is on the patient's recovery, I have the chance to establish their specific needs, their worries and concerns. Communication is vital when doctors and nurses, together with the patient's family, decide on the health care plan – whether we deal with anxiety or depression, hypertension problems, respiratory tract infections or other typical and atypical conditions in family practice.

Interviewer: (*enthusiastic tone*) Thank you, Dr Marek! This means that you provide continuous, comprehensive and coordinated services, and you work collaboratively to help your patients. You really participate both mind and soul in your patients' health care!

LISTENING 3

ASSESSMENT OF GROWTH AND DEVELOPMENT IN INFANCY AND ADOLESCENCE

Student 1: OK, let's start by asking the question why should growth be measured?

Student 2: Poor growth and development may be a feature of a variety of disorders. And what is more, growth retardation is associated with a high risk of malnutrition and mortality in a community.

S1: My next question is how are growth indicators taken and recorded?

S2: There is no recommended schedule of visits specifically for growth assessment, but at every routine visit – for example for an immunization – an infant or a child should be measured. Individuals are measured at each chronological age – in the prenatal and postnatal periods of their life – in infancy, early childhood, adolescence, and adulthood. The data are recorded in the personal health record (PHR)[3]. There are growth charts used as normative models for tracking a child's development over time.

S1: What is important to be measured then?

S2: Various body measurements are used, but some are more accurate and more useful than others. The weight-for-height and weight-for-age are reliable indicators. Then head circumference in infants up to 6 months is a predictor of disease and genetic abnormalities. The recumbent length in infants up to 3 years of age is another indicator. Other measurements in adolescence include standing height; breadth

[3] PHRs are often linked with electronic medical records (EMRs) today but they were first documented in Germany in 1969; the personal medical records (PMRs) appeared in 1995, and the electronic health records (EHRs) later on.

of shoulders; width of waist, knees, and upper arm; certain skinfolds.

S1: Why should we know about body size in children? What is its value?

S2: It is important to identify children who have a different growth pattern from the average. Growth patterns are indicative of medical, nutritional, or social problems – for example malnourished or slow-growing children as compared to overweight children.

S1: Obesity in children is a problem nowadays. How can obesity be handled?

S2: I think that a low-calorie diet should always be recommended, and of course the importance of sports and exercise. It is good when the whole family is educated about healthy eating habits.

S1: What other procedures can be used to assess health in infants and adolescents?

S2: The typical techniques in a consultation are auscultation of the heart, palpation, and musculoskeletal screening for congenital diseases such as dislocations, scoliosis, deafness, vision problems, or iron deficiency.

S1: Well, I think you are very well prepared for your exam!

LISTENING 4

HIGH FEVER

P: Good morning, doctor.

D: Good morning! *How may I help you today?*

P: I've been suffering from fever for a few days.

D: I can understand your concern. *Does your temperature change constantly?*

P: No, it is constantly high, between 38 and 39˚.

D: *Do you have other complaints? Any shivering sensation?*

P: Yes, I do feel chills.

D: *Have you taken any medication?*

P: Yes, I take Paracetamol up to 5 tablets a day, but the temperature only drops by one or two degrees for a short while.

D: *Do you feel any pain? When did you first start having symptoms?*

P: Yes, the pain started on the 5th day.

D: *Where exactly is the pain located?*

P: My chest hurts when I breathe or cough.

D: *Could you describe the pain – is it sharp, dull, or burning?*

P: It is sharp and very strong.

D: *Is it influenced by your breathing?* What seems to improve or worsen your symptoms?

P: Yes, it is stronger when I breathe in, and it forces me to stop breathing. I feel really breathless. And I have a headache now.

D: *When did the headache start?*

P: Yesterday morning, on the same day when I felt the pain in my chest.

D: *What was the cough like – dry or with phlegm?*

P: Initially the cough was dry and irritating but now there is phlegm. Nothing seems to help - not even cough syrup, or warm compresses. I feel so much tightness in my chest.

D: *What do you do when you feel short of breath?*

P: I only feel short of breath when I cough for a long time, so I usually sit leaning forward.

D: *What other symptoms are you currently experiencing?*

P: I feel very weak and unable to study. I'm constantly cold and nauseous.

D: *Have you had flu or pneumonia vaccines?*

P: No, I decided not to vaccinate myself.

D: OK, let me listen to your lungs now. A chest X-ray and a sputum test will also be necessary.

VIDEO CLIP 1

A GOOD ATTITUDE GOES A LONG WAY

Doctor: Good afternoon! I want you to tell me what your complaints are.

Patient: I feel dizzy.

D: How long have you been like this? When did the complaints appear?

P: Three weeks ago.

D: That was 21 days ago, and suddenly? When you woke up, or in the evening?

P: I was in bed and at dawn, at 4 am, I felt a strong headache and noise in my left ear.

D: So, early in the morning. Where was the headache located? Did it appear suddenly?

P: Yes! In the left half of my face and I also had that noise in my left ear.

D: Was this dizziness accompanied by a feeling of sinking in bed? Nausea? Vomiting?

P: Yes. I vomited a lot.

D: You had both nausea and vomiting. Was it accompanied by numbness or weakness in your hand or leg?

P: Yes, I had a tingling sensation in my hands, in both hands.

D: Ok, both hands. What about your legs?

P: Oh, I do not remember.

D: And did you also have weakness in your hands or just numbness?

P: Numbness only.

D: So, these complaints came suddenly. Do you have any other complaints?

P: My heart: 10 years ago I was told I had palpitations.

D: So, you have rhythm disturbances – from time to time your heart skips a beat.

Were you treated for this before this episode happened?

P: No, I haven't been treated.

D: OK, you have not been treated. And do you take your blood pressure medications regularly?

P: Yes, regularly.

D: When you felt bad, did you remember to measure your blood pressure?

P: Yes, I did.

D: What was it?

P: It was 180/95.

D: And what did you do next?

P: I called an ambulance, they came, and they gave me an injection.

D: I want to ask you something else. Have you had episodes of dizziness, headache, nausea, or vomiting before?

P: I have, but I didn't pay attention because they were brief.

D: How brief were those episodes? How long did they last?

P: Well, about 5 minutes and then it was gone. I felt only slight dizziness.

D: When did these complaints of vertigo begin?

P: They started for the first time maybe 2 years ago.

D: I see that you have been treated for high blood pressure since 1995, but do you take aspirin additionally for prevention or just your blood pressure medication?

P: I take absolutely nothing except the prescribed medication for high blood pressure.

D: Okay, let me examine you now. I'll take your blood pressure, and listen to your heart. After that we will perform some imaging tests.

KEY TO EXERCISES

LISTENING 2

WHY I LOVE BEING A FAMILY DOCTOR

9. Family planning and contraceptive care, 11. Obtaining a patient's informed consent, 12. Terminating the doctor-patient relationship, 13. Offering e-mail consultations, 16. Performing screening tests, 17. Removal of cysts, 18. Setting up intravenous infusions.

READING 1

A KEY FIGURE FOR THE CHILD'S WELL-BEING

1. preventive / preventative
2. indicators
3. convincing / to convince
4. measurements
5. abnormalities
6. deviations
7. vaccinations
8. dependence
9. engagement
10. anxiety

ANSWERS TO THE QUESTIONS:

1. Breastfeeding, immunisations, and proper nutrition.

2. From the family doctor (either at a home visit or during a prophylactic examination).

3. Measurements of height, weight, chest circumference, blood pressure, vision tests, deviations in the musculoskeletal system, in the physical or mental development.

4. By physical examination, laboratory testing, obtaining family and health history, reviewing of systems, or paying home visits.

5. To recognise signs and symptoms of abuse and neglect, monitor the social environment, or evaluate the first signs of developing addictions and risk behaviours.

6. Poverty, parents' lifestyle, education, family dysfunction, poor parent-child relationships, domestic violence, abuse, or neglect are possible causes that may put a child at risk.

7. There are a number of benefits to measuring well-being: early identification of problems; recognition of experiences and activities, health promotion, and prevention of addictions, depression, risky sexual behaviours, etc.

8. Doctors should discuss risk factors with the parents to make sure that children and young people receive the care and support they need.

LISTENING 3

ASSESSMENT OF GROWTH AND DEVELOPMENT IN INFANCY AND ADOLESCENCE

1. d, 2. c, 3. b, 4. e, 5. a, 6. f

DISCUSSION 1

NOT TAKEN FOR ADOLESCENTS

4. Head circumference and 5. Recumbent length

WRITING 1

GENETIC AND ENVIRONMENTAL FACTORS INFLUENCING DEVELOPMENT

Biological factors: heredity, gender, general health, mental health, health practices, hormones, nutrition;

Environmental factors: poor housing conditions, allergies

Social: social networks, culture, religion

Economic: poor infrastructure, natural hazards, climate-related diseases

Early experiences: all senses

WRITING 2

ADMINISTERING VACCINES

1. True
2. False: Thousands of studies have been done but immunisations were not identified as a risk factor in any of the studies.
3. False: If one person in a community gets an infectious disease, he or she can spread it to others who are not immune. A person who is immune to a disease because he/she has been vaccinated and so cannot get that disease and cannot spread it to others.
4. False: Any vaccine is rigorously tested and regularly monitored for side effects before it is approved for use.
5. True
6. True
7. False: All can be administered in one visit.
8. True
9. True
10. False: Older adults
11. False: Vaccination has greatly reduced the burden of infectious diseases.
12. True

WRITING 3

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

SPEAKING 4

SUGGESTED ANSWERS

1. Vaccines help reduce morbidity and mortality from a variety of infectious diseases, prevent the harmful effects of an infection, or significantly reduce the incidence and complications from many diseases.
2. Some examples are vaccines against measles, mumps, rubella, rotavirus, and varicella virus (and as per the immunisations calendar).
3. A single dose is often safe and very effective.
4. Two vaccines are mentioned: diphtheria-tetanus and yearly influenza vaccines.
5. Doctors should provide complete information about potential adverse effects and ensurethis information is understandable to the patient.

DISCUSSION 2

HERD IMMUNITY

1. How to protect ourselves effectively from disease?

Suggested answers for providing general advice: Wash your hands with soap and water before eating. Be sure that your vaccinations are up-to-date.

2. What is herd immunity?

Herd immunity, also known as community immunity, refers to the protection offered to everyone in a community by high vaccination rates. With enough people immunised against a given disease, it's difficult for the disease to gain a foothold in the community. This offers some protection to those who are unable to receive vaccinations (including newborns and individuals with chronic illnesses) by reducing the likelihood of an outbreak that could expose them to the disease.

3. Why some parents are reluctant to vaccinate their children?

4. What arguments do you know of against vaccines?

Since the late 1990s, concern has grown regarding a resurgence of the 'anti-vaccine movement' (a group of individuals who doubt the effectiveness and safety of vaccines). Some arguments against vaccinations are distrust in medical science, misinformation, vaccines are 'toxic' (they contain mercury, aether, aluminium, and other dangerous chemicals); individuals who promote them are paid off by pharmaceutical companies; the immune system becomes 'overwhelmed' by too many vaccines; natural exposure provides life-long immunity, while vaccine-derived immunity is short; hygiene and sanitation save people (not vaccines); vaccine-preventable diseases can be transmitted by vaccinated individuals to others.

WRITING 4

HOW MAY I HELP YOU TODAY?

1. Have you ever experienced anything like this before?
2. Have you ever taken recreational drugs?
3. How do you protect yourself from STDs and pregnancy?
4. How long have you been feeling this way?
5. How do you feel about yourself?
6. Have there been any recent losses in your life (e.g. person, health, income, self-esteem)?
7. Have you had changes in your appetite, sleep patterns, sexual interest, energy level?
8. Do you have difficulty concentrating?
9. Is there a history of depression or antisocial behaviour in your family?
10. Have you dropped any of your activities or interests?

SPEAKING 5

SELF-DIAGNOSING

The caring approach offers reassurance, empathy, supportive counselling, unconditional acceptance, and when necessary a referral to a mental health professional.

WRITING 5

HIGH FEVER

1. How may I help you today? / What is bothering you?
2. Does your temperature change around the clock?
3. Do you have other complaints?
4. Have you taken any medication?
5. Do you feel any pain?
6. Where exactly is the pain located?
7. Could you describe the pain – is it sharp, dull, or burning?

LISTENING 4

HIGH FEVER

1. What may have triggered the fever in the situation above? **b.**
2. What symptoms accompany the condition? **b.**
3. Which of the following additional symptoms does the patient have? **b.**
4. What home remedies were NOT used before coming for medical examination? **a., c.**
5. Preventive care may have involved: **c.**
6. As pneumonia is suspected, the doctor recommends: **c.**

VIDEO CLIP 1

A GOOD ATTITUDE GOES A LONG WAY

The doctor repeats what the patient has just said, summarises, asks open but also leading questions, and makes brief comments. His manner is brisk and hurried. He does not call the patient by her name**.** (A possible diagnosis is an ischaemic stroke.)

DISCUSSION 3

WHEN REFLECTING WORDS AND EMOTIONS YOU WILL NEED SOME OF THE FOLLOWING PHRASES

You said that …
When you talked about …
How would you describe …
So, you've been thinking about …
You seem …
I noticed…
It seems as if you …
It sounds like you …

LANGUAGE FOCUS 2

HEALTH BEHAVIOUR

The patient's behaviour follows none of the suggested pathways.

SPEAKING 7

THE MANY ROLES OF THE FAMILY DOCTOR INCLUDE

1) to educate parents in disease prevention, healthy lifestyles, etc.

2) to manage common complaints (infections, dermatitis, etc).

3) to perform regular check-ups, auscultate, palpate, percuss, administer vaccines

4) to detect emerging conditions, order tests, explain results

5) to supervise nurses and to coordinate with other healthcare practitioners

6) to provide ongoing care for chronic illness (heart disease, asthma, diabetes)

Module 12

Nutrition and Dietetics

When diet is wrong, medicine is of no use.
When diet is correct, medicine is of no need.
(Ayurvedic proverb)

Authors
Anișoara Pop, Adrian Năznean

George Emil Palade University of Medicine, Pharmacy
Science and Technology of Târgu Mureș
www.umfst.ro

UNIVERSITATEA DE MEDICINĂ,
FARMACIE, ȘTIINȚE ȘI TEHNOLOGIE
„GEORGE EMIL PALADE"
DIN TÂRGU MUREȘ

INTRODUCTION

This module will introduce healthcare professionals and students to different linguistic and communication aspects of healthy eating, food-related conditions, and hospital diets.

OBJECTIVES

In this module, you:

- will be able to use a food chart, fill in the food and liquid intake, discuss helping a patient with meals and patient progress;
- will interact with patients, ask questions to assess their eating habits, answer their queries and provide explanations, fill in a Healthy Eating Assessment Form;
- will be able to make recommendations for healthy diets in cases of bad eating habits, eating disorders, and side effects of different diseases and therapies;
- will be able to describe, discuss, and explain therapeutic meals patients have while in hospital.

PART I – FOOD-RELATED CONDITIONS

LISTENING 1

Food-related conditions – key words

Listen to the pronunciation of food-related conditions, symptoms and diets and repeat them:

anaemia /əˈniːmiə/	constipation /ˌkɒnstɪˈpeɪʃn̩ /	Gastroesophageal reflux disease (GERD) / heartburn / pyrosis /ˌgastrəʊɪˌsɒfəˈdʒiːəl ˌriːˈflʌks dɪˈziːz (ˈgɜːd)/ ˈhɑːtbɜːn/ /paɪˈrəʊsɪs/
anorexia (nervosa) /ˌænəˌreksiə nɜːˈvəʊsə/	diarrhoea (Br.) /diarrhea (Am.) /ˌdaɪəˈrɪə/	nausea /ˈnɔːsɪə/
achalasia /ˌakəˈleɪzɪə/	dysphagia /dɪsˈfeɪdʒɪə/	Nothing by mouth / Nil per os (NPO) /ˈnʌθɪŋ baɪ ˈmaʊθ/ /nɪl pɜːr əʊz/
binge eating /bɪndʒ ˈiːtɪŋ/	flatulence /ˈflætjʊləns/	obesity /əʊˈbiːsɪti/
bulimia /buˈlɪmiə/	food allergy /fuːd ˈælədʒi/	preoperative fasting /priːˈɒp(ə)rətɪv ˈfɑːstɪŋ/
cachexia /kəˈkeksɪə/	food intolerance /fuːd ɪnˈtɒlərəns/	soft diet /sɒft ˈdaɪət/

Body Mass Index (BMI)[1] **=** the ratio of weight (kg) to height $(m)^2$ = (kg/m^2). This equation is used to classify disease risk. For adults, a normal BMI is between 18.5–24.9, whereas overweight is between 25–29.9, and obese is over 30.

[1] Calculate your Body Mass Index (BMI) online: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm [31.06.2019]

Empty-calorie foods = foods that contain a lot of calories and little or no nutritional value

c/o = medical abbreviation for *complaining of*

READING 1

Assessment of healthy eating habits

Read the *Healthy Eating Assessment Sheet* of Ms Matei Andreea, a 60-year-old patient, hospitalised for a regular check-up and blood tests. The ward nurse has asked for a dietitian's professional healthy eating planner since the patient has some co-morbidities and would like to lose weight. Then, answer the questions below:

Healthy Eating Assessment Form

Name: Matei Andreea, Gender: F, **Age**: 60, **Height**: 176cm, **Weight** 98kg

C/o: moderate blood pressure

Eating habits: Often skips breakfast; eats packaged foods for snacks, but also prepares food at home; feels that she often overeats, especially for dinner; does not buy organic food; drinks empty-calorie beverages (cola, soda) but no alcohol; keeping food costs low is one of her priorities; would like to be more physically active.

Body Mass Index: 31.6.

The arrow below shows the BMI compared to recommended standards:

Underweight	<18.5
Normal	18.5–24.9
Overweight	25.0–29.9
→ **Obesity**	>30.0

Risk factors for the age: osteoporosis, diabetes, breast cancer, arthritis

CURRENT FOOD INTAKE

Food Group	Recommendation	Actual Intake
Dairy	3 cups	0.5 cup
Vegetables	2.5 cups	1 cup
Fruits	2 cups	1 cup
Grain	6 servings	6 servings
Protein	5.5 ounces (160g)	3 ounces (85g)
Extra Calories	Not applicable (NA)	3.5 servings

1

ACTIVITY LEVEL

Sometimes walks short distances. She does not practise any sport.
Feels too tired in the evenings to exercise.

Now answer the following questions:

1. What are the patient's weight and BMI?
2. Are they normal for her age?
3. What is the condition she suffers from?
4. What do you think is the major risk factor for the patient's age?
5. What does healthy eating mean for a female patient of this age?
6. What is the patient's normal activity level? What do you think would be the normal activity level?
7. In what food choices is she doing well?
8. In what food choices does she have to improve?
9. What are other nutritional needs imposed by her condition and risk factors?


2


3


4

SPEAKING 1

Case presentation

Present this case to the patient's consultant and nurse including her current situation, reporting what advice you have given and what the patient's decisions have been.

If you are a self-learner, present the case in a monologue and record yourself on your mobile device.

If you are a self-learner, present the case in a monologue and record yourself on your mobile device.

SPEAKING 2

Healthy eating planner

TASK A – ROLE PLAY

You are the dietitian. Answer the patient's (Mrs Matei's) questions and ask her the following:

1. What healthy eating habits will you choose in order to lose weight? Mention at least three.
2. What new food choices will you add to three of your meals?

You are the patient, Mrs. Matei Andreea. Considering your *Healthy Eating Assessment Form* above, ask the nutritionist the following questions and answer his/her own questions:

1. It seems more and more difficult for me to lose weight at this age. I have tried several diets before, even fasted, but they did not seem to help. What can I do?

2. I know it is important to stay active, but sometimes I feel I need more rest than exercise. What should I do?
3. Are there some specific nutritional needs for my condition and my age that I should not overlook?

If you are a self/learner, take turns to be the dietitian and the patient and then record your answers on your mobile device.

TASK B – DISCUSSION

Fill in the Healthy Eating Planner Form[2] for another real patient/person in your environment who has food-related health problems. Discuss with your partner about the patient's BMI, food choices, activity level, nutritional needs, imposed changes, etc.

Record your answers in a monologue on your smart phone if you are a self-learner.

5

Food-related conditions and disorders. Patients with different conditions such as dysphagia or achalasia may have difficulty swallowing. Other patients with cancer, trauma, or nervous or digestive system disorders can need a certified nurse assistant's help with feeding.

VOCABULARY

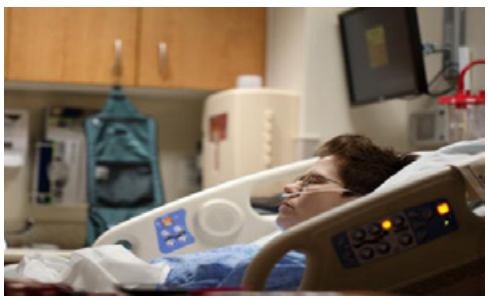
You will watch a dialogue on assistance with feeding a hospitalised patient. Before you watch, check to see if you know the expressions below. Repeat and learn them.

raise the head of bed (HOB) / rails	assist with feeding
document the food and liquid intake	CNA (Certified Nursing Assistant)
report the procedure	

VIDEO CLIP

Assistance with feeding

Watch the following conversation between a patient with a stroke and a CNA. The patient cannot move her right side, so she needs assistance with feeding.



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TASK A – DOCUMENTING HOSPITAL FOOD INTAKE

[2] Healthy Eating Planner. https://www.healthyeating.org/Healthy-Eating/Healthy-Eating-Tools/Healthy-Eating-Planner [30.06.2019]

While watching the video, fill in the Hospital Food intake form of patient Maria Popescu with the details you hear.

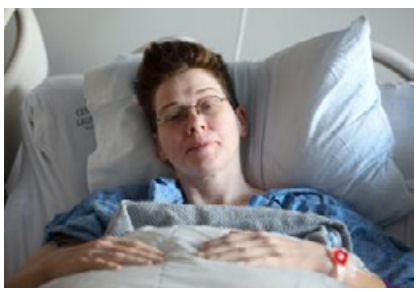
HOSPITAL FOOD INTAKE FORM

PATIENT NAME ..... **Date of birth** ..... **Gender** ..... **WARD** ..... **FILE NUMBER** ..... **DIAGNOSIS**		
Breakfast time		
FOOD/BEVERAGE	**DESCRIBE HOW PREPARED, INGREDIENTS**	**AMOUNT**
YOGURT/OTHER DAIRY	.....	.....
Eggs boiled, scrambled, poached	.....	.....
BREAD white or wholemeal	.....	.....
FRUIT Fresh, canned	.....	.....
BEVERAGE Coffee, juice, milk, plain water	.....	.....
Other	.....	.....
NURSE	**Signature**	

TASK B – ASSISTANCE WITH FEEDING

Watch again and rearrange the statements referring to the stages of patient feeding in the correct order.

A. Makes sure signalling device is within the patient's reach.
B. Helps patient to eat the applesauce.
C. Asks what she would like to start with.
D. Looks at card on tray and asks patient to state name.
E. Talks with patient about the weather.
F. Places patient in upright sitting position, 70–90 degrees.
G. Wipes patient's mouth with a wipe.
H. Cleans patient's hands with a wipe.
I. Offers a beverage.
J. Documents food intake.



7

1	2	3	4	5	6	7	8	9	10

SPEAKING 3

Reflection on hospital feeding

Discuss the following in your group or with your partner. If you are a self-learner, prepare a monologue and record your answers.

1. Why do you think the CNA asked the patient what her name was?
2. Couldn't she have asked the patient: Are you Maria Popescu? Why?
3. In helping with feeding, nurses use special, modified feeding utensils. Name some of them and mention what they are used for. (You may use the Internet)
4. Why do nurses chart the patients' food and drink intake?
5. What is the practice of serving food to hospital patients in your country? Do patients receive personalised diets?

WRITING 1

Writing a narrative note

Narrative charting: Write a short narrative note for the ward nurse in the afternoon shift about what Mrs Popescu ate for breakfast and lunch. Stick to factual information: type of food, quantities. Include your overall assessment, e.g.: improved or worsened situation, patient's attitude, type of diet she needs – soft or solid / high protein/energy diet, and/or assistance with feeding by CNA, as she still cannot move her right hand very well/or cannot eat by herself.

LANGUAGE FOCUS 1

Eating disorders – QUIZ

Nurses deal with patients with different eating disorders such as bulimia and anorexia nervosa, but also with patients with vomiting, diarrhoea, constipation, cachexia, flatulence as side effects (cancer patients, patients who will or have already undergone surgery). Choose ONE word referring to eating disorders or side effects to fill in the sentences.

vomiting	constipation	anorexia	nausea	obesity	heartburn
flatulence	diarrhoea	bulimia	anaemia	cachexia	

1) The young patient has been diagnosed with ..... . She has lost weight dramatically after a diet that restricted calorie intake. She complains of fatigue, insomnia, and dizziness.
2) The patient presents symptoms of lactose intolerance: vomiting, nausea, and ..... , which makes him feel like an inflated balloon. He was advised to avoid drinks and high-fibre foods such as carbonated soft drinks, beans, cabbage, corn, pears.
3) This patient with cancer has undergone chemotherapy and his major symptom is ..... . He feels like he is about to vomit when he tries to eat and I advised him to start with small portions of food, to avoid strongly spiced and greasy, fried food.

4) After nausea, this patient presents with **……** due to the specific odour of the medicines he is on. He can't keep any food in his stomach. Only after I manage to control it will the patient try tiny amounts of water, clear liquids, or ice pops.
5) Certain medication and lack of movement caused this patient **……** . I recommend consumption of high fibre foods such as beans, lentils, chickpeas, and bran cereals or other fibre-based cereals.
6) **……** in this patient was caused by antibiotics treatment and his intolerance to milk. The patient will drink plenty of room-temperature liquids and teas in the first few days to give his digestive system a rest.
7) This patient does not feel like eating at all. Pain, stress, depression, and chemotherapy have caused **……** . He is therefore advised to eat by the clock rather than by hunger: 3 small meals and 3 snacks/day. Foods should be visually appealing, with attractive colours garnished with lemon wedges, parsley, cherry tomatoes, and olives to enliven the appetite.
8) Consumption of refined grains, white rice, processed breakfast cereals, sugary drinks and potatoes, rich in rapidly digested carbohydrates, have caused fast increase in blood sugar and insulin in the short term and have led to the patient's **……** , diabetes, and heart disease in the long term.
9) Like anorexic patients, this patient has **……** . She tends to see herself as obese, but unlike anorexics, she consumes large quantities of food only to induce vomiting afterwards, in an effort to prevent its absorption.
10) Leafy greens, especially the dark ones such as spinach, kale, but also liver, are rich sources of iron and you highly recommend them to your patient suffering from **……** .
11) Ginger tea and baking soda neutralize gastric acid and are, therefore, natural treatments for your patient who suffers from **……** .

INFORMATION TIP: *How is food allergy different from food intolerance?*

A *food allergy* is caused by the immune system reaction to an allergen; it can be sometimes severe and life-threatening. *Food intolerance* can be caused by the absence of a certain enzyme necessary to break down food, by stress or by coeliac disease; it is less serious and usually limited to digestive problems.

LANGUAGE FOCUS 2

Word building: food allergy or food intolerance?

Write the correct form of the word in brackets.

Food 1)…… (SENSITIVE) refers broadly to both food intolerances and food allergies.

Food allergies are due to a(n) 2)…… (NORMAL) immune reaction to an otherwise 3) …… (HARM) food. The most common food 4) …… (ALLERGY) are milk, eggs, soy, wheat, peanuts, tree nuts, fish, and shellfish. These foods are eliminated from the diet and appropriate substitutions are made to ensure the meal is adequate. The symptoms of an 5)…… (ALLERGY) reaction include 6)…… (ITCH), vomiting, tongue swelling, hives, trouble breathing.

Food intolerance is a(n) 7)…… (DETRIMENT) reaction, often delayed, to a food, beverage, food 8)…… (ADD), or compound found in foods that produces symptoms in one or more body organs and systems. The most common food intolerance is to lactose (milk sugar) because of a decreased amount

of the lactase enzyme, needed to digest lactose. A lactose 9)..... (TOLERATE) person is 10)..... (SYMPTOM) until he or she ingests lactose[3].

SPEAKING 4

Allergy-triggering foods

Discuss with your partner or in your group about the following questions related to food intolerance and food allergies.

1. **What are the most frequent food allergens?**
2. **Think about a case of food allergy you know (in the family, at school, at work) and present it to your partner.** Mention the type of allergy, how it was diagnosed, any tips for living with it, and treatment. If you do not have knowledge of such a case, you can find one on the Internet.
3. **Which are some foods that cause intolerance?**
4. **How do you know if a person is intolerant to certain foods?**

Suggestions for self-learners: You can work with a partner via a social network of your choice or present your opinions in a monologue.

PART II – HOSPITAL DIETS

READING 2

Hospital diets

Study the *introductory pamphlet* for a nurses' professional training course on *The importance of hospital diets.* Therapeutic diets in hospital are regular diets, modified so as to meet a medical or nutritional need. Diets can be adapted because of a medical condition but also before a procedure. Read the text and choose the best heading for each paragraph definition.

HOSPITAL DIETS

1)	This is the practice of a patient abstaining from oral food and fluid intake for a time before the operation to prevent pulmonary aspiration of stomach contents during general anaesthesia. It is also known as **Nothing by mouth or Nil per os (NPO)** or complete bowel rest.
2)	It consists only of clear liquids; leaving no undigested residue in the intestinal tract is usually prescribed for a short period of time after surgery to give the gastrointestinal tract a rest. It consists of water, fruit juice without pulp, fruit-flavoured drinks such as lemonade, plain tea or coffee, ice pops, soda, vegetable juices, and broths. In patients with severe diarrhoea, this diet can be used for fluid and electrolyte replacement.

[3] Food Intolerance https://en.wikipedia.org/wiki/Food_intolerance [30.06.2019]

3)	This diet is less restrictive, including any food or drink that is liquid at room temperature. It is a diet in between a clear liquid diet and a soft diet and includes milk, pureed soups, strained cream soups, yogurt without fruit, eggs as a soft custard, syrup, pudding, or melted cheese. Slowly adding foods back into the diet happens after certain surgeries or for people who cannot tolerate a mechanical soft diet.
4)	This is a low-residue and low-fibre diet that consists of soft and easily-digestible foods. Patients are allowed to eat soft-cooked or creamed vegetables, very tender, minced, stewed or creamed beef or fish, pasta, soft bread, and fruits.
5)	This diet is recommended to patients who are malnourished.
6)	This diet is used when the kidneys are not functioning normally. It limits foods that are high in potassium such as potatoes, bananas, oranges, tomatoes, milk, chocolate.
7)	This diet restricts sodium or salt for high blood pressure, heart failure, stroke and kidney diseases, preventing build-up of extra water in the body. There are four options for sodium restriction: no added salt, 4,000 mg sodium/day, 3,000 mg sodium/day and 2,000 mg sodium/day. The default option is 3,000 mg sodium/day (1 teaspoon of salt ~ 2,300 mg sodium). Generally restricted foods include ham, salted snacks, bacon, sausage, other processed meats, canned soups, cheese.
8)	This diet helps people who have high amounts of cholesterol in their blood or have trouble digesting food with fat, such as those with pancreatitis or diarrhoea. It may allow up to 50 grams of fat each day.
9)	This diet is designed to keep blood glucose levels under control and is low in sugar and fat. Wholegrain/wholemeal breads are allowed, whereas soups made with cream or full fat milk, highly sugared breakfast cereals, and fatty meat (sausages, bacon, hamburgers) are not allowed.
10)	It is recommended for people with hyperlipidaemia, atherosclerosis, and cardiovascular diseases and it restricts fat, cholesterol, and sodium. Sources of food are: chicken and turkey (without skin), oat cereals, vegetable juices.[4]

a) Full liquid diet
b) Low-fat/Low-cholesterol diet/2,000mg Sodium or Cardiac diet
c) Preoperative fasting
d) Low-fat diet
e) Clear liquid diet
f) Soft diet
g) Low-sodium diet
h) Diabetic or calorie-controlled diet
i) Higher energy diet
j) Low-potassium diet

[4] Adapted from https://en.wikipedia.org/wiki/Preoperative_fasting [30.06.2019]

SPEAKING 5

Advising patients and family members

Using information from READING 2 above, the Internet or your own knowledge, decide in groups or with your partner what you will advise the following patients.

If you are a self/learner, prepare a monologue and record yourself on your mobile phone. Listen and re-record until you are satisfied with your answer.

1. You have a patient who is scheduled for **endoscopy** for acute diverticulitis. Explain to him/her what he/she should eat/drink before the procedure.
2. Your patient has just suffered a transient **ischaemic attack due to uncontrolled high blood pressure** and formation of blood clots. Explain to him/her that besides medication, a **low sodium, low cholesterol diet** is indicated and what it consists of.
3. You have a patient who has undergone **heart valve replacement**. She is currently in the ICU on a **clear liquid diet** and will be on a full liquid diet soon. Explain to her family member what this means.
4. A vegetarian patient was admitted for **gastric ulcer**. Tell him what the gastric ulcer diet consists of and what fruits he should avoid.

SPEAKING 6

Reflection

Hospital Diets. Nurses are the main point of contact with patients. They assess their dietary needs upon admission to hospital and talk to them at the bedside, explaining the therapeutic meals they have while in hospital, as many patients will be on such special diets during their stay. Speak with your partner or prepare a monologue:

1. What questions do you think a nurse will ask a patient upon hospital admission (e.g.: to a cardiology unit), to find out what diet he/she should be placed on during hospitalisation?
2. What type of diets do you know for regular hospitalisation? and/or before gastro-intestinal procedures or surgery?

LISTENING 2

Assessing a patient's dietary needs

TASK A

Listen to the nurse's assessment of a patient's dietary needs. While listening, complete the following sentences with information from the dialogue by choosing between the two options a) or b). If necessary, listen twice.

1. **The nurse greeted, introduced herself, and asked for** .....
   a) permission to interview the patient b) the patient's documents

2. Mr Matei was admitted to hospital for .....

a) cardiovascular exploration b) cardiobypass surgery

and his procedure is scheduled to take place ..... .

a) the next day b) the day after tomorrow

3. The nurse first takes the patient's ..... history.

a) social b) family

4. In checking the patient's body mass index, the nurse found that the patient had .....

a) first degree obesity b) normal weight

5. The reasons for which the patient has put on weight are: .....

a) stress, eating large meals and sweets b) stress, irregular meals, eating a lot in the evening

6. The patient's blood pressure levels are ..... .

a) slightly above normal but under control b) elevated

7. The lab test results are normal except for ..... .

a) hypercholesterolaemia and hyperglycaemia b) high white blood cell count and hyperglycaemia

8. The patient has seen a ..... before.

a) dietitian b) diabetologist

9. The patient's diet is based on restriction of ..... ,

a) salt, sweets b) carbohydrates and sweets

but no restriction of ..... .

a) potatoes b) meat, fats

10. The patient did not completely give up ..... .

a) salt b) cigarettes

11. The patient's hospital medication includes: .....

a) insulin and cholesterol treatment b) oral diabetes and cholesterol treatment

12. The patient is on a .....

a) diabetes and low-sodium diet b) diabetes diet

13. After the surgery, the patient will be on a..... diet.

a) clear and full liquid, then soft b) regular

14. Normal diet will be resumed ..... days after surgery.

a) within 2–3 b) within 4–5

TASK B

FURTHER DISCUSSION AND REFLECTION

Now answer the following questions by yourself or discuss with your partner. If necessary, listen once again.

1. What are some of the causes for the patient's heart failure?
2. Has the patient undergone surgery before?
3. What are the patient's eating habits?
4. What advice related to unhealthy eating does the nurse give to the patient?
5. What questions does the patient ask?

WRITING 2

Making a diet plan

Nurses often advise patients about healthy eating. They can make diet plans for patients to take home and use after they are discharged from hospital.

- Think about what the expression "eat the rainbow" means and what are some fruit-based foods. Make a diet plan (per day) for a patient, including them.
- Write at least five important tips for an obese patient about a healthy diet. You can use the ideas from the Listening 2 above or you can use other sources (your reading, the Internet). Include one aspect from your own knowledge.

LISTENING 3

Giving advice about healthy eating

TASK A

Listen to the conversation between the nurse and Mr Matei before the latter's discharge from hospital. For each of the foods/drinks below, decide if the patient.

a) Should eat/drink
b) Should avoid
c) Should consume rarely

herbs	cookies	seeds
salt	extra-virgin olive oil	hot peppers
seafood	high-carb, high calorie foods	nuts
salmon	wholegrain bread and pasta	high-fat dairy
tea	sweetened juices	lean red meat
eggs	water	

Should eat/drink	Should avoid	Consume rarely

TASK B

Which of the following did the nurse do? Decide if they are T (true) / F (false).

1) Provided diet counselling in case of eating disorders that may appear as a result of hospital therapy and medication. ☐
2) Used pictures for teaching portion sizes. ☐

3) Asked patient to repeat diet information to make sure he understood it. ☐
4) Made a link between the major risk factors and diet. ☐
5) Ordered fluid restriction. ☐
6) Restricted intake of hot spices and sweetened juices. ☐
7) Asked patient to limit or modify his fat and sodium intake. ☐
8) Recommended consulting a dietitian for potential weight gain. ☐
9) Advised the patient to become a vegetarian. ☐
10) Offered patient written information and a healthy eating plan. ☐

SPEAKING 7

Fighting bad eating habits

When patients ask dietitians about healthy eating, they think that there is a mysterious recipe they will follow like a treatment, rather than as a lifestyle they need to embrace. Moreover, they have different, well-established eating habits or myths which they find hard to give up. How would you deal with the following? Role-play a conversation between a nurse/dietitian and a patient or if you are a ***self-learner***, prepare a short monologue on each of them.

a) I never feel thirsty, so I don't drink enough water.
b) I eat meat because it is the only source of protein.
c) I can't give up salt. Saltless food is tasteless.
d) I have a sweet tooth which I cannot give up.
e) I don't eat enough veggies.
f) I can't eat much for breakfast. When I do, I only eat cereals.


8


9


10

WRITING 3

Tips for healthy eating

1. Lest Mr Matei in **LISTENING 3** should forget your recommendations, you have prepared him **a list on a separate sheet of paper of the most important tips** regarding his diet after heart surgery and their benefits. Use **Listening 3** or your own knowledge/other resources.
2. **One of your patients is discharged from hospital. Make a list on a separate sheet of paper with the 5 most important tips for healthy eating** in the follow-up period and their benefits. Choose the patient's diagnosis *according to the* ***department in which*** you work/will work. If you are a student or a **self-learner**, you may choose one of the following cases:
   a. P1 = patient with laparoscopic repair for a perforated gastric ulcer;
   b. P2 = patient who underwent colonoscopy;
   c. P3 = patient with pancreatitis;
   d. P4 = your own patient.

If you are not familiar with these diseases, search for information online. Use a vocabulary that the patient will understand, avoiding medical jargon.

WRITING 4

Asking questions to assess eating habits

Below is part of a conversation with a patient for whom you intend to make a healthy eating plan. For each answer provide a question you are going to ask the patient. Other question options are possible.

1. .....

Many times I skip breakfast, and just go with a big cup of coffee. I eat lunch late in the afternoon after six, and I have some snacks in between.

2. .....

I drink water, but never calculated how much. Tea also, and about two coffees a day.

3. .....

From the dark greens I eat spinach about once every second week, orange, vegetables?... hmmm... carrots mostly, starch: potatoes, corn, and green peas; .... But I don't think I get to the amount on the screen.

4. .....

Well, here I know I don't eat healthily. I must confess I like the taste of fresh regular white bread! And bagels and pizza quite often.

5. .....

For meats, I eat mostly chicken, sometimes pork, and fish quite rarely. Well, beans, yes as a side dish, and seeds, mostly packed peanuts, roasted and salted.

6. .....

Yes, I like sweets: I eat cookies, chocolate.

7. .....

Well, yes, I eat French fries and I sometimes order fast food meals, let's say about 2-3 times a week.

8. .....

I have high blood pressure, actually I'm on medication for hypertension.

9. .....

My goal is to lose some weight, at least 5-7 kg at the beginning. I guess I will feel better.

OK, now we are going to see how your food choices measure up to your status and goal.

I will calculate your body mass index and see how many calories you need a day, also we'll see how you can improve your activity level, which of your habits are unhealthy (such as skipping breakfast), eating smaller portions on smaller plates, limiting your intake of packaged, overly-processed foods and make an Eating Planner.

TEST YOURSELF

Choose ONE word/phrase (a, b, c) that best fits the sentences.

1. This patient suffers from ....., a swallowing difficulty that results either from mechanical obstruction or altered motor function along the area of the food passage.
   a) anorexia b) heartburn c) dysphagia

2. This cancer patient has been diagnosed with ....., as he is not eating enough nutrients and his food consumption is closely monitored.
   a) bulimia b) cachexia c) achalasia
3. Healthy eating has been associated with consumption of:
   a) whole grains b) empty calorie foods c) saturated fats
4. In clear liquid diets, patients can consume:
   a) pureed soups b) fruit juice without pulp c) yogurt
5. A patient with diarrhoea should not:
   a) drink plenty of room-temperature liquids b) eat high-fibre foods, bran flakes, porridge, fruit c) eat salty broths
6. The Mediterranean diet is recommended for being:
   a) a low-carb high fat diet b) high in saturated fat c) high in monounsaturated fat and dietary fibre

LANGUAGE CORNER

The following expressions have been selected to act as the building blocks for successful communication regarding the subject addressed in this module. They will support you in creating adequate subject-related sentences and expressions to meet the communicative requirements in different professional situations you may encounter.

avoid hydrogenated oils and highly processed foods /əˈvɔɪd haɪˈdrɒdʒəneɪtɪd ɔɪlz ənd ˈhaɪli ˌprəʊsest fuːdz/	provide diet counselling in case of eating disorders /prəˈvaɪd ˈdaɪət ˈkaʊnsəlɪŋ ɪn keɪs əv ˈiːtɪŋ dɪsˈɔːdəz/
need assistance with feeding /niːd əˈsɪstəns wɪð ˈfiːdɪŋ/	assess healthy eating habits /əˈses ˈhelθi ˈiːtɪŋ ˈhæbɪts/
fortified food /ˈfɔːtɪfaɪd fuːd/	protein deprivation /ˈprəʊtiːn ˌdeprɪˈveɪʃn̩/
be on a low-fat, low-cholesterol vegetarian diet (calorie-controlled diet) /bi ˈɒn ə ləʊ fæt, ləʊ kəˈlestərɒlˌvedʒɪˈteərɪən ˈdaɪət (ˈkæləri kənˈtrəʊld ˈdaɪət)/	lower the fat intake and boost fibre (roughage) intake /ˈləʊə ðə fæt ˈɪnteɪk ənd buːst ˈfaɪbə (ˈrʌfɪdʒ) ˈɪnteɪk/
binge eating disorder /bɪndʒ ˈiːtɪŋ dɪsˈɔːdə/	make a healthy eating plan /ˈmeɪk ə ˈhelθi ˈiːtɪŋ plæn/
complete bowel rest /kəmˈpliːt ˈbaʊəl rest/	outgrow food allergy /ˌaʊtˈgrəʊ fuːd ˈælədʒi/
consult a dietitian/nutritionist /kənˈsʌlt ə ˌdaɪəˈtɪʃn̩ / njuˈtrɪʃənɪst/	limit red meat consumption and animal protein /ˈlɪmɪt ˈred ˈmiːt kənˈsʌmpʃn̩ ənd ænɪməl ˈprəʊtiːn/
cut back on empty calories / restrict calorie intake /kʌt bæk ˈɒn ˌempti ˈkælərɪz / rɪˈstrɪkt ˈkæləri ˈɪnteɪk/	trigger an allergic reaction /ˈtrɪgə ən əˈlɜːdʒɪk rɪˈækʃn̩/
document the food and liquid intake /ˈdɒkjʊment ðə fuːd ənd ˈlɪkwɪd ˈɪnteɪk/	diet rich in healthy fats /ˈdaɪət rɪtʃ ɪn ˈhelθi fæts/
give the digestive system a rest /gɪv ðə dɪˈdʒestɪv ˈsɪstəm ə rest/	flush out toxins /flʌʃ aʊt ˈtɒksɪnz/
have difficulty eating/digesting different types of food /həv ˈdɪfɪkəlti ˈiːtɪŋ dɪˈdʒestɪŋ ˈdɪfrənt taɪps əv fuːd/	control the blood sugar levels /kənˈtrəʊl ðə blʌd ʃʊgə ˈlevl̩z/

suffer from allergy/have food intolerance /ˈsʌfə frəm ˈælədʒi / həv fuːd ɪnˈtɒlərəns/	carcinogens in food /kɑːˈsɪnədʒənz ɪn fuːd/
impose dietary restrictions /ɪmˈpəʊz ˈdaɪətəri rɪˈstrɪkʃn̩z/	skin pricking test and food challenge /ˈskɪn ˈprɪkɪŋ ˈtest ənd fuːd ˈtʃæləndʒ/
recommend a diet /ˌrekəˈmend ə ˈdaɪət/	Nothing by mouth/nil per os (NPO) /ˈnʌθɪŋ ˈbaɪ ˈmaʊθ / nɪl pɜːr əʊz (ˈen ˈpiː ˈəʊ)/
track the amount of carbohydrates/track the daily caloric input /træk ði əˈmaʊnt əv ˌkɑːbəˈhaɪdreɪts /træk ðəˈdeɪli kəˈlɔːɪk ˈɪnpʊt/	allergy-triggering foods /ˈælədʒi ˈtrɪgərɪŋ fuːdz/

SUMMARY

In this module you have practised English related to diet and nutrition, including special vocabulary, asking questions, recommending and advising patients on healthy eating, and hospital diets or diets imposed by their special therapy and medication.

You have:

- identified key information for filling in hospital forms related to patients' food and liquid intake;
- practised oral interaction with patients, asking questions to assess their eating habits and responded to their questions;
- advised them on healthy eating, making recommendations, plans, offering tips, bringing arguments against bad eating habits and entrenched stereotypes;
- practised explaining therapeutic hospital diets by using a jargon-free vocabulary that patients understand;
- learned about different types of eating disorders and how to provide adequate dietary recommendations in cases of eating disorders or for side effects of therapies and procedures.

REFERENCES

Calculate your Body Mass Index (BMI) online.https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm

Food intolerance. https://en.wikipedia.org/wiki/Food_intolerance

Healthy Eating Planner. https://www.healthyeating.org/Healthy-Eating/Healthy-Eating-Tools/Healthy-Eating-Planner

Preoperative fasting. https://en.wikipedia.org/wiki/Preoperative_fasting

IMAGE RESOURCES

1 Photo by Gesina Hunkel: Healthy Weight. https://unsplash.com/photos/IP0Y3axkpJE. [10.08.2019]

2 Michael Stern: Wall-Food_10061. https://tinyurl.com/y2aby4o5. (CC BY-SA 2.0) [31.07.2019]

3 Photo by Carissa Gan: Healthy Breakfast. https://unsplash.com/photos/YlwOMESLPQo. [10.08.2019]

4 Michael Stern: Wall-Food_10342. https://tinyurl.com/y6b8rxy4. (CC BY-SA 2.0) [31.07.2019]

5 Photo by Henrique Felix: Healthy Soup. https://unsplash.com/photos/JVkGUwTYQag. [31.07.2019]

6 Photo by Sharon McCutcheon: My wife about one hour after her right hemicolectomy surgery. https://unsplash.com/photos/7PZ8Gb-pmaA. [31.07.2019]

7 Photo by Sharon McCutcheon: My wife recovering. https://unsplash.com/photos/tKnqkvFcmyM. [31.07.2019]

8 Marco Verch: Zitronenwasser im Krug und Gläsern. https://tinyurl.com/y5e6e4ug. (CC BY-SA 2.0) [31.07.2019]

9 Marco Verch: Schokoladenmuffins. https://tinyurl.com/y5hteoam. (CC BY-SA 2.0) [31.07.2019]

10 Michael Stern: Wall_Food_10227. https://tinyurl.com/yy5pdbcm. (CC BY-SA 2.0) [31.07.2019]

AUDIOSCRIPTS

VIDEOSCRIPT

ASSISTANCE WITH FEEDING: DOCUMENTING HOSPITAL FOOD INTAKE

Nurse: Good morning Ms Popescu. How are you? My name is Anna Brown. It's time for breakfast. Are you hungry? I will help you with your meal. I need to raise the head of your bed before we start feeding. Is that ok?

Patient: Good morning.Yes, fine.

Nurse: Did your family come by yesterday?

Patient: They did.

Nurse: Excellent. Is it ok if I sit you up a little more? For your safety. How are you doing today?

Patient: A little better.

Nurse: Let me put the side table here, ok? Let me put the clothing protector around your neck. Now I have your card here. Can you tell me what your name is?

Patient: Maria. Popescu Maria.

Nurse: Ok, now this is the tray with your breakfast. Would you like to wash your hands before we begin?

Patient: Yes, please.

Nurse: Good. Let me sit here in front of you. Let's see what you have here: a glass of water, applesauce and pudding, some scrambled eggs, and wholemeal bread. What shall we start with?

Patient: A little water please, I'm thirsty.

Nurse: Here you are. How was that?

Patient: Ok.

Nurse: Would you like the applesauce or pudding?

Patient: Applesauce, please.

Nurse: Let's see the applesauce. Here we go. Did it go down? ….Yes? would you like another bite?

Nurse: OK. Very good. You're indeed doing better today. You're eating much more. It's a beautiful day today. Later we'll try to take you for a short walk outside in the wheelchair. Let's take another bite of the applesauce; we're almost done with it.

Patient: Nooo, thank you.

Nurse: Oh..How about some vanilla pudding? It's delicious, it has some milk and it's sweet…

Patient: Nooo!

Nurse: Are you sure? How about some scrambled eggs? Just a little bit.

Patient: No, no, thank you, maybe tomorrow.

Nurse: OK, then. I'll wipe your mouth. We're almost done. Let me take away the tray. And now your clothing protector. I'm going to leave you sitting up for 30 minutes after your meal. I'm going to raise the rails again. Now I need to go ahead and measure how much food you consumed and how much liquid you drank. You ate 50% of the applesauce, no pudding – in the intake column here. For the fluid, we started with a 100ml in your cup, we have half of it left… ok.

We are done now. Would you like to be lowered again? Yes?

Nurse: OK… Is there anything I could do before I leave you?

Patient: I don't think so, thank you.

Nurse: I'm going to leave you the call light button and your water. Bye!

LISTENING 2

ASSESSING A PATIENT'S DIETARY NEEDS

Nurse: Good morning, Mr. Matei. My name is Andreea Vlad and I am your ward nurse. I would like to ask you a few questions to fill in your file and treatment plan. Is that ok with you?

Patient: Of course, please do!

Nurse: So, you were admitted for cardio bypass surgery and you are scheduled for the procedure the day after tomorrow. Can you tell me, are there other people in your family who've suffered from heart disease, hypertension, diabetes or other chronic diseases?

Patient: My father is under treatment for high blood pressure and my mother has diabetes. I have two younger sisters, but they haven't had any health problems, yet.

Nurse: What is your height and weight?

Patient: I'm 175 cm and 98 kg.

Nurse: Hmm, these correspond to a BMI of 32, equivalent to first degree obesity. Have you put on weight lately or has this been your regular weight?

Patient: I was 85 or 86 kg until a few years ago when I started to gain weight. You know, a lot of stress at my workplace, irregular meals and eating a lot in the evenings.

Nurse: I see. What is your blood pressure like, usually?

Patient: Slightly above normal, usually around 150/95, but with medication, it's under control.

Nurse: Do you have any other complaints?

Patient: I was diagnosed with type 2 diabetes five years ago and I had an operation for a hernia 9 years ago and stripping of varicose veins in my right leg, last year.

Nurse: Let me check your lab test results: your total cholesterol level is high – 285 mg/dL versus a normal reading of less than 200 mg/dL, so you are dyslipidemic; all your

other results are within normal ranges, except for the blood sugar..... Do you smoke?

Patient: I was a heavy smoker – about 20 cigarettes a day, but I quit last year because of the heart disease.

Nurse: Do you drink alcohol?

Patient: Only occasionally.

Nurse: Do you do any physical activity: walking, jogging, swimming?

Patient: Well, not too much, unfortunately. But sometimes, on weekends, I go on bike rides.

Nurse: What can you tell me about your dietary habits? Have you ever seen a nutritionist?

Patient: No, I usually obey the diabetologist's recommendations, but I sometimes eat sweets.

Nurse: How about fatty food?

Patient: Yes, well, I didn't have any limit on fats. Actually, I didn't know my cholesterol was high.....

Nurse: Have you ever kept a diet or fasted?

Patient: No.... My diabetologist only restricted sweets and carbs, such as bread and potatoes, so I am careful with them, but I eat a lot of meat. No, I'm not into fasting, either.

Nurse: How about salt?

Patient: Well, I tried to reduce salt, but you know, well, food without salt is tasteless.

Nurse: Do you have any food allergies or intolerance?

Patient: No, not that I know of.

Nurse: How about stress? Do you think you are a stressed person? On a scale from 1-10 what would you give yourself for stress?

Patient: Yes, I would say I am stressed, I would give myself a 6 or 7.

Nurse: Hmmm... You will have to analyse carefully the things that make you so stressed and try to eliminate or control stress in some way. Chronic stress can lead to unhealthy habits such as overeating, with all its negative effects. One more question: do you eat regularly now?

Patient: I must confess I did not eat regularly in the past, as I said. But since I developed diabetes, yes, I eat 3 meals a day and 2 snacks in between.

Nurse: Are you on oral diabetes treatment or insulin?

Patient: Oral diabetes treatment.

Nurse: OK, thank you Mr. Matei, this is all I had to do for the time being. You will continue with the medication prescribed by your cardiologist, I see it hasn't changed much from what you were taking at home, just the cholesterol medication. Your diet in hospital will be the diabetes and low salt diet. So please do not add salt to the food you receive, but we are going to talk more about this and other aspects after the surgery. Do you have any questions?

Patient: Thank you Ms. Vlad. Yes, I'd like to know if I'm allowed to eat before the operation? And if so, what?

Nurse: A day before the operation you will have an interview with your anesthetist who will tell you what you can do or eat and what you have to avoid. Usually in the morning and at lunch there are no restrictions, but you must not eat anything after 6:00 pm and drink fluids only until 10 pm. You will also be pre-medicated for the operation.

Patient: I see, and after the operation? My family are asking me when they can come and bring me food, you know...

Nurse: Well, it depends on your status and how quickly you recover from anaesthesia. Usually at the beginning, you will be fed by a tube, and then you'll be on a full liquid, then clear liquid diet (plain water, tea, clear broth) and only then, little by little a soft diet will be introduced with pureed soups. It is only after 2 to 3 days that you will be able to eat normal food, so I guess your family will have to wait...

Patient: Yes, well what's most important for me is to get the surgery over with... but you see, they have their problems.

Nurse: Thank you so much for your cooperation. And I hope you find it easy to get used to the hospital. We'll surely talk again soon.

LISTENING 3

GIVING ADVICE ABOUT HEALTHY EATING

Nurse: Good afternoon, Mr. Matei! Your operation was successful, I'm really glad you've made it!

Patient: Good afternoon, Ms. Vlad. I am really happy; my stress level has already gone down to 3!

Nurse: Excellent! I know that tomorrow you are leaving hospital and as I promised, I would like to talk with you about your diet and what you have to do to avoid coming back! I guess you wouldn't like that, would you?

Patient: God forbid! It was very difficult with the pain and breathing problems before the surgery, and then after the surgery...., I had nausea, vomited, no appetite.... then constipation... ufff... I would not like to repeat the experience.

Nurse: Umm... These were the effects of the anaesthesia and the surgery. But, if you still experience nausea because of the medication, you have to stick to bland foods and continue to eat small meals and I also recommend ginger and peppermint in your tea – they may help alleviate these symptoms.

Patient: I would do anything to avoid this nightmare.

Nurse: Now, let me repeat. You have several risk factors for your heart disease. Generally, males are more likely to develop coronary heart disease and you also have a genetic predisposition inherited from your father. These are things which we cannot change. So I will refer only to those aspects

which you can control. It is good that you don't smoke anymore and you consume alcohol only occasionally. But, diabetes, and first of all dyslipidemia, hypertension, and obesity and a sedentary life are all important risk factors, so we will consider each of them, to see what you can do.

Patient: I am listening carefully!

Nurse: Great. Diabetes affects the blood vessels and leads to severe complications, like your coronary heart disease. To these we should add your obesity and hypercholesterol levels. Your blood pressure is medically controlled and we should also consider some dietary measures to prevent its aggravation.

Patient: Is there a diet that can consider all these factors? I mean what else could I eat?

Nurse: There is no wonder diet of course, but there are some measures that you can take. For diabetes you will continue with the medication and the diet that your diabetologist recommended. Plus, you have to reduce salt to a minimum, that is, continue with the low-sodium diet, like you had in hospital. Consider eating low-sodium bread, for instance. I remember you complained that salt-free food is tasteless, so I recommend you to use spices, like herbs: thyme, dill, basil, rosemary, oregano, mint, ginger, or pepper. But beware of hot spices such as hot peppers – they will irritate your digestive tract.

Patient: Interesting! We've used herbs, but not so often. You'll have to talk to my wife!

Nurse: I'd be delighted to! Ok, so let's go on. Because of your obesity, we will have to reduce the calorie intake. So you will have to avoid the high carb high calorie foods; eat regularly and in the indicated quantities, healthy, nutritional foods and this will help you lose the extra weight. This plan targets your dyslipidemia by reducing the amount of animal fats and replacing them with supplements of Omega-3 fatty acids and specific medication if need be.

Patient: I guess this will be hard for me.

Nurse: It may be difficult at the beginning, but don't forget that the extra fat you can see on your belly is also in the blood vessels – which you cannot see. I'm positive that after a short period you will get used to healthy food and you'll start liking it. I recommend that the whole family should make healthy eating a habit; it will be easier for you… As for the stress, you have to keep it under control. You know what they say, that if a problem cannot be seen from the moon, it's not a problem. If necessary, you can see a psychologist…

Patient: I'm fine now… I was stressed and worried because of the surgery. I was really scared……

Nurse: Now finally, I would like to talk with you about the Mediterranean diet, which is plant-based and also cardio protective.

Patient: Do you mean I should become a vegetarian?

Nurse: No, not necessarily. It means a predominantly vegetarian diet which is beneficial for your arteries and heart. A Mediterranean diet includes large amount of vegetables: legumes, fruits, nuts, seeds, herbs, and wholegrains, extra virgin olive oil, fish, and seafood. Consumption of poultry, eggs, and dairy products is moderate and red meat is consumed only rarely. You can eat lean red meat once or twice a month; chicken and fish, weekly – especially salmon because of its high content of Omega 3 fatty acids. Don't eat more than 2 eggs per week though. The fresh dairy should be low in fats. Eat a lot of fresh fruit which is in season, and whole grain bread and pasta. I also recommend legumes and soybeans, soy milk and cheese. And don't forget nuts and seeds. Especially nuts have a good protective effect on the cardiovascular system, and you should eat at least a few of them every day.

Patient: I would like to put down some of these suggestions. I might forget…

Nurse: Don't worry; I've put them down for you. Here you have a plan, foods that you should eat/ you should not eat/ and you should rarely eat. I've also included a daily menu model for you.

Patient: I see, thanks a lot. Aaaaa… can I drink coffee?

Nurse: One coffee in the morning is ok, but not more. Don't forget to drink plain water even if you do not feel thirsty, and also tea. I do not recommend sweetened juices, not only because of the diabetes, but in general.

Patient: I see, ok!

Nurse: There's one thing you will have to discuss with your cardiologist: namely, avoiding the sedentary life from now on. Usually short walks in the beginning and then short bike rides are recommended, but your cardiologist will have to dose your efforts. That's all, Mr. Matei. Here are your dietary recommendations. I'm looking forward to seeing you at your next check-up, healthy and optimistic.

KEY TO EXERCISES

PART I – FOOD RELATED CONDITIONS

READING 1

ASSESSMENT OF HEALTHY EATING HABITS

1. 98 kg, 31.6;
2. No, the patient is obese;
3. moderate blood pressure;
4. menopausal bone loss and maybe fractures;
5. foods rich in calcium (dairy and dark green leafy vegetables), vitamin D and B12 (meat, fish, eggs, fortified grains);
6. walks short distances, no sport. She should have at least 150 min of activity/week;
7. grains;
8. dairy, vegetables, fruits, protein;
9. low fat dairy and whole grains, limiting packaged and overly-processed foods.

SPEAKING 2

HEALTHY EATING PLANNER

TASK A – ROLE PLAY

DIETITIAN

1. You should steer clear of crash diets, which often lead to weight gain in the long run. Cut back on empty-calorie foods and eat smaller portions from all five food groups. Small changes can have big effects that will last!
2. You can move more and sit less. Simply turning off the TV and the computer may be enough to get you going. To be more motivated, ask a friend to join. Track your activity using a smart phone app and set a goal to increase your activity a little bit each week.
3. Yes, a healthy eating plan may lower blood pressure as much as medication. Limit your intake of packaged and overly-processed foods which are high in salt. Menopausal years can be a time of rapid bone loss. Be sure to reach the recommended amounts of low-fat dairy and whole grains and add an extra serving of both vegetables and fruits. Besides, foods rich in Vitamin D (salmon, liver, cheese, eggs) will help your body absorb calcium.

PATIENT

1. I will try not to skip breakfast. I will buy nutrient-rich breakfast foods like whole-grain bread and cereal, eggs, peanut butter, fruit, milk, and yogurt more often. I will eat less at night, so I am hungrier in the morning. I will eat smaller portions more often by using smaller plates. I will be more physically active by walking to the office and/or back home.
2. I will add dairy by adding yoghurt for snacks. I will add fruits by adding apples, bananas for dinner instead of dessert. I will add vegetables by adding carrots, broccoli for lunch.

VIDEO CLIP

ASSISTANCE WITH FEEDING

TASK A – DOCUMENTING HOSPITAL FOOD INTAKE

Patient name: Popescu Maria; **Gender**: female**; Diagnosis: stroke; Yogurt:** no dairy; amount: nothing**; Eggs**: scrambled, amount: nothing; **Bread**: whole meal bread, amount: nothing; **Fruit:** applesauce, amount: half serving; **Beverage**: water, amount: 50ml; **Other**: vanilla pudding with milk, amount: nothing; **Nurse**: Ana Brown.

TASK B – ASSISTANCE WITH FEEDING

1F; 2D; 3H; 4C; 5I; 6B; 7E; 8G; 9J; 10A

SPEAKING 3

REFLECTION ON HOSPITAL FEEDING

1. The CNA asked the patient what her name was to check if the right type of food was served to the patient.
2. The protocol requires the nurses to ask the patient state her/his name. Some patients may be allergic to some type of food or they may have a food intolerance or are on a specific type of therapeutic diet, therefore it is important that the right type of food is served to the patient.

3. Examples of modified utensils: spill-proof lid, non-slip bowl, utensil hand clip.
4. Food charting is a screening tool that helps to detect patients at risk of malnutrition. It can also help to choose appropriate menus for the patient such as soft or high-protein, energy-dense foods, or if the case may be, to refer a patient to a dietitian.
5. In some hospitals, patients wear an id bracelet but they do not have a personalised tray with food. In Romania, for example, there is a range of therapeutic menus (e.g.: diabetes, low salt, enterocolitis, gastric, diarrhoea) but few general menu choices (e.g.: vegetarian versus normal).

LANGUAGE FOCUS 1

EATING DISORDERS QUIZ

1) anorexia; 2) flatulence; 3) nausea; 4) vomiting; 5) constipation; 6) diarrhoea; 7) cachexia; 8) obesity; 9) bulimia; 10) anaemia; 11) heartburn.

LANGUAGE FOCUS 2

WORD BUILDING – FOOD ALLERGY OR FOOD INTOLERANCE?

1. hypersensitivity/sensitivity; 2. abnormal; 3. harmless; 4. allergens; 5. allergic; 6. itchiness; 7. detrimental; 8. additive; 9. intolerant; 10. asymptomatic

SPEAKING 4

ALLERGY-TRIGGERING FOODS

1. The most important food allergens are: milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, soybeans.
2. Example: My nephew, who is 3 years old, was recently diagnosed with allergy to nuts and dust. He was diagnosed after his mother noticed that the boy developed a red rash around his mouth after eating wafers and on his body whenever he went to his grandparents' in the countryside. He was taken to a specialist in allergology and had a skin prick test on the forearm which revealed that the boy was allergic to nuts and dust. The doctor recommended the mother to read carefully the food labels and avoid foods containing nuts and peanuts. As to the dust allergy, she recommended her to remove carpets/rugs, feather pillows and other dust-retaining objects such as upholstered furniture at home. The boy was also prescribed some specific medication to be administered when taken to the countryside.
3. Lactose intolerance (the body cannot digest lactose or milk sugar), gluten intolerance (the body cannot digest gluten found in wheat, barley, and rye).
4. The person feels worse after consuming certain types of foods or ingredients, she/he can be bloated, constipated or have diarrhoea, experience abdominal pain or cramping, flatulence, migraines, eczema, etc.

PART II – HOSPITAL DIETS

READING 2

HOSPITAL DIETS

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

LISTENING 2

ASSESSING A PATIENT'S DIETARY NEEDS

TASK A

1a; 2b, b; 3b; 4a; 5b; 6a; 7a; 8b; 9b, b; 10a; 11b; 12a; 13a; 14a

TASK B – FURTHER DISCUSSION AND REFLECTION

1. Stress (6–7 level), diabetes, high cholesterol, slightly high blood pressure, smoking;
2. Yes, for hernia 9 years before and for varicose veins a year before;
3. Low carbs but high fats, rather regular;
4. To reduce stress;
5. The patient asks questions about his diet the day before the surgery and after surgery.

LISTENING 3

GIVING ADVICE ON HEALTHY EATING

TASK A

Should eat/drink	Should avoid	Consume rarely
herbs nuts seeds extra-virgin olive oil seafood salmon wholegrain bread and pasta water tea	salt hot peppers cookies high-carb, high calorie foods high-fat dairy sweetened juices	eggs lean red meat

TASK B – WHICH OF THE FOLLOWING DID THE NURSE DO?

1.T; 2.F; 3.F; 4.T; 5.F; 6.T; 7.T; 8.F; 9.F; 10.T

SPEAKING 7

FIGHTING BAD EATING HABITS

a) Staying hydrated is important. One tip is to put water in front of you so that you can measure how much you have drunk. Especially in summer, "Sassy" water is more attractive.

b) Go nuts! Nuts are one important source of proteins. Twice a week make seafood the protein on your plate. Try going vegetarian for a month. Chickpea, beans, peanuts, buckwheat, mushrooms, and soy are also important sources of protein.

c) Spice up! Besides being powerful healers, most spices are packed with micronutrients. Ginger, for example, is a great source of potassium and magnesium.

d) You can satisfy your sweet tooth in a healthy way. Eat a fresh fruit salad. Baked apples topped with cinnamon are an excellent idea for a hot dessert.

e) Try using less meat when cooking. Get creative in the kitchen even when you are making a sandwich. Veggies will add more colour, texture and flavours to it.

f) Cereals are full of added refined sugar which is deleterious to our health. If you cannot eat immediately after you wake up, make a healthy sandwich and take it along with you to eat after you arrive at work/school.

WRITING 4

ASKING QUESTIONS TO ASSESS EATING HABITS

1. Do you eat regularly? Do you eat breakfast?
2. What do you drink/day and how much?
3. What vegetables do you eat and how much?
4. What kind of bread do you consume?
5. What kind of meat do you eat? Legumes?
6. Do you have a sweet tooth?
7. How often do you eat unhealthy meals?
8. What conditions do you suffer from?
9. And what is your goal?

TEST YOURSELF

1.c; 2.b; 3.a; 4.b; 5.b; 6.c

Module 13

Preparing for a scientific conference abroad

Authors
Marília Dourado and Nicole Dourado

University of Coimbra

www.uc.pt

UNIVERSIDADE D
COIMBRA

INTRODUCTION

Attending and actively participating in international scientific meetings and sharing scientific knowledge that is being produced all around the world is essential to all healthcare professionals interested in up-dating their knowledge. A variety of language activities, some based on ICPN standards, will help you to develop the oral and written competence necessary for communication at a scientific conference abroad. If you are going to present a poster, it could help you to be more successful.

OBJECTIVES

After completing the activities in this module, you will be able:

- to prepare for a scientific meeting;
- to understand people speaking about making a presentation;
- to make a presentation at an international scientific meeting;
- to use the scientific terms that identify the different events;
- to structure a poster and an abstract;
- respond to awkward questions you may be asked during the presentation.

LISTENING 1

Listen to the key words for this module. Repeat the words until you are familiar with their meaning and correct pronunciation.

to prepare a scientific conference /tə prɪˈpeər ə ˌsaɪənˈtɪfɪk ˈkɒnfərəns/	to settle down /tə ˈsetəl daʊn/	description of the cornerstone /dɪsˈkrɪpʃən əv ðə ˈkɔːnəstəʊn/
scope of the study /skəʊp əv ðə ˈstʌdi/	acronym /ˈækrənɪm/	to make a poster presentation /tə ˈmeɪk ə ˈpəʊstə ˌprezenˈteɪʃn̩/
rule of thumb /ruːl əv θʌm/	to network with speakers /tə ˈnetwɜːk wɪð ˈspiːkəz/	closing remarks /ˈkləʊzɪŋ rɪˈmɑːks/
to define a keynote speaker /tə dɪˈfaɪn ə ˈkiːnəʊt ˈspiːkə/	to make an appealing talk /tə ˈmeɪk ən əˈpiːlɪŋ ˈtɔːk/	address the newcomer /əˈdres ðə ˈnjuːˈkʌmə/

LISTENING 2

What to do when displaying your poster

Listen carefully to the tips about how to make a presentation welcoming and appealing. You might like to read the questions below first.

FOLLOW-UP ACTIVITY

Please answer the following questions briefly, either in writing or orally to a colleague, according to the information provided in the listening comprehension. If you are working alone, you could write your answers or answer them in a monologue.

1)	How should you attract people to listen to and see your presentation?
2)	What is a good icebreaker?
3)	What should you do to give your full attention to the audience and encourage spontaneity in your delivery?
4)	What important emotion do you wish to convey when speaking?
5)	What three other things can you do to maintain your audience's attention?
6)	What should you do to aid comprehension of what you are saying?
7)	How should you deal with latecomers, in terms of the information they have missed?
8)	What would be a good memento to give away?
9)	What body language can you use to encourage latecomers to stay?
10)	What could you do if you don't have time to answer all the questions or talk to everyone?

SPEAKING 1

How to make a poster presentation

What are the main points leading to a successful presentation in public? Please work with a colleague and use the key concepts presented above to advise him or her what to do the next time s/he speaks in public or presents a poster. For self-learners, you could complete the sentences below with ideas taken from the listening comprehension or any others of your own and present them in a monologue.

Expressions for giving advice that you might like to use include: Why don't you ...? You could/should ..., If I were you, I'd ..., You mustn't forget to ..., It's important to ..., It's a good idea to ...

Remember all of these complete expressions are followed by the infinitive of the verb e.g. "You should smile at your audience." "It's a good idea to have a catchy (memorable) title for your presentation."

Please discuss any other ideas you may have. Your input is very important!

LISTENING 3

Attending a scientific conference abroad

We are going to meet Maria and John who have been invited to present a poster at a conference abroad. Before listening, please read the comprehension questions below.

FOLLOW-UP ACTIVITY

Justify your answers to the following questions when speaking with a partner. Take it in turns so you can both speak. Then check your answers against those at the end of the module.

1. Does John want to go to the cinema with Maria?
2. Where is the conference going to take place?
3. Is John going to speak at a conference?

4. How did John know about the international conference?
5. What is the main topic of the conference?
6. Do you consider that John will talk about a common disease?
7. Where did John find financing in order to participate in the conference?

LANGUAGE FOCUS 1

Vocabulary for conferences

To learn more about the expressions used at a conference, read the words below on your left and match them to the meanings on your right.

1. Conference	a. A document where the person's information is recorded
2. Abstract	b. A person who delivers a speech that sets out the central theme of a conference
3. Registration form	c. It comprises summaries of articles
4. Workshop	d. Information given by a speaker on a specified topic
5. Keynote speaker	e. A summary of the contents of an article
6. Symposium	f. A conversation or debate about a particular topic
7. Talk	g. A meeting of people with a shared interest, often lasting more than one day
8. Discussion	h. A conference or meeting where a particular subject is discussed
9. Abstracts book	i. A formal meeting where people discuss a shared interest or participate in an activity intensely

WRITING 1

Conference meeting – application accepted

You have applied to participate in a conference meeting and you have received this letter. Please fill in the gaps by choosing from the words provided after the text. After having filled in the correct words, please read the whole text again.

Check that you are familiar with their meanings first, please use a dictionary if necessary! The first letter of the word or phrase you need is in the relevant space.

Dear participant,

Congratulations! You have been selected to participate in our scientific meeting! It is a g..... (1) for you to both l..... (2) and also to have fun. Since we are going to have various s.....(3) that vary in size, a..... (4), we will be discussing the g.....(5) that apply to most meetings. N.....,(6) contact your s.....(7) as s/he is the best adviser to provide you information on the n..... (8) of the particular meeting you will be attending.

In order to get the f.....(9) from this event you will want to h.....(10) of the culture of the meeting you are attending and have as much information as possible on t..... (11) that will be discussed, who will be attending and who you might e..... (12)

The role you will play at this meeting is very important for you to b.....,(13) because r.....(14) you are giving a talk, p.....(15) or attending without any presentation responsibilities, you will be there to p.....(16) .

We expect you to g.....(17) this meeting!

atmosphere and procedure, be aware of, learn and network, scientific meetings, great opportunity, presenting a poster, participate, general guidelines, get the most out of, nevertheless, supervisor, regardless of whether, nuts and bolts, full benefit, encounter, have an idea, the subjects

SPEAKING 2

Familiarise yourself with these words and expressions

In order to help you practise any new vocabulary and improve your communication skills, please choose seven or eight of the less familiar words/expressions above and explain their meaning, with an example from the healthcare context, to a colleague. If you are a self-learner, you could write some sentences of your own or search for some examples on the Internet.

For example: Science has made considerable advances concerning the treatment of diseases. Nevertheless, there are still many limitations to these treatments.

SPEAKING 3

The poster presentation

Please look at the advice about how to make a presentation below. Put them in <u>your personal order</u> of importance, starting with the one you think is most important. Then compare your list with a colleague's, unless you are a self-learner. If you don't agree, no problem! Just more for you to discuss with him or her as you justify your personal choices.

- Rehearse your presentation before attending the meeting.
- Pay particular attention to your personal appearance for the presentation (hair, clothing, make-up etc.).
- Make your poster as attractive as you can to give it an impact.
- Think about the questions people are likely to ask you and prepare your answers.
- From time to time ask your audience if they would like you to repeat anything.
- Think of a catchy title for your poster.
- Make sure the poster is a summary of the most important aspects of your research.
- Encourage the audience to ask questions.

Suggestions for self-learners: you could work with a partner via a social network or present your point of view in a monologue.

SPEAKING 4

Ordering topics for a poster

Think about the topics below and put them in a logical order for a poster. If you can do this activity by discussing it with a colleague, even better! At the end of the exercise, you will know how a poster should be structured.

a) Methods, b) Authors (including you) and their institutional affiliations- name and affiliations c) Conclusion d) Abstract e) Background/literature review f) Acknowledgements g) Research questions h) Logos i) Materials j) Results k) Discussion l) Title m) Future directions, especially if this is a work in progress

Here are some words or expressions that you might like to use during your discussion: firstly, at the start, secondly, thirdly (we don't usually go beyond this!), as well as this, besides this, before (this), after (this), in the middle, finally, at the end. Why don't you add your own ideas to this list of linking words?

Suggestions for self-learners: you could work with a partner via a social network or present your point of view in a monologue.

VIDEO CLIP. Preparing a poster – a lecture

Please read the questions below in the follow-up activity first and then watch the video where a teacher explains how to make a poster presentation to the students.

FOLLOW-UP ACTIVITY

Please answer the following questions briefly, according to the information provided in the listening comprehension.

1) If you were going to write the texts for a poster, what would you include in the:
   a) introductory section?
   b) methodology section?
   c) results section?
2) Would your texts have more statements or argumentation? Please justify your answer.
3) What element(s) would make the results on your poster more convincing?
4) Which feature of your poster would be of most interest to the scientific community?
5) If you include one, how extensive should any bibliography be?

WRITING 2

When presenting your poster

These are some common sentences that could be used when presenting your poster, but the words are jumbled up. Please put them in the right order. The first word is always identified by a capital letter and in the first two, the last word is indicated by a full stop.

1) importance./personalised/is/design/great/of/The/of/nutritional/a/plan
2) knowledge/ literature review/of/objective/The/this/nutrition./make/a critical/to/ reflection on/ about/is/the current
3) a/diet/We/balanced/demonstrated/a/is/a/factor/that/for/rapid/have/recovery
4) details/data/the/of/squamous cell carcinoma/on/Figure 1/prevalence/the/
5) chosen/This/because/model/most/was/it/is/practical/one/of/achieve/the/ways/ to/ our/ goals
6) cause/the/Smoking/cancer/primary/is/of/lung
7) study/of/In conclusion,/our/importance/demonstrates/the/hygiene/clearly
8) fact/highlight/that/significant/factor/These/results/the/time/is/a/in/this/ treatment
9) analysed/ SPSS/ was/Statistical/using/by/significance
10) significant/gender/that/Table 1/is/most/factor/illustrates/the

FOLLOW-UP ACTIVITY

When presenting your poster

Now that you have reconstructed the sentences and checked them in the answer key, in which section of a poster or its presentation do you think they are most suitable? Although there may be more than one possibility for some of the sentences, a reasonable answer will include: two sentences for the Introduction, two for the Methods, four for the Outcomes and two for the Conclusion. Please write the number of the sentence below after the appropriate section.

- Introduction
- Methods
- Results/Outcomes
- Conclusion

WRITING 3

During or after your poster presentation

Analyse the following sentences that can be used to reply to questions that you cannot answer immediately during or after your presentation. Then link the informal sentences on the left with the more suitable formal sentences provided on the right in the box below by matching their content and objectives. Use the numbers and letters provided, one of them has been done for you.

1) I don't know. We can talk later.	a) Unfortunately, that's a bit beyond the scope of this talk, but my immediate thoughts are that basically...
2) That's interesting. No idea. And you?	b) That would be interesting to investigate, but I don't know the answer. Thank you for raising the question.
3) Good point. No info, no basis for an answer.	c) I know that X and Y are researching that, but I don't know their outcomes.
4) We didn't cover that, but I guess ...	d) I don't think there is enough time to go into that right now, but I would be happy to give you my email and phone number to discuss it further at another time if you wish.

5) I don't know. Check X and Y's research.	e) I'm afraid I'm unable to answer your question now. Perhaps we could discuss it on a one-to-one basis later?
6) No time for that now. I'll give you my contacts.	f) That's a very relevant question. However, we don't have any data on that specific point, so I can't give you an accurate answer.
7) Don't have a clue. Good question.	g) Good question. I can't answer that! What do you think?

Your answers:

1)		2)		3)		4)		5)		6)		7)	

SPEAKING 5

Presentations

It is very likely that you are either going to make a presentation at a conference or of a poster if you are doing this module. Therefore, with a colleague, you could try to predict any difficult questions you might be asked and make mini-dialogues answering them with some of the more formal replies above.

Suggestions for self-learners: you could work with a partner via a social network or think about a work or study you have done and imagine some questions you could be asked about it and answer them in a monologue to become familiarised with these sentences.

READING

How to structure an abstract

Please look carefully at this example of a real abstract below and note the structure and position of the key concepts (numbered both in and after the text). Note that sometimes more than one aspect can be discussed in the same section and that there is some flexibility. However, most abstracts today have these elements.

An abstract is usually found at the start of a poster or an article published in a scientific journal and is a very brief summary of its contents. This is so that the reader can quickly see whether the text is of interest or not. Sometimes there is a word limit to the abstract. Please note that you will normally be asked to submit an abstract to be selected to present a poster or other forms of presenting your work to the scientific community. Therefore, being able to write an abstract well is a very useful skill to acquire for anyone engaged in research.

Example abstract

1) The prevalence of chronic disease, the increased life expectancy and the ageing of populations have been changing the organization of health systems. Therefore, palliative care was designed for patients with chronic advanced diseases and life threatening diseases in order to control symptoms and to promote quality of life. Nutrition plays a key role in the daily life of any individual and in Palliative Care its importance stands out due to the clinical and ethical issues that are raised.

2) The objective of this literature review is to make a critical reflection on the current knowledge about nutrition in palliative care and its physiological, social and psychological significance.

3) For this, a bibliographic search was conducted, through original and review articles in the database, published in Portuguese and English, between 2000 and 2016.

4) In advanced disease, namely in patients in palliative care or in End-of-Life Care, nutrition must be understood as an important means to improve the quality of life.

5) + 6) The design of a personalized nutritional plan is of great importance. Thus, all decisions should be taken by the healthcare team, the patient and family in order to respect the patient's wishes and goals, maximizing its benefits and preventing future complications.

7) Keywords: Nutritional Support, Palliative care, End of Life Care, Withholding or withdrawing treatment

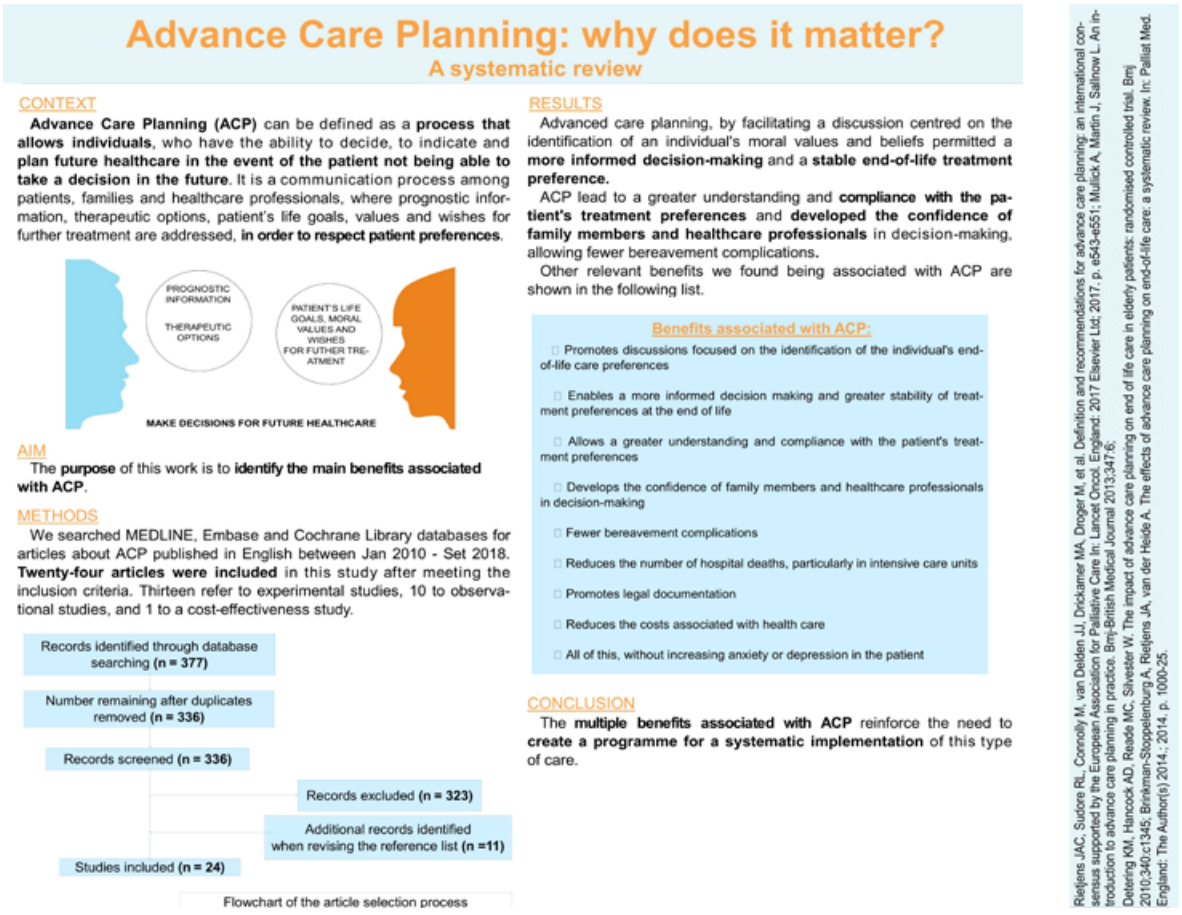
The topics below are numbered from 1 to 7, which correspond to the numbered sentences that are present in the abstract above. This will help you to structure an abstract in the future.

1) Don't forget that the abstract must have an introduction where the topic of your paper is described
2) Define the objectives **3)** Describe the materials and methods used in order to achieve the objectives
4) Present the main results **5)** Discuss them **6)** Conclusion **7)** Keywords

SPEAKING 6

When presenting your poster

Now that you have heard a listening comprehension about how to make a presentation and watched a video about designing and structuring a poster, you are invited to take a critical look at the following poster:



Advance Care Planning: why does it matter?

A systematic review

CONTEXT

Advance Care Planning (ACP) can be defined as a **process that allows individuals**, who have the ability to decide, to indicate and **plan future healthcare in the event of the patient not being able to take a decision in the future**. It is a communication process among patients, families and healthcare professionals, where prognostic information, therapeutic options, patient's life goals, values and wishes for further treatment are addressed, **in order to respect patient preferences**.

PROGNOSTIC INFORMATION

THERAPEUTIC OPTIONS

PATIENT'S LIFE GOALS, MORAL VALUES AND WISHES FOR FUTHER TREATMENT

MAKE DECISIONS FOR FUTURE HEALTHCARE

AIM

The **purpose** of this work is to **identify the main benefits associated with ACP**.

METHODS

We searched MEDLINE, Embase and Cochrane Library databases for articles about ACP published in English between Jan 2010 - Set 2018. **Twenty-four articles were included** in this study after meeting the inclusion criteria. Thirteen refer to experimental studies, 10 to observational studies, and 1 to a cost-effectiveness study.

Records identified through database searching **(n = 377)**

Number remaining after duplicates removed **(n = 336)**

Records screened **(n = 336)**

Records excluded **(n = 323)**

Additional records identified when revising the reference list **(n =11)**

Studies included **(n = 24)**

Flowchart of the article selection process

RESULTS

Advanced care planning, by facilitating a discussion centred on the identification of an individual's moral values and beliefs permitted a **more informed decision-making** and a **stable end-of-life treatment preference.**

ACP lead to a greater understanding and **compliance with the patient's treatment preferences** and **developed the confidence of family members and healthcare professionals** in decision-making, allowing fewer bereavement complications.

Other relevant benefits we found being associated with ACP are shown in the following list.

Benefits associated with ACP:

- Promotes discussions focused on the identification of the individual's end-of-life care preferences
- Enables a more informed decision making and greater stability of treatment preferences at the end of life
- Allows a greater understanding and compliance with the patient's treatment preferences
- Develops the confidence of family members and healthcare professionals in decision-making
- Fewer bereavement complications
- Reduces the number of hospital deaths, particularly in intensive care units
- Promotes legal documentation
- Reduces the costs associated with health care
- All of this, without increasing anxiety or depression in the patient

CONCLUSION

The **multiple benefits associated with ACP** reinforce the need to **create a programme for a systematic implementation** of this type of care.

Rietjens JAC, Sudore RL, Connolly M, van Delden JJ, Drickamer MA, Droger M, et al. Definition and recommendations for advance care planning: an international consensus supported by the European Association for Palliative Care In: Lancet Oncol. England: 2017 Elsevier Ltd; 2017. p. e543-e551; Mullick A, Martin J, Sallnow L. An introduction to advance care planning in practice. Bmj-British Medical Journal 2013;347:6.

Detering KM, Hancock AD, Reade MC, Silvester W. The impact of advance care planning on end of life care in elderly patients: randomised controlled trial. Bmj 2010;340:c1345; Brinkman-Stoppelenburg A, Rietjens JA, van der Heide A. The effects of advance care planning on end-of-life care: a systematic review. In: Palliat Med. England: The Author(s) 2014.; 2014. p. 1000-25.

SPEAKING 7

First, please consider its strengths and weaknesses and remember that it is unusual for anything to be all good or all bad. Please decide what you would modify if the poster was yours and make suggestions using appropriate language. Please note that some phrases are suggested below that you may wish to use. There are no restrictions, all alterations may be considered.

Some phrases you might like to use are: I really don't like..., I think it could be greatly improved by..., I think X is a big mistake, Y would be a much better solution, You could alter ..., X would be a better solution because Y..., In my opinion, it should have/be..., I think X works very well but/and..., What about altering, swapping, repositioning ...?

Suggestions for self-learners: you could work with a partner via a social network or present your point of view in a monologue.

You have a great opportunity to practice your spoken English by discussing your points with a colleague or in a monologue. Try to add phrases of your own that could be used for this task.

LANGUAGE CORNER

The following expressions have been selected to act as building blocks for successful communication regarding the subject addressed in this module.

asking questions to the speaker /ˈɑːskɪŋ ˈkwestʃənz tə ðə ˈspiːkə/	to attend a closing ceremony /tu əˈtend ə ˈkləʊzɪŋ ˈserɪməni/
completion of the Registration Form /kəmˈpliːʃn̩ əv ðə ˌredʒɪˈstreɪʃn̩ ˈfɔːm/	to attend different workshops /tu əˈtend ˈdɪfrənt ˈwɜːkʃɒps/
conference venue /ˈkɒnfərəns ˈvenjuː/	to attend a Gala Dinner /tu əˈtend ə ˈgɑːlə ˈdɪnə/
networking with other participants /ˈnetwɜːkɪŋ wɪð ˈʌðə pɑːˈtɪsɪpənts/	to be aware of the posture /tə biː əˈweər əv ðə ˈpɒstʃə/
organization of the Scientific Committee /ˌɔːgənaɪˈzeɪʃn̩ əv ðə ˌsaɪənˈtɪfɪk kəˈmɪti/	to be invited for an international conference /tə biː ɪnˈvaɪtɪd fər ən ˌɪntəˈnæʃn̩əl ˈkɒnfərəns/
purpose and motivation, methods and conclusion /ˈpɜːpəs ənd ˌməʊtɪˈveɪʃn̩, ˈmeθədz ənd kənˈkluːʒn̩/	to get funds for travelling expenses /tə ˈget fʌndz fə ˈtrævəlɪŋ ɪkˈspensɪz/
to address the newcomer /tu əˈdres ðə ˈnjuːkʌmə/	to get ready for the scientific conference /tə ˈget ˈredi fə ðə ˌsaɪənˈtɪfɪk ˈkɒnfərəns/
to address your audience /tu əˈdres jər ˈɔːdiəns/	to have a fruitful discussion /tə həv ə ˈfruːtfəl dɪˈskʌʃn̩/
to ask questions /tu ɑːsk ˈkwestʃənz/	to have a good pronunciation tə həv ə gʊd prəˌnʌnsɪˈeɪʃn̩/

to have good communication and speaking skills /tə həv gʊd kəˌmjuːnɪˈkeɪʃn̩ ənd ˈspiːkɪŋ skɪlz/	to organize the Committee /tu ˈɔːgənaɪz ðə kəˈmɪti/
to invite a Keynote Speaker /tu ɪnˈvaɪt ə ˈkiːnəʊt ˈspiːkə/	to provide an abstracts book /tə prəˈvaɪd ən ˈæbstrækts bʊk/
to make a power point presentation /tə ˈmeɪk ə ˈpaʊə pɔɪntˌprezenˈteɪʃn̩/	to review the literature /tə rɪˈvjuː ðə ˈlɪtrətʃə/
to make an appealing talk /tə ˈmeɪk ən əˈpiːlɪŋ ˈtɔːk/	to share the results /tə ˈʃeə ðə rɪˈzʌlts/
to make an early bird registration /tə ˈmeɪk ən ˌɜːli bɜːd ˌredʒɪsˈtreɪʃn̩/	to take part in a symposium /tə ˈteɪk pɑːt ɪn ə sɪmˈpəʊzɪəm/
to make eye contact /tə ˈmeɪk aɪ ˈkɒntækt/	to write closing remarks /tə ˈraɪt ˈkləʊzɪŋ rɪˈmɑːks/
to open the session /tu ˈəʊpən ðə ˈseʃn̩/	writing acknowledgements /ˈraɪtɪŋ əkˈnɒlɪdʒmənts/

SUMMARY

Having completed this module, you have learnt how to:

- prepare for a scientific meeting;
- understand people speaking about making a presentation;
- make a presentation at an international scientific meeting;
- use the scientific terms that identify the different events;
- structure a poster and an abstract;
- respond to awkward questions you may be asked during the presentation.

Acknowledgments

We would like to thank to Jon Nesbit for writing some of the activities and revising the English used throughout the entire module.

AUDIOSCRIPTS

LISTENING 2

WHAT TO DO WHEN DISPLAYING YOUR POSTER

The first thing you have to bear in mind is that you should do your best to stand at your poster showing enthusiasm and encouraging interaction with anyone who shows an interest in your work. If you are not going to have an opportunity to make a formal oral presentation, and sometimes you won't, you will need to encourage people to ask any questions they may have. Many of the tips provided in this dialogue about making a formal presentation are just as relevant as when speaking to anyone who shows an interest in your poster.

If you stand to the side of the poster, you'll see that the audience will feel more welcome and you'll probably make any audience move closer to see the information in its entirety. As people may be standing at some distance, you will need to take this into consideration when deciding on font sizes for the headings and texts used for your poster. The organisers of the event are likely to have guidelines concerning this, which, naturally, you must respect. You can also find general templates for posters online.

When considering the colour scheme of your poster, it is probably best to keep things relatively simple, perhaps just one or two colours. If you use the whole panoply of colours, you run the risk of distracting people from the central points of your poster, which are your main conclusions and how you reached them. Naturally, this is all quite subjective and depends on personal taste, but try not to overdo the design and colour schemes. Don't let the marketing smother the science!

Don't forget to smile, introduce yourself and say hello, if you can say something humorous it will be a great icebreaker! Raise your voice a little and speak clearly but not too quickly! Try to alter the speed and tone of your delivery by emphasising key words as this helps maintain interest. Another general rule of thumb is to pause between the important ideas/sections. Don't forget that while you know your work very well, this is the first time the listeners are hearing it, so you must give them time to process what you are saying. For example: "Firstly, I'm going to talk about what we did (pause), secondly, how we did it (pause) and, finally, the outcomes of our study (pause). Try to look directly at your audience. Avoid reading from a script; if you must have something with you, just use brief notes. This will make your presentation more spontaneous and interesting and will attract people to move closer and listen more carefully.

Your posture and eye contact are essential. Do not put your hands in your pockets, this will make you seem uninterested and your presentation boring. If you are not able to convey enthusiasm for your topic, why should the audience be interested? Not talking in a monotone and making appropriate gestures and facial expressions will make your talk more lively and motivate your audience to listen to you until you've completed what you want to say.

If you are already talking to a group while another person approaches, do not interrupt your talk. Make eye contact and smile. Only after you have finished your presentation should you address the newcomer and perhaps offer to summarise what she or he missed and ask the group in general if it would like to have any clarifications.

Some people may come and talk to you at the end of your presentation (a sign of success!) perhaps wanting some further information. If there isn't time to do it then, you can always suggest meeting them at another time of their convenience. It is also a good opportunity to give them your contacts, should they be interested in keeping in touch with you. One thing you might like to consider is to prepare a number of copies of a smaller version of your poster, perhaps A4 size, to give away to anyone who is interested. Obviously, the way they can contact you in the future needs to be clearly legible due to the reduction in dimension!

Really make an effort to do your best and not be too nervous in order to make the most of this unique experience. Who knows what your presentation could lead to? You might be invited to work with another research group or co-author an article or make a more complete presentation at a conference.

LISTENING 3

ATTENDING A SCIENTIFIC CONFERENCE ABROAD

Listen to the dialogue between John and Maria, where John tells Maria that he is going to make a poster presentation at a scientific conference abroad.

John: So, Maria, what are you going to do this weekend?

Maria: I'm planning to go to the cinema to watch a thriller. Would you like to come with me?

John: Oh I'd love to, but I won't be here.

Maria: Where are you going?

John: I'm going to Spain to make a poster presentation.

Maria: That's great! What's the topic about?

John: I'm going to present a poster about oral cancer. There's a talk at an international conference organised by ESMO. The percentage of people with oral cancer is increasing nowadays and most people are not aware of the seriousness of this disease.

Maria: I don't know anyone with this cancer, and I've hardly ever heard it mentioned. It is very rare to hear anyone talking about it. We hear a lot about breast and lung cancer or leukaemia, among others.

John: Yes, that's true. But oral cancer is not so rare as people might imagine.

Maria: Oh, really! I had no idea! How did you find out about this conference in Spain?

John: There was an invitation to submit abstracts, so I sent one and I was selected! I got the e-mail last week.

Maria: Are they going to pay the travelling and accommodation expenses?

John: Yes, of course! Otherwise, I wouldn't be able to participate. They are very interested in the research I've been doing.

Maria: That's great! Congratulations! Make the most of it and enjoy yourself!

John: Thank you Maria. I'll bring you a souvenir from Spain.

VIDEO CLIP

PREPARING A POSTER – A LECTURE

T: Good afternoon everyone, if you could settle down, then we can begin. As you will remember, last week I asked you to listen to someone explaining how to make a presentation.

S: Yes, so why did we have to do that again?

T: Because, as students of medicine, quite a large percentage of you will be involved in research at some point in the future. Doing research is pointless unless you are going to share it with the wider scientific community. Some of you may write articles, but for most of you the first step will be

presenting a poster, which in many aspects is like a summary of an article.

S: But how do we go about doing that? We haven't ever had to do anything similar on our degree course.

T: That's exactly why you are doing this course on English for Academic purposes. I suggest we get down to it and make a start. When reflecting on how to prepare your poster, I suggest you consult the Internet, as you will find numerous sites dedicated to the theme. Today, I will just give you some basic pointers.

S: Sorry? What do you mean?

T: Some basic tips on how to do it. For example, I think the acronym WHO is a very good starting point.

S: Pardon? Who's WHO?

T: WHO should remind you that you will need to include the: "What", the "How" and the "Outcomes" of your investigation. To put it another way, the normal format includes very concise sections with an initial description of the cornerstone or focus of the study, perhaps including the basic hypotheses, the methodology used, what's new and so on. Then, in another part you usually detail the methods used, and information about your sample, the criteria used to constitute it and the statistical processing it was subjected to. These usually take the form of statements rather than argumentation.

S: What do you mean by that?

T: Well, you don't have much space on a poster, so you provide an account of what you did and not necessarily all the argumentation or reasoning behind it. That's why, generally, you will be present to provide the logical justification of your work, this could be during a formal presentation of your poster or, just as frequently, simply by being there; hopefully to reply to all the questions you will be asked.

S: Why do you say "hopefully"?

T: Realistically, you have to remember that you are competing for attention with all the others who are presenting posters.

S: But that's not going to be easy!

T: No, and there are factors other than just your text.

S: Like what?

T: Of course, the visual presentation of the text for example, how you are dressed, your posture, the way you speak, these features were already dealt with to some extent in the listening comprehension about making presentations. Now, let's get back to WHO, the final part concerns the "Outcomes" or the results of your study. Figures and tables are a very space-economical technique to disseminate the conclusions of your work. Actually, from a distance, the appearance of a typical poster will be of tables and figures interspersed with blocks of text.

S: Excuse me, why "from a distance"?

T: Don't forget that typically your poster will be attached to a wall or some other structure and people will be standing looking at it, perhaps from a distance of two or three metres. So, you have to bear this in mind when deciding on headings and font sizes. Although the figures are important, people still need to be able to read your explanation of the most relevant results obtained from the analysis of your data. Frequently, this component is subdivided into a statement of what the investigation found and then the importance of those findings. A robust study and its presentation will show a clear link between the initial hypothesis or hypotheses and the outcome, or outcomes; it will be even better if there is a significant element of novelty to your results!

S: You mean in the techniques used?

T: Sometimes they are important, but what I'm really referring to is that your study has found something that nobody else has, I hope you have found what you were looking for, please put the phone away. This is the way that science slowly moves forward, providing, of course, that your work is reproducible. Don't forget the recent case of the Nobel prize-winner, Frances Arnold, who has retracted her recent study on enzymes because nobody else has been able to reproduce her work and reach the same findings.

When stating the findings, people sometimes also make a brief mention of any limitations in their study and/or possible directions for future studies to follow.

S: You said earlier that a poster may be compared with a summary of an article. Does that mean we have to include a bibliography?

T: Good question. Because of the lack of space, normally only key references will be stated on the poster. Now, like a poster where space is valuable and must be used effectively, so too is our time. I think you've been listening to me for long enough; I'd like to start a number of practical activities with you now related to designing, and writing the text for a poster.

KEY TO EXERCISES

LISTENING 2

HOW TO MAKE A POSTER PRESENTATION. Answers

1) You should stand to the side of the poster. In this way, you'll see that the audience will feel more welcome and you'll probably make the audience move closer to see the entire presentation.
2) A good icebreaker is to say something humorous during the poster presentation.
3) To raise your voice a little and speak clearly but not too quickly; to try to look directly at your audience; to avoid reading from a script.
4) You wish to convey enthusiasm to your audience.
5) You can: not talk in a monotone and make appropriate gestures and facial expressions.
6) When you have finished your presentation, you should address the newcomer and perhaps offer to summarise what s/he missed and ask the group in general if it would like to have any clarifications.
7) You should make eye contact and smile.
8) You could suggest meeting them at another time of their convenience or give them your contact and encourage them to use it if they want further information.

LISTENING 3

ATTENDING A SCIENTIFIC CONFERENCE ABROAD

1. Yes.
2. In Spain.
3. No, he's going to present a poster.
4. From specialized media channels.
5. Oral cancer.
6. No, it is rarely heard of.

LANGUAGE FOCUS 1

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

WRITING 1

CONFERENCE MEETING – APPLICATION ACCEPTED

1. great opportunity
2. learn and network
3. scientific meetings
4. atmosphere and procedure
5. general guidelines
6. Nevertheless
7. supervisor
8. nuts and bolts
9. full benefit
10. have an idea
11. the subjects
12. encounter
13. be aware of
14. regardless of whether
15. presenting a poster
16. participate
17. get the most out of

SPEAKING 3

THE POSTER PRESENTATION

Obviously, there is a certain subjectivity to any answer to this activity but a possible answer could be:

1) Pay particular attention to your personal appearance for the presentation (hair, clothing, make-up etc.).
2) Rehearse your presentation before attending the meeting.
3) Think of a catchy (interesting and memorable) title for your poster.
4) Make your poster as attractive as you can to give it an impact.
5) Think about the questions people are likely to ask you and prepare your answers.
6) Encourage the audience to ask questions.
7) Make sure the poster is a summary of the most important aspects of your research.
8) From time to time ask your audience if they would like you to repeat anything.

SPEAKING 4

ORDERING TOPICS FOR A POSTER

1. h; 2. l; 3. b; 4. d; 5. e; 6. g; 7. i; 8. a; 9. j; 10. k; 11. c; 12. m; 13. f

VIDEO CLIP – FOLLOW-UP ACTIVITY

Please answer the following questions briefly, according to the information provided in the listening comprehension.

1) a) concise sections with an initial description of the cornerstone or focus of the study, perhaps including the basic hypotheses, the methodology used, what's new
   b) detail the methods used, for example and information about your sample, the criteria used to constitute it and the statistical processing it was subjected to
   c) Figures and tables are a very space-economical technique to disseminate the conclusions of your work. Your explanation of the most relevant results obtained from the analysis of your data. Frequently, this component is subdivided into a statement of what the investigation found and then the importance of those findings will show a clear link between the initial hypothesis or hypotheses and the outcome(s); it will be even better if there is a significant element of novelty to your results, a brief mention of any frailties in their study and/or possible directions for future studies to follow.
2) You don't have much space on a poster, so you provide an account of what you did and not necessarily all the argumentation or reasoning behind it.
3) A robust study and its presentation will show a clear link between the initial hypothesis or hypotheses and the outcome(s).
4) Even better if there is a significant element of novelty to your results.
5) Normally only key references will be stated on the poster.

WRITING 2

1) The design of a personalised nutritional plan is of great importance.
2) The objective of this literature review is to make a critical reflection on the current knowledge about nutrition.
3) We have demonstrated that a balanced diet is a factor for a rapid recovery.
4) These analyses did not reveal any significant difference between the results of the two treatments.
5) The aim of our research was to further current knowledge about malnutrition.
6) Figure 1 details the data on the prevalence of squamous cell carcinoma.
7) This model was chosen because it is one of the most practical ways to achieve our goals.
8) Smoking is the primary cause of lung cancer.
9) In conclusion, our study clearly demonstrates the importance of hygiene.
10) These results highlight the fact that time is a significant factor in this treatment.
11) Statistical significance was analysed by using SPSS.
12) Table 1 illustrates that gender is the most significant factor.

FOLLOW-UP ACTIVITY

WHEN PRESENTING YOUR POSTER

Introduction 3, 6 Methods 5, 9 Results/Outcomes 2, 4, 8, 10 Conclusion 1, 7

WRITING 3

DURING OR AFTER YOUR POSTER PRESENTATION

1) e 2) g 3) f 4) a 5) c 6) d 7) b

Introduction to Intercultural Modules

Dear user,

since Module 20 “Religion” builds on knowledge and information from the modules that were part of our previous project (HELP), we advise you to study them ahead of time. In order to keep things simple on one website, we have copied the respective modules from HELP into HELP2 for your convenience. We did not include them in the printed book, because they have already been printed and we wanted to save trees. You can scan the QR code with your device and it will take you straight to the modules in the HELP2 Moodle platform. Have fun working with the modules!

MODULE 14

WHY DO WE NEED INTERCULTURAL COMPETENCE IN CARE AND HEALTHCARE?

Our social and workplace environment are becoming more and more colourful and diverse. We meet foreign colleagues in the workplace and we deal and communicate with foreign patients on a daily basis. This leads to challenges for mutual understanding – and understanding is required, not just from a language point of view. The intercultural workplace also provides us with an opportunity to learn and to see things from a different perspective.

MODULE 15

WHAT DOES IT MEAN TO BE INTERCULTURALLY COMPETENT?

Having read Module 14, do you think you would be prepared for the intercultural challenges or conflicts presented by the care centre administration manager in Module 14 during the seminar? Let’s now start to further develop the knowledge and skills needed to help our understanding of intercultural conflicts and how to deal with them properly. Let’s go!

MODULE 16

CULTURAL STANDARDS AND STEREOTYPES TIME-TIGHT AND TIME-LOOSE CULTURES

When we regarded conflict situations mentioned in the previous modules, we could see that there were no easy decisions concerning tolerance and acceptance. Therefore, we want to learn more. We want to acquire knowledge and skills to avoid or to settle conflicts and also to profit from different views, skills and change of perspectives.

In this module we will focus on important differences that we encounter, socially based standards, habits, communication styles in other countries or cultures.

MODULE 17

RELATIONSHIP-ORIENTED OR RESULT-ORIENTED – HOW CAN WE WORK TOGETHER?

In this module you will get to know general differences between the two types of culture: COLLECTIVIST & RELATIONSHIP-ORIENTED and INDIVIDUALIST & RESULT-ORIENTED cultures. You will discover important differences that will help us to better understand behaviours and communication styles of our colleagues and patients.

MODULE 18

COMMUNICATION – DID I UNDERSTAND WHAT YOU MEAN?

Communication styles and non-verbal communication can be so different between cultures! Let's get better prepared for UNDERSTANDING – to avoid conflicts and to enjoy the adventure of getting to know how communication works in other cultures.

MODULE 19

NUTRITION - WHAT´S WRONG WITH THE IRISH STEW?

We all are aware of how important food is for feeling well and living a healthy life. Holistic care for the patient also includes nutritional care. In immigrant families traditional structures are changing.

Module 20

Religion

Where can I find the prayer room?

Author
Gerd Zimmer

Institut für Projektbegleitung und Kompetenzentwicklung e.V.

www.pro-kompetenz.de

INTRODUCTION

This intercultural module enlarges the learning offer from the HELP learning platform. Knowledge about why we need intercultural competence nowadays in the workplace has been developed gradually into the HELP intercultural modules one to six. We have also learned in the modules before about how to meet challenges and use the potentials from our multicultural environments. Nevertheless, the modules summarise former sections or consider intercultural phenomena from different perspectives so that independent work with each topic is possible. In line with the HELP objectives, we have focussed on care and healthcare. However, we think that the content will allow easy transfer to other disciplines and will be valuable to increase the quality of cooperation in multicultural teams in any workplace, and lead to better understanding in daily life.

For HELP2 we have chosen the topic of "Religion". We have selected it because it has become really important in the media and in daily life experience, in and outside the lecture hall and the workplace.

OBJECTIVES

After having worked on this content you will:

- know more about the five main world religions. You will understand better the religious values and practices of their followers who might be your fellow students, colleagues, patients, and neighbours;
- understand that in strongly religious societies the provision of facilities for religious worship is often an important issue and denial may be seen as an infringement of rights;
- see that decisions related to the demand of facilities for religious worship and opportunities for religious practices are not easy to make. But you might feel less insecure to distinguish between religious discrimination and simply keeping rules of security and meeting requirements in the workplace;
- acquire knowledge and abilities that will better prepare you for successful communication and for conflict solving.

LISTENING 1

Keywords

The following expressions have been selected to act as the building blocks for successful communication regarding the subject addressed in this module. They will support you in creating adequate subject-related sentences and expressions to meet the communicative requirements in any professional situations you may encounter.

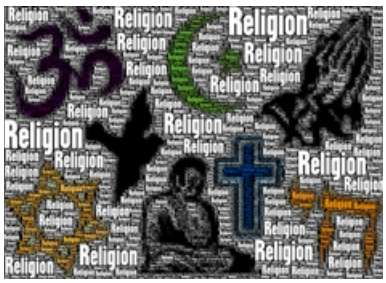
non-denominational /nɒn-dɪˌnɒmɪˈneɪʃənəl/	to pray for religious guidance /tə preɪ fə rɪˈlɪʤəs ˈgaɪdəns
religious beliefs /rɪˈlɪʤəs bɪˈliːfs/	to use an ecumenical room /tə juːz ən ˌiːkju(ː)ˈmenɪkəl ruːm/
to respect religious practice /tə rɪsˈpekt rɪˈlɪʤəs ˈpræktɪs/	to live in a secular society /tə lɪv ɪn ə ˈsekjʊlə səˈsaɪəti/

faith /feɪθ/	Buddhist, Buddhism /ˈbʊdɪst, ˈbʊdɪzm/
facilities for religious worship /fəˈsɪlɪtiz fə rɪˈlɪʤəs ˈwɜːʃɪp/	Jew, Jewish, Judaism /ʤuː, ˈʤu(ː)ɪʃ, ˈʤuːdeɪɪzm/
to pray in the city mosque /tə preɪ ɪn ðə ˈsɪti mɒsk/	Muslim, Islam /ˈmʊslɪm, ˈɪzlɑːm/
to demand equal treatment /tə dɪˈmɑːnd ˈiːkwəl ˈtriːtmənt/	Hindu, Hinduism /ˈhɪnˈduː, ˈhɪndu(ː)ɪzm/
the display of images of religious denomination in the workplace /ðə dɪsˈpleɪ əv ˈɪmɪʤɪz əv ˈrɪˈlɪʤəs dɪˌnɒmɪˈneɪʃən ɪn ðə ˈwɜːkˌpleɪs/	Christian, Christianity /ˈkrɪstʃən, ˌkrɪstɪˈænɪti/

SPEAKING 1

What does this mean and how to pronounce it?

Take a moment to explore the meaning of the above words and phrases, consulting an online dictionary individually or together with a fellow student. After this, listen again and practice speaking them in a low voice (this assists memorisation). Focus on correct pronunciation.



1


2


3

Are there different religions represented in your students' group or in your workplace? Do you have clients or patients with a different faith? How much do you know about it? Test your knowledge about the five major world religions:

Christianity – Islam – Judaism – Hinduism – Buddhism

SPEAKING 2

Test your knowledge – what do I know about religions?

Work together with a fellow student or in a team. Find out together, to which religion the statements in the table belong. Afterwards, compare your findings with the solution.

If you are a self-learner, fill in the table and compare your results with the solution.

Christianity – Islam – Judaism – Hinduism – Buddhism

To which religion do the statements belong? **(A clear assignment is difficult in some cases, as interpretation within the religions differs).**	**Religion**
1. This religion started about 2000 years ago. The central point of the belief is that God the Father entered into human history as his Son.	
2. This belief is a major religion in China, Japan, India, and Tibet.	
3. Religion preached by the prophet Muhammad in the 600s C.E.[1]	
4. The majority of followers of this belief live in India, a great number also in Africa.	
5. The holy book of this religion is the Koran, or Qur'an.	
6. There is one God, who is a Trinity of the Father, Son, and Holy Spirit.	
7. They recognise a Creator God called Brahma. Believers are in a continuous process of rebirth called "reincarnation".	
8. It is the world's oldest major religion.	
9. This religion was the first to teach belief in only one God. Two other important religions developed from this religion: Islam and Christianity.	
10. People who follow this belief are called Muslims.	
11. Jesus was born of the Virgin Mary, crucified, resurrected from the dead, and ascended to the Father. All believers are promised life everlasting.	
12. Christians believe that Jesus was the Messiah. People of this religion do not agree; they anticipate His arrival in the future.	
13. People are required to make a journey to Mecca at least once in their lifetime.	
14. The Torah is the most important scripture of this religion. It is understood as God's law. Another important book is the Talmud. It serves as a guide to the civil and religious laws of this religion.	
15. Love without conditions and empathy with the person who is suffering. Celebrate the happiness of others. Treat everyone equally, and do not use others for personal gain or to win approval.	
16. People help others, trusting in Allah's justice and mercy.	
17. These two religions state that existence is a continuing cycle of death and rebirth called reincarnation.	
18. People pray five times daily.	

SPEAKING 3 / READING 1 / WRITING 1

What do I know about religions?

Could you fill in properly the table above? And did you find out something that was new for you? Let's work a little more on this.

TASK 1

Please fill the table with characteristics of each of the religion in a short form. Then make notes in the table and mark the information that was new for you or that you would like to remember.

[1] A.D. (Anno Domini) is Christian; C.E. (Common Era) is the religious-neutral term.

Christianity	
Islam	
Judaism	
Hinduism	
Buddhism	

TASK 2

Work individually. Please read a summary of Reading 1 – Overview: *Religions and nutritional habits* from the HELP intercultural Module "Nutrition – what's wrong with the Irish Stew?"[2] Read the information and take note of facts that you consider to be important to remember.

When you have finished, you can add your individual knowledge or search the Internet for interesting facts that have not been presented yet. You will need this information when dealing with patients that have a different intercultural background.

There is much at stake when you care for patients with different faiths and traditions. There are hospital rules and there are your own convictions and beliefs that meet the different, culturally-based traditions, values, and beliefs of your patients.

This information is not intended to suggest that all individuals that practise the same religion adhere to the same nutritional habits. Some are strict and other more liberal persons.

The following generalizations are illustrated to aid the learner in understanding client's cultural background and bring about an awareness of the individuals they may be dealing with.

CHRISTIANS

There are no real restrictions concerning food. Some prefer fish to meat on Fridays.

The 40 days of fasting before Easter (Catholics) is now a very individual decision, at least in Germany, and people also decide about rules – no meat, alcohol, or no sweets – others decide not to watch TV … We will need to ask for specific requirements. For many persons, there might be no need to change the menu at all.

ISLAM

To be in line with the Koran a Muslim is allowed to eat only meat from cloven-footed ruminants (e.g. beef), poultry (chicken, turkey, quails, etc.), fish that has scales. Regarding **haram = forbidden** meat, Muslims are prohibited from consuming meats from pork, dog, cat or monkey. Foods forbidden are also products made from animal fat (such as lard). Other prohibited (haram) foods may include shellfish,

[2] You will find more detailed information in the module.

bread fermented with yeast, gelatine from pork, alcohol, caffeinated beverages and nutmeg. Baked goods made with vanilla extract are not allowed, unless the vanilla is alcohol-free.

These rules together with prohibition of alcohol might need to be considered for their medication also. There are specific rules to follow during Ramadan.

HINDUISM

Lacto-Vegetarianism is the norm for about half of Hindus. It is not required. Beef is a taboo. Most Hindus will accept vegetarian food without eggs. Dairy products normally are accepted.

Principally, all kinds of vegetable are fine. Strict Hindus might avoid mushrooms, onions and garlic. Again, we need to communicate about individual needs and preferences. Also meat, eggs and fish can be OK, but we will need to ask to be sure.

BUDDHISM

There are very different schools and orientations. Therefore, we can't present overall rules. Some Buddhists avoid meat and alcohol, also garlic and onions. Habits, e.g. of Japanese people, have changed a lot and depend also on if people live in the country side or in a big city. Again, we need to ask about specific priorities and taboos concerning eating and drinking.

Persons generally do not consume dairy products because of a lactose intolerance.

JUDAISM

There are very important differences between the nutritional habits of orthodox and liberal Jews. Therefore, we need to ask for individual religion based requirements. On the other hand, good health and the requirements of recovery from illness normally have priority.

Kosher food means permitted food that has been produced and presented in line with Jewish dietary laws using also the proper tools and observing established procedures.

Meat – beef, goat and sheep. No pork!

Poultry – chicken, turkey, goose, duck

Fish – all fishes that have scales are allowed.

No shellfish!

Allowable animals have to be killed following specific rules – The Hebrew term shechita (anglicized: /ʃəxiːˈtɑː/) means the slaughtering of certain mammals and birds for food according to **Jewish dietary laws** (see information box in the module). If a patient is not sure that rules have been followed, he might prefer food that relatives bring.

Meat and dairy products are not to be mixed or consumed at the same meal. Time periods between break times when eating meat and a dairy product might have to be respected. Different cookware and cutlery might have to be used.

All food that is not clearly meat or a dairy product is "parwe" that means neutral. Most important products are eggs, fish (with scales), fruit, vegetable, and grain.

The quite strict **Jewish nutritional rules also refer to medication**. Medicaments often contain fatty acid or gelatine from pork that can cause a problem for medication. Medicaments can also contain other substances from animals such as proteins or hormones. We have already learnt about separation of dairy products and meat. Many tablets contain lactose. Again, we need communication and explanation in order to avoid conflicts.

TASK 3

Work in pairs or in a group. Choose one of the religions and present your knowledge and findings about religions to each other.

You might also refer to additional information about others that you may find interesting or you are related to. If you are a self-learner you might imagine a virtual audience to which you are presenting your knowledge about religions. Why imagine an audience? Because doing the presentation whilst speaking in a low voice will considerably improve the learning effect!

SPEAKING 4

Do all believers have the same god?

Please read the quotation below from the famous boxer Muhammad Ali. Work together with a fellow student or in a team. Say if you agree or disagree with his thoughts. Often, we see a different reality around us compared to what Muhammad Ali says. What do you think are the reasons? What could you and the society do about it?

If you are learning alone, you might prepare a monologue.

"We all have the same God, we just serve him differently. Rivers, lakes, ponds, streams, oceans all have different names, but they all contain water. So do religions have different names, and they all contain truth, expressed in different ways, forms and times. It doesn't matter whether you're a Muslim, a Christian, or a Jew. When you believe in God, you should believe that all people are part of one family. If you love God, you can't love only some of his children. … I think the people of our religion should be tolerant and understand people believe different things".[3]

Muhammad Ali

4

SPEAKING 5

Can one imagine God?

The most famous Christian image of God is housed in the Vatican. It is Michelangelo's painting of the creation of Adam. The painting on the heavenly ceiling fresco of the Sistine Chapel shows God as a man with flowing hair and beard (if you do not remember the picture it is everywhere on the Internet, you can find it on Google pictures eg. here: https://tinyurl.com/yxf5la24).

There is a (funny?) saying in German: "Wenn Gott den Mann erschuf, übte **sie** nur". This means in English: "When God created Man, **She** was only practicing". What do you think about this saying? Discuss it with a fellow student or in your learning group. What do the painting and the saying tell us about the position of men and women in (the Christian) religion? You can also enlarge your discussion, having in mind celibacy and the possibilities of women to access certain functions in the (Christian)

[3] https://en.wikiquote.org/wiki/Muhammad_Ali [14.05.2019]

Church, the future importance of religion, etc. Do you think religion will be more or less important in the future? If you have or can find information, what is the position of women in other religions compared to men?

READING 2 (1)

Cultural sensibility

Knowledge about religion and religious values is important to avoid misunderstandings.

Knowledge is a precondition and a first step for competent behaviour and action. Knowledge is linked to both feelings and rational reflection. Together, they determine our attitude and actions. That includes allowing us to show respect and not hurt the feelings of others.

To act competent means to respect values, feelings, and ways of thinking and acting that are different from ours, provided that they do not break laws and regulations in the (host) society. We have already learned from the modules before, and we will see it again when dealing with the topic of interculturality within our societies and in our workplace, that for many issues there is no easy decision, there are no simple answers. Let's dig deeper to feel more secure about what we should accept, and when acceptance is critical or even impossible.

Some issues can be discussed really controversially and a **lack of sensibility can lead to violence**. You might remember the example when we discussed freedom of the press and expression, and caricatures of Mohammed in newspapers and journals. This resulted in violation of religious values and feelings and real acts of violence from certain Muslims. Could and should this have been avoided? We already know from working on intercultural issues that socialization leads to different values, motives and ways of acting that are really important for the individual or a whole community.

Therefore, **it might help to change perspective**, and ask with regard to the conflict from the caricatures: What do we need Mohammed caricatures for if we know that they violate religious feelings? Why do we need to provoke a conflict if there is no need? Do we need to show that we think we have "advanced values" and a "higher level of freedom" than others and that others have to accept this?

SPEAKING 6

Please stop and think. Whether there should be any limits on freedom of expression is a very delicate topic. We suggest group discussion guided by the following questions:

Concerning the Mohammed caricatures, what might have been the aims of the authors? Do you think that they chose the right approach to reach their objectives? Do you think that they were aware of violating religious feelings?

Was it necessary?

Could they reach the same aims without offending?

Was the reaction a solution?

What could have been a better solution?

Do you think that someone has learned from the incidents?

If you are a self-learner, make a monologue, please.

READING 2 (2)

Western feminists might fight against wearing a headscarf and see this as a symbol of oppression by men. On the other hand, there has been a representative study in Germany which shows that a majority of young women coming from an immigrant background seem to feel happy with a headscarf, and do not want to be "liberated".[4] There are no simple answers – and – as stated above, change of perspective and efforts to avoid provocation can be a good idea.

Polemical points that are often a "big issue" are dress codes[5] and religious symbols in the workplace.

READING 3

Culturally sensitive care – an introduction

So far, we have dealt with important but perhaps more "formal" issues such as wearing a headscarf at work or not. There is much more at stake when you care for patients with different faiths and traditions. There are hospital rules and there are your own convictions and beliefs that meet the different, culturally-based traditions, values, and beliefs of your patients.

It is evident that different values and behaviour have an impact on the medical staff –patient relationship.

It is important that medical staff understand different bio-psychosocial needs coming from a cultural background. Medical staff have to be able to relate those needs to the healthcare needs. Your behaviour and actions that take this into consideration have an influence on how patients manage illness and recover.

Do you still remember the incident that the hospital administrator presented in the conference in HELP Intercultural Module 1? The hospital administrator mentioned that an urgent treatment for a Pakistani woman could not be initiated because there was no female doctor available and she refused to be examined by a man.

Or imagine the following situation: A Hindu patient has asked her daughter to bring incense sticks because she believes that a religious ceremony will help her to overcome her health problem. You as a nurse enter the room when the daughter starts preparation for burning the incense. There are more patients in the room and you think that this ceremony is against hospital policy. You understand that it is important for her and you want the best for your patients, so what will you do?

In the multicultural workplace, in hospital, where staff and patients more and more have different cultural and religious backgrounds, we need to be prepared to make sound (and often fast) decisions how to deal with these situations because **we are dealing with a persons' health and well-being**. This is different from the question of whether the lady at the supermarket check-out should wear a headscarf or not.

Further education about culturally sensitive care seems to be a good idea to prepare staff!

[4] Neues Deutschland. *Das Kopftuch als Emanzipationsausweis*. Page 2. 18-19.12.2014.

[5] You might wish to go back to this dealing again with the topic "Appearance" from HELP Intercultural Module 2.

There is huge pressure from the workload, resources, and available time in care and healthcare. There is a huge challenge for the caregiver to respond to the individual needs of the culturally-different patient instead of simply treating him or her like everyone else. But culturally-sensitive care means exactly this: subject-oriented care, looking at the patient as an individual in his or her own life and world.

SPEAKING 7

What does "culturally-sensitive care" mean?

Please summarise, in your own words, what "culturally-sensitive care" means and why it is important.

READING 4 (1)

Culturally-sensitive care – a Muslim patient[6] (1)

What does "culturally-sensititve care" mean in practice? This module only offers space to briefly touch upon this topic. It is not our intention to highlight the needs of one religion. All are important in the same way. But we need to make a selection, and we decided to address the essential needs of a Muslim patient:

The moral attitude in Islam toward sexuality requires believers to cover up the body to a large extent. The sense of shame is usually very pronounced. In particular, it is important that patients are cared for by caregivers of the same sex as regards personal care and clothing.

Physical cleansing is part of the religious belief. Therefore, the patient needs to be able to wash under running water (after each sleep, before each prayer, before eating). Nursing activities in the genital area (washing, catheterization, etc.) are conveniently carried out as much 'covered' as possible.

Everything that leaves the body is considered unclean to Islam. Therefore, decent performance and disposal is important.

Not allowed are blood and blood plasma preparations. Alcohol is prohibited (look out for medicines with alcoholic solutions, e.g. drops).

SPEAKING 8

Imagine that you have to explain to a new colleague how to deal with a Muslim patient in your working environment.

TASK 1: Please refer to personal hygiene.

TASK 2: Please refer to nutrition (use also your knowledge from the HELP Intercultural Module 6 "Nutrition – what's wrong with the Irish stew?"), and do not forget blood and alcoholic solutions.

[6] https://kultursensiblepflege.de/religion.html The author would like to thank BAZ Selbelang, an association for non-profit educational and social measures, for the provision of this practical and useful information.

READING 4 (2)

Culturally-sensitive care – a Muslim patient (2)

It would be advantageous to offer the believer the space and opportunity to be able to perform the prayers undisturbed. The prayers, in the face of health restrictions, are practiced on the prayer mat on the floor in the direction of Mecca as long as possible. The patient may need help with prior washing and assistance for the prayer service. As a rule, people of the Islamic religious affiliation receive a lot of visitors, as visiting the sick for Muslims is a duty and a good deed. There are intensive family ties and friendships with siblings. Often visitors bring home-cooked food. If possible, suitable premises should be made available to respect fellow patients.

SPEAKING 9

Imagine that you have to explain to a new colleague how to deal with a Muslim patient in your working environment.

TASK 1: Please refer to how to facilitate the patient's prayers.

TASK 2: Please refer to what your colleague should know concerning visitors.

READING 4 (3)

Culturally-sensitive care – a Muslim patient (3)

THE DYING PATIENT

People who are dying must not be left alone by their fellow Muslims. If a patient's health deteriorates, inform the family and/or a religious representative. Relatives or an Islamic cleric take on the spiritual accompaniment of the dying person with prayers and recitations from the Koran. An essential aspect in the preparation for death is that the believer accounts for his life, forgives, and seeks forgiveness for his transgressions. In the "death prayer", the patient raises his forefinger in the direction of the sky. Preferably, positioning is on the right side with the face towards Mecca. Carers of non-Muslim faiths should not speak nor read aloud from the Koran. The possibility for washings of the patient should be present.

According to Islamic belief, the soul of the dead returns to Allah. However, the soul does not leave the body immediately, it 'sees' the body and the people around him. The corpse is therefore treated with great respect. The eyes are closed, the lower jaw is tied up, and the body is placed with the limbs bent, lying on the right side facing Mecca as far as possible. The body is previously washed, if possible by Muslims of the same sex. The mourning of relatives and friends is mostly expressed by loud crying and lamentations. The funeral should take place within 24 hours if possible. There is no cremation.

SPEAKING 10 / WRITING 2

Imagine that you have to explain to a new colleague how to deal with a Muslim patient in your work environment.

TASK 1: Please explain to your colleague what he or she has to consider for a dying Muslim.

TASK 2: Take some notes and then reflect on values and procedures that are important for the treatment of a dying person in your culture. Based on your notes, trade your thoughts with a fellow student or make a monologue.

TASK 3: After having read what "culturally-sensitive care" means for a Muslim patient, please discuss with a fellow student or within the group what this means for hospital routines. Having in mind what you know about hospital routines, what would you suggest to come as close as possible to the patient's needs?

VIDEO CLIP 1

"Religion" – situation in the video 5

"The Muslim doctors here who have to make life and death decisions should turn to Allah. Do you think they should perform their operations without prayer?"


6


7

Rashid is a local councillor. He has been lobbying for a room in the hospital to be changed into a Muslim prayer room. He has a meeting with a hospital administrator to discuss this.

LANGUAGE CORNER

Words to prepare for watching the video

The following words and expressions can help you to better understand the conversation in the video and will be useful also to improve your communication skills. Look up the meanings before you listen, if necessary. Listen and practice the pronunciation in a low voice. For this task you can work in pairs.

to give a thought to a request for something /tə gɪv ə θɔ:t tə ə rɪˈkwest fə ˈsʌmθɪŋ/	**There is a mosque in the city.** /ðeər ɪz ə mɒsk ɪn ðə ˈsɪti/
The issue deserves special consideration. /ði ˈɪʃu: dɪˈzɜ:vz ˈspeʃəl kənˌsɪdəˈreɪʃən/	**I've taken your points on board.** /aɪv ˈteɪkən jɔ: pɔɪnts ɒn bɔ:d/
to come up with a solution /tə kʌm ʌp wɪð ə səˈlu:ʃən/	**I totally understand what you are saying.** /aɪ ˈtəʊtli ˌʌndəˈstænd wɒt ju: ɑ: ˈseɪɪŋ/
dog excrements /dɒg ˈekskrɪmənts/ **In the video: dog poo** /dɒg pu:/	**Can you leave it with me and I will discuss it once again with…** /kæn ju: li:v ɪt wɪð mi: ənd aɪ wɪl dɪsˈkʌs ɪt wʌns əˈgen wɪð …/
It's unacceptable of you to demand … /ɪts ˌʌnəkˈseptəbəl əv ju: tə dɪˈmɑ:nd … /	**I'm sure we can come to some resolution on this.** /aɪm ʃʊə wi: kæn kʌm tə sʌm ˌrezəˈlu:ʃən ɒn ðɪs/
We simply don't have the resources. /wi: ˈsɪmpli dəʊnt hæv ðə rɪˈsɔ:sɪz/	**Thanks for your time.** /θæŋks fə jə taɪm/

LISTENING 2

The video clip "Religion" https://youtu.be/wWgDamBH2GE

TEST YOURSELF

What have I understood?

After watching the video, please decide which statements are true and which are false. Fill in the table individually, and afterwards compare with a fellow student. There is a solution key, but only individual learners should use it now. Otherwise, you will spoil the effect of the next exercise.

True or false?	True	False
1. The administrator is happy because Rashid drops in to see her.		
2. Rashid wants a prayer room for the visitors of the patients.		
3. The administration has discussed Rashid's request at the last meeting.		
4. The suggestion is that Muslim staff can use the hospital chapel except on Sunday mornings.		
5. Rashid rejects the suggestion because Christians sing Christian songs in the chapel.		
6. The Christian pictures in the chapel are not a problem for Rashid.		
7. The administrator thinks that the hospital does not have resources for a prayer room.		
8. Rashid thinks that there should be a small room available in such large hospital.		
9. Rashid thinks that they can use the city mosque instead that is nearby.		
10. The administrator thinks that the Muslims can pray on their way to work.		
11. The administrator rejects addressing the issue again at a meeting.		
12. The administrator thinks that she will get support from her boss.		

SPEAKING 11

Do you agree or disagree?

Use the true or false statements from the table above to start working in pairs. One partner reads the statement and the other one agrees or disagrees. In case of disagreement, he or she will provide the correct information.

Self-learners can do the exercise as a monologue.

To introduce your answers, we suggest you use adequate expressions from the following table:

Agreement	Disagreement
I am of the same opinion. /aɪ əm ɒv ðə seɪm əˈpɪnjən/	I must disagree. /aɪ mʌst ˌdɪsəˈgri/
I totally agree with ... /aɪ ˈtəʊtli əˈgri: wɪð .../	I (completely) disagree with ... /aɪ (kəmˈpli:tli) ˌdɪsəˈgri: wɪð .../

This is (absolutely) correct. /ðɪs ɪz (ˈæbsəluːtli) kəˈrekt/	That is incorrect. /ðæt ɪz ˌɪnkəˈrekt/
You are right. /juː ɑː raɪt/	This is wrong. /ðɪs ɪz rɒŋ/
Yes, this is true (indeed). /jes, ðɪs ɪz truː (ɪnˈdiːd)/	This is not true. /ðɪs ɪz nɒt truː/
That's for sure. /ðæts fə ʃʊə/	This is not the case. /ðɪs ɪz nɒt ðə keɪs/

WRITING 3

Writing a note

The administrator's boss wants to keep a short note about the main topics of the conversation with Rashid for her files. But she is so busy. Can you, as the observer of the conversation, please do this for her?

SPEAKING 12

Role play

You might read the video transcription to prepare for the role play. You even might read it as a dialogue with your speaking partner before you take over Rashid's and the administrator's roles. After this, try to find your own words and feel free to make changes in the conversation, looking for a better solution at the end. After having finished, you can present ideas to the group on how to deal with Rashid's request to reach a positive result.

Self-learners can do the exercise in a monologue explaining what happened to a (virtual) colleague and make suggestions (if possible) as to what the administrator could do.

SUMMARY

At the beginning we learned about the five main world religions: Christianity – Islam – Judaism – Hinduism – Buddhism. We have addressed important issues such as values and practices that we should know when dealing with fellow students, colleagues, patients and neighbours. Intercultural knowledge creates a good basis for competent behaviour. But competence also includes abilities for communication and behaviour that are free from force and violence. Changing perspectives can be helpful, respect and avoiding aggression, violation of (religious) feelings can help to turn the encounter with another culture into an interesting learning process for all that are involved.

Nevertheless, we have clearly seen from the presented intercultural incidents or also from the requirements for adequate care for a Muslim patient, that decisions related to the demand of facilities for religious worship and opportunities for religious practices are not easy to make. The author hopes that you might feel less insecure and that you have acquired knowledge that will help you to feel a bit better prepared for successful communication and for conflict solving. The author also hopes that you are aware that in a society that is more and more intercultural, this topic requires further learning.

IMAGE RESOURCES

1 tamara_cox1: Religion. https://tinyurl.com/yyxr7xoe. (CC BY-SA 2.0) [14.05.2019]

2 Gerd Zimmer: Earth and Sky. (CC BY 2.0) [16.02.2019]

3 Matthew Fearnley: Religion Stencil (Edited). https://tinyurl.com/y67ovkhw. (CC BY 2.0) [14.05.2019]

4 7beachbum: IMG_20160710_121545518 A mural of Muhammad Ali in Brooklyn. https://tinyurl.com/y5kxca5l. (CC BY 2.0) [14.05.2019]

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AUDIOSCRIPTS

The administrator of a large hospital is in her office on her computer when Rashid enters. Rashid is sitting, waiting for the administrator to finish a phone call.

ADMINISTRATOR: Yes. Yes, Julia, please. Could we have it by tomorrow, and even by nine-thirty tomorrow? You can do that. Thank you so much. Ok. I'll speak to you later. Bye, bye!

Rashid. Thank you very much for coming in. I'm sorry. I'm very, very busy at the moment. It's good to see you. How are you?

RASHID: I'm fine, thank you. How are you?

ADMINISTRATOR: I'm very well. Very, very busy as usual.

RASHID: Yes, I realise I can see you're very, very busy. But have you given any thought to my request for a prayer room for the Muslim doctors and clerical staff and the visitors who come to visit the sick here?

ADMINISTRATOR: Yes. Yes, we have given that much more consideration. And we spoke about it at the last meeting and we think we might have come up with a solution, actually.

RASHID: Ok.

ADMINISTRATOR: It's quite a good solution, but there are a few conditions.

RASHID: Conditions?

ADMINISTRATOR: Well, we thought you could use the hospital chapel but providing, of course, the Muslim members of staff don't use it on a Sunday morning.

RASHID: Do you know that the Muslims pray on their hands and face which touch the ground? It is completely unacceptable for the Muslims to be allowed to pray there when people could easily walk in the dog excrement. Can you imagine putting your nose or face to the ground where there may be some dog excrement? And when Muslims pray, we pray in a room which doesn't have any statues or pictures.

ADMINISTRATOR: It's unacceptable for you to demand your own space for the Muslim members of the staff. We simply don't have the resources.

RASHID: In such a large hospital all we are looking for is a small room. This would help the hospital's reputation. To say that the hospital is going out of its way to look after those people who work for the hospital and those who come and visit the hospital, and we are looking after their needs.

ADMINISTRATOR: I do understand, Rashid, but we don't have the resources. I mean, there is a mosque in the city. You are aware of that, aren't you?

RASHID: Do you know that mosque is ten kilometres away? If you ask every Muslim who is going to pray to go to the mosque when they need to pray, the hospital is going to come to a standstill.

ADMINISTRATOR: Oh, what do you mean when they need to pray? They can pray on their way into work in the morning.

RASHID: Muslims pray five times a day. And, it cannot be done; there are certain times when we need to pray. You can't ask them to pray at different times. Not only that: other hospitals are doing this, and we haven't done this here.

ADMINISTRATOR: All right, I've taken your points on board and I totally understand what you are saying. Can you leave it with me and I will discuss it once again at the next meeting and I'm sure we can find some solution on this?

RASHID: Thanks for your time.

ADMINISTRATOR (to camera)**:** I do take on board what he's been saying and I do actually understand him a lot more, but my boss won't be as understanding as I am. He just won't be interested at all.

KEY TO EXERCISES

SPEAKING 2

TEST YOUR KNOWLEDGE – WHAT DO I KNOW ABOUT RELIGIONS?

1. Christianity
2. Buddhism
3. Islam
4. Hinduism
5. Islam
6. Christianity
7. Hinduism
8. Buddhism
9. Judaism
10. Islam
11. Christianity
12. Judaism
13. Islam
14. Judaism
15. Buddhism
16. Islam
17. Buddhism, Hinduism
18. Islam

LISTENING 2

WHAT HAVE I UNDERSTOOD?

1. False (No, because she is very busy.)
2. False (He wants a room for the Muslim doctors, clerical staff, and visitors.)
3. True
4. True
5. False (Muslims pray on their hands and face, which touch the ground. The ground must be clean without people having walked on it before.)
6. False (When Muslims pray, they pray in a room which does not have any statues or pictures.)
7. True
8. True
9. False (The city mosque is not an alternative because it is 10 km away from the hospital.)
10. True
11. False (She will discuss it once again at the next meeting.)
12. False (She thinks that he won't be interested at all.)

HELP 2

HEALTHCARE LANGUAGE LEARNING PROGRAMME 2

English modules

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