

English programme for Medical students: 4th year

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PART I

LESSON 1: TIPS FOR TAKING HISTORY IN CASE OF GENERAL COMPLAINTS

To assess patient condition, you need to successfully take his history. Having obtained the history including general complaints, complete it with **general ailments** and **symptoms from the particular organs**.

Consider questions referring to their function.

While history taking, the doctor (student), should mention the most common disorders bothering patients, as the patient forgets to tell about them if they do not occur on examination.

GENERAL MALAISE

- ☐ if it occurred suddenly
- ☐ if it has aggravated gradually (since when)

If the patients suffer from:

HEADACHES – in which area, circumstances, seasons, time of the day, permanent or periodic; if they are accompanied by vision impairment, photophobia, nausea or vomiting.

VERTIGO – accompanying symptoms, circumstances of the onset, permanent or periodic

HOT FLASHES – on the face, head

FEVER – shivers, in the morning, at night

SWEATING – the character: excessive, periodic, permanent

BODY WEIGHT – if he has lost, gained weight – if his stomach girth has enlarged, association with dietary habits

OEDEMA – if it is present, happened before, in which body area and how long it was present.

If he complains of:

NOSE BLEEDING occurring suddenly, after exertion, during colds, without apparent reason

If the following symptoms occurred:

DYSPNOEA

- after exertion – what loading
- at rest, permanent, paroxysmal, how often it occurs, how long it lasts
- if paroxysms are associated with the seasons, onset after drugs (names)

COUGH

- since when, frequency,
- on exertion, at rest,
- on changing body position,
- associated with seasons, time of the day
- dry or productive
- bringing up sputum, its color – white, yellow, blood stained, its smell

STABBING PAIN IN CHEST

While breathing deeply or regardless of respiratory movements, pain rapidity, localization, radiation.

HEART BEAT OR PALPITATION

when, - circumstances, reasons e.g. exertion, drinking coffee
- at night,
- with no apparent reason.

HEART STOPPING FEELING

- if occurs, establish the circumstances

SORE THROAT – permanently, sporadically, accompanied by fever, on swallowing- if positive-what kind of food (solid, liquid)

HOARSENESS – how often, related with seasons, drugs

DISTURBED SWALLOWING – if complains of problems with swallowing food, establish the consistency of meals (liquid, solid)
- pain on swallowing,
- vomiting

BAD TASTE IN THE MOUTH

SALIVATION OR XEROSTOMIA – when, in what circumstances

THIRST

- increased
- disturbed
- normal

APPETITE

- increased
- disturbed
- anorexia
- lack

HEARTBURN

in the stomach, esophagus

– when fasting,
after meal,

what kind of meal –
name it

what quantity
.....

HEAVINESS IN THE EPIGASTRIC FOSSA

● when, what time after meal
● details about meal quality and quantity
If the ailment occurs, characterize it: it's radiation and accompanying symptoms.

NAUSEA, VOMITING

If these are associated with headaches,

meals, pregnancy

- what is being vomited

- chyme,
- water,

- coffee-grounds,

- fresh, red blood,

- taste of vomits (sour, bitter)

If vomiting brings relief to the patient or does not influence patient's feeling

Ask about **BOWEL MOVEMENT** frequency – *do not rely on patient's complaint of diarrhea because the patient may not understand the meaning of this word*

- Whether there is pain, tenesmus while relieving stool, ask about melaena (coffee dregs)

This symptom is significant only if the patient has not eaten blackberries nor taken certain medications (medicinal charcoal).

- Fresh blood in stool should draw doctor's attention

- ask about additional contents in stool: mucus, pus, worms and remains of undigested food.

Disorders in **URINATION**

- frequency, nocturnal urination, burning, urgency, urine flow, urinary incontinence, whites, urethrorrhoea (males)

- Ask about: pain in the lumbar region, if positive- its radiation (to the pubic symphysis, to the urethra) and accompanying symptoms.

Pain may be the result of nephropathy or accompany the lumbar vertebrae dysfunction

Obtain information about **THE MUSCLE AND SKELETAL SYSTEMS**

- ask about pain in the joints, joint rigidity, localization, accompanying symptoms (edema, redness, tenderness),

- muscle pain, muscle rigidity, weakness, tingling sensations

Assess **SKIN** sensations with the patient:

- itching
- rush
- fistulae

Ask about **SLEEP** – difficulties in falling asleep. Ask if he wakes up rested, if he has problems with falling asleep, find the reasons for the abnormalities reported.

On taking history, do not ignore patient's complaints of GENERAL MALAISE, anxiety, apathy, which may be symptomatic of many diseases.

Enquire about **VISUAL DISTURBANCES** and symptoms including visual acuity, using glasses or contact lenses, eyeball movements, redness, lacrimation, itching, double vision, spots.

Ask about **HEARING (AUDITION)** tinnitus, otorrhoea.

Ask about disorders of **THE REPRODUCTIVE ORGANS**.

Men usually complain of impotence and premature ejaculation. Women complain of dysmenorrhoea, whites, pain in the hypogastrium, pruritus of the vulva. Make sure if the periods are regular, when they started (or ended). Whether the periods are regular, how long they last, if they are excessive, painful. Ask about pregnancy, labor, whether the labor was spontaneous or instrumental (caesarean section, forceps) miscarriages.

In the case of patients with numerous incidental sexual intercourses, condom usage should be enquired about, especially in homosexuals (AIDS).

Ask about **PAST DISEASES**

- a) childhood diseases (measles, pertussis, scarlet fever, mumps, rubella)
- b) adult diseases (tuberculosis, diabetes, typhoid fever, tonsillitis, jaundice), past surgeries

Ask about the **HOUSING CONDITIONS** - city - country

- if it is dry, sunny or humid and dark, old or new housing estate
- if there are any conveniences, how many members of the household

Ask the patient about stimulants:

- if he **smokes**, how much per day and since when,
- if he **drinks alcohol** and how much,
- ask about **coffee, tea and other stimulants**

Obtain family history; ask about the parents' age and health condition, reason of death if needed. Information concerning the health condition of the siblings, children or even cousins may be contributory.

Ask about the incidence of any diseases in the family: diabetes, heart diseases, hypertension, stroke, nephropathy, tuberculosis, neoplasms, arthritis, allergy, mental diseases, alcoholism, drug addiction and the symptoms present in a given patient.

Ask about patient's ***OCCUPATION***

- whether the patient is educated
- jobs performed; kind of work – physical, intellectual
- risk factors associated with patient's job

LESSON 2: Word formation (nouns)

A fast way to expand your vocabulary is to make sure you know the different forms of the words you learn.

Exercise 1. The words in this list are all verbs. What are the noun forms? Write them in the second column. The first one has been done for you as an example.

- | | |
|----------------------|------------------|
| 1. diagnose _____ | diagnosis |
| 2. examine _____ | |
| 3. Prescribe _____ | |
| 4. Suffer _____ | |
| 5. Operate _____ | |
| 6. cure _____ | |
| 7. recover _____ | |
| 8. analyse _____ | |
| 9. infect _____ | |
| 10. carry _____ | |
| 11. replace _____ | |
| 12. degenerate _____ | |
| 13. refer _____ | |
| 14. paralyse _____ | |
| 15. obstruct _____ | |

Exercise 2: First, check your answers to Exercise 1 in the key. Then rewrite the sentences below, changing the verbs (which are in **bold**) to nouns. Do not change the meaning of the sentences, but be prepared to make grammatical changes if necessary. The first one has been done for you as an example.

- | | |
|---|--|
| 1. I diagnosed that the patient had a heart condition. <i>My diagnosis was that the patient had a heart condition.</i> | |
| 2. I examined the patient fully. <i>I made a full</i> | |
| 3. I prescribed a course of antibiotics. <i>I wrote a</i> | |
| 4. He suffered very little. | |

- | |
|---|
| <i>He experienced very little.....</i> |
| 5. We operated immediately. <i>The.....</i> <i>.....</i> |
| 6. This disease cannot be cured . <i>There is no.....</i> |
| 7. He has recovered fully. |

*He has made a
full.....*

8. The lab **analysed** the blood sample.

*The lab made
an.....*

9. We found that the tissue was **infected**.

*We found
an.....
....*

10. Ten per cent of the population are thought to **carry** the bacteria.

*Ten per cent of the population
are thought to
be.....*

11. We **replaced** the patient's hip.

*The patient was given a
hip.....*

12. His condition has **degenerated**.

*There has been
a.....*

13. The patient was **referred** to a specialist.

*The patient was given
a.....*

14. His arm was **paralysed** after the stroke.

*He
suffered.....
.....*

15. The artery was **obstructed** by a blood clot.

*The blood clot was forming
an.....*

Exercise 3: Two-word expressions

Make 15 two-word expressions connected with medicine by combining words from the two lists: A and B. Match each expression with the appropriate phrase. Use each word once. The first one has been done for you as an example.

A

allergic
balanced
bedside
biological
bone
brain
clinical
digestive
general
general
heart
malignant
plastic
primary
surgical

B

anaesthetic
attack
clock
death
diet
intervention
manner
marrow
practitioner
reaction
surgery
system
tooth
trial
tumour

1. A condition in which the heart has a reduced blood supply because one of the arteries becomes blocked by a blood clot, causing myocardial ischaemia and myocardial infarction -**heart attack**
2. A substance given to make someone lose consciousness so that a major surgical operation can be carried out
3. Soft tissue in cancellous bone.
4. The treatment of disease or other condition by surgery.
5. Any one of the first twenty teeth which develop in children between about six months and two-and-a-half years of age, and are replaced by the permanent teeth at around the age of six.
6. Surgery to repair damaged or malformed parts of the body.
7. A condition in which the nerves in the brain stem have died, and the person can be certified as dead, although the heart may not have stopped beating.
8. The way in which a doctor behaves towards a patient, especially a patient who is in bed.

9. An effect produced by a substance to which a person has an allergy, such as sneezing or a skin rash.
10. A trial carried out in a medical laboratory on a person or on tissue from a person.
11. A tumour which is cancerous and can grow again or spread into other parts of the body, even if removed surgically.
12. A doctor who provides first-line medical care for all types of illness to people who live locally, refers them to hospital if necessary and encourages health promotion.
13. The rhythm of daily activities and bodily processes such as eating, defecating or sleeping, frequently controlled by hormones, which repeats every twenty-four hours.
14. The set of organs such as the stomach, liver and pancreas which are associated with the digestion of food.
15. A diet that provides all the nutrients needed in the correct proportions

Discussion:

Which other ways can help develop our vocabulary according to you?

LESSON 3: TIPS FOR BETTER COMMUNICATION

'in spite of', 'despite', 'although', 'even though' and 'though'

Look at these examples to see how *although*, *even though*, *in spite of* and *despite* are used.

Although we don't agree, I think she's a brilliant speaker.

Even though we don't agree, I think she's a brilliant speaker.

In spite of the law, people continue to use mobile phones while driving.

Despite the law, people continue to use mobile phones while driving.

Grammar explanation

Although, *even though*, *in spite of* and *despite* are all used to link two contrasting ideas or show that one fact makes the other fact surprising. They can all be used at the beginning or in the middle of the sentence.

Despite the rain, we enjoyed the festival.

We enjoyed the festival, despite the rain.

The main difference between *although*, *even though*, *in spite of* and *despite* is that they are used with different structures.

in spite of / despite

After *in spite of* and *despite*, we use a noun, gerund (-ing form of a verb) or a pronoun.

*They never made much money, in spite of **their success**.*

*In spite of **the pain** in his leg, he completed the marathon.*

*Despite **having** a headache, I had a great birthday.*

*The train was cancelled. In spite of **that**, we arrived on time.*

Note that it is common to use *in spite of* and *despite* with the expression *the fact that*, followed by a subject and verb.

*In spite of **the fact that** he worked very hard, he didn't pass the exam.*

*Despite **the fact that**he worked very hard, he didn't pass the exam.*

although / even though

After *although* and *even though*, we use a subject and a verb. *Even though* is slightly stronger and more emphatic than *although*.

*I enjoyed the course, **although** I would have liked more grammar practice.*

***Although** we saw each other every day, we didn't really know each other.*

***Even though** she spoke very quietly, he understood every word.*

*She didn't get the job, **even though** she had all the necessary qualifications.*

though

Though can be used in the same way as **although**.

Though I wasn't keen on the film, I thought the music was beautiful.

Though can also go at the end of the second phrase. This way of expressing contrasting ideas is most common in spoken English.

We waited ages for our food. The waiter was really nice, though.

Practice A:

Try this exercise to test your grammar.

(1)_____ they'd only known each other for two months, they got engaged. She passed her driving test,(2) _____ she made a lot of mistakes. (3)_____ the fact that I'm allergic to dogs, my parents are getting a puppy. (4) _____ I love sweets and cakes, I try not to eat them during the week. I'm a terrible singer,(5) _____ having two parents who are good musicians. I would move to Australia if I got a job offer, (6) _____ the distance from my family. I completely forgot to post the letter, (7) _____ him reminding me in the morning. (8)_____ I'm a nurse, I can't stand the sight of blood.

Practice B:

Complete with the suitable word

1. We decided to buy the house,
_____ we didn't really have enough money.

despite
in spite of
even though

2. _____ my careful planning, we ended up staying in a really bad hotel.

Despite
Although
Even though

3. My partner snores really loudly but
_____ that I sleep well.

even though
in spite of
although

4. You keep making that stupid noise
_____ I've asked you to stop three times.

despite
in spite of
even though

5. I won the race _____ coming last in the practice run.

although
in spite of
even though

6. Even _____ you told me ten times, I still forgot.

despite
though
although

7. I handed my report in on time
_____ the fact that I had been ill all day.

despite
even though
although

8. _____ she's arriving late, she still wants to eat when she gets here.

Despite
In spite of
Although

Lesson 4: HEALTH PROFESSIONALS

A. Introduction

Health professionals maintain health in humans through the application of the principles and procedures of evidence-based medicine and caring. Health professionals study, diagnose, treat and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve. They advise on or apply preventive and curative measures, and promote health with the ultimate goal of meeting the health needs and expectations of individuals and populations, and improving population health outcomes. They also conduct research and improve or develop concepts, theories and operational methods to advance evidence-based health care. Their duties may include the supervision of other health workers.

B. List of health professionals

Occupations will focus on the following list of health professionals, as defined by the International Standard Classification of Occupations (ISCO).

Medical Doctors – both **Generalist and Specialist Practitioners**, including **Public Health Doctors**.

Nursing Professionals, including **Public Health Nurses**.

Midwifery Professionals, including **Public Health Midwives**.

Dentists.

Pharmacists.

C. The Role of Health Professionals

Your care may be given by a team. A palliative care team may include many people who work in health. Some of them are:

1. Doctors

You may have a GP, a specialist or other doctors caring for you. You may have known your GP or specialist for a long time. You may have developed close relationships with them. You may also not see the same doctor all the time. When seeing a Doctor it can help to have someone from your family with you. They can help to explain what is happening.

Your illness can affect your family members or carer. They may also have health issues. Your family member may not have the same GP as you do. It is a good idea

to allow these health workers to talk to each other. They can help both you and your family member that way.

2. Nurses

You can see a nurse in the hospital or in the community. They could be working in palliative care, aged care or veteran affairs and they may be providing different types of care. Sometimes nurses share the care, so there may be more than one nurse for different things. They may leave a file in your home with notes about your care. This is to make sure everyone knows what is happening.

Nurses provide crucial support. Some will provide physical care if it is needed. Others may provide advice and support. They can talk about any medication that you need to take. They are there for you and your family to share feelings and emotions.

3. Social workers

A social worker can help you understand what is happening in the system. They can help you understand any issues that will have to be tackled. This could be emotional, social or practical. Their role is to help you adjust to changes you experience. They can also support family members and others close to you as they adjust to your illness.

4. Occupational therapists and physiotherapists

Physiotherapists help people to keep moving and to function as well as they can. Occupational therapists look for any changes that may be needed at home. This may include hand rails in the toilet or shower. It could be a temporary ramp for a wheelchair. These aids can all help with your daily life. These changes can help you to stay at home safely. It will also help to support your family in providing care. Physiotherapists and occupational therapists will often work together to help support people at home.

5. Psychologists

Psychological care can be given in hospitals and palliative care units. It can also be given in private practices with a referral from a GP. Psychologists look at behaviour, emotions and social factors related to the management of palliative care. This can include non-drug approaches to managing your pain. They can help you and your carer as well as health professionals.

6. Bereavement Counsellors

Most people are supported by family and friends when a loved one dies. For some people the loss or grief that follows may be overwhelming. A bereavement counsellor is trained to support people who are experiencing these ongoing feelings. Bereavement counsellors often work with palliative care teams. They may support a patient or their family before the death if that is needed.

7. Paramedics

Paramedics are not a part of the palliative care team. Many people will see a paramedic though if they need to call an ambulance. They may also be under the care of a paramedic if they are transferred by ambulance. They may assess your pain or symptoms and may provide you with treatment. Paramedics need to be aware if you have an advance directive.

8. Pastoral Care Workers

Pastoral care workers and chaplains provide pastoral and spiritual care for everyone. It doesn't matter what religion, or none, that they have. Pastoral care workers see patients, their families and health professionals. All will have different spiritual and emotional concerns.

A Chaplain is usually formally qualified. A pastoral care worker in health care will usually have some training. Chaplains and pastoral care workers have often also been trained or had experience in another field (eg, nursing, teaching, social work) before they work in pastoral care.

9. Pharmacists

Pharmacists may be a member of the palliative care team. They may also work in chemists or in hospitals. They often provide helpful information on the effects of the drugs that you are taking. They may come to your home to review your medicines and make sure that you know what you are on. They may talk to your health professionals or to your carer about your medicines.

10. Volunteers

Volunteers work with health professionals to help provide emotional and practical help. This can include a range of tasks such as shopping trips, or help with getting to appointments. They can also provide a friendly ear, or make a cup of tea or coffee. Volunteers do not replace a paid worker, they work alongside health professionals.

11. Dietitians/dieticians

Dieticians can help patients with what they are eating and drinking. They can develop a plan which focuses on the patients' needs and wishes. Dieticians also provide education for the patient and family.

12. Speech Pathologists

Speech pathologists work with the patient and family to help manage any communication and swallowing difficulties. Together, they can help to reduce the impact of symptoms on the patient's comfort and quality of life. Speech Pathologists can provide education for the patient and family.

13. Music therapists

Music therapists offer music-based opportunities for patients. This can be meaningful for patients. It can also mean sharing enjoyable and memorable times with families and friends.

14. Other health professionals

- Complementary therapists can help to improve your quality of life
- Case managers are sometimes assigned to help coordinate care.

D. Discussion:

1. Do you think some health professionals are needless in our context? Provide clear arguments to support your point.
2. Which health occupation do you think our health authorities should promote or develop as quickly as possible here? say why?

Lesson 5: Form of verbs (active/passive)

Dealing with patients may imply taking care of people who don't always act and have things done for them. Many facts are also referred to in the passive form. So acquiring a good knowledge of this form is of paramount importance for health students. How do we use the active/passive form then?

USE

Change the sentences below from active to passive tense. For example:

Active: *The GP referred the patient to a consultant.*

Passive: *The patient was referred to a consultant by the GP.*

Remember that it is not always necessary to mention the subject in a passive sentence.

For example:

Active: *We have identified the cause of this outbreak of dysentery.*

Passive: *The cause of this outbreak of dysentery has been identified.*

1. The nurse noticed a rise in the patient's pulse rate.

Passive:.....

2. The consultant is allowing him to watch the operation.

Passive:.....

3. All chemists sell the tablets.

Passive:.....

4. The doctor diagnosed appendicitis.

Passive:.....

5. The paramedics comforted the injured person until the ambulance arrived.

Passive:.....

6. The midwife delivered the twins.

Passive:.....

.....

7. The gland was producing an excess of hormones.

Passive:.....

8. They looked after him very well in hospital.

Passive:.....

9. We examined the tissue under the microscope.

Passive:.....

10. The doctor gave me an unpleasant mixture to drink.

Passive:.....

11. You cannot take the lotion orally.

Passive:.....

12. Toxic fumes poisoned the workers.

Passive:..... |

13. Doctors are predicting a rise in cases of whooping cough.

Passive:.....

.....

14. The drug suppresses the body's natural instinct to reject the transplanted tissue.

Passive:.....

.....

LESSON 6: WHAT IS INTERNAL MEDICINE?

A. Definition and Overview

Internal medicine is a medical specialty that **deals with** a broad range of diseases and health problems **affecting** the internal organs of adults. Specialists are referred to as doctors of medicine, internist, general internist, practitioners, or general practitioners (GP).

The titles should not be confused with interns, which are used for medical students who are in their first year of residency.

Broadly speaking, internists are doctors for adults, although they also work closely with the elderly and adolescents, who are usually 17 years old and above.

They internists are required to possess clinical knowledge and expertise on both simple and complex diseases that are caused by or are affecting the internal organs. On the other hand, since complex diseases can affect different organs, the internist may, up to a certain point, deal with the skin and other external structures.

B. The role/ occupation

Internists diagnose and manage diseases involving any of the organ systems and are specially trained to manage seriously ill patients suffering from advanced illness and/or diseases of more than one system. Internists provide care in an office setting, in hospitals and on a continuing ambulatory basis. They tend to the general medical needs of their patients in the office, including disease prevention, early detection of disease, screening, patient education and follow-up care from hospitalization.

In the hospital and ambulatory setting, internists manage acute and chronic illness of their patients and other patients that have been referred to them by other practitioners such as family physicians. They are also trained to meet the special needs of the geriatric population.

Internists are trained in many procedures from many different disciplines and they perform these independently. They may also take additional training and subspecialize in the following areas of internal medicine:

- Critical care medicine
- Sports medicine
- Oncology
- Immunology
- Neurology
- Hematology
- Cardiology
- Nephrology
- Endocrinology
- Geriatrics
- Dermatology
- Infectious diseases

- Gastroenterology
- Rheumatology
- Pulmonology

Because internal medicine can be wide ranging, the length of training for internists can greatly vary. Usually, they begin with education in medical school. They then proceed to residency for general internal medicine. If they like to specialize, they would need at least 1 to 3 years.

C. When to See an Internist

Consider seeing an internist when you:

- **Want to improve your overall health** – Internists can provide guidance, counseling, and other preventive interventions to improve the quality of life. They can monitor or reduce the possibility of diseases caused by genetic risks.
- **Need long-lasting comprehensive care** – Internists treat the whole person rather than individual symptoms or diseases. Thus, they are ideal for patients who require long-term and even palliative care. They can diagnose and treat chronic diseases such as diabetes and autoimmune disorders.
- **Have broad symptoms** – Many serious diseases can be difficult to diagnose as the symptoms may mimic those of other illnesses. Some don't show symptoms at all until the disease is already in the late stages. Working with an internist while young ensures a more precise diagnosis and prompt treatment.
- **Develop conditions affecting any of the body's systems** – These include circulatory, respiratory, vascular (or cardiovascular), digestive, and urinary tract.
- **Have problems with mental health** – Mental health disorders such as depression and anxiety are actually very complex as they can relate beyond emotions. They can be caused, for example, by abnormal activities in the brain, a lingering disease, or hormonal imbalances, which internists can work on.

PART II:

EXPOSES

In groups, present each of the subspecialties of internal medicine mentioned above. Say what it is, which part or which organ it deals with, what serious illnesses the professionals in the domain frequently come across and what can motivate a student to specialize in this field.

NOTE:

Un grand groupe pour un thème. Puis les sous groupes travaillent sur le même sujet.