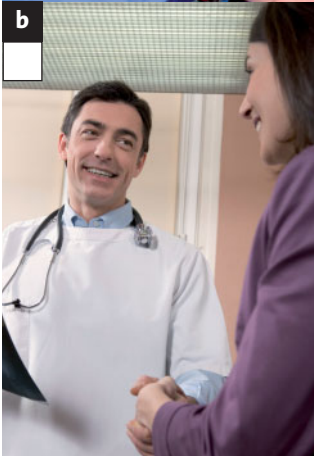


# 1 Presenting complaints

## Check up

- 1 Work in pairs. Match each photograph with what the person is saying.



1 I just need to find Mr Jensen's notes.

2 My hospital number? It's 3438235 and my GP's name is Dr Lane.

3 Good morning, Mrs Dean. My name's Dr Bray.

4 Sorry, I don't know my GP's phone number. Can I leave that blank?

- 2 How important are accurate patient records? Give reasons.
- 3 In your country, are patient records kept on computer or on paper? Which of these two systems do you think is better? Why?

## Listening 1

### Personal details

- 1 Look at the chart containing personal details of Mr Karlson. Then listen and correct any details 1–8 that may be wrong. Tick (✓) items that are correct.

<b>Surname:</b> <i>Johnson</i>	<i>Karlson</i>	1
<b>First name(s)</b> <i>Dave Ian</i>	<b>Sex</b> <i>M</i>	
<b>Address</b> <i>3 Park View Mansions,</i>		2
<i>Castlefield Manchester M6 7DE</i>		
<b>Admission details</b> <i>Duncan Ward at 4 p.m.</i>		
<i>on 9 November 2008</i>		3
<b>Hospital No</b> <i>19736045</i>		4
<b>DOB</b> <i>27 10 53</i>		5
<b>Telephone number</b> <i>0166 405 7001</i>		
<b>Marital Status</b> <i>Single</i>		6
<b>Occupation</b> <i>Postman</i>		7
<b>GP</b> <i>Dr Khan</i>		8
<b>Cl</b> <i>pain in right arm</i>		

- 2 Listen again and check your answers.
- 3 Work in pairs. Decide what questions the doctor asks for each piece of information on the form.

## Language spot

### Asking short and gentle questions

- Ask gentle questions to put the patient at ease. Use *Can you tell me what / who + noun + verb?*  
*What's your surname / family name?*  
*Can you tell me what your surname / family name is?*
- Remove words to make questions shorter.  
*What's your first name? Your first name?*  
*Have you any other names? (And) Any other names?*

» Go to **Grammar reference** p.122

**In this unit**

- asking about personal details
- asking questions about the presenting complaint
- describing and asking about pain
- writing up a case report

- 1 Make gentle questions or short questions for the questions you made in *Listening 1, 3*.
- 2 When taking the history of the presenting complaint (HPC), you often ask about pain. Use these words to complete the questions.

makes it worse / better?	did it start?
on?	you up at night?
spread anywhere else?	the pain is like?
had the pain?	get the pain?
the pain for me?	had the pain before?
constant?	

- a Where do you \_\_\_\_\_
- b Does the pain \_\_\_\_\_
- c Does it wake \_\_\_\_\_
- d Can you tell me what \_\_\_\_\_
- e Can you describe \_\_\_\_\_
- f How long have you \_\_\_\_\_
- g Is there anything which \_\_\_\_\_
- h When \_\_\_\_\_
- i Is there anything which brings it \_\_\_\_\_
- j Is the pain \_\_\_\_\_
- k Have you \_\_\_\_\_

- 3 Work in pairs. Match these words to a question in 2.

- 1 *f* duration
- 2 \_\_\_\_\_ onset
- 3 \_\_\_\_\_ severity
- 4 \_\_\_\_\_ trigger
- 5 \_\_\_\_\_ radiation
- 6 \_\_\_\_\_ and \_\_\_\_\_ character
- 7 \_\_\_\_\_ exacerbation / alleviation
- 8 \_\_\_\_\_ site
- 9 \_\_\_\_\_ previous episode
- 10 \_\_\_\_\_ constancy

- 4 Work in pairs. Each choose a pain and ask each other questions to identify the pain.

**Listening 2****Presenting complaints**

- 1 Work in pairs. What do you think each patient in pictures a–h might be complaining of?




- 2 Listen. Match each picture in 1 with a conversation.

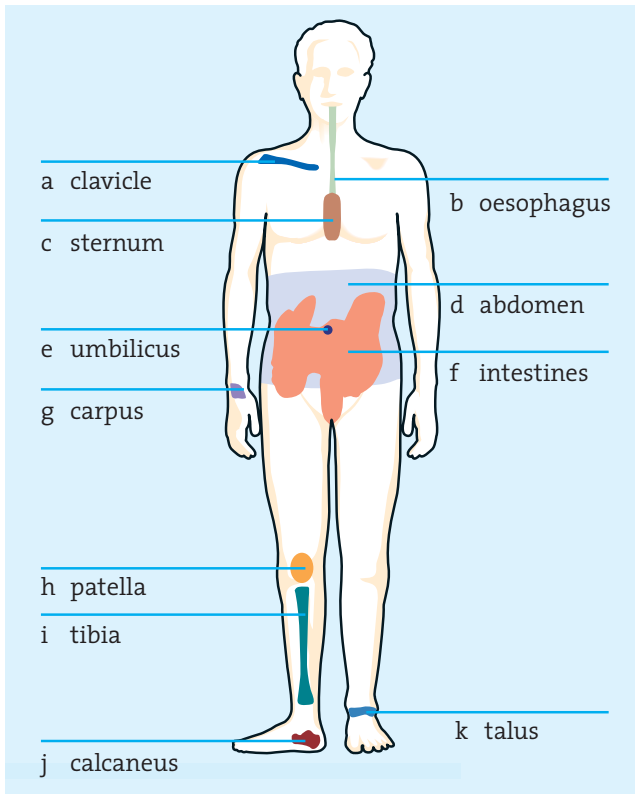
- |         |         |         |         |
|---------|---------|---------|---------|
| 1 _____ | 3 _____ | 5 _____ | 7 _____ |
| 2 _____ | 4 _____ | 6 _____ | 8 _____ |

- 3 Listen again. What three questions are used by the doctor to ask about the presenting complaint (PC)?

- 1 What's \_\_\_\_\_?
- 2 Can you tell me what \_\_\_\_\_?
- 3 What can \_\_\_\_\_?

- 4 What other questions can you use to ask about the PC?

- 5  Listen to five people stating where they are having a problem. Which part of the body are they referring to?
- 6 With a partner, think of non-technical terms for body parts a–k.



## Pronunciation

### Medical terms: word stress

- 1 Work in pairs. Write words from a–k above that match each of these stress patterns.

- 1 ●● \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 2 ●●● \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 3 ●●● \_\_\_\_\_, \_\_\_\_\_  
 4 ●●●● \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

- 2  Listen and check your answers.

- 3 Cover the stress patterns in 1. Take turns saying a word to your partner, who will then identify a stress pattern 1–4.
- 4 Try not to look at 1 and 2. Work in pairs. Take turns reading the sentences below by adding the correct words that match the stress pattern.

- a Mrs Evans can't walk properly. She's got a pain in her ●●●●.
- b He's very tender here on the right side of the ●●● near his kidneys.
- c Ahmed's ●●●● feels as if it's on fire when he swallows.
- d He damaged his ●●● when he fell on the pavement.
- e James has got a crushing pain around the ●●, but nothing in his arms or legs.
- f I think there is a fracture in the ●● in the right hand.
- g The pain radiates from around the ●●●● to the back.
- 5 Work in small groups. Take turns describing a patient you have treated with a problem related to the parts of the body a–k and then answer questions from the group members.

What ...

... investigations did you carry out?

... was the treatment?

... was the prognosis?

## Vocabulary

### Describing pain

- 1 Work in pairs. Which descriptions 1–10 do you associate with the conditions a–j? In some cases, there may be more than one answer.

- |                                    |                             |
|------------------------------------|-----------------------------|
| 1 piercing / boring                | a sciatica                  |
| 2 extremely severe / intense       | b ureteric colic            |
| 3 aching                           | c acute pancreatitis        |
| 4 scalding / burning               | d appendicitis              |
| 5 like a tight band around my head | e degenerative arthritis    |
| 6 dull / persistent / vague        | f cluster headache          |
| 7 excruciating / thunderclap       | g cystitis                  |
| 8 shooting                         | h tension headache          |
| 9 spasmodic                        | i sub-arachnoid haemorrhage |
| 10 crushing / gripping             | j angina pectoris           |



Use **SOCRATES** in the history of the presenting complaint to help you remember the main questions you need to ask about pain: **s**ite; **o**nset; **c**haracter; **r**adiation; **a**ssociations; **t**iming; **e**xacerbating and alleviating factors; **s**everity

**differentiate** (v) distinguish; tell the difference between

- 2 Work in pairs. Decide how you would differentiate between the pain in b–e in 1. Give reasons for your answer.
- 3 For each description, write M (mild), S (severe), or V (very severe). Then say which condition a–j in 1 each patient below is possibly describing.
  - 1 \_\_\_\_\_ I get this vague headache sometimes during the week.
  - 2 \_\_\_\_\_ The headache is excruciating. I can't bear to look at the light.
  - 3 \_\_\_\_\_ The pain in my stomach is so bad it makes me double up.
  - 4 \_\_\_\_\_ I get this sharp pain when you press my side here on the right and then let go.
  - 5 \_\_\_\_\_ All my joints hurt. I am wracked with pain.
- 4 You can ask a patient to describe pain on a scale of 1 to 10. What other ways can you ask a patient to assess the severity of pain?

## It's my job

- 1 Before you read the text about Dr Henderson, a cardiologist, discuss with a partner what you think being a cardiologist involves.
- 2 All of the statements below are true. Find information in the text to support each statement.
  - 1 Dr Henderson's team is very skilled.
  - 2 The work of her team depends on the support of other people.
  - 3 Details about the closest relative are taken from patients.
  - 4 Patients have two numbers (other than their phone number) on their hospital records.
  - 5 The data collected need to be accurate.
  - 6 Checks are carried out to make sure patients are who they say they are.

## Dr Gillian Henderson

My name is Dr Henderson. I'm a cardiologist at a London hospital. The highly trained team of which I am part deals with the diagnosis, investigation, and treatment of patients with all forms of heart disease, including cardiac transplantation and some sorts of vascular disease.

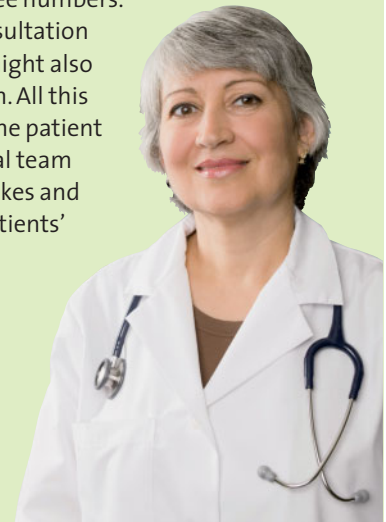
None of our work would be possible without the support of other people in the hospital team – the triage nurses, the receptionists, and so on. Their work is vital to the smooth running of the department. When patients arrive for the first time, personal information is taken: name, address, telephone numbers, next of kin for contact in case of emergency, and other information such as their GP's name and address, their NHS number, and their unique hospital number.

We deal with a large catchment area and also deal with referrals from outside the area, tourists, visitors to A&E, private patients, and so on, so the potential for confusion is great unless the data that are taken are accurate and the systems secure.

At various stages of patients' contact with the hospital, information is checked to make sure it is correct and that the patients can confirm their identity. For example, on arrival at a clinic patients might be asked their GP's name or part of their telephone number, for example the last three numbers.

Then during the consultation a nurse or a doctor might also ask their date of birth. All this is for the benefit of the patient to ensure the hospital team does not make mistakes and people do not use patients' details fraudulently.

We can then turn to dealing with the patients' treatment in safety.



**A & E** (n) Accident and  
Emergency

**rappor**t (n) relationship

●●●● inspiratory

●●●● crepitations

## Listening 3

### A presenting complaint



- 1 Work in pairs or groups. Decide what the abbreviations below stand for.

*Pulse 100/min  
BP: 100/70 mm/Hg  
JVP Not elevated  
CVS NAD  
O/E  
Widespread early inspiratory fine crepitations  
audible  
abdomen – normal  
CNS – NAD*

- 2 Listen to part of a conversation between Dr Martin, a doctor in A&E, and Mr Wood. As you listen, make your own notes about Mr Wood's presenting complaint.

## Speaking

- Discuss the signs above.
- Discuss the correct diagnosis for the shoulder pain.
- Decide what the diagnosis was on arrival at the hospital.
- Outline your immediate treatment.

## Language spot

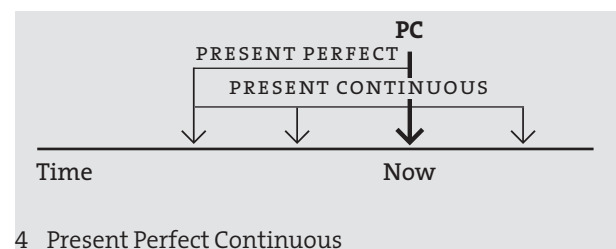
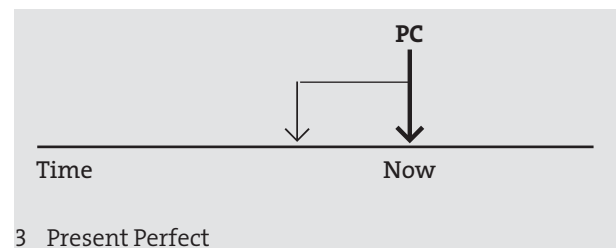
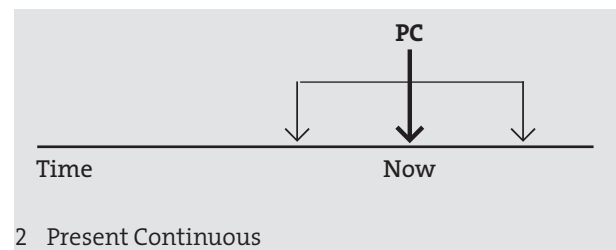
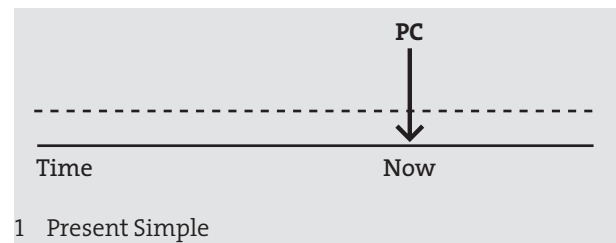
### Tenses in the presenting complaint

- Understanding the time patients are referring to when they speak is crucial to making a correct diagnosis. You should be very comfortable understanding the difference between the Present Simple, Present Continuous, Present Perfect, and Present Perfect Continuous.

» Go to **Grammar reference** p.122

- 1 Decide whether each sentence a–i relates to the time shown in diagrams 1, 2, 3, or 4 below.

PC = Presenting complaint



- a   1   I've got a headache.
- b        I've been having this shooting pain in my leg.
- c        I keep getting these flashing lights around my eyes and a sharp pain.
- d        I have been having these terrible backaches.
- e        The pain goes right through you.
- f        Have you been having any pain?
- g        I'm getting these headaches off and on now.
- h        I'm not taking anything for them.
- i        The attacks have increased.

**2** Work in pairs. Complete the sentences below with the correct form of the verb. If more than one tense is possible, explain the difference.

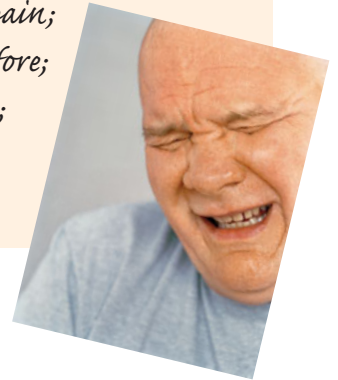
- 1 My mother        (have) these pains since last Tuesday. She still has them.
- 2        (you normally go) for a run at the same time every day?
- 3 The pain        (ease) a little since yesterday. It's better now.
- 4 I        (lie) in bed for four weeks now. I haven't been out of it once, doctor.
- 5 I can see the rash        (get worse). It's much redder.
- 6 I        (not take) any medication at the moment.
- 7        (pain spread) to your shoulder or is it just here?

## Speaking

**1** Work in pairs. Decide what possible conditions the notes below relate to.

**a**

*pain just above belly button; goes through to back; makes me double up; worse after a fatty meal; drink a lot (alcohol); sharp pain; had it several times before; pain there all the time; came on after dinner last night*



**b**

*sharp pain in the right side; makes me double up; never had it before; feeling sick; side very tender to touch; only thing relieves it is bending knees to chest*



- 2** Work in pairs. Decide what questions the doctor asked in each case. Take turns asking and answering questions.
- 3** Student A, go to page 114. Student B, take a history from Student A. Write notes as you listen and decide what the patient's complaint is.
- 4** Student B, go to page 116. Student A, take a history from Student B. Write notes as you listen and decide what the patient's complaint is.

## Culture project

Being aware of your own body language and the body language of your patients will help you in taking a history.

- 1 Find a picture a–c to match each description of body language 1–7.



- 1  a  The doctor is not sure about what he is saying.
- 2  a, b, c  The patient is not comfortable or at ease.
- 3       The patient is angry.
- 4       The doctor is bored and unsympathetic.
- 5       The doctor is showing interest and inviting the patient to continue speaking.
- 6       The patient doesn't understand what the doctor is saying.
- 7       The doctor and patient aren't communicating.

- 2 In groups, discuss what the body language in 1 would mean in your own culture.

- 3 Use the internet to find:

- 1 other fields besides medicine where understanding non-verbal communication is important.
- 2 what a patient-centred approach in history taking means.
- 3 what the Calgary Cambridge method is.

**clerk (a patient)** (v) take a history from a patient and write it up

## Writing

### A case report

- 1 Complete the extract from the case report written by Dr Martin after the consultation with Mr Wood on page 8. Insert the verbs in the correct form into the appropriate blank space.

present   have   be   smoke  
be   work   radiate

A 49-year-old man presented <sup>1</sup> in A & E with chest pain. He had had the pain for 3 hours prior to arrival. The pain \_\_\_\_\_<sup>2</sup> in the centre of his chest and \_\_\_\_\_<sup>3</sup> to his left shoulder.

He \_\_\_\_\_<sup>4</sup> a history of chest pain on exercise, which has been present for the previous six months.

He \_\_\_\_\_<sup>5</sup> approximately 20 cigarettes a day and \_\_\_\_\_<sup>6</sup> teetotal. He has been prescribed aspirin, B-blockers for the previous two years, and a GTN spray to use as required, which is two to three times per week. His father died of a myocardial infarction aged 65. He \_\_\_\_\_<sup>7</sup> as a gallery attendant.

- 2 Complete the clerking from these notes.

*O/e sweaty but no abnormalities in CRS. BP 138/82 pr 110/min regular. He give analgesia streptokinase IV beta blockers—continue. Pain settle and after two days begin mobilize*

## Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can ask a patient about personal details.
- I can ask about the presenting complaint.
- I can ask a patient about pain.
- I can understand time relationships in the PC and HPC.

## Key words

### Nouns

body language  
culture  
non-verbal communication

### Adjectives for pain

aching  
boring  
burning  
crushing  
dull  
excruciating  
gripping  
intense  
persistent  
piercing  
scalding  
severe  
shooting  
spasmodic  
thunderclap  
vague

## Useful reference

Oxford Handbook of Clinical Medicine  
7th edition, Longmore et al,  
ISBN 978-0-19-856837-7