

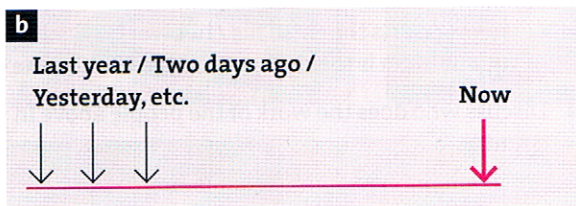
● Language spot

Present Perfect and Past Simple

- We use the Present Perfect for actions which happen in the past at any time up to now. The exact time is not known or not defined.



- We use the Past Simple for specific times in the past. The exact time is known or defined, but sometimes the time is not mentioned.



- When you take a history, pay attention to the patient's use of the Past Simple and the Present Perfect. Look at this statement from *Listening 1*:

In recent years many developments, both technological and social, have occurred.

The time of the occurrence of each event is not specific. Look at diagram A above.

I started work as a GP in this area over 20 years ago.

The tense is the Past Simple. The time is specific. Look at diagram B above.

- Now look at the relationship in a case history between the Present Perfect and Past Simple.

DOCTOR: *Have you ever had a headache like this before?* (Present Perfect)

PATIENT: *Yes. I had a similar headache three months ago.* (Past Simple)

1 Use these words to make sentences.

- 1 coughing start five days ago be so bad it wake me up every night.
- 2 when attacks first come on?
- 3 anything make it worse since start?
- 4 he never take any medication in his life.
- 5 what happen when you be near animals as a child?
- 6 my father die over 20 years ago.
- 7 you get these problems every day when you live in Africa?
- 8 ever have coughing attacks like this before ?
- 9 your family ever have illness like this as far as you aware?

2 Work in pairs. Ask each other questions using these phrases.

travel abroad be a patient
be in hospital as a patient read a novel in English
use the internet to study ride a motorcycle

BEGIN:

Have you / Has anyone in your family ever ...?

When / Where did you ...?

Did you / How often did you?

Did you ...?


3 Work in pairs. Decide the questions you would ask patients about themselves or their family in the past to find out about:

- pain.
- cough.
- food poisoning.
- similar illness.
- headache.

4 Role-play a patient and a doctor. Ask each other questions about the symptoms in **3**.

Listening 2

A case history

- 1 Before you listen to the conversation between Mr Bloomfield, a 28 y/o civil servant, and a locum GP, Dr Dickson, look at the notes below. With a partner, discuss why the past medical history, family history, personal and social history, and drugs and allergy history are important.
- 2  Listen and complete the notes below.

PC

C/o breathlessness, 3/52

_____ 1, _____ 2, productive _____ 3
with white _____ 4

HPC

Attacks worse: _____ 5 and _____ 6

Cough wakes patient about _____ 7 times/week

Other symptoms: chest _____ 8

Contributory causes: no _____ 9 precipitants;
history suggests _____ 10

PMH

No history of _____ 11 attacks

Family History

Mother/sister: _____ 12

- 3 Work in small groups. Discuss these questions.
 - 1 What is the differential diagnosis?
 - 2 What investigations would you do?
 - 3 What treatment do you think should be given?
- 4 The doctor does not take a detailed family history or social and personal history because most of this is recorded on the patient's notes. If a doctor is seeing a patient for the first time, what questions should he / she ask in the family history about:
 - 1 siblings?
 - 2 children?
 - 3 close relatives?
 - 4 parents?
 - 5 family illness?

Vocabulary

Signs and symptoms

- 1 Decide whether these are signs or symptoms. Some may be both.

Condition a

- 1 blocked nose
- 2 raised temperature
- 3 tender over sinuses
- 4 headache worse on bending
- 5 runny nose

Condition b

- 1 breathlessness
- 2 tachypnoea
- 3 tight chest
- 4 night and morning coughing
- 5 prolonged expiration
- 6 wheeze

Condition c

- 1 raised pulse
- 2 recent vomiting / diarrhoea
- 3 dehydration
- 4 abdominal tenderness
- 5 crampy abdominal pain

- 2 Work in pairs. Discuss which conditions the signs and symptoms in 1 might relate to.
- 3 On your own, make a list of the signs and symptoms you would expect to see in a patient with a) diverticular disease and b) pneumonia. Compare your answers for both patients with a partner.

Speaking

- 1 Work in pairs. Take turns role-playing the conversation between Dr Dickson and Mr Bloomfield. Use the notes from the exercise to guide you.
- 2 Discuss what questions you would ask about conditions a, b, and c above.
- 3 What investigations could you do, if any, to confirm the diagnosis in each case?

To find out about drug history, doctors ask:

Details of drugs and medications

- Are you taking any medication at the moment?
- Do you use any over-the-counter remedies or herbal or homeopathic medicines?
- Which tablet do you take?

Frequency of administration

- How many times a day?

Compliance

- Do you always remember to take it?

Side-effects and allergies

- Do you get any side effects?
- Do you know if you are allergic to any drug?

If the answer is Yes: What symptoms do you get after taking it?

Family history

Note the age, health or cause of death of parents, siblings (brothers and sisters), spouse (husband or wife), and children. To find out about family history, doctors ask:

- Do you have any brothers and sisters?
- Do you have any children?
- Are all your close relatives alive?
- Are your parents alive and well?
- Is anyone taking regular medication?
- How old was he when he died?
- Do you know the cause of death? / What did he die of?
- Does anyone in your family have a serious illness?

Social and personal history

Record the relevant information about occupation, housing and personal habits including recreation, physical exercise, alcohol and tobacco and, in the case of children, about school and family relationships. Typical questions in taking a social and personal history are:

- What kind of house do you live in?
- Do you live alone?
- Who shares your home with you?
- How old are your children?
- Are any of them at nursery or school?
- What's your occupation?
- Do you have any problems at work?
- Do you have any financial problems?
- Do you have any hobbies or interests?
- What about exercise?
- Do you smoke?
- How many a day?
- Have you tried giving up?
- What about alcohol?
- Wine, beer or spirits?
- Can you give up alcohol when you want?
- How much do you drink in a week?
- What's the most you would drink in a week?
- Are you aware of any difference in your alcohol consumption over the past five years?

Taking a history 3

Reviewing the systems

Once you know the main reason why the patient wants medical attention, it is sensible to ask about the systems to determine the patient's general state of health and to check for any additional problems. The patient should be encouraged to describe symptoms spontaneously. Initial questions should be **open-ended** and as general as possible. Follow up with more specific questions if needed, but avoid putting words in the patient's mouth.

Open-ended questions

- What's your appetite like?
- How's your vision?

Closed questions

- Have you eaten today?
- Is your vision ever blurry?

Asking about the central nervous system

- 1 Do you suffer from headaches?
- 2 Have you ever had a blackout?
- 3 What about fits?
- 4 Have you had any dizziness?
- 5 Do you get ringing in the ears?
- 6 Have you ever experienced any numbness or tingling in your hands or feet?
- 7 Do you have any problems sleeping?

Patient ideas, concerns and expectations

It is important during the consultation to give patients the chance to express their own ideas and concerns about their problem and to determine what their expectations are.

The letters **ICE** (Ideas, Concerns and Expectations) are a way of remembering this.

Typical questions are:

Ideas

- What do you know about this problem/condition/illness?
- Do you have any ideas about this?
- How do you think you got this problem?
- What do you mean by ...?

Concerns

- What are your worries about this?
- Do you have any concerns?
- How might this affect the rest of your family?

Expectations

- What do you think will happen?
- What do you expect from me?
- What were you hoping we could do for you?

Phrasal verbs in history-taking

Phrasal verbs are often used in informal spoken English. Both patients and doctors may use them in consultations. A phrasal verb may have several meanings according to context.

Phrasal verb	Example	Meaning
bring on	Is there anything special that brings on the pain?	cause, induce
bring up	When you cough, do you bring up any phlegm?	expectorate, vomit
carry on	Carry on taking the painkillers for another week.	continue
come on	When does the pain come on ?	commence
give up	My advice is to give up smoking.	stop
put on	I've put on a lot of weight in the last month or so.	gain weight
turn out	She had all the tests and it turned out to be cancer.	happen in the end
turn up	The rash just turned up out of nowhere.	appear unexpectedly

Vocabulary

Non-technical language

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

- 1 When do the attacks *come on*?
- 2 Are you aware of anything that *triggers* the attacks?

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

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

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

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


When ...? Is there...? Do you / Does it ...?
Did you ...? Have you ever ...? / Are you / Is it ... ?

EXAMPLE

Are you prone to coughs? Are you booked to see ...?
Do you find it difficult to stick to medication?
Does your cough come and go? Have you ever had ...?

Listening 3

Short questions in the general history

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

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

Patient care

- 1 Expand the short questions.

EXAMPLE

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

- 1 You eating well?
 - 2 Your appetite OK?
 - 3 You sleeping OK?
 - 4 You passing water a lot?
 - 5 Your periods OK?
 - 6 Had any diarrhoea?
 - 7 Lost any weight?
 - 8 Been living there long?
 - 9 You been keeping well?
 - 10 You OK in yourself?
 - 11 You been looking after yourself?
- 2 Work in pairs. Say a full question to your partner. He / She should shorten it without looking at the book.
 - 3 Now do it the other way round and give the short question first.
 - 4 Take turns asking each other questions from the general history using any of the questions above.