

1 Emergency medicine

Check up

- 1 Work in groups. Describe the type of rapid response shown in the photos.



- 2 Which of these is more appropriate for urban or built-up areas? For rural areas? Give reasons and examples.
- 3 Which type of response is common in your country?
- 4 Does working in such areas of medicine appeal to you?

Listening 1

Listening for detail

- 1 Listen to a conversation between a doctor and a patient. Write down as many details as you can about what you hear. Compare your answers with a partner.
- 2 Complete a copy of the form on page 115.
- 3 Listen to the conversation again and then compare notes again.
- 4 Check your details with the rest of the class.

In this unit

- rapid tense change
- adverbs of manner
- third party interviewing
- comparison
- continuing professional development

Vocabulary

Adverbs: describing how things happened

- 1 Adverbs can help to describe how things happened and help to make a diagnosis. Look at these statements from *Listening 1* and underline the adverbs.

... when suddenly Barbara, my wife, just fainted. We tried to get her upright and she started twitching quite violently.

- 2 Underline the most appropriate adverb in these sentences.

- 1 The fainting? It just happened *abruptly / gradually / slowly*. The next thing I knew she was lying completely flat on the pavement.
- 2 The patient suddenly became pale and started to sweat, but not *profusely / rapidly / enormously*.
- 3 After the attack, Mr Jones came to *rapidly / slowly / leisurely*, which questions whether it was a seizure.
- 4 *Embarrassingly / Gradually / Clearly*, I soiled myself and wet myself. It wasn't very pleasant.
- 5 She was lying flat, but bystanders were trying to keep her upright, so she was twitching *slowly / convulsively / suddenly*.
- 6 As he couldn't see *good / clearly / visually*, he got quite frightened.
- 7 In a seizure, there is *typically / rarely / seldom* no prodrome, but this is not always the case.
- 8 After collapsing, he didn't get better *spontaneously / slowly / gradually*. The patient was a bit drowsy for quite a while afterwards.
- 9 He recovered *completely / partially / poorly* from the accident. Now he's perfectly OK.
- 10 Fainting and vomiting don't *reliably / partially / clearly* discriminate seizures from faints.

- 3 Work in pairs. Decide whether the statements in 2 are likely to be said by a patient or a medical professional.



Patient care

- 1 Decide whether these items are technical or non-technical. Then match them with corresponding words and phrases in *Vocabulary 2*.

- a post-ictal
- b fit
- c to be incontinent of stool
- d syncope
- e a warning sign
- f to be incontinent of water
- g supine
- h to go into spasm, but not really jerking
- i to tell the difference (between)

- 2 Ideally, when speaking to a patient, you should use non-technical words. Sometimes, you can make the mistake of using technical words. Work in pairs and practise giving lay terms or your own explanations for the technical words above.

EXAMPLE

PATIENT: *I'm sorry, but what's a prodrome?*

What does supine mean?

DOCTOR: *It's a ... It means ... It's where ...*

come over (v) suddenly feel
999 (n) the number dialled for emergency calls in the UK



Speaking

Work in pairs. Study the information in the form you completed for *Listening 1*. Take turns role-playing a doctor asking questions to elicit the information from the patient who fainted in the street.



● Language spot

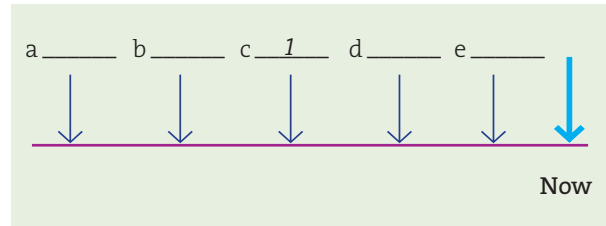
Rapid tense change

1 Understanding the sequence of events and hence the tenses is important for correct diagnosis. What are the tenses of the highlighted phrases?

¹We were shopping in Cambridge Street in town, when suddenly Barbara, my wife, ²just fainted. ³We tried to get her upright and ⁴she started twitching quite violently. ⁵It was quite scary. ⁶She came round very rapidly. But ⁷we dialled 999 and a paramedic appeared almost instantly and then the ambulance almost immediately afterwards. ⁸She had been complaining of feeling a bit unwell, and ⁹had almost fainted and ¹⁰she felt a bit woozy. ¹¹She was a bit dizzy and ¹²she was yawning repeatedly and then all of a sudden, ¹³there she was, lying on the ground. When I come to think of it, ¹⁴she passed out once before about a month ago. ¹⁵She hasn't been feeling well on and off over the summer. ¹⁶We thought it was the heat.

- a Present Perfect (Pres Perf)
- b Past Continuous (PC)
- c Past Perfect (Past Perf)
- d Past Perfect Continuous (Past Perf Cont)
- e Present Perfect Continuous (Pres Perf Cont)
- f Simple Past (SP)

2 Place sentences 1, 2, 8, 9, and 15 on the timeline.



3 Complete the sentences using the verbs in brackets in the correct past tense.

- 1 We _____ (walk) along the street when she _____ (pass) out suddenly.
- 2 She _____ (have never) the pain before till now, but she _____ (experience) some bleeding the first time.
- 3 After he _____ (admit), he _____ (become) suddenly worse, but he's started responding to treatment.
- 4 He _____ (never suffer) a fit before, but he _____ (feel) unwell since this morning.
- 5 He _____ (yawn) repeatedly, which he _____ (not do) before, and then he just _____ (faint).
- 6 After he _____ (fall), he _____ (start) twitching violently when we _____ (try) to get him up.
- 7 When she _____ (lie) on the ground, she _____ (not shake) at all. Then she just stood up.
- 8 What actually _____ (happen) when she _____ (fall)?
- 9 He _____ (bite) his tongue and he _____ (mess) himself and he _____ (feel) a bit groggy since.

button battery (n) a small round flat battery

- 4 Use each of the tenses in brackets once only as you expand these notes into sentences.
- We eat in a restaurant. I suddenly feel woozy. I faint. This never happen before. (*SP, SP, PC, Pres Perf*)
 - Ahmed never be ill before but feel unwell yesterday. He abruptly cried and then pass out. (*Past Perf, SP, SP*)
 - We travel by train to the city. He not eat since the morning. He vomit and we come straight here. (*SP, Past Perf, SP, PC*)
 - Mary have fainting fits for the past few days. She do a lot of running around when it happen second time. She never have them before. And none of us have them, either. (*PC, Pres Perf Cont, Pres Perf, SP, Pres Perf*)
 - She get out bed when she come over all giddy, but she have it before, so we think nothing of it. (*SP, SP, Past Perf, PC*)
- 5 Work in pairs and describe your day so far, pointing out
- what you have done so far today
 - things you haven't done yet
 - things you were doing while doing something else
 - and things you had done before you did something.
- 6 Role-play these situations.
- 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.
 - Student B, go to page 116. Student A, take a history from Student B.

» Go to **Grammar reference** p 118



Speaking

- Work in groups. Decide what would be the main signs and symptoms you would expect in a case
 - where an otherwise fit 30-year-old man presents with pneumonia at A&E **or**
 - where a mother presents at A&E with a child who has swallowed a **button battery**.
- You are going to role-play the history. Decide which *two* of these items you want to focus on in the assessment of the role-play. Give reasons for your choice.
 - the sequence of the tenses
 - the grammatical accuracy of the tenses
 - the accuracy of the description elicited by the doctor
 - the use of non-technical language
 - fluency
- Work with a partner from another group. Each choose one of the two scenarios in 1. Agree on the two items you want to be assessed on. Take a history from your patient. The patient should make a few notes about the doctor's performance. When you have finished, give feedback to your partner about your own performance and then invite comments from your partner. Remember to begin with positive comments and use constructive criticism.

traffic-busting (adj) able to get through road congestion

free up (v) release

It's my job

- 1 What do you think the work of a cycle paramedic involves? What do you think are the advantages of a cycle paramedic compared to a conventional ambulance?
- 2 Work in pairs. Skim the text and the questions in 3 quickly and decide what the text is about.
- 3 Answer the questions.
 - 1 Do cycle paramedics in London's West End arrive at the scene as rapidly as or more rapidly than conventional ambulances?
 - 2 Is the paramedic's bike equipped with only a basic First Aid Kit or more sophisticated equipment?
 - 3 In serious cases, are the conventional ambulance and the cycle paramedics sent simultaneously or are the latter sent first?
- 4 Is the bike the most efficient rapid response means or is this not mentioned?
- 5 Does the cycle paramedic response time in the West End exceed or equal the government benchmark?
- 4 Work in groups. Is the emergency system similar in your own country? Give examples. How do you think the system described below could operate in urban / rural areas in your country?

John Rhys

My name is John Rhys, and I'm one of a team of four cycle paramedics of the London Ambulance Service's traffic-busting bicycle ambulance service. We attend 999 emergency calls in the City of London – the financial centre called the Square Mile. The bike itself is the same as those used by the successful cycle units operating in London's West End, which regularly reach patients faster than conventional ambulances.

The team's bikes are fitted with blue lights and sirens, carry a range of equipment, including a heart-starting defibrillator, oxygen, pain-relieving gas, and even a maternity pack for delivering babies.

Where the patient is believed to be in a life-threatening condition, we are sent at the same time as a regular ambulance crew so that we can start treatment before they arrive. Where the patient is understood to be suffering from a more minor injury or illness, we are initially sent on our own and then are able to request further assistance – freeing up ambulances to attend other, more potentially life-threatening, 999 calls elsewhere in the City.

More than 300,000 people work in the City of London and their numbers are swelled by the several million



tourists who visit the area each year. Using the bike gives us an opportunity to save potentially vital seconds in starting treatment, especially in the narrow streets which we can negotiate more quickly and easily than ambulances. For example, my colleagues in the West End Cycle Response Unit regularly reach 100 per cent of the most serious, 'Category A', 999 calls within eight minutes. This response is much quicker than the government standard for this category of call of 75 per cent.

Guidelines published by the American Heart Association state that for every minute of delay in getting to a patient in cardiac arrest, the chances of successful resuscitation decrease by 10 per cent.

● Language spot

Comparative and superlative adjectives and adverbs

- 1 Look at *It's my job*. Can you find examples of comparative and superlative adjectives and adverbs?

EXAMPLE

... *reach patients **faster** than conventional ambulances*

- 2 Complete the sentences with a word from the list. Add any necessary words to indicate comparative or superlative and make any necessary changes to the adjective or adverb.

drowsy frequent lively long
bad serious shallow violent wet

- This time Jessica took _____ to improve than before.
 - She didn't twitch as _____ as the last time.
 - It's _____ I have ever had. It was agony.
 - Is this attack _____ than the last time, or not as bad?
 - He's _____ than he was about ten minutes ago. He's coming to gradually.
 - Natalia appears a bit _____ than the last time we saw her. She's running around.
 - How have you been coping with the weather? It's much _____ than last year.
 - Her breathing is _____ than before.
 - People seem to be coming in with this _____ than last year.
- 3 Expand the part of the sentences in italics adding a comparative or superlative in each case. In some sentences, both *more* and *less* may be used.
- He is much *big the last time* you brought him to see us.
 - This is by far *good hospital* I have ever been in.
 - How does this compare to *severe pain* you've had?
 - It's *easy to walk now* it was before the operation.
 - He was sweating *profusely* before.
 - His heart is beating *irregularly* before. It's almost back to normal.
 - I'm pleased. John is *stressed* he was last year.
 - He needs *exercise* to get the full movement back.

- 4 Work in pairs. Compare your life now as a student / worker with the past. Use these adjectives / adverbs: *hard / easy; stimulating / dull; relaxing / stressful; complicated / simple*. Give reasons and examples.

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Listening 2

Description of an emergency incident

- 1 Look at the picture and describe the equipment. What do you think is the benefit of such equipment on cycle ambulances?



- 2 Listen to a case study about an incident at Heathrow Airport. Write down as much detail as you can. Compare notes with a partner.
- 3 Listen again and write down the verb only in each missing step.
- Gary Edwards had been relaxing.
 - He developed a severe pain in his chest and arms.
 - _____
 - His respiration ceased.
 - _____
 - _____
 - A cycle paramedic arrived faster than the ambulance.
 - He continued resuscitation.
 - _____
 - Paramedics, dispatched in an ambulance, turned up a few minutes later.
 - _____
- 4 Work in pairs and complete the rest of the missing details.
- 5 In groups, discuss whether this type of rapid response would work in your country. Give reasons and examples.

instigate (v) start

Reading

1 Answer these questions.

- 1 Do you try to keep up to date with current developments in medicine? How?
- 2 Is it important to continue studying throughout your medical career? Why?
- 3 Look at the title. What do you think Continuing Professional Development involves?

2 Find words in the text which have the same meaning as these words.

- 1 experienced, gone through
- 2 put together, drafted, compiled, composed
- 3 altered, changed, modified
- 4 set up, introduced, started
- 5 lying behind, underpinning
- 6 pertinent, applicable
- 7 requirements, what you require

3 Correct these statements about the text by changing or removing words.

- 1 All doctors keep a written log of their CPD.
- 2 The College of Emergency Medicine instigated the process of appraisal.
- 3 The GMC document *Good Medical Practice* (2001) contributed considerably to the revision of the College guidelines on CPD.
- 4 CPD is a process that replaces formal education and training.
- 5 The responsibility for keeping up to date lies with the College of Medicine.

Guidelines on Continuing Professional Development

The vast majority of Emergency Medicine (EM) doctors practise continuing professional development (CPD); however, not all doctors keep a record. CPD has undergone a dramatic evolution and was initially formalized by an agreement in 1993 by the Conference of Medical Royal Colleges and Faculties. The first guidance for continuing medical education (CME) for the College of Emergency Medicine was drawn up in November 1995. Since then there have been many changes due to the introduction of appraisal and recommendations by the GMC (General Medical Council), and the guidelines were amended in January 1999 and January 2000. The most recent edition of the guidelines was written in September 2003.

Since appraisal has been instituted and revalidation is inevitable despite the delay in the implementation, the documentation of proof of CPD has become more relevant.

This revision of the College guidelines on CPD is based on:

- *A framework for Continuing Professional Development* – The Academy of Medical Royal Colleges (February 2002)
- *Guidelines on CPD Faculty of Accident and Emergency Medicine* – Henry Guly, past Director of CPD (2003)
- *The GMC guidelines on CPD* (April 2004)
- The GMC document *Good Medical Practice* (2001)

Principles underlying Continuing Professional Development

Continuing Professional Development (CPD) is a continuing learning process that complements formal undergraduate and postgraduate education and training. CPD requires you to maintain and improve your standards across all areas of your practice. CPD should also encourage and support specific changes in your practice and career development.

CPD is an obligatory requirement for all practising Emergency Medicine physicians and it is up to each doctor [you] to keep up to date.

The GMC set out in paragraph 10 of *Good Medical Practice* (September 2001)

‘You must keep your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational activities which maintain and further develop your competence and performance.’

However, CPD must be relevant to you and meet your needs to allow maintenance of a high quality of patient care. Continuing professional development should be reflective, lifelong learning allowing you to develop within the specialty of emergency medicine, and should also support you in developing outside or subspecialty interests.

[CPD Guidance GMC April 2004]

Project

- 1 Work in groups. Are jobs in A&E departments / Emergency departments popular in your country? Why / Why not?
- 2 What methods are common in your country for obtaining jobs, e.g. recruitment by job advert, curriculum vitae (CV) followed by an interview?
- 3 What do you understand by a job specification / job spec?

Writing

A job application

- 1 Look at this extract from a job application form for a post in the emergency department of a large city hospital.

Job application

State why you think you should be considered for this post giving

- suitability for the post
- relevant experience
- training
- qualities

- 2 Write a description of your suitability for the post or a post in your speciality. Remember the information must be individual to you and contain genuine details.

Speaking

In an interview, remember that what you say needs to match accurately what you have written in your job application. Work in pairs. Give your description from your job application in *Writing 2* to a partner. Take turns asking each other about the details you wrote. Check the description for accuracy.

Make sure that what you are saying does not sound as if you have learnt it by heart. Avoid repeating exactly what you have written.

USEFUL EXPRESSIONS

When I was in ...

After I finished ...

What makes me suitable for the post is ...

The relevant experience I have is ...

I've followed various training courses like ...

As regards my qualities, ...

Checklist

Assess your progress in this unit.

Tick (✓) the statements which are true.

- I can change tenses rapidly
- I can understand adverbs of manner
- I can do third party interviewing
- I can understand comparison
- I can understand continuing professional development

Key words

Adverbs

abruptly
embarrassingly
spontaneously

Nouns

appraisal
bystander
Continuing Professional Development
job specification
paramedic
rapid response
seizure
warning sign

Adjectives

giddy
groggy
woozy

Verbs

dispatch
faint
soil
twitch
wet

Useful reference

Oxford Handbook of Emergency Medicine
3rd edition, Wyatt et al,
ISBN 978-0-19-920607-0