Verbs: active/passive

Active:

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:

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: The consultant is allowing him to watch the operation. 2. Passive: All chemists sell the tablets. Passive: The doctor diagnosed appendicitis. Passive: 5. The paramedics comforted the injured person until the ambulance arrived. The midwife delivered the twins. 6. Passive: The gland was producing an excess of hormones. 7. 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: You cannot take the lotion orally. 11. Passive: 12. Toxic fumes poisoned the workers. Passive: 13. Doctors are predicting a rise in cases of whooping cough. The drug suppresses the body's natural instinct to reject the transplanted tissue. 14.

Complete:

Verb	Noun	Noun	Adjective				
contain		capillary					
consume		alveolus					
discharge		prevent					
diffuse		proximity					

diffuse	<u>i</u>	proxi	ımıty			
What words/terms ar 1) the indention in the a pericardium		the superior	lobe of the	left lung that	accommodates t	he
2) 1. a rounded project 2. a subdivision of a bo structural boundaries						_);
3) an indentation appear point where nerves and		or other inte	rnal structur	e, such as a ly	ymph node, at the	e
4) the musculomembra	nous partition sep	parating the t	horacic and	abdominal ca	vities	
5) minute hairlike proc or to move fluid or muc			urface, beat	ing rhythmica	ally to move the	cell
6) delicate membranes	that enclose the l	ungs divided	by a thin la	yer of fluid		
7) added sound you masuggests the presence of	-	-	nding like h	air being rubb	oed together;	
8) 1. musical added sou indicates narrowing of						,
Fill in the words rega <i>Coryza</i> : r nose s; c; 1	rding the sympto e; s nose; fever; m	oms and cau c; s nild f	ses of t_	; w	e:	
Coryza: r nose s; c; l Pneumonia: d Common causes are b_ with r and drir Asthma: w; c	iking liquids.		V	pneumoni	a may get better	
Bronchitis: s, t	, enest t ; r	, nose; s	infect	tion; l	_ dry c	
Bronchitis: s t Emphysema: Treatmen	ts include i	; 0	_; m	_ and someting	mes s to	1
relieve symptoms and I Lung Cancer: c neck and face; l	compli up blood; s of appetite; f	cations of breat	h; w	_ or h	_; s of t	he
Complete the gaps alv	vays with one wo	ord.				
Cough is a common						
A cou	igh may be produ	ctive, where	the patient	coughs	sputur	m,
or, wh	ere there is no sp	utum. A proc	Sputum (or	gn 18 often des r	Cribed as	ar
or white (mucoid), yell	ow due	the n	resence of		(purulent) or	uı
blood-stained (as in ha	emoptysis).	the p			_ (5 , 61	

Work in pairs. Decide what the most likely diagnosis is of a patient who presents with recurrent episodes of bronchitis several years prior to presentation with these signs and symptoms:

Signs

- 1 coarse inspiratory and expiratory crackles on auscultation
- 2 airflow obstruction with wheeze

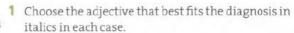
Symptoms

- 1 cough
- 2 chronic sputum production (typically tenacious, purulent, and daily)
- 3 intermittent haemoptyses
- 4 breathlessness
- 5 intermittent pleuritic pain (usually in association with infections)
- 6 lethargy/malaise
- Work in pairs. Listen to the conversation between Dr Zoltan and Mrs Fitzgerald, who is not asthmatic and is a non-smoker. Student A, listen to the questions the doctor asks and write them down in note form. Student B, write down what the patient says.
- 3 Using the doctor's questions as a guide, explain what the patient says and decide on a possible diagnosis. Is it the same as in labove? If not, why not?

Explaining a device

- Listen to a nurse explaining to a patient how to use a breath-activated pressurized MDI (Metered Dose Inhaler). Write down the verbs the nurse uses to explain how to use the device after she says: First of all, you remove the cap...
- Work in pairs. Compare lists and check with other students to complete yourlist.
- The nurse asks the patient to explain the procedure to her.

 The following illustrations show what the patient explained to the nurse. Listen again to the nurse's explanation. Which three steps are not illustrated?
- Work in pairs. Compare answers.



- 1 Laryngitis: I've got this really bad cough and my voice is high-pitched / hoarse / smooth.
- 2 Tracheitis: I've got a dry cough and it's slightly painful / painless / really painful.
- 3 Pleurisy: my chest really hurts when I cough. I get this *stabbing / dull / sharp* pain right here in the chest when I cough.
- 4 Post-nasal drip: I've not got any pain or anything; just a dry, barking / tickly / painful cough. I'm always trying to clear my throat at night.
- 5 Asthma: I've been getting this wheezy / tickly / painful cough after doing exercise and sometimes in the morning.
- 6 Oesophageal reflux: first thing in the moming I get this dry / tickly / hollow cough and it often makes me feel sick
- 7 Epiglottis: she's really poorly with this terrible *tickly / barking / dry* cough.
- 8 Laryngeal nerve palsy: the cough sounds really barking / hoarse / hollow.
- 9 Bronchitis: he's had this productive / mild / hollow cough for days now with some fever but no breathlessness.

Speaking

Work in pairs Take turns explaining to the patient how to use the breath-activated inhaler and then ask the patient to explain it to you. The patient should make some mistakes. Correct the patient politely.

OK, that's fine, but try to do it like this.
Do you want to show me again?
Fine, just try doing it like this.
OK, just see if you can do it like this.
That's nearly it.
Can you try it again for me?







