

## Vocabulary Game:

OET:

Was admitted  
Was hospitalised  
Presented  
Visited

Encased – adj. / verb

Fragile – adj.  
Fragility - noun

Membrane – surrounded by a layer that is selective

Susceptible / prone to = very possible / very likely

**‘get around’** – 1. to avoid a problem 2. Explore the place

**Trojan horse** – allowed in because the body thinks it is nice/okay but actually it is dangerous

**Intact** – adj.  
Did they arrive intact? (not damaged after the \_\_\_\_\_ )

## REVIEW

1. Sign posting
2. **Part C practice**
3. Groups: finds the answers

What is signposting?

‘Something that tells us the topic is changing’



Speaking:

"Now lets talk about...medicine"

Listening Part C:

## Signposts

You hear a hospital doctor called Dr Keith Gardiner giving a presentation about some research he's done on the subject of staff-patient communication.

You now have 90 seconds to read **questions 37-42**.

37. Dr Gardiner first became interested in staff-patient communication after
- (A) experiencing poor communication as an in-patient.
  - (B) observing the effects of poor communication on a patient.
  - (C) analysing patient feedback data on the subject of communication.
38. What point does Dr Gardiner make about a typical admission to hospital?
- (A) The information given can overwhelm patients.
  - (B) Patients often feel unable to communicate effectively.
  - (C) Filling in detailed paperwork can be stressful for patients.
39. Dr Gardiner uses an example of poor communication to illustrate the point that
- (A) patients should be consulted about the desirability of a hospital stay.
  - (B) specialists need to be informed if there are any mental health issues.
  - (C) relatives' knowledge of a patient's condition shouldn't be taken for granted.

M: Good morning. My name's Dr Keith Gardiner, and I'd like to talk to you today about some research I've been involved in, concerning something that affects all health professionals – staff-patient communication.

Now, firstly, let me reassure you that in feedback, patients seem positive about the way information is communicated to them. But I recently decided to explore the issue in more detail when I was in a hospital with a patient and witnessed for myself what can result when a health care professional assumes they've made themselves clear to a patient, when in fact they've been anything but. Luckily, I've had very few complaints made against members of my team, but the potential is certainly there.

So first, let's start by looking at a typical hospital admission for an in-patient, and the first communication they have about any procedures they are to undergo. On arrival, a patient will complete necessary paperwork. Various staff will talk to them about their treatment during their stay, which is designed to reduce patient anxiety. However, from some patients' point of view, this interaction can seem very complex and difficult to take in, especially at a time when they're not at their best physically or mentally. So it's doubly important to check that any communication has been understood.

Now, to illustrate what I'm talking about, let's take a hypothetical situation. I often use this because it highlights the potential consequences of poor communication. A man in his eighties is admitted to hospital, despite his protestations, with ongoing severe back

2 listens today if you want...

1. **In 1906, a doctor called Alois found**
  - A. a lady patient who had died
  - B. something very new to him
  - C. strange injuries in his patient's brain
  
2. **What is the striking according to the speaker?**
  - A. The fact this was 114 years ago
  - B. The fact August Deter was the first Alzheimer patient
  - C. The fact no progress has been made with the condition
  
3. **The speaker is working to find a cure and tells us that**
  - A. Alzheimer's is widespread and growing
  - B. Alzheimer's is devastating disease
  - C. Alzheimer's have increased by a factor of 5
  
4. **Surprisingly, science has done very little to address the problem and**
  - A. We know enough about Alzheimer's to act
  - B. Alzheimer's is the fastest growing problem of our era
  - C. We have not invested enough in research
  
5. **The lack of resources is because we don't understand that**
  - A. Alzheimer's trigger severe memory loss
  - B. Alzheimer's is a disease
  - C. Alzheimer's is a part of aging
  
6. **Dr Alzheimer's found strange plaques and tangles which are**
  - A. Pieces of *origami*
  - B. Protein molecules
  - C. Stick to each other

Link to audio (TED): [click here](#)

In the year 1901, a woman called Auguste was taken to a medical asylum in Frankfurt. Auguste was delusional and couldn't remember even the most basic details of her life. Her doctor was called Alois. Alois didn't know how to help Auguste, but he watched over her until, sadly, she passed away in 1906. After she died, Alois performed an autopsy and found strange plaques and tangles in Auguste's brain – the likes of which he'd never seen before.

00:30

Now here's the even more striking thing. If Auguste had instead been alive today, we could offer her no more help than Alois was able to 114 years ago. Alois was Dr. Alois Alzheimer. And Auguste Deter was the first patient to be diagnosed with what we now call Alzheimer's disease. Since 1901, medicine has advanced greatly. We've discovered antibiotics and vaccines to protect us from infections, many treatments for cancer, antiretrovirals for HIV, statins for heart disease and much more. But we've made essentially no progress at all in treating Alzheimer's disease.

01:18

I'm part of a team of scientists who has been working to find a cure for Alzheimer's for over a decade. So I think about this all the time. Alzheimer's now affects 40 million people worldwide. But by 2050, it will affect 150 million people – which, by the way, will include many of you. If you're hoping to live to be 85 or older, your chance of getting Alzheimer's will be almost one in two. In other words, odds are you'll spend your golden years either suffering from Alzheimer's or helping to look after a friend or loved one with Alzheimer's. Already in the United States alone, Alzheimer's care costs 200 billion dollars every year. One out of every five Medicare dollars get spent on Alzheimer's. It is today the most expensive disease, and costs are projected to increase fivefold by 2050, as the baby boomer generation ages.

02:24

Predicted to / Anticipate that

It may surprise you that, put simply, Alzheimer's is one of the biggest medical and social challenges of our generation. But we've done relatively little to address it. Today, of the top 10 causes of death worldwide, Alzheimer's is the only one we cannot prevent, cure or even slow down. We understand less about the science of Alzheimer's than other diseases because we've invested less time and money into researching it. The US government spends 10 times more every year on cancer research than on Alzheimer's despite the fact that Alzheimer's costs us more and causes a similar number of deaths each year as cancer.

03:11

The lack of resources stems from a more fundamental cause: a lack of awareness. Because here's what few people know but everyone should: Alzheimer's is a disease, and we can cure it. For most of the past 114 years, everyone, including scientists, mistakenly confused Alzheimer's with aging. We thought that becoming senile was a normal and inevitable part of getting old. But we only have to look at a picture of a healthy aged brain compared to the brain of an Alzheimer's patient to see the real physical damage caused by this disease. As well as triggering severe loss of memory and mental abilities, the damage to the brain caused by Alzheimer's significantly reduces life expectancy and is always fatal.

04:02

In 1906, a doctor called Alois found

- A. a lady patient who had died
- B. something very new to him**
- C. strange *injuries* in his patient's brain

What is the *striking* according to the speaker?

- A. The fact this was 114 years ago
- B. The fact August Deter was the first Alzheimer patient
- C. The fact no progress has been made with the condition**

The speaker is working to find a cure and tells us that

- A. Alzheimer's is widespread and growing ✓
- B. Alzheimer's is devastating disease**
- C. Alzheimer's costs *have increased* by a factor of 5

Surprisingly, science has done very little to address the problem and

- A. We know enough about Alzheimer's to act – opposite
- B. Alzheimer's is the *fastest growing* problem of our era – not given
- C. We have not invested enough in research

The lack of resources is because we don't understand that

- A. Alzheimer's trigger severe memory loss**
- B. Alzheimer's is a disease
- C. Alzheimer's is a part of aging – opposite of MAIN idea

Remember Dr. Alzheimer found strange plaques and tangles in Auguste's brain a century ago. For almost a century, we didn't know much about these. Today we know they're made from protein molecules. You can imagine a protein molecule as a piece of paper that normally folds into an elaborate piece of origami. There are spots on the paper that are sticky. And when it folds correctly, these sticky bits end up on the inside. But sometimes things go wrong, and some sticky bits are on the outside. This causes the protein molecules to stick to each other, forming clumps that eventually become large plaques and tangles. That's what we see in the brains of Alzheimer's patients.  
04:45

Her eyes were like the sun:

Simile

Her eyes were suns

Metaphore

Dr Alzheimer's found strange plaques and tangles which are

- A. *Are pieces of origami*
- B. Made form protein molecules
- C. Stick to each other

Stick to each other is show how they are connected nit what they ARE.