

Starter:

Think about these questions and prepare to answer verbally:

1. What factors can often **exacerbate** a patient's symptoms when they have eczema?
2. If you are creating a training session on a new topic for your **peers**, what would help you decide how to **pitch** the CPD appropriately?
3. In your opinion, what **disparities** between medical care in different countries should be resolved as soon as possible?

This Week's Vocabulary:

Today, we are going to approach the vocabulary in a different way.

Stage 1: I will display some short extracts from listening transcripts on the screen.

You will have 10 minutes to read them and select 5 words or phrases that you think are important or useful to learn.

Stage 2: Then you will individually write a definition of each word/phrase and a new sentence which uses the word in a medical context.

For example:

Throw up (phrasal verb)

To vomit

"After eating the meal, the patient **threw up**"

You will have 15 minutes to do this individually.

Stage 3: Once you have finished, you will be placed in a breakout room with 3 or 4 other students and you will present your words/phrases to them.

You can share your screen so that the other students can see your definitions and sentences or simply read them aloud.

The other students may ask questions about the words/phrases, so be prepared to answer.

Listening Extracts:

Look at the extracts.

Find five new or useful words/phrases in the extracts and write a definition and a new sentence for each one.

Well, it all started about three years ago. I suddenly found I was **having issues keeping food and drink down**. So, I went to the doctor and he said: 'Well what you're describing, it sounds like acid reflux.' Well I'd heard of that and I didn't think that's what it was. Anyway he prescribed a course of H2 receptor blockers and said: 'Just try, and if this doesn't work, then we'll **schedule** some tests'.

Patient: I just wanted to ask you something. You see, I've been given some pills for my heart condition – it was the consultant who prescribed them, and she said they were low-dose beta-blockers and that I should take them **'as and when'** – you know, only if my heart started playing up – and then only until it got back to normal – then to stop. Anyway, my daughter picked the pills up and I only noticed when I looked at the box that it says – 'take one tablet daily'. So, I went online, and sure enough it says they're beta-blockers, but all the websites

Well, I was right to be **sceptical** because they didn't work, so I ended up going for an endoscopy. And my GP was surprised. He said: 'You were right - there is something else going on'. They'd taken a biopsy of my stomach and there was a problem with the bacteria there. So he put me on a triple antibiotic - I was on that for 21 days.

I did feel a bit better, but if I ate certain foods, they'd still **get stuck** in my throat. Like when I was eating bread - that sort of thing. Then **fast forward** to this time last year and I had the same episode again - I just couldn't keep the food down. Only this time it wasn't only that – I also had a feeling like my stomach was **burning**. It was horrible – like my insides were on fire or something. I thought it would pass like the other symptoms did, but actually it just got more and more intense – so I called the hospital and the paramedics came out to get me.

So on to the question of hand hygiene. Now in the questionnaire I sent round, many of you said you'd like to improve your hand-hygiene compliance. Hand hygiene's always been important within healthcare, and the global COVID pandemic really **brought this home to us**. As you know, we replaced the rather **uninspiring** training videos on this subject with the Clean Hands Interactive Training Package last year, and that's been getting lots of positive feedback – although take up could be better to be honest. With that in mind, you'll be pleased to hear

Well, they did some tests. They took a stool sample and they told me they were going to analyse that to see what was going on down there. Anyway, eventually I was told I'd been diagnosed with colitis, and again was prescribed antibiotics. So I took them, but within an hour or two or taking those pills, I was **throwing up** again.

Doctor: Great. Well, when I saw her, I was a bit concerned that she seemed to be a bit disoriented and confused. She picked up a UTI when she was in hospital, and so ended up staying longer than planned. She's mobile, so she'll be coming into the clinic – otherwise this would be something the community nurse could follow up. Could you just **keep an eye on her**, get her talking, and see if there's any cause

That's right. They told me I'd have to manage the condition somehow. I mean that's OK because it's not all the time – I have these episodes where I can't keep anything down – then for a while I'm OK as long as I'm careful. I keep to a mostly liquid diet or go for food that's easy to break down. I watch the **texture** of the solid stuff I eat and keep to small portions. Another thing that's helped is having carbonated drinks at mealtimes – because **burping** helps to get the LES working.