

# Listening scripts

## Unit 1

### Listening

O = Operator, C = Caller,  
D = Ambulance dispatcher

- O Emergency services. Which service do you require?  
C Ambulance, quick!  
O Connecting you.  
D Ambulance emergency. What number are you are calling from?  
C There's been a terrible accident.  
D OK, caller. Can you first give me your number so if we get cut off, I can call you back?  
C I'm on a mobile. It's zero zero seven nine double three triple six.  
D And where is the emergency?  
C Here, just outside my house.  
D It's OK sir, keep calm. I need to know where. Are you at the scene now?  
C Yes.  
D Where are you?  
C I'm on Second Avenue in Newtown.  
D Second Avenue, right. And your name?  
C Alexander. Alexander Petit.  
D OK, Alexander. Tell me what's happened.  
C A lorry. It's a tanker. There was this terrible noise. A big crash and the shop wall fell down. The driver – he doesn't look good.  
D Try to calm down, Alexander. Now let's take it slowly. You say that a tanker has crashed into a shop?  
C Yes.  
D In Second Avenue?  
C Yes. Is an ambulance coming?  
D It's on its way now, don't worry. But I need some information from you to give to the ambulance crew. Tell me who has been injured.  
C The driver's been thrown out of his cab. He's not moving and I think someone in the shop has been hurt too. It's Mrs Williams, I think. A wall has fallen on her and there's a lot of blood coming from her head. She's not moving. The driver doesn't look good. My God! I think he's having a heart attack.  
D What about the tanker? Do you know what it's carrying?  
C No, but there's some liquid leaking from the back. It smells like petrol.  
D Hello, Alexander?  
C Hello. I can hear the ambulance now.  
D Alexander, just stay on the line a little longer until it arrives. Now what I want you to do is ...

### Writing

P = Police officer, N = Nurse

- P Oh, Nurse. Do you have a moment? Could I talk to you about the accident last night?  
N The RTA in Second Avenue?  
P Yes, that's it. Can I speak to the lorry driver?  
N You can't, I'm afraid. He died in the ambulance on the way in.  
P Oh, I see. Cause of death?  
N Myocardial infarction. He had a heart attack. The ambulance crew tried CPR but no luck, which is not surprising, considering his age and condition.

- P How old was he?  
N In his late fifties.  
P So he wasn't very well? What makes you think that?  
N He had a GTN spray in his pocket.  
P GTN?  
N Glyceryl Trinitrate – it's a medication for angina.  
P I see. I'll make a note of that: Glyceryl Trinitrate. Do you think his medication could have affected his driving?  
N It's possible, yes.  
P What about the other casualty? That was a woman, according to my information.  
N Yes, Mrs Williams. She was in her front room when the tanker crashed into the wall. She's in a critical condition. Multiple injuries; two fractured ribs, perforated liver, and lung contusion. She's in ICU.  
P Can I talk to her?  
N You'll have to ask the doctor about that.  
P Right. I'm not getting very far, am I? What about witnesses? Who called for the ambulance?  
N A neighbour. His name is Petit, I think. The dispatcher will have his details.  
P Right.  
N Do you know what caused the accident?  
P It's hard to say at the moment. It was half past one in the morning. It was very quiet. The road is straight; there are no junctions. Suddenly the lorry swerved across the road and drove straight into a shop. Perhaps the driver fell asleep. Perhaps there's something wrong with the vehicle. I'm just guessing at the moment and we may never know.

## Unit 2

### Listening

- a Yes, Mrs Oswald, there are medications available, but they will only control your symptoms, they won't get rid of the problem. Psychotherapy takes much longer, but it can sometimes cure. The third choice is ECT – electro-convulsive therapy. Many people are against it, but it can be highly effective and some patients, who have tried everything else, say it is the only thing to shine a light in their darkness.  
b There can sometimes be bleeding with a biopsy, Mr de Jong. This is because an incision has to be made. We have to cut it open and get a sample of the tissue. There can be bleeding, but that's rare – about one in every two thousand. There's also a small danger of infection, but we do our best to prevent this.  
c There is now no doubt that it's cancer and a hysterectomy – the surgical removal of your uterus – is the best chance for survival. We can't cure it so it's best to cut it out. We feel it's the best treatment option at this stage. Better than radiation or chemotherapy.  
d I have to give you a local anaesthetic. Do you know what that is? No. Hussein, could you help me here? I want you to explain to your mother that I want to give her something to make her eye numb so that I can get this thing out of her eye. Explain this to her, make sure she understands, and ask her if it's OK. Tell her that I'm not going to use a needle, but she must keep very still.

### Language spot

My name is Akiko Tanaka and I'm twenty-three. My baby is due next month, but yesterday I started to get a pain in my lower back. This morning I was woken up by cramps. They're irregular, but they're very painful and I think the contractions have started early. Please don't contact the baby's father. My next of kin is my sister. Can you contact her?

## Unit 3

### Listening

M = Midwife, H = Hannah

- a  
M ... OK, I can see the top of the baby's head now, so give a gentle push, Hannah.  
H Ooooooh.  
M That's the way ... Now one more ... you can do it ... nearly there now ... just one more push ... and ... that's it ... well done ... and you've got a little baby girl.  
b  
M When did your labour start?  
H My waters broke last night, and I started getting strong contractions early this morning.  
M So that's about twelve hours ago. Well, you're seven centimetres dilated now, so I don't think we'll need to induce you. Now on your birth plan you've said you'd like gas and air as pain relief, yes?  
H Yes, but if I can't bear the pain, I'd like an epidural.  
M OK, well, you let me know how you're feeling ...  
c  
M She weighs just over eight pounds, and she's done fine in the tests.  
H Her head's a funny shape.  
M That's normal when forceps are used – the head will get into shape within a few days, and the bruising will disappear.  
H Shouldn't she be crying more?  
M Well, a strong cry is a sign of good lungs, but her breathing's nice and strong, so we don't have any worries about that.  
d  
M So, Hannah, you've had some bleeding, and you're in the 28th week – is that right?  
H That's right. I've had a miscarriage before, so they thought I should have a scan.  
M Right, well, the baby's moving fine, and it has a good strong heartbeat.  
H That's a relief.  
M The placenta looks just a little low, which is probably causing the bleeding. That should move up over the next few weeks. We'll bring you in in a month for another look, and meanwhile let us know if the bleeding gets heavier.  
e  
M The baby's presentation is perfect, with the head down. I know you want to push, Hannah, but don't push yet ... keep breathing ... take some gas and air if you need it ...

## Language spot

E=Emma, N=Nina, D=Doctor

- E Nina, can I have a word?  
 N Sure, what is it?  
 E I'm a bit concerned about Mrs Dent. The baby's heart rate has dropped to just under 100 bpm.  
 N Mm, that's outside the normal range. I think you ought to call the doctor.  
 E That's what I thought.  
 D You were right to call me. It's always a good idea to get help if you're concerned. How often have you been monitoring Mrs Dent?  
 E Every fifteen minutes.  
 D You'd better monitor continuously from now on, although the baby seems fine. You might want to take a pH measurement to double check for foetal distress – I'll leave that up to you.  
 E I will, yes, just to be sure.  
 D I'd give Mrs Dent some oxygen too – that won't do any harm. And try getting her to lie on her left side too. That may increase oxygen delivery slightly.  
 E I'll do that. And I'll call you if the heart rate goes down again.  
 D Yes, if it goes under 100. If it's a little slow, but over 100, you may want to think about amnioinfusion to raise the volume of fluid around the baby.  
 E Great, thanks, doctor.  
 D No problem.

## Pronunciation

pathogen	stethoscope
national	prenatal
patient	frequency
basal	visible
labour	jaundice
perinatal	umbilical
benefits	survive
genitals	dilated
medical	vagina

## Unit 4

### Language spot

#### Exercise 3

- 3 milligrams plus 6 milligrams is equal to 9
- 4 millilitres into 36 millilitres is 9
- from 13 litres subtract 4 to leave 9
- 13 litres minus 4 is 9
- 6 milligrams added to 3 milligrams makes 9
- 3 milligrams times 3 is 9
- 36 millilitres divided by 4 equals 9
- 3 milligrams multiplied by 3 gives a total of 9

#### Exercise 4

- The dosage is 25 times 4 divided by 3
- The IV rate is calculated by dividing 500 by 4. That equals 125
- 40 units added to 10 gives a total of 50
- Divide 2 cc by four to get 0.5
- Multiply 1.5 mg by 0.5. That will give 0.75
- Take 25 from 60 to equal 35
- Subtract 52 from 100 to leave 48
- Give three 250 mg capsules to make a total dose of 750 mg

## Listening

N=Nurse, P=Participant

- N Good morning. I'm Sarah and I'm doing the monitoring this week. So I need to ask the usual questions and fill in the monitoring form.  
 P OK.  
 N Can I just get your details first? You are ...?  
 P Mrs Brown.  
 N Right. And you're in Dr Kabowski's trial for the breast cancer drug?  
 P Yes, that's right.  
 N What dosage are you receiving?  
 P I'm on 15 milligrams a day.  
 N How is it going? Are there any improvements?  
 P No, I'm afraid not.  
 N Any deterioration?  
 P Deterioration? Yes. I would say so. This new drug is doing nothing for me.  
 N No?  
 P Dr Kabowski warned me at the start of the trial that I might not notice any benefits, and he was right. The pain is growing, so is the fatigue. I've completed the self-monitoring chart – here it is.  
 N Thanks. Let's see ... you're having severe pain for nearly seventy-five per cent of the day?  
 P Yes.  
 N Are you experiencing any side effects from the medication?  
 P The pills leave a nasty taste in my mouth, but apart from that, no. It's a pity it's not working for me and I really don't understand what it all means. I mean, I fit Dr Kabowski's eligibility criteria all right; I'm a middle-aged woman and I've got breast cancer, but ...  
 N Yes, I understand. Do you want to give it a little longer?  
 P Well, I've been coming here for six months now and the long journey here and the lack of results, well, it isn't worth it even though it's been great getting the extra check-ups and all the attention.  
 N Yes, I understand what you're saying, but you won't lose hope, will you? It's so important to be positive about your illness ...

## Unit 5

### Listening

1

O = Ophthalmologist, T=Teri, D=Dean

- O Teri, have a look at this and tell me what you see.  
 T The patient's eyes are bloodshot and watery.  
 O Yes, clearly an inflammation of the surface membrane.  
 T Do your eyes itch, Dean?  
 D Yes. I want to rub them all the time.  
 T Well, you mustn't do that.  
 O Has anyone else in your family got the same problem?  
 D Yes, my sister and my mum. They've both got it.  
 2  
 P1 = patient  
 O Have you been fighting?  
 P1 No, doctor, it was an accident. I fell out of a tree.

- O You've got some nasty bruising around your eye. Have a closer look, Teri.  
 T I can see blood in the eye and something else, some foreign body embedded in the cornea, just next to the tear duct.  
 3  
 P2 = patient  
 O First of all, is there any pain?  
 P2 No, none at all, just blurred vision. I haven't been able to see well for over a year.  
 O Any ideas, Teri?  
 T Well, blurred vision is often the result of a clouding of the lens. You can see that from here.  
 O Do you get double vision – when you see two of everything?  
 P2 Sometimes I do, yes. I need a bright light to read and all colours look dull.  
 4  
 P3=patient  
 O So, tell me what happened.  
 P3 Well, I've gone almost completely blind in my right eye. If I close my left eye, I can't see much at all. At the best, everything looks misty and with haloes.  
 O Uh huh. Teri, can you describe the patient's right eye?  
 T The pupil is enlarged, oval-shaped, and bulging.  
 O OK. Let's find out about other symptoms. Do you ever get toothache?  
 P3 I do sometimes, yes.  
 O And nausea?  
 P3 Yes, that's right, I do.

## Pronunciation

### Exercise 1

optical illusion  
 depth perception

### Exercise 3

- light waves
- diabetic retinopathy
- electrical signals
- eye condition
- blood vessels
- blurred vision
- reading glasses
- ocular movement
- vision problems
- optic nerve
- pupil response
- retinal detachment
- surface membrane
- eye test
- visual acuity

## Patient care

N = Practice nurse, P = Patient

1

- N You need to be six metres from the chart, so could you stand here, please? Right, now I need you to cover your right eye. Good. Now, I'd like you to read the smallest line of letters that you can.  
 P P, E, C, F, D.  
 N Fine, will you cover the other eye for me, please? This time, can you read the same line of letters backwards?

P D, F, C, E, P.

N Right, now uncover both eyes. Try and read the next line down ...

2

N Right, so I'm going to hold my finger in front of your nose, like this ... about ten centimetres. Now I want you to look at the wall behind, please. OK, now look at my finger ... and at the wall again. That's fine. Now keep looking at my finger ... I'm going to move it towards your nose ... and out again – keep looking at it – in ... and out ... right, that's fine. Now, can you cover one eye ...

## Unit 6

### Listening

a

D=Doctor, I=Irena

D Mm, that looks nasty.

I Look, the skin's all purple and scaly here.

D That looks quite sore. Is it tender if I press it?

I Ah ... yes, it is. It just doesn't seem to be getting better, doctor. It's getting worse, if anything.

D Yes, well, these can be slow to heal.

I What can you give me for it? Antibiotics?

D It's not infected, so antibiotics wouldn't do any good. These are caused by poor circulation, so you need to do everything you can to help the blood flow out of the leg.

I So I have to put my leg up when I sit down.

D That's right. But also take plenty of exercise and bandage the leg firmly every day – I'll show you how. That will also make it a bit less swollen. Make sure you change the bandage every day, so you don't get an infection. Have you been wearing compression stockings?

I No, I haven't.

D Well, I'll prescribe you some – they should help clear it up.

b

Z = Zak, D = Doctor

Z My wife made me come along because she says this looks a bit suspicious.

D Let's have a look. Have you always had this?

Z Yes, I have. But it used to be round, more or less. It seems to have changed over the last few months.

D Mm, the shape's fairly irregular, isn't it? And the edge is not clearly marked. How about the colour? Has that changed too?

Z It has, yes. It was always brown, but now it's much darker in parts.

D Right. And just feeling it with my finger, it feels quite hard and crusty on the top. Does it itch at all?

Z Yes, it's extremely itchy. It bleeds sometimes when I scratch it. Is it something to worry about?

D Well, it's certainly worth checking out, especially as you have really fair skin. What I'll do is make an appointment for you to have a biopsy, so they can have a look at the skin cells under the microscope.

c

D = Doctor, M = Mother of little boy

D So how's Josh's skin doing?

M It's much worse. It itches so much it drives him crazy. And now he's come out in little blisters.

D Yes, I can see. The skin is quite inflamed.

M It's even bleeding in some places, where he's scratched.

D Ah yes, that looks pretty sore.

M I'm worried about him. Is it going to carry on getting worse?

D No, in fact it will almost certainly get better when he gets older. But it will flare up from time to time. Watch what he eats, in case a particular food makes it worse, and try not to let him get too hot and sweaty.

M Is there anything we can do to make it less uncomfortable?

D I'll prescribe a topical corticosteroid cream for the itching. And keep his fingernails nice and short. Use moisturizing cream on the skin regularly to make it less dry and flaky, but don't use it where the skin is cracked, and avoid clothes made of scratchy materials such as wool.

### Language spot

D=Doctor, P=Patient

D Mm, your scalp's still a bit inflamed, but actually it's much better than it was.

P Yes – it's my neck that's really sore. It's extremely itchy too, and it's got a lot worse this week. It was absolutely unbearable last night – easily the worst it's been.

D You've got to resist the urge to scratch, though, or it can get infected.

P I know, I know. It's very dry – that's the problem. I've tried creams from the chemist, but they don't seem to work.

D I'll prescribe you Topicin.

P Is that a barrier cream?

D Yes. It's really wonderful stuff. It's by far the best I've come across – fast-acting too.

P Let's hope so.

### Pronunciation

- 1 I'm pretty disappointed with this cream.
- 2 My face is quite tender.
- 3 The treatment is fairly expensive.
- 4 I'm fairly confident this will work.
- 5 The wound is looking pretty good.
- 6 Your fingers are quite swollen.

## Unit 7

### Pronunciation

#### Exercise 1

N=Nurse, M=Maria

N Hello, Maria. Did you sleep better last night?

M Not really. The pain kept me awake.

N Did it? Oh dear. Where was the pain?

M In my leg.

N We'll give you more pain relief tonight.

#### Exercise 5

N=Nurse, P=Patient

N How are you feeling this morning?

P A bit low, to be honest.

N Are you? Aah. Would you like a chat about it?

P Well, I suppose so. Do you think it would help?

N I think so. You can tell me if anything's worrying you.

P OK then – that would be good.

### Listening

L = Layla, D = Doctor

L So what's the news, doctor? Has it spread to my lymph glands?

D I'm afraid it has. But not to all the ones in the armpit. Only some of the ones we removed contained cancer cells.

L Oh ... so it could be worse then.

D Yes, it certainly could.

L What was the tumour like?

D It was about 1.5 centimetres, so fairly small. And we also removed ten lymph nodes.

L Right. So what happens next then? Will I lose my breast?

D Different forms of treatment are possible. One is a full mastectomy, to remove the whole breast and some lymph nodes from the armpit. The alternative would be a lumpectomy, where just tissue from around the tumour and the lymph nodes are taken out.

L What's the advantage of a mastectomy?

D Well, it removes more tissue that could contain cancerous cells, so you could say it's safer.

L I don't like the thought of losing a breast.

D The other advantage is that the breast can be replaced with an implant, so your breast should end up looking as it does now.

L Oh, so what about the lumpectomy – is that more of a risk?

D You'd have a course of chemotherapy in addition to radiotherapy, to make sure that traces of cancer are removed. That can be pretty tough, though.

L You lose your hair, don't you? I don't want to do that ...

D Yes, you do with chemotherapy, I'm afraid. Our cancer nurse would discuss ways of dealing with hair loss with you. There are pluses and minuses to the treatment, but I feel confident that whichever treatment you choose, it will get rid of the cancer.

L It's hard to think.

D Of course, you don't need to decide right now. I'm sure you've got lots of questions ...

L No. I understand what you said, but my mind is blank. I can't think of any questions at the moment. I'll need a little time to take it in.

D Of course. I understand. Would you like to take a break, then we'll talk again?

L Yes, please.

## Unit 8

### Listening

N = Nurse (mentor), S = Student nurse

N Nadine Hartmann's colonoscopy and sigmoidoscopy results have arrived from Pathology. I've got them here. Shall we go through them together?

- S Right. I'll be glad of your help understanding them. Path lab reports are like a secret code!
- N Like everything, they're easy when you know how. Look at this, for example, at the top of the page; 'polyp of sigmoid colon'.
- S 'Polyp of sigmoid colon'?
- N That's the specimen they analysed.
- S I see – a polyp from her lower colon.
- N So ... it goes on ... 'polyp of sigmoid colon, measuring nought point six by nought point four by nought point three centimetres'. That's the size of the specimen.
- S Right.
- N Next bit; 'mushroom-shaped specimen surrounded by mucus' – that's what the specimen looks like. Then it says; 'No evidence of stromal invasion.'
- S What does that mean?
- N That means there is no cancer.
- S So does it give a diagnosis?
- N Read what it says at the bottom of the page. Under 'Summary', it says 'Colon, sigmoid, endoscopic biopsy: tubular adenoma.'
- S Let me work it out. The organ involved is the lower colon. That's where they got the biopsy using an endoscope. The diagnosis is a tubular adenoma.
- N That's right; a benign tumour. She hasn't got cancer, but there is a danger of getting it in the future. The next thing we have to do is to write to Mrs Hartmann, explain all this, and arrange an appointment for her to see Dr Monroe to discuss treatment options.

## Unit 9

### Scrub up

- He finds walking very difficult – he's had a few nasty falls. It's like he can't control his body any more.
- The accident has affected the way she sees things. She doesn't recognize colours any more, and if something's moving, she can't see it at all. She sometimes sees the 'wrong' thing. Like the other day, she thought my umbrella was a big bird.
- If he goes out alone, he always gets lost. He confuses right and left and has difficulty picking up objects. In fact, naming objects is also a problem.
- Her memory's the biggest problem. Sometimes she looks at me and she just doesn't remember who I am. And she doesn't remember anything from one minute to the next. On the plus side, she likes my cooking better now because she's lost her sense of smell.
- He's changed. He used to be very sociable, but now he's moody and prefers to be on his own. He can't handle everyday tasks such as cleaning his teeth – not only because he's lost the use of his right-hand side. He just seems to have forgotten how to do it.

### Listening

#### Exercise 1

D=Doctor, N=Senior nurse

- D Right, let's have a look at the patient and assess his GCS. Well, he hasn't opened his eyes at all, has he?

- N No.
- D OK. Let's see if he can hear me – Lewis. Lewis. Hello. Can you hear me? Yes. His eyes opened a little there. He can hear me. Hello, Lewis. Do you know where you are? You're in hospital. Can you remember what happened? Can you tell me your name? Mm, no – nothing there. Let's test his movements. Can you wiggle your fingers, Lewis? Was there a slight movement there?
- N I didn't see anything, no.
- D Right. What I'll do now is pinch him on the shoulder. Here goes ... [N He's moving his hand ...] ... and he's trying to rub his shoulder. Good.

#### Exercise 2

##### D1, D2=Doctors

- D1 He had a stroke two years ago, so that's almost certainly what it is.
- D2 Yes, he's a high risk patient. His blood pressure's been very high, according to his wife.
- D1 Mm. His blood pressure wouldn't be so high if he didn't smoke. How long ago did he collapse?
- D2 About an hour.
- D1 We need to act quickly. If we break up the clot now, that'll prevent further damage to the brain.
- D2 He's regaining consciousness now.
- D1 He should start to get better quickly if we give him a thrombolytic. We'll keep him under close observation tonight in case he has a relapse. If there's any change for the worse, page me.
- D2 OK. He's looking much better.
- D1 We'll do a CT scan tomorrow, and if that's clear, he should be able to go on the general ward.

### Language spot

#### N1, N2 = Nurses

- N1 How's Mr Rigg?
- N2 If his operation goes well tomorrow, he'll make a full and speedy recovery.
- N1 It's a straightforward procedure, isn't it?
- N2 Yes, he's having a haematoma evacuated from his skull. He'll be home by the weekend, unless something unexpected happens.
- N1 We spend too much time treating cyclists. There wouldn't be so many accidents if they had more cycle paths.
- N2 And if cycle helmets were compulsory, there would be fewer brain injuries.
- N1 Yes. This patient was lucky. At least he'll wear a helmet when he next rides his bike.

### Pronunciation

- His blood pressure would be lower if he didn't smoke.
- She'd be healthier if she didn't eat so much.
- If we break up the clot now, that'll prevent further damage to the brain.
- If his operation goes well tomorrow, he'll make a full and speedy recovery.
- If she were in pain, we'd give her morphine.
- I'd work at the weekend if there were a staff shortage.

## Unit 10

### Listening

P = Presenter, A = Dr Adam Petrou

- P First on today's show, we'll be talking about congestive heart failure, which affects around one million people in the UK. I have with me cardiologist Dr Adam Petrou ... Adam, what is heart failure?
- A Congestive heart failure occurs when the heart's ventricles are unable to pump enough blood to the body – the left one is usually the first to fail. This leaves the body short of oxygen, and also causes fluid to build up in the body's tissues and in the lungs.
- P What are the common symptoms?
- A It usually leaves sufferers extremely tired and breathless. The ankles often swell up, too.
- P So what causes heart failure?
- A Often, the heart has been damaged by a heart attack or by coronary heart disease, or simply by high blood pressure. These things can change the shape and thickness of the heart muscle, reducing its efficiency. Also, if the rhythm of the heart is irregular, over time this can cause heart failure.
- P How is heart failure diagnosed?
- A The best way is by echocardiogram, which is an ultrasound examination that gives us a clear image of the chambers of the heart in action.
- P And the treatment?
- A As with most heart problems, self-help is vital; by following an exercise programme, patients can greatly increase their energy and improve their breathing. Diuretics help reduce the fluid build-up, and make patients more comfortable too. The main drugs that work on the heart are ACE inhibitors and beta-blockers. ACE inhibitors dilate the blood vessels and bring down blood pressure. This reduces the pressure on the heart. Beta blockers have a calming effect on the heart – they keep it beating with an efficient, regular rhythm.
- P And pacemakers can help with this too, can't they? Can you say a word about them?
- A Yes, we do use pacemakers. These are small electrical devices that are implanted under the skin and attached to the heart by two wires. They send impulses that make sure the heart keeps a steady rhythm.
- P So what's the prognosis for people with heart failure?
- A The prognosis is not great – between 10 and 60 per cent of patients will die within a year of being diagnosed, so in many cases, the treatment aims to improve the quality of life rather than cure the problem.
- P Dr Adam Petrou, thank you.

### Writing

D = Doctor, M = Marie

- D Hello. Marie Thomas?
- M Yes, that's me.
- D Hi, Mrs Thomas. Do you mind if a student observes the examination?
- M No, that's fine.
- D Great. So Mrs Thomas is 35.
- M That's right.



- D And can you tell us what the problem is?
- M Well, the main thing is my breathing. I find it very hard to breathe when I go to bed. I have to stop to have a rest halfway up the stairs.
- D I see. Does anything make it easier to breathe?
- M Yes, it's easier if I sit up in bed, so that's how I sleep.
- D How long have you had this problem?
- M For about a year, I'd say. It's been bad for about two months.
- D Do you have any pain?
- M Yes. In the last three weeks or so, I've been getting pains down my left arm. I decided to come and see you when it got really bad.
- D Can you describe the pains?
- M Well, shooting pains, really. Starting at the top and going down to the bottom.
- D OK. Any other problems?
- M I've been sweating a lot, even though the weather's not hot.
- D Have you been eating OK?
- M No, not really. I've lost my appetite.
- D Do you take exercise?
- M No. I avoid doing exercise when possible. That's why I'm so overweight! I tried walking for ten minutes a day, but it almost killed me.
- D We've got your weight here. 92 kilos. Do you drink?
- M I enjoy having a glass of wine with dinner. That's all.
- D Smoke?
- M I'm afraid so – about a packet a day.
- D Of course, I'd advise you to stop smoking.
- M Yes, I know. My kids are always asking me to give up. I've tried to stop lots of times, but I haven't managed to kick the habit.
- D Does anyone in your family have heart problems?
- M Yes, my mother has angina, and my dad died of a heart attack.
- D Any diabetes in the family?
- M No.
- D And your blood pressure was taken earlier and was ... 160/80.
- M I've always had high blood pressure.
- D Right, I'm checking the ankles for oedema, and yes, they're very swollen. Now let's have a listen to your heart ... and there are clear murmurs there. I'll have a listen to your lungs now. And I can hear abnormal sounds right and left. That sounds like there's some fluid there. And finally I'll listen to the abdomen. Bowel sounds present. If I press it, is there any tenderness?
- M No – it's a bit swollen though.
- D Yes, no masses, but some oedema.

## Pronunciation

### Exercise 2

- 1 Julia is an SRN.
- 2 This patient has a URTI.
- 3 A teacher gave the child CPR.
- 4 The driver of the car was DoA.
- 5 The hospital has no A&E department.

### Exercise 3

- 1 I'm going to ask for an AXR.
- 2 The patient has a JVP of 5 cm.
- 3 She has a UTI and will need antibiotics.
- 4 Mr Musevi has a WBC of 45.

## Unit 11

### Listening

N = Nurse, T = Tori (patient), P = Porter

- N Hello, Tori. How are you?
- T I feel OK, but I'm very nervous.
- N Are you? What's worrying you?
- T Well, I'm worried that the anaesthetic won't be strong enough, and I'll be in pain, but won't be able to speak.
- N I do know that anaesthetists monitor you very closely to make sure you're fully unconscious, but I've noted your worry. If you like, I'll ask the anaesthetist to explain exactly what he does.
- T Yes, please – that would help.
- N Now, the surgeon has talked to you about the hysterectomy procedure, hasn't he? Did he explain what he's going to do?
- T Yes, he explained everything. And he marked where the operation will be. Look. I'm worried I'll have an ugly scar.
- N It should leave quite a neat little scar actually, which will gradually fade away.
- T I hope so.
- N Now, you've signed the consent form, haven't you?
- T Yes.
- N I'll check that's here with your notes ... good. Now I'll just talk you through what's going to happen next. In a moment I'm going to give you a pre-med. That's a liquid sedative that you drink. That'll make you feel nice and relaxed and sleepy.
- T OK.
- N After that we'll take you through to the theatre, and the anaesthetist will connect you up to the monitoring equipment, then he'll give you some drugs that'll send you to sleep. He'll ask you to count backwards from 100, and the next thing you'll see will be the recovery room. Is there anything you'd like to know?
- T How will I feel when I wake up?
- N You may feel a little sick or you might be really hungry – it varies from person to person. We'll give you pain relief while you're waking up, then when you're fully awake, you'll have a little pump – I've got one here – which you control yourself.
- T How will I know when to use it?
- N When you feel pain, you just press the button. Here, have a try.
- T Seems easy enough.
- N And I'll leave you some written instructions too.
- T OK. So I won't have any pain at all then?
- N Well, we normally express pain from zero, which is no pain, to ten which is unbearable pain. You shouldn't have more than two if you use the pump – that's very mild.
- T Well, that doesn't sound too bad.
- N No, it won't be. Right, so if you'd like to drink this pre-med. In about fifteen minutes an orderly will come and we'll go to theatre.
- T OK, nurse – thanks.
- P Hello, Tori.
- T Yes?

- P Hello. I'm going to take you to theatre. Can I just check your wristband? Victoria Hick 2-1-64 – that's you, is it?

T Yes.

- P Lovely. And your notes are here ... test results ... and consent form, so we're ready.

## Vocabulary

- 1 The patient was diagnosed with cervical cancer and we had to remove her womb.
- 2 We'll give you a local anaesthetic, then we'll insert a fibre-optic tube down through the mouth to see what's causing the pain.
- 3 The patient has a pneumothorax. I'm going to insert this needle between his ribs to release the air from around the lungs.
- 4 The remaining bowel is attached to an opening in the skin. Faeces then pass through this opening into a bag.
- 5 The burn is quite deep. We'll need to do a skin graft.
- 6 I'm going to make an incision in your stomach so that I can have a look at your ovaries.

## Pronunciation

### Exercise 1

- |                  |                   |
|------------------|-------------------|
| 1 colostomy      | 4 encephalography |
| 2 tracheostomy   | 5 endoscope       |
| 3 encephalograph | 6 endoscopy       |

### Exercise 2

- |                  |                  |
|------------------|------------------|
| 1 vasectomy      | 5 radiography    |
| 2 laparotomy     | 6 cardiograph    |
| 3 oesophagostomy | 7 cystoscopy     |
| 4 microbiology   | 8 ophthalmoscope |

## Unit 12

### Listening

V = Hospital visitor, N = Nurse

- V Ah, Sister, I'm looking for my mother – Mrs Cohen. She was in this bed yesterday. Is everything all right?
- N Oh, Mr Cohen, yes, don't worry, your mother is fine.
- V Oh, I thought for one moment ... Where is she?
- N We've moved her to a single room.
- V Why? What's wrong?
- N She has an infection. It's potentially dangerous and highly contagious, you see. She's been isolated so that we can barrier nurse. All that means is that we are very strict about hygiene to prevent the infection spreading to other patients.
- V What sort of infection? We were told she was having 'a routine operation'.
- N It's a bug called Staphylococcus. It's something post-op patients of your mother's age are susceptible to. And in hospitals, where there are sick people, it can spread very easily.
- V Does it mean I can't visit her?
- N No, you're very welcome to visit. But you need to follow some basic hygiene procedures, OK? There's alcohol hand-rub in her room. Please could you, and all other visitors too, always use the hand-rub when

you arrive and when you leave? And I mean *always*. Try very hard not to forget. There's a poster on the wall to remind you. Any hidden bugs you might be carrying will be killed off by the hand-rub. It's quicker and more hygienic than soap. Oh, and remember not to sit on her bed.

**V** Right, I'll remember. So this infection is contagious, is it?

**N** You won't catch it if you're healthy, no. But if you're not well, stay away until you're completely better. Any cuts you might have on your hands should be covered up. Anything that comes into direct contact with the patient is considered infected. So don't bring anything in to her room with you and don't take anything out.

**V** What, not even a bunch of flowers?

**N** No, not for the time being. You will see that the nurses are all wearing protective clothing, masks, and gloves, and we might ask you to do the same.

## Unit 13

### Listening

**N = Nurse, P = Patient**

**N** What does it say on the screen?

**P** It's blank.

**N** Well, switch it on then, Mr Mucci. The power switch is the black one in the bottom right-hand corner.

**P** Yes, I know. It is switched on.

**N** Is it plugged in? The power socket is directly under the screen.

**P** Oh, right. Sorry, nurse.

**N** OK. Now, the machine is plugged in and switched on?

**P** Yes.

**N** Good. On the screen you should now be able to see three function keys.

**P** Yes.

**N** The top one is 'drain', the middle one is 'fill' and the bottom one is 'dwell', right?

**P** Right, I see them.

**N** Press the button next to 'drain'. The green drain light above the screen should start flashing on and off. Is it?

**P** No.

**N** OK. Press the reset switch.

**P** That's the white one next to the power switch, isn't it?

**N** Yes. What do you see on the screen now?

**P** It says eighty eight minutes.

**N** That's the default setting. You need to change it to fifteen minutes. Use the timer arrows to the left of the screen to change the number. Do you see them?

**P** There are two timer arrows to the left of the screen.

**N** Press the down arrow and keep pressing until you see fifteen on the screen. OK?

**P** Yes, done.

**N** Now press the enter key which is just below the timer arrows. Has the stand-by light come on? That's the yellow one at the top of the machine.

**P** Yes.

**N** Good, we're getting there. Have the three function keys reappeared on the screen?

**P** Yes.

**N** Press 'drain'. The green start light at the top should come on and the other lights should go out.

**P** Yes.

**N** You're all ready to go. Press drain a second time. I can hear the alarm. What does it say on the screen?

**P** It says 'malfunction code 54.'

**N** That means there's a problem with the cartridge housing. OK, Mr Mucci, let's start again. Switch off the power and ...

### Speaking

**D = Patient's daughter, W = Patient's wife**

**D** How is he? How's Dad?

**W** Oh, the same. There's been no change.

**D** We've got to give it time.

**W** Time, Barbara? How much more time? He's been in this coma for eighty-three days now.

**D** I know, Mum.

**W** I spoke to Dr Williams this morning. He says the prognosis is not good. He says we should consider the possibility that even if your Dad wakes up, he will probably be a vegetable. He'll be conscious, but he won't be able to do anything for himself. Oh God! He wouldn't even be able to think.

**D** How does Dr Williams know that? He doesn't know that. You hear stories of people coming round after being in a coma for years.

**W** He's only alive now because of the respirator. If you switched that off, his body would die.

**D** On the other hand, he could wake up at any moment. It is possible that he could make a full recovery.

**W** Look, I don't even feel that this is him. I mean I know it is him, but he's just not in there. He's not aware, he doesn't feel anything. Your dad, he was always so full of life and he wouldn't want this. He would also want us to get on with our lives, wouldn't he? Not spend all our time sitting here; watching.

**D** Mum, you don't know this. Nobody has the right to make this decision, not you, not Dr Williams, no one.

**W** You're wrong. It means we've got to do the thinking for him. If we could ask him if he wanted to stay on this ventilator like this, what would he say?

**D** I think he'd say yes. He'd say, 'where there's life, there's hope.'

**W** There's another thing.

**D** What?

**W** Do you remember yesterday there was that terrible car accident? Remember all the ambulance sirens and everyone rushing around? Well, one of the victims is in that bed over there. She has severe internal injuries. The nurse told me earlier. Apparently they're waiting for donor organs and if they can't get them, she's going to die. She's twenty-one. It's such a shame, such a waste. And I was thinking ...

**D** No, Mum!

**W** To save someone's life, Barbara? What would your dad say?

**D** He's my Dad. I don't care. I don't want to let him go. He needs us now, more than ever. He needs us to watch over him and take care of

him because I just know that one day soon he will, quite unexpectedly, open his eyes and call out for one of us.

## Unit 14

### Scrub up

**N = Nurse Therapist, W = William**

**N** William, I want you to have a look at these cards one by one and tell me what you see in them, OK? Just say what the cards look like. OK?

**W** OK.

**N** This is the first one. Take a moment. Say the first thing that comes to your mind.

**W** It looks like a turtle. It's been squashed. It's on a beach and it's trying to get to the sea, but it doesn't know which way to go and it gets squashed by a giant.

**N** Can you say why the giant squashed the turtle?

**W** Punishment.

**N** Punishment?

**W** For ... I don't know ... for being stupid.

### Pronunciation

1 therapy	therapeutic
2 psychology	psychological
3 examine	examination
4 disabled	disability
5 trauma	traumatic
6 analysis	analytical
7 symptom	symptomatic
8 personal	personality

### Listening

**P = Psychiatrist, PN = Psychiatric nurse**

**P** ... so let's move quickly on to Daphne Duchamp. Daphne is forty-five and unmarried. She is suffering anxiety disorders. I believe she has been referred to us by her GP and now she's getting visits from a social worker and a psychiatric nurse. Barbara? Is that you?

**PN** Yes. I've made three home visits over the past two months.

**P** I want to hear about that and then decide if she's a suitable case for psychotherapy. Barbara, is she unable to function effectively?

**PN** Yes, Doctor. She is now housebound.

**P** I see. Take us through the case history, will you?

**PN** Daphne had her first panic attack in a shopping mall three years ago. Since then, she says, she has had them quite frequently. She describes feelings of sudden terror, accompanied by chest pain and trembling. The attacks are unpredictable and she says they happen whenever she goes out. As a result, she avoids any place she associates with the panic attacks, which is pretty well everywhere.

**P** She stays indoors all the time?

**PN** Yes. She is tense, tired, and full of worries. She shows obsessive tendencies, worrying about money (even though she has savings), about illness, and about germs – her house is spotless and smells of disinfectant. I also

suspect she is beginning to drink a lot, though she tells me she has it under control.

**P** Anything else?

**PN** Not for the moment, Doctor, no.

**P** OK. It looks like fairly classic symptoms of agoraphobia, wouldn't you say? We've got the panic attacks, the patient's belief that the attacks could happen any time, and the onset of obsessive disorders and possible alcohol abuse. Agoraphobia is something that responds quite well to psychotherapy and desensitization so I'm going to arrange an outpatient's appointment with Dr Williams. Do you think she will go?

**PN** Probably, but only if she is accompanied.

**P** Will you be able to take her to the clinic?

**PN** Yes, certainly, if I'm on duty.

**P** Fine. Then I'll let her know.

## Unit 15

### Listening – Appointments diary

**C** = Consultant, **R** = Receptionist

**C** We've had a lot of problems with appointments today. Davina, you've been on the desk in Reception; could you run through the patients and tell us what you know?

**R** Yes, Doctor. The first problem was Natasha Alagaiah. She was your 9.30 appointment. She went to the wrong department, so when she finally got here it was already ten thirty. We could have fitted her in because we had a cancellation at midday, but she couldn't wait. Her appointment is just for a routine check-up so I rebooked her to see you on the fifth of September. The next problem was Serena Wilson at ten o'clock. Her appointment was to discuss her test results, but we have no record of them. I phoned Pathology, but nobody knew anything so the Practice Nurse took another sample and I made a new follow-up appointment.

**C** Mrs Hecker? She seemed annoyed when I saw her. Do you know what the problem was with her?

**R** I told her off, I'm afraid. She has missed her two previous appointments, but she never phoned up to cancel. She didn't seem to like me telling her about the difficulties this causes.

**C** OK. Then there was Celestina Dubois. She was very nervous because it was her initial appointment. I told her that we were going to be seeing a lot of each other over the next few months. Did she tell you all successive appointments will be weekly?

**R** Yes, Doctor. The next one is on the sixth of September. I got a phone call from Akira Sato who cancelled her twelve o'clock because she said she was too ill to get here on the bus and I notified the midwife who will make an out-of-hours visit.

**C** And Elsa Yager? I am rather worried and think we should keep an eye on her.

**R** Yes. I phoned admissions who confirmed that there is a vacant bed on the ward.

**C** Fine. So that just leaves Mrs Ba Ling.

**R** Yes. Ba Ling's appointment this morning was postponed from last week when we found she was double-booked.

**C** Oh yes, I remember.

### Listening – Examining a child

**N** = Nurse, **L** = Lisa, **M** = Patient's mother

**N** So, Lisa, your mum tells me you've been feeling a lot better since the operation and that the pain in your chest has gone. Is that right?

**L** Yes.

**N** No more fainting?

**L** No.

**N** Great! Mum? How is Lisa in herself? Generally happy?

**M** She's full of life; sometimes I can't get her to sit down.

**N** That's a very good sign. She's a good colour – there's no sign of blueness, is there?

**M** No.

**N** Lisa, I'm going to have a little look at your chest and a listen to your heart, OK?

**L** OK.

**N** Now, let's start with your back. Could you take off your T-shirt for me? That's it. I'm going to feel around so tell me if my hands are cold. Are they OK?

**L** They're not cold.

**N** Good. Just lean forward a little. That's it, good girl. Breathe out for me. Just hold for a moment. Good. OK, breathe in. Fine. Does this hurt, Lisa, if I press here?

**L** No.

**N** Here?

**L** No.

**N** Mum? Have you noticed any tenderness? Has Lisa complained of any pains in her chest, back, or abdomen?

**M** No.

**N** Well, everything seems fine here. Lie back on the couch, Lisa. Is that comfortable?

**L** Yes.

**N** I'm going to use this. You've seen these things before, haven't you?

**L** Yes.

**N** Do you know what it's called?

**L** It's a stethoscope.

**N** That's right, it's a stethoscope. OK. I'm going to listen to your heart ... good ... good ... fine! Now turn on to your left side. No, the other way, that's your right. OK. Good. Has she shown any signs of extreme tiredness, Mum?

**M** She was exhausted last week after her school sports day, weren't you, Lisa?

**L** Yes, a bit.

**N** Did you run in a race?

**L** Yes.

**N** Did you win? That's the important thing.

**M** She came second, didn't you, Lisa?

**L** Yes.

**N** Did you? Well done! You wouldn't have been able to do that a year ago, would you?

**L** No.

**N** And how long did she feel like that?

**M** For about two hours.

**N** I see. Now sit upright, Lisa. Good. Lean forward for me and I'll listen to your back. Breathe out ... and hold. Excellent. No murmurs from your heart, everything seems to be going very well.

### Unit 7 Scrub up Answers

1 13%

2 33%

3 25%

4 Men:

1 lung

2 stomach

3 liver

Women:

1 breast

2 lung

3 stomach

4 colorectal

5 oesophagus

4 colorectal

5 cervical