

PART ONE

Unit 1

Introducing healthcare professionals

Before we start...

Conversations in the hospital waiting room



1

Mrs. Allen: Good morning, is this the waiting room of the Geriatrics ward?

Tom: Yes!

Mrs Allen: Oh, thank you! I am a little confused by your presence here. I expected to see only old people like me!

Tom: Haha! You're not old, Mrs...?

Mrs Allen: ...Allen, but you can call me Patricia. Darling, I am 85 years old. How old are you?

Tom: Wow, you look much younger! I am 25.

Mrs Allen: What are you doing here, then?

Tom: I am waiting for my grandma. She's in the doctor's office, at the moment. I always come with her because she can't come here on her own.

Mrs Allen: Oh, I see. How old is she?

Tom: She's 83, a bit younger than you, but not as independent...

Mrs Allen: Do you want to know my secret?

Tom: Yes, please!

Mrs Allen: I live a very healthy life. I always wake up early in the morning, at 7 o' clock, but not after sleeping less than eight hours. Still today, I try to get as much rest as possible. I have a very rich breakfast, with yoghurt, fruit and cereal. Sometimes I change my routine and I have some coffee and biscuits.

Tom: Oh, here's my first mistake. I never have breakfast. I don't have time to make breakfast in the morning so I usually eat something when I get to the office...And neither does my grandma!

Mrs Allen: You should. It's very important. Then I spend the morning doing everyday housework, I have lunch – usually some meat and vegetables and then relax.

Tom: Lucky you, Patricia! I never have time to relax. I work 10 hours a day!

Mrs Allen: I can understand that, erm...What's your name again?

Tom: I'm afraid I didn't introduce myself. I'm Tom.

Mrs Allen: Tom. You can't work so much. You can do it for a while, but you need to relax sometimes. I

spend my afternoon watching my favourite soap opera on TV; then I usually water my plants and I always have some tea at 5. My friends and relatives always come over to visit me. And now, it's time for my real secret!

Tom: What is it?

Mrs Allen: Walking. Before sunset, I put on my tracksuit and go out, even when it rains. I have some long walks, at least one hour a day. It helps keep your body healthy; your muscles never lose their tone, your joints are always supple, and it stimulates your circulation!

Tom: That's true. I rarely walk to work, but I go to work by bike sometimes!

Mrs Allen: Biking is good for your health, too! But you should bike to work regularly, darling!

Tom: Even when it snows?

Mrs Allen: Yes...If you wish to live long like me!

2

Barbara: Are you ready, dad? We're up next.

Mr Brown: Oh really? I'm not paying attention to the queue.

Barbara: Dad, there's nobody else here. This lady has just arrived and the boy over there is waiting for his grandmother.

Mr Brown: Alright, then. Help me stand up, please.

Barbara: Ok... Here we are!

Mr Brown: I'm getting old, Barbie!

Barbara: Come on, dad, don't start again!

Mr Brown: I have difficulty standing up, my joints are always aching, my legs sometimes can't hold me. I'm losing my strength and it is difficult to accept for a former soldier like me.

Barbara: I know, dad. But don't worry, you're getting better. The physiotherapist says that you're making so much progress he can't believe it.

Mr Brown: He's only trying to encourage me. I'm also putting on weight...

Barbara: It's normal at your age! I'm putting on weight too!

Mr Brown: ...But you're pregnant, Barbara!

Barbara: Yes, and try to think of this. You're having a grandson soon. Aren't you excited?

Mr Brown: Of course, I am. Speaking of which, how do you feel these days?

Barbara: I'm always tired, my ankles are always swollen...and my back! I can rarely sleep a whole night.

Mr Brown: Well, Barbara. You're going to sleep even less when your baby is born!

Exercises

1. Read the waiting room dialogues above, look at the picture and try to describe the speakers.

Physical appearance		Personality	
old	young	outgoing	introverted
long hair	short hair	talkative	quiet / reticent
curly hair	straight hair	funny	serious
dark eyes	light eyes	smart / clever	silly / dull
old-style	fashionable	active	lazy
plump / robust	thin / slim	sporty	hard-working
tall	short	careful	careless

2. Now, work in pairs and describe your partner using these words. You can also use modifiers, such as 'a bit', 'quite', 'a little'...

Example: Jessica is young, she's got long, blond hair and blue eyes. She's a bit plump, but always fashionable and elegant. At the beginning she looks introverted, but when you get to know her better, you'll find out she's talkative and funny...

1. Healthcare professionals

Connect each figure to a healthcare professional from the list below:

Anaesthetist - Cardiologist - Geriatrician - Lab technician - Midwife - Neurologist - Paediatrician - Paramedic - Pharmacist - Physiotherapist - Porter - Radiographer - Receptionist - Scrub nurse - Speech therapist - Surgeon



Exercise

Connect each member of the hospital team to the most appropriate definition.

a. Anaesthetist	1. manages medical conditions affecting infants, children, and adolescents
b. Cardiologist	2. performs experiments in scientific research; analyses samples of liquids and tissues and gives results
c. Geriatrician	3. fills out prescriptions, dispenses medicinal drugs and sometimes prepares them
d. Lab technician	4. sets up the OR, sterilizes surgical tools and hands tools to the doctor during surgery
e. Midwife	5. transports patients, drugs, specimens, documents etc. to and from different hospital units
f. Neurologist	6. restores movement functions in ill or injured people by methods such as massage and exercises
g. Paediatrician	7. treats disease, injury, or deformity via operative or manual methods physically changing body tissue
h. Paramedic	8. treats patients with diseases and defects of the heart and blood vessels
i. Pharmacist	9. produces and interprets scans and screenings of the body to identify injuries and diseases
j. Physiotherapist	10. treats diseases in older people and problems specific to aging; rehabilitates the elderly
k. Porter	11. helps people with physical or psychological problems in communicating, e.g. stuttering
l. Radiographer	12. deals with patients on their first arrival; arranges reservations, appointments etc.
m. Receptionist	13. prepares patients for surgery by giving them drugs that put them to sleep and resuscitate patients
n. Scrub nurse	14. treats diseases of the brain and spinal cord, peripheral nerves and muscles
o. Speech therapist	15. is not a doctor but gives emergency medical care to ill or injured people outside a hospital
p. Surgeon	16. helps women during pregnancy, labour and delivery and takes care of babies after birth

2. Reading comprehension – The healthcare system

Health is a state of complete physical, mental and social well-being given, among others, by the absence of disease or infirmity, according to the World Health Organization. It is usually preserved by means of **Medicine**, the science which seeks to ensure health by the practice of diagnosis, treatment, and prevention of a disease.

Medicine is conducted in **healthcare systems**, which offer medical services to prevent, diagnose, and treat health problems (Tessuto 2020). Health care centres can be public (as most hospitals are) or private.

Health care is provided by **health professionals**. These include doctors (or physicians), nurses and

other healthcare professionals such as radiographers (or radiology technicians), midwives, obstetricians, physiotherapists (or physical therapists), speech therapists and other therapists, laboratory technicians, biologists etc.

Human resources involved in healthcare also include people who organize activities in healthcare providing centres.

In the United Kingdom, a national system called National Health Service (NHS) – which is actually separated according to the four countries, i.e. England, Scotland, Wales and Northern Ireland – provides care and treatments for people who are ill.

The NHS is founded on some main principles:

- healthcare must be comprehensive, universal, and free – most health services are free for people who are resident in the UK, although in England patients have to pay prescription charges;
- it is based on a clinical need and not on the possibility to pay.

The main functions of the NHS include:

- helping patients get the treatment they need;
- helping find a General Practitioner (GP), an Accidents & Emergencies (A&E) department, pharmacies, dentists, or other urgent care services;
- informing and educating about diseases;
- preventing diseases and promoting a healthy lifestyle.

The NHS employs more than a million of people in the UK. It also highly influences the drug market because it establishes the fair price of drugs.

It coordinates and collaborates with local health systems, which make decisions about to provide healthcare services in their region. By doing so, it ensures:

- stronger governance and accountability;
- the adoption of standards of best practice;
- the contribution to a national improvement;
- a better use of data and information collected at local level.

True or False?

Based on your reading so far, say whether the following sentences are **True** or **False**.

T F

1. The term 'health' refers only to a physical well-being.
2. The main purpose of medicine is to maintain health.
3. Healthcare professionals do not include physicians.
4. There are several different professionals in healthcare.
5. Patients in England do not have to pay for public healthcare services.
6. Assigning a GP to a person is one of the functions of the NHS.
7. The NHS is not involved in establishing prices of medications.
8. The NHS ensures higher standards and the control of regional health assistance.

Doctors of Medicine (MD), also called **physicians**, are the professionals who work to ensure the health of people. Their role is to visit patients, analyse signs and symptoms and get to a diagnosis. After a diagnosis, they suggest the best treatment for the disease or injury.

To be a doctor means to know about some basic academic disciplines (e.g. physiology, anatomy etc.) and have competence in applied practice. In order to do so, doctors need a long and complex education.

In the United Kingdom and most English speaking countries, MDs must have got a 'first degree' in Medicine, called *Bachelor of Medicine and Bachelor of Surgery*, which usually requires between four and six years of study and clinical training.

To practise as a MD, however, a postgraduate research degree in Medicine is required. This means that a doctor has to write a thesis under the supervision of a Professor or must have published valuable and consistent academic material.

In most European countries, the title to practice as a doctor is a Master's degree or equivalent, generally lasting a minimum of six years. It often involves a *numerus clausus* system, which means that not all students can be admitted or are selected after some years.

After obtaining their degree, extra training and education are usually required to be allowed to work with patients.

In the United States, the selection of physicians is particularly competitive. Before obtaining their Bachelor's degree, students must pass two exams, called *Steps*, and this usually requires 4 years. Afterwards, they must complete at least one internship year and pass Step 3. However, some institutions offer the possibility of an accelerated 6-year route after high school.

To receive a specialty in medicine, doctors can choose to do additional specialized training (residencies). To choose a specialty means to focus their practice on certain disease categories. In alternative, they can provide medical care to individuals, families, and communities (*general practice*) and work as **GP (General Practitioners)**.

A GP manages acute, non-life-threatening illnesses that occur in the early stages of development and require urgent intervention. Their competence is not limited to specific organs

and allows them to treat patients of any age and sex and at different levels of complexity. GPs can also treat chronic health problems and provide preventive care, e.g. immunisation. Sometimes, they can perform pre-hospital emergency care and simple surgical procedures.

The term 'physician' is more commonly used for certain other types of medical specialists, especially in internal medicine.

Similarly, **nurses** need a specific education and professional training. In the United Kingdom, there is the **Nursing and Midwifery Council (NMC)**, an organization which establishes standards for the education and training of **nurses and midwives** and allows them to practice.

To be registered at the NMC, nurses must follow an approved education programme first, which usually takes place at universities.

Universities often offer separate courses to prepare nurses for adults or for children. These three or four-year programmes include courses in medical sciences (fundamentals of scientific subjects, human biology, pharmacology etc.) and more specific disciplines, such as Nursing Practice, and training to develop their professional practices, improve the quality of care, and to manage patients in the short and long term.

In Europe, university programmes for nurses and midwives last between three and four years; they often allow to practice their profession immediately after their degree (usually a BA), upon passing of a specific examination.

Before starting a nursing career, some people choose to start from a job as a Nursing Assistant, or more often as **Certified Nursing Assistants (CNA)**. They are responsible for basic patient care tasks, like moving, feeding, bathing them, taking vital signs or doing simple treatments.

"It's not always a glamorous work", says a CNA. "But you give a dignified care to patients; you see the reality of working in healthcare and you help patients who can't take care of themselves".

CNAs can work in nursing homes or long-term care facilities, often with older patients suffering from dementia; sometimes they work in the patient's own homes. You do not need a college education to work as a CNA: you usually need a diploma and then have to apply for a nursing assistant training program and pass an exam

which may ask about specific sanitary practices¹. On the contrary, to be a nurse, you need to complete a university programme.

In the United Kingdom, all qualified nurses start from a pay grade 5 when they are '**Newly qualified nurses**'. They usually start working in a hospital setting and then acquire experience in a particular ward. Training opportunities allow 'beginner' nurses to apply for grade 6, '**Nursing specialist**' or '**Senior nurse**', who are more qualified.

A grade 7 nurse usually possesses a Master's level degree, as in the case of **Advanced Nurse Practitioners (ANPs)**, who can conduct detailed assessments, make diagnoses and prescribe medicine, or **Operating Department Assistants**, who can prepare patients for surgery and assist the surgical team.

The highest levels in nursing career are those of **Nursing Officer**, also referred to as **Matron**, or **Chief Nurse** for men: this role implies the management of a whole nursing staff and requires experience, qualification and, of course, management skills. Nurses who highly specialize in their field can also act as consultants.²

Further studies can lead to obtaining the titles of Doctors of nurses practice (DNP), Doctor of Nursing Science, or Doctor of Philosophy in Nursing (PhD), which are doctorate degrees

certifying contribution to academic research in the nursing field.

Midwives are healthcare professionals who take care of women during pregnancy first and then during labour; after the childbirth, they take care of babies in the early postnatal period. They are responsible for the health of both mother and child and will only refer to doctors specialized in Obstetrics if there are medical complications.

Their main responsibilities include:

- 1) monitoring and examining women during pregnancy, by developing individual care programmes;
- 2) providing antenatal care, e.g. screening tests;
- 3) identifying high risk pregnancies and make referrals to doctors
- 4) assisting mothers in labour;
- 5) monitoring the condition of the foetus and applying knowledge of drugs and pain management;
- 6) counselling, advising and supporting before and after screening and tests;
- 7) supporting mothers in case of miscarriage, termination, stillbirth, neonatal abnormality and neonatal death;
- 8) supporting and advising on the daily care of the baby, including breastfeeding and bathing;
- 9) ensuring continuity of care and social support.³

¹ <https://www.rasmussen.edu/degrees/nursing/blog/what-is-a-cna/>.

² <https://www.nurses.co.uk/careers-hub/nursing-pay-guide/>.

³ <https://www.prospects.ac.uk/job-profiles/midwife>.

Grammar spot

1. Simple Present

We use the *Simple Present*

a) to talk about:

- routines, habits and regular activities: *When I go to work, I wear my uniform. tasks: A receptionist makes appointments for patients.*
- scientific facts: *Greenhouse gases increase global warming.*
- facts that are always true: *An ambulance driver doesn't perform operations.*
- permanent state: *I live in the village where I was born.*
- timetables: *The bus to London leaves at 8.30 p.m.*
- narratives, stories, the plot of films, books, etc.: *The book talks about the fight against worldwide pandemics.*

b) with time expressions (in the morning/afternoon/evening, at night; every morning/day/month etc., once/twice a day/ week...; three/four/five... times a day/week...; on Mondays/Tuesdays, etc.): *I drink coffee three times a day.*

The verb to be

We use the verb *to be* to talk about:

- **age:** *My friend's grandmother is 90 years old.*
- **nationality:** *We are from India. We are Indians.*
- **personality:** *A: What's the new sister like? B: Uh, she is strict but talkative.*
- **health:** *A: How are your twins? B: They are fine now, thank you!*
- **profession:** *My husband is a neurologist.*
- **time:** *A: What time is your appointment with the cardiologist? B: It's at nine o'clock.*
- **date:** *Today is 13th August and it's Mrs Diane's birthday.*
- **weather:** *A: What's the weather like there in Rome? B: It's sunny!*
- **price:** *A: How much is the new microscope? B: It's 200 pounds.*

Simple Present of the verb to be

TO BE					
AFFIRMATIVE		NEGATIVE		INTERROGATIVE	NEGATIVE-INTERROGATIVE
Formal	Informal	Formal	Informal	Never contracted	Always contracted
I am	I'm	I am not	I'm not	Am I?	Aren't I?
you are	you're	you are not	you aren't	Are you?	Aren't you?
he/she/it is	he / she / it's	he / she / it is not	he / she / it isn't	Is he/she/it?	Isn't he / she / it?
we are	we're	we are not	we aren't	Are we?	Aren't we?
you are	you're	you are not	you aren't	Are you?	Aren't you?
they are	they're	they are not	they aren't	Are they?	Aren't they?

- To form **affirmative** sentences, we put the subject before the verb *to be*:
I am late. Mary's a nurse. Mark eats junk food. We're from Spain.
- To form **negative** sentences, we put *not* after the verb *be*. We **do not** use the negative auxiliaries *do not* and *does not*:
I'm not a paediatrician. Doctor Jordan isn't in his office. They aren't Miss Park's samples.

- To form **interrogatives**, we put the verb *be* before the subject. We **do not** use the auxiliaries *Do* and *Does*:
Are you a sister? **Is** your arm swollen?
- To form **negative-interrogative sentences**, we put the verb *to be* before the subject. We **do not** use the auxiliaries *do* and *does*:
Aren't you French? **Isn't** Miss Curry in the waiting room?

Short answers

- to form **affirmative** short answers, we use:
Yes, I **am**.
Yes, you / we / they **are**.
Yes, he / she / it **is**.
- to form **negative** short answers, we use:
No, I'**m not**.
No, you / we / they **aren't**.
No, he / she / it **isn't**.

The verb *to have* (got)

We use the verb *to have* *got* at the Simple Present to talk about:

- family members: I'**ve got** four brothers and three sisters.
- possession: He'**s got** a new expensive car.
- health problems: I **have got** a cold / headache / temperature / pain in my leg, etc.
I **have** flu / toothache / backache / earache, etc.

Simple Present of the verb *to have* (got)

TO HAVE (GOT)					
AFFIRMATIVE		NEGATIVE		INTERROGATIVE	NEGATIVE-INTERROGATIVE
Formal	Informal	Formal	Informal	Never contracted	Always contracted
I have	I've got	I have not got	I haven't got	Have I got?	Haven't I got?
you have	you've got	you have not got	you haven't got	Have you got?	Haven't you got?
he/she/it has	he/she/it's	he/she/it has not got	he/she/it hasn't got	Has he/she/it got?	Hasn't he/she/it got?
we have	we've got	we have not got	we haven't got	Have we got?	Haven't we got?
you have	you've got	you have not got	you haven't got	Have you got?	Haven't you got?
they have	they've got	they have not got	they haven't got	Have they got?	Haven't they got?

- to form **affirmative** sentences, we put the subject before the verb *to have*:
I have got two brothers. *She has got* a bad cut on her hand.
- to form **negative** sentences, we put **not** after the verb *to have*. We **do not** use the negative auxiliaries *do not* and *does not*:
Mark hasn't got an appointment with the cardiologist.
- to form **interrogatives**, we put the verb *to have* before the subject. We **do not** use the auxiliaries *Do* and *Does*:
Has she **got** twins?

- to form **negative-interrogatives**, we put the verb *to have* before the subject. We **do not** use the auxiliaries *Do* and *Does*:

Haven't they got the patient's record?



Remember: we use the auxiliary verb *to do* to form **negative, interrogative, and negative-interrogative** sentences with the verb *to have* in some fixed expressions, such as *have lunch, have dinner, have breakfast, have fun, have a walk, have a shower* etc., in which we cannot use *got*.

Short answers

- to form **affirmative** short answers, we use:
Yes, I/you/we/they **have**.
Yes, he/she/it **has**.
- to form **negative** short answers, we use:
No, I/you/we/they **haven't**.
No, he/she/it **hasn't**.

Exercises - Simple Present of *to be* and *have got*

Choose the correct form of the verb *to be* or *to have (got)*. The first one has been done for you as an example.

- You **are** late/ You **have** late.
- Doctor Henryson **is** / **has got** a picture of his daughter.
- The patient in room n° 6 **is** / **has** cold. Bring him a blanket.
- Are** you / **Have** you **got** any brothers or sisters? Yes, I have two brothers.
- Alice **is** / **has** a break, because she **is** / **has** hungry.
- You **aren't** / **haven't got** a bad cut on your hand.

Simple Present forms

To form **affirmative, negative, interrogative, and negative-interrogative** sentences with *the Simple Present*, we use the following forms. Look at the table.

SIMPLE PRESENT		
AFFIRMATIVE		
Subject	Verb base form / Verb base form + -S (third person singular)	
<i>I / you / we / they</i>	eat	<i>junk food.</i>
<i>Adrian / Danielle / the dog</i>	eats	<i>junk food.</i>
NEGATIVE		
Subject	do not (don't) / does not (doesn't) (3 rd person singular)	Verb base form
<i>I / you / we / they</i>	don't	do <i>physiotherapy at the weekends.</i>
<i>he / she / it</i>	doesn't	do <i>physiotherapy at the weekends.</i>
NOT He/She/It doesn't does <i>physiotherapy at the weekends.</i>		

INTERROGATIVE		
Do / Does	Subject	Verb base form
Do	<i>I / you / we / they</i>	study foreign languages?
Does	<i>he / she / it</i>	study foreign languages?
NOT Does he/she/it studies foreign languages?		
NEGATIVE-INTERROGATIVE		
Don't / Doesn't	Subject	Verb base form
Don't	<i>I / you / we / they</i>	work hard?
Doesn't	<i>he / she / it</i>	work hard?



Remember: when we use the auxiliaries *Does* and *Does not / Doesn't*, we never put *-s* at the third person singular: **Does** John **live** in London? **NOT** Does John **lives** in London?
John **doesn't live** in London. **NOT** John **doesn't lives** in London.

Short answers

- to form **affirmative** short answers, we use: Yes, I / you / we / they **do**. Yes, he / she / it **does**.
- to form **negative** short answers, we use: No, I / you / we / they **don't**. No, he / she / it **doesn't**.

Spelling

When we use the *Present Simple* with the third person singular, we make some changes in spelling. Look at the table.

Verbs ending in mute -e	infinitive without <i>to</i> + <i>-s</i>	Come → comes; like → likes, etc.
Verbs ending in consonant + -y	Y → i + <i>-es</i>	Reply → replies; study → studies; try → tries, etc.
Verbs ending in vowel + -y	infinitive without <i>to</i> + <i>-s</i>	Play → plays, etc.
Verbs ending in -s / -ss / -sh / -ch / -o / -x / -z	infinitive without <i>to</i> + <i>-es</i>	Kiss → kisses Wash → washes Teach → teaches Go → goes Relax → relaxes, etc.

Simple Present - Exercises

Write the third person of each infinitive verb.

0. to write ... he/she/it **writes**

1. to answer ... he/she/it _____	13. to measure ... he/she/it _____
2. to benefit ... he/she/it _____	14. to neglect ... he/she/it _____
3. to cover ... he/she/it _____	15. to overcome ... he/she/it _____
4. to deny ... he/she/it _____	16. to paralyse ... he/she/it _____
5. to enjoy ... he/she/it _____	17. to quarrel ... he/she/it _____
6. to forget ... he/she/it _____	18. to reply ... he/she/it _____
7. to gather ... he/she/it _____	19. to swab ... he/she/it _____
8. to heal ... he/she/it _____	20. to tie ... he/she/it _____
9. to immobilize...he/she/it _____	21. to unbind ... he/she/it _____
10. to joke ... he/she/it _____	22. to verify ... he/she/it _____
11. to keep ... he/she/it _____	23. to wash ... he/she/it _____
12. to label ... he/she/it _____	24. to yell ... he/she/it _____