CARDIOVASCULAR COMPLAINT HISTORY OF PRESENT ILLNESS

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The quality of communication in doctor-patient consultations seems to lie at the heart of the relationship between medical practitioners and their patients. As shown by evidence provided by critical reading of medical discourse texts, the improved, more thorough and thoughtful approach to patient-care leads to better treatment outcomes. Also, the present-day patient wants to be seen as active participants in medical decision making. Students of medicine will inherently act as one of the influential forces in the two-way exchange.

The following is a sample lesson based on a case report and history-taking for a cardiac patient with a brief diversion to first aid in case of heart attack.

FOR WHOM?	Second language medical English undergraduate students in their 1st year of studies, post-B1 level according to CEFR.
WHY?	(1) familiarize students with technical language of medical case reports;
	(2) have students consider critically the impacts of unhealthy lifestyle on human health and as related to own individual habits in terms of uncontrollable versus controllable risk factors;
	(3) prepare students for real-life first aid situation by rehearsing the language and the moves used according to first aid algorithms as published by European Resuscitation Council;
	(4) contextualize selected grammar issues typical of history-taking and patient counselling;
	(5) rehearse a doctor-patient situation to practice given vocabulary, pronunciation, brainstormed content knowledge, history-taking questions, student's own ideas on healthy lifestyle counselling and a degree of formality and politeness in communication.
WHICH SKILLS?	(1) brainstorming medical background information based on study and/or students own knowledge;
	(2) discussing implication for one's own lifestyle choices;
	(3) discriminating between medical technical vocabulary and general English in doctor-patient communication / professional and lay communication through role-playing;
	(4) listening and note-taking, rehearsing for giving a mini-presentation.
HOW LONG?	100 minutes.
BACKGROUND?	(1) previously students have read a descriptive text on cardiovascular system in humans; (2) in their medical subjects they have studied first aid algorithms according to international guidelines; (3) they are expected to bring in their own knowledge and experience.
FOLLOW-UP?	Students go to web pages of European Resuscitation Council and based on their notes, they should be prepared to explain to a lay person the basic life support chain according to the latest standards.

TASK 1.

Students watch a short videorecording (up to 1 minute or so) made during a a coronary angiography procedure done in the heart and are **asked to guess** what kind of recording it is – to introduce the topic of heart diseases. Teacher **brainstorms** with students any cardiac, vascular and hematic diseases they may know.

TASK 2.

Students brainstorm RISK FACTORS and SIGNS AND SYMPTOMS OF HEART DISEASES in general – students work in groups of 4 for topics, respectively.

REFERENCES & SOURCES:

For exact meaning and pronunciation of technical terms students may see the following source http://medical-dictionary.thefreedictionary.com/ based on The American Heritage® Stedman's Medical Dictionary, Second Edition and Dorland's Medical Dictionary for Health Care Consumers – these communicate descriptions of medical conditions, medication, anatomical terms, major medical personalities.

1. The American Heritage® Stedman's Medical Dictionary is for medical professionals as well as those who want to focus terminology found in today's medical news, also those who search for information on prescription medications, medical abbreviations, test procedures, medical research topics, or illnesses.

2. Dorland's Medical Dictionary for Health Care Consumers is another authoritative source, in use by health care professionals for over 100 years.

3. The dictionary also draws from The Gale Encyclopedia of Medicine, Second Edition, which provides information on nearly 1,700 common medical disorders, tests, and treatments. Extra source materials include Mosby's Dental Dictionary, Second Edition; Mosby's Dictionary of Complementary and Alternative Medicine, which displays terms used in non-conventional medical and healing practices; and Saunders Comprehensive Veterinary Dictionary.

TASK 3.

Students join up with a partner from the other group and using information they noted while brainstorming risk factors and sign and symptoms, **complete the gaps in this case report** of a woman with a heart problem.

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HISTORY OF PRESENT ILLNESS

A.L., a 68-year old woman, retired, was admitted to hospital with _____ (1) pain, _____ (2) of breath, fainting and nausea. She had taken three sublingual _____ (3) of nitroglyceri-ne in 10 minutes without any significant relief before calling the _____ (4). The patient scores the pain as "7" on the scale of 1-10. It _____ (5) to her left _____ (6), neck and jaw. The patient also admits the condition started by unexpected short _____ (7) beating periods. She denies any previous chest pain.

A month ago she had a stress test done which suggested cardiac disease. She admits to avoiding the prescribed medication as she felt good.

Her family history was significant for cardiovascular _____ (8). Her father and mother died of acute myocardial _____ (9). Patient's older sister died from a ruptured aortic aneurysm. Her ECG on admission presented tachycardia. Her _____ (10) colour was dark and blue on her lips and fingertips. Her diagnosis was possible coronary artery disease or acute myocardial infarction. Cardiac catheterization and angiography was recommended.

She has been taking a daily dose of hormonal tablets for her osteoporosis for the last two years and daily medication for her hypertension and recurrent migraines. She denies taking any other _____ (11) . The patient _____ (12) half a pack of cigarettes a day and has been doing this since her husband passed away 6 months ago. She drinks _____ (13) occasionally. She is allergic _____ (14) pollen and slightly obese. She also admits feeling _____ (15) recently as her daughter with three kids has lost her job and she has been missing her husband.
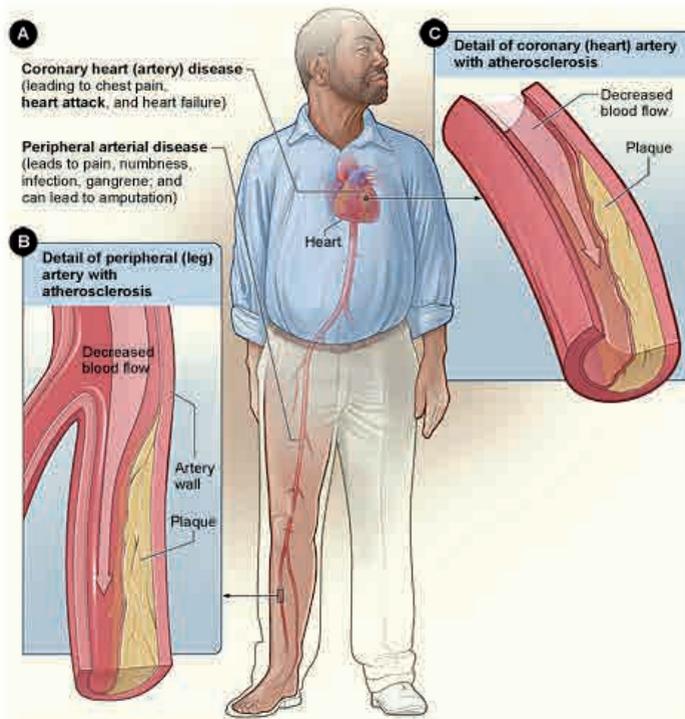
TASK 4.

Work with a partner and **make questions** using the unfinished prompts. Write the questions down.

Present illness

1) What/seem/problem?

2) How long/trouble/you?

3) What/pain/like?

4) How long/feel/like/this?

5) What/cause?

6) anything/pain/make worse?

7) anything/pain/better?

8) accompanyning/problems?

9) bring/relief?

10) you/experience/before?

11) run/your family/in?

TASK 5.

Work with a partner and perform a doctor-patient consultation using the information on your card. As a medical doctor, do not forget to be polite but also strict with your patient. As a patient you should be able to cooperate with your doctor. When ready, swap roles.

A HEART DISEASE PATIENT ROLE PLAY CARD

STUDENT A You are the patient. It is shortly after you have been admitted to hospital. You are not feeling well at all but you are fairly communicative and willing to listen to the doctor.

PATIENT CARD

Personal history:	Mrs. A.L., 68, retired
Present condition:	You had a pain in the chest, started with quick strong beats, you felt short of breath, pain is rather strong (number 7 on scale 1-10), radiates to the left shoulder, neck and jaw, when at home, you fainted for a short time and felt sick as the chest pain was strong, you took three nitroglycerine pills before the emergency came but it did not help!
Past medical history:	You had a stress test some time ago. Medication was prescribed but you have not been using it! You have got daily medication for your osteoporosis, hypertension and migraines. Headaches repeat quite often. No other medication.
Social history:	You smoke half a pack of cigarettes (since your husband died 6 months ago), also smoked in your 20´s and 30´s then you stopped. You drink alcohol just from time to time.
Family history:	Heart disease runs in the family, both your dad and mum died of MI, your sister died of aortic aneurysm.

A HEART DISEASE DOCTOR ROLE PLAY CARD

STUDENT B You are the medical doctor. You are discussing the current condition with your patient. It is shortly after the patient has been admitted to hospital.

Use the questions you have prepared earlier PLUS suggest an adequate treatment (angiography to check vessels in the heart and a possible surgery?) Suggest changes to patient´s lifestyle and give a possible diagnosis!

TASK 6.

Enter web pages of European Resuscitation Council: www.erc.edu.
Based on your notes, get **ready to explain to a lay person** the type of first aid chain administered in case of cardiac problems, e.g. suspect heart attack.

SOURCES:

Janson Cohen, Barbara (2008): *Medical Terminology. An Illustrated Guide.* Lippincott Williams & Wilkins.

Glendinning, Eric (2005): English in Medicine. Course in Communication Skills. Cambridge University Press. (see appendix – case-taking)

Murphy, Raymond (2010): *English Grammar in Use.* Cambridge University Press.

On-line sources: www.health.org, www.wrongdiagnosis.com, www.erc.edu

KEY

TASK 2 Some possible risk factors for a heart disease:

The known **uncontrollable** risk factors include: male sex, older age, family history of heart disease, being post-menopausal, race (African Americans, American Indians, and Mexican Americans are more likely to have heart disease than Caucasians).

Controllable risk factors may comprise primarily changes to our lifestyle such as limit/quit smoking, manage levels of cholesterol (1) high level of low density lipoprotein (LDL) or bad cholesterol, i.e. the element which, when increased, contributes to heart disease development; and (2) low levels of high density lipoprotiens (HDL) or good cholesterol - low of levels of this element indicate a healthy heart since less cholesterol is available in your blood to attach to blood vessels and cause plaque formation; uncontrolled hypertension, insufficient physical inactivity, obesity, uncontrolled diabetes; last in the list but not least, **emotional factors such as stress and anger**.

Signs and symptoms will comprise shortness of breath, indigestion, palpitations, sweating, arrhythmias, chest pain angina and its symptoms like chest discomfort, chest pain radiating to shoulders, jaw, lower chest, brief episodes of pain (often 2-5 minutes), pain worsens on exercise, pain relieved at rest.

Diganostic testing of potential medical conditions include, among others: physical exam, stethoscope auscultation, exam through electrocardiogram, stress test also called treadmill test, coronary angiogram.

TASK 3 possible answers:

1 chest
2 shortness
3 tablets/pills
4 ambulance/emergency
5 radiates
6 shoulder/arm
7 rapid/quick/fast/heart
8 disease
9 infarction
10 skin
11 medication
12 smokes
13 alcohol
14 to
15 stressed out/depressed/frustrated

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