

Possessive adjectives

Remember that when we talk about parts of the body, we use possessive adjectives:
my, your, his/her, our, its, their.

e.g. She broke her tibia while she was skiing – her leg is now in a full Plaster Of Paris (POP).
His ankles are very swollen, his foot and his toes are too.
Her fingernails need cutting!

Using parts of the body or a possessive adjective, complete the following sentences:

- The new baby's got a very pretty large blue eyes, a sweet little nose and a cute mouth. She's gorgeous!
- Anna's got such a long head seems a long way from shoulders! She looks like a top model!
- Mr. Gladstone has the injections in his bottom, in the gluteus maximum muscle – in! (You have to alternate sides.)
- My son has very big (pl.) and has trouble finding comfortable shoes, he prefers to wear trainers or gym shoes.
- Mrs. Mills has rheumatoid arthritis in she can't do up the buttons on her dressing gown. Can you help her?
- A pulse or heartbeat can be felt on the patient's over the carotid artery and over the temporal artery in front of the ear.
- Physiotherapists encourage people to have good posture and to keep straight whenever possible. Most people suffer from backache – and nurses more than others.
- We all have 4 on each hand and 1 but the digits on the feet are called and we number them from the big toe to the little toe.
- A footprint in the sand shows the including the toes and the If someone has flat feet, you can see the 'fallen arches' in the footprint!
- A newborn baby's (or navel) doesn't form until the remaining umbilical cord atrophies [ˈætrəfɪz] (dies) and falls off. This doesn't happen for a couple of weeks and it is better to keep the area clean and dry.

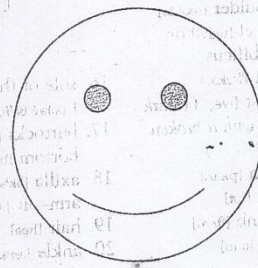


Listening 7 – Exercise Check your answers.



On Charlie's smiley face, add the following features:

- his eyebrows
- his hair
- his eyelashes
- his nose and his cheeks
- a moustache
- his chin and a beard
- his lips
- his tongue and his teeth
- his ears



☺ Do you know what the following things are? Look up these words in your dictionary.

- | | | |
|---|-----------------------|---------------------|
| - freckles [frecklz] | - pimples [pimplz] | - a scar [ska:] |
| - olive/fair complexion [oliv/fə kam'plekʃən] | - ('spots' or 'zits') | - wrinkles [rɪŋklz] |
| - a birthmark [bɜ:θ'mɑ:k] | - a suntan [sʌn'tæn] | - tattoos [tætu:z] |
| - a bruise [bru:z] | - a lump [lʌmp] | - a whisker [wɪʃkə] |
| | - a mole [məʊl] | - a rash [ræʃ] |

Describe somebody you know.

⇒ What do they look like? Describe their appearance.

Are they tall or short, fat or thin? Do they wear glasses?
Is their hair long, medium-length or short? Is it straight, wavy or curly?

What sort of person are they?

⇒ What are they like? Describe their personality.

Are they shy or self-assured (self-confident), sociable or unsociable, generous or mean?

What are their preferences?

⇒ What do they like (doing)? (in sport, free time activity or to eat)

ADJECTIVES AND THEIR OPPOSITES

☺ How do adjectives change to make comparative or superlative adjectives?

Can you think of some rules to help you remember?

Which adjectives are irregular?

✎ Look at the following adjectives. Underline the adjectives that can be used to describe people.

fast	unreliable	punctual	possible	organised
timid	healthy	polluted	late	fat
thin	comfortable	vivacious	withdrawn	stupid
tidy	polite	pure	slow	bad
			intelligent	good

Antonyms

1. Can you match some of the adjectives in the above group that have opposite meanings?

Often a prefix can be used to make the opposite of the adjective:
e.g. unreliable, impossible, disorganised

2. Find 3 other words that use a prefix to make a word with the opposite meaning and compare your answers with a partner.

Synonyms

We often use synonyms in conversation because we don't want to repeat words:

e.g. "I think her family is very rich." "Yes, they are. Her father is very wealthy."

rich = wealthy

Complete the following conversations using adjectives of similar meaning from the list:

1. "The ward is so untidy." "Yes, it's really messy this morning."
2. "The operation went very well." "I'm glad it was so successful."
3. "Betty's boyfriend is really good-looking." "I know you think he's the most handsome man in town!"
4. "He doesn't have a lot of money but he's very thoughtful." "I think he's very considerate."
5. "I was really angry that they lied about the situation." "I can understand that you were most annoyed."
6. "This machine is the most modern available – it's brand-new on the market."
7. "The pyramids in Egypt are ancient. Do you know how old they are exactly?"
8. "All the staff must be punctual. Everyone must arrive on time."
9. "The water in the fountain is very dirty." "I'd say it was very polluted."
10. "You can always depend on me!" "Thank you, you're so reliable!"
11. "The baby is very well at the moment." "He's a healthy boy, isn't he?"
12. "Yes, but he had a bad cold for a few days and his sister is so lively, she exhausts me!" "She's a gorgeous, happy, vivacious child, you should be glad!"
13. "Matthew's exam results were so poor." "They were terrible! What a pity he didn't make an effort."

considerate

old

annoyed

on time

messy

new

successful

handsome

healthy

reliable

polluted

vivacious

terrible



Check the answers with your teacher.

Practise the conversations and test your partner.

Read half and see if your partner can match it. Test each other.

Can you list the opposites (antonyms) of all the adjectives in this section?

You may find more than one.



CLASS DISCUSSION

What makes
a good nurse or
a good doctor?



When do we use 'so' before an adjective and when do we use 'such'?

Write some examples to help you remember.

.....

.....

.....

.....

.....

.....

EXPRESSION and WORD LIST

accident [æksɪdənt] (n.) 1. An accident happens when a vehicle hits another vehicle, a person or an object. 2. Something that happens by chance and is not deliberately intended.

disease [dɪˈziːz] (n.) An illness that affects the health of a person, animal or plant.

injury [ɪnˈdʒəri] (n.) Physical damage to the body as a result of an accident or fighting.

rheumatoid arthritis [ruːməˈtɔɪd ˈaɪˌθraɪtɪs] (n.) A long-lasting disease that causes joints (articulations) and muscles to become stiff, swollen and painful.

trainee [treɪˈniː] (n.) Someone who is employed at a junior level in a particular job in order to learn the skills needed for that job.

umbilical cord [ˌʌmbɪlɪkəl ˈkɔːd] (n.) The tube [tjuːb] connecting an unborn baby to its mother, through which it receives oxygen [ɒksɪdʒən] and nourishment [naʊrɪʃmənt].

visiting hours [vɪzɪtɪŋ ˈaʊəz] (n.) The times when friends or relatives are permitted to come into the hospital to visit patients.

swollen [swəʊlən] (adj.) When swollen, part of the body becomes larger and rounder than normal, usually as the result of injury or disease.

to be admitted [ədˈmɪtɪd] (v.) To be formally permitted to stay in hospital for treatment.

to be discharged [dɪsˈtʃɑːdʒd] (v.) To be formally allowed to go home from hospital - appropriate documents and records are compiled in the patient's history.

to change [tʃeɪndʒ] into a hospital gown [gaʊn] (v. + n.) To remove personal day or night clothes and wear a gown (a cotton body cover) supplied by the hospital.

to do the rounds [raʊndz] (v. + n.) To visit patients individually one by one, e.g. Ward staff do regular rounds of all the patients and doctors do a daily round with the full medical team.

to give an injection [ɪnˈdʒekʃən] (or a 'pre-med') (v. + n.) The use of a syringe and needle to

introduce medication into the body - into a muscle: **intramuscular** [ɪntrəˈmʌskjʊlə]; into a vein: **intravenous** [ɪntrəˈviːnəs]; under the skin: **hypodermic** [ˈhaɪpəˈdɜːmɪk].

to hang clothes [hæŋ ˈkləʊðz] (v. + n.) To put clothes on a hook, coat hanger, or clothesline. (The clothes are attached in a high place without touching the ground.)

to have a heart attack [hæv ˈhɑːt ˈtæk] (v. + n.) / a myocardial infarction To have severe pain or collapse due to the sudden death of part of the heart muscle because of a blockage in the blood supply to the heart.

to have an operation [hæv ˈɒpəreɪʃən] (v. + n.) To undergo major or minor surgical intervention.

to have moles (on your skin) (v. + n.) To have black spots of pigmentation (a naevus) on the skin.

to lie (on your side, on your back, etc.) (v.) To be in a horizontal position (on your back, etc.), not sitting or standing.

to make a bed [meɪk ˈbed] (v. + n.) To tidy or change the bedclothes so that the bed can be slept in.

to recover [rɪˈkʌvə] (v.) To return to good health following an illness or injury.

to see a doctor (v. + n.) To go to a doctor for a visit or to have the doctor come and speak to a patient.

to take a pulse [peɪls] (v. + n.) To measure [meɪʒə] heartbeats [hɑːtbiːts]: the rhythmic beating of the heart pumping blood around the body, felt manually at the wrist [rɪst], over the temporal bone [tempərəl ˈbəʊn], the carotid artery [kəˈrɒtɪd ˈɑːtri] in the neck or over the femoral artery [ˈfemərəl ˈɑːtri] in the groin [ɡroʊn] (inguinal [ɪŋɡwənəl] area).

to take blood pressure [teɪk ˈblʌd ˈpreʃə] (v. + n.)

To measure the systolic and diastolic pressure of the blood circulating in the body, using a machine called a sphygmomanometer [ˈsfɪgməˈmɒnɒmɪtə].

Look at each noun in column A and choose the most suitable verb(s) from column B (on the same line) which can go with it.

Column A - nouns	Column B - verbs
blood	take grow make
a pain	become do have
an operation	produce have recover from
a bed	make do get up
an injection	do give take
a pulse	listen to hear take
a disease	start develop seek
an injury	sustain fight change
the rounds	go walk do
the umbilical cord	produce slice cut
ill	feel have measure

Now put a different noun with the remaining verbs on each line.

CLOTHES AND ACCESSORIES

☺ Do you feel like a game of tennis? With your partner, play 'word tennis': choose an article of clothing or an accessory and see if your partner knows the part of the body where it is worn.



THE PATIENT AS AN INDIVIDUAL



Patients come in all ages and sizes and from all walks of life. They lead a variety of lifestyles and have different roles to play. Every individual has different skills and abilities applicable to daily life and in normal daily life, we do many different activities, each requiring different skills and abilities (refer to the activities of daily living - ADLs in Unit 1L).

A patient may be anxious and stressed on admission because he/she is experiencing physical signs or symptoms of a disease or illness and going into a hospital environment, which is cold or unfriendly, will raise his/her anxiety levels. Becoming involved in the patient's concerns and interests breaks down barriers and reduces stress. Patients must be seen as individuals with individual needs and worries, not as a 'bed number', 'a particular disease' or as 'that patient'! Using the patient's name is a sign of respect. Patients may be in a situation where they have to relearn skills which were part of their daily life but which they can no longer do. Little is known about his family, his home life, his religion, beliefs or normal responsibilities. He may have one or more of the roles described in Unit 1L and will find himself in an unfamiliar and confusing environment where his own skills and capabilities are unimportant and irrelevant.



Due to anxiety and stress, the patient's usual concentration and memory levels may be reduced, so it is often necessary to repeat instructions and information that he needs after the initial 'settling in' period.

The nurse should answer any questions that will prevent anxiety and she needs to be able to assess the patient's reactions correctly. The nurse needs to be sympathetic and give encouragement to build trust and companionship. Positive interaction and genuine concern can improve the outcome (and may also reduce the length) of the patient's hospitalisation, build confidence and be both a rewarding and satisfying experience for the nurse and the patient.

Patients often feel they can relate better to junior and trainee nurses. This requires honesty and tact on the part of the nurse when she is unable to help, or to answer questions directly. The junior nurse must not forget her responsibility to the patient when she promises to find a more senior staff member - it is easy to forget or to have something else take your attention.



Work with a partner to answer the following questions about the text.

1. Compare the phrase *walks of life* with *lifestyle*. What do you understand by these words?
2. Differentiate between *skills* and *abilities*.
3. How do people change when they come into hospital? Think about their normal roles, responsibilities and activities.
4. What is the nurse's role when admitting a patient into hospital?
5. How can nurses help the patient to feel more comfortable in the hospital environment and how can they help patients to keep their sense of identity?
6. Put the following age classifications in order, from the youngest to oldest:

old middle-aged child adult neonate young adult
elderly teenager toddler pre-schooler adolescent baby

7. How old is a teenager? How old is a toddler? How old is a person in their 40s?
8. Look up the meaning of the words *sympathy* (n.) and *sympathetic* (adj.) in your dictionary. How does the meaning differ in your language?
9. Differentiate between *an active lifestyle* and a *sedentary lifestyle*.
10. Find examples in the text of verbs and nouns or 2-part nouns that are often used together.

e.g.
verb and noun
to be admitted to hospital
2-part nouns
home environment



Useful Abbreviations

O/A	stands for:	On Admission
C/O	stands for:	Complaining Of

ADMISSION AND PATIENT ASSESSMENT



ACCEPTED ABBREVIATIONS (2)

Do you know what these stand for? Write the full meaning under the letters.

BP	TPR	Y	N ^m
Pt	RIB	PO	O/A
(H)PU	NPU	BO	IV
IM	NAD	O/E	C/O

☺ Check with your partner and then your teacher. Practise saying them like this:
e.g. BP [bi:pi:] stands for blood pressure. What does TPR [ti:pi:'a:(r)] stand for?

TAKING 'OBS'

(The patient's observations)

UNIT 2B

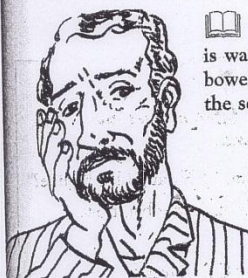
BP BP stands for blood pressure [bləd prefə] and is measured in mmHg, i.e. millimetres of Mercury [mɪlɪmɪˈtəz 'əv mɜːkjəri]. It is usually measured using a sphygmomanometer [sfɪgməʊ'mæn'bmətə]. Normal adult (systolic/diastolic) blood pressure is about 120/80. We say "one hundred and twenty on (or over) eighty". The maximum pressure of blood in the arteries occurs in a systole [sɪstəli] and the minimum in a diastole [daɪ'æstəli]. A higher than normal blood pressure is called **hypertension** and a lower than normal blood pressure is called **hypotension**.

T T stands for body temperature [temprətʃə]. It is measured in degrees (°) Centigrade [dægrɪz sentɪ'grɛɪd] (or Celsius [sɛl'si:əs]) using a thermometer [θɜː'mu:mɪtə] – mercury or electronic, or a heat-sensitive strip. Normal body temperature is considered to be 36.8°C, i.e. "thirty-six point eight degrees Centigrade". A patient who is **febrile** [feb'raɪəl] has a **high temperature** or **pyrexia**. Temperature is normally **lowest** in the morning and **highest** in the evening. Temperature can be measured orally (PO), rectally (PR), in the axilla – under the arm (PA) or in the ear (aurally). **Hypothermia** [haɪ'pəʊθɜːmiə] refers to abnormally low body temperature.

P P stands for the pulse rate which is the wave of pressure travelling along the arterial system, created by a contraction of the heart forcing blood into the aorta during ventricular systole. The pulse rate can be counted over major arteries: the carotid artery in the neck, the radial artery at the wrist, the femoral artery in the inguinal canal or the temporal artery on the side of the forehead. The **most convenient** point to **take** a person's **pulse** is on the anterior surface of the wrist; it is **less convenient** to **take** the apex beat over the heart using a stethoscope. The number of beats per minute (bpm) are counted and recorded. A normal pulse rate **varies between** 68 and 84 bpm. Pulse rate is not normally **slower than** 50 bpm. The pulse rate is also described as either **regular** or **irregular**.

R R stands for the patient's respiration rate and is measured in **breaths** [breɪts] **per minute**. Normal respiration is approximately 20 breaths per minute. (Respirations are observed **without** the patient **being aware**, usually while taking his pulse. If the patient realises that his breathing is being watched, the rhythm will change and he may **hold his breath**.)

What measurements are considered within normal limits for an adult's blood pressure, temperature, pulse and respirations? How do these measurements change with age, in a child or during exercise?



This is Mark Andrews. He is a 34-year-old married teacher who is waiting to go into hospital for an operation to remove a cancer in his bowel (intestine). The Specialist told him he could go into hospital during the school holidays. He has never been into hospital before.

How do you think he feels? Choose suitable adjectives from the following list:

happy • nervous • surprised • excited • anxious • frightened • depressed • tired • bored • dirty • delighted • lonely • responsible • uncertain • worried • distressed • scared • terrified • fearful • sad

How many nouns can you make from these adjectives? Underline the negative feelings and put them in order of severity. Can you add any more to the list?



Listening 13 – Julie and Mark at home

Read the dialogue and listen to the recording. Fill in the gaps.

Mark has just arrived home from school and his wife Julie has some news...

- Julie: Hello, love! (1) at school?
- Mark: Yes, very good really. Most of the students (2) in the maths test ... and guess what? We're invited to a holiday break-up dinner in the mountains (3)
- Julie: Oh no! ... but I'm afraid (4) to the dinner. Mr. Burns' rooms rang today and they told me you can (5) on Wednesday afternoon but you (6) on Monday morning at 8.30.
- Mark: Oh, next week – that's a pity! Bad timing I suppose, but (7) I wonder what it will be like! I'll tell the staff tomorrow to take our names off the list. I'll have to ask someone to do my lessons next week. There are a couple of relief teachers available, I think. I understood the operation would be in 2 weeks – never mind!
- Julie: It'll be fine, I'm sure. You should ring your parents and your sisters to let them know that (8) for the operation. What do you think you need to take with you?
- Mark: Not much really. I'd like to take a couple of books to read and probably 2 (9) slippers, dressing gown and toiletries. I can't think of anything else. I'll take my CD player and a few discs too. The music has a calming effect.
- Julie: Yes, OK. Don't forget to take the MRI (10)
- Mark: I'll put those in a bag now and I'll pack at the weekend. Will the operation be in the afternoon?
- Julie: I don't know really, Mr. Burns' secretary didn't tell me, but I can ring tomorrow and ask her. I'll stay all day but I'm sure you'll have lots of beautiful nurses to tell you what to do and (11)
- Mark: I hadn't thought of that – but I'll probably be feeling so rotten (12)
- Julie: They'll look after you very well, I'm sure. You probably won't be able to get out of bed for a couple of days and I'll come in as often as possible, so don't worry. Let's go and (13)

Listen again to complete the dialogue. Listen a third time to check your answers, then practise the dialogue with a partner.

😊 How many family members can you name? e.g. husband wife father mother

Draw up a chart with a list of male members and female members.

GRAMMAR NOTES

'will' and 'won't' (will not) are modal auxiliary verbs with different uses and are the same in all persons, singular and plural.

PREDICTION – "You won't be able to get out of bed after the operation." "What will it be like?"

WILLINGNESS / INTENTION TO DO SOMETHING – "I'll put them in my bag now..."

A PROMISE – "I'll come in to stay with you as much as possible."

A DECISION MADE AT THE TIME OF SPEAKING – "I'll take my CD player."

Remember 'will' is always followed by another verb in the base infinitive (i.e. without 'to')

In spoken English, the short form 'll is used in all persons singular and plural. Will + not = won't [wəʊnt]

ADMISSION TO HOSPITAL

UNIT 2B

On Monday, Mark is admitted to hospital and arrives in the Surgical Ward with Julie. They meet the Charge Sister and Sister Joanna, who takes them to a room. Mary, the Ward Help, is in the room cleaning the bedside tables. There are 2 beds in the room but both are empty.

Sister Pat: This is your room, Mark – number 612. You will be *on your own* for a couple of days so you can choose the bed near the window or this one near the bathroom. Hello Mary, this is Mark Andrews and his wife Julie.

Mary: Good morning, Mr. and Mrs. Andrews. Can I get you a bottle of water and a glass?


Sister Pat: Thank you Mary, but Mark is having more tests today and *can't have anything to eat or drink* until later. Mary is a wonderful help and will help us to look after you, Mark.

Mark: Thank you. I'd like to have the bed near the window if that's all right.


Sister Pat: Yes, of course. I'll leave you to *change into your pyjamas* and *hop into bed* and then I'll come back in a few minutes to ask you a few questions. You can put your clothes in the cupboard on the left, but it isn't very big so it's probably a good idea to take the suitcase home with you, Mrs. Andrews. Mark, you can put *the things you need* in the cupboard near the bed.

Mark: Yes, thank you. Jules will take the case with her when she goes – you've got the car, love, so that's no problem, is it? Can my wife stay here this morning, Sister?


Sister Pat: Yes, that's fine. I'll come back to speak to you both very soon... This is the handset. If you need anything, just call. This button is the buzzer and this one is to cancel your call – the light over the door turns off – this one is for the overhead light... OK?

 **Listening 14 – Mark at the hospital** Read the dialogue and listen to the recording to answer the following questions:

1. Who is Mary?
2. How many patients are in the room with Mark?
3. Does he have a choice of beds? Which one does he choose?
4. What is Julie taking home?
5. Is Mark fasting?

 **In groups of 3, practise the dialogue. Discuss the expressions in italics and how you can say them differently.**

STANDARD ADMISSION PROCEDURE

 **What is the Standard Admission Procedure where you work?**
With a partner, put the following points into a possible sequence.

- (a) Tell the patient what is going to happen to him/her in the next 12–24 hours.
- (b) Co-ordinate between the patient, the doctors and other health care workers.
- (c) Put on the patient's name band and signs necessary on the bed (e.g. *nil orally or fasting*).
- (d) Inform the doctor in charge of the patient's arrival.
- (e) Welcome the patient in a calm, friendly manner.
- (f) Introduce yourself and the other patient(s) in the room. Introduce other staff and the Ward Charge Nurse where possible.
- (g) Complete the admission form and appropriate charts.
- (h) Show the patient where to find the bathroom, the Nurses' Station, the Day Room (Sitting Room) and the location of public telephones (if necessary).
- (i) Show the patient which locker is his/hers, demonstrate the handset with the overhead light and the call bell (or buzzer) and show him/her how to use the headphones – if a radio is provided.

THE PRESENT PERFECT (2) AND OTHER PERFECT TENSES

(The Present Perfect tense is discussed in Unit 1R)

Continuous tenses and passive tenses both need the auxiliary 'be', so in Perfect Continuous and Perfect Passive, the past participle 'been' is used.

Present Perfect Passive

(Passive is needed when the subject of the sentence is not the agent of the verb.)

Form: have ('ve) (haven't) + been + the past participle = **Present Perfect Simple Passive**
has ('s) (hasn't)

e.g. *His dressing hasn't been done yet. She has been seen by the doctor.*

Present Perfect Continuous

(All continuous tenses are used to talk about activities.

With the present perfect continuous, we are talking about activities up to now or activities in the recent past that have a significance now.)

Form: have ('ve) (haven't) + been + the present participle = **Present Perfect Continuous**
has ('s) (hasn't)

1. The action continues to the present, e.g. *He's been waiting for ages.*
2. Referring to an action that has results in the present, e.g. *She's (is) sunburnt - she's (has) been working outdoors.*

Past Perfect

(Relates an earlier past time with the past.)

Form: had ('d) (hadn't) + the past participle = **Past Perfect**

Relates the past to an earlier past, e.g. *He had spoken to the doctor before he came into hospital.*

Past Perfect Passive

(Used to talk about an action in an earlier past when the subject of the sentence is not the agent of the verb.)

Form: had ('d) (hadn't) + been + the past participle = **Past Perfect Passive**

e.g. *She had a bowel resection yesterday. She had been operated on 6 months ago but that operation wasn't successful.*

Past Perfect Continuous

(Used for an activity in an earlier past up to a specific past time.)

Form: had ('d) (hadn't) + been + the present participle = Past Perfect Continuous

The past perfect continuous describes an activity that started at a time earlier to the past time referred to.

e.g. Mrs. Dooley was admitted for elective surgery yesterday. She had been waiting for a bed for 3 months.

✎ Test yourself by completing the following sentences using the present perfect, the present perfect continuous, the present perfect passive, the past perfect or the past perfect continuous tense. Use the verbs in brackets.

1. His blood pressure(take). It was 116/76.
2. Mrs. Roberts vomited all night, she(feel) nauseated all day yesterday.
3. Mr. Andrews(admit) for surgery later this week.
4. Mr. Burns (the surgeon)(see) him yet?
5. Mr. Andrews(take) any medication at home?
6. He(take) vitamins regularly but not any prescription medicines.
7. he (lose) any weight recently?
8. his valuables(put) in the locked cupboard?
9. What happened? Mr. Thornton (take) back to the operating theatre.
10. He was getting much better and he(eat) normally.
11. Whatyou(do)? You look exhausted.
12. Where you(go)? I
..... (wait) for ages.
13. I wanted to visit my sister and her new baby, but she
..... (feed) the baby and (fall) asleep, so I left a message and said I would call back this evening.
14. Miss O'Donovan is incontinent of both urine and faeces. She
..... (have) problems for quite a long time.

THE WARD AND THE ROOMS

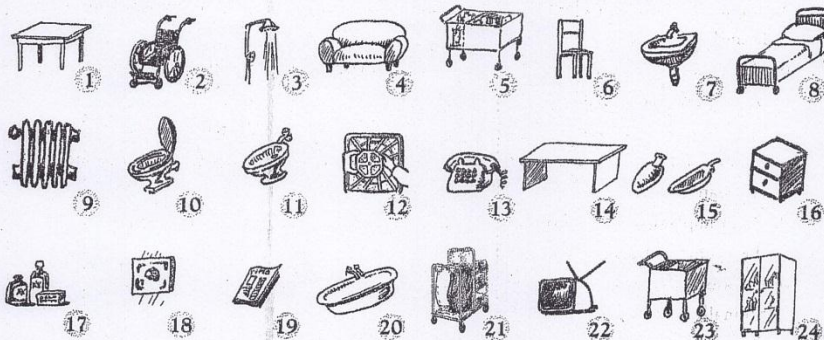


The wards and the patients' rooms are designed [dɪz'aɪnd] so that patients can be as comfortable [kəm'fətl̩] as possible and have their own privacy [praɪ'vəsi]. Medical staff need to have easy access [æksɪs] to the patient and there needs to be enough space around the patient to carry out necessary procedures [prə'sɪ:dʒəz].


All the rooms are cleaned thoroughly [θə'relɪ] (very well) and staff have to wash their hands thoroughly before attending to each patient because there is always a risk of cross-infection (the transferring of infection from one patient to another).

Most rooms have a separate bathroom with a shower, washbasin, toilet and bidet but there is usually a large communal [kəmjuː'nəl] bathroom for patients who have bathroom privileges [prɪv'ɪdʒəz] and so the staff can bathe [beɪn] or shower patients if necessary.

All these things can be found in the ward. Number the items in the box under the pictures.



dangerous drugs [deɪn'dʒərəs drægz]	cupboard [kəbəd]	chair [tʃeə]	switch [swɪtʃ]
magazine [mæɡə'ziːn]	toilet [tɔɪlət]	drug trolley [dræg trɒli]	bidet [bɪdeɪ]
sofa/couch [səʊfə/kautʃ]	shower [ʃaʊwə]	locker [lɒkə]	wheelchair [wiəl'tʃeə]
bedpan & urinal [bed'pæn & jʊrənəl]	TV [ti: vi]	desk [desk]	washbasin [wɒʃ beɪsɪn]
telephone(phone) [telɪ'fəʊn]	linen trolley [lɪnən trɒli]	(history) chart trolley [hɪstri] [tʃɑ:t trɒli]	bed [bed]
table [teɪbl̩]	heater [hi:to]	bath [bɑ:θ]	steriliser [stɪərə'laɪzə]

 Where can you find the things pictured?


- In the patient's room.
- In the Pan Room or Workroom.
- In a storeroom.
- In the corridor.
- In the Office or Nurses' Station.
- In a bathroom.
- In the day room or sitting room (lounge room).

GRAMMAR NOTES


Conjunctions (Linking words): and, but, because, so/so that

Notice how and, but, because, so and so that are used to join sentences.

- 'and' joins 2 similar ideas: Patients can be comfortable and have privacy.
- 'but' joins 2 different ideas: Most rooms have a bathroom but there is also a communal bathroom.
- 'because', 'so' and 'so that' give a reason: Rooms are designed so that staff have easy access to patients.

 Use a linking word to make 5 sentences using your choice of objects in the pictures.

1.
2.
3.
4.
5.


 Use a linking word to complete the following sentences, matching part A with part B (not in order).

A


1. A Day Room is provided
2. Most rooms have bathrooms
3. The doorways are wider than normal
4. The beds are arranged
5. Furniture and fittings are designed
6. Telephones are available on each floor
7. Visiting hours are usually restricted
8. There is a locked cupboard in the Nurses' Station which is used for keeping valuables
9. Urinals are sometimes called bottles
10. Clean linen is stored in a cupboard or on a trolley

B

- | | |
|---------|---|
| | 'dirty linen is put immediately into a bag. |
| | patients need to be able to contact their family. |
| and | patients like to have somewhere to relax. |
| | patients in wheelchairs can pass through. |
| but | bedpans are sometimes called pots or potties. |
| because | staff can see the patients from the doorway. |
| | there is also one for dangerous or addictive drugs. |
| so | close family members are sometimes allowed to come in at other times. |
| so that | a lot of patients wash independently. |
| | they can be cleaned easily. |

 Compare possible answers with a partner, then check with your teacher.

WHAT IS IT AND WHAT'S IT FOR?

 Here are 12 (twelve) different objects found in a ward of a hospital.

First, identify the pictures using the words in the box. Then using the words or expressions under the pictures, describe what each thing is used for.

e.g. A towel is used for drying (hands or bodies!)

Remember

The 'ing' form of a verb is used after a preposition.

A urinometer [juːrən'ɒmɪtə]
A towel [taʊəl]
A bra [brɑː]
A toothbrush [tuːθ brʌʃ]
A bedpan [bed pæn]

A wheelchair [wiəl tʃeə]
A dressing gown [dresɪŋ gaʊn]
Scissors [sɪzəz]
Forceps [fɔːsɪps]

A razor [reɪzə]
A crutch [krʌtʃ]
or walking stick (wɔːkɪŋ stɪk)
A urinal [juːrɪnəl]



1. A towel is (used) for drying hands or bodies.



2.



3.



4.



5.

6.

7.

8.

9.

10.

11.

12.

1.

2.

3.

4.

5.

6.

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12.

1.

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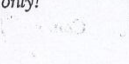
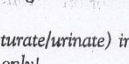
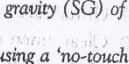
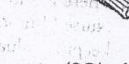
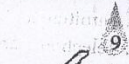
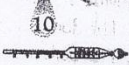
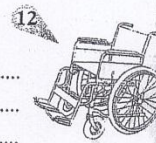
8.

9.

10.

11.

12.




support breasts (a nursing mother needs a maternity one)
shave (clear an area of hair)
wear over pyjamas
help lame [leɪm] or unstable patients to walk

collect faeces
transport patients who are unable to walk
cut various materials
~~dry hands or bodies~~
clean your teeth

test the specific gravity (SG) of urine
pick things up using a 'no-touch' technique
pass urine (micturate/urinate) in bed - males only!

WHAT IS IT AND WHAT'S IT FOR?

 Here are 12 (twelve) different objects found in a ward of a hospital.

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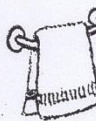
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3.



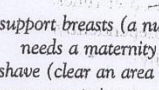
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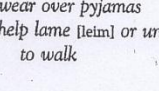
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pass urine (micturate/urinate) in bed - males only!

THE PASSIVE TENSE

General - ALL FORMS

Form

Different Passive tenses are formed by using the different tenses of BE (is, was, is being, have been, etc.) + the PAST PARTICIPLE

The rules for choosing tenses in the passive are the same as in the active

That is, to talk about something in progress now, we use the present continuous.

e.g. The road is being repaired at the moment.

Passive Tense	Structure	Example
Present simple	am/are/is + past participle	Medications are given as directed.
Present continuous	am/are/is + being + past participle	His urine is being tested for glucose.
Past simple	was/were + past participle	He was operated on yesterday.
Past continuous	was/were + being + past participle	Diet cards were being given out ...
Present perfect simple	have/has + been + past participle	They have been filled out correctly.
Past perfect	had + been + past participle	Everyone had been told how to do them.

Active or Passive

Compare these active and passive sentences

Active

Someone cleans the waiting room every evening.

Passive

The waiting room is cleaned every evening (by someone)

Active

Someone has invited Tony to the party.

Passive


Tony has been invited to the party (by someone)

* Note that the object of an active verb (e.g. the waiting room, Tony) becomes the subject of a passive verb.

Use of the Passive

- I) We often use the passive when we do not know who or what does something.
My mobile phone was stolen last night. (I do not know who stole the phone.)
- II) We also use the passive when we are not interested in who or what does something.
This hospital was built in 1981.
Tony has been invited to the party.
In these sentences, we are interested in the hospital and Tony, not who built the hospital or who invited Tony. Include note (IV) here – We are interested in the procedure, not the person who does it.
- III) We also use the passive when we do not want to say who or what does something!
Compare:
Active: The surgeon made a mistake.
Passive: A mistake was made!
- IV) Also to describe a process, a procedure, an experiment or an operation – it is important to know how the procedure is done, not who does it.

DIRECT AND REPORTED SPEECH

 Look at the sentences.

1. "I spend most of my free time reading," he said.
2. He said that he spent most of his free time reading.

Which sentence is in direct speech and which is in reported speech? What happens to the tense of the verb 'spend' in reported speech? What other differences are there between the 2 sentences?

Reported Statements

Direct statement

"I'm a police officer."
"I live in Sydney."

Reported statement

He said/told me (that) he was a police officer.
He said/told me (that) he lived in Sydney.

Reported Questions

Direct question

"When can we meet?"
"Are you frightened?"

Reported question

I asked when we could meet.
She asked the girl if she was frightened.

Focus

- ➔ Reported speech is often introduced by *say* and *tell*.
- ➔ *Tell* is always followed by a name or an object pronoun:
He *told me* he was a police officer.
- ➔ When the reporting verb is in the present tense, there is no change in the tense:
"I *don't want* to come." He *says* he *doesn't want* to come.
- ➔ *That* is always optional after verbs of speaking.
- ➔ In reported questions the word order of the original question is changed:
"What's *your name*?" She asked the patient what *her name was*.

1. Move the tenses used in direct speech back one step into the past to complete the sentences using reported speech.

DIRECT SPEECH

REPORTED SPEECH

I know quite a lot of people here.	Present Simple	Simple Past	He said that he quite a lot of people <i>there</i> .
John is feeling much better.	Present Continuous	Past Continuous	He said that John much better.
I enjoyed my holiday in Australia.	Simple Past	Past Perfect	He said that he his holiday in Australia.
Rosanna wasn't feeling well.	Past Continuous	Past Perfect Continuous	He said that Rosanna feeling well.
They've been in the new cable car.	Present Perfect	Past Perfect	He said that they in the new cable car.
I've been waiting for ages.	Present Perfect Continuous	Past Perfect Continuous	She said that she for ages.
I had been wanting to come to see you.	Past Perfect Continuous	Past Perfect Continuous	She said that she to come to see me.
will, can, may, shall, must	Other Changes		
this, today, tomorrow, here	Other Changes		

REPORTED SPEECH

2. Rewrite the following text using reported speech. The beginning has been done for you.

"My name's Vera, and I'm from Russia. I came to Italy about 5 years ago and I've been living in Verona since then. When I lived in Moscow, I was a journalist, but now I'm working at a hospital here and I quite enjoy it. I'm not sure if I will go back to Russia now but I may go back for a holiday. I haven't seen my family for a long time and I know they want me to visit them."

I met a very interesting woman the other day. She said that her name was Vera and that

DIRECT SPEECH

3. Rewrite the following example of reported speech using the words that the speaker actually said.

Mr. John Hepburn, the cleaner who won a record \$4 million with one lottery ticket, said that he had been amazed to win so much money but that he wouldn't let it change his life. He wanted to continue working in the same job, which he enjoyed, but he said he would buy a new van, as the old one had broken down. He said that he was going to Scotland to visit relatives, which was something he had been planning to do for a long time. He said that when he got back, he would go straight to work again.

"I was amazed to win so much money....."

4. Now write the following statements in reported speech. Watch for changes other than tense changes.

1. "John will ring tomorrow," he said to the group.
e.g. He told the group (that) John would ring the next day.
2. "I can help you," she said to me.
3. "We may go to Munich," they said to her.
4. "What shall we do?" they asked me.
5. "She must leave early today," said the mother to the teacher.
6. "This is a good video," he said to his friend.
7. "I want to study today," she said to her boyfriend.
8. "It's Jackie's birthday tomorrow," my mother reminded me.
9. "I'll meet you here," she said.
10. "He's bought a new car," she said.
11. "He's going to watch TV," his parents said.
12. "My appointment is at 8.30 tomorrow morning," she told her husband.
13. "We moved to the country a couple of years ago," they said.
14. "I may sell my computer," she said.
15. "I can't think of anything to write about," the boy said to the teacher.

Think of the different ways you can offer someone a cup of coffee in English. Using the verbs of reporting listed below, make as many sentences as you can.

Verbs of Reporting

Apart from *say*, *tell* and *ask*, there are many other verbs which report speech. Here are some of them with the structures which follow them.

- ♦ verb + object + full infinitive: *advise • remind • ask • tell • persuade • warn*
They advised me to leave at once.
He warned me not to stay.
- ♦ verb + that + clause: *say • explain*
I explained that I wasn't feeling well.
- ♦ verb + 2 objects: *introduce • offer*
She introduced her husband to me.
He offered me a cup of coffee.
- ♦ verb + full infinitive: *agree • refuse • promise*
They agreed to come.
- ♦ verb + -ing form: *suggest*
They suggested meeting at the pizzeria.
- ♦ verb + preposition + -ing form: *apologise*
He apologised for being rude.
- ♦ verb + object: *accept • refuse*
They accepted the invitation.

EXPRESSION and WORD LIST

1. to build trust, companionship, confidence, etc.
2. a wave of pressure travels along the arterial system
3. there are a couple of relief teachers available
4. to change into your own pyjamas
5. to cause redness and damage to the skin
6. a bedfast patient (or a bedridden patient)
7. a thin patient is at risk of developing pressure sores
8. to have an abrasion over a bony surface
9. to prevent bedsores
10. to wheel along a hospital bed
11. to roll the soiled sheet up lengthways along the patient's back
12. there is a risk of cross-infection
13. to help lame or unstable patients
14. (measurements) are considered within normal limits
15. to provide a day room
16. dirty linen has to be put into a bag



First translate the underlined words into your own language, then write a sentence in English using the words written in *italics*.

Pronunciation

Minimal Pairs

Look at the 3 words in each line and decide which one is pronounced differently.

The vowel sounds used are written in phonetics.

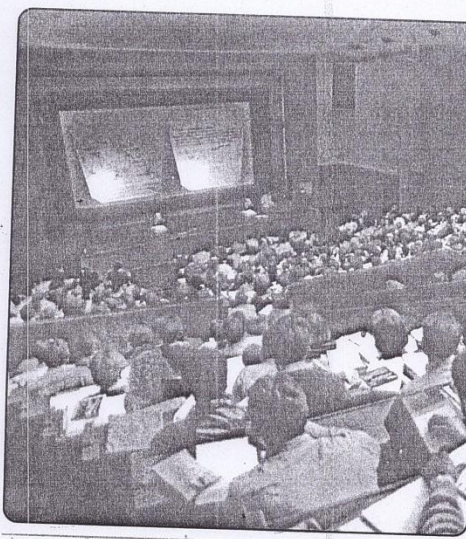
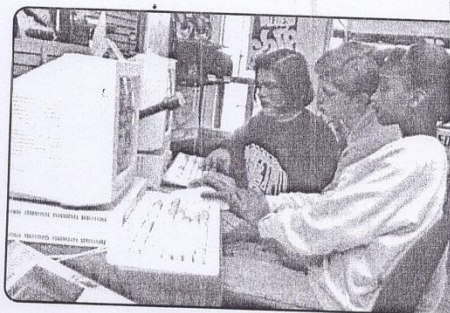
Put a circle around the 1 word with different pronunciation.

(a)	day	die	wide	[ai]	or	[ei]
(b)	walk	short	work	[ɔ:]		[ɜ:]
(c)	sit	seat	sheet	[i]		[i:]
(d)	halve	have	part	[a:]		[æ]
(e)	look	lock	drop	[ʊ]		[ɒ]
(f)	cleans	please	pins	[i]		[i:]
(g)	good	book	food	[ʊ]		[u:]

When you listen to the recording, circle the word(s) you hear.

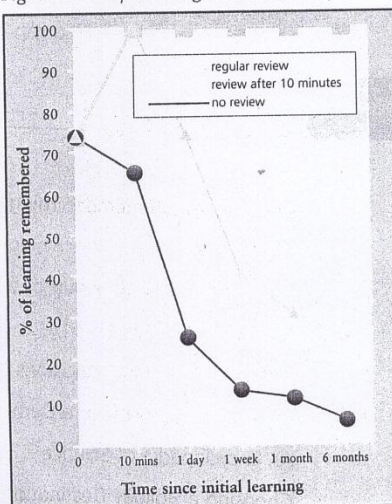
1. She can walk / work when she goes home.
2. Sit / seat his relatives in the day room.
3. He can have / halve his medications.
4. Look at / lock the drug cupboard.
5. The title of the essay is *Today - In Peace / To Die - In Peace*





How Can You Remember Things for Ever?

Figure 1: % of learning remembered



Source: Education Research Council

What happens after you have learnt something? Do you remember it for ever? Or do you forget it over time?

You forget it, of course (see Figure 1). As you can see from the red line on the graph, within 24 hours of learning, you have forgotten nearly 80% of the new information. After a month, only about 10% remains.

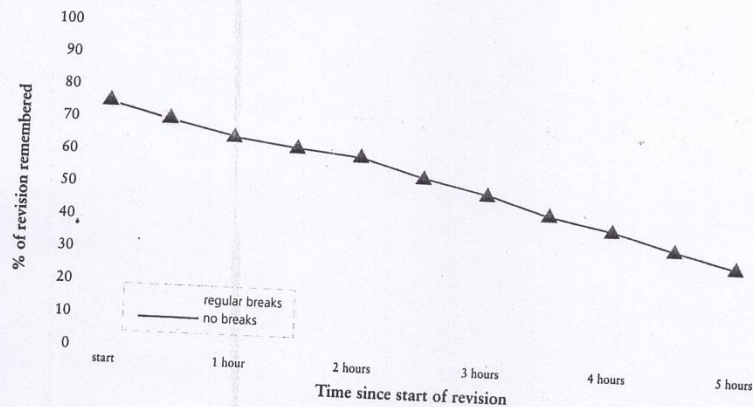
How can you stop this loss of information?

You must review new information regularly. The first review should be after 10 minutes. This first review is very important. As the blue line shows, this actually raises memory to 100%. However, if you do not look at the information again, you will still forget nearly everything over time.

You must continue to review the information regularly. If you review again after one day, one month and then six months – see the green line – you should remember the information for ever. The information will now be in long-term memory.

How Can You Remember Things for a Test?

Figure 1: % of revision remembered



Source: Education Research Council

What happens in our brains during a period of revision? Do we understand things better at the beginning of the revision period, or at the end? What about memory? When we take a test on the information, do we remember things better from the beginning of the revision period, or from the end?

Imagine you have to revise for a test. You decide to work from 10 a.m. until 2 p.m. You probably do not notice any difference in your level of understanding during the revision period. However, in the test, you will probably remember better the things that you revised at 10.30 or 11.00 than the things you revised at 1.00 or 1.30.

Why do you remember some things better than others? The reason is that there is a difference between understanding and memory. Your level of understanding probably does not change much during the revision period. However, the percentage of information that you will remember falls steeply (see the red line in Figure 1).

What can we do about this? The answer is simple. Take short regular breaks during a revision period. In the example above, take a ten-minute break every hour. Then you will have five short sessions instead of one long one. As the green line shows, you will remember about 75% of the information from the beginning of each session. Overall, your memory will be much better.



Are You a Parent, an Adult or a Child?

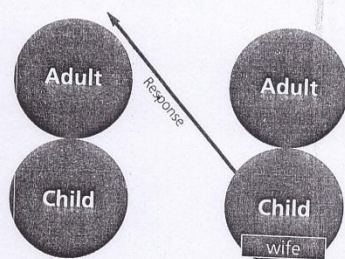


Figure 1: An example P-C transaction

Eric Berne was born in 1910 in Montreal, Canada. He moved to New York to train as a psychiatrist in the 1930s. He practised psychiatry in that city before joining the Army Medical Corps in 1943. There was a strong demand for psychiatrists during the Second World War. After the war, he moved to San Francisco. There, he developed a new idea about psychiatric problems. He founded a school (or type) of psychiatry called Transactional Analysis. He died in California in 1970.

Berne's new idea was that people have problems in their life because of their relationships with other people. Until then, most psychiatrists believed that problems came from inside the person's head – in his or her own brain. However, Berne believed that problems arise because of the transactions – or conversations – between people. He pointed out that people often play games with their

friends, family and workmates. They try to feel better by making the other person feel worse.

Berne developed a simple model of the behaviour between people. He said that people always behave in one of three ways. They act as a Parent (P), as an Adult (A) or as a Child (C). He explained that a Parent can try to look after another person, or try to control him, while a Child can obey and do what he is told, or rebel.

We can see an example of a P-C transaction in Figure 1. In this case, the husband is clearly the Parent and the wife is clearly the Child. However, the same husband and wife could change roles in a different transaction. People can play roles in this way, switching between Parent and Child, for years without any problems.

However, problems often arise in transactions. For example, difficulties appear if both people in a transaction want to be the Parent or both people want to be the Child. Problems also arise if one person wants to behave like an Adult and the other person responds as a Parent or a Child, as in Figure 2.

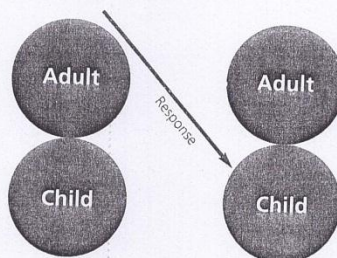


Figure 2: A mixed transaction

		YOU	
		OK	Not OK
ME	OK	Relationship Type 1	Relationship Type 2
	Not OK	Relationship Type 3	Relationship Type 4

Figure 1: The four possible relationships

I'm OK, You're OK

Thomas Harris was born in Texas, USA, in the 1920s. He went to the University of Arkansas to study medicine and then, in 1942, he began his training in psychiatry in Washington, DC. He joined the Navy, where he practised psychiatry for several years. Then he left to take up a teaching post at his old university. He later moved to California, where he continues to practise psychiatry. He took over from Eric Berne as the director of the Transactional Analysis Society.

He developed an idea of Eric Berne's that is sometimes called the I'm OK, You're OK model. Berne believed that everyone is born OK. They feel good about themselves and about other people. Other people are OK, too. These relationships are Type 1 – see Figure 1.

However, Harris thought that people may change as they grow up. They may move to any of the other three boxes that we can see in the

figure. He pointed out that nobody has exactly the same relationship with everybody all of the time, but most of their relationships will reflect their attitude to themselves and other people.

For Harris, only Relationship 1 is a healthy one. In this relationship, we will be happy to work with other people. We will respect their contribution but also be confident in our own contribution.

We will have problems in the other three cases. In Relationship 2, we will not respect other people or their contribution to work. In Relationship 3, we will feel stupid and inferior to other people, while in Relationship 4, we will not see the point of doing anything.

The good news is that positions are not fixed. If you recognise that you do not value other people – you think they are not OK – you can try to find things to value in them and try to move to Relationship 1. If you recognise that you do not value yourself, make a list of good things about yourself and try to accept that you are OK.

Decisions, Decisions, Decisions

'Digest' problems
to make good decisions

Table 1: The DIGEST process.

D	efine the problem
I	magine a successful solution
G	enerate alternative possibilities
E	valuate the possibilities
S	elect the best one
T	ell people your decision

HOW DO YOU MAKE DECISIONS? A lot of the time people make decisions without really thinking about it. They use their instinct, and they just hope that they have done the right thing.

However, this kind of decision-making is no good in business, and it's probably not the best way to decide big things in our everyday lives either. Good managers recognise that decision-making is not a moment in time but a process. If you follow the process carefully, the decision will usually be a good one.

We can summarise the process of good decision-making in the acronym DIGEST. What does DIGEST mean? In general English it has a number of meanings, including 'to break down food in the stomach,' but in this case, the word just helps us remember the six parts of the process.

Firstly, **define** the problem. Say what you are really trying to do. Secondly, **imagine** a successful solution. This is usually easy. (If it isn't, go back to the first stage again and define the problem again.) Thirdly, **generate** alternative possibilities. There is very rarely only one possible solution to a problem. Think of several solutions and you are more likely to find a good one in the end. Fourthly, **evaluate** the possibilities – look at each one carefully and consider the good and the bad points about it. Fifthly, **select** the best one. (Again, an obvious stage.) Finally, **tell** people your decision. You should certainly do this if the decision affects other people. Even if it doesn't, you should tell other people. Why? Because it might be difficult not to change

your decision later, even if it is the right thing to do. The more people you *tell* about your decision, the harder it is to change your mind later.

Let's look at an example of the process in action. First, the problem. Let's say that you keep arriving late for morning lectures. You imagine a successful solution to the problem. That is easy in this case. You need to arrive 10 minutes before the first lecture. However, perhaps you live a long way from the college and the first lecture begins at 8.00. You need to generate some alternative possibilities. You could take a bus, but you don't like public transport ... Stop! You must not start evaluating the possibilities until you have finished generating them. Why? Because there are two sides to the human brain – a *creative* side and a *logical* side. It is impossible to get both sides working well at the same time. In this case, you need the creative side first, to generate the alternatives, then the logical side, to evaluate each one. So, make a list of possibilities – taxi, father's car, hire a driver, take the bus, stay overnight with a friend, etc., and then go through them one by one, thinking of any difficulties. You could give each possibility a number of crosses, one for each difficulty. Finally, when you have evaluated all the possibilities, you need to select one. And that's it. Well, not quite. Tell people about it, remember.

You will not make perfect decisions every time, even with this decision-making process. However, there is an old saying in business: 'There is only one thing worse than a bad decision, and that is no decision at all.'

Are You an Autocrat or a Democrat?

It's all a matter of style

WHAT IS YOUR MANAGEMENT STYLE?

Don't say, 'I have no idea. I'm not a manager.' In the first place, we are all managers of our daily lives. In the second place, we all have a normal management style, whether or not we have a management job. Your management style is the way you deal with people, particularly when you have to make decisions that involve other people. It is very important to know your normal management style. Why? Mainly because you may be using the wrong management style at times to achieve your objectives.

How can you identify your normal management style? It is easy if you follow the DIGEST approach to decision-making (see *Decisions, Decisions, Decisions* in this publication). Here's what you do. Make a table with three columns and seven rows. In the first column, write the heading *Stages*. Put the letters of the acronym DIGEST under *Stages*, one letter on each row, i.e., D in the first row, I in the second row, and so on. Write the heading *Me* for the second column and *Them* for the third one.

Imagine that you have to make a decision that involves other people. For example, let's say that your tutor has asked you to organise a social event for the students in your group. How would you make the decision? Would you ask the other students to help you at any stage? If so, which stage? Put a tick under the person or people who will do each stage. Check with your friends. Have you been honest about your management style? Or do your friends have a different view of how you behave? The views of other people are very important in a case like this. You may think, for example, that you involve people in generating alternative possibilities. But your friends may know that, in reality, you will only accept your own

Table 1: An autocratic management style

Stages	Me	Them
D	✓	
I	✓	
G	✓	
E	✓	
S	✓	
T	✓	

Table 2: A participatory management style

Stages	Me	Them
D	✓	
I	✓	
G	✓	✓
E	✓	✓
S	✓	
T	✓	

Table 3: A democratic management style

Stages	Me	Them
D	✓	
I	✓	✓
G	✓	✓
E	✓	✓
S	✓	✓
T	✓	

possibilities and make fun of any other suggestions.

The old style of management in business was autocratic. In an autocratic style, the manager does not involve the workers at any stage in the process (see Table 1). Nowadays, many managers have a participatory management style. In this style, the manager involves the workers in some stages but retains control of the decision-making (see Table 2). In a democratic management style – Table 3 – the manager involves the workers at all stages except D and T, but this is still unusual in business.

So what are you – autocratic, participatory or democratic? Once you know your management style, you can make another decision. Is this the best style in a particular situation? For example, an autocratic manager may realise that this is not the best way to 'manage' a husband, a wife, a teenager, or friends and colleagues.