

Unit 4

Clinically speaking

Speaking

> Working out differential diagnosis

Listening

> A chronic metabolic disease

Reading

> Understanding medical histories

Grammar

> Modals (2) for degrees of certainty

Vocabulary

> To rule out actual diagnosis

Language function

> Talking about a diagnosis based on findings and lab tests

LEARNING OBJECTIVES

PROHIBIDA SU REPRODUCCIÓN

DISCUSSION

1. Why is the clinical method so important for an early diagnosis?
2. Comment with your partner about the tip below. Do you agree or not? Say why.

There are generally four components of a good clinical question represented by the acronym PICO:

P - Patient, population or problem of interest.
I - Intervention - therapy, diagnostic test, etc.
C - Comparison intervention, if relevant
O - Outcome(s) of interest

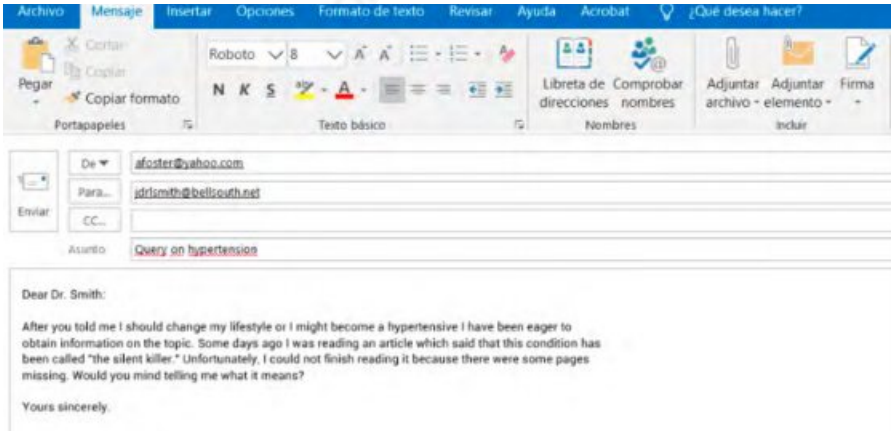
Exercise 1. Work in pairs and find reasons to match the boxes with letters with the boxes with numbers. Give reasons for your choice.

A. If a patient tells me he is feeling weak, I usually think of…

1. an infection
2. an indigestion
3. Body Mass Index (BMI)
4. anxiety
5. runny nose
6. flu
7. a cold

B. If a patient came to my office asking for a Tylenol tablet, I would…

1. reject his/her request
2. immediately give him/her a prescription
3. do a check-up
4. refer the patient to a GP
5. say nothing



Exercise 2. Work in pairs. Read the email above.

Two doctors are talking about Mr. Foster, a patient who resulted hypertensive. What would you say to answer his concern?

LISTENING

Exercise 3. Listen to the podcast and complete the statements. Compare your answer with a partner:

a) Type of disease.
b) What complications does it bring along?
c) It affects tiny vessels throughout the body, especially…
d) The disease can also be the result of a combination of factors such as…

Exercise 4. Work in pairs and prepare a briefing to a patient suffering from diabetes.

PROFESSIONAL PROFILE 1

Medical ward rounds are complex clinical activities, critical to providing high-quality, safe care for patients in a timely, relevant manner. They provide an opportunity for the multidisciplinary team to come together to review a patient's condition and develop a coordinated care plan. Additionally, ward rounds offer great opportunities for effective communication, information sharing and joint learning through active participation of all members of the multidisciplinary team.

On ward rounds

Preparing for a ward round: Ward rounds are the focal point for a hospital's multidisciplinary teams to undertake assessments and care planning with their patients

Exercise 5. A) Work in pairs. Discuss these tips for a ward round with a partner:

a) Make sure you know the name of the patients and their main complaints.
b) Find from the nurse if any patient has been moved and to where.
c) Check the clinical histories/patients' records.
d) Discuss with a partner the possible actions.
e) Record case histories and results clearly and concisely.

B) Decide why you think each tip has been given. Exchange views with your partner

Exercise 6. Discuss whether you would give the same tips to a junior medical student. What additional advice would you give? What are the consultant´s common questions during the ward round?

Exercise 7. Work in pairs. Discuss why you need to do these things before you carry out a procedure or start the ward round.

a) Greet the patient.
b) Obtain consent from the patient.
c) Introduce yourself.

Exercise 8. Work in pairs to complete the key points when making a ward round. Use the words from the chart:

checklists time and resources team clinical improves care

a) Ward rounds are complex _____ processes that extend beyond a bedside review of care.
b) They present a key opportunity to involve patients in their own _____, building trust and rapport.
c) An organized and disciplined approach to ward rounds, with appropriate preparation, scheduling and review, _____ patient safety and experience, while promoting efficient use of _____ .
d) Safety _____reduce omissions and variation in practice, while strengthening _____ communication, performance and patient experience.

Exercise 9. Work in pairs. Discuss who does what in a ward round. then complete the chart below (AHP = allied health professional; iv = intravenous; VTE = venous thromboembolism).

	Actions to perform	
Consultants		
Attending doctor		
Resident		
Medical student		

1. Provides update on current problems + responses to treatment + test results + medication + information from patient and/or family and nurses
2. Leads the round and introduces the team to the patient
3. Provides update: + vital signs + pain control + nutrition and hydration + elimination (urine and bowels) + mobility + confusion or delirium
4. Provides an update of recent history, clinical examination and review of patient
5. Reviews drug chart
6. Quality and safety checks: + urinary catheter + review of iv lines + VTE prophylaxis + pressure ulcers and category + falls + infection control
7. Reviews patient's medications + checks VTE prescription + drug chart review
8. Discharge planning: + anticipated discharge needs + place of discharge (eg home, rehabilitation) + discharge date and time + follow-up arrangements
9. Summarizes team inputs into a plan for the day and sets daily goals
10. Provides patient with information relating to plan of care and checks patient understanding

ORAL PRACTICE

Case 1

SURNAME (1) O´Farrill FIRST NAMES: Marlon Thomas
AGE (2): 57 SEX: Female MARITAL STATUS (3): Single
OCCUPATION (4): Junior High Teacher NATIONALITY: Dutch (5)

REASON FOR ADMISSION (6) Car accident last August
Patient reports frontal headaches, and some fever. Not good in the eves after returning from work. Smokes 10-12 cigarettes per day. (7) Drinks coffee a lot and likes sweets. She drinks alcohol quite often

O/E General Condition: Rather fat, 1.63 cm, medium height, 82,5 kg
ENT Ok
RS
CVS HS normal P 78/min BP 175/130

(8) IMMEDIATE PAST HISTORY
Suffered from hepatitis when she was 21 Mother died of Cancer (9) in 1997

LAB RESULTS
CT scan Nothing remarkable MRI Nothing remarkable
Triglycerides h 210.0 Blood glucose: 14 mmol/L

DIAGNOSIS Diabetes Mellitus type 2

MANAGEMENT

Exercise 10. A hospital consultant wrote the following notes of the interview with Marlon T. O´Farrill. Read the information and write down the possible questions a doctor asked to get the information on the chart. e.g. 1. *What is your surname*?

2. _____
3. _____
4. _____
5. _____
6.. _____
7. _____
8. _____
9. _____

PROFESSIONAL PROFILE 2

Differential diagnosis

In medicine, a differential diagnosis is the distinguishing of a particular disease or condition from others that present similar clinical features.

The differential diagnosis of rhinitis (a runny nose) includes allergic rhinitis (hay fever), the abuse of nasal decongestants and, of course, the common cold.

A differential diagnosis means that there is more than one possibility for your diagnosis. Your doctor must differentiate between these to determine the actual diagnosis. Only after that is done, he can choose the best method for treating you. ... Instead, the diagnosis is based on your medical history and your symptoms.

The phrase *"rule out"* means that the physician is attempting to exclude a particular diagnosis from the list of possible or probable conditions the patient may have. ... If the physician suspects a particular diagnosis that's what the medical record should indicate.

Exercise 11. Angina pectoris, acute pericarditis and myocardial infarction are common medical problems. They might show similar signs. Work in pairs and complete the table below which shows some of the key features of these conditions. You may google the information in case you are doubtful.

	Angina	**Pericarditis**	**Myocardial Infarction**
Site	Left-sided or central chest pain Occasionally, the pain is epigastric or interscapular		
Radiation		One or both arms resembling myocardial ischemia	
Duration	A few minutes		persistent
Precipitating and risk factors		Coughing, inspiration, changes in body position	
Relief of pain			Morphine (agent of choice)

From the information during the interview and the physical examination, doctors make a presumptive (tentative, provisional) diagnosis. Later on, they make the differential diagnosis by excluding diseases with similar characteristics but which do not fit in the case under study. The results of laboratory and imaging tests confirm the (definitive) diagnosis. In the bubbles below, there are some expressions that are useful for you when discussing a case.

Exercise 12. Work in pairs. One student will role play the doctor´s role and the other will act as patient (see page 61).

Role play	Setting: doctor´s office	
DOCTOR. A 45-year old patient is attending your consultation after suffering from a mild anterior acute myocardial infarct 2 weeks ago. Recovery was uncomplicated and the patient was discharged from hospital a couple of days ago. He is very concerned about the long-term process of recovery **TASK**. Find out what is worrying the patient and reassure him Advise the patient on the importance of cardiac rehabilitation program at a nearby hospital in order to increase exercise tolerance under supervision Explain the importance of exercise Reassure the patient about his concerns and tell him about the kind of exercise for a good recovery Provide recommendations for prevention of future attacks (diet, relaxation, stress management, etc)		

We have to **exclude/rule out**...
The patient **cannot have**....because ...

… must be excluded ...
... is a **possible** but **unlikely** diagnosis due to

... **is** very **likely/is a possibility** because ...
... **is** a very **likely** diagnosis /
highly probable but ...
The patient **seems to**

Modal verbs can be used to express ideas about the past, present, and future. The most definite degree of certainty can be expressed with "will" and won't, followed by must and can't/couldn't, should and shouldn't, may and may not, and might/could and might not, which express the least definite degree of certainty

Exercise 13. Check and tick (√) the right explanation for the following statements about certainty

1. *Oh my God. The ambulance is crushed. A terrible accident must have happened.*
   _____I am guessing that the accident happened.
   _____It´s for sure the ambulance had an accident.
   _____It´s a possible explanation why the ambulance crashed.
2. *The lab findings report was over there a minute ago. Someone might have taken it.*
   _____I am saying that it is possible that someone took it.
   _____It can´t be true someone took it.
   _____I am sure that someone has come and taken it.
3. *The CT Scan worked all week. But Yesterday it didn´t work.*
   _____It must have run out of charge.
   _____I´m also certain that it has run out of charge.
   _____It´s likely the CT Scan has run out of charge.
4. *That must be Dr Edwards- He is the only person who has got this phone number.*
   _____I am not sure yet it is Dr Edwards.
   _____I am fully convinced that phone call came from Dr Edwards' office.
   _____Perhaps it was someone else.

5. *The nurses must have gotten home really late. They left here after midnight*
   _____It is likely they arrived home safely and quite early.
   _____I am 100 % certain because they live quite far.
   _____I wonder if they took a taxi.
6. *The patient on bed 7A is usually very friendly, but he hasn't smiled at all today. He must be worried about something*
   _____I really do not care how he may feel.
   _____There is a possibility he does not like you.
   _____It is for sure something is disturbing him.

Case 2

The patient Romelia Ramos who has recently returned from East Africa is now suffering from a brain disease which doesn't allow her to read well nor focus on any determined activity. She doesn't know what to do about it.

SURNAME (1) Ramos FIRST NAMES: Romelia MIDDLE NAME: Pascacia

AGE (2): 45 SEX: Female MARITAL STATUS (3): Widow

OCCUPATION (4) Bank teller PLACE OF BIRTH: The Philippines

REASON FOR ADMISSION (5) Recently returned from a disease-risk zone, suffering from a brain disease. Some BP crises, disorders in blood clotting and suffered a trauma in the head Patient says she can´t hold things tightly and has trouble when walking. She can't read nor concentrate on any activity

O/E General Condition: Height 1.63 cm Weight 72,5 kg

ENT RS CVS HS normal P 78/min BP175/130

IMMEDIATE PAST HISTORY
Suffered from chickenpox and measles when she was 21
Moderate arthritis
Mother died of Cancer in 1997

LAB RESULTS
X Rays: nothing remarkable
CT scan showed a dark image in frontal lobe
MRI c3-c4, level shows mild bilateral uncinate process hypertrophy right frater than left c5-c6 level shows a large central disc protrusion/herniation with bilateral uncinated process hypertrophy and bilateral facet degenerative changes

DIAGNOSIS (6)

Exercise 14. Work in pairs. Read the clinical chart and check with your tutor or in Internet what the possible diagnosis would be.

head tumor / moderate to severe central canal stenosis

Exercise 15. Read about the following case report. Work in pairs and work out how you will inform (briefly) people on this situation:

a) The patient himself.
b) The patient´s next of kin.
c) Other patient´s relatives.

Exercise 16. Report your briefing to other classmates.

A case report

A 53-year-old man, whose name is Mr. Smith, was admitted to the hospital complaining of a sudden excruciating, knife-like pain located in the front of the chest. During the course of the examination, he said that he could also feel the pain in his back between the shoulder blades. On close questioning he said he felt pain down the inner side of the arm. The patient had been well until three months earlier, when he began to have increasingly severe exertional dyspnea, without chest pain. On the day of admission, he had been at work, lifting and transporting heavy objects, when a sensation of "heaviness" developed across his chest, accompanied by dyspnea. An electrocardiogram obtained at the time of his arrival at this hospital showed elevated ST segments in leads V1 through V4, with depressed ST segments in leads II and III.

The patient had a 40-pack-year history of cigarette smoking; he drank little alcohol. He had hypertension and hyperlipidemia and took medications for both. There was no history of diabetes mellitus or previous chest pain and no family history of coronary disease.

On physical examination, the temperature was 38.3°C, the pulse was 85, and the blood pressure was 115/80 mm Hg. The patient was alert and comfortable. The jugular venous pressure was 8 cm of water. Bibasal crackles were present. A grade 1 systolic murmur was heard, with a third heart sound. The abdomen was normal, and there was no peripheral edema.

WRITING

Exercise 17. In pairs, work out a case report. Add whatever information you need. Follow the example given.

Identifying data. A 34-year-old male engineer, widower, ...
Main complaint. was admitted to hospital because…/ complaining of …
History of the present illness. On admission/ On arrival / he(she) reported...
Past history. For the past (months, days)/ He(she) has had several episodes
Family history. There is no family history of.../ Mother suffered from…
Social history. He(she) comes from a well-to do…/ Husband passed away
Habits and medication. Admits heavy drinking/He(she) is allergic to…
Physical examination. There was no significant finding / Her BP was...
Lab tests. MRI showed / Chest X Ray revealed…/ Cultures of bone marrow were...
Differential diagnosis. we should rule out…/ that possibility should not be excluded
Prognosis. He(she) was diagnosed / No diagnosis was made

This the patient´s role. Read the information to act accordingly (your partner's role card on page 58).

Role play	Setting: doctor´s office
PATIENT: You are 45 and recovering from a mild heart attack two weeks ago. You were discharged from hospital two days ago. You are unsure how much physical activity is appropriate and you are worried about how weakened you feel after the heart attack. You fear that any physical activity such as gardening, swimming might bring another heart attack. **TASK.** Explain your concern to the doctor. Ask how much physical activity is advisable. Admit your fear that any physical activity may provoke a relapse. Ask when you can return to work. (you are a teacher of Maths in a high school) and whether the condition will make you invalid for the rest of your life.	

There are some words which usually go together with another word with high frequency. When in a medical environment you can hear many of them such as: *be discharged from hospital, get rid of a cough, a heavy cold, medicine makes you feel drowsy, swallow a pill, covered in blood.*

Exercise 18. Now Match up these common medical verb/noun phrase collocations:

make	someone's blood pressure
have	some improvement
take	a complete recovery
give	an allergy to something
see	advice to someone

PROFESSIONAL PROFILE 3

In medicine, a case report is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports may contain a demographic profile of the patient, but usually describe an unusual or novel occurrence.

Consent is certainly required under a confidentiality analysis for the publication of case reports that contain any identifiable information.

Exercise 19. Work in pairs. Read the chart below about a case report and discuss if it contains the necessary information. Select the statements in passive voice.

Mr. Leroy Jones, a 64-year-old man, teacher by profession, came to the doctor´s office for his annual check-up, He appeared to be in very good health and had no complaints. The general examination revealed nothing abnormal. The physician told him he would do a rectal examination. At first, the patient objected, saying he felt it was not necessary since he has no symptoms and nothing abnormal was found a year ago. The physician insisted and finally the patient agreed to the examination

On examination, a small hard nodule was found projecting from the posterior surface of the prostate. No other abnormalities were found. The patient was informed of the findings and the possibility that the nodule might be malignant was also explained. The patient was very upset, especially as he had no abnormal urinary symptoms.

Additionally, lab and radiology tests were performed and the prostate specific antigen (PSA) level in blood showed that it was well above the normal range. There was no evidence of pelvic lymphatic enlargement on the pelvic computer tomographic CT scan and no evidence of bone metastases on bone scans of the skeleton. A diagnosis of early cancer of the prostate was made. This was later confirmed by needle biopsy of prostate tissue through the anterior wall of the rectum. This patient had the prostate removed and the prognosis was excellent

TIP
Content should be brief and less than 4 paragraphs: State the purpose of the case report. Provide background information and pertinent definitions

Exercise 20. Work in pairs. First, read the following clinical example and then, identify the risk factors and symptoms of pneumonia in this patient's current condition.

A 25-year-old man was rescued from a lake after falling through thin ice. The next day a severe cold developed, and 3 days later his general condition deteriorated. He became more febrile and started to cough up blood-stained sputum. At first, he had no chest pain, but later, when he coughed, he experienced a severe pain over the right fifth intercostal space in the mid-clavicular line. He was admitted to hospital for further investigations.

Exercise 21. Based on the previous exercise, write a possible case report. Add whatever information is necessary.

PROFESSIONAL PROFILE 4

Discussion of a case report	
Abstract	Short summary of the case
Key words	2-5 words that assist in searching for the case report
Introduction	Background of the disease Background of the patient How the patient was encountered How did the patient present?
Diagnostic focus and assessment	What were the steps that led toward the diagnosis? What was the thought process? What were the test results?
Therapeutic focus and assessment	What therapies were tried? What were the consultant's/attending physician's recommendations? What worked, what did not?
Follow-up and outcome	What was the final result? What adverse results were noted? How did the patient adhere to treatment?
Discussion	Discuss the summary of the case and its results. Discuss the importance of the case
Conclusion	Summarize the case What are the important lessons learned?
Patient perspective	What was the patient's experience?
Patient consent	State that the patient provided informed consent

When treating patients, you need to give instructions. Medical doctors must be kind and polite not to sound harsh if the patient is ill.

Exercise 22. Work in pairs and tick (√) which of these instructions is inappropriate to use when talking to a patient.

_____Take off your shirt

_____On your left side, please

_____Could you just lie on your right side for me?

_____If you could just pop off your clothes and then...

_____Come on, sit and don´t move

_____Bend your head forward for me

_____Can you bend your knee towards your chin?

_____I´d like you to stand up for me please

Exercise 23. Work in pairs. This is the script of the case presented by a first-year Resident of Internal Medicine in the ward round this morning. Read the text and fill out the patient's clinical chart below.

TIP
Remember that when presenting a case orally, you verbalize initials and abbreviations in full, but you use the standard shortenings and symbols when writing in the patient's chart. e.g. HR, ABG ↓

Mrs. Harris, a 38-year-old, non-smoking married woman was admitted to hospital as an emergency complaining of cough and breathlessness. She had been well until two weeks previously, when she developed headache and nausea followed by a cough with scanty sputum and progressive dyspnea with orthopnea. Her general practitioner prescribed amoxicillin two days before the day of admission. She is an architect, drinks no alcohol, and has no history of foreign travel for the last five years, intravenous drug use, or blood transfusion, and keeps no pets.

On admission she was unwell, cyanosed, and breathless at rest but alert, oriented, and without fever. The main abnormal signs were a raised heart rate (140 beats per min), jugular venous pressure (5 cm), and respiratory rate (32 breaths/min); a low systolic blood pressure (70 mm Hg); left basal crackles; and a third heart sound. A chest radiograph showed extensive consolidation in both lungs. The electrocardiogram showed sinus tachycardia and inferior T wave inversion. Arterial blood gas tension taken with the patient breathing room air showed a pH of 7.51. The following routine blood tests yielded abnormal results: Total white cell count ($17x10^9$) (82 % neutrophils) and serum concentrations of sodium (129 mmol/L), urea (18 mmol/L), creatinine (122 µmol/L), and albumin (29 g/L).

Severe community-acquired pneumonia with myocardial dysfunction was diagnosed and she was treated with 60 % oxygen by mask, intravenous cefuroxime, erythromycin and normal saline.

After five days in hospital, her condition has improved considerably. She's afebrile and breathing well.

First name	Middle name	Surname(s)	Maiden name
D.O.B		Gender	Marital status
Job		Next of kin	
Reason for admission Referral: YES____ NO ____			
Past medical history			
Habits and medication Physical examination			
Investigations			
Diagnosis/ Management			

TIP
Medical history is always written in present tense

DILEMMA FOR DISCUSSION

Exercise 24. Write your own opinion about the following dilemma in no less than 60 words, and later discuss it orally with your partner. *Is it acceptable to break the patient confidentiality if the doctor knows that the patient´s health status may do harm on others?*

READING

Exercise 25. On your own read the headline and discuss with your partner about pros and cons of telemedicine for emergency

Improve Emergency Care? Pandemic Helps Point the Way
By Austin Frakt, Nov. 23, 2020

Exercise 26. Work in pairs. Read the text, take notes and prepare 3-4 questions to ask your classmates.



TIP
Pictures can provide you with information to help you understand what you are reading

Momentum is gathering for telemedicine, which could alleviate a longstanding problem: wait times

The pandemic may present an opportunity to reshape the future of emergency medicine.

The coronavirus has already prompted health care leaders to rethink how to deliver care to make the most of available resources, both physical and digital. If the shift to greater use of telemedicine continues after the pandemic, it could reduce reliance on the emergency room, where crowding has long been a problem.

This could happen if telemedicine increases the ability for doctors to see more patients more quickly. A Veterans Health Administration study found that same-day access to primary care was associated with fewer emergency visits for conditions that weren't true emergencies.

During the pandemic, educational campaigns have tried to raise awareness about telemedicine, offering guidelines on when people should seek immediate attention, and when an online consultation is adequate. And American Medical Association officials are seeking to keep the regulatory flexibility on telemedicine that has been allowed during the pandemic.

Of course, telemedicine isn't a solution for every health problem. And patients with limited digital fluency and access may get left behind as reliance on telemedicine grows. But the potential payoff is large: A review of medical records of older patients found that 27 percent of emergency room visits could have been replaced with telemedicine.

According to the American College of Emergency Physicians, more than 90 percent of emergency departments are routinely crowded, which has long been recognized as problematic.

On average, a patient visiting an emergency room will wait about 40 minutes. Although that's down from about an hour a decade ago, 17 percent of patients visiting an emergency department in 2017 waited over an hour. About 2.5 percent waited more than two and a half hours.

As many studies have documented, longer wait times can be harmful. For some conditions, a systematic review in 2018 found, longer waits are associated with lower-quality care and adverse health outcomes that include increased mortality. One study found that crowding in the emergency room is associated with a longer wait for antibiotics for pneumonia patients.

Another study of nearly 200 California hospitals in 2007 found crowded emergency departments were associated with longer hospital stays, higher costs and a greater chance of death.

This crowding and its adverse consequences are problems in other countries, too. A 2018 National Bureau of Economic Research working paper examined emergency department wait times in England. Beginning in 2004, a policy penalized hospital if their emergency departments did not complete treatment for the vast majority of patients within four hours, admitting them to the hospital if necessary, for subsequent care. Large fines were imposed for failing to meet this target and, in some cases, hospital managers lost their jobs.

The study found that the policy reduced the time a patient spent in the emergency department by 19 minutes, on average, or about 8 percent. It also found a reduction in 30-day mortality of 14 percent and in one-year mortality of 3 percent.

Longer waits can also increase costs, according to a study published last year in Economic Inquiry. A 10-minute-longer wait increases the cost to care for patients with true emergencies by an average of 6 percent. The study took advantage of the fact that emergency department triage nurses make different decisions about how quickly to treat similar patients, which inserts a degree of randomness into their waiting times.

"The longer patients wait, the more their conditions can deteriorate," said the study author, Lindsey Woodworth, an economist with the University of South Carolina. "Sicker patients cost more to treat."

Exercise 27. Answer the following questions according to the text:

a) What new changes have the pandemics brought to light in terms of the use of telemedicine?
b) Is telemedicine the ultimate response to health problems? Why?
c) What have crowded waiting rooms in A&E units been associated to? Do you agree? Argue your reply.
d) What advantage do A&E triage nurses bring to the waiting rooms?

SPEAKING

Task 1. Work individually first. Analyze the following situations expressed by unsatisfied patients, and as a counsellor give an appropriate tip(s) or suggestions for each case. After completing the task, work in pairs to confront your tip(s)

___ A friend of yours is at the eye doctor's office because he noticed his vision seems blurred and his eyes are frequently wet. He has told his doctor about it. He explained the investigations he will order but the patient really didn't understand because he used a lot of medical terms.
___ A junior executive went to a walk-in clinic because he was feeling under the weather. He has a temperature, a cough and general aches and pains. He had to wait for an hour to see the doctor and when he showed up, the young medical doctor didn't even look at his face and very quickly ended the interview.
___ After discharge, patients should be offered the opportunity to attend the outpatient clinic to get physiotherapy if necessary. After some time, they feel depressed because they are not totally recovered and it is necessary to support them.

Exercise 28. After discussing your tips and suggestions, choose one of the cases to mock the doctor-patient dialogue correcting what was wrong. Be ready to act out in class.

Checklist

Assess your progress. Tick (✓) what you can do

_____ I can rule out some different types of disease
_____ I can understand the principles of differential diagnosis
_____ I can talk about some types of medical disorders
_____ I can understand a patient chart and some abbreviations
_____ I can understand and draft case reports

Key words

- **differential diagnosis**
- **medical disorders**
- **ward rounds**
- **patient's condition**
- **disease-risk zone**
- **information sharing**

Verbs

- **rule out**
- **resembling**
- **strengthen**
- **be admitted**

Nouns

- **check-up**
- **consultant**
- **outcome**
- **relief**
- **trust and rapport**
- **features**
- **update**

Adjectives

- **remarkable**
- **Precipitating**
- **blurred**
- **unwell**
- **under the weather**
- **outpatient**

https://www.youtube.com/playlist?app=desktop&list=PL_-wnZ9YJZLrQS07h-zCEZuOnDnovlK2o

For more information about different diseases you may consult *English through Medicine 1*

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