

Medical Conversations

A resource packet
For Tutors

Massachusetts Institute of Technology
ESL for Service Employees

updated 7/28/15

A Note to Tutors

We hope the material in this packet will help you have productive tutoring sessions with your students about their health care conversational needs. As always, you should pick and choose the materials that are best suited to your student's English ability level, as well as his or her needs. In each section there are vocabulary lists, conversation starters, and some hints about how to structure a lesson. There are also suggested web sites where you can find additional materials, activities and information.

In the appendix, we have listed several websites and textbooks which you might find helpful. Please let us know if you find more or better information so that we can update this packet.

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General tips on planning a medical issues lesson:

1. *Start with a real life problem – target what your student needs to know.*

Is your student absent because of an illness? Does he mention medical problems in the family? If a medical topic comes up in conversation, use that as a way to introduce the topic and to organize the materials you will need.

Because of the sensitive nature of medical problems, you may find that a question about a medical issue comes up at the very end of a tutoring session when the student is relaxed and comfortable. Take a few minutes right then to get a feel for what information is needed and plan to focus on that in your next session.

2. *Understand what your student already knows.*

Is your student pretty comfortable with basic health conversation, or do you need to start with very basic materials and information? Activate prior knowledge and assess what he or she needs before teaching new material.

3. *Set realistic goals to help him or her master the vocabulary, sentence structures and idioms to meet his current needs.*

The American health care system is complicated, intimidating and sometimes frustrating, even for native English speakers. There is a lot of technical vocabulary. Don't try to cover everything. "Medical topics" is a frequently requested ESL lesson plan subject at every ability level. Know that these topics will come up again many times.

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A. Talking to your supervisor about health problems

Overview

When you are sick you often must call in to a supervisor, take time off from work, or ask for leave to go to the doctor. Note: Some of the medical expressions will be repeated in the “talking to the doctor” section.

Vocabulary and expressions:

I don't feel well today

I can't come to work today

I need to go to the doctor
to the hospital

I need to take a sick day

I need to take time off

I have

a fever

a bad cough

a sore throat

a broken leg

a headache

the flu

I feel better today. I can come back to work, but I need to go back to the doctor (at a scheduled time).

I need to leave early on Thursday.

I have a doctor's appointment at 3:00.

I need to have stitches removed

I need to get a blood test/X-ray

I need to have surgery

B. Making an Appointment with a Doctor's Office

Overview

If you need to see a doctor or other medical provider, you will need to talk to several types of people. Office staff and nurses will collect lots of information before your appointment. Your PCP (Primary Care Provider) may be a doctor, but he or she could also be a Nurse Practitioner or Physician's Assistant.

Vocabulary and Expressions

- PCP – Primary Care Provider. This could be
 - A doctor/physician – MD graduate of Medical School
 - A P.A. (physician's assistant) – graduate of a special training program to handle all routine/regular illnesses
 - A Nurse Practitioner – a nurse with a lot of extra training to handle routine/regular illnesses.
- Office hours – when the doctor is available
- Not taking new patients – some providers are too busy to see patients they don't know. You will need to find another doctor.
- Health insurance
 - Provider -- the name of the insurance company
 - Patient – the person who needs medical treatment
 - Subscriber – the name of the person who got the insurance. It could be you, or your spouse. It can be the same as the patient.
- Schedule an appointment
- Check up– an appointment for routine care, not for illness
- well baby visit -- a check up for an infant
- specialist – a physician who handles very specific illnesses or treatments. See a list of specialists on page 17.

Things you might say:

I am a patient of Dr. Jones (I have seen him before)

I am a new patient (I have never seen this doctor before)

I need to see the doctor as soon as possible

I have a.... very high fever
terrible rash

I need to schedule an appointment for my son
I would like to schedule a check-up

Things the secretary or receptionist might say:

The doctor is not accepting new patients at this time

Is this an emergency?

Can you spell your name (patient's name) for me?

Dr. XXX is not available this week. Would you like to see another provider?

I have an appointment available next Tuesday.

We can squeeze you in today at 3:30

Has your insurance information changed?

Please bring your insurance card.

For more information, see the following website, which has more information, sample conversations, and practice activities for scheduling appointments:

<http://www.englishclub.com/english-for-work/medical-appointments.htm>

C. Registration at the Doctor's Office

Overview

When you arrive at the doctor's office or at the clinic or hospital, there will be a registration form or questionnaire to complete. This form asks about your insurance, and also about your health history and current health problems.

Vocabulary

- Patient -- the person who needs to see the doctor
- Subscriber or responsible party -- the person who will pay the bill, or who got the insurance to cover the charges. This can be the same as the patient.
- Relationship -- how the patient and subscriber are related – husband, child, parent, etc. If they are the same, write “same”
- DOB -- date of birth (in the U.S., usually *month/date/year*)
- Primary insurance -- some people have 2 insurance policies. The primary policy is the first company the doctor will contact. If there is a secondary policy, it will be contacted for remaining charges.
- Race/ethnicity -- some forms ask for your race or ethnic background. You are NOT required to fill this out. You may choose “unknown” or “refused” or “choose not to indicate”
- Emergency contact -- the name and phone number of a relative or friend the doctor can contact if there is a problem or if they cannot get ahold of you.
- Authorization or Release -- you must give permission for the doctor to contact your insurance company for payment.

Sample registration forms

Tutors, if you know what medical facility your student might be using, you should try to obtain the actual registration or medical history form from that doctor or hospital. They vary a great deal in complexity. You may be able to get the form online. MIT Medical patient health history forms are also available in Chinese, Japanese, Korean, Russian and Spanish.

Below are some links to .pdf's you can use as samples. Some examples are also reproduced in the appendix.

<https://medical.mit.edu/forms-documents>

<http://medical.mit.edu/pdf/pedshistory.pdf> (MIT Medical, pediatric form)

http://www.bravewell.org/content/Downloads/IntakeForms_BestPractices.pdf

http://surgery.med.umich.edu/plastic/csc/shared/pdf/history_intake_form.pdf

http://www.cascadeinternalmedicine.com/health_history.pdf

D. Talking to the Doctor

Overview

The doctor will want to ask you about all the information you have already put in the registration form. He or she will record all your information in your file. Because doctors are often in a hurry to see many patients, it is a good idea to write down all your questions before your appointment so that you don't forget.

Make sure you understand everything the doctor discusses. Sometimes there are pamphlets or written material you can take with you. Ask the doctor to write down his comments and instructions. A family member or friend can come with you to help you remember all the instructions. Some doctors have interpreters available. Ask for an interpreter if you cannot understand the information in English.

The doctor may ask you to have blood tests, X-rays, or other tests done in a laboratory. The doctor will give you a form or "lab order" to take to the laboratory. The laboratory will also have registration forms, and will bill you separately.

The doctor may refer you to a specialist – a doctor who focuses only on one type of problem. A list of specialists is given in section G on page 17.

Vocabulary and Expressions

Parts of the body

For a diagram of the human body, see page 8.

You can also explore websites listed in the appendix, like <http://www.eslflow.com/humanbodylessonplans.html>

Typical illnesses, symptoms and expressions

I have **a** headache/stomachache/backache
 sore throat, sore ankle, sore wrist
 migrane
 heart condition

I have **the** flu, measles,

I have ... diabetes, arthritis, pneumonia, AIDS, cancer

Sample Conversations

Things the Doctor might say or ask

Where does it hurt?

How long has this been a problem?

Are you allergic to any medications?

Things you might say

The pain started yesterday

It hurts more

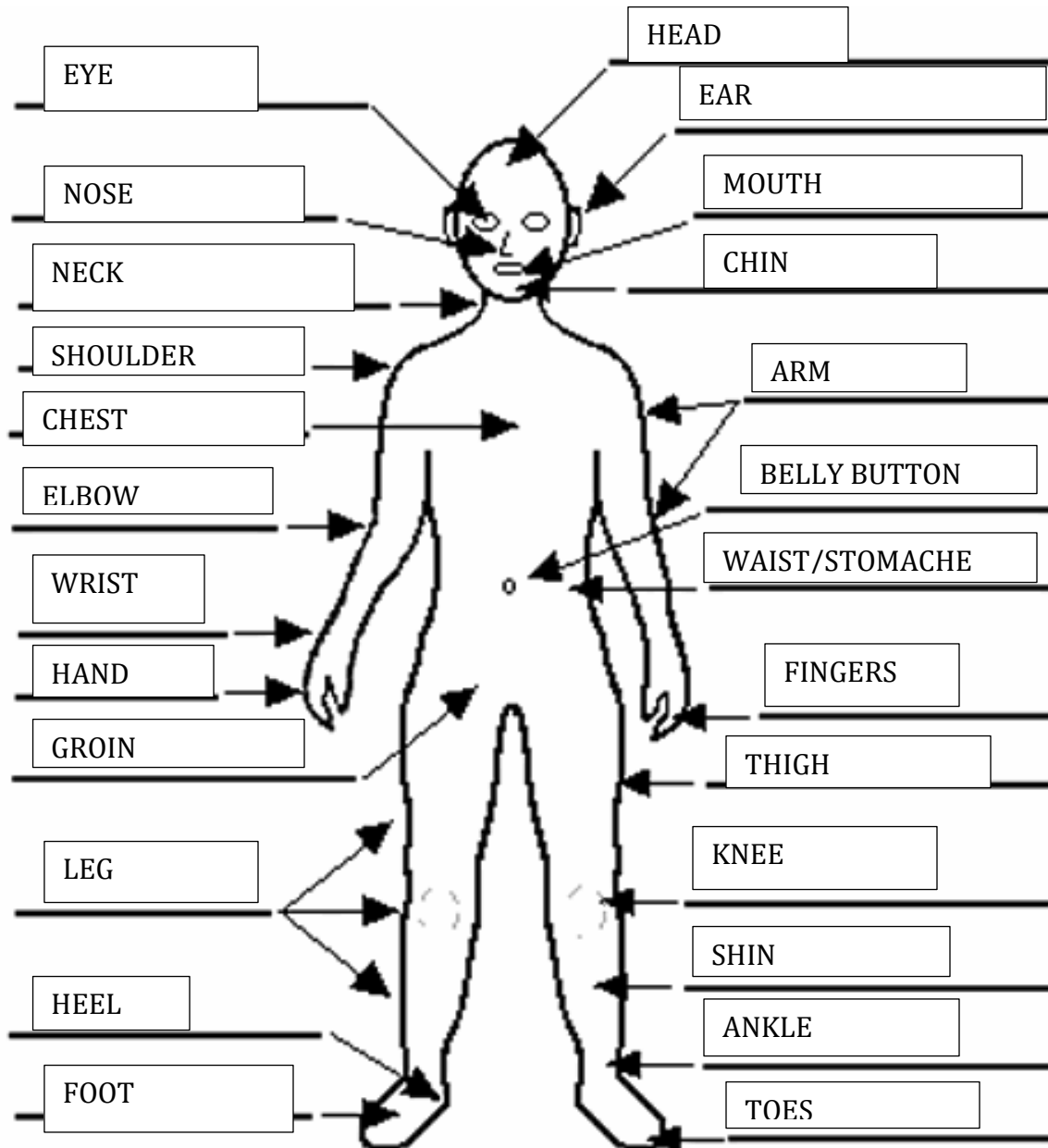
 when I stand on it,

 if I sit up,

 after I eat,

Vocabulary:

Parts of the Body



E. Emergencies: walk-in clinics, ambulances, and the Emergency Room (ER) of a hospital

Overview

Sometimes you cannot wait to make an appointment with a doctor's office. Perhaps the office is closed for the evening or the weekend. Maybe you are away from home and not near your regular doctor. You may need to go to a walk-in clinic or an urgent care clinic. Many clinics can help with stitches, lab tests for strep throat, flu shots, and other minor problems. Some walk-in clinics are located in pharmacies, like Minute Clinic at CVS, and Walgreens Take Care clinic. Others are located on their own. A list of clinics in the Cambridge area is attached.

If you have insurance with MIT Medical, you should check first with the walk-in "Urgent Care" clinic at MIT Medical. They are also available by phone, 24 hours a day, at 617-253-4481.

<https://medical.mit.edu/services/urgent-care>

If you have a serious emergency, like a car accident, heart attack, or serious allergic reaction you should call 911 for an ambulance to take you to the hospital emergency room (ER). See more information on page 10 below.

Vocabulary and Expressions at the walk-in clinic or urgent care clinic:

Things the nurse might say

Please fill out this form

Do you have insurance?

Do you have a primary care doctor?

What is the problem?

How long has this been hurting/itching/bleeding?

Things you might say

I need a flu shot

I think I have a strep throat. Can you do a throat culture?

Can I get an antibiotic? I think I have a sinus infection.

This is the website for MIT Medical. There is a link to information about their urgent care services.

<https://medical.mit.edu>

This is a sample website of a different urgent care facility.

<http://carewellurgentcare.clickforward.com>

Most MIT employees will go to MIT medical, first, but this is an idea that may be helpful if the employee is far away from Cambridge, or has visiting relatives who are not covered by MIT insurance.

Urgent Care Clinics, Walk-in Clinics in the Boston/Cambridge Area

MIT Medical: Bldg E23, 25 Carleton Street, Cambridge 02139
(617) 253-4481

Carewell Urgent Care: 1400 Cambridge Street, East Cambridge 02138
(617) 714-4534

Mt Auburn Hospital Walk-in Clinic: 330 Mount Auburn St. Cambridge 02138
(617) 499-5065

911 Emergencies

If you have been in an accident, if you have a serious medical emergency like a heart attack or allergic reaction, or if you are not sure, you should call 911 and ask for an ambulance. The dispatcher (person you talk to on the phone) will help decide if your situation is NOT an emergency. If you are not sure, you should call.

Vocabulary and Expressions when calling for an ambulance:

Before you call, make sure you know the address that you are calling from. If you are calling from a landline the emergency operator may be able to know where you are, but if you are calling with a cell phone, the emergency personnel may not be able to locate you without the address.

Things the emergency person might say:

911, what is your emergency?

Can you tell me what happened?

Is the person breathing/bleeding/conscious?

Where are you? (What is the address of the building, what floor or apartment are you in...?)

I am sending an ambulance right now

Don't hang up. I will stay with you until the ambulance gets there

Things you might say:

I need an ambulance.

I need to go to the hospital.

We have been in a car accident

My husband is having a heart attack

My child was hit by a car

My wife fell down the stairs. She cannot get up.

I am having a very bad allergy attack.

On the following page is a government document outlining when to call 911. You may photocopy this page.

WHEN TO CALL 911

In an emergency, call 911 or your local emergency number immediately from any wired or wireless phone.

An emergency is any situation that requires immediate assistance from the police, fire department or ambulance. Examples include:

- A fire
- A crime, especially if in progress
- A car crash, especially if someone is injured
- A medical emergency, such as someone who is unconscious, gasping for air or not breathing, experiencing an allergic reaction, having chest pain, having uncontrollable bleeding, or any other symptoms that require immediate medical attention

Important: If you're not sure whether the situation is a true emergency, officials recommend calling 911 and letting the call-taker determine whether you need emergency help.

When you call 911, be prepared to answer the call-taker's questions, which may include:

- The location of the emergency, including the street address
- The phone number you are calling from
- The nature of the emergency
- Details about the emergency, such as a physical description of a person who may have committed a crime, a description of any fire that may be burning, or a description of injuries or symptoms being experienced by a person having a medical emergency

Remember, the call-taker's questions are important to get the right kind of help to you quickly.

Be prepared to follow any instructions the call-taker gives you. Many 911 centers can tell you exactly what to do to help in an emergency until help arrives, such as providing step-by-step instructions to aid someone who is choking or needs first aid or CPR.

Finally, do not hang up until the call-taker instructs you to.

If you dial 911 by mistake, or if a child in your home dials 911 when no emergency exists, do not hang up—that could make 911 officials think that an emergency exists, and possibly send responders to your location. Instead, simply explain to the call-taker what happened.

More Information: <http://www.nena.org/911-tips-guidelines>

Copied from <http://www.911.gov/whencall.html> on 8/25/2014

At the Emergency Room

Overview

If the ambulance takes a patient to the emergency room (ER), the patient's spouse or parent may be allowed to travel in the ambulance with him or her. If you have a car, you can also choose to follow the ambulance and meet them at the hospital. Make sure you know which hospital the ambulance is going to.

If a patient arrives at the hospital in an ambulance, the hospital will take the patient directly for treatment. The friend, parent or spouse will complete the forms and registration materials in the hospital.

If you drive the patient to the Emergency Room yourself, there is often a longer wait. The patient will be seen by a *triage nurse* to determine how serious the emergency is. If the situation is serious, it is better to call 911 for an ambulance.

Whether the patient arrives by ambulance or by other transportation, the hospital will ask for registration information. Many of the questions will be the same as registering at a doctor's office (section C, page 4). They focus on insurance information, and will ask for information about the patient's primary care provider (PCP). It is helpful if you have the patient's ID and insurance information card.

Hospitals often have interpreter services available. If you need an interpreter, you should ask.

Vocabulary and Expressions

Things the admitting nurse might say (the first person you see at the ER)

How are you related to the patient?

Who is the patient's primary care provider?

Do you have his/her medical insurance information?

Things the triage nurse might ask

Where does it hurt?

How long have you had these symptoms?

What medications are you taking?

Are you allergic to any medication?

F. Pharmacies

Overview

Some medications are prescribed by a physician, Physician's Assistant or Nurse Practitioner. Prescription medications are prepared by a *pharmacist* and sold in a pharmacy, or drug store. (CVS, Walgreens, are well known local pharmacies. There are also pharmacies in many grocery stores and stores like Walmart) MIT Medical has its own pharmacy, which may be the most convenient.

Other medications are available without a doctor's prescription. These are called "over-the-counter" (OTC) medications, because you can select a medication from the store shelf and buy it without talking to a doctor or pharmacist. Even if you don't need a prescription to select a medication, a pharmacist can help you find a product that will help you.

Vocabulary and Expressions

Things you might say to the pharmacist or pharmacy technician:

I have a new prescription

I would like to refill my prescription (get more of the same medicine)

How many refills do I have?

Do I need to renew my prescription? (Do I need to call the doctor to get more?)

Things the pharmacist might say to you:

Would you like to wait? (wait in the store until the medicine is ready)

We don't have this in stock. It will be ready tomorrow.

You have no more refills. (We can't give you more automatically)

We can call the doctor to renew this for you.

Are you in our files? (have you bought medicine here before?)

Do you have insurance?

Do you understand how to take this?

Do you have any questions about this medication?

If you don't have a prescription, you can also ask the pharmacist for help finding an over the counter medication. You might use expressions like these:

I have a bad headache. What kind of pain medicine do you recommend?

I need something for a stuffy nose.

For an extensive list of OTC drugs, their uses and side-effects, see:

12 Medicine Cabinet Essentials

(Home Pharmacy OTC drugs)

http://www.emedicinehealth.com/home_pharmacy/article_em.htm

For some sample medical labels and prescriptions, see page A28 of the “English for Daily Life” packet listed in the appendix:

http://www.englishandliteracy.ca/asset_library/page/rsbj/P-Unit4Health1.pdf

G. Medical Specialists

Overview

Normally, you should first contact your primary care provider (PCP) when you are sick. If you have a more serious condition, or a very specific problem, your PCP may refer you to a specialist. Your insurance company may require that you get a referral before they pay for a specialist.

On page 17/18 there is a list of specialists and what problems they focus on.

Vocabulary and Expressions

Things you might say when you call to make an appointment:

My PCP is Doctor Jones. She has referred me to Doctor Smith (the specialist) because:

I may need surgery

I need to be treated for allergies

I am pregnant

I am having a special problem with... (skin, heart, knee, etc.)

Things the specialist or receptionist might say:

Do you have a referral?

Have you had X-rays?

Have you had blood work done?

The first available appointment is _____

Medical Specialists and what they focus on:

Allergist	Allergies and respiratory complications (such as pollen, chemical and food allergies, asthma)
Anesthesiologist	anesthesia or relief of pain during surgery and childbirth
Cardiologist	heart and blood vessels
Dermatologist	skin
Emergency Medical specialist	– conditions or injuries that require urgent or immediate care (usually in a hospital emergency room)
Endocrinologist	hormones or gland problems, such as thyroid disease and diabetes
Family practitioner	all diseases and related total health care of an individual and the family
Gastroenterologist	digestive tract, including the stomach, intestines, liver
Geriatric medicine specialist	-- diseases of the elderly
Gynecologist (GYN)	Women’s health, contraception, PAP spears, reproductive health
Hematologist	blood and blood system problems, such as cancer, lymphoma, anemia, sickle cell disease
Internist	total health care of adults, usually 18 years of age and older
Neonatologist	newborn children
Nephrologist	kidney problems, including dialysis
Neurologist	brain, nerves, numbness, headaches, migraines
Obstetrician (OBGYN)	normal and abnormal pregnancy, maternity, having a baby
Ophthalmologist	eye problems, eye exams, getting glasses or contacts
Orthopedist	bones, joints, broken bones, fractures
Otorhinolaryngologist (Ear, Nose & Throat specialist)	– diseases of the ears, nose, sinuses, throat and upper airway passages (not for common colds)
Pathologist	diagnoses tissues and specimens that are removed by biopsy or surgery to see if they are diseased. Interprets lab tests on blood, urine, and other body fluids
Pediatrician	total health care of newborns, infants, children and adolescents

Plastic Surgeon	conditions requiring surgical reconstruction of a body part or for cosmetic purposes to improve appearance or function
Podiatrist	foot and ankle problems
Psychiatrist	mental health including diseases of the brain, nervous system, and substance abuse
Pulmonologist	the lungs, breathing, asthma
Radiologists/Oncologists	X-ray, ultrasound and other imaging techniques, such as Computerized Tomography (CT) and Magnetic Resonance Imaging (MRI)
Rheumatologist	problems with joints, including arthritis and autoimmune diseases
Sports medicine specialist	diseases and injuries acquired in sports
Surgeons	operate on different parts of the body to repair damage. There are many different types
Urologist	problems with male or female urinary tract, and the male reproductive organs

H. Dentists and Eye Doctors

Overview

Because of our insurance system, dentists and eye doctors may follow procedures that are different from what you see at other specialists. You do NOT usually need a referral for a routine eye check or a dental cleaning. Your insurance may not cover routine dental care, eye exams, or glasses. If you have a disease of the eye or a medical problem in your mouth, your dentist or regular eye doctor may refer you to a specialist, and your insurance will probably cover some of these costs. Be sure to ask.

Vocabulary and Expressions at the dental office

Dentist

Orthodontist – treats irregular teeth, makes braces

Endodontist – performs root canal surgery

Hygienist - cleans and examines healthy teeth.

Prosthodontist – designs and fits artificial teeth, dentures

Cleaning and polishing

Root canal (surgery)

Crown

Implant

Bridge

Dentures

Vocabulary and Expressions at the eye doctor's office

Optician – a person who makes glasses to fill a prescription

Optometrist – examines eyes and makes prescriptions for glasses or contacts

Ophthalmologist – a physician who specializes in medical care of eye disease, surgery

On-line and other resources for Tutors and ESL students

http://www.englishandliteracy.ca/asset_library/page/rsbj/P-Unit4Health1.pdf

English for Daily Life, Unit 4, is a 30-page unit all about Health topics. There are body part drills, sample conversations, puzzles, lesson plans and student materials. You may not use it all, but it's a great place to start.

www.Englishclub.com

Select "Learn English", then "English for Work" (not Business English), then "English for Nurses and Medical Professionals."

Choices include units on medical vocabulary, the Human Body, Booking Appointments, Medical Specialists, Doctors diagnoses, etc.

www.esl-lab.com

Scroll down and select 20-min ESL Vocab lessons. You may need to click on "MORE" for lists of dental care, illness and health.

There are also audio files, practice exercises, online listening practice, and discussion questions.

www.Businessenglishsite.com

Select Medical English. There are lots of lists of vocabulary, some with pictures. Recommended: Medical English through Pictures (matching); English for Doctors and Patients

There are links to 34 different "exercises", which are not so much lists as words used in context. These can be done together as reading practice or discussion topics.

www.ESL.about.com

Explore this site. There are lots of things, but it is hard to figure out sometimes. A useful specific page is:

http://esl.about.com/library/vocabulary/blwordgroups_health.htm

<http://esl.about.com/od/englishformedicalpurpose/>

Several choices of dialogues, like making an appointment, dental check ups, troubling symptoms, etc.

<http://www.eslflow.com/humanbodylessonplans.html>

Several choices of diagrams and activities to learn body vocabulary

www.esl.yourdictionary.com

This site has a lot, but in the lesson plans section there is a medical vocabulary page:

<http://esl.yourdictionary.com/lesson-plans/medical-vocabulary-for-esl.html>

This page has many further links, such as

<http://www.learnenglishfeelgood.com/vocabulary/esl-doctor-medical1.html>

You should explore these. Some can be printed to share with students. Others work better as online activities that you can do with your student if you have a computer or iPad available during your session.

Books and Textbooks:

ExpressWays 3 Travel Guide, 2nd edition; Molinsky, Steven; 1996
[especially useful is Chapter 6 Health & Emergencies, page 93]

Prentice Hall Regents, reprinted in 1999; Pearson Education, 10 Bank Street, White Plains, NY 10606

Check for sections on pharmacies and clinics