
UNIT 2 FORMAL CONVERSATION: FACE-TO-FACE

Structure

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2.0 OBJECTIVES

After studying this unit carefully, you will be able to develop skills in:

- making polite enquiries at banks, railway station and other places where public services are available;
- providing information accurately in reply to such enquiries;
- complaining about service at hotels, restaurants, etc.
- offering apologies in reply to such complaints;
- enquiring to gather information about patients;
- giving advise to your patients;
- helping patients to change their life style; and
- describing a process or procedure.

2.1 INTRODUCTION

In this unit, will be discussing formal conversation, i.e. the type of conversation we require in formal situations — the use of public facilities and the transaction of business and other official work. How is formal conversation different from informal conversation? Informal conversation may broadly be described as the type of conversation we have when talking to friends and relatives on personal or domestic matters. We also have informal conversation when we discuss topics of general interest with our friends.

Informal conversation will naturally differ from formal conversation in a number of ways. First, the topics of discussion in informal conversation will be more personal. Secondly, the language will be different. While formal conversation conforms to certain accepted rules and customs and the norms of correct behaviour associated with the conduct of official and business matters, in informal conversation we have the freedom to use the word and structures that suit us. There are bound to be a lot of colloquial words and expressions in an informal conversation because the speakers are intimate with each other and they speak naturally. There may even be abrupt transition or diversions from the topics being discussed.

Informal conversation can often merge into intimate talk. Intimate conversation takes place on personal or domestic affairs like money matters, marriage problems, etc. It is not meant to be heard by a third person. On the other hand, formal conversation is more structured, has less colloquial words and contains less repetition and pauses.

In this unit and the next you will get a good idea of both types of conversation. Let's read on.

2.2 MAKING ENQUIRIES AND GIVING INFORMATION AT PUBLIC OFFICES

In every day life, you often have to visit a public office like a bank, a post office or a railway station or the airport to get some information relating to the various facilities available there. Let's see how a conversation proceeds on such occasions. To begin with, let's take a conversation at a railway enquiry counter.

Example 1

At the airport:

Conversation at the airport

Pushpa: Excuse me.

Airport official: Yes, what can I do for you?

Pushpa: My daughter is travelling all alone to Bangalore by flight number IC 406 leaving Delhi at 16.30 hours. I wanted your help so that she is properly taken care of in the flight and then handed over to my friend in Bangalore.

Official: How old is the child?

Pushpa: Not yet completed twelve.

Official: O.K. Madam, will you please get an entry ticket for yourself from the first window and come in here with the child?

Pushpa: Right, I'll get the ticket for myself. (she buys the entry ticket and come back to the assistance counter with the daughter).

Pushpa: Now can I have the form please?

Official: Here you are Madam. (Hands over the form to Pushpa). And does your child have any check in luggage?

Pushpa: Yes, we would like to check in this skybag.

Official: Fine. Lets have the ticket and let the child go with this colleague of mine to get the boarding pass. You fill in the form in the meantime please.

Pushpa: Right. (Turning to her daughter) Sangeeta, you go with this uncle and do what he tells you. I'll sit here and fill in this form.

(After some time) Here is the form. I have filled in all the details. (She hands over the form to the official at the assistance counter).

Official: (Checking the form.) O.K. This seems fine. But there is still some time for the security check call for IC 406 passengers; will you wait here with the child? We'll come and collect her at the proper time.

Pushpa: There's no problem. I'll wait.

Official: Thank you.

Style: Notice that the conversation is businesslike, there are no diversions, which you find in a friendly conversation.

Vocabulary

Excuse me: Usually used to attract attention of someone who is busy.

Check-in luggage: The luggage that is not taken inside the cabin but carried in the hold of the plane.

Boarding pass: A boarding pass confirms the journey of the person concerned by issuing a seat number

Check Your Progress 1

- 1) Study the following conversation that takes place at a bank and answer the questions given below. Check your answers with those given by us at the end of the unit.

Conversation at a Bank

Suresh: Excuse me. I'd like to open an account with you and deposit some money.

Bank clerk: What sort of an account — savings, fixed deposit, or current?

Suresh: A fixed deposit account. What's the rate of interest for a fixed deposit for 1 year?

Bank Clerk: 9%

Suresh: And for 5 years?

Bank Clerk: You'd better study this chart. It gives you all the details. And here's a form for you to fill in.

Suresh: Thank you, I'll come back tomorrow.

Vocabulary

Savings Account: A bank account which earns a specified rate of interest and from which money can be taken out when required.

Fixed deposit: Money deposited in a bank or other concern for a specified period.

Current Account: A bank account which usually does not earn interest and from which money can be taken out at any time by cheque.

Grammar

You'd better: "You had better.....
= ought to, should

- a) What words in the conversation at the bank show that Suresh is polite in his enquiries?

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- b) A word can have multiple meanings, that is, more than one meaning. Use these words in context and meanings other than those in which they are used in the conversation given above: *current, interest, form.*

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c) Make four meaningful sentences from the substitution table below:

You'd		take your warm clothes		he wishes to pass the exams
		learn English well	if	I have to make a long train journey tomorrow
I'd	better	study hard	as	you're going to Britain.
He'd		have some sleep now		you don't want to be ill while travelling in the hills

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2) Write a brief conversation of about 150 words that takes place between you and dealing assistant at the public library. You are enquiring about the membership fee, how many books you would allowed to borrow, whether you can issue videotapes and journals and also for how long you can keep the books and tapes. Compare your conversation with that given by us at the end.

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2.3 MAKING ENQUIRIES AT HOTELS AND OTHER PLACES

In Section 1.2, we showed you how enquiries could be made at various public offices like airports or banks. Sometimes a conversation at a place like a hotel may cover a number of communicative functions: for example, making enquiries and the giving of information, placing orders, making complaints and offering apologies, etc. Here is an example.

Conversation at a hotel

- Kailash Sharma : Er.....Excuse me. My company, Goel Earth Movers, booked a single room with an attached bath here in the name of Kailash Sharma.
- Receptionist : Let me see... (Checks register). I'm sorry, sir, there's no reservation by that name.
- Mr. Sharma : But I was told that the accommodation had been booked.
- Receptionist : Are you sure of the name of the hotel? This is the Grand Park Hotel.
- Mr. Sharma : Now let me see...was it, was it...
- Receptionist : You must have mixed up the names, sir. Are you sure it wasn't the Grand View Hotel?
- Mr. Sharma : Well anyway, can you give me a room now?
- Receptionist : I'm afraid, sir, we're fully booked up for today.
- Mr. Sharma : But surely there must be some room available.

Speaking Skills

Receptionist : We're very sorry, sir. It's the tourist season and there's a great rush.
 Mr. Sharma : But you must do something. I can't go anywhere now.
 Receptionist : Well. Let me see...If you like, we can provide a bed in a dormitory.
 Mr. Sharma : Anything will do for tonight. How much is it?
 Receptionist : Rs.150, including breakfast.

Vocabulary

Booked: Reserved; Arranged in advance to have (something)

A single room: A room for the use of only one person.

I'm afraid: I'm sorry; an expression to show regret.

Tourist season: The period when there are a large number of tourists.

Dormitory: A large room containing a number of beds.

Grammar

'must' is used three times in this conversation:

- i) 'You must have mixed up the names' (must + have + past participle of verb) means 'It is possible that you have confused the names of the hotels.'
- ii) 'there must be some room' (must + be + noun phrase) means 'I'm certain there is a room available.'
- iii) 'But you must do something' (must + verb) indicates that the speaker insists on something being done for him.

Check Your Progress 2

- 1) Here is a conversation. Guess the situation or the possible place where it could have taken place. Indicate the roles played by the different speakers, like customer, waiter etc.

Conversation

Menu, please

Here you are, sir. Would you like to order *a la Carte* or have our (mid-day) thali.

I don't feel very hungry; so make it a la Carte.

Would you prefer North Indian, South Indian, or Chinese?

What would you like?

I prefer Chinese any time.

(After the lunch)

Please bring the bill.

Here you are, sir...

Change.

Thank you,

Vocabulary

a la carte: According to the menu, where each dish has its own price.

Mid-day thali: (a complete meal) Served at a fixed price.

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- 2) Write a brief conversation of about 100 words in which Mr. Vatsa orders a special type of house to be built by a contractor. Begin your conversation like this.

Vatsa: Can you show me some models of the houses you have designed?

Compare your answers with ours.

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2.4 MAKING ENQUIRIES : TAKING A MEDICAL HISTORY

Patients come to you with their problems, usually in the form of symptoms or complaints, their anxieties about their problems and their concerns about other aspects of life.

When you begin your clinical training you will probably be given written instructions on 'How to take a medical history' and it is important to develop a system for taking a history based on this framework. Usually the following structure is followed.

- Basic information about the patients — name, address, age, occupation and marital status
- Description of their present problem — make a list of all the patient's problems— physical, psychological and social
- History of their presenting problem which would include
 - What — What does it feel like
 - Where — location — Show me where it is
 - How — severity- How bad is it/how is it altered by food, exertion
 - When — timing — when the pain began, how it started, its duration, how often it occurs and if appropriate, how it ended
- Review of body systems involves a series of questions related to each of the body systems. The purpose is to elicit important symptoms which the patient may have forgotten or may not have considered significant. E.g. Could you tell me if you have any problems with your heart?/ Do you have any problem passing urine? What about pain when you pass it?
- Past medical history would include information about patient's previous health problems: illness, admission to hospitals, operations, accidents and injuries.
- Family history is important because the patient may be suffering from a genetically determined disease.

It is important to learn and practise the history taking sequence. By taking a history in a structured way you are less likely to miss important information. However, you will need to modify what you do in some situations. e.g. you cannot take a full medical history from a patient admitted with acute chest pain.

Check Your Progress 3

- 1) Read the answers to questions below. Write the questions that you think have been asked.

Speaking Skills

a) Nurse:

Patient: Pallavi Singh, 55 years

b) N:

Patient: 152 J Block, Dilshad Garden

c) N:

Patient: Well, it seems I have a weak bladder and while I have no problem during the day time, I cannot get out of bed quickly enough at night and often wet myself.

d) N:

Patient : Only once, usually.

e) N:

Patient : Usually about 2 a.m.

f) N:

Patient: I cannot get out of bed very quickly. As it is, during the day I move around the house using a stick, very slowly. My knees and hips are very stiff in the morning.

g) N:

Patient: Usually about 9 p.m.—very rarely later than that.

h) N:

Patient: I have no problem if somebody changes my bed, but then I can't keep calling my daughter everyday in the middle of the night to change the sheets. The days my daughter does that, I do sleep afterwards.

i) N:

Patient: For the last three months

j) N:

Patient: Not that I can think of immediately.

k) N: Okay, Let us take your temperature and blood pressure Mrs. Singh.

2) Which of these questions asked in the above conversation are open questions? Which of these are closed questions? Write them here.

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3) Nighttime incontinence is Mrs. Singh's main problem. What other problems does she mention?

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4) Who takes care of Mrs. Singh?

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5) Did the nurse ask Mrs. Singh anything about her past medical history? Yes/ No.

Now let us read this conversation between a patient and a doctor.

Conversation with a Doctor

Doctor: Yes, Mr. Nair, What's your trouble?

Mr. Nair: Everything.

Doctor: Please relax first. (Pushes a stool towards the patient.) That's right. Now tell me about your problems.

Mr. Nair: I've had a splitting headache for a week.

Doctor: Have you taken any medicines?

Mr. Nair: I've tried everything, Doctor. Everything and naturopathy too. Nothing seems to work.

Doctor: Do you feel any strain in the eyes when you read?

Mr. Nair: I hardly do any reading.

Doctor: How's your digestion?

Mr. Nair: What's the use of asking that? I hardly eat anything. My appetite's poor.

Doctor: Let me see your tongue.

Mr. Nair: Aaah.

Doctor: Lie down please (Applies a stethoscope to the chest). Breathe deeply, now. Your lungs seem to be all right. What do you do, Mr. Nair?

Mr. Nair: I'm the manager of the sales section in a factory.

Doctor: Does that involve any travel?

Mr. Nair: Oh, yes. A lot. I'm about 50 now. And I've probably travelled for about 30 years of my total lifetime.

Doctor: It's obvious you're run down. Let me check your blood pressure.... Hmm. It is on the high side. No more running around, Mr. Nair.

Mr. Nair: But this is the time when I have to show my best. A promotion is at hand.

Doctor: I'm afraid there's no other way. And take this medicine for a fortnight. Also get your blood tested.

Vocabulary

Naturopathy: Treatment of illness by such means as changing the diet and helping the body to cure itself.

Appetite: A desire for food

Run down: Tired and weak, and in a poor state of health

At hand: Near

Check Your Progress 4

1) a) Can you point out one statement made by the patient that shows he is exaggerating?

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b) What is the problem with Mr. Nair? Why is he getting his headaches?

(Look for answers towards the end of the conversation)

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c) Which questions does the doctor ask to rule out poor eyesight or gastric problems as the cause of headache?

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d) Pick up the sentences by which the doctor facilitates the conversation.

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2) Given below is the beginning of a conversation between a patient and a dentist. Complete it using these clues:

- aches when something sweet or cold is taken
- root is exposed
- decayed
- has to be extracted
- anaesthesia
- fee

Vocabulary

Exposed: Uncovered

Decayed: Gone bad

Extracted: Pulled out

Anaesthesia : Making one insensitive to pain

Patient: I have a severe toothache, Doctor. It's the fifth upper tooth on the left.

Dentist: Just sit down here, tilt your head, and open your mouth.

(Dentist directs light into the patient's mouth and taps the affected tooth gently.)

Patient: Softly, Doctor! It aches.

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Activities

- 1) Use a tape recorder to record how you deal with people when you are taking a case history. Your approach to others will reveal itself. Were you — Cold? Impatient? Sarcastic? Warm? Helpful? Reassuring?
- 2) Make a note of the open ended/closed questions that you asked when taking histories of two different patients.

2.5 GIVING ADVICE TO PATIENTS AND THEIR RELATIVES

Let's study this conversation between a nurse and a patient

Conversation with a patient

Nurse: Good morning Mr. Das. So, you are looking very happy today? Are you going to be discharged today?

Mr. Das: Yes, Sister. I was hospitalized so suddenly that I am sure the members of my family had a very trying time. When I said I could not.....

Nurse: No, no. I have told you so many times not to talk so much — not to me, not to your visitors, not to anybody. You are not supposed to exert yourself at all after all this heart problem of yours.

Mr. Das: Only you know what that means. I was only telling you

Nurse: No Mr. Das — no talking.

Mr. Das: Sister, can I have a cup of coffee now? The early morning tea is not enough.

Nurse: Early morning tea? You mean to say you had tea in the morning? How many times have I told your attendants that you should have only a cup of Horlicks in the morning and a bowl of soup in the evening?

Mr. Das: Then you will say that I have to stop eating my favorite dish like chicken biryani.

Nurse: You can forget all that. No more heavy meals for you. You should have only light meals — where is the food chart I gave your daughter- in-law the other day?

Mr. Das: I cannot live such a restricted life.

Nurse: It is for your own good. You know that, don't you? Now let me raise the foot end of the bed and make you comfortable.

The above conversation is actually advice to a patient who is convalescing from myocardial infarction. The patient has been advised not to talk too much (you can make out he is quite talkative), have heavy meals, tea or coffee. The nurse conveys the message accurately and treats the patient firmly but politely.

Vocabulary

Exert: Make an effort; (tire oneself by working hard)

Convalescing: Resting in order to get better after an illness

Myocardial infarction: An obstruction in the heart muscle due to inadequacy of blood supply.

Check Your Progress 5

Continue the conversation between the nurse and the daughter-in-law of the patient. Make use of the following information.

Should

- Walk very little in the presence of someone, stop immediately on minimal exertion
- Take medicines regularly and come for review
- Raise foot end of the bed.

Should not

- Have cigarettes, alcohol
- Strain during defecation and take 2 Dulcolux tablets at bedtime everyday.

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2.6 ARGUING WITH AND PERSUADING PEOPLE

There are many skills involved in giving information to patients and persuading them to change their lifestyles. To help patients understand what is happening, to reduce their anxiety and gain their cooperation in management of their problems — you must find out what the patient understands about their problem and how they think they might be helped. You can give them the information and advice them accordingly.

Let us study the following conversation carefully.

Conversation with a Patient

Nurse: I have told you many times that cigarettes are bad for asthma patients — but you don't listen to anything.

Patient: I sort of tried to give up smoking but I didn't succeed.

Nurse: So how many are you smoking these days?

Patient: About 20 a day, sometimes a little less.

Why do you think the patient has not been able to give up smoking although it is bad for him? Do you think all patients are unable to comply with medical advice?

In your profession you have to help patients modify aspects of their lifestyle which may be hazardous for their health. Smoking, excessive drinking, lack of exercise, a high fat diet — are all examples of behaviours that carry a health risk. Until recently it was thought that if patients are given information e.g. about the hazards of smoking, patients would stop smoking. But now we know that helping patients means much more than giving information. It involves giving specific advice, using short words/sentences free from medical jargon, repeating the advice many times. Also changing one's lifestyle is not very easy and it requires continued support and a lot of persuasion at the beginning.

Let us read this conversation between a nurse and a patient in which the nurse tries to persuade the patient to give up smoking.

Conversation with a Patient

Nurse: How are you today? Feeling better?

Patient: Not too bad except when I am up at night coughing.

Nurse: Coughing? Which means you have not yet given up smoking which the doctors had advised so emphatically before you were discharged.

Patient: I did try — but just couldn't give up.

Nurse: I know it's not easy to give up a habit of so many years. But you yourself told me that your father also suffered from a weak heart and had died early because he wouldn't take the doctor's advice. Shouldn't you learn from that?

Patient: I am trying my best, but I can't give up smoking.

Nurse: How many are you smoking at present?

Patient: Still 20 a day, sometimes less.

Nurse: At least that is better than your chain smoking. Why can't you try to reduce a little at a time? Do you think that is it impossible?

Patient: I'll try. I'll see you next week when I come for check up.

Nurse: Yes. I hope you will give us a much-reduced figure at that time.

The nurse is trying to persuade the patient to change the lifestyle gradually, praising his efforts and also negotiating a plan of action to ensure patient compliance. Persuading patients needs a lot of patience and interpersonal skills.

Vocabulary

Comply/compliance: To act according to an order, request

Modify: Change

Hazard/hazardous: Something dangerous and likely to cause damage

Medical jargon: Special words and phrases which are used in the field of medicine

Persuasion: (from persuade) To convince someone to do or believe something by giving them a good reason

Check Your Progress 6

Read the answers given by Mrs. Pallavi Singh in Check Your Progress 3.

Now the nurse wants to impress on Mrs. Singh that to check incontinence of urine at night because of difficulty in walking, she has to make some changes in her daily routine. These are:

- a) Change of bedtime to 11 p.m. at night (instead of 9 p.m.)
- b) Going to toilet before bed
- c) Set an alarm for 1:45 a.m. to wake up and go to the toilet
- d) Use for sometime the geriatric diapers available with leading medical stores although they are very costly.

Write a dialogue between the nurse and Mrs. Singh negotiating a plan of action.

Vocabulary

Incontinence: Inability to control the excretion of urine or the contents of the bowels

Geriatric: Of or for old people

Diapers: Nappies, a piece of thick soft paper or cloth to absorb urine or excrement

Negotiate: Formal discussion with someone to reach an agreement

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2.7 DESCRIBING A PROCESS

In your profession you not only have to assist at the operation theatre, but you yourself have to carry out some procedures on your own.

In this section we will focus on taking cervical smears gently and sympathetically. While no procedure can be learnt solely from the books, at least by being aware of the steps and the rationale of the action to be followed, you can help your patients effectively.

Cervical Smears (Requirements)

Couch and adjustable light

Sterile latex gloves

Glass microscope slide and pencil

Speaking Skills

- Vaginal specula in range of sizes
- Water soluble lubricant (KY Jelly)
- Ayelsbury spatula and cervical brush (if in protocol)
- Carbowax fixative
- Tissues
- Slide carrier
- Cytology request form

Action	Rationale
Explain the procedure and answer any questions.	To make sure the patient knows what to expect.
Check the details with the patient and complete the cytology form.	To add the cytologist's interpretation and ensure the patient is notified of the result.
Enquire about the patient's menstrual cycle and any abnormal symptoms.	Smears should be taken mid-cycle if possible. Medical advice is needed if the patient is symptomatic.
Write the patient's name and date of birth on the opaque end of the glass slid.	For identification and correlation with form.
Ensure the room is warm, privacy is guaranteed, and the patient has emptied her bladder.	To help the patient relax and be comfortable during the procedure.
Ask the patient to remove the necessary clothing and lie on the couch.	To allow a clear view of the genital area.
Warm the speculum to body temperature in warm water.	To avoid discomfort to the patient
Position the patient with her knees raised and apart or in left lateral position. Adjust the light.	To ensure a good view of the vulva and cervix can be obtained.
Put on gloves.	For protection from possible infection.
Observe the vulva for any skin lesions, bleeding, discharge or soreness.	To detect abnormalities or signs of infection or disease.
Remove excess water from the speculum, and insert it sideways halfway into the vagina.	Water can macerate the cells. Excess lubricant can affect the quality of cell samples.
Turn the speculum, gently manoeuvre it and open the blades.	To bring the cervix into view.
Gentle examination may be necessary if the cervix is difficult to visualise.	To locate the position of cervix manually.
The patient may need to lie flat with a cushion under the buttocks, if not in left lateral position.	If the cervix is very posterior.
Vaginismus should alert the nurse to possible sexual difficulties, which the patient may be encountering.	Involuntary contraction of the vaginal wall muscles prevents penetration of vagina.
Note the vaginal walls while inserting the speculum and observe the condition of the cervix.	For any problems e.g. prolapse, warts, discharge or abnormal appearance on the cervix.
Pass the tip of the spatula through the speculum and with the longest part resting in the cervical os turn the spatula through a full cycle twice using a pencil writing pressure.	To obtain cells from the transformation zone — the junction of squamous and columnar cells where pre-malignant changes are most likely to be found.

Action	Rationale
If the cervix is eroded, widen the circle of turn. Use a cervical brush if the squamocolumnar junction is not visible. (if taught to use a brush)	The position of squamo-columnar junction varies with age.
Spread the sample onto the glass slide with two long strokes — one for each side of the spatula, covering half the length of the slide each time. (roll the brush, if used, along the whole side)	To obtain a satisfactory cell samples and avoid damaging the cells. A second slide must be used for a brush.
Flood the slide with fixative, holding the bottle with tissue.	To preserve the cells on the slide without contaminating the fixative bottle.
Remove the speculum and dispose it off safely.	To prevent cross infection.
Invite the patient to get dressed if pelvic examination is not planned.	Pelvic examination requires special training and may not be necessary if the patient is asymptomatic.
Record clinical findings or technical problems on pathology forms	To aid cytologist's interpretation.
Allow the slide to dry, then place in slide box.	For safe transport of a well-fixed slide.

(From *Practice Nurse Handbook*)

Vocabulary

Symptomatic — Caused by something; proof of something that exists

Opaque — Something through which light does not pass.

Macerate — To become soft because of presence of liquid

Manoeuvre — To turn and direct it.

Prolapse — A condition in which an organ moves down of its usual position

Eroded — Slowly reduced or destroyed

Flood — To cover or fill with water (here liquid fixative)

The procedure, which you have read just now, is quite a long one and involves many small steps. Do you think you would remember all the necessary details if somebody told you just once? May be, may be not. The best way to learn such involved processes is to understand the stages of the process, its purpose and why and when it is used. Other techniques, which help, are:

- Explanation of the process, its purpose and when it is used
- Demonstration of the process, or part of the process
- Practice by learner, i.e. you
- Positive reinforcement by seniors/teachers, for example, 'You did that very well' or 'You've almost got it, try once more'
- Continued practice until you are proficient.

Sometimes the learner is expected to assimilate a number of processes or a long or involved process at one go. It is forgotten that a task needs to be broken into small elements and the learner has to go through all the stages of learning one at a time. There is no time to make sure that each stage has been learned before progressing to the next stage. It is important to build on each stage. Expecting involved processes to be learned too quickly is a failing to recognise:

- a) that the familiarity of the senior nurses/doctors with the process may make them underestimate its difficulty for the beginner.

- b) that everyone learns at a different pace and the 'slow' learner may not be stupid—the learner's failure may be because of the failure to communicate effectively. The techniques of instruction needs to be reviewed.
- c) that people learn in different ways. To some a demonstration and a verbal description of what is happening may be most effective. Others may prefer to take written instruction and puzzle them out alone. Some people do not like to admit that they have not understood.

Check Your Progress 7

- 1) The most important point in any procedure is the sequence in which steps are to be followed. It is also important to know why they come in that order or the significance of that particular action. e.g. let's take step number 4. Write in one sentence what will happen if you skip this step?

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- 2) You have been taught some of the principles of eye care. These are given below. But you have not been told why such a course of action is advised. Frame questions to find out the answers. Two are done for you.

Principles of eye care

Avoid using antiseptic sprays on the hands.

Ensure that there is a good light source.

Avoid shining the light directly into the eye.

Tell the patient what is being done.

Inspect the eye for signs of infection, allergy or injury.

Clean the lids thoroughly with normal saline or cooled, boiled water. Use each swab once only and discard it.

Hold the dropper of the ointment tube about one centimeter from the eye.

Instill drops into outer corner of lower eye.

Questions

Why should I avoid spraying antiseptics on my hands before examining a patient's eye?

Why should I use an eye swab only once?

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- 3) Now look at the answers given at the end of the lesson, which explains the rationale of the action. Now combine the two and frame one sentence. Two are done for you.
 - i) I should avoid using antiseptic spray on my hands as it can cause irritation to the patient's eyes.
 - ii) I should hold the dropper 1 cm away from the eye to avoid damage to the cornea.

- iii)
 - iv)
 - v)
- 4) Given below are a series of instructions for use of an eye drop. Arrange them in proper sequence. Three of the instructions are general instructions. They do not tell you how to make an eye drop ready for use. Put them to the end.
- a) Do not expose to sunlight
 - b) Remove the cap by turning it in the opposite direction.
 - c) The bottle is now ready for use, turn it upside down. Squeeze the walls of the bottle gently to deliver the sterile drops into the eye.
 - d) Do not touch the nozzle.
 - e) Tighten the cap on the nozzle by turning the cap in clockwise direction. The spike in the cap will make a dispensing hole on the nozzle.
 - f) Do not rinse the nozzle.
 - g) Replace the cap. Tighten it firmly and keep the bottle closed for subsequent use.
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2.8 LET US SUM UP

In this unit, you have learnt how to:

- make polite enquiries at various public offices,
- give information in clear and accurate language,
- use open and closed questions in gathering information about patients
- facilitate conversation to get relevant information.
- give advise in such a way that it influences people and makes them comply.
- describe a given procedure in steps which can be clearly followed.

2.9 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) a) Excuse me.
I'd (I would)..... use of the modal.
Thank you.
- b) Possible answers:
There is no electric current, so the mixer won't work.
His friendship with Ravi Shankar encouraged him to take an interest in Indian music.
He built the house in the form of a big shoe.

c) You'd better take your warm clothes if you don't want to be ill while travelling in the hills.

I'd better have some sleep now as I have to make a long train journey tomorrow.

He'd better study hard if he wishes to pass the exams.

You'd better learn English well if you're going to Britain.

2) You: Excuse me. How can I become a member of this library?

Dealing clerk: You have to fill in a form, show some document to establish your identity and get the form signed by two references.

You: Do I have to pay any money for this form?

D.C: No.

You: What is the membership fee like?

D.C: We have different kinds of membership. Why don't you read this brochure which gives you all the details.

You: Thank you. Can I also borrow the videotapes that are here?

D.C: Yes. You can. You will get all information from the brochure in your hand.

You: O.K. I'll read this first and come back to you.

Check Your Progress 2

1) This conversation takes place in a restaurant. There are three speakers — the waiter and two customers.

2) Vatsa: Can you show me some models of the houses you have designed?

Contractor: Yes, sir. Here are some models. That one there is very popular nowadays.

Vatsa: What accommodation does it have?

Contractor: 3 bedrooms, a drawing room and two attached bathrooms.

Vatsa: Can you turn the model? Let me see how it looks from behind.

Contractor: Here you are, sir.

Vatsa: I like it. But I want a sloping roof made of red tiles. It will give the house the look of a cottage.

Check Your Progress 3

1) Questions the nurse probably asked Mrs. Singh.

a) What is your name and age?

b) Your address please.

c) What is your problem Mrs. Singh?

d) How many times a night does it happen?

e) Have you noticed the time ever?

f) Why does this happen?/Can you think of any reason why this happens?

g) When do you go to sleep?

h) Can you get back to sleep after you have woken up?

i) Since when do have this problem?

j) Do you have any other problems?

- 2) Question c is open question and question d is closed question.
- 3) Difficulty in movement because of stiff knees and hips.
- 4) Only a daughter is mentioned
- 5) No

Check Your Progress 4

- 1) a) I have probably travelled for about 30 years.
b) Work related exertion/stress and anxiety about the forthcoming promotion.
c) Do you feel any strain in the eye when you see? How's your digestion?
d) Please relax first.....

(The facilitation is both verbal and non-verbal . First, the doctor asks the patient to relax, he then pushes a stool towards the patient to make him sit down, and then continues with the enquiry.)

- 2) 'Hmm! When does the tooth ache most?'
'When I take something sweet or cold.'
'Naturally. The root is exposed. The decayed tooth has to be extracted.'
'Will that be very painful?'
'No, We'll do it under anaesthesia.'
'What's the fee, doctor?'
'Rs.150.'

Check Your Progress 5 and 6 are open-ended. All information must be included in a dialogue.

Check Your Progress 7

- 1) If skipped, the smears from different patients will get mixed up and there would be no way of identifying the slides.
- 2) Open-ended

Action	Rationale
Avoid using antiseptic sprays on the hands.	Can cause irritation to patient's eyes.
Ensure that there is a good light source.	To be able to assess properly and avoid injury during an eye treatment.
Avoid shining light directly into the eye.	The patient might have photophobia.
Tell the patient what is being done. injury to the eye.	To avoid sudden movement which could cause injury to the eye.
Inspect the eye for signs of infection, proper allergy or injury.	To detect any problem and to ensure that treatment is given
Enquire about patient's vision. investigation.	In case of any abnormality which needs
Clear the lids thoroughly with normal saline or cooled , boiled water. Use each swab once only and discard it.	If necessary- to remove any discharge. To avoid spreading infection to the other eye.
Hold the dropper of the ointment tube about one centimeter away from the eye.	To avoid damage to the cornea and to prevent contaminating the tube of the dropper.
Instil drops into the outer corner of lower eye.	Drops to punctal end will drain straight into the nose.

- 2) Why should I ensure that there is a good light source?
Why should I avoid shining light directly into the eye?
Why should I tell the patient what is being done?
Why should I clean the lids thoroughly with normal saline or cooled, boiled water?
Why should I instill drops into the outer corner of lower eye?
- 3) I should ensure that there is a good light source so that I am able to assess properly and avoid injury during an eye treatment.

I should avoid shining light directly into the eye because the patient might have photophobia.

I should tell the patient what is being done so that sudden movement, which could cause injury to the eye, can be avoided.

I should clear the lids thoroughly with normal saline or cooled boiled water to remove any discharge, if present.

I should instill drops into the outer corner of lower eye because eye drops to punctal end will drain straight into the nose.
- 4) Instructions
- a) Tighten cap on the nozzle in clockwise direction. The spike of the cap will make a dispensing hole in the nozzle.
 - b) Remove the cap by turning it in the opposite direction.
 - c) The bottle is now ready for use; turn it upside down. Squeeze the walls of the bottle gently to deliver the sterile drop into the eye.
 - d) Replace the cap. Tighten it firmly and keep the bottle closed for subsequent use.
 - e) Do not touch the nozzle.
 - f) Do not rinse the nozzle.
 - g) Do not expose to sunlight.

2.10 FURTHER READINGS AND AUDIO CASSETTES

M. Lloyd and R. Bor., *Communication Skills for Medicine*, Macmillan Education Ltd. 1996.

Getting on in English — Book and audio cassettes (BBC, London).

Keep Up Your English — Book and audio cassettes (BBC, London).