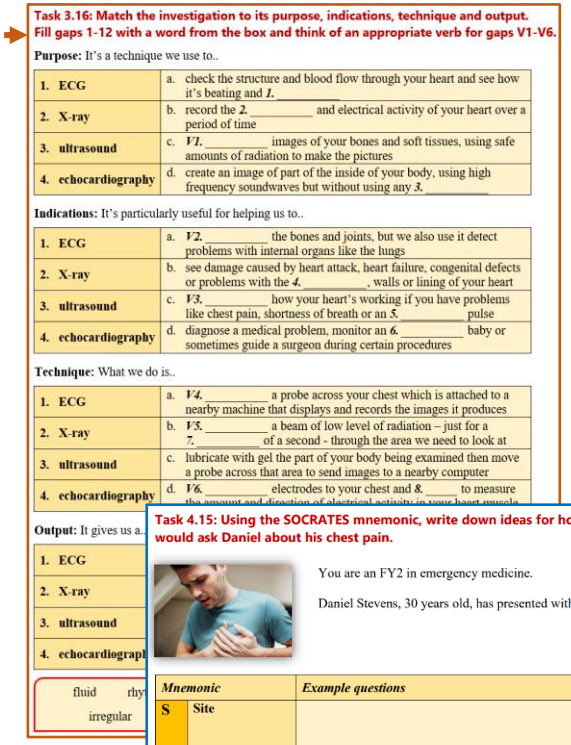
English Skills for PLAB 2 & Clinical Practice is a course for international medical graduates that builds on the competencies tested in OET Speaking and develops them into the wider skillset required for the medical, surgical and related counselling stations of the PLAB 2.

Module 1
History taking; Physical exam; Cardiology, Respiratory, Endocrinology, Gastroenterology, Renal, Urology, Musculoskeletal

	UNIT Language skills	Language work	Role play patients
	Blue theme: Core clinical language	*Orange theme: Specialty-based vocabulary & pronunciation*	*Green theme: Patient-centred communication*
Lesson 1	**1. BEGINNING THE CONSULTATION** Introducing yourself, establishing rapport and setting the agenda	A. Greeting the patient and introducing yourself B. Clarifying your role and the purpose of the consultation C. Assessing prior knowledge D. Providing framework	Student's choice of 4x patients
Lesson 1	**2. ASKING ABOUT THE PRESENTING COMPLAINT** Asking open, gentle questions to elicit details about each presenting problem in a structured way	A. Asking open and closed questions B. Asking direct and indirect (gentle) questions C. Using verb tenses correctly in questions D. OPERATES+ mnemonic for asking about each presenting problem	**Adam Ubayo, 22yo**, feeling wheezy & tight-chested **Sally Faulkner, 60yo**, feeling tired
Lesson 2	**3. LANGUAGE OF SPECIALTY MEDICINE, 1** Discussing cardiac and respiratory anatomy, physiology and illness in a patient-friendly way Taking a structured cardiac and respiratory history Describing cardiac and respiratory investigations simply and clearly	A. Cardiology vocabulary builder B. Respiratory vocabulary builder C. Taking a structured cardiac history D. Taking a structured respiratory history E. Describing ECGs, imaging modalities and investigative tests	
Lesson 3	**4. ASKING ABOUT PAIN, COUGH, DYSPNOEA** Understanding how patients describe their pain, cough and breathlessness Taking a structured history for pain, cough and dyspnoea	A. Asking about pain B. Understanding pain descriptors C. SOCRATES mnemonic for taking a pain history D. ODIPARA mnemonic for taking a cough/dyspnoea history	**Daniel Stevens, 30yo**, chest pain **Dennis Novak, 72yo**, cough and shortness of breath **Karishma Agarwal, 50yo**, red eye
Lesson 3	**5. ASKING ABOUT HEADACHE, SEIZURE, SYNCOPE, DIZZINESS** Understanding how patients describe their migraine Taking a structured history for headache, seizure, syncope and dizziness	A. Migraine: understanding descriptors and vocabulary builder B. SOCRATES mnemonic for taking a headache history C. BDA mnemonic for taking a third person history about a fit, faint or funny turn	**Maria Maldonado, 55yo**, headache **Pete Campos, 22yo**, confused, drowsy and agitated after a fit



Task 3.16: Match the investigation to its purpose, indications, technique and output. Fill gaps 1-12 with a word from the box and think of an appropriate verb for gaps V1-V6.

Purpose: It's a technique we use to..

1. ECG	a. check the structure and blood flow through your heart and see how it's beating and *1.* _____
2. X-ray	b. record the *2.* _____ and electrical activity of your heart over a period of time
3. ultrasound	c. *V1.* _____ images of your bones and soft tissues, using safe amounts of radiation to make the pictures
4. echocardiography	d. create an image of part of the inside of your body, using high frequency soundwaves but without using any *3.* _____

Indications: It's particularly useful for helping us to..

1. ECG	a. *V2.* _____ the bones and joints, but we also use it detect problems with internal organs like the lungs
2. X-ray	b. see damage caused by heart attack, heart failure, congenital defects or problems with the *4.* _____ . walls or lining of your heart
3. ultrasound	c. *V3.* _____ how your heart's working if you have problems like chest pain, shortness of breath or an *5.* _____ pulse
4. echocardiography	d. diagnose a medical problem, monitor an *6.* _____ baby or sometimes guide a surgeon during certain procedures

Technique: What we do is..

1. ECG	a. *V4.* _____ a probe across your chest which is attached to a nearby machine that displays and records the images it produces
2. X-ray	b. *V5.* _____ a beam of low level of radiation – just for a *7.* _____ of a second - through the area we need to look at
3. ultrasound	c. lubricate with gel the part of your body being examined then move a probe across that area to send images to a nearby computer
4. echocardiography	d. *V6.* _____ electrodes to your chest and *8.* _____ to measure the amount and direction of electrical activity in your heart muscle

Output: It gives us a..

1. ECG	
2. X-ray	
3. ultrasound	
4. echocardiograph	

fluid rhy
irregular

Task 4.15: Using the SOCRATES mnemonic, write down ideas for how you would ask Daniel about his chest pain.

You are an FY2 in emergency medicine.

Daniel Stevens, 30 years old, has presented with chest pain.

Mnemonic		*Example questions*
S	Site	
O	Onset	
C	Character	
R	Radiation	
A	Associated symptoms	
T	Timing	
E	Exacerbating / relieving factors	
S	Severity	

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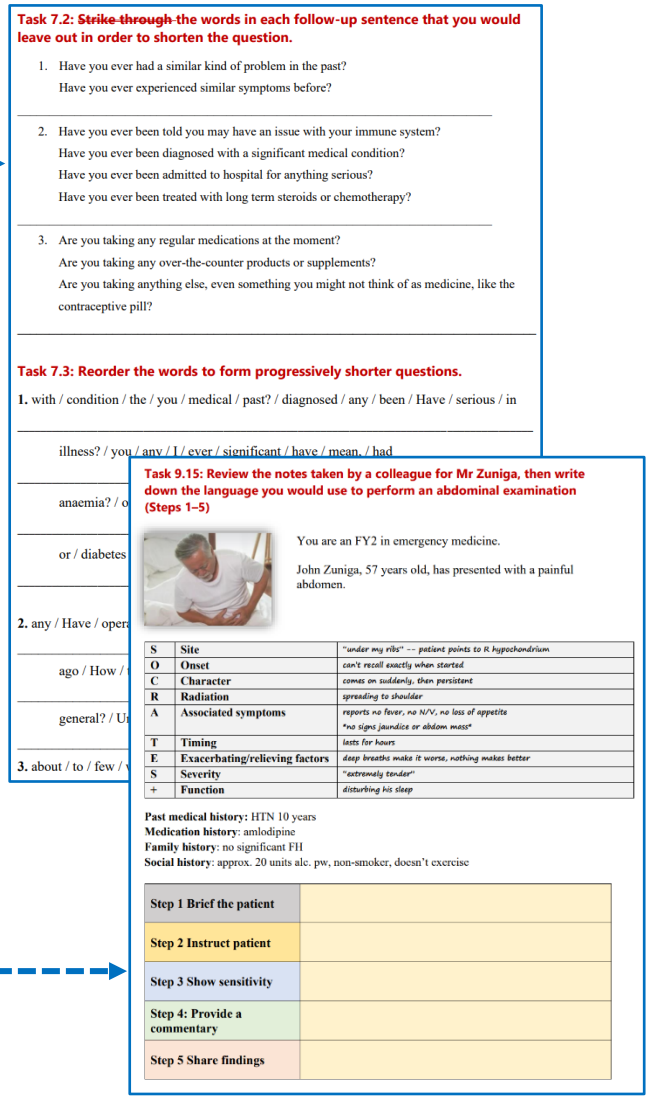
Across two modules you'll master the full range of clinical language skills, specialist vocabulary, pronunciation and patient-centred communication skills that you need to demonstrate during the PLAB 2 test stations.

	UNIT Language skills	Language work	Role play patients
	Blue theme: Core clinical language	*Orange theme: Specialty-based vocabulary & pronunciation*	*Green theme: Patient-centred communication*
Lesson 4	**6. LANGUAGE OF SPECIALTY MEDICINE, 2** Discussing endocrine and gastrointestinal anatomy, physiology and illness in a patient-friendly way Taking a structured endocrine and GI history Describing procedures ending in -oscopy simply and clearly	A. Endocrinology and diabetes vocabulary builder B. Gastroenterology vocabulary builder C. Taking a structured endocrine history D. Taking a structured GI history E. Describing -oscopy procedures	
Lesson 5	**7. ASKING ABOUT PAST MEDICAL, MEDICATION AND FAMILY HISTORY** Using long and short questions to take a medical and family history and a detailed medication and allergy history Discussing birth, death and marital status accurately	A. Using verb tenses correctly in questions B. Transitioning from long to short questions C. Eliciting extra detail as part of the drug and allergy history D. Discussing birth, death and marital status	**Sally Faulkner, 60yo**, feeling tired **Dennis Novak, 72yo**, cough and shortness of breath
Lesson 5	**8. ASKING ABOUT SOCIAL HISTORY** Taking a social history and eliciting information about activities of daily living and nutrition Discussing faith Understanding how patients talk about smoking and drinking Eliciting information about recreational drug use Taking a structured lifestyle history	A. Using verb tenses correctly in questions B. Asking about basic and instrumental activities of daily living (BADLs and IADLs) C. Taking a faith or spiritual history D. Discussing and asking about smoking, alcohol and recreational drug use E. Taking a nutrition history F. TOASTED mnemonic for asking about lifestyle	**George Pope, 55yo**, indigestion **Sam Roberts, 48yo**, noninsulin dependent diabetes mellitus
Lesson 6	**9. PERFORMING A PHYSICAL EXAMINATION (PE)** Briefing and instructing the patient before a PE Showing sensitivity and providing a commentary during a PE	A. Using the correct verb when giving instructions B. Giving gentle, polite instructions C. Briefing the patient, showing sensitivity and providing a commentary	**Daniel Stevens, 30yo**, chest pain **John Zuniga, 57yo**, painful abdomen
Lesson 7	**10. LANGUAGE OF SPECIALTY MEDICINE 3** Discussing renal, urological and musculoskeletal (MSK) anatomy, physiology and illness in a patient-friendly way Understanding how patients talk about accidents and injuries Taking a structured renal, urological and MSK history	A. Renal and urological vocabulary builder B. Musculoskeletal (MSK) vocabulary builder C. Understanding injury descriptors D. Taking a structured renal history E. Taking a structured genitourinary history F. Taking a structured MSK history	



Task 7.2: ~~Strike through~~ the words in each follow-up sentence that you would leave out in order to shorten the question.

1. Have you ever had a similar kind of problem in the past?
   Have you ever experienced similar symptoms before?
2. Have you ever been told you may have an issue with your immune system?
   Have you ever been diagnosed with a significant medical condition?
   Have you ever been admitted to hospital for anything serious?
   Have you ever been treated with long term steroids or chemotherapy?
3. Are you taking any regular medications at the moment?
   Are you taking any over-the-counter products or supplements?
   Are you taking anything else, even something you might not think of as medicine, like the contraceptive pill?

Task 7.3: Reorder the words to form progressively shorter questions.

1. with / condition / the / you / medical / past? / diagnosed / any / been / Have / serious / in

illness? / you / any / I / ever / significant / have / mean, / had

anaemia? / o

or / diabetes

2. any / Have / oper

ago / How /

general? / U

3. about / to / few /

Task 9.15: Review the notes taken by a colleague for Mr Zuniga, then write down the language you would use to perform an abdominal examination (Steps 1–5)

You are an FY2 in emergency medicine.

John Zuniga, 57 years old, has presented with a painful abdomen.

S	Site	*"under my ribs" -- patient points to R hypochondrium*
O	Onset	*can't recall exactly when started*
C	Character	*comes on suddenly, then persistent*
R	Radiation	*spreading to shoulder*
A	Associated symptoms	*reports no fever, no N/V, no loss of appetite* **no signs jaundice or abdom mass**
T	Timing	*lasts for hours*
E	Exacerbating/relieving factors	*deep breaths make it worse, nothing makes better*
S	Severity	*"extremely tender"*
+	Function	*disturbing his sleep*

Past medical history: HTN 10 years
Medication history: amlodipine
Family history: no significant FH
Social history: approx. 20 units alc. pw, non-smoker, doesn't exercise

Step 1 Brief the patient	
Step 2 Instruct patient	
Step 3 Show sensitivity	
Step 4: Provide a commentary	
Step 5 Share findings	

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The course is designed to equip you with the language skills you need to pass the PLAB 2. But remember: these are the same skills you'll use in the workplace, so it's the ideal language foundation not just for your first weeks in clinical practice, but also the rest of your career.

Module 2
Procedures; Tests; Medical and surgical management; Lifestyle; Neurology, Ophthalmology, ENT, Dermatology

	UNIT Language skills	Language work	Role play patients
	Blue theme: Core clinical language	*Orange theme: Specialty-based vocabulary & pronunciation*	*Green theme: Patient-centred communication*
Lesson 1	**11. PATIENT-CENTRED COMMUNICATION SKILLS, 1** Encouraging patients to talk, finding out what they already know and asking them about their ideas, concerns and expectations (ICE)	A. Encouraging patients to ask questions B. Establishing what the patient already knows C. Using pauses when talking to patients D. Understanding the patient's perspective and exploring ideas, concerns and expectations (ICE)	**Malia Walker, 52yo,** blood test results **Sheila Bond, 78yo**, hemiarthroplasty (post-op management)
Lesson 2	**12. PERFORMING A PROCEDURE** Explaining procedures in a structured, patient-friendly way Instructing and keeping the patient informed; before, during and after a procedure	A. Describing procedures B. Using signposting language C. Briefing the patient and giving gentle, polite instructions	**Adam Ubayo, 22yo**, peak flow test **George Pope, 55yo**, endoscopy **Pete Campos, 22yo**, lumbar puncture
Lesson 2	**13. EXPLAINING LABORATORY TEST RESULTS** Explaining laboratory tests and lab test results in a patient-friendly way	A. Describing the components of blood and the significance of abnormal levels B. Describing abnormal results as they relate to normal range	**Malia Walker, 52yo**, Hb ↓, IgG ↑, Bence-Jones protein + **Stan Bowman, 82yo, & daughter Elaine**, Hb ↓, urea ↑, creatinine ↑, sodium ↓
Lesson 2	**14. DISCLOSING A DIAGNOSIS** Demonstrating empathy and providing reassurance Establishing a link between findings and a diagnosis Explaining infection and cancer in a patient-friendly way	A. Using empathetic language B. Using reassuring language C. Framework for disclosing a difficult diagnosis D. Using the active and passive voice to describe disease processes	**Malia Walker, 52yo**, multiple myeloma **Martine Adams, 39yo**, melanoma **Karishma Agarwal, 50yo**, acute angle closure glaucoma
Lesson 3	**15. LANGUAGE OF SPECIALTY MEDICINE, 4** Discussing neurological, ophthalmological, ENT and dermatological anatomy, physiology and illness in a patient-friendly way Giving instructions for a cranial nerve examination and taking a structured neurological history Asking patients about eye, ear, nose and throat symptoms Describing skin lesions accurately Describing biopsies simply and clearly	A. Neurology vocabulary builder B. Ophthalmology, ENT, dermatology vocabulary builder C. Taking a structured neurological history D. Describing biopsies	

Task 13.5: Review the results. Explain the abbreviations highlighted in green. Explain how each of the results obtained compares to normal range and what the cause of the abnormal results might be. Ignore the blue highlights.

Test	*Normal range*	*Result*
AST	5–40 IU/L	20
ALT	5–40 IU/L	30
ALP	30–150 U/L	70
GGT	Male: 1–78 U/L; Female: 1–54 U/L	44
Albumin	35–50 g/L	15
Bilirubin	1–21 µmol/L (total) 0–8 µmol/L (conjugated/direct) 3–14 µmol/L (unconjugated/indirect)	25 6 16

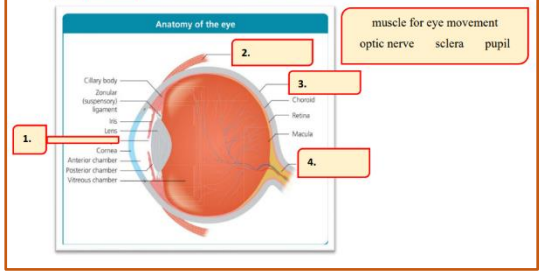
Task 13.6: Listen and repeat each of the abbreviations highlighted in blue.

Task 14.11: Find sections of the dialogue where you could substitute the words and expressions from the box. If you needed to say "and I'm afraid it's not curable", where would you do so?

Doctor: Your blood and urine results have come back showing that you have elevated levels of a protein called Bence Jones.
Based on these results, it's highly likely you have a condition called multiple myeloma.
[Pause //, continue when the patient gives you a lead to follow]
Patient: I haven't heard of that. What is it?
Doctor: Well, it's a condition where:
[Chunk 1] Your body produces an increased number of white blood cells

Task 15.10: Identify each anatomical structure from its description. Think of patient-friendly words and expressions to describe the terms highlighted in green. Then match each label 1-4 with the correct term from the box.

1. a clear jelly-like cavity posterior to the lens which transmits light to the retina
2. a coloured structure and has a small aperture called the pupil through which light passes
3. a delicate neurovascular layer which lines the interior of the globe
4. a clear fluid-filled region which supplies nutrients to the inner cornea
5. a clear collagenous structure which focuses most of the light entering the eye
6. a crystalline structure which performs fine focusing of light



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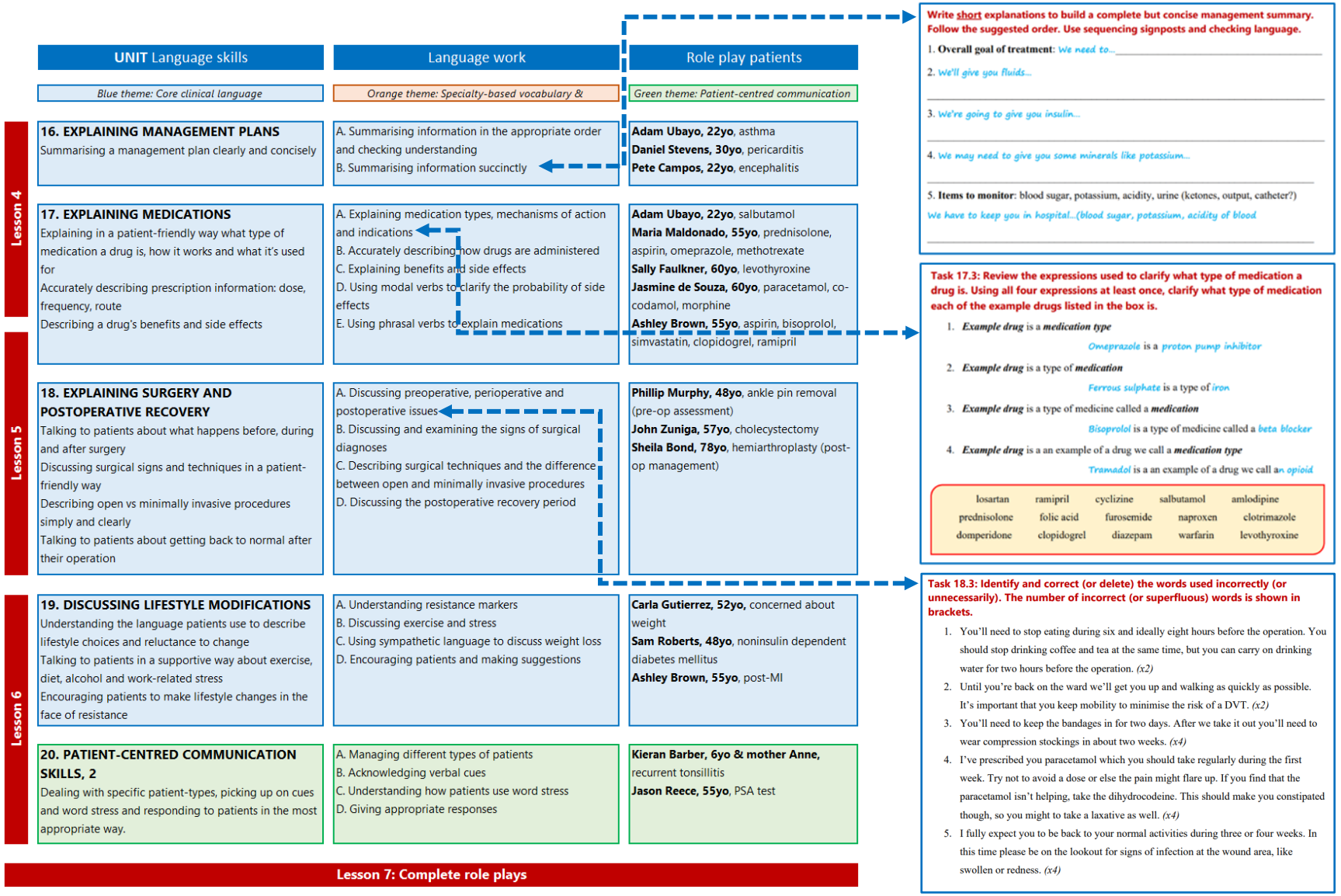
Contact me at richard@languageofmedicine.co.uk for more information or to book your place on the course.



	UNIT Language skills	Language work	Role play patients
	Blue theme: Core clinical language	*Orange theme: Specialty-based vocabulary &*	*Green theme: Patient-centred communication*
Lesson 4	**16. EXPLAINING MANAGEMENT PLANS** Summarising a management plan clearly and concisely	A. Summarising information in the appropriate order and checking understanding B. Summarising information succinctly	**Adam Ubayo, 22yo**, asthma **Daniel Stevens, 30yo**, pericarditis **Pete Campos, 22yo**, encephalitis
Lesson 4	**17. EXPLAINING MEDICATIONS** Explaining in a patient-friendly way what type of medication a drug is, how it works and what it's used for Accurately describing prescription information: dose, frequency, route Describing a drug's benefits and side effects	A. Explaining medication types, mechanisms of action and indications B. Accurately describing how drugs are administered C. Explaining benefits and side effects D. Using modal verbs to clarify the probability of side effects E. Using phrasal verbs to explain medications	**Adam Ubayo, 22yo**, salbutamol **Maria Maldonado, 55yo**, prednisolone, aspirin, omeprazole, methotrexate **Sally Faulkner, 60yo**, levothyroxine **Jasmine de Souza, 60yo**, paracetamol, co-codamol, morphine **Ashley Brown, 55yo**, aspirin, bisoprolol, simvastatin, clopidogrel, ramipril
Lesson 5	**18. EXPLAINING SURGERY AND POSTOPERATIVE RECOVERY** Talking to patients about what happens before, during and after surgery Discussing surgical signs and techniques in a patient-friendly way Describing open vs minimally invasive procedures simply and clearly Talking to patients about getting back to normal after their operation	A. Discussing preoperative, perioperative and postoperative issues B. Discussing and examining the signs of surgical diagnoses C. Describing surgical techniques and the difference between open and minimally invasive procedures D. Discussing the postoperative recovery period	**Phillip Murphy, 48yo**, ankle pin removal (pre-op assessment) **John Zuniga, 57yo**, cholecystectomy **Sheila Bond, 78yo**, hemiarthroplasty (post-op management)
Lesson 6	**19. DISCUSSING LIFESTYLE MODIFICATIONS** Understanding the language patients use to describe lifestyle choices and reluctance to change Talking to patients in a supportive way about exercise, diet, alcohol and work-related stress Encouraging patients to make lifestyle changes in the face of resistance	A. Understanding resistance markers B. Discussing exercise and stress C. Using sympathetic language to discuss weight loss D. Encouraging patients and making suggestions	**Carla Gutierrez, 52yo,** concerned about weight **Sam Roberts, 48yo**, noninsulin dependent diabetes mellitus **Ashley Brown, 55yo**, post-MI
Lesson 6	**20. PATIENT-CENTRED COMMUNICATION SKILLS, 2** Dealing with specific patient-types, picking up on cues and word stress and responding to patients in the most appropriate way.	A. Managing different types of patients B. Acknowledging verbal cues C. Understanding how patients use word stress D. Giving appropriate responses	**Kieran Barber, 6yo & mother Anne,** recurrent tonsillitis **Jason Reece, 55yo**, PSA test
	Lesson 7: Complete role plays		

Write short explanations to build a complete but concise management summary. Follow the suggested order. Use sequencing signposts and checking language.

1. **Overall goal of treatment**: *We need to...*
2. *We'll give you fluids...*
3. *We're going to give you insulin...*
4. *We may need to give you some minerals like potassium...*
5. **Items to monitor**: blood sugar, potassium, acidity, urine (ketones, output, catheter?)

We have to keep you in hospital...(blood sugar, potassium, acidity of blood

Task 17.3: Review the expressions used to clarify what type of medication a drug is. Using all four expressions at least once, clarify what type of medication each of the example drugs listed in the box is.

1. ***Example drug*** is a ***medication type***
   Omeprazole is a *proton pump inhibitor*
2. ***Example drug*** is a type of ***medication***
   Ferrous sulphate is a type of *iron*
3. ***Example drug*** is a type of medicine called a ***medication***
   Bisoprolol is a type of medicine called a *beta blocker*
4. ***Example drug*** is a an example of a drug we call a ***medication type***
   Tramadol is a an example of a drug we call a*n opioid*

losartan	ramipril	cyclizine	salbutamol	amlodipine
prednisolone	folic acid	furosemide	naproxen	clotrimazole
domperidone	clopidogrel	diazepam	warfarin	levothyroxine

Task 18.3: Identify and correct (or delete) the words used incorrectly (or unnecessarily). The number of incorrect (or superfluous) words is shown in brackets.

1. You'll need to stop eating during six and ideally eight hours before the operation. You should stop drinking coffee and tea at the same time, but you can carry on drinking water for two hours before the operation. *(x2)*
2. Until you're back on the ward we'll get you up and walking as quickly as possible. It's important that you keep mobility to minimise the risk of a DVT. *(x2)*
3. You'll need to keep the bandages in for two days. After we take it out you'll need to wear compression stockings in about two weeks. *(x4)*
4. I've prescribed you paracetamol which you should take regularly during the first week. Try not to avoid a dose or else the pain might flare up. If you find that the paracetamol isn't helping, take the dihydrocodeine. This should make you constipated though, so you might to take a laxative as well. *(x4)*
5. I fully expect you to be back to your normal activities during three or four weeks. In this time please be on the lookout for signs of infection at the wound area, like swollen or redness. *(x4)*

***English Skills for PLAB 2 & Clinical Practice*: course essentials**		
	Module 1	**Module 2**
Focusing on language skills for	History taking; physical examination; cardiology, respiratory, endocrinology, gastroenterology, renal, urology, musculoskeletal	Procedures; lab tests; medical and surgical management; lifestyle; neurology, ophthalmology, ENT, dermatology
Required English-level	OET pass, IELTS 7, CEFR C1	
Duration of module	7 weeks: one lesson per week	
Total hours per module	20 class hours, 10 hours self-study	
Length of lessons	One 2hr lesson, six 3hr lessons	
Start (finish) dates 2023	Monday 5th Jun (Monday 17th Jul) Monday 11th Sep (Monday 30th Oct) [No class 2nd Oct] Monday 4th Dec (Monday 29th Jan 2024) [No class 25th Dec, 1st Jan]	Thursday 8th Jun (Thursday 20th Jul) Thursday 14th Sep (Thursday 2nd Nov) [No class 5th Oct] Thursday 7th Dec (Thursday 1st Feb 2024) [No class 28th Dec, 4th Jan]
Start time	15h00 UK time	
Group size	3-8 students	
Module 3 in development, due late 2023; focusing on language skills for obstetrics & gynaecology, paediatrics, psychiatry and ethics; 7 weekly lessons, start dates tbc		

I have been taught medical English by Richard for almost two years. I had been taught by other native English-speaking teachers before, but Richard is the best. He is extremely familiar with medicine, completely dedicated to his work as a teacher and passionate to teach English to doctors from abroad. He has his own, unique way of teaching medical English. I am very thankful to him for that, and I highly recommend him to other doctors who are eager to improve their medical communication skills

Azerbaijani internist

Richard is a wonderful teacher, mentor and also a friend. First, he diagnoses your needs with the sensitivity of a doctor, then he draws the best study pathway for you. You can always get his help and support in every step of your training. I am feeling very lucky to meet and study with him

Turkish interventional radiologist

Having Richard as a trainer has been a stroke of luck. He has helped me to diagnose my weaknesses and pinpoint the right way to reach my goals quickly and successfully. I passed my OET on the first try! In addition, his kindness has helped me to be more self-confident, that is as important as the studying

Italian intensivist

I have been studying with Richard more than a year. First he helped me to pass my OET and now he is helping me to prepare for my PLAB 2 exam. I took English lessons since elementary school but my progression is much more after the lessons. I couldn't imagine myself before to make a natural conversation in English and now I am capable

Turkish medical trainee

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