

Conversation 1

_____ "I've got a terrible cough. I've had it for four or five days. I got a cough bottle in the chemist's on Tuesday but it isn't doing any good. It's really painful when I cough."

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_____ "Are you coughing up phlegm?"

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_____ "Sometimes. But it's hard. It really hurts my chest."

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_____ "What colour is the phlegm? Is it white or is it yellowish?"

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_____ "It's sort of yellow."

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_____ "It sounds like you probably have a chest infection. If you'd like to go behind the screen over there and take off your jacket and unbutton your shirt, I'll just have a listen to your lungs."

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_____ "Right you are."

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_____ “Very good. Now take a deep breath and hold it in until I say breathe out again.”

_____ “And again. Deep breath and then hold.”

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_____ “Now, if you could turn around to face me please ... and another deep breath. That’s it. Hold and breathe easy. Well, I’m afraid there’s no question about it. You’ve got a chest infection. Quite a bad dose I’d say. If you’ll just sit on the edge of the table, I’ll take your temperature and your blood pressure.”

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_____ “Will I be able to go to work tomorrow? We’re in the middle of a very big deal at the moment.”

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_____ “If you take my advice, you won’t go anywhere near an office for at least a week. That’s a very bad infection you have and if you don’t want to land yourself in hospital with pneumonia, you’ll go straight home to your bed after you take the antibiotics I’m going to prescribe you. They’re quite powerful so to be honest I don’t think you’ll feel up to going near work.”

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Conversation 2

_____ "I haven't been sleeping well for weeks. I'd like you to prescribe me some sleeping tablets please."

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_____ "I see. Well, to be honest now, I'm not all that keen on prescribing sleeping pills. They really are a last resort. If you're having difficulty sleeping, there's usually a good reason for it. I'd rather we tried to get to the bottom of whatever is causing the sleeplessness."

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_____ "Are you refusing to prescribe the tablets?"

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_____ "No, no. Certainly not. But I would like to ask a few questions and know a little more about the circumstances before I start writing prescriptions."

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_____ "Well, of course. Just so long as you understand how serious it is. If this goes on for much longer, I'm going to lose my job. My work's already suffering because I can't concentrate."

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_____ "And are you under a lot of pressure at work? Could that be what's keeping you awake at night?"

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_____ “Well, sure I’m under pressure at work. Isn’t everybody nowadays? But it’s nothing I can’t deal with. Or at least it wasn’t until I started not being able to sleep at night.”

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_____ “So when you say you’re not sleeping well, what exactly do you mean? Is it every night or just sometimes? It would help if you could describe your sleeping patterns.”

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_____ “Well, I usually go to bed around 10.30. I’m always exhausted by then. Sometimes I even fall asleep in front of the telly. When I go to bed I fall asleep very quickly but an hour or two later I wake up and that’s it. I just can’t get back to sleep. I’ve tried everything. Staying up later. Having a hot whiskey. Hot cocoa. Herbal teas. Everything.”

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_____ “Have you tried taking some physical exercise? It sounds to me like you may be mentally exhausted but you may not be physically tired out. An hour or two’s physical exercise is the best sleeping pill I know.”

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Conversation 3

_____ "I've got a terrible pain in my left foot."

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_____ "What part of your foot?"

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_____ "The sole. It really hurts me when I put weight on it."

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_____ "And is it painful all the time?"

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_____ "More or less. It's particularly bad in the mornings when I get up. I can hardly bear to put my foot on the ground. I've been taking Neurofen three of four times a day and after I take them the pain eases off for a while but then it comes back."

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_____ "Okay. If you'd like to go over to the table and just slip off your shoe and sock, I'll have a look. How long has this been bothering you?"

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_____ "About a week. First I thought I'd just hit it against something."

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_____ “Okay. Let’s see. Yes, it’s quite swollen all right.”

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_____ “Ouch!”

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_____ “Sorry. I can see it’s very tender.”

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_____ “So, what’s the diagnosis?”

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_____ “Well, it could be a number of things. The most likely suspects are gout and arthritis at this stage. I’ll need to order some blood tests. In the meantime I’ll prescribe you some anti-inflammatory painkillers so at least you’ll be able to get around.”

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_____ “Gout? I don’t believe you. That’s something rich, fat barristers get, not poor ESL teachers!”

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5. "It's sort of yellow."
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7. "Right you are."
8. "Very good. Now take a deep breath and hold it in until I say breathe out again."
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10. "Now, if you could turn around to face me please ... and another deep breath. That's it. Hold and breathe easy. Well, I'm afraid there's no question about it. You've got a chest infection. Quite a bad dose I'd say. If you'll just sit on the edge of the table, I'll take your temperature and your blood pressure."
11. "Will I be able to go to work tomorrow? We're in the middle of a very big deal at the moment."
12. "If you take my advice, you won't go anywhere near an office for at least a week. That's a very bad infection you have and if you don't want to land yourself in hospital with pneumonia, you'll go straight home to your bed after you get the antibiotics that I'm going to prescribe you. They're quite powerful so to be honest I don't think you'll feel up to going near work."

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1. "I haven't been sleeping well for weeks. I'd like you to prescribe me some sleeping tablets please."
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3. "Are you refusing to prescribe the tablets?"
4. "No, no. Certainly not. But I would like to ask a few questions and know a little more about the circumstances before I start writing prescriptions."
5. "Well, of course. Just so long as you understand how serious it is. If this goes on for much longer, I'm going to lose my job. My work's already suffering because I can't concentrate."
6. "And are you under a lot of pressure at work? Could that be what's keeping you awake at night?"
7. "Well, sure I'm under pressure at work. Isn't everybody nowadays? But it's nothing I can't deal with. Or at least it wasn't until I started not being able to sleep at night."
8. "So when you say you're not sleeping well, what exactly do you mean? Is it every night or just sometimes? It would help if you could describe your sleeping patterns."
9. "Well, I usually go to bed around 10.30. I'm always exhausted by then. Sometimes I even fall asleep in front of the telly. When I go to bed I fall asleep very quickly but an hour or two later I wake up and that's it. I just can't get back to sleep. I've tried everything. Staying up later. Having a hot whiskey. Hot cocoa. Herbal teas. Everything."
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10. "Sorry. I can see it's very tender."
11. "So, what's the diagnosis?"
12. "Well, it could be a number of things. The most likely suspects are gout and arthritis at this stage. I'll need to order some blood tests. In the meantime I'll prescribe you some anti-inflammatory painkillers so at least you'll be able to get around."
13. "Gout? I don't believe you. That's something rich, fat barristers get, not poor ESL teachers!"

Conversations with the Doctor

MODULE: Health

LEVEL: R2L/R2U

Time: 2-3 Hours	Focus: Spoken interaction in a doctor's surgery
Class organisation: Small groups	Type of activity: Assembling jumbled conversations followed by role play
Can be adapted to:	Prerequisites:
FETAC: Level 4 Speaking: Making an appointment with a doctor	
ELP: A2: Understand what the doctor is asking or saying to me. Explaining a problem to my doctor	

For this activity you need...

One set of the cut up conversations per group.

N.B.

In Class Procedure at a Glance

1. Divide the class into groups of three or four.
2. Arrange the classroom furniture in such a way that each group has a large flat surface on which they can lay out the strips of conversation. If the furniture is not suitable consider pushing it to the sides and getting the students to get down on the floor (assuming it is clean).
3. Empty a set of the cut up conversation sentence strips in a pile in the middle of each group of students.
4. The first thing they have to do is to decide if the sentence is spoken by the doctor in which case they write D in the space provided, or by the patient, in which case they write P. Students should do this as a group rather than individually. Everybody in the group should be in agreement before they write D or P on the sentence. Encourage discussion, which will in turn maximise the extent to which the target language is being processed. (In addition to processing the target health vocabulary, students will also need to use the language of agreement and disagreement.)

5. Once each of the groups has finished this stage, ask them to find the first sentence of each of the three conversations. (To expedite matters, the first sentence of each conversation, which identifies the patient's problem, has the heading **Conversation 1, Conversation 2** and **Conversation 3**.) The groups must now sort the sentence strips into the three conversations. While they are doing this you can move from group to group. If some sentences have ended up in the wrong conversation ask the students to think again without actually telling them which sentences are wrong. Give them plenty of time but don't necessarily wait until they have the conversations sorted perfectly. (At this point they will need to use lots of language for making and reacting to suggestions.)
6. Now get the students to move on to the third stage where they have to put each of the conversations in order. While they are doing this they will probably rethink where they have placed some of the sentences.
7. Move around, commenting on the proposed orders. Once a group has got a conversation in the right order, quietly let them know without alerting the other groups. Otherwise, tell them how many changes they need to make without telling them what the changes are. Let this stage continue either until at least one group has come up with the correct order for each of the conversations, or for as long as they are engaged in the activity and interacting profitably. Before calling a halt, give the groups a few minutes to come up with their final versions.
8. Each group should now leave its versions of the conversations laid out for the other groups to inspect. The students should move around comparing their versions for about ten minutes and discussing them.
9. Give each group a final opportunity to make any changes or alterations to their own versions, before distributing the numbered text of the three conversations.
10. The students check their answers.
11. By this stage students will have been working with the language content for up to an hour and should have a good understanding of what all the words and sentences mean. However, some practice with pronunciation may be helpful (phlegm, breath, breathe, etc).
12. If your students enjoy reading dialogues (many do, though the advocates of a purely communicative methodology frown upon the practice and question its usefulness), you can let your students practise the conversations in pairs. Otherwise, move directly on to the role play where students take it in turn to play the part of the doctor and patient. Give them some time to prepare the patient's part. Once each person has decided what her/his problem is, you can help them to make a list of their symptoms. Students should change partners at least three or four times so they get plenty of practice.
13. You might like to record a few examples of the conversations.

14. By way of conclusion and feedback, get the students to list their imaginary complaints and put them in order, ranking them from the most serious to the least serious. They might also vote on who was the best doctor.

Variations / Comments / Supplementary Activities

You may like to draw attention to the use of the suffix “ish” in the first conversation. See if students can suggest what meaning it adds to the word yellow. See if any of them have heard “ish” used in other contexts. (Age, time, physical build, hair etc.) If they haven’t, give them some common examples.

Drawing attention to features of everyday speech raises students awareness and will help them to notice things when they are listening to English outside of the classroom. It’s very gratifying both for student and teacher when a student encounters something outside of the classroom shortly after having seen it in a lesson. Very often they may well have met it before but just hadn’t registered it.