

**MODULE 1**                      Communication and Terminology for the  
Workplace

**TOPIC 4**                      Describing Symptoms and Treatments 2

**LEARNING OUTCOMES:**

By the end of this lesson, participants will be able to:

- ◆ describe symptoms and treatments
- ◆ use appropriate language and terminology according to context

<b>TOPIC</b>	<b>SKILLS</b>	<b>CLB COMPETENCE AREA</b>	<b>COMPETENCIES</b>	<b>PRE-TASKS</b>	<b>TASK</b>	<b>POST TASK</b>
<ul style="list-style-type: none"> <li>◆ Describing Symptoms and Treatments II</li> </ul>	<ul style="list-style-type: none"> <li>◆ Listening/ Speaking</li> <li>◆ Reading</li> </ul>	<ul style="list-style-type: none"> <li>◆ exchanging information</li> <li>◆ suasion</li> <li>◆ unformatted text</li> </ul>	<ul style="list-style-type: none"> <li>◆ ask specific questions as a health care professional</li> <li>◆ describe symptoms</li> <li>◆ give advice on preventative measures and precautions</li> <li>◆ evaluate interaction between a health care professional and a patient</li> <li>◆ gain familiarity with terminology relating to disease, symptoms and treatments</li> </ul>	<ul style="list-style-type: none"> <li>◆ identify common ailments</li> <li>◆ ask for advice; describe symptoms</li> <li>◆ give advice; describe treatments</li> <li>◆ check for understanding</li> </ul>	<ul style="list-style-type: none"> <li>◆ role-play a situation where symptoms and treatments are described according to sub-sector</li> </ul>	<ul style="list-style-type: none"> <li>◆ present sub-sector role-plays and evaluate the interaction between health care professional and patient</li> </ul>

**Facilitator's Notes for Module 1****Topic 4: Describing Symptoms and Treatments 2****FACILITATOR PREPARATION*****Content***

This class centres on two role-play activities in order to give participants opportunities to practise using the terminology from the previous two lessons. Facilitator could review the previous lessons and focus participants' attention on the importance of context in communicating effectively. The lesson, especially the task, depends on participants' prior professional knowledge and activating it within a new context.

***Delivery***

As many copies as required of the following handouts should be made:

- ◆ Handout 1      Situation 1 Role-Play
- ◆ Handout 2      Situation 2 Role-Play
- ◆ Handout 3      Information on Hay fever
- ◆ Handout 4      Information on Diarrhea
- ◆ Handout 5      Observer Evaluation Checklist

Materials needed: chart paper and markers.

## Methodology

### *Introduction*

**(15 minutes)**

Explain that this class is going to focus on role-playing different situations to give participants the opportunity to practise giving advice as health care professionals. Elicit from the class some common ailments and medical problems and write them on the board. Then elicit from the class some ailments that are common in their sub-sectors. This could be done in sub-sector groups or by the facilitator on the board.

### *Pre-Tasks*

**(10 minutes)** 1.

Explain that the pre-task for the lesson is going to require reading about two common ailments: hayfever and diarrhea. Elicit from the class what they already know about the symptoms and treatments of these health problems.

**(10 minutes)** 2.

Explain to the class that participants will work in pairs role-playing two situations. Designate half of the participants as A and half as B. Distribute both Handout 1 (Situation 1) and Handout 2 (Situation 2) to all participants.

**(45 minutes)** 3.

Go over Handout 1 and Handout 2 with the class, reading the description of the two role-play situations and explaining the roles as necessary. Distribute information on “traveller’s diarrhea” (Handout 3) to participants designated as B and information on hayfever (Handout 4) to participants designated as A. Give participants 15 minutes to read through the information and prepare for the role-play. Point out to participants that their advice should be tailored to the questions that are asked. They should also check that the person receiving advice understands. Elicit ways of checking for understanding.

**Example:** Do you follow?

Would you like me to go over/explain X again?

Does that make sense?

Monitor role-play. Give feedback to class after role-play has been completed.

- (15 minutes)** 4. At this point, participants could read each other's information and any new terminology can be discussed.

***Task***

- (45 minutes)** 1. Have participants work in small groups according to sub-sector (e.g. nurses in one group; physical therapists in another group, etc.). Explain that each group will present a role-play in which a health care professional advises a patient on his/her condition. This task will give participants an opportunity to discuss ailments common to their own sub-sector. Refer the participants to some of the common problems that they mentioned at the beginning of the class. The group then discusses the appropriate information and advice to give to the patient about his/her condition. They should then choose one person to play the role of the health care professional and another to play the role of the patient. It might be helpful to have them write out the dialogue they create.

***Post-Task***

- (30 minutes)** **As a Class:** Have groups take turns presenting their role-play. Have participants complete the evaluation checklist (Handout 5) after observing each role-play. Invite observers to comment on the strengths and weaknesses in the way the health care professional interacts with the patient in each role-play.

## Handout 1

### SITUATION 1

Participant A is going on vacation to Mexico with his/her family. He/she wants advice on how to avoid “traveler’s diarrhea”.

#### **ROLE DESCRIPTION: Participant A**

You are traveling to Mexico with your spouse and your five-year-old son and two-year-old daughter. You have heard that visitors to Mexico frequently get “traveller’s diarrhea”. You are worried about being ill while in Mexico and are especially concerned about your children’s health.

1. Tell **B** about your concerns for your family and yourself.
2. Ask **B** what you should do to avoid “traveler’s diarrhea”.
3. Ask **B** about treatment should you or a member of your family get diarrhea.
4. Ask about appropriate medications to bring along with you to Mexico.

#### **ROLE DESCRIPTION: Participant B**

Read the information on “traveller’s diarrhea”.

1. Advise **A** on the steps he/she can take to avoid “traveller’s diarrhea”.
2. Tell **A** about appropriate treatment should he/she or a member of his family get diarrhea.
3. Tell him about appropriate medications.

## Handout 2

### SITUATION 2

Participant B suffers from hayfever. His/her symptoms are so severe that he/she is frequently off work. He/she asks A for advice on controlling his/her hayfever.

#### **ROLE DESCRIPTION: Participant B**

You suffer from severe hayfever. The symptoms (persistent sneezing, swollen nasal passages, acute discomfort, discharge) are so bad that you have had to take leave from work. As a result, you are behind in your work and worry about being able to keep your job.

1. Tell **A** about your worries and concerns.
2. Ask **A** about how to control, maybe even prevent, hayfever.
3. Ask **A** about appropriate medications and their side-effects.

#### **ROLE DESCRIPTION: Participant A**

Read the information on hayfever.

1. Advise B on how to avoid allergens.
2. Inform B about common prescription medications and over-the-counter medications that may help to control the symptoms of hayfever. Warn him/her about side-effects.

## Handout 3

### Participant B

Everyone is susceptible to “traveler’s diarrhea” just by leaving home. Unfamiliar bacteria in food and drink change the normal bacterial flora in your stomach and intestines. The result can be acute diarrhea – a sudden onset of loose stools, stomach cramps, nausea, and sometimes vomiting. It’s just the sort of thing to ruin a perfectly planned vacation. The Mexican version is sometimes wryly termed by its survivors “Montezuma’s Revenge” or the “Aztec Trot”.

The sudden loss of minerals and fluids can lead quickly to dangerous degrees of dehydration, especially in the very young and the elderly person. If stricken, children under three and seniors should be seen promptly by a doctor. For the rest of us, common sense is perhaps the best treatment. Rest and plenty of clear fluids are the best treatments for traveler’s diarrhea if it does occur. It is important to replace minerals also. An easy formula for a mineral replacement solution is as follows: 250 ml of orange or apple juice with a pinch of salt mixed with 2.5 ml of honey or corn syrup (not

granulated sugar) combined in one container, and 250 ml of boiled or bottled water containing 1 ml of baking soda mixed in another container. Sips of each solution should be taken alternately. (Accurate measurement is important; solutions that are too concentrated or too diluted will not be helpful.) Additional boiled or bottled water can be taken as desired. If you are not better in two or three days, or if diarrhea contains blood, see a doctor.

Pepto-Bismol® is useful for treating and preventing traveler’s diarrhea. The suggested adult dose is two tablets three times daily. A liquid form is also available. Imodium® is another nonprescription antidiarrheal medicine that may be used to treat traveler’s diarrhea, but it should not be used for more than two days without the advice of a doctor.

It is possible to avoid a siege of diarrhea. Experienced travelers have a god rule of thumb: “If you can’t peel it, don’t eat it.” Drink only boiled or bottled water, bottled soft drinks, beer or wine. Brush your teeth with bottled water. Don’t put ice

cubes in your drinks. Make sure all foods are well cooked. If bottled or boiled water is not available, local water supplies can be purified by adding five to ten drops of tincture of iodine to each litre of water. Allow it to sit for 15 minutes before using. Of course, you’ll visit your family doctor or a travel clinic before you leave. You’ll want to have all your shots up to date, and you may need a prescription for malaria pills. Make sure you have a sufficient quantity of any prescription medicines that you take regularly to last until you return home. You may also wish to take along some medication for nausea.

If you do happen to need a doctor while abroad, most Canadian and American embassies maintain lists of English and French-speaking doctors. If you are going to be away for a long period of time and your travel schedule is not settled, you can access the Ministry of External Affairs’ database of Canadian representatives abroad on their Web site at [www.dfait-maeci.gc.ca](http://www.dfait-maeci.gc.ca).

*Adapted from the Canadian Pharmaceutical Association 1993*

## Handout 4

### Participant A

First, “hayfever” is not a fever. It is an allergic reaction registering in someone’s nose. People with hayfever are sensitive to things they breathe, such as pollen.

This sensitivity causes the body to release a substance called “histamine”. When released in the nose, histamine causes sneezing, watery eyes, stuffy nose, and itchiness of the eyes, roof of the mouth and back of the throat. Symptoms usually seem the worst in the morning and on dry windy days, as you have probably noticed.

Hayfever, a seasonal allergy, is caused mainly by pollens from grasses, trees and weeds cross-pollinated by the wind.

Generally, tree pollination starts in late March and lasts until early June; the grass pollination

season is from mid-May to mid-July. Ragweed unfortunately, has an especially long pollinating season, lasting from early August until the first killing frost. Weather conditions, such as temperature and rainfall, may change the amount of pollen produced, but not the length of the season.

Unfortunately, there’s no easy way to avoid pollen. Frequent damp-mopping and dusting can decrease the amount of pollen in your home. Air conditioning and home air filters help, but filters must be changed often and all doors and windows kept closed. Antihistamines are useful, too.

Many are available in a variety of nonprescription products. If you experience no relief from one, another might do the trick.

If nothing helps, you should see a doctor.

Antihistamine products containing chlorpheniramine or brompheniramine may cause drowsiness, and should be avoided in people who must drive, operate machinery, or complete other tasks which require alertness. Drowsiness is not a problem with terfenadine, astemizole or loratadine products. These antihistamines are relatively long acting, and can be used once a day.

You shouldn’t drink alcohol when using antihistamines. That includes beer.

Some antihistamines can cause serious problems for people with asthma or glaucoma. Other antihistamines can interfere with prescription drugs.

*Adapted from the Canadian Pharmaceutical Association 1993*

## Handout 5

### OBSERVER EVALUATION CHECKLIST

Give feedback to the participant playing the role of the health care professional by completing the checklist below.

Rating scale: E = excellent  
 S = satisfactory  
 NI = needs improvement

	Yes	No	E	S	NI
1. Was there an opening?					
2. Was information given clearly?					
3. Were medical terms explained?					
4. Did he/she check for understanding?					
5. Were patient's questions answered appropriately?					
6. Was there a closing?					

Suggestions for improvement: \_\_\_\_\_  
 \_\_\_\_\_  
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