

PEDAGOGICAL METHODS BEHIND TEACHING THE PRACTITIONER-PATIENT INTERVIEW IN FRENCH

Ariel-Sebastián MERCADO

French Language Centre, Faculty of Arts, McGill University, Montreal, Canada
ariel.mercado@mcgill.ca

Abstract: *The practitioner-patient interview has been the subject of several studies in the world of medicine and in the field of teaching languages for specific purposes. It has been considered one of the most critical oral genres in language teaching for medical-health purposes. Every health professional has to know and understand why the patient has come for a consultation; they must have the necessary skills to obtain as much information about the patient's health problem as possible, and if necessary, they have to perform a physical examination. The practitioner-patient interview is divided into several steps. Each step consists of a specific task with its specific objectives for the practitioner. For about fifteen years, the French Language Centre of McGill University, an English-speaking university in Montreal, Canada, has been offering French courses to students specializing in different areas of the Faculty of Health Sciences and Social Work who wish to do their clinical placements and pursue their professional career in the province of Quebec. Most of McGill's students are native English speakers from different parts of Canada and the United States or international students whose first language is not necessarily English. One of the most important oral genres which must be taught to these students is the practitioner-patient interview in French, since one of their principal tasks as healthcare professionals will be to interact with patients. Furthermore, students who have obtained a degree in any healthcare profession from an English-speaking university in the French-speaking province of Quebec must take a French language exam offered by the Office québécois de la langue française (OQLF). In one of the activities of this exam, the candidates must interview a patient or a caregiver in French. Therefore, this constitutes another reason to teach the practitioner-patient interview to our students. Unfortunately, there is little extant literature on how to teach students to carry out a practitioner-patient interview in French as a second language. Moreover, the possibility of recording actual interviews for use in class is practically impossible to respect patient confidentiality. This paper aims to share with the scientific community and with other language for specific purposes instructors how the practitioner-patient interview is taught at McGill University to non-native French speakers who wish to work in Quebec.*

Keywords: French for specific purposes, French for health sciences, French for healthcare professionals, practitioner-patient interview, doctor-patient interview, OQLF Exams

1. Introduction

The patient interview is a very important part of every health professional's daily

routine. It has been the subject of several studies in the world of medicine and in the field of teaching languages for specific purposes (Barlea: 2012; Basturkmen: 2010; Fassier and Talavera: 2008; Junod and Sommer: 2013; Maher: 1990; Mishler: 1984; Rey-Bellet et al. 2008; Silverman et al.: 2013; Talavera et al.: 2016). Moreover, it is considered one of the most important oral genres in language teaching for medical-health purposes (Mishler 1984). Every health professional has to know and understand why the patient has come for a consultation; they must have the necessary skills to obtain as much information about the patient's health problem as possible; if necessary, they have to perform a physical examination, which entails explaining to the patient what they are going to do and giving instructions; they must offer a diagnosis, even if it is provisional; and finally, depending on the case, they have to explain the treatment to be carried out. In addition to these steps and depending on the circumstances, there is the possibility that the practitioner may need to negotiate a plan of action with the patient (Silverman et al. 2013: 18-25; Richard and Lussier 2016: 181-196).

In the past, doctors and other health professionals were at the centre of patient care. They took notes (maintaining a patient history) and conducted research without necessarily involving the patient. Despite this self-centering behaviour, professionals always wanted to help their patients. Times have changed and research now reveals that the patient is an important partner in the provider-patient medical consultation. The patient is the "expert", the one who is the best position to talk about how their body functions and about the problem they have (Silverman et al. 2013).

Having said all this, the question we must ask ourselves as language for specific purposes (LSP) instructors to health sciences students is how to teach the patient interview. Other possible questions include at which level of language expertise should we start, and what should we do when our classes have students from different health fields, not only future physicians. Perhaps there are more questions than these ones, but at least these offer us a place to start. For the aforementioned reasons, this paper aims to share with the scientific community and with other LSP instructors how the practitioner-patient interview is taught at McGill University to non-native French speakers who wish to work in Quebec, given the linguistic and political circumstances within Canada's only official French-speaking province. Before talking about our experience at McGill University, it is important to review the characteristics of scientific discourse, the importance of genre analysis in LSP and the context in which we find ourselves at our university and in the province.

2. Characteristics of medical discourse

Discourse communities have different objectives and conventions shared by all its members to communicate and express their professional reality in their own distinct way (Herzberg 1986; Swales 1990). The world of medicine is no exception. There is much literature about the different characteristics of scientific, written and oral medical English regarding medicine, but unfortunately, there is far less in written or oral medical French. In this paper, we will focus on the characteristics which greater relevance to practitioner-patient interviews. Before addressing this point, however, we shall overview of the main characteristics of medical discourse.

2.1 Preciseness, conciseness, neutrality

Since the main objective of medical discourse is to share knowledge, medical discourse tends to be precise, concise, and neutral (Gutiérrez 1998; Alcaraz 2001; Vázquez 2006; Kindelán 2010; Aguirre 2012). Precision is probably the most important medical discourse objective, but it is sometimes hard to achieve due to synonymy, polysemy, and homonymy (Gutiérrez 1998; Alcaraz 2000). On the other hand, concision involves reducing the number of words to express an idea, sometimes even substituting a full sentence with one word. Concision is achieved utilizing semantic economy, which is possible because the medical discourse community members share the same knowledge about their field. However, this does not mean that sentences in medical texts are shorter. On the contrary, they tend to be longer (Iles 1997; Gutiérrez 1998; Alcaraz 2000; Gutiérrez 2005). Another way of summarizing or expressing long ideas more succinctly is *nominalization*, which is also considered another characteristic of scientific and medical discourse. By nominalization, the medical writer summarizes a previously mentioned clause by using a noun or creating a new noun (Alcaraz 2000; Álvarez de Mon 2002). Finally, neutrality constitutes another important trait to suggest an impersonal tone. The preferred written medical discourse is impersonal, usually achieved by avoiding the use of personal pronouns or by using the passive voice or *passivization*. Passivization makes the message more neutral and more objective, thus it gives more relevance to the action than the agent (Alcaraz 2000; Kindelán 2010; Ribes and Ros 2010).

2.2 Courtesy

Courtesy constitutes another important characteristic of scientific and medical discourse. Researchers do not wish to sound pretentious or arrogant when they divulge their research results, especially in published journal articles and case studies. Thus, they recur to *modalization*, which refers to choosing linguistic elements, like modal verbs, to add humility and courtesy to their writings (Salager-Meyer 1994; Calsamiglia and Tusón 1999; Ferguson 2001; Carciu 2009). Furthermore, when researchers compare, contrast, or show disagreement with other researchers, they also tend to be courteous using mitigating words or hedges (Mendiluce and Hernández 2005). Therefore, medical discourse tends to be courteous and modest.

2.3 Vocabulary

Another important characteristic of medical discourse is its vocabulary. There are three possible lexical categories in medical discourse, according to Alcaraz (2000), referring to English, but that can be considered applicable to French. The first one, *technical* vocabulary, refers to monosemic technical words which are mainly or only understood or used by other health care professionals, although not always. These terms derived from Greek or Latin, like *chondromalacie*, which means an abnormal softening of the cartilage, constitutes an example of a medical term mainly used in professional settings. However, there are some technical terms like *arthritis*, which means inflammation of the joints, which are understood by language users who are not necessarily medical professionals, even though it is a medical term with its Greek and Latin root. The second category corresponds to *semitechnical* vocabulary, lexical units proceeding from the general language that have acquired a different or more specific meaning in medicine. For example, in general French

affection means *affection* or *tenderness*; however, in a medical context, it means *ailment* or *condition*. The third and largest group is *general* vocabulary, which is used in professional settings—for instance, words like *crise cardiaque* (heart attack), *reins* (kidneys) or *fièvre* (fever) (Alcaraz 2000). Finally, the creation of new medical terms in French, like in English or Spanish, is often inspired by Greek or Latin words, like *dermato-* (skin), *hémo-* (blood), *cardio-* (heart), *-ose* (abnormal condition), or *-ite* (inflammation). Furthermore, in medical texts, there is an abundance of abbreviations in lieu of the full word or words, e.g., *HTA* (*hypertension artérielle* - hypertension), *AVC* (*accident vasculaire cérébral* – cerebro vascular accident) or *CISS* (*Centre intégré de santé et de services sociaux* - Integrated Health and Social Services Centres).

In terms of oral medical discourse, the professional-patient interview is probably the most important genre as it occurs so frequently in the day-to-day practice of clinical medicine (Mishler 1984). Mishler also states that patients describe their symptoms and complaints in such a way that sometimes they may even surprise physicians by their particular concerns.

3. The structure of the professional-patient interview

Having said this, the question that arises is whether there is some kind of specific structure for the professional-patient interview. Since students from different health care disciplines can register in our courses, including medical students, it was decided to rely on the doctor-patient interview as the basis for other health care professions. A structure does exist for the medical interview, but it has been defined by researchers in the field of medical communication in the mother tongue itself and not in languages for specific purposes. Silverman et al. (2013) consider that having a clear overall structure is important for organizing the communication skills of the involved parts. An established structure benefits practitioners, learners and facilitators alike. Having a defined interview structure prevents practitioners from wandering aimlessly such that they could miss important points. For learners, the authors say they need an overall conceptual model to help to organize the evidence-based skills into a memorable and useful whole. Finally, facilitators or teachers may find it difficult to link the different skills together. Thus, providing educators with a clear structure can help overcome this issue (Silverman et al. 2013: 27-29). The importance of practitioner-patient communication has also been highlighted in other paramedical fields. For instance, there is growing interest in motivational interviewing and counseling in physiotherapy. Furthermore, some studies have shown that patients perceive that therapists with good communication skills are also good physiotherapists (Hiller and Delany 2018).

The literature shows that the Calgary-Cambridge Guide to the medical interview has become the reference in medical schools in the UK, currently used in over half of UK universities (Gillard et al. 2009). Developed originally by Kurtz and Silverman in 1996 and revised in future years by the same authors and other authors (Kurtz et al. 1998; Silverman et al. 1998; Kurtz et al. 2003; Silverman et al. 2013), the guide provides an evidence-based structure for the analysis and teaching of effective physician-patient communication skills. The guide has also been widely translated and it is used in the USA, Canada and Europe. The textbook is used at undergraduate and postgraduate levels to teach communication in general practice and in specialist environments (Burt et al. 2014). The Calgary-Cambridge Guide is

also used as a reference guide in French-speaking medical schools across the Province of Quebec (Richard et Lussier 2016). Given its importance, one must mention the guide's contributions to the interview's general structure. Since the guide is used in different medical schools, even though it was not originally created for second language teaching we, as French for Specific Purposes instructors, should consider how to incorporate it into our teaching plans. Given the importance of the guide and the fact that it is used in many countries, our students will probably be familiar with the interview's structure in their mother tongue. The following table represents the basic structure of the medical interview, including communication tasks and the physical examination.

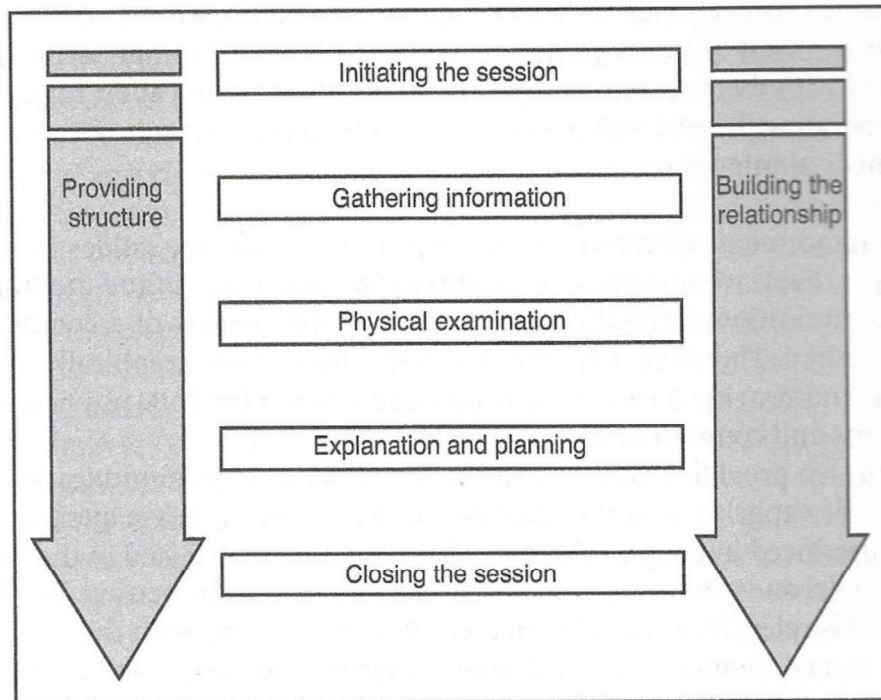


Table 1. Basic structure of the medical interview (Silverman et al. 2013: 18).

Subsequently, the same authors expanded the basic framework or structure. In the following graphic, we can see the main objectives to be achieved within each of the six communication tasks of the basic framework.

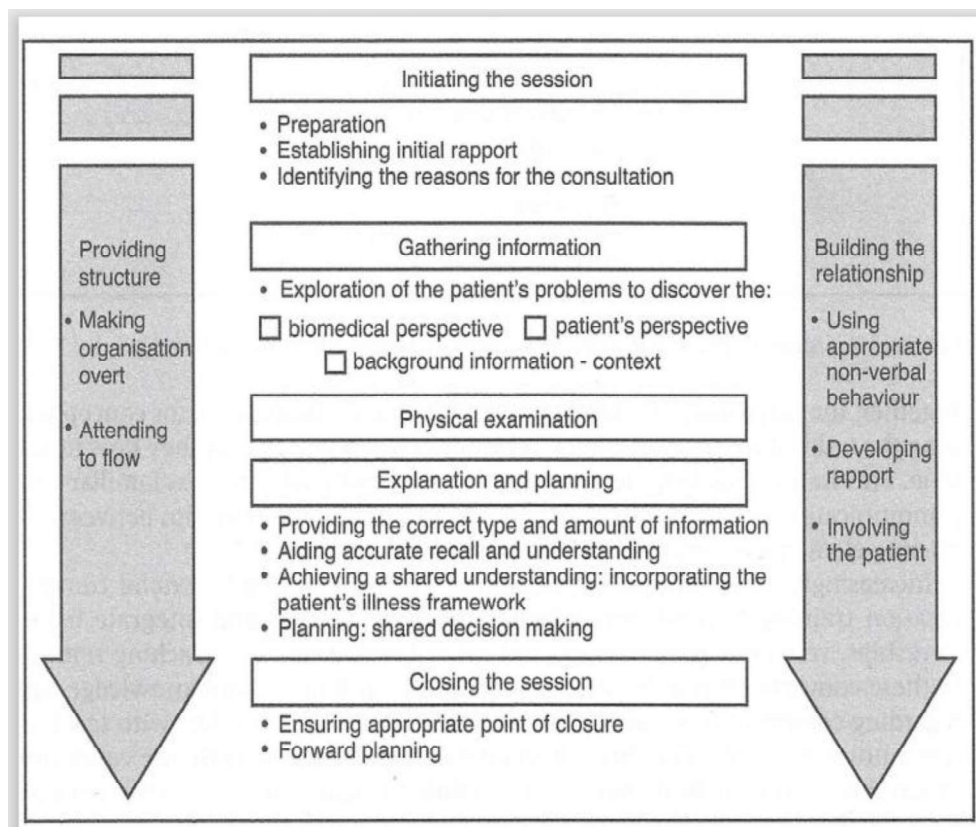


Table 2. Expanded framework of the medical interviews (Silverman et al. 2013: 19).

4. Genre analysis in French for health sciences

A *genre* is a communicative event pertaining to a *discourse community* and having a well-defined *intended audience*. It has a *communicative purpose*; this means a specific objective and occurs in a determined *communicative situation*. It also has a well-defined *macrostructure*, the external structure of the text, as well as a specific *style* and *linguistic patterns* (Swales 1990; Bhatia 1993). In the context of this paper, practitioner-patient interviews constitute a genre.

Medical or health care professional interviews are communicative events that happen each time a patient goes for a consultation, usually because of a health problem. The interview belongs to the discourse community of medicine, even though the patient plays one of the main roles in the interview. Thus, the interlocutors are the health care practitioner and the patient. Their main objective is for the health care professionals to gather as much information as possible from the patient about the reason for the consultation to be able to establish an action plan. As seen in the previous section, practitioner-patient interviews have a specific structure. They also have linguistic patterns of their own, such as, questions about the reason for consultation, location, onset, timing, family history, medical history, social history, etc. In the examination section, the use of the imperative or other

equivalent verb forms tends to abound. In French, the style is usually formal with preference for the *vous* form.

Research related to language acquisition and the learning of genres has given foreign language instructors the necessary tools to make their students connect new knowledge with previously acquired notions. Furthermore, research on how students learn genres has led to the creation of pedagogical applications that facilitate the transfer of knowledge of the genre and the writing or oral skills from one concept to another. An example of this is when first-year university students learn how to write an essay, and then in their last year of their bachelor's degree they learn how professionals in their field write texts (Barwarshi and Reiff 2010).

Johns (2002) identifies three different types of pedagogical approaches inspired on genres:

- 1) *The School of Sydney Approach* developed for elementary and high school Australian students based on Halliday's systemic functional linguistics. The instructor shows a genre and analyzes it expecting that the student will reproduce and acquire it.
- 2) *The ESP Focus* based on Swales' *moves* theory. This theory analyses the characteristics of the texts, in this case English texts, and associates them to the communicative intentions of the discourse community it pertains.
- 3) *The New Rhetoric* in which learners see the social and ideological intention of the genres in a critical way. This approach sees genres as dynamic and evolving, and it prefers analyzing the rhetoric situation genres rather than the grammar and lexical elements.

Bawarshi and Reiff (2010) add a fourth approach from Brazil. This approach focuses on the social history on which the genre was developed, among other aspects.

In his book *Genre Analysis: English in Academic and Research Settings* (Swales 1990), the author offers an example of a task based on the ESP Focus. The instructor gives a few samples of the same genre to their students. In Swales' example, the students were presented with three application letters as the written genre. The students must complete four tasks:

- 1) Analyze similarities and differences in the intention of the three texts.
- 2) Describe which changes could be made to increase their rhetoric effectiveness.
- 3) Examine the sentences and the choice of words and determine if they are appropriate for the situation.
- 4) Finally, write their own personal application letters.

As discussed further in this paper, Swales' ESP focus served as the inspiration when creating materials about how to carry out a healthcare professional-patient interview.

5. Our context at McGill University

McGill University is one of the two English-speaking universities located in Montreal, the largest city of the French-speaking Province of Quebec in Eastern Canada. The French Language Centre (FLC) of the Faculty of Arts is a department

which offers credit courses in general French as a second language to students enrolled in regular undergraduate and graduate programs. For about fifteen years, the FLC with the help and funding from the Dialogue-McGill Programme has been offering French courses to students specializing in different areas of the Faculty of Health Sciences and Social Work who wish to do their clinical placements and pursue their professional career in the province of Quebec. Most of McGill's students are native English speakers from different parts of Canada and the United States or international students whose first language is not necessarily English. In order to join a professional order in Quebec, non-native French speaking students who have not completed at least three years of full-time secondary or post-secondary education in French must pass a French B2 exam administered by the *Office Québécois de la Langue Française* in conjunction with the different professional associations in health care, as established by Section 35 of the Charter of the French Language. The FLC offers seven different French for health sciences courses in levels which go from A2 to C1. There is one B1 course specifically for Dietetics and Nutrition students, however, the rest of the courses have students from very different programmes, i.e., Medicine, Physiotherapy, Nursing, Occupational Therapy, Dentistry, Psychology or Social Work, among others.

One of the most important oral genres which must be included in these courses is the practitioner-patient interview in French, since one of their principal tasks as a health care professional will be to interact with patients in their professional lives (Mercado 2021). However, while there are more and more textbooks, material, and research in English for health sciences, unfortunately, the same is not true in French. There are some materials and research, but they are inadequate for our purposes since they are not intended for a French as a second language clientele nor adjust to the needs of the FLC students. For this reason, it was decided to create our own activities and to use material already on the web in order to analyze the genre to understand its *macrostructure* and principal characteristics, akin to Swales' activity of the three letters mentioned earlier in this paper (Swales 1990; Johns 2002). Below are the steps to prepare a task-based unit in course FRSL 329 (B2), which is only taught in the autumn semester, and which continues as FRSL 330 (also B2) in the winter semester.

1. Online research was done to find video material in French. A channel from a Quebec medical organization was found (Inscriptionmed.ca) with 112 videos of medical interviews and medical situations. The purpose of these videos is to train francophone physicians on how to deal in different situations with patients (medical ethical behaviour, immigrant patients who do not speak French and need a translator, dealing with patients with mental illnesses in primary care, dealing with patients who do not collaborate during the interview, consultations with patients of the First Nations, patients with sexual diseases, etc.).
2. Then, a triage based on title, subject of the interview and situation was done. Fourteen videos were chosen. All the fourteen videos were analyzed to determine if they had a similar structure to the one proposed by the Calgary-Cambridge Guide, the vocabulary and grammar were adequate for a B2 level, if the topic of the interview was appropriate, and if the situation was also interesting to other professionals aside from physicians.

3. Of the fourteen videos, only seven were chosen for diverse purposes: three of them for the practitioner-patient interview for the B2 course, two for giving bad news also for B2, and three for conversation workshops with C1 groups. The activities regarding the medical interview were based on the three videos chosen. The advantage of selecting the videos from a French-Canadian source is that the actor's accents mimic the ones that our students will encounter in real life in Montreal.

In-class activities

1. Potential task-blockers (difficult lexis) are pre-taught by means of a pre-listening vocabulary activity in which students have to associate pictures to a list of words.
2. Before listening and taking a history, students get to read an empty chart for writing case notes.
3. Students watch the video of the medical interview twice and take notes in the empty chart.
4. Students answer some comprehension questions and make a list of all the questions asked by the physician in the interview.
5. Students place the questions in columns depending on four categories: history of present complaint, family history, medical history, and medication.
6. Students are asked to read an incomplete physiotherapist-patient interview and complete the missing questions, based on the questions they studied in step 5.
7. Students are asked to observe some case notes taken by different professionals and imagine which questions were asked in order to obtain the information in those notes. In this activity, students are also introduced to some medical abbreviations.
8. Final task at this stage: In pairs and ground by professions, students are given different situations and asked to create a short interview. This is the very first step. They only concentrate on the questions, not the in-patient examination, diagnosis nor action plan/treatment. These aspects are studied in the second semester course (FRSL 330).

The above-mentioned activities are shared in Appendix 1.

6. Obstacles

Given that the essential part of these activities depends on a YouTube video, there is always the possibility that the video is deleted or taken down. To address this problem, McGill purchased an account that allowed us to save the videos in YouTube. The videos were saved in two formats: mp3 format, which will only allow a listening activity without video, and mp4 format with the video.

Copyright is another obstacle since the videos exist to be watched and used, but at the same time, they were not created by the instructors. At the moment this paper was written, we are in contact with Inscrptionmed.ca to obtain their approval to be used as class material.

7. Conclusions

As it has been shown in this paper, practitioner-patient interviews constitute a genre. Genre analysis as well as our past experience in teaching English for health sciences have proven essential in our teaching approach and in the creation of these new materials and activities. The Calgary-Cambridge Guide to Medical Interviews has also been extremely useful, even though it was not meant for foreign language students. Nevertheless, given this guide has become the reference in medical schools in many Western nations, it has provided us with an evidence-based structure for the analysis and teaching of physician-patient communication skills. Finally, the fact that Inscriptionmed.ca have published an interesting number of videos available on YouTube has been crucial and of great use for the creation of our material and activities. However, the fact that we rely on YouTube and the Inscriptionmed.ca channel to get the video material for class activities is a risk as the material can be taken down from the internet at any time, which means that we have to make sure that the videos have been properly saved and downloaded. In addition, this also means that we have to deal with possible copyright issues and permissions to ensure that we do not infringe upon any copyright laws. Despite all this, we believe that all this material that exists on the web should be maximally exploited by teachers to teach the practitioner-patient interview, since real interviews cannot be recorded.

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Appendix 1



L'entrevue professionnel.le – patient.e
Le cas de Madame Sharpⁱ

Partie 1 : Compréhension auditive

1.1 Vocabulaire avant l'écoute. Associez les mots ci-dessous avec les images.

A. étourdi / étourdie
D. une plaie

B. prendre du poids (la prise de poids)
E. des sifflements

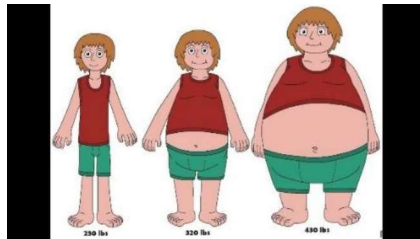
C. glyburide
F. essoufflé / essoufflée



1.



2.



3.



4.



5.



6.

ⁱ Activité adaptée de : <https://www.youtube.com/watch?v=4Nprl3IYh0U>

1.2 Écoutez l'entrevue entre le médecin de famille et Madame Sharp. Complétez les notes de consultation suivantes.

NOM DE FAMILLE : SHARP	PRÉNOM : Victoria
ÂGE :	SEXE : F ÉTAT CIVIL : M
PROFESSION :	
MOTIF DE CONSULTATION :	
ANTÉCÉDENTS MÉDICAUX :	
ANTÉCÉDENTS FAMILIAUX :	
MÉDICAMENTS :	

1. Quelle est la première question que le médecin pose à madame Sharp ?
2. Est-ce que c'est la première fois que la patiente va à ce CLSC ?
3. Écrivez ici toutes les questions que le médecin a posées pendant l'entretien :

1.3 Placez les questions que le médecin a posées dans la colonne appropriée.

MOTIF DE CONSULTATION	ANTÉCÉDENTS FAMILIAUX
ANTÉCÉDENTS MÉDICAUX	MÉDICAMENTS

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1.4 Vincent travaille comme physiothérapeute à la clinique du Stade Olympique. Il reçoit Mme Lahlali, 46 ans, pour la première fois. Observez les réponses et trouvez les questions que Vincent lui a posées.



N'oubliez pas que dans une situation réelle, le professionnel ne connaît pas les réponses.

- Vincent : _____ ?
Mme Lahlali: J'ai très mal à l'épaule droite et au bras droit aussi.
- Vincent : _____ ?
Mme Lahlali: C'est ici, à la partie supérieure du bras (en signalant la zone affectée).
- Vincent : _____ ?
Mme Lahlali: Ça a commencé il y a déjà trois semaines.
- Vincent : _____ ?
Mme Lahlali: Non, je n'ai ni d'engourdissements ni de picotements.
- Vincent : _____ ?
Mme Lahlali: Pendant le jour, ça va, mais la nuit, vers 4 h 00 du matin, la douleur me réveille.
- Vincent : _____ ?
Mme Lahlali: Oui, je prends de l'ibuprofène, mais ça n'aide pas beaucoup.
- Vincent : _____ ?
Mme Lahlali: Oui, c'est la première fois que ça m'arrive.
- Vincent : _____ ?
Mme Lahlali: Je suis professeure dans un cégep.
- Vincent : _____ ?
Mme Lahlali: Oui, j'ai beaucoup de stress tout le temps, mais surtout de ce temps-ci.
- Vincent : _____ ?
Mme Lahlali: Oui. Je travaille très souvent à l'ordinateur.
- Vincent : _____ ?
Mme Lahlali: Non, je mène une vie assez sédentaire. Je n'ai pas le temps de faire de l'exercice physique malheureusement.
- Vincent : _____ ?
Mme Lahlali: Oui, on m'a diagnostiqué l'hypertension artérielle il y a cinq ans.

Partie 2 : Expression orale

2.1 Observez les notes ci-dessous. Imaginez les questions posées afin d'obtenir ces informations et créez un dialogue professionnel.le-patient.e.

Anamnèse 1

NOM DE FAMILLE : LEE		PRÉNOM : John
ÂGE : 38	SEXE : M	ÉTAT CIVIL : M
PROFESSION : Travailleur de la construction		
MOTIF DE CONSULTATION : mal au dos à région lombaire commencé 2/52		
ANTÉCÉDENTS MÉDICAUX : hernie discale il y a 2 ans surpoids (1m71 / 82 kg)		
ANTÉCÉDENTS FAMILIAUX : père DCD d'un AC 55 ans		
MÉDICAMENTS : acétaminophène sans résultats		

Anamnèse 2

NOM DE FAMILLE : DOMINGUEZ		PRÉNOM : Mariela
ÂGE : 48	SEXE : F	ÉTAT CIVIL : C
PROFESSION : secrétaire (au chômage actuellement)		
MOTIF DE CONSULTATION : du Venezuela arrivée à Mtl 1/12 réfugiée politique besoin de consulter médecin pas de médecin de fam / pas de carte ass mal		
ANTÉCÉDENTS MÉDICAUX : HTA diagnostiqué il y a 2 ans		
ANTÉCÉDENTS FAMILIAUX : mère diabétique, père HTA		

MÉDICAMENTS :

Exforge (Valsartan 160 mg + Amlodipine 10 mg) – doit renouveler prescription

2.2 Tâche finale. En groupes, par profession, vous devez lire le cas que le professeur vous aura attribué par profession et imaginer/créer l'entretien entre le professionnel.le et le/la patient.e.

Cas 1 : Sciences infirmières, médecine

Rebecca Tolan, 2 ans, est arrivée aux urgences, accompagnée de sa mère.

Motif de consultation : difficulté à respirer, sifflements

Fréquence respiratoire : 80 respirations par minute

Pouls : 110 Température : 38,5°C

La fillette jouait avec des petits jouets avant que les sifflements et la difficulté à respirer commencent.

→ Quelles questions poseriez-vous à sa mère ? Recréez l'entretien. (Ce n'est pas un cas de Covid).

Cas 2 : Physiothérapie, ergothérapie

Samuel Sarfati, 43 ans, a perdu l'usage de ses deux jambes à la suite d'un accident de travail il y a plus d'un an et demi. Il vit avec sa femme, qui prend soin de lui. À la suite de son hospitalisation, M. Sarfati a passé plusieurs mois dans un centre de réadaptation. Puis, il est rentré chez lui. Il a de la difficulté à faire un transfert de son lit à son fauteuil roulant. Il est tombé à quelques reprises et sa femme a beaucoup de mal à le lever. Plus récemment, M. Sarfati a fait une infection liée à des plaies au coccyx (plaies de pression) en raison de son confinement dans un fauteuil roulant. Son médecin l'a dirigé à vous pour consultation.

→ Quelles questions poseriez-vous à M. Sarfati et à sa femme ? Recréez l'entretien.

Cas 3 : Orthophonie

Sofia Labrèche, 5 ans, arrive à votre consultation accompagnée de sa mère, Araceli. Son père est québécois et sa mère est mexicaine. À la maison, les parents ont toujours parlé dans les deux langues à Lucie, la sœur aînée de Sofia. Lucie est complètement bilingue, mais Sofia, à 5 ans, ne parle pas. Elle communique avec des balbutiements et avec des gestes. Sa mère pense que sa fille a un problème de bégaiement. La fillette a été dirigée à votre consultation par son enseignante.

→ Quelles questions poseriez-vous à sa mère ? Recréez l'entretien.

Cas 4. Diététique

Le patient, Luc Cournoyer, âgé actuellement de 13 ans, étudiant à l'école Léon Blum, s'est présenté à votre cabinet de consultation avec sa mère parce que son médecin scolaire avait observé un problème de poids et il l'a dirigé chez vous. Le médecin avait déjà ordonné une prise de sang. Les résultats des examens ont révélé un problème d'hyperglycémie.

Taille : 1 m 62 Poids : 91 kg

→ Imaginez votre première rencontre avec Luc et avec sa mère. Quelles questions leur poseriez-vous ? Recréez la conversation.