

## Preface

As a non-native English speaker myself, I have been learning English for as long as I can remember. However, when I came to England eight years ago to work as a general practitioner, believing that language would not be a problem, I was hit by reality. Communicating in English was not that easy! My 'advanced' level in general English was not enough. I required an advanced level in medical English to survive. Not only that, but as a family doctor I needed to understand the patients' colloquial English to be able to treat them without the risk of misunderstanding.

There were no books on medical English available to me at the time, and even the few that appeared later were largely 'general' and therefore insufficient in content. The book that I would have really liked to have at that time was the one you now hold in your hands: a book on *Primary Care English*.

Family medicine is highly demanding in terms of language skills. You are required not only to have knowledge of the language of all medical specialities, but also to talk to patients extensively, touching all aspects of life, in a way that makes communication skills a major component of a family doctor's competence. This combination of breadth and depth makes learning English in the primary care setting much more challenging than in other medical specialities. *Primary Care English* is the first book to address this challenge.

I would think of this book as a tree, where the trunk is *Medical English*, the branches are *The Oxford Textbook of Primary Medical Care* and the leaves and fruits are our clinical, learning and teaching *experience*.

*Medical English* has already offered the fundamentals of the English language required by all doctors. Grammar, Scientific Literature, Courses and Talks, Latin and Greek, Abbreviations and Conversational Survival Guide are common chapters, adapted to the primary care setting. But then, *Primary Care English* expands *Medical English* to reach the vast geography of primary care. Of course, full coverage is not possible, but we have selected the most interesting avenues to help you progress and explore most of the landscape – then, you will be able to enjoy discovering the rest by yourself.

The guiding rail for much of this expansion has been *The Oxford Textbook of Primary Medical Care*, edited by Roger Jones, which ensures that all main issues are included and the most academically relevant terminology is covered. It should be stressed that Family Medicine is much more than just seeing patients – it hosts an entire body of knowledge about human nature and healthcare. This knowledge is integral to any family physician's education and language; hence the organisation of *The Oxford Textbook* in two large volumes called "Principles and Concepts" and "Clinical Management", which is reflected in *Primary Care English*.

Finally, another major source of this book is *experience*. As a mentor of the London Deanery's International Induction Programme, I have supported and supervised foreign doctors during their adaptation to both work and life in Britain. I have had the chance to detect the commonest needs and mistakes of newly arrived family doctors, which has given me an invaluable insight to orient the book in the most useful way. Like myself, all the contributors to the clinical-language chapters are

experienced non-native English-speaking doctors working in the UK. We have gathered all of our (painful!) learning experiences in this book to try and make easy for you what was so difficult for us.

For this purpose, my task has been to develop and apply a structure and methodology suitable to teach the specific kind of medical English required by practising clinicians (Units I & VII-IX). I found the answer to this challenge in a 'hands-on' approach, using texts and clinical practice 'stories' to put the learner in the context where learning is most enjoyable and efficient: real life. Nothing better, I thought, than reading a 'proper' textbook to master your specialty's academic language, and nothing better than sharing 'a day in the life' of a clinician to get familiar with the language of clinical practice. Also, I thought it useful to provide further help through the addition of a unit on the language of job applications (X) and three appendices with practical tools.

Learning medical English will not only open a new and fascinating world for you but it will also increase your chances of professional success. However, do not expect this to happen overnight: as with any form of exercise, you will need to persevere and practise to see progress. I hope you find in this book an ideal coach to develop that muscle which will make you professionally stronger: your primary care English muscle.

This book is not only addressed to family physicians who want to improve their individual learning and practice, but also to those who have (or plan to have) a role in the wider management of health services. I believe that the greatest influence on health services is, or should be, exerted by family physicians worldwide, both in their clinical and management roles. We hope this book will be an aid to eliminate the language obstacle in the sharing of learning for the pursuit of better health for all.

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