

РАЗДЕЛ 2. МЕДИКО-БИОЛОГИЧЕСКИЕ ПРОБЛЕМЫ ЗДОРОВЬЯ ЧЕЛОВЕКА

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СБОР АНАМНЕЗА В КОНТЕКСТЕ ОБУЧЕНИЯ ИНОСТРАННЫМ ЯЗЫКАМ В МЕДИЦИНСКИХ ВУЗАХ

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TAKING A PATIENT HISTORY IN THE CONTEXT OF FOREIGN LANGUAGE TRAINING AT MEDICAL UNIVERSITIES

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Аннотация.

Цели работы: предложить открытую для редактирования и дополнения двуязычную (англо-болгарскую) модель сбора анамнеза, предназначенную для обучения иностранным языкам в медицинских вузах; очертить принципы сбора анамнеза; сформировать у студентов англо-болгарский терминологический понятийный аппарат в контексте изучения истории болезни. **Материалы и методы исследования.** Информация, полученная в ходе консультаций со специалистами-медиками и извлеченная из специализированных теоретических исследований по рассматриваемой теме, использована для реализации модели сбора анамнеза пациента. Применены методы дефиниционного анализа и компонентного анализа. **Обсуждение и результаты исследования.** Обсуждаются три последние теории терминологии: Коммуникативная теория терминологии, Социокогнитивная теория терминологии и Фреймовая теория терминологии. В центре внимания находится создание открытой двуязычной модели сбора анамнеза. Английско-болгарские вопросительные конструкции конкретизированы и систематизированы в три этапа: Anamnesis morbi, Anamnesis vitae, Anamnesis familiae. Рассмотрены основные принципы сбора подробного анамнеза пациента. **Выводы.** Сделаны следующие выводы: 1. Модель сбора анамнеза соответствует структурным особенностям и лексико-терминологическому понятийному аппарату английского и болгарского языков. 2. Модель служит обучению и приобретению специализированных знаний и добавляет дополнительную ценность к их обновлению. 3. Модель предполагает формулировку правильной диагностической гипотезы и лечения заболевания. 4. Основными принципами сбора анамнеза являются: А. Выслушивание пациента и постановка уточняющих вопросов относительно его состояния; Б. Наблюдение за пациентом; С. Интеграция полученной информации.

Ключевые слова: сбор анамнеза, открытая билингвальная (англо-болгарская) модель сбора анамнеза, вопросительные конструкции, терминологический понятийный аппарат, специализированные знания.

Annotation. Objectives: to propose an open for editing and supplementing, bilingual (English/Bulgarian) history-taking model, serving foreign language training at medical universities; to outline the principles of taking a patient history; to form students' English/Bulgarian terminological conceptual apparatus in the context of history taking. **Materials and research methods.** The information obtained during consultations with medical specialists and extracted from specialized theoretical studies on the topic under consideration has been used to implement a model for taking a patient history. Methods of definition analysis and component analysis have been applied. **Discussion and results of the study.** Three of the recent theories of terminology are discussed: The Communicative Theory of Terminology, Sociocognitive Terminology and Frame-Based Terminology. Composing the open bilingual history-taking model is put in the limelight. English/Bulgarian interrogative structures are specified and systematized in three stages: Anamnesis morbi, Anamnesis vitae, Anamnesis familiae. The basic principles of taking a detailed patient history are considered. **Conclusions.** The following conclusions have been made: 1. The history-taking model complies to the structural features and lexical and terminological conceptual apparatus in English and Bulgarian. 2. The model facilitates specialized knowledge teaching and acquisition and brings added value to its upgrading. 3. The model implies the formulation of a proper diagnostic hypothesis and treatment of the disease. 4. The main principles of history taking are as follows: A. Listening to the patient and asking clarifying questions regarding his medical condition; B. Patient observation; C. Integration of the information obtained.

Key words: taking a patient history, open bilingual (English/Bulgarian) history-taking model, interrogative structures, terminological conceptual apparatus, specialized knowledge.

Introduction

The importance of terminology has been repeatedly emphasized: “Without terminology no professional communication; without professional communication no knowledge transfer, without knowledge transfer neither intellectual nor material development, neither teaching and training nor professional research which in the long run leads to non-development and isolation” (Picht, 2009).

In today's society terminology is more than a technical or particular instance of general language – it is associated with nominating, structuring, describing interpreting specialized knowledge concepts. Stemming from philosophy, linguistics, sociology and cognitive science terminology has been in search of a set of theoretical principles recently. We shall have our primary focus on some of the latest theories regarding specialized knowledge representation, category organization and description of terminology.

The Communicative Theory of Terminology (CTT) proposed by Maria Teresa Cabre determine terminological units as multidimensional, linguistic, cognitive and sociocommunicative units (Cabre, 1999, 2000, 2001, 2003). She introduced the so-called “*doors model*” where the plural access to the

object is presented. The object is analyzed from various perspectives and in terms of various disciplines as if you are in a house with many doors and you can reach the living room in different ways by different keys, doors, routes. Yet the object stays the same no matter whether you start considering it from the concept, term or situation. Cabre sees the terminological unit as a polyhedron with three dimensions: cognitive, linguistic and communicative which are the doors of access to the unit being analyzed.

With the advent of **Sociocognitive Terminology (SCT)** proposed by Rita Temmerman emphasis is placed on *conceptual organization* and *category structure* from the perspective of cognitive linguistics approaches (Temmerman, 1997, 2000; Temmerman, Kerremans & Vandervoort, 2005). Sociocognitive categories are considered to have prototype structure and representing the relations between concepts is done by idealized cognitive models. Temmerman claims that terms and concepts should be studied from a diachronic perspective due to their evolution over time.

Pamela Faber Benitez is a new voice in the field of theoretical terminology proposals. She suggested **Frame-Based Terminology (FBT)** which is a cognitive approach to terminology (Faber, Marquez Linares & Vega Exposito, 2005; Faber, et al., 2006; Faber, et al., 2007). Faber regards studying terminological units' behavior in texts to be the right path to studying the units themselves. Knowledge transmission appears to be the main function of specialized language texts. Therefore, such texts are subject to a great number of repeated terms, phrases, structures. Hence they tend to conform to *conceptual templates* in order to facilitate specialized knowledge acquisition. Focusing on conceptual organization, multidimensional nature of terminological units and extraction of semantic and syntactic information from multilingual corpus of texts FBT generates templates and entities in a particular specialized domain. Providing a frame for specific concept organization activates and enhances knowledge acquisition.

Purpose and objectives of the study

Consequently, the objectives we have set ourselves in the current study are as follows:

1. To conduct consultations with medical professionals teaching and practising at Medical University - Sofia regarding taking a patient history.
2. To clarify the principles of taking a patient history.
3. To specify and systematize interrogative structures involved in history taking.
4. To compose and propose an open bilingual (English - Bulgarian) history-taking model with the possibility of adding newly formed interrogative structures and serving foreign language training at medical universities.
5. To form students' English/Bulgarian terminological conceptual apparatus in the context of history taking.

Materials and Methods

The objectives of the study led to the inclusion of the information obtained during consultations with medical specialists as well as a number of specialized literary sources dealing with the topic - taking a patient history.

The realization of the present research is due to the use of the following methodology: 1. Method of definition analysis; 2. Method of component analysis.

Discussion and results

Training at Medical University - Sofia is conducted both in Bulgarian and English. In addition to the disciplines required for the major, English language training includes Bulgarian language, as well due to the need for the integration of foreign students in the country where they are being taught. The lecture course in Bulgarian lasts for three years during the last of which English-speaking students study the discipline "Clinical Bulgarian". This is the final part of Bulgarian language training for these students. The purpose of the training is to acquire knowledge and skills for communication in Bulgarian with patients and medical clinics staff.

"Clinical Bulgarian" is a part of specialized Bulgarian language for medical purposes, which is used in medical clinic. Its main component is the communication between the physician and patient, subject to taking a patient history. Carrying out this dialogue necessitates entering a number of cognitive spheres and mastering the vocabulary and phraseology in them:

- human body parts, organs and systems;
- physiological processes and actions;
- diseases and disease processes and states;
- symptoms and complaints;
- description of symptoms and complaints;
- setting general and clarifying questions regarding the most common diseases and their symptoms, etc.

Hence the need to create a clear, precisely structured, open, bilingual history-taking model that would: A. Facilitate both teaching and learning processes; B. Serve foreign language training at medical universities in general; C. Be edited and supplemented; D. Lead to correct diagnosis and treatment of the disease. The model is based on the already acquired grammatical, lexical and terminological knowledge during Bulgarian language course. The acquisition of Latin nomenclature terms contributes to the model setting up, as well.

Anamnesis is the patient's account of his physical or mental health, realized and analyzed by the physician. The main principles of taking a detailed patient history are as follows:

- Listening to the patient calmly and asking clarifying questions;
- Patient observing - The physician carefully observes the patient to assess his mental state, level of intelligence, emotional reactions;

- Integration of the information received - The physician separates the disease symptoms from the formal circumstances associated with them in order to obtain a logically ordered history and formulate a diagnostic hypothesis.

Taking a patient history is carried out in three main stages, namely: **Anamnesis morbi**, **Anamnesis vitae**, **Anamnesis familiae**.

Anamnesis morbi is the part of history taking that determines the main complaints and details of the patient's condition at the time of examination. Possible questions in English and Bulgarian that the physician may ask are shown in Table 1.

History of present complaint	История на настоящето оплакване
What are you complaining of?	От какво се оплаквате?
How long have you been feeling unwell?	От колко време н есе чувствате добре?
When did the symptoms start?	Кога започнаха симптомите?
Localization – Where exactly is the pain?	Локация – Къде точно е болката?
Onset – When did the pain start?; Did it start suddenly or gradually?	Начало - Кога започна болката – внезапно или постепенно?
Intensity – Is the pain slight, mild, severe, acute, cutting, stabbing, tightening, burning, crushing, etc.?	Интензитет – Каква е болката: лека, умерена, силна, остра, режеща, пронизваща, стягаща, изгаряща, смазваща и т. н.?
Irradiation – Does the pain irradiate and to which part of the body?	Разпространение – Болката разпространява ли се (ирадира ли) и до коя част на тялото стига?
Frequency – Is the pain constant or intermittent and how often it appears?	Честота – Болката постоянна ли е или периодична и колко често се появява?
Association – Is the pain accompanied by any other complaints?	Връзка – Придружена ли е болката от някакви други оплаквания?
Duration – Does the pain vary in intensity?	Продължителност – Варира ли силата на болката?
Exacerbating and relieving factors – Does anything relieve the pain or exacerbate it?	Влошаващи и облекчаващи фактори – Има ли нещо, което облекчава или усилва болката?
Severity – Does the pain interfere with daily activities or sleep?	Острота – Пречи ли болката на ежедневните Ви дейности или сън?

Table 1. Anamnesis morbi – Interrogative structures in English and Bulgarian

Anamnesis vitae includes obtaining information about patient's past diseases, surgeries, injuries and examining the medical records for them. The patient's complaints are reviewed according to systems, the functioning of separate organs is registered. The physician is informed about the patient's social environment: marital status, residential and domestic environment, socio-economic conditions in the family, intimate life, employment and working conditions, diet, harmful habits. The applied remedies up to the time of the examination are specified: medications (name, doses, duration of the treatment course) and other procedures (compresses, massages, physiotherapy). Treatment results and side

effects, if any, are clarified. Existing allergic reactions to certain foods and medicines are registered, as well. Possible interrogative structures in English and Bulgarian are presented in Table 2.

Previous medical history	История на предишните заболявания
Have you suffered from any previous disease?	Страдали ли сте от някакви заболявания?
Have you had tuberculosis or whooping cough?	Боледали ли сте от туберкулоза или магарешка кашлица?
Have you ever been found to have high blood pressure?	Имали ли сте високо кръвно налягане?
Have you had rheumatic fever?	Имали ли сте ревматична криза?
Have you ever had epileptic seizure?	Имали ли сте някога епилептичен пристъп?
Do you have asthma or episodic breathlessness?	Имате ли астма или епизодични задъхвания?
Have ever suffered from anxiety or depression?	Страдали ли сте някога от чувство на тревожност или от депресия?
Do you suffer from diabetes?	Страдате ли от диабет?
Do you suffer from anemia or other blood disease?	Страдате ли от анемия или друго заболяване на кръвта?
Have you ever had operations?	Били ли сте опериран?
Have you had any pregnancies (normal or with complications)?	Били ли сте бременна (нормална бременност или с усложнения)?
History of systems operation	История на функциониране на системите
<i>Cardiovascular function</i>	<i>Сърдечносъдова функция</i>
<ol style="list-style-type: none"> 1. Do you have any chest pain? 2. Does the pain appear during physical exercise or at rest? 3. Is the pain relieved by any medicine? 4. Do you have palpitation or premature beats? 5. Do you have shortness of breath, easy tiredness, fatigue? 6. Do your legs swell? 7. In case you have high blood pressure what are the maximal values? 	<ol style="list-style-type: none"> 1. Получавате ли болка в гърдите? 2. Болката при физическо усилие ли се появява или в покой? 3. Болката повлиява ли се от някакъв медикамент? 4. Имате ли сърцебиене или прескачане? 5. Получавате ли задух, лесна умора, силна отпадналост? 6. Получавате ли отоци по краката? 7. Ако имате високо кръвно налягане, какви са максималните стойности?
<i>Respiratory function</i>	<i>Дихателна функция</i>
<ol style="list-style-type: none"> 1. Do you have cough? 2. Is the cough dry or is there any sputum? 3. What colour is the sputum? 4. Is there blood in the sputum? 5. The questions regarding chest pain, shortness of breath, provoking factors and relief mechanism stay the same as in cardiovascular function. 	<ol style="list-style-type: none"> 1. Имате ли кашлица? 2. Кашлицата суха ли е или с храчки? 3. Какъв цвят са храчките? 4. Има ли кръв в храчките? 5. Въпросите относно болка в гърдите, задух, провокиращи фактори и механизъм за облекчение са същите както при сърдечносъдовата функция.
<i>Gastrointestinal function</i>	<i>Стомашно-чревна функция</i>
<ol style="list-style-type: none"> 1. Has there been any change in your appetite? 2. Has there been any change in your weight? 	<ol style="list-style-type: none"> 1. Имали ли сте някога промяна в апетита? 2. Имали ли сте някога промяна в теглото?

<ol style="list-style-type: none"> 3. Do you have regurgitation of acids and heartburns (pyrosis)? 4. Does the complaint appear before or after eating? 5. What kind of food provokes the complaint? 6. Do you have nausea and vomiting? 7. What colour is the vomit and is there blood in it? 8. Do you feel relieved after vomiting? 9. Do you have abdominal pain? 10. Do you have diarrhea or constipation? 11. What colour are the feces and are they mixed with blood? 12. How many times do you defecate daily and what is the consistence of the feces? 	<ol style="list-style-type: none"> 3. Имате ли киселини и парене по хода на хранопровода? 4. Кога се появява оплакването – на гладно или след хранене? 5. Какви храни провокират оплакването? 6. Имате ли гадене и повръщане? 7. Какъв цвят е повърнатото и има ли кръв? 8. Имате ли облекчение след повръщане? 9. Имате ли болка в корема? 10. Имате ли диария или запек? 11. Какъв цвят са изпражненията и има ли кръв? 12. Колко често ходите по нужда и какви са изпражненията?
<i>Urogenital function</i>	<i>Пикочно-полова функция</i>
<ol style="list-style-type: none"> 1. How often do you urinate? 2. Do you have difficulty in urinating? 3. Do you feel pain or burning when you urinate? 4. What is urine colour and is there blood in it? 5. Have you ever had renal colic? 6. Do you have any sexual problems? <p>Follow up with questions specific to both sexes (sexually transmitted diseases, vaginal disorders, menstrual cycle, pregnancy, menopause, etc.)</p>	<ol style="list-style-type: none"> 1. Колко често уринирате? 2. Трудно ли уринирате? 3. Усещате ли болка или парене при уриниране? 4. Какъв цвят е урината и има ли кръв? 5. Имали ли сте бъбречни кризи? 6. Имате ли някакви сексуални проблеми? <p>Продължете с въпроси специфични и за двата пола (вагинални смущения, менструален цикъл, бременност, менопауза, венерически заболявания и т. н.</p>
<i>Endocrine function</i>	<i>Ендокринна функция</i>
<p>Besides diabetes, obtain information about:</p> <ol style="list-style-type: none"> 1. Do you have problems with the thyroid gland? 2. Do you have osteoporosis? 	<p>Освен за диабет, получите информация за:</p> <ol style="list-style-type: none"> 1. Имате ли проблеми с щитовидната жлеза? 2. Имате ли остеопороза?
<i>Neurological function</i>	<i>Неврологична функция</i>
<ol style="list-style-type: none"> 1. Do you have any headache? 2. Have you ever lost consciousness? 3. Have you had any fits? 4. Have you had any dizziness? 5. Do you get ringing in your ears (tinnitus)? 6. Have you noticed a change in your hearing, smell, taste, eyesight? 	<ol style="list-style-type: none"> 1. Получавате ли главоболие? 2. Имали ли сте загуба на съзнание? 3. Имали ли сте някакви припадъци? 4. Имали ли сте виене на свят? 5. Имате ли шум в ушите? 6. Забелязали ли сте промяна в слуха, обонянието, вкуса, зрението си?
<i>Musculoskeletal function</i>	<i>Мускулно-скелетна функция</i>
<ol style="list-style-type: none"> 1. Do you feel weakness in your arms or legs? 	<ol style="list-style-type: none"> 1. Усещате ли слабост в ръцете или краката?

2. Do you get stiffness/pain in your joints or spine?	2. Получавате ли схващания/болки в ставите или гръбнака?
Medication history and allergies	Лечение и алергии
1. What medicines, homeopathic and herbal preparations do you take and in what doses?	1. Какви лекарства, хомеопатични и билкови препарати приемате и в какви дози?
2. Have you ever been upset by taking a particular medication?	2. Разстройвали ли сте се от прием на дадено лекарство?
3. Do you have any allergies?	3. Имате ли някакви алергии?
Social history	Социална анамнеза
1. Are you single, married, widowed or divorced?	1. Неженен/неомъжена,женен/омъжена, вдовец/вдовица или разведен/а ли сте?
2. Where do you live? What conditions do you live in (apartment area, floor, elevator, heating, humidity)?	2. Къде живеете? В какви условия живеете (площ на апартамента, етаж, асансьор, отопление, влага)?
3. Do you work with harmful substances or in unhealthy environment (chemicals, toxic substances, noise, dust, etc.)?	3. Работите ли с вредни вещества или в нездравословна среда (химикали, токсични вещества, шум, прах и т.н.)?
4. What is your diet? Do you eat healthy food?	4. Какъв е вашият режим на хранене? Храните ли се здравословно?
5. Do you have unhealthy habits? Do you smoke and how much daily? Do you consume alcohol and in what amounts per day?	5. Имате ли вредни навици? Пушите ли и колко дневно? Консумирате ли алкохол и в какви количества на ден?

Table 2. Anamnesis vitae – Interrogative structures in English and Bulgarian

In **Anamnesis familiae** information about the health and diseases of the patient's relatives is registered: longevity of blood relatives, causes of their death, hereditary diseases, family predisposition to some of the most common diseases, presence of infectious diseases such as tuberculosis, AIDS, viral hepatitis. Table 3 illustrates this part of history taking by possible questions in English and Bulgarian.

Family history	Фамилна анамнеза
1. Do your blood relatives have any current diseases?	1. Вашите кръвни роднини имат ли настоящи заболявания?
2. Do you have any deceased family members? At what age and what did they die of?	2. Имате ли починали хора в семейството? На каква възраст и от какво са починали?
3. Do you have hereditary diseases in your family? (The question is important in the presence of hypertension, anemia, diabetes, rheumatism, hemophilia, allergies, etc.)	3. Имате ли наследствени болести в семейството? (Въпросът е важен при наличие на хипертония, анемия, диабет, ревматизъм, хемофилия, алергии и т.н.)

Table 3. Anamnesis familiae – Interrogative structures in English and Bulgarian

Conclusions

On the basis of consultations with medical specialists and theoretical studies on the topic under consideration, a model for taking a patient history was set up with the following characteristics:

1. The model is considered in three stages: Anamnesis morbi, Anamnesis vitae, Anamnesis familiae;
2. The model is open for editing and supplementing;
3. The model is bilingual, in accordance with the structural features and lexical and terminological conceptual apparatus in English and Bulgarian;
4. The model is addressed to trainers and trainees in the specialty of medicine;
5. The model contributes to the upgrading of common language and terminological specialized knowledge in Bulgarian and English in the medical domain;
6. The model structure implies the formulation of a proper diagnostic hypothesis and treatment of the disease;
7. The basic principles of taking a detailed patient history are as follows: A. Listening to the patient and asking clarifying questions regarding his medical condition; B. Patient observation; C. Integration of the information obtained.

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