



INVESTICE DO ROZVOJE VZDĚLÁVÁNÍ

COMPACT
Kompetence v jazykovém vzdělávání

PHYSICIANS AND MEDICAL SPECIALTIES

1. Modern medical care, especially in a hospital, is administered by a whole team of **technically trained personnel**. At the head of the team - supervising, making decisions, and writing the orders - is the **physician**.

2. In the United States, the training of a physician actually begins with what are called "**pre-med**" **courses**, the science and math classes required during undergraduate training for all who intend to apply to medical school. The curriculum includes biology and mathematics, biochemistry, organic and inorganic chemistry, and histology. Most students complete four years of undergraduate work before entering medical school, which takes another three or four years. After graduating from medical school, the student has earned the title - M.D. (doctor of medicine). Those who graduate from a school of osteopathy receive a D.O. (doctor of osteopathy) and are also licensed to practice medicine after passing the state exam.

3. An **internship**, or hands-on hospital training, is an essential part of a physician's training. In the past, a year of internship (rotating, supervised service in various hospital departments) followed medical school. Today, in many hospitals, a physician in training may serve as an **intern** during the final year of med school or the first year of a residency (specialty training).

4. In order to practice medicine in a particular state, a physician must take that **state's examination**. Physicians who move to certain states may be required to pass the new state's medical examination in order to get a license to practice there.

5. Most young physicians in the United States today choose to specialize. To become a **specialist**, a doctor must first receive training in an accredited program called a **residency**. This training takes from three to seven years, depending upon the field of specialization. Residency training takes place in a hospital or ambulatory care setting, where the specialist-in-training (called a **resident**) cares for patients under the supervision of experienced teacher-specialists. After completing the training, specialists may then take an examination given by the specialty board they are applying to. Those who pass are called **board-certified specialists**. In the United States, there are 24 specialties recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA). Some specialty boards require physicians to practice in the specialty for a year or more before they may apply to become board certified.

6. Some specialists later choose to **subspecialize**, which generally requires an additional two or more years of training. Two fields in which there are a number of subspecialties are internal medicine and pediatrics. General internists provide non-surgical care for adolescents and adults. Internists may become sub-specialists in thirteen different areas. Among these are cardiovascular medicine, gastroenterology, geriatric medicine (treatment of the elderly), hematology (diseases of the blood, spleen, and lymph glands), infectious diseases, nephrology (diseases of the kidney), pulmonary diseases, rheumatology (diseases of the joints, muscles, bones, and

tendons), medical oncology (cancer), and allergy and immunology. Pediatricians (who treat children from birth to young adulthood) can subspecialize in seven different areas including cardiology, endocrinology, hematology-oncology, and neonatal-perinatal medicine.

7. When choosing a specialty, physicians must consider many factors. One is, of course, which branch of medicine interests them most. Another practical consideration is need - which types of specialists are in short supply in the area where the physician plans to practice. But there are many other factors to consider. The first decision is whether one wants a surgical or a medical (nonsurgical) specialty. Surgeons not only operate on their patients; they also provide perioperative care.

8. Clearly, even in this age of specialization, patients need one physician following their general health and keeping track of all medical problems and medications being taken. When there is any question about the cause of a symptom, that primary physician is the one the patient should see first. For adults, it might be a **general practitioner (GP)**, an internist, or a specialist in family practice.

9. Physicians in hospital make **rounds**, which means checking on their hospitalized patients and writing orders for their nursing care.

10. All physicians, specialists or not, find that there can be no end to their education. They must keep up with new developments by reading journals, attending meetings, and sometimes learning to perform new types of operations or diagnostic procedures. The life of a physician has many rewards, but it is not easy.

Exercise I: Which specialists would be needed for the following health problems?

asthma attacks, labor pains, high fevers, broken bones, cancer of the larynx, surgery for crossed eyes, *rhinoplasty* (plastic surgery of the nose), *hysterectomy* (surgical removal of the uterus), *mastectomy* (excision=surgical removal) of a breast, nasal polyps, *cholecystectomy* (gall bladder removal), *herniorrhaphy* (hernia repairs), *stapedectomy* (middle ear surgery for hearing)

Choose from the following specialists.

general surgeon 3x, allergist, orthopedic surgeon, otolaryngologist/plastic surgeon, obstetrician-gynecologist/general surgeon, pediatrician, otolaryngologist 3x, obstetrician, ophthalmologist

Exercise II: Answer the questions.

1. Test each other on medical specialties and subspecialties. Give definitions.
2. What subjects are there in "pre-med courses"?
3. What do the initials GP, M.D., and D.O. stand for?
4. What's the difference between an intern and a resident?
5. Which fields can internists and pediatrician subspecialize in?
6. Who makes rounds in a hospital and why?

Exercise III: Homework.

Look up and learn as many medical specialties/subspecialties as possible and be ready to explain them.

Exercise IV: Discussion.

1. Is narrow subspecialization useful or not, why?
2. If you were choosing a medical specialty, which one would you choose? Tell why that field appeals to you.
3. Which specialty would you be least likely to go into? Why?
4. Compare the system of medical education in your country to that in the U.S.A.

Adapted from:

<http://healthcareers.about.com/od/physiciancareers/tp/TypesOfPhysicians.htm>