Health and medicine

VOCABULARY PRACTICE

ADVANCED | C1

Name: _____ **Date:** _____

1 Match each advanced medical concept with its meaning.

1 comorbidity	____	a ability of a test to identify those without a condition
2 differential diagnosis	____	b avoidable and unfair difference in health or access
3 iatrogenic harm	____	c new cases arising in a population during a period
4 incidence	____	d proportion of a population living with a condition
5 prevalence	____	e harm resulting from medical care
6 sensitivity	____	f presence of two or more conditions in one patient
7 specificity	____	g process of distinguishing between plausible causes
8 informed consent	____	h ability of a test to identify those with a condition
9 health inequity	____	i pathogens surviving medicines designed to kill them
10 antimicrobial resistance	____	j voluntary agreement after adequate information and understanding

2 Complete the epidemiological collocations.

consent | diagnosis | harm | incidence | inequity | prevalence | resistance | specificity

1 estimate disease _____

2 monitor annual _____

3 construct a differential _____

4 minimise iatrogenic _____

5 calculate test _____

6 obtain informed _____

7 address health _____

8 contain antimicrobial _____

3 Choose the concept that best captures the distinction.

1 Number of new cases this year: *incidence / prevalence*.

2 All people currently living with a condition: *prevalence / incidence*.

3 A test rarely misses people who have the disease: *sensitivity / specificity*.

4 A test rarely labels healthy people as positive: *specificity / sensitivity*.

5 Treatment itself causes a preventable complication: *iatrogenic harm / comorbidity*.

6 Several possible causes are compared systematically: *differential diagnosis / screening*.

7 A patient agrees after risks and alternatives are explained: *informed consent / adherence*.

Health and medicine

VOCABULARY PRACTICE

ADVANCED | C1

4 Complete the evidence review with terms from the box.

antimicrobial resistance | comorbidity | differential diagnosis | health inequity | iatrogenic harm | incidence | informed consent | prevalence | sensitivity | specificity

The study separates **1** _____, which counts new cases, from **2** _____, which measures existing disease. Screening performance is described using **3** _____ and **4** _____. Clinical assessment requires a careful **5** _____, especially where **6** _____ complicates symptoms. Safeguards aim to reduce **7** _____ and ensure valid **8** _____. Population analysis examines **9** _____, while prescribing policy addresses **10** _____.

5 Read the text and answer the questions concisely.

When a screening result is not a diagnosis

A screening test is applied to people without recognised symptoms to estimate who may need further assessment. Its value depends not only on sensitivity and specificity but also on disease prevalence, test quality and the consequences of false results. A positive screen therefore changes the probability of disease; it does not establish a diagnosis. Programmes should explain uncertainty, provide timely confirmatory testing and monitor whether benefits and harms are distributed fairly. Expanding access is valuable, but participation must remain informed rather than coerced.

1 Who receives a screening test? _____

2 Which four factors influence its value? _____

3 What does a positive result change? _____

4 Why is it not a diagnosis? _____

5 What three duties do programmes have? _____

6 What condition should accompany wider access? _____

6 Paraphrase using the expression in capitals.

1 Two long-term conditions occur in the same patient. **COMORBIDITY** ___

2 The intervention caused an avoidable complication. **IATROGENIC** ___

3 The test correctly excludes most healthy people. **SPECIFICITY** ___

4 The patient agreed after receiving adequate information. **CONSENT** ___

OVER TO YOU

Write a **160-190 word** critical evaluation of a screening programme. Address target population, test performance, confirmatory diagnosis, informed consent, possible harms and equity.

[ ] Use at least ten target terms or collocations. [ ] Distinguish incidence from prevalence. [ ] Explain uncertainty and false results.

Health and medicine

ANSWER KEY

1 Advanced medical concepts

1 **f** 2 **g** 3 **e** 4 **c** 5 **d** 6 **h** 7 **a** 8 **j** 9 **b** 10 **i**

2 Epidemiological collocations

1 **prevalence** 2 **incidence** 3 **diagnosis** 4 **harm** 5 **specificity** 6 **consent** 7 **inequity** 8 **resistance**

3 Conceptual distinctions

1 **incidence** 2 **prevalence** 3 **sensitivity** 4 **specificity**
5 **iatrogenic harm** 6 **differential diagnosis** 7 **informed consent**

4 Evidence review

1 **incidence** 2 **prevalence** 3 **sensitivity** 4 **specificity** 5 **differential diagnosis**
6 **comorbidity** 7 **iatrogenic harm** 8 **informed consent** 9 **health inequity** 10 **antimicrobial resistance**

5 Reading - suggested answers

1 People without recognised symptoms. 2 Sensitivity, specificity, prevalence and test quality. 3 The probability of disease.
4 Confirmation requires further assessment. 5 Explain uncertainty, provide confirmatory testing and monitor distribution. 6 Participation must be informed and voluntary.

6 Paraphrasing - possible answers

1 The patient has a **comorbidity**. 2 This was **iatrogenic harm**. 3 The test has high **specificity**. 4 The patient gave **informed consent**.

Over to you: Answers will vary. Check epidemiological precision, uncertainty, consent, harms and equity.