Roll No.												

PRESIDENCY UNIVERSITY

BENGALURU

Mid - Term Examinations – October 2025

Date: 30-10-2025 **Time:** 11.00am to 12.30pm

School: SAHS	**Program:** B.Sc. in Cardiac Care Technology	
Course Code: ENG1101	**Course Name**: Communication Skills for Healthcare Professionals	
Semester: I	**Max Marks**:50	**Weightage**:25%

CO - Levels	**CO1**	**CO2**	**CO3**	**CO4**	**CO5**
Marks	**20**	**20**	**10**		

Instructions:

(i) Read all questions carefully and answer accordingly.

(ii) Do not write anything on the question paper other than roll number.

Part A

Answer ALL the Questions. Each question carries 2marks. **10Q x 2M=20M**

1	Correct the error: "The blood pressure readings is high and the heart rate need monitoring."	**2 Marks**	**L1**	**CO1**
2	State one difference between upper and lower jaw articulators.	**2 Marks**	**L1**	**CO2**
3	What are tag questions? Give two medical examples with proper intonation marks.	**2 Marks**	**L1**	**CO1**
4	Give two examples of monophthongs in medical words.	**2 Marks**	**L1**	**CO2**
5	Divide into syllables: *Antibiotic* and *Surgery*	**2 Marks**	**L1**	**CO1**
6	What is the main difference between voiced and voiceless consonants?	**2 Marks**	**L1**	**CO2**
7	Write two sentences showing how modal verbs express advice and necessity.	**2 Marks**	**L1**	**CO1**
8	Explain how communication style changes while addressing older adults.	**2 Marks**	**L1**	**CO1**
9	Fill in: "English has ___ consonant sounds, and they are divided into ___ and ___."	**2 Marks**	**L1**	**CO2**
10	Write two roles of the tongue in sound production.	**2 Marks**	**L1**	**CO2**

Part B

Answer any 4 Questions. Each question carries 5marks. **4Q x 5M=20M**

11.	Discuss the difference between monosyllabic, disyllabic, and polysyllabic medical words. Include two examples for each type.	**5 Marks**	**L2**	**CO1**
12.	Compare formal and informal greetings in medical contexts, citing examples appropriate for different age groups.	**5 Marks**	**L2**	**CO1**
13.	Explain how voiced and voiceless consonant sounds are produced. Provide five examples of each and describe how to identify them.	**5 Marks**	**L2**	**CO2**
14.	Describe the speech production mechanism with reference to the articulatory system.	**5 Marks**	**L2**	**CO2**
15.	Differentiate between active and passive articulators. Give examples for each and describe how they work together during speech.	**5 Marks**	**L2**	**CO2**
16.	Differentiate between monophthongs and diphthongs with suitable examples. How does this distinction help in pronouncing medical terms correctly?	**5 Marks**	**L2**	**CO1**

Part C

Answer the Questions **1Q x 10M=10M**

17.	Based on the case study provided below, write a comprehensive diagnostic summary for this patient. CASE STUDY: CHEST PAIN IN ELDERLY PATIENT History: A 67-year-old male retired accountant presents to the emergency department with severe central chest pain that started 3 hours ago while climbing stairs. The pain radiates to his left arm and jaw. He describes it as crushing and rates it 8/10 in severity. He has been experiencing similar but milder episodes over the past week, usually triggered by exertion and relieved by rest. Past medical history includes hypertension (15 years), type 2 diabetes mellitus (10 years), and hyperlipidemia (8 years). He smokes 20 cigarettes daily for 40 years and drinks alcohol occasionally. Family history reveals that his father died of myocardial infarction at age 60. Current medications include metformin 500mg BD, atorvastatin 20mg OD, and amlodipine 5mg OD. He is married with two children and lives an active lifestyle. Examination: Patient appears distressed and sweating profusely. Pulse: 96/min, irregular. Blood pressure: 150/95 mmHg. Temperature: 37.2°C. Respiratory rate: 22/min. Oxygen saturation: 94% on room air. Cardiovascular examination reveals irregular heart rhythm with no murmurs. Lungs are clear bilaterally. Abdomen is soft and non-tender. No pedal edema noted. Investigations:	**10 Marks**	**L3**	**CO3**

Parameter	**Value**	**Normal Range**
Hemoglobin	**14.2 g/dL**	**13.0–17.0 g/dL**
White cell count	**11.5 × 10^9/L**	**4.0–11.0 × 10^9/L**

Parameter	Value	Normal Range
Platelets	**245 × 10^9/L**	**150–400 × 10^9/L**
Sodium	**138 mmol/L**	**135–145 mmol/L**
Potassium	**4.2 mmol/L**	**3.5–5.0 mmol/L**
Urea	**7.8 mmol/L**	**2.5–6.7 mmol/L**
Creatinine	**98 µmol/L**	**70–120 µmol/L**
Random blood glucose	**9.8 mmol/L**	**4.0–7.8 mmol/L**
Troponin I	**2.4 ng/mL**	**<0.04 ng/mL**
CK-MB	**45 IU/L**	**0–25 IU/L**
Total cholesterol	**6.8 mmol/L**	**<5.2 mmol/L**
LDL cholesterol	**4.5 mmol/L**	**<3.0 mmol/L**

Chest X-ray: Clear lung fields

Diagnosis: Acute Inferior Wall Myocardial Infarction

Or

18.	You are a cardiac care technologist working at Community Hospital, Pune. Write a referral letter to Dr. Anil Deshmukh, Consultant Cardiologist at Heart Care Center, Pune, referring Mr. Suresh Patil for advanced cardiac management and consideration for heart failure therapy optimization. Details: A 55-year-old male construction worker, Mr. Suresh Patil, presents to your cardiac care unit with complaints of progressive exertional dyspnea and bilateral pedal edema for the past 2 months. He reports orthopnea (needs 3 pillows to sleep) and paroxysmal nocturnal dyspnea. He has a history of hypertension for 8 years (irregular medication compliance) and is a chronic smoker (25 pack-years). He denies chest pain but mentions occasional palpitations. On examination: Pulse 110/min (irregular), BP 160/100 mmHg, RR 24/min, SpO_2 92% on room air. Jugular venous pressure raised (8 cm). Cardiovascular examination reveals displaced apex beat, S3 gallop rhythm, and bilateral basal crepitations on lung auscultation. Bilateral pitting pedal edema (2+) present. Investigations show: Chest X-ray - cardiomegaly with pulmonary congestion; ECG - atrial fibrillation with rapid ventricular response; 2D Echo - severe left ventricular systolic dysfunction (LVEF 28%), dilated left ventricle; Renal function mildly impaired (creatinine 1.6 mg/dL).	**10 Marks**	**L3**	**CO3**