Module 5 Communicating at work

This module focuses on the communication skills that nurses need to handle more complex situations on the ward. It looks at skills for dealing with angry and upset patients and relatives and handling a range of telephone calls from relatives and other medical staff. It also looks at the skills a nurse needs to make an effective contribution at ward meetings.

Theme	Page titles	Page reference	ESOL
Dealing with conflict	Focus	5:1	_
situations	How to recognise anger or frustration	5:2	Lr/L1.2b; Lr/L1.2e; Lr/L2.2b
	How to sound reassuring	5:3	Sc/L2.1a; Sd/L1.2b; Sd/L2.2d; Sd/L2.5a
	How to respond to an angry patient or visitor	5:4	Lr/L1.2b; Lr/L2.2b; Lr/L2.4a; Sd/L1.2b; Sd.L2.2d; Sd/L2.5a
	How to take control of a difficult situation	5:5	Sc/L2.1a; Sc/L2.1c; Sd/L2.2b; Sd/L2.5a
	How to refer to a colleague for assistance	5:6	Lr/L2.2b; Lr/L2.2a; Sc/L2.4a; Sc/L2.4c
	How to complete an incident form	5:7, 5:8	Wt/L1.6a; Wt/L2.2a; Ws/L2.1a; Ws/L2.2a
	How to manage a conflict situation	5:9	Sc/L2.4a; Sd/L2.2d; Sd/L2.5a; Lr/L1.2b; Lr/L1.4a; Wt/L1.6a; Ws/L2.1a
Dealing with phone calls	Focus	5:14	-
5	How to take telephone messages	5:15, 5:16	Sc/L2.3b; Lr/L1.1b; Lr/L2.1b; Lr/L2.4a
	How to leave a message on an answer machine	5:17	Sc/L.1a; Sc/L2.1c; Sc/L2.4a; Sc/L2.5a
	How to deal with unexpected calls	5:18, 5:19	Sc/L.1a; Sc/L2.3b; Sd/L2.5a Lr/L2.2b; Lr/L2.3a
	How to negotiate on the telephone	5:20	Sc/L2.4a; Sd/L2.1a; Sd/L2.2b
	How to use your telephone skills	5:21	Lr/L2.4a; Sc/L2.3b; Sc/L2.4a; Sd/L2.5a; Sd/L2.1a; Sd/L2.2b
Attending ward meetings	Focus	5:25	-
5	How to follow the discussion	5:26	Lr/L2.2b; Lr/L2.4a
	How to give your point of view	5:27	Sd/L1.2a; Sd/L2.2c
	How to be critical of other people's views	5:28	Sc/L2.2a; Sd/L2.1a; Sd/L2.5a
	How to respond to criticism	5:29	Sc/L2.2a; Lr/L2.2b
	How to develop an argument	5:30	Sd/L2.1a; Sd/L2.4a
	How to take notes	5:31, 5:32	Lr/L2.1b; Wt/L2.2b; Wt/L2.4a
	How to take part in a meeting	5:33	Lr/L2.2b; Sc/L2.2a; Sd/L2.1a; Sd/L2.2c; Sd/L2.4a; Wt/L2.2b; Wt/L2.4a

Skills checklist

These are some of the skills you will need to handle more complex communication situations on the ward. They will help you to:

- deal with patients or their relatives who become angry and upset
- handle a range of telephone calls from relatives and other medical staff
- make an effective contribution at ward meetings.

Tick the skills you feel confident with now and the ones you need to practise.

Skills for communicating at work	l feel confident	I need more practice	Pages
Theme 1 Dealing with conflict situations			
Deal with a person who has become angry or upset			 ⇒ 5:2, 5:3, 5:4, 5:9
Gain control in a conflict situation			ದ> 5:5
Know when and how to refer a problem or complaint to a senior colleague			5:6
Complete an incident form			5:7, 5:8
Theme 2 Dealing with phone calls			
Take a telephone message			➪ 5:15, 5:16
Leave a message on an answer machine			5:17
Deal with unexpected phone calls from medical staff and relatives			➡ 5:18, 5:19, 5:21
Discuss a problem on the phone and reach a compromise			⊧> 5:20
Theme 3 Attending ward meetings			
Follow the discussion during the meeting			ದ> 5:26
Express your views effectively			➡ 5:27, 5:30, 5:33
Handle criticism constructively			5:28, 5:29
Take notes during a meeting			➪ 5:31, 5:32

Don't forget! When you have worked with the material, look at the checklist again.

PAGES 5:1-5:9 Dealing with conflict situations

Professional setting

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This theme focuses on the handling of angry or upset patients and visitors. It develops techniques for:

- calming and reassuring them
- finding solutions to their problems
- personal assertiveness.

It also explores the procedures to follow in the case of complaint.

The purpose of the theme is to develop the skills needed to:

- recognise the signs of anger or frustration in a patient or visitor
- calm and reassure an upset patient or visitor
- respond to unexpected demands
- engage in dialogue with a person who is upset
- respond to anger in a calm but assertive manner
- refer the problem to a colleague
- complete an incident form.

Materials

Audio equipment

Blank cassettes

Resources for the theme:

- Role cards (5:10)
- Observer checklist (5:11)
- Incident report form (5:12)
- Reflection form (5:13)

Video clips from hospital dramas showing angry or frustrated patients or visitors

Examples of professional conduct policies and procedures from different health trusts

Dictionaries

Examples of incident report forms and incident books from learners' workplaces

Learning outcomes/objectives

1 to pick up the signs of anger in a person's tone, expression and body language

- 2 to respond to anger in a reassuring tone
- **3** to sustain a controlled dialogue with an angry or frustrated person
- 4 to use appropriate body language when responding to an angry person
- 5 to respond calmly but assertively to an angry person
- 6 to refer and explain a problem to an appropriate colleague
- **7** to narrate the details of a difficult situation to a colleague
- 8 to complete an incident report

Curriculum objectives

ESOL

Lr/L1.2b; Lr/L2.2e; Lr/L2.2b; Lr/L2.4a; Sc/L2.1a; Sc/L2.1c; Sc/L2.4a; Sc/L2.4c; Sd/L1.2b; Sd/L2.2b; Sd/L2.2d; Sd/L2.5a; Ws/L1.2a; Ws/L2.1a; Wt/L1.6a; Wt/L2.2a

Focus

PAGE 5:1

Suggested teaching activities

Discuss learners' experience of dealing with conflict situations. What kinds of thing seem to make patients and their relatives angry or frustrated? Ask about situations where trying to calm a patient is counterproductive. Emphasise that it is not necessarily appropriate to calm someone who is angry – people may need to vent their frustration and anger, but in a safe environment. It may be useful to display these questions on a board or as handouts:

- What experience do you have of formal complaints?
- Is this process different in the UK from other countries of your experience?
- What do you feel in conflict circumstances, and what are the difficulties?
- What experience have you had of upset patients?
- How would you deal with a stressed patient or relative?

Is it always appropriate to try to calm a person down?

Draw attention to the photos on the focus page and, in groups, ask learners to discuss and report back on these discussion points.

- 1 A nurse should respond *professionally* to complaints and difficult situations. From your experience what is expected of a nurse in a conflict situation? Have you noticed different expectations in different places where you have worked? (Examples of policies from different trusts would be useful in this discussion.)
- 2 How would you expect to resolve the situation developing in the photos?

Confirm the importance of remaining calm and in control during conflict dialogue. Ask learners to imagine themselves in the position of the angry person and to look for solutions.

Task 1 🞧 🚺

Preparation

Explain to learners that they will hear three short conversations between Mr Williams and three different staff members. Display the names of the characters in three numbered boxes: 1 Mr Williams/nurse 1; 2 Mr Williams/nurse 2; 3 Mr Williams/canteen assistant. Indicate the appropriate box as you play the audio clip.

Task

- Question 1 Play the three conversations consecutively and without stopping. Elicit ideas about Mr Williams' feelings: he is already nervous about having an operation so the delay makes him more agitated; lack of information makes him feel powerless; he can't hear very well so lack of attention makes him more stressed; he is lonely; he is frustrated because promises of action have come to nothing.
- Question 2 Draw out and display a list of suggestions about possible action to include: ringing the porters and the theatre; reporting back to Mr Williams with the accurate situation and timings; checking back and updating him at frequent intervals; doing as promised.
- Elicit suggestions about what a nurse might say, for example: 'I'll go and find out what's happened.' 'I'm sorry. The delay must be very upsetting for you.'
- Ask learners to work through the checklist of things to do when a patient is upset or angry.

For dyslexic learners, break up the checklist into smaller groups of points. Ask learners to read the expressions in the boxes and to match them to the points in the central box.

Follow up

- Discuss other expressions for communicating these points verbally and non-verbally.
- Help learners to build a bank of useful expressions for conflict situations and encourage them to record these in their vocabulary notebooks.
- Discuss and practise appropriate intonation to use with these expressions.

PAGE 5:2 How to recognise anger or frustration

Task 2 <u> 2</u>

Objectives and curriculum references

to recognise anger through tone, body language and expression

to respond to anger

ESOL

Nu

Lr/L1.2b; Lr/L1.2e; Lr/L2.2b

Preparation

Ask learners to talk about their experiences of angry or frustrated people. Draw up a list of anger signs and compare them with the list on the page.

Task

- The purpose of this task is to listen and respond appropriately to anger or frustration in a patient or a visitor. Emphasis is placed on the variety of anger signs, including tone, stress, volume, body language and expression.
- Question 1 Explore some examples of expressions for each sign, for example:
 - for sarcasm: 'This is a really fantastic hospital, I *don't* think!'
 - for past experience/prejudice: 'This *always* happens in the National Health Service!'
 - for incoherence: 'This is the worst ... I can't believe ... I shall never ... I'm going to complain ...' (starting but not finishing sentences).
- Ask learners to listen for stress and intonation in these and other expressions that indicate sarcasm. Encourage them to practise using a sarcastic tone.
- Discuss cultural variation in the ways people show anger or distress. Focus on any difficulties learners have with reading anger signs.
 Encourage learners to act out a few scenarios in which they have to pick up anger signs.

Questions 2 and 3 Play the audio clip. Direct learners to the questions and ask them to discuss the answers with a colleague. Replay the audio clip for learners to check their answers.

Follow up

Run a whole group feedback session on the answers.

If the learner has difficulty

- Check learners' knowledge and understanding of relevant vocabulary, such as: frustrated, annoyed, furious.
- Arrange for yourself, a colleague or one of the more able learners to act out a few short scenarios that demonstrate anger or frustration. Ask learners to pick out the signs.
- Ask learners to act out a few simple conflict situations themselves. Discuss any variations in tone and body language that emerge, highlighting cultural variation.
- Play the audio clip several times and in short sections, stopping after each section for discussion and completion of the questions. If the speaker's accent causes difficulty, try delivering parts of the script in a more accessible accent for learners; then replay the audio clip.
- Discuss the meanings of unfamiliar words and draw attention to unfamiliar idiomatic expressions, such as: 'I'll give you "go back to my bed".' and 'I didn't catch that'.
- Finally play the audio clip without stopping for learners to listen with confidence. Check that they have understood.

Extension

- Provide some alternative scenarios either as audio clips or on video (video clips from hospital dramas are useful). Ask learners to discuss the signs of anger or frustration shown and any suggested responses.
- Role-play two or three scenarios in which a patient or visitor is angry.

PAGE 5:3 How to sound reassuring

Task 3 🞧 3–4

Objectives and curriculum references

to calm and reassure an angry or upset person to respond to an angry or upset person in a sympathetic manner

to propose action to resolve a problem

ESOL

Nu

Sd/L1.2b; Sc/L2.1a; Sd/L2.2d; Sd/L2.5a

Preparation

- Focus on a few experiences recounted by learners of responding to anger in a patient. Discuss the kinds of response made and elicit the key features of an effective response, such as: keeping calm, speaking in an even tone and not raising the voice, looking at the problem from the patient's point of view, seeking a solution, calming the patient, acknowledging the patient's feelings.
- Talk about ways of reassuring, and display some useful expressions, such as: 'I'm here to help; just tell me what the problem is.'
- Elicit ideas about what *not* to do, such as: taking a patient's anger personally, responding critically or with anger, ignoring or trivialising a patient's worries or concerns, making too much physical contact with the patient.

Task

- The purpose of this task is to listen and respond to an angry or upset person in an appropriate manner. It focuses on the use of specific expressions to show sympathy, to reassure and to propose action. It gives practice in adapting tone and body language to suit the situation.
- Question 1 Play the four extracts and ask learners to discuss the reassurance ratings in small groups. Ensure that they identify tone as well as content. Agree the ratings as a whole group and discuss the reasons.

- Question 2 Play the reassuring statements and questions. Discuss each and highlight stressed words and syllables. Focus on intonation and volume.
- Ask learners to practise saying the expressions to each other in pairs, with emphasis on stress (You must be very upset) and intonation.
- Remind learners to address the patients by their chosen name – this should have been established on admission.
- Encourage learners to record new reassuring statements in their vocabulary notebooks.
- Draw attention to the tips. Ensure understanding that promises of action, giving of precise information (such as timescales) and correct grammar (especially verb tenses) all contribute to the reassurance of a patient.
- Question 3 Set up the role-play based on learners' own experiences. Make it clear that this is practice in reassurance and need not result in solutions. Encourage learners to prepare their roles using the Role cards from the Resources.

Follow up

Review the role-play. Encourage learners to reflect on how they felt and what went well and less well. Suggest any improvements they might make.

If the learner has difficulty

- Prepare a simple role-play scenario for learners, in which a nurse deals with an angry patient.
 Write some key expressions to be used by the nurse or patient on cards.
- In pairs, ask learners to practise saying each expression (giving help with reading as necessary) and to sort the cards into two piles: one for the nurse and one for the patient. Ask learners to sort through the patient cards and to put them in a logical order.
- Ask the patient to deliver the first line and the nurse to sort through the cards to find an appropriate response. Continue with patient comment/nurse response until all the cards have been used.
- Ask learners to role-play the situation, using the cards as prompts.

 Follow with a role-play in which learners do not rely on the cards but use key expressions from memory.

Extension

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Swop roles and act out more scenarios from learners' experiences so that each learner plays the nurse, the patient and the observer.

PAGE 5:4 How to respond to an angry patient or visitor

Task 4 <u> </u>5

Objectives and curriculum references

to listen and infer the cause of a person's anger to respond to an angry person through purposeful dialogue

to calm and reassure a person through tone and body language

to know how and when to propose action to an angry person

to sustain dialogue with an angry person

ESOL

Lr/L1.2b; Lr/L2.2b; Lr/L2.4a; Sd/L1.2b; Sd/L2.2d; Sd/L2.5a

Preparation

Recap on some of the learners' experiences already discussed. What was the outcome? Have they experienced conflict situations that could not be resolved? What did they do? What are their rights and responsibilities in the situation? What procedures are in place in their place of work?

- The purpose of this task is to practise calming and reassuring an angry patient or visitor through sustained dialogue. In particular, it focuses on how to infer the cause of anger and how and when to propose action.
- Question 1 Focus on the case study. Discuss the issues raised. In particular, identify the procedures to follow in the case of someone who has been drinking alcohol and the rules surrounding admission of visitors to the intensive care unit.
- Encourage learners to discuss the situation and to propose action, which may include asking the visitor to speak quietly, taking him into a separate room to calm down or referring the problem to a senior colleague or security.

- Question 2 Play the audio clip. Help learners to recognise that there may be more than one underlying cause of anger, as well as the obvious reason for complaint.
- Question 3 Replay the audio clip and ask learners to pick out the responses. Ensure learners understand the progression from polite requests to insistent statements or orders in a conflict situation. Note changes in stress and intonation as well as expressions.
- **Question 4** Divide into pairs and encourage practice.

- Record useful expressions for dealing with angry people, for example 'Try to keep your voice down.' 'It's not fair on the other patients.' 'Let's go into a quieter room.' 'I'll call the nurse in charge.' 'Why don't we sit down quietly' 'I'm sorry you're upset.'
- Encourage learners to build up a bank of expressions to use in conflict situations and to practise these expressions.
- Make sure learners find out a person's name as soon as they can, and use it. Explain that they should use 'sir' or 'madam' only if asking the name would be difficult in the circumstances.

If the learner has difficulty

- Pick out some key expressions from the audio clip and display them on cards. Read the expressions aloud and ask learners to repeat them for the sound. Identify variations in intonation, stress and volume.
- Place the cards face up on a central table. Play the audio clip and ask learners to select the correct card as they hear the expression.
- Play the conversation several times and in short sections, stopping after each section for discussion.
- Proceed to the questions and work on them in groups.

Extension

- Question 4 Ask learners to role-play a sustained conversation with an angry person.
- Review the role-play. Encourage learners to reflect on how they felt and what went well and less well. Suggest any improvements they might make.

PAGE 5:5 How to take control of a difficult situation

Task 5 🞧 🙆

Objectives and curriculum references

to use body language to calm and reassure an angry or unhappy patient

to assert control of a conflict situation through tone, stress and register

to give key information to pacify an angry or upset patient

to interact with an angry or upset patient in appropriately formal language

ESOL

Sc/L2.1a; Sc/L2.1c; Sd/L2.2b; Sd/L2.5a

Preparation

Ask learners to discuss the previous task and to suggest possible solutions. Elicit the importance of taking control and resolving the problem. Ask learners to consider a nurse's professional responsibility in the situation and any necessary action.

- This task develops techniques for taking control of a conflict situation. It focuses particularly on language, tone and register and on the progressive use of assertiveness throughout a challenging dialogue.
- Question 1 Direct learners to the photograph. Discuss what is meant by body language and talk about how it can be used to gain the confidence of a person who is upset.
- Ask for volunteers to demonstrate appropriate body language to the group. Allow learners to practise body language in pairs, concentrating on eye contact, body proximity, hand gestures and position of feet. Discuss various cultural and religious norms surrounding, for instance, proximity.
- Question 2 Play the audio clip. Discuss how the nurse takes control by:
 - giving instructions
 - expressing sympathy
 - providing clear information

- stating an intention to act
- stressing her senior role

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- using more formal language.
- Question 3 Ensure learners understand the meaning of 'assertiveness'. Discuss how far assertiveness is a culturally specific concept. Ask learners to list ways of being assertive; then compare with the list on the page.
- Compare assertiveness with examples of non-assertive language, such as: 'If you like you can ...'; 'If you'd rather ...'; 'it's up to you ...'.
- Pick out the assertiveness techniques that relate to body language. Then consider the rest of the techniques to complete question 3.
- Question 4 Ask learners to select the more assertive of the two statements. Talk about how tone, pace and volume, as well as actual wording, contribute to the authority of the sentence.

If the learner has difficulty

- Play the audio clip several times and in short sections, stopping after each section for discussion.
- Ask learners to repeat the nurse's words aloud, giving time for repetition, and focusing on stress and intonation.
- Pick out and ensure understanding of key words and idioms.
- Go through the assertiveness techniques one at a time.

Extension

Ask learners to think of a situation in which they have had to diffuse anger and to discuss what they did or said. Act out the conversation. If possible, video for feedback on use of body language.

PAGE 5:6 How to refer to a colleague for assistance

Task 6 <u> 6</u>–7

Objectives and curriculum references

to know when to refer a problem to a senior colleague

to explain a conflict situation to a senior colleague, using a range of tenses

to narrate events that have taken place to a senior colleague

to listen and respond to prompts by a senior colleague

to use appropriate register and vocabulary when explaining a situation to a senior colleague

ESOL

Lr/L2.2b; Lr/L2.4a; Sc/L2.4a; Sc/L2.4c

Preparation

- Discuss learners' experiences of referring problems to senior colleagues. Ask them to talk about what did and did not work well.
- Compile a list of the circumstances in which they would refer a problem to a colleague.
- Hand out sample copies of workplace procedures (an NHS trust policy on harassment for example) and ask learners to pick out any differences or similarities in the approach to conflict situations. Ensure understanding of what to do in the face of genuine aggression or violence and emphasise the policy of zero tolerance to violence in the NHS. Discuss how procedures differ in the UK from those in other countries of their experience.

Task

The purpose of this task is to give a narrative account of a conflict situation to a senior colleague. It focuses on responding to prompt questions and remarks, using a range of verb tenses and selecting appropriate register and vocabulary.

- Question 1 Replay the audio clip from the earlier task. Do learners agree with the nurse's decision to refer the problem to a colleague? Discuss the point at which the nurse makes this decision. Discuss whether the way the referral is made shows strength or weakness on the part of the nurse.
- Question 2 Play the next audio clip. Focus on the nurse's opening line. Ensure learners recognise the polite and slightly formal beginning and the concise introduction.
- Question 3 Use the audio clip to recap on verb tenses. Ensure learners understand the need for a combination of tenses where they are giving an account and explaining its background. Complete question 3.
- Question 4 Discuss the difference between a fact and a statement where the words suggest doubt, for example: 'He was shouting abuse' (fact); 'She tells me that he was shouting abuse' (doubt).

Elicit other examples of 'fact' and 'doubt' phrases. Discuss the effect of these and words like 'apparently' and 'presumably', as used in the audio clip.

If the learner has difficulty

- Recap on verb tenses in detail. Refer to a grammar book for guidance.
- Provide a set of examples of statements made by a nurse when reporting an incident but omitting the verbs. Go through the statements one by one. Ask learners to practise saying each aloud while inserting the appropriate verb. Discuss the verb tense they have chosen and display the completed examples.
- When learners are confident, ask them to roleplay the situation in pairs, using the statements they have practised.

Extension

- Set up a role-play in which learners refer a problem to a specified (senior) colleague, such as a sister, staff nurse or security guard.
- Review the process as a group. Identify verb tenses used, main points included and choice of vocabulary.

PAGES 5:7-5:8 How to complete an incident form 1 & 2

Task 7

Objectives and curriculum references

to complete an incident report

to write a narrative account of an incident, using appropriate verb tenses

to write in note form

to recognise and use the passive voice in a report to distinguish relevant from irrelevant information for a report

ESOL

Ws/L1.2a; Wt/L1.6a; Wt/L2.2a; Ws/L2.1a

Preparation

- Discuss learners' experiences of completing incident reports. Ask what information should be included. Talk about the purpose of incident reports, including recording information and demonstrating that proper procedures were followed.
- Look at examples of report forms or incident books from different workplaces and consider the advantages of each.

- In this task learners write an incident report, using the correct narrative tense and the note form customary in reports. It focuses on the selection of key information and highlights features of notes such as omission of articles and auxiliary verbs, and use of the passive voice.
- Question 1 Direct learners to the incident report. Ensure that they identify the past tense as the main narrative tense.
- Question 2 Discuss improvements to the account. Ensure learners recognise essential and non-essential information.
- Question 3 Ensure learners recognise the key features of notes, including omissions and the passive voice.

 Question 4 Direct learners to write an incident report using the Incident report form from the Resources.

Follow up

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Review progress.

If the learner has difficulty

- Recap on the past tense (simple and continuous), referring to a grammar book for guidance.
- Prepare details of an incident. Write a number of statements about the incident (some relevant; some irrelevant) on cards. Divide learners into pairs. Ask person A to pick out relevant statements and say them aloud to person B. For each statement, person B considers the relevance of the statement, asking questions such as: Is this fact or conjecture? Does this relate to an earlier incident and not to this one? Is this necessary/unnecessary description? Is this a personal comment?
- Work through the text on the page, sentence by sentence, and discuss.
- When learners are confident, ask them to roleplay the situation in pairs, using the statements they have practised.

Extension

- Ask learners to complete another incident report based on their own experience or on one of the extension role-plays from earlier tasks.
- Review the results.

PAGE 5:9 How to manage a conflict situation

Task 8

Objectives and curriculum references

to listen and respond appropriately to anger in a patient or visitor

to reassure and calm a patient or visitor who is upset

to take control of a conflict situation

to know when and how to refer a problem to a senior colleague

to report a problem to a senior colleague

to know when and in what circumstances to complete an incident report

to complete an incident report

ESOL

Lr/L1.2b; Lr/L2.2b; Lr/L2.4a; Sc/L2.4a; Sd/L2.2d; Sd/L2.5a; Ws/L1.2a; Wt/L1.6a; Wt/L2.2a

- This task practises the speaking, listening and writing skills acquired in the theme.
- **Question 1** In groups of three, ask learners to choose a scenario and to agree who will play the roles: nurse, patient or visitor, observer.
- **Question 2** Ask learners to familiarise themselves with their roles and to prepare role cards, if appropriate, using the Role cards from the Resources.
- Question 3 Encourage learners to act out the scenario, taking account of the points listed on the Observer checklist from the Resources.
- Question 4 Swop roles and ask learners to act out the reporting scene.
- Question 5 Encourage learners to decide if an incident report is needed. If so, ask them to complete the Incident report form from the Resources.
- If an incident report is not appropriate, ask learners to consider the Brad scenario and to plan a situation that would require a report. Then ask them to complete the incident report.

Review the role-play, using the observer feedback, and the incident reports.

If the learner has difficulty

- Allow learners to role-play in pairs, without an observer, for practice.
- Work with learners to construct the different stages of dialogue. Discuss any difficulties with them and display any helpful expressions.
 Encourage them to practise repeating any new expressions.
- Repeat the role-play in threes with an observer.
- Prepare the incident report scenario as a group. List the main points together. Ask learners to complete the incident report using the agreed main points. Give time for checking and editing.
- Discuss the results.

Extension

- Swop roles and repeat the role-play with different scenarios.
- Produce another incident report if required.
- Review results.

Reflection for the theme

Provide learners with copies of the Reflection form from the Resources. Ask them to complete it in their own time. Discuss with learners as necessary.

Focus

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Time spent in hospital can be stressful for patients and their relatives. A nurse needs to:

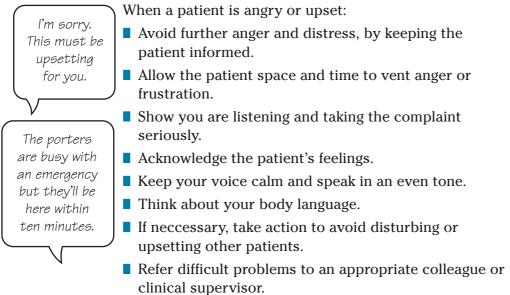
- calm people who have become distressed or angry
- respond professionally to complaints and difficult situations.





Task 1

- 1 Listen to Mr Williams, who is frustrated when the promised schedule does not run to plan. What is he upset about?
- **2** Discuss what the nurse can do and say to help. Then check your ideas against the points below.





5:1



A person who is upset may indicate angry feelings in a number of different ways. Try to spot these signs as soon as possible so that you can take action quickly to calm the situation.

Task 2

1 Discuss these signs of anger. How many of the signs have you experienced in a patient or visitor? How might the signs vary in different cultures?

A person who is upset may show anger by:

- speaking more loudly or quietly
- speaking more slowly or quickly than usual
- repeating words or phrases
- emphasising words
- saying little or nothing in reply to questions
- saying more than usual a torrent of words
- venting feelings on whoever is listening, even when they are not to blame
- slipping into informal or colloquial language

- becoming incoherent
- referring to other past experiences or prejudices
- being sarcastic
- moving in an agitated manner
- speaking from too far away
- standing too close to the listener
- swearing
- becoming tearful or crying.
- 2 Mr Williams has decided to leave his bed to find someone who can help him. Listen to what happens and answer the questions.
 - **a** How does Mr Williams first show that he is angry as he approaches the clerk?
 - **b** In what other ways does he show his anger when speaking to the clerk?
 - **c** How does he continue to show his anger when the healthcare assistant arrives?
 - **d** How effective were the clerk and the healthcare assistant in dealing with the problem? What could they have done differently?
 - 3 Look again at the signs of anger above.
 - a Tick the signs shown by Mr Williams.
 - **b** Discuss the reasons for your ticks and give examples from the conversation.

If a patient is angry or distressed, try to sympathise and to understand what has caused the upset. Don't take the anger personally. Aim to:

- keep calm yourself
- understand what the patient is feeling
- establish the facts

reassure a patient.

• identify what needs to be done.

Task 3

Nu

 Listen to four extracts from conversations with angry patients. Give each one a reassurance score between 1 and 4, where 4 means very reassuring and 1 means not reassuring at all.

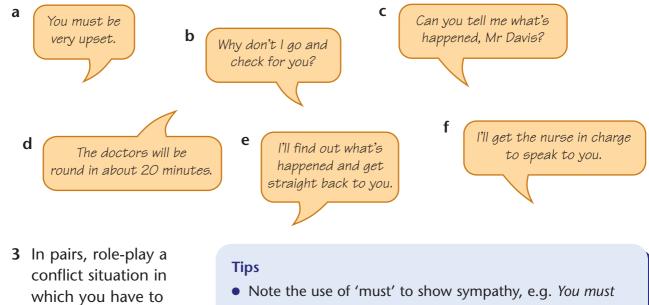
2 Listen to these reassuring statements and questions. Practise saying them in an even tone, as if you were

using them to calm a patient or visitor.



5:3

Extract	Reassurance score
1	
2	
3	
4	



- feel very upset. It must be very annoying for you.
- Use the future tense to indicate intended action, e.g. *I'll phone the theatre. I'll fetch the nurse in charge.*
- Give timescales, e.g. They'll be here in five minutes.
- Keep the tone of your voice calm.



How to respond to an angry patient or visitor

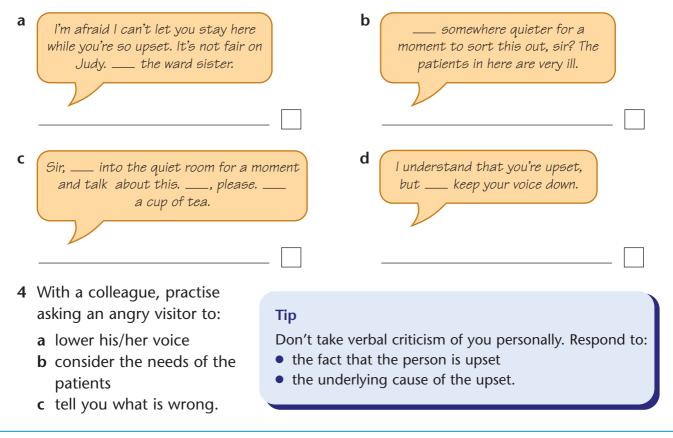
In order to diffuse someone's anger, you will need to:

- listen carefully to work out why the person is angry
- be insistent, so the person's anger does not disturb others.

Task 4

A nurse is on duty in the intensive care unit. A 30-year-old man – Brad – is waiting to visit his partner, Judy Miller, who is critically ill. Brad seems upset. The nurse notices that his breath smells of alcohol. She walks with Brad to Judy's cubicle, where he begins to complain in a loud voice about the care Judy has received.

- 1 Discuss this situation. What might happen and what should the nurse do?
- 2 Listen to what happens when they reach Judy's bedside. What is Bradmainly angry about? What are the clues?
 - **3** Listen again to the conversation between the nurse and Brad. Complete these four responses and number them in the order the nurse gives them. Discuss how the nurse's wording helps her to take control of the situation.



How to take control of a difficult situation

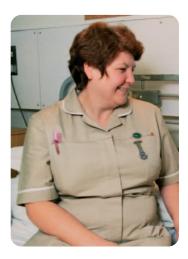
As a nurse you must remember your professional responsibility at all times. If a patient or visitor complains or becomes annoyed, you must take control of the situation quickly for the sake of other patients and for the smooth running of the ward.

Task 5

6

Nu

- 1 Consider the body language of the nurse in this picture. Discuss what effect it is likely to have on a patient who is upset.
- **2** The staff nurse comes to see Mr Williams. She apologises for the delay in his operation but Mr Williams is now furious. Listen to how she takes control.
 - **3** Read the list of assertiveness techniques. Which ones do you recognise in the staff nurse's conversation with Mr Williams? Discuss examples in the script.



Assertiveness techniques

- Speak calmly and firmly.
- Don't raise your voice.
- Remain polite.
- Place stress on important words.
- Repeat key points, especially if you are interrupted.
- Sit or stand with your back straight and your shoulders relaxed.

- Keep your hands and feet still.
- Keep your attention fully on the matter in hand.
- Give clear explanations.
- Give clear instructions.
- Know the correct procedures.
- Try not to react to personal remarks.

4 Read these two endings for the conversation. In which one does the nurse sound more assertive?

Mr Williams, as a senior nurse on this ward, I can assure you that I will come back as soon as I possibly can.

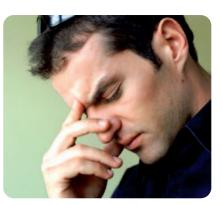
Don't worry, Mr Williams, I'll sort it out.

b



How to refer to a colleague for assistance

If you are faced with an angry or upset patient or visitor, you should try to calm the situation. If you can't make any progress, you may need to refer the problem to a senior colleague.



Task 6

- 1 Listen to the conversation between the nurse and Brad again. Why does the nurse refer to the ward sister? Is she right to do so?
- **2** Listen to the nurse explaining the situation to the ward sister. How does she begin?
- 3 The nurse uses several different verb tenses in her account.

He's come to see Judy Miller. He says he's her partner ...

... he's clearly been drinking and he's making a lot of noise. I've tried asking him to quieten down but he keeps on shouting. I asked him to come into the quiet room for a cup of tea but he refused to move.

He seems to be upset that **we didn't let** him in sooner. Apparently Judy's parents **don't like** him ...

Pick out one example of each of the following tenses from the verbs that are highlighted. Discuss the purpose of these tenses.

- a the simple present tense (e.g. He comes into hospital often)
- **b** the present perfect tense (e.g. **She's slipped** over in the bathroom)
- **c** the present continuous tense (e.g. **He's been waiting** for twenty minutes)
- **d** the simple past tense (e.g. **He shouted** at the nurse)
- e the present continuous sense (e.g. He's going soon).
- 4 Identify which of these statements are facts.
 - a Brad had been drinking.
 - **b** Judy's parents don't like Brad.
 - c Brad refused to move.
 - d Judy is Brad's partner.
 - e Brad is Judy's next of kin.

Nursing tip

If you suspect someone will become physically violent, make sure you know:

- how to leave the area quickly
- who is on hand to call.

How to complete an incident form 1

When a conflict situation results in physical injury – however slight – you must follow professional procedures and complete an incident form, or make an entry in an incident book.

Task 7

 Read this section from an incident report on Mr Williams. What is the main verb tense used in the factual account? Highlight three examples.

	Title:	
	THUS.	MK
title		
on separ	rate shee	et if necessary)
othes fro	om his	surgical gown
		ged to drop hi
	-	When I arrived
al belond		
	5 5	eft foot before
	elon	elongings. W

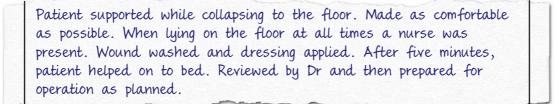
How to complete an incident form 2

2 Look at these two accounts, one relating to a staff member and one to a patient. Compare them with the report on Mr Williams. How could you improve them?

Needle stick injury occurred to index finger.

Mrs Ahmed was walking from bed 4 in bay 3 to toilet, assisted by healthcare assistant. She'd been up and down all night, going to the toilet, probably because she insisted on drinking coffee all evening – we warned her against it. She suddenly felt dizzy and slowly her legs gave way beneath her. The HCA, who's new, supported her as she gently slid to the floor. She was lucky the HCA was there. After being placed on the floor and covered with a blanket for 10 minutes, Mrs Ahmed recovered.

3 Read the next section of the report on Mr Williams. Pick out the features that tell you this is in note form.



- 4 Write an incident report based on your own experience. Your teacher will give you an incident report form to complete. Make sure you:
 - use note form
 - use verb tenses correctly.

Tips

- Note form: handwritten reports are often made in note form for speed.
- Articles and auxiliary verbs may be missed out (The woman was helped; A visitor was knocked down).
- The passive voice is often used (was helped; was knocked down).

How to manage a conflict situation

In this task you will practise skills from the whole theme in a role-play.

Task 8

Nu

1 In a group of three, choose one of these conflict scenarios for a role-play.

a A young female patient, admitted with suspected appendicitis, is under observation. She was told the doctors would be with her in five minutes but that was an hour ago. She says the pain isn't any worse and she wants to go home. She thinks the doctors have forgotten about her.



b The father of a 22-year-old man comes to speak to you. He is frustrated because he can't get accurate information. Yesterday he was told his son, who was in a car accident, was being treated for shock and would be able to leave. Today his son tells him he has to have an operation to pin a broken hip. He demands to know when he can see the doctor in charge and tells you this is a useless service.

c Choose a conflict situation from your own experience, to include a nurse and a patient or visitor who is upset or frustrated.

- **2** Familiarise yourself with your role: as the nurse, the patient/visitor or the observer.
- 3 Act out the situation.
- **4** Refer the situation to a senior colleague. Role-play the referral. (The patient/visitor should now play the role of the senior colleague.)
- 5 Complete an incident report for:
 - a your role-play scenario, if appropriate
 - **b** an incident arising from Brad's situation in Task 4.



Task 3 on page 5:3 and Task 8 on page 5:9

3.3 and 8.2 Role cards

Patient or visitor			
My name is			
My age is			
I am in hospital be	cause		
I am angry because	e		
Key expressions I of	can use		

Nurse

My name is

My job title is

My duties are

What I am doing at the time of the conflict

Key expressions I can use

Task 8 on page 5:9

8.3 Observer checklist

Does the nurse:		
• Listen to and acknowledge the patient's problem?	Yes	No
• Respond appropriately to the patient?	Yes	No
• Remain calm?	Yes	No
• Show sympathy?	Yes	No
• Reassure/encourage the patient?	Yes	No
• Use appropriate language?	Yes	No
• Use appropriate tone?	Yes	No
• Use appropriate body language?	Yes	No
• Give information?	Yes	No
• Propose action?	Yes	No
When referring the situation to a senior colleague, does	s the nurs	e:
Introduce the problem politely and concisely?	Yes	No
• Give all appropriate information?	Yes	No
• Explain what happened using appropriate tenses?	Yes	No
• Use appropriate vocabulary?	Yes	No
Comments and suggestions for improvement		



Task 7 on page 5:7 and Task 8 on page 5:8

7.4 and 8.5 Incident report form

Status: Staff (please circle)	Patient	No specific i	ndividual affecte	d Other	
Surname:	First nam	e:	Title:		
If patient: Hospital					
If staff: Job title					
Home address					
Section B – Factua	I account of t	he incident (Continue on sep	parate sheet if ne	ecessary)



Reflection form

Name:	Theme: Dealing with conflict situations
What have I learnt from this the	eme?
What can I do better now?	
What can I apply immediately in	nto my practice?
Is there anything I am not sure	about or need more information about?
How will I go about getting this	knowledge?
What else do I need to do to fu	rther my studies in this area?
How might I go about doing this	5?

PAGES 5:14–5:21 Dealing with phone calls

Professional setting

Nu

This theme focuses on the range of telephone skills required by nurses during a routine working day. It explores the different demands made on a nurse whenever the phone rings and provides practice in providing a speedy response.

The purpose of the theme is to develop the telephone skills needed to:

- listen and take messages for staff and patients
- leave messages on an answer machine
- discuss patient care with members of staff or a patient's relatives
- reassure worried relatives
- respond to enquiries
- be polite but assertive.

Materials

Audio equipment

Blank cassettes

Resources for the theme:

- Observer checklist (5:22)
- Extracts from an answer machine message (5:23)
- Reflection form (5:24)

Dictionaries and medical glossaries

Formal telephone notepad

Learning outcomes/objectives

- 1 to listen and extract key information from a telephone call
- 2 to take and write a telephone message
- 3 to leave a message on an answer machine
- 4 to listen and respond appropriately to medical enquiries
- 5 to calm and reassure a worried caller
- 6 to explain that you are referring a problem to a colleague
- 7 to know how to assert a position on the phone

Curriculum objectives

ESOL

Lr/L2.1b; Lr/L2.2b; Lr/L2.3a; Lr/L2.4a; Sc/L1.2a; Sc/L2.3b; Sc/L2.4a; Sd/L2.5a; Sd/L2.1a; Sd/L2.2b

Focus

PAGE 5:14

Suggested teaching activities

Initiate discussion about telephone calls by asking learners to recall the calls they made or took recently at work. Establish the subject matter and talk about the kinds of response made (e.g. was the learner required to ask questions, give advice, refer to a colleague, make sense of a jumbled message, etc?). List the calls by subject and response in two columns: calls made and those taken. Ask learners to add other types of calls not mentioned but which they experience frequently or want to include.

In groups, ask learners to discuss the calls and report back on these two discussion points.

- 1 Which calls are routine and which are unusual or unexpected?
- **2** Which calls are more difficult to deal with and how would you respond to them?

Display any useful expressions that emerge from the discussion. Elicit experience of nursing work in other cultures or countries, especially the relative use of the telephone for communication between departments and with relatives.

Task 1

Preparation

Draw attention to the photographs and speechbubbles on the page. Ask learners to practise reading the speeches, if necessary modelling them yourself first for pronunciation and stress. Encourage learners to work on pace, stress and clarity.

Task

Nu

- Question 1 Ask learners to identify whether the nurse is making or receiving the call and whether an answer machine is involved. Ask learners, in pairs, to discuss each scenario and suggest the purpose of the call, the likely background information and progress of the conversation. There are no right answers; the purpose is to encourage learners to attune themselves to the content of telephone calls and to predict outcomes. Take whole group feedback.
- Discuss what learners understand by 'adverse reaction to pethidine' in the speech-bubble b, drawing out their experience of drug sideeffects. Talk about the common occurrence of side-effects and, if necessary, refer learners to a list of side-effects that might be expected with a drug like pethidine.
- Question 2 Ask learners to work through the strategy points one by one and to identify which ones relate to each scenario and why they are important.

Follow up

Discuss and add to the list of strategy points. For instance you should be prepared to repeat parts of the message (e.g. dates, time, numbers, names) for confirmation.

PAGE 5:15 How to take telephone messages 1

Task 2 <u> </u>8

Objectives and curriculum references

to listen and extract the main points from a telephone call

to listen and take a message from a telephone call to write a clear message from a telephone call

ESOL

Lr/L1.1b; Lr/L2.1b

Preparation

Display a page of a formal telephone message notepad on the overhead projector. Ask learners to compare message-taking procedures at their various workplaces. Discuss the essential information required for a telephone message and the advantages of using a standard format.

Task

- The purpose of this task is to listen and take a message from a telephone call, including all essential information. Emphasis is on the ability to listen well and to write a clear and accurate message for another person.
- Question 1 Discuss which of the two messages is clearer. Focus on the message from Romy to Angela and discuss its weaknesses.
- Question 2 Play the audio clip and ask learners to complete the tick boxes and to circle the points for the note. Ensure a grasp of all main points.
- Ask learners to rewrite the message, using a formal notepad or a note which they have drafted to their own format. Ensure all key features and main points are in place.

If the learner has difficulty

- Play the audio clip more than once and in short sections, stopping after each section for discussion and completion of the table.
- Ensure understanding of informal expressions such as: 'She gets me up all too often'; 'She's had the jab'; 'I'm taking her to the quack ...'.

Extension

Nu

- Prepare additional scripts for learners to practise taking telephone messages.
- Pre-record, role-play or read the scripts aloud and ask learners to take each message, writing the details on a notepad.
- Ask them to check answers with the original scripts.

PAGE 5:16 How to take telephone messages 2

Task 3 <u> 8</u>

Objectives and curriculum references

to pick out relevant information from a phone call while sustaining a conversation

to take control of a phone conversation to keep it focused

to control the pace of a call so that relevant details can be written down as a message

to ask questions to gain and confirm information

ESOL

Lr/L2.1b; Lr/L2.4a; Sc/L2.3b

Preparation

- Discuss learners' experience of taking messages and the difficulties encountered with the caller, such as regional accents, pace and volume, intonation, thinking aloud with irrelevant comments, assumption of knowledge, lack of clarity, jumbled information.
- Take suggestions on how to cope with the difficulties and display a list of strategies based on the suggestions. Where possible, include examples of expressions that can be used.

- The purpose of this task is to control the pace of a phone conversation so that relevant details can be recorded and a message written. It focuses on the use of questions and requests to slow the caller down, check information and confirm understanding.
- Question 1 Draw attention to the picture and the speech-bubble. Discuss what Romy is doing. Ensure learners identify that the nurse is trying to gain time to write down the message and that the caller must be talking quickly or without stopping if the nurse has to interrupt. Refer back to any examples already volunteered by learners of this difficulty.
- Question 2 Play the audio clip. Ask learners to discuss.

 Question 3 Complete the matching exercise. Note that each response may be matched to more than one point in the tip.

If the learner has difficulty

Nu

- Focus on question 2 and the points in the tip.
- Divide learners into two teams. Play the audio clip again and ask learners to raise their hands when they hear a response that matches the first bullet point in the tip and so on.
- As an optional game: the first team to raise a hand picks out the relevant response. If appropriate they score two marks. If not, they hand over to the other team, who score one mark if they pick a relevant response. The game continues for each bullet point. After the third bullet point, the teams may be able to volunteer responses from memory, as they will have heard the conversation several times. The same scoring rule applies. After all six bullet points, a winning team should emerge.
- Replay the whole conversation to allow learners to complete the question.

Extension

See Task 4.

Task 4

Objectives and curriculum references

to listen and extract the main points from a telephone call

to take control of a phone conversation to keep it focused

to control the pace of a call so that relevant details can be written down as a message

to write a clear message from a telephone call

ESOL

Lr/L1.1b; Lr/L2.1b; Lr/L2.4a; Sc/L2.3b

Task

- The purpose of this task is to practise the skills acquired in the previous two tasks in a roleplay.
- Set up the role-play in groups of three: caller, nurse and observer. Give time and help with role development. When ready to act out the scenario, ask the nurse and caller to sit back to back so they can listen to one another but without seeing each other's faces. Observers complete the Observer checklist from the Resources.

Ask the learner playing the nurse to produce a written message. Is it an accurate reflection of the telephone call?

Follow up

- Take observer feedback.
- Conduct a whole group review.

If the learner has difficulty

- Prepare a scenario in advance for role-play. Work with the whole group to develop the role of the caller. From learners' suggestions, display key expressions and encourage practice in saying the expressions aloud.
- Take two volunteers to be the caller. Ask them to take turns in speaking as the caller, which will help to keep the flow and avoids too much exposure of one individual. Stop at appropriate moments to discuss the nurse's likely responses. Display appropriate expressions and practise them aloud as before.
- Divide learners into pairs and ask each pair to practise a conversation using some or all of the expressions on display.
- When learners are confident, divide into threes and repeat the role-play with an observer.

Extension

- Swop roles so all get the chance to play the nurse.
- Prepare an additional scenario for role-play.

PAGE 5:17 How to leave a message on an answer machine

Task 5 🞧 🧐–10

Objectives and curriculum references

to leave a message on an answer machine, using appropriate intonation and register

to give information on an answer machine in a logical order

to select essential information when leaving a message

ESOL

Sc/L1.1a; Sc/L2.1c; Sc/L2.4a; Sc/L2.5a

Preparation

- Discuss learners' experiences of, and attitudes to, answer machines, both in and out of work.
- Discuss the contexts in which answer machines are most often used and draw out any difficulties learners have with them.
- Compare the use of answer machines in different places of work.
- Talk about the kinds of message that learners might leave on an answer machine at work and messages that should not be left. For instance, many hospitals discourage nurses from leaving details of patient care on home answer machines but messages can be left for district nurses, Social Services and care agencies.
- Explain that there are likely to be codes of practice that dictate what information should or should not be left on an answer machine.
- Stress that it would be inappropriate to leave a message about a medical condition on an answer machine. Instead, the nurse would ask the person to return the call as soon as possible.
- Draw up a list of contexts in which learners are most likely to use an answer machine and the kind of preparation that can be made. Elicit suggestions about politeness and formality and recap on the meaning of the word 'formal'.

Task

- The purpose of this task is to leave a clear, coherent message on an answer machine, using appropriate formality of tone and supplying all essential details.
- Question 1 Play the first audio clip and ask learners to number the information points. Remind them that they can use this format to plan what to say in other answer-phone messages.
- Question 2 Ask learners to complete the task.
- Question 3 Discuss the reasons for the register adopted by Romy.
- Question 4 Hand out copies of the Extracts from Romy's next message from the Resources. Without playing the message, ask learners to work in pairs to put the extracts in order. Encourage them to take turns in saying the words aloud to each other before deciding the final order.
- Question 5 Play the audio clip of Romy's message for Mrs Carroll and ask learners to check the order of the extracts. Discuss the results, including the importance of the word 'also' and the pronoun 'he' in establishing the order.
- Question 6 Draw attention to the tips and allow practice in giving telephone numbers, e.g. 020 7741 7645 (groupings of 3, 4, 4 for London numbers); 0118 902 2124 (groupings 4, 3, 4 for numbers outside London). In other countries numbers may be given in pairs or, as in 2112, as 21 12 or 2, double 1, 2. Also draw attention to different ways of saying 0: 'oh', zero, nought.
- Ask learners to practise leaving Romy's message as if on an answer machine. They can record onto a tape or take turns in pairs, sitting back to back. The message does not have to conform word for word to the original but will follow the model and adopt some of the expressions and tone.
- Make sure learners stress the most important words. The purpose is to give confidence and improve fluency.

If the learner has difficulty

 Begin by playing the first audio clip in short sections. Ask learners to identify the name of the caller, the caller's number, etc. point by point as in a comprehension exercise. Display the answers and practise the pronunciation and intonation. Then play the clip again and proceed to the ordering task.

- Write the phrases on cards for learners to order. Give support as necessary, such as by identifying the first and last phrases.
- Question 4 Help learners with pronunciation and intonation as required. Ensure understanding of each expression as spoken. Then ask learners to pick out which expression comes first and second and then which comes last. Proceed through the order by gradual elimination.
- Question 6 Encourage learners to practise recording the message in short sections first.

Extension

Nu

Provide two new scenarios and ask learners to practise leaving a new message in pairs.

PAGE 5:18 How to deal with unexpected calls 1

Task 6 \, 🚺

Objectives and curriculum references

to listen and respond to a range of medical enquiries on the phone

to use specialist medical terms on the phone, using correct stress and intonation

ESOL

Sc/L1.1a; Lr/L2.2b; Lr/L2.3a

Preparation

- Refer back to some of the types of phone call discussed earlier. Pick out any calls that focused on requests for detailed medical information and recap on the difficulties raised.
- Highlight the need to use precise medical terms, as well as the formality of approach and the need for confidentiality.

- The purpose of this task is to respond promptly to enquiries on the phone about a patient's medical condition. It focuses on the use of medical terms and the correct use of stress and intonation, as well as the ability to understand the caller's needs and to respond in an appropriate register.
- Question 1 Play the audio clip and ask learners to discuss what they have heard. Ensure learners realise that the call is in response to a call made by the staff nurse. Confirm the need to be prepared for calls that have been invited in this way.
- Question 2 Complete the gap-fill exercise, stressing the importance of recognising and using correct medical terms and other useful expressions.
- Encourage learners to look up any words they don't know in a glossary or dictionary and to record them in their notebooks.
- Add additional medical terms that emerge from examples of phone calls raised earlier or break off to run a quiz to reinforce spoken medical language.

- Question 3 Encourage learners to practise saying the medical terms aloud for stress and intonation. If possible, record them and ask learners to compare the results with the original.
- Introduce additional medical terms for similar practice.
- Questions 4 and 5 Replay the audio clip if necessary. Ask learners to pick out examples of the speech features from the call.

- Draw attention to the tip. Ask learners to think of other routine questions they might expect, such as: medication given, how long the problem has continued, action already taken.
- Build a bank of expressions, verbs and adjectives to use in response to these questions, such as: temperature – high, low, rising; appearance – pasty, good colour, pallid; manner – agitated, fretful, relaxed.

If the learner has difficulty

- Prepare cards of questions that a doctor might ask of a nurse, e.g. What's his temperature? What's her urine output? How does he look? What's his respiratory rate/blood pressure/fluid intake/drain output?
- In pairs, ask learners to take turns to pick a card and ask the question of their partner. Ask each pair to work out at least three different responses to each question.
- Take feedback. Identify where the gaps are and reinforce model answers to the questions.
 Encourage learners to go back to their pairs and practise the answers.
- Ensure understanding of all key terms.

Extension

- Work with learners to draw up a list of questions doctors might ask and information they might give.
- Simulate a phone call with learners sitting back to back, and taking turns to play the doctor and nurse. The doctor must ask at least five questions from the list in quick succession for the nurse to answer.
- Encourage them to develop the questions into a short discussion, with the nurse volunteering information.
- Review progress as a whole group.

PAGE 5:19 How to deal with unexpected calls 2

Task 7 🞧 12–13

Objectives and curriculum references

to listen and grasp the gist of a phone call from the opening statements

to respond promptly and appropriately to a call, through register, pace and content

to adjust language to suit the needs of the caller

to use a range of questions to extract information on the phone

to allow time to think while continuing to respond to the caller

ESOL

Lr/L2.2b; Sc/L2.3b; Sd/L2.5a

Preparation

- Refer again to some of the types of phone call discussed earlier. Emphasise the range of calls and ask learners to talk about how easily they grasp the subject of a call, what the barriers may be and what they can do to clarify the situation quickly.
- Stress the importance of questions and recap on the types of questions: open, closed and statements intoned as questions.
- Practise the intonation.

- The purpose of this task is to respond quickly to a range of phone calls by assessing the purpose of the call from the first few lines and then adapting to the needs of the caller and the situation. It focuses on the techniques used by a nurse in a range of responses, adapted to take account of register, caller needs and information requirements.
- Question 1 Play the telephone conversation openings one at a time, after each discussing how the conversation might continue and how the nurse would respond.
- Talk about the early clues in a conversation and what can be done if the purpose of the call remains unclear after two or three lines.

- Question 2 Play the whole of conversation 1 and work through the questions. Draw attention to the nurse's hesitation in the early part of the conversation as he tries to grasp the situation. Help learners to observe how, by the latter part, he has taken control and is giving clear advice and reassurance.
- Question 3 Set up a role-play in pairs, with learners sitting back to back.

Nu

Conduct a plenary session. Discuss with learners how they felt during the role-play: what went well, and what went less well. Give feedback on how effectively they used the target skills, and suggest improvements.

If the learner has difficulty

- Explore ways of slowing down the conversation from the beginning. Help learners to develop some useful expressions such as: 'I'm sorry but could you speak more slowly/repeat that please?'; 'Right, let me check that I understand you: you are Mr Follett and you are calling to arrange a monitoring visit ...'.
- Play the first section of conversation 1 and talk about the uses of 'err ...', etc. Tie in with the strategies already explored for slowing down the conversation.
- Question 2 Play the second part of conversation 1 to demonstrate the nurse's control of the conversation once he is on safe ground.
- Provide additional examples of formal/informal alternatives and discuss use of each. Give some formal expressions and ask learners to change the wording to a more informal equivalent.
- Work through questions c-i by playing the audio clip and pausing after each question for discussion.
- Question 3 Work through conversation 2 with learners as a group. Extract key expressions from the discussion and display them.
- When learners are confident, run the role-play in pairs. Discuss the results, then swop roles and repeat to gain fluency and confidence.

Extension

- Pick a scenario from the phone calls discussed earlier. Set up an additional role-play based on this scenario, giving time for role development. Run the role-play in groups of three (observer, caller and nurse).
- Review progress as a whole group.

PAGE 5:20 How to negotiate on the telephone

Task 8 <u>(</u>] 14

Objectives and curriculum references

to say 'no' effectively and politely to make alternative suggestions to express firmness through pitch and intonation to move a conversation towards a compromise

ESOL

Sc/L1.2a; Sc/L2.4a; Sd/L2.1a; Sd/L2.2b

Preparation

- Ascertain learners' understanding of the words 'negotiate' and 'compromise'.
- Draw examples from their experience of difficult phone calls and display some examples of negotiation scenarios.

- The purpose of this task is to negotiate a compromise on the phone. It explores the skills of firmness and politeness while holding a consistent line and working towards an agreed position.
- Question 1 Focus on the picture and the conflict situation and ask learners to discuss in small groups.
- Take feedback and agree the most likely resolution with the whole group.
- Question 2 Play the audio clip and ask learners to answer the questions.
- Draw attention to the consistent line held by the nurse and to her increasing assertiveness as the conversation progresses.
- Compile a bank of expressions for making suggestions, such as: 'What about ...?'; 'I was wondering if ...'; 'Maybe we could ...'. Discuss and add to the list with learners.
- Consider alternative ways of saying 'No', other than those in the audio clip.
- Question 3 Allow learners to choose an appropriate scenario for role-play. Give time for role development. Run the role-play in groups of three with an observer, a caller and a nurse.

Conduct a plenary session. Discuss with learners how they felt during the role-play: what went well, and what went less well. Give feedback on how effectively they used the target skills, and suggest improvements.

If the learner has difficulty

- Work on the role development together as a group, displaying key expressions as they arise.
- Demonstrate the role-play with two volunteers and discuss the outcome.
- Allow learners to do the role-play in pairs.
- Proceed to the role-play in threes.

Extension

Set up an additional role-play, giving time for role development.

PAGE 5:21 How to use your telephone skills

Task 9

Objectives and curriculum references

to listen and respond appropriately to a range of phone calls

to listen and extract the main points from a telephone call

to control the pace of a telephone call

to take control of a conversation through questions and information

to respond to a range of questions about a patient's medical condition

to respond to enquiries on the phone

to negotiate a compromise on the phone

to take a clear message from a telephone call

ESOL

Lr/L2.4a; Sc/L2.3b; Sc/L2.4a; Sd/L2.2b; Sd/L2.1a; Sd/L2.5a

- This task practises the telephone skills acquired in the theme.
- Question 1 Discuss the scenarios with learners. For instance, for Situation 2, agree who A&E would most probably call to ask for a bed (the bed manager? the ward sister?).
- Split learners into groups of three and ask each group to choose a scenario and to agree who will play the roles: nurse, caller and observer. Ask them to familiarise themselves with their roles and to prepare role cards.
- Prepare to record the role-play.
- Question 2 Encourage learners to act out the scenario, sitting back to back or recording their calls.
- Encourage them to evaluate their performance using the Observer checklist from the Resources.
- Encourage learners to take written notes and leave a message where necessary.

Nu

- Conduct a review session of the role-play, using observer feedback.
- Repeat the role-play to implement observer comments.

If the learner has difficulty

- Allow learners to role-play in pairs, without an observer, for practice.
- Discuss any difficulties with them and display any helpful expressions.
- Encourage them to practise repeating any new expressions.
- Repeat the role-play, this time in threes with an observer.

Extension

- Swop roles and repeat the role-play with a different scenario.
- Review results.

Reflection for the theme

Provide learners with copies of the Reflection form from the Resources. Ask them to complete it in their own time. Discuss with learners as necessary.



Focus

Good telephone skills are essential in care work. At any time you may need to:

- make sense of complex phone messages and take notes
- leave messages on answer machines
- discuss patient care with doctors or relatives on the phone
- resolve problems on the phone.





Don't worry, Mrs Dickens, it was a routine operation. Everything sounds quite normal.



Hello, this is Staff Nurse Baldwin from Shelley Ward, extension 5992. I have a message for Dr Williams. Your patient in bed 26 – Mrs Peshwi – is showing an adverse reaction to pethidine ...

I'm sorry. I can't discuss Mr Al Jawad's condition in detail over the phone, but if you'll hold for a moment I'll consult the ward sister ...



Task 1

- 1 Discuss what is happening in each telephone call. Who is calling whom? What is the background? How would you expect the conversation to develop?
- **2** Which of the following points might you need to follow in each situation?

On the telephone be prepared to:

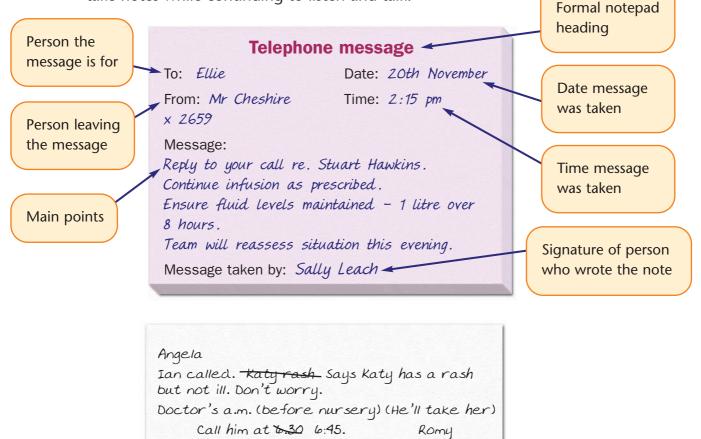
- identify yourself clearly
- confirm the identity of the caller
- ask questions to get all the information you need
- control the pace by asking the speaker to slow down or repeat information
- give care advice
- discuss medical issues using appropriate language
- reassure a worried caller

- take messages and write them clearly on a notepad
- refer to a colleague
- be polite but assertive
- know what you want to say before you make a call
- respond to a message left on an answer machine
- give a clear explanation of the purpose of your call
- use an appropriate, businesslike tone.

How to take telephone messages 1

When you take a message on the telephone, you must be able to:

- extract the key information from the caller
- take notes while continuing to listen and talk.



Task 2

Nu

- 1 Look at the two messages above for staff on Byron Ward. Which one is clearer?
- 2 a Listen to lan's call. Tick the statements lan makes.
 - **b** Circle the statements that need to be included in a note for Angela.

Statement	Statement	
Angela is a nurse.	lan wants Angela to call him.	
Katy has a rash.	Katy has to go to bed early.	
lan will take Katy to the doctor's.	Katy wakes a lot in the night.	
Katy has the measles.	lan is Angela's husband.	

c Rewrite the note to Angela as a formal telephone message.

5:15



How to take telephone messages 2

When you take a telephone message, you need to make sense of all the main points. A caller may give information in a jumbled order or speak quickly, making it difficult to take the message.

Task 3

- 1 Why do you think Romy says those words? What is she trying to do?
- 2 Listen to the whole conversation. Why is Romy having difficulty taking this message?
 How does she make it easier for herself?
 - **3** Match these responses to the points in the Tip panel below.
 - a Let me get this straight ...
 - **b** ... you are Angela's partner?
 - c Sorry, did you say 'Katy'?
 - d And Katy is ...?
 - e So let me repeat that: your daughter Katy has a rash.
 - f Now, could you just hold for a moment while I make sure I've written everything down.
 - g Is that H-U-M-E?

Task 4

In groups of three, role-play a telephone conversation between a nurse and a caller. The caller can be:

- a relative ringing to leave a message for a patient
- someone from another hospital department who needs to leave a message for the ward sister
- someone who wants to leave a message for a doctor who is doing the rounds.
- 1 Caller: Work out your story
- **2** Nurse: Be prepared to ask questions and take notes
- **3** Observer: Complete the Observer checklist your teacher gives you.





To write down the main points, you may need to slow down the pace of the call by asking the caller to:

- pause or speak more slowly
- repeat information
- explain so you understand
- confirm your understanding
- give missing information
- spell out difficult words and names.



How to leave a message on an answer machine

When you leave a message on an answer machine, you must:

- speak clearly
- give your information in a logical order
- provide all essential details.

Task 5

Nu

- **1** Listen to the message Romy leaves on the answer
 - machine. Number these points in the order they occur in the message.
 - name of caller polite ending greeting request for action

person the call is for purpose of the call

caller's number

what the call is about

- **2** Circle the more polite or formal wording in these pairs of expressions.
 - a Could you please ... / You've got to ...
 - **b** It's Romy. / This is Romy Stevens.
 - c Advise us about your intended action ... / Tell us what you're doing about ...
 - d Hi / Hello
- 3 How would you describe Romy's message? Circle your choices.

formal informal polite businesslike friendly emotional calm reassuring

- **4** Romy leaves another message. Your teacher will give you some extracts from her message. Put them in the correct order.
- 5 Listen to her message and check your answers.
- 6 Practise leaving Romy's message yourself, as if on an answer machine.

Tips

- Always listen for stress and intonation and try to copy it.
- Listen to the way people give telephone numbers and copy them.

Hello. This is Romy Stevens from Byron Ward, calling for the infection control nurse. We have a patient, Christopher Carroll, who's been transferred to Byron Ward today from Marlow ...





How to deal with unexpected calls 1

Telephone calls to the ward may be routine enquiries or may be unexpected and more difficult to deal with.

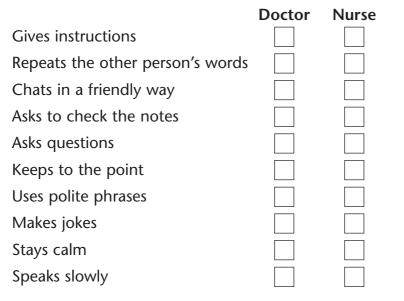
Task 6

- 1 Listen to Avril, a staff nurse, taking a call from a doctor. What is thecall about? Is the call unexpected?
 - 2 Complete these gaps. Look up any words you don't know.
 - Avril: He's complaining of chest pains. He's _____ and he looks a bit _____.
 - Doctor: Any other symptoms? Is he pyrexic? Blood pressure?
 - Avril:
 Oh, definitely not ______. He seems ______, _____ and a bit ______.

 a bit ______. BP low, _______, and pulse ______.
 - **Doctor:** And his medication? Remind me.
 - Avril:
 Oh ... painkillers ...
 —
 ... He's also ______

 fluids and oxygen's ______

 - **3** Practise saying the words and expressions aloud, imitating the stress and intonation.
 - 4 a Tick the things in the table that the doctor does.b Tick the things that the nurse does.



Nursing tip

When you expect a call from a doctor, be prepared to answer routine questions on:

- temperature
- pulse
- the patient's appearance
- blood pressure.
- **5** Pick out expressions from the phone call that support your answers. Practise saying the expressions aloud.



How to deal with unexpected calls 2

Module 5 Communicating at work: Dealing with phone calls

When you answer the telephone, you have to listen carefully to work out quickly what the call is about.

Task 7

Nu

13

- Listen to the beginnings of three different telephone conversations.
 Discuss them. What are they about? How would you expect the conversations to continue? How would you, as a nurse, respond?
 - **2** Listen to the whole of conversation 1.
 - **a** How does the nurse give himself time to think before answering?
 - **b** Look at the expressions below. The nurse says them in two different ways. Fill in the formal/informal alternatives.

Formal	Informal
Does he have any other symptoms?	
	Does he seem hot or feverish?

- c Why does the nurse use two expressions in each case?
- d How many questions does the nurse ask?
- e How many are open questions?
- f How many are closed questions?
- **g** How many sound like questions because of the nurse's intonation?
- **h** Pick out a question that sounds closed but expects a detailed response.
- i How and why does the nurse reassure Gloria?
- **3** Role-play one of the other telephone conversations. Decide whether to:
 - use a formal or informal tone
 - ask questions
 - give advice
 - refer to another colleague
 - calm or reassure the caller.

Tip

- Open questions invite a detailed answer. (How are you today?)
- Closed questions invite the answer yes or no. (Would you like a cup of tea?)
- Some questions are statements with a questioning tone. (I'll go first then. OK?)
- Some questions sound like closed questions but expect a detailed answer. (Have you got pain anywhere else?)





How to negotiate on the telephone

Phone calls can be difficult to handle when there is a conflict of interest. You often need to discuss the problem with a caller until you reach a compromise.

CONFLICT!

You are coming to the end of your shift on the ward. You receive a phone call from a theatre nurse. A patient from your ward is in recovery. All the porters are busy. The theatre nurse asks you to collect the patient. You say you can't leave the ward.



Task 8

- 1 Discuss how you could resolve this conflict situation.
- **?**
- **2** Now listen to the actual conversation.
 - a How closely does it resemble your expectations?
 - **b** Pick out three different expressions the ward nurse uses to say 'no' to the caller's request.
 - **c** Who is more polite: the ward nurse or the theatre nurse? Discuss your answer.
 - **d** What two suggestions does the ward nurse make to reach a compromise? How does she introduce them?
 - **3** Select a conflict situation from the ones below and roleplay the telephone call.

Situation 1

A colleague calls from another ward. She is trying to swop one of her weekend shifts and hopes you can help her. You don't normally work at weekends.

Situation 2

You have a patient who urgently needs an IV drip. You have called the cannula team, who ring back. They have four other wards to visit before they come to you, which will take 30–45 minutes.

Tip

To negotiate a compromise, make sure you:

- say 'no' politely
- suggest alternatives
- stay firm and calm
- explain your position clearly.

Situation 3

Select a conflict situation from your own experience. Ensure there are differing opinions. Aim to reach a compromise.



How to use your telephone skills

In this task you practise your telephone skills.

Task 9

Nu

1 Form a group of three for a role-play. One person will play the nurse, one the caller and one will be an observer.

Caller

Select a situation and prepare a role card, to include the essential details of the call. You can choose from the situations given here or choose one from your own experience.

Situation 1

You are a patient's relative. You want to speak to the patient but can't because the patient has gone for an X-ray. You have to leave a message containing factual information about, for example, when a neighbour will visit, what has happened to another relative, when you will bring in essential personal items for the patient.

Situation 2

You call from A&E asking for a bed for a patient on Byron Ward.

Situation 3

You are a member of the medical team. You are ringing in response to a call from Byron Ward about a patient who has been transferred to the ward and is showing signs of pyrexia following an operation.

Situation 4

You are a patient's partner. You ring to ask questions about the patient's condition. The patient is suffering from shock following an accident.

Situation 5

You are a theatre nurse. You ring a ward nurse. The patient you are expecting for a hernia repair has not been delivered. You want the patient to be delivered from the ward to the theatre as quickly as possible.

Nurse and Observer

Familiarise yourselves with the situations given here. Discuss and practise possible responses.

2 Role-play the telephone call.



Task 4 on page 5:16 and Task 9 on page 5:21 4 and 9.2 Observer checklist

Does the nurse:		
• Ask questions to get any other information s/he needs?	Yes	No
• Ask the caller to repeat information?	Yes	No
• Ask for spellings?	Yes	No
• Give the caller feedback to show that s/he's listening?	Yes	No
• Confirm his/her understanding?	Yes	No
• Give the caller information clearly?	Yes	No
• Slow down the pace of the call so s/he can take notes?	Yes	No
Other comments and suggestions for improvement		



Task 5 on page 5:17

5.4 Extracts from an answer machine message

а	That's Byron, B-Y-R-O-N.
b	Also, could you please bring his reading glasses when you visit this afternoon.
c	Christopher has been transferred today from Marlow to Byron Ward.
d	Thank you. Goodbye.
e	This is Nurse Stevens calling from Oakfield Hospital.
f	The direct line to the ward is 01728 330978.
g	I have a message for Mrs Carroll from your husband, Christopher.
h	He wants you to know so you know where to come.
i	Hello.
j	You're welcome to call at any time.



Reflection form

Name:	Theme: Dealing with phone calls
What have I learnt from this the	eme?
What can I do better now?	
What can I apply immediately in	nto my practice?
Is there anything I am not sure	about or need more information about?
How will I go about getting this	knowledge?
What else do I need to do to fu	rther my studies in this area?
How might I go about doing this	s?

PAGES 5:25-5:33 Attending ward meetings

Professional setting

Nu

This theme focuses on attendance at ward meetings. It concentrates on how to follow discussion, contribute effectively to a meeting and take notes.

The purpose of the theme is to develop the skills a nurse needs to:

- listen and identify who is saying what in a discussion
- express a point of view in a meeting
- criticise another person's viewpoint constructively as part of a discussion
- accept and respond to criticism in a discussion
- build an argument through contribution to an ongoing group discussion
- take notes of a meeting.

Materials

Audio equipment

Blank cassettes

Resources for the theme:

- Table (5:34)
- Reflection form (5:35)

Dictionaries

Examples of meeting notes and minutes

Learning outcomes/objectives

- 1 to identify points of view in a discussion
- 2 to respond to the views of others in a discussion
- 3 to make relevant contributions to a discussion
- 4 to contribute to a discussion so that it progresses towards a conclusion
- 5 to express an opinion, with evidence, as part of a discussion
- 6 to criticise others' points of view constructively
- 7 to respond to criticism
- 8 to take and write notes as the written record of a meeting

Curriculum objectives

ESOL

Lr/L2.1a; Lr/L2.2b; Lr/L2.4a; Sc/L2.2a; Sd/L2.1a; Sd/L2.2c; Sd/L2.4a; Sd/L2.5a; Wt/L2.2b; Wt/L2.4a

Focus

PAGE 5:25

Suggested teaching activities

- Ask learners to talk about the kinds of meetings they attend at work and to identify what these meetings have in common. Pick out examples of formal meetings, such as hospital management or medical team meetings. Ensure knowledge and understanding of formal features such as the agenda, the minutes, the chairperson and the minutes' clerk.
- Select examples of less formal meetings, such as ward meetings to plan action on specific issues; these usually have an agenda and someone to take notes of the main points and decisions but no formal minutes. Ask learners to compare their experiences of these types of meeting and to identify which, if any, of the formal features of a meeting they would expect. Differentiate these types of meeting from completely informal ones in which views are shared and there is a common understanding of the issue but there is no formal agenda.
- Divide into small groups. Ask learners to discuss and report back on the following discussion points.
 - 1 What, from your experience, makes a successful meeting?
 - **2** What can prevent a meeting from reaching a satisfactory conclusion?
 - **3** Do meetings in the UK differ from your experience in another country? If so, how?
- Confirm the right of everyone to speak in a meeting. Ensure learners recognise the importance of taking turns. Introduce the concepts of democracy and freedom of speech. Encourage learners to compare meetings in the UK with those in other parts of the world.

Task 1

Task

Nu

- Question 1 Ask learners to identify the kind of meeting (informal/formal/semi-formal) in the picture.
- Refer back to the previous discussion for learners to pick out similarities in meetings they have attended.
- Question 2 Invite learners to identify the likely leader. Encourage them to use the people's positioning and body language to establish who is doing what.
- Focus on the speech-bubbles. Ask learners to identify the subject of the meeting (tea-break times).
- Discuss the phrases and their purpose (e.g. making a proposal; giving a personal view).
- Question 3 Allow learners time to match the speech-bubbles and their purposes.
- Go through the points in the summary.

PAGE 5:26 How to follow the discussion

Task 2 <u>(</u>) 15

Introduction and curriculum references

to listen to a range of voices and distinguish different viewpoints

to listen and respond to the views of others

ESOL

Lr/L2.2b; Lr/L2.4a

Preparation

- Refer back to the earlier discussion and any difficulties learners raised about following what people say at meetings.
- Talk about ways of overcoming these difficulties. For instance, stress the importance of finding out what will be discussed in advance of the meeting and identifying the opinions most likely to prevail.

Task

- Question 1 Focus on the agenda on the page and discuss in small groups. Take whole group feedback and record two or three main arguments expected for each agenda item.
- Question 2 Ask four learners to read the four parts and then to act them as if in a meeting together.
- Ensure understanding of who is for and against the proposal and how this is identified.
- Draw attention to the tip and discuss how far the body language and tone of the four actors reflected their point of view.
- Ask learners to complete the table.
- Question 3 Play the audio clip, stopping as required to listen for and practise intonation and stress in key words and phrases. Learners can then answer the questions.
- Provide further examples of how people express their feelings through body language, intonation and emphasis.

Follow up

Run a whole group feedback session on the answers.

If the learner has difficulty

Nu

- Provide a range of opinion statements on cards

 these can be general statements or different views of one given subject. Give each learner a card and ask him or her to read the statement aloud. (Provide help with this as necessary, for instance by first modelling the statements yourself.)
- Ask learners to discuss and sort the cards in two piles: for and against.
- When they are satisfied they have assigned the cards correctly, ask them to take turns to pick a card from alternate piles and to say the words aloud to the group as if in a discussion. Encourage them to listen to the previous person's words and to respond with appropriate body language and tone depending on whether for or against.
- Play the audio clip several times and in short sections, stopping after each section for discussion and completion of the questions. Focus on key words and expressions as well as tone.
- Finally play the clip through for learners to listen with confidence. Check that they have understood.

Extension

- Pre-record another discussion and ask learners to listen and identify opinions and roles.
- Alternatively ask them to report back from a real meeting they attend during the following week. Ask them to complete a pro forma on the meeting, to include information such as: chairperson/leader, note taker, subject of discussion, points for and against, key words and expressions, decision.
- In the feedback session, pool the key words and expressions and display. Identify words and expressions for expressing views for and against.

PAGE 5:27 How to give your point of view

Task 3 <u> 16</u>–17

Objectives and curriculum references

to introduce your point of view in a meeting to participate in a discussion to achieve a solution

ESOL

Sd/L2.1a; Sd/L2.2c

Preparation

- Refer back to the previous task and to the meaning of the term 'proposal'.
- Ensure understanding of the discussion procedures surrounding a proposal and of the importance of airing all opinions on the subject. (This builds on skills developed in Module 4: Taking part in meetings.)
- Review language for discussions: making suggestions and proposals; agreeing and disagreeing. Collect phrases that learners are familiar with for each category.

Task

- The purpose of this task is to participate in a discussion so that a solution can be reached. The emphasis is on the contribution of each individual to the whole discussion by voicing an opinion, thus moving the meeting towards an agreed group decision. Learners are encouraged to explore ways of initiating, supporting and opposing proposals.
- **Question 1** Ask learners to read the statements aloud and then to proceed to the matching exercise.
- Question 2 Play the audio clip. Focus on the contributions of Jennifer and Haroop. Ensure recognition of Jennifer's tentative input ('Do you mind if ...') as opposed to Haroop's bolder approach ('I think ...'; 'Come by car.'). Ask learners to discuss the effectiveness of each. Elicit ideas about the effectiveness of Haroop's direct and consistent point of view.
- After the discussion, distribute the Table from the Resources for learners to complete.
- Ask learners to make a list of options for supporting or opposing the proposal.

 Question 3 Use this question as a real opportunity for discussion in a meeting.

Nu

- Divide learners into groups of four. Ask learners to progress to a solution by each proposing, supporting or opposing ideas. Encourage all learners to make a contribution, using ideas from the list they have drawn up. Allow learners to arrange themselves formally with a chairperson if they wish or to have a more informal discussion.
- Extract useful expressions from the discussion and display. Encourage learners to enter these expressions in their notebooks, together with other expressions they have heard.
- Review the various ways of managing a discussion and establish what worked and what was problematic (people speaking at once, some people not speaking at all, individuals dominating proceedings, etc.).
- Question 4 Play the audio clip. Ask learners to identify the differences between the solution in the clip and that arising from their own discussion.

If the learner has difficulty

- Prepare a simple discussion topic such as the tea-break example from the focus page. Write the proposal on a card (e.g. I propose that we don't have a fixed tea break time any more).
- Invite one learner to take the card and propose the point. Invite a show of hands to see who agrees and who disagrees.
- Hand out pre-prepared cards that carry supporting or opposing statements to the relevant groups. Invite learners to take turns to express a view, using the statements on the cards to help. Discuss each statement as it is made, ensuring understanding and effective delivery. Allow the discussion to gain momentum and for learners to contribute as much as they wish from their own opinion. Aim to reach a solution.
- Question 1 Now that learners are familiar with the expressions on the page, direct them to the matching exercise.
- Question 2 Play the audio clip in short sections, with pauses for discussion.
- Question 3 As with the pre-task practice, use a show of hands and turn taking with cards bearing helpful statements.

- **Question 4** Play the audio clip in short sections.
- Replay both audio clips for reinforcement.

Extension

- Pick another scenario that may have emerged in an earlier discussion. Ask learners to discuss and aim for a solution.
- Review and ask learners to record any new vocabulary or expressions in their notebooks.

PAGE 5:28 How to be critical of other people's views

Task 4 <u> </u>16

Nu

Objectives and curriculum references

to listen to and criticise another person's views constructively

to use criticism as a means of progressing a discussion

to criticise in a personally unthreatening manner, using appropriate tone and phraseology

ESOL

Sc/L2.2a; Sd/L2.1a; Sd/L2.5a

Preparation

Focus on the photographs and speech-bubbles. Ask learners to take the parts and read the extracts aloud.

Task

- The purpose of this task is to practise constructive criticism of other people's opinions in a discussion. It emphasises the purpose of criticism as a means to reaching an effective solution and explores the phraseology and tone required to avoid personal offence and to substantiate an opposing viewpoint.
- Questions 1 and 2 Ask learners to look at the pictures and statements and complete the matching exercise.
- Review responses, emphasising the importance of supporting statements with factual information.
- Question 3 Replay audio clip 16 and ask learners to discuss Haroop's and Maureen's tone. Elicit views about Maureen's angry tone and repeated challenging questions and Haroop's calmer, friendly tone.
- Question 4 Direct learners to the expressions and encourage them to practise saying the expressions aloud, emphasising the tone of the speaker.
- Ask learners to discuss what effect each of the expressions might have on the debate.

- Encourage them to find examples of offensive remarks in the audio clip, such as 'That's stupid' and 'Not if I'm stuck on a bus, it isn't!' and to discuss how these might be altered to avoid insult.
- Ask learners to repeat the new altered phrases with a positive tone. Record and play back to review the intonation.
- Consider additional expressions to add to those in the tip, such as: 'in my experience' and 'according to the procedures'. Introduce other helpful expressions, such as: 'on the one hand ... ; on the other hand' and 'as I understand it ...'.
- Encourage learners to keep a record of key words and phrases to use when criticising another person's point of view.

Follow up

In pairs, encourage learners to practise making critical statements in an appropriate tone.

If the learner has difficulty

- Recap on the importance of tone. Prepare examples of different tones – recorded or demonstrated by you – such as reassuring, angry, questioning, surprised, admonitory and friendly. Give learners practice in identifying the different tones, such as rising intonation for surprise. Then proceed to the task.
- Play the audio clip several times and in short sections, stopping after each section for discussion.
- Run a discussion. Agree a subject and make the opening statement. Ask learners to take turns in criticising it, prompting with opening words as necessary, such as 'I disagree ...', 'Well, I think that ...'.

Extension

- Offer opportunities for more practice through different scenarios. Aim at increasing confidence, fluency and achieving accurate intonation.
- Review the outcomes.

PAGE 5:29 How to respond to criticism

Task 5 🞧 18–20

Objectives and curriculum references

to respond to criticism in a calm and constructive way

to use appropriate tone and wording when responding to criticism

to distinguish justified from unjustified criticism and respond appropriately

ESOL

Sc/L2.2a; Lr/L2.2b

Preparation

- Ask learners to think of examples of criticism in their everyday lives. Talk about who criticises them, why and for what.
- Discuss the difference between justified and unjustified criticism and how they might respond to each.
- Discuss cultural variation in response to criticism.
- Discuss the meaning of 'constructive' criticism, emphasising its purpose in achieving a goal or solution.

Task

- The purpose of this task is to respond to criticism in a meeting calmly and constructively. It focuses on the tone and language required if the criticism is to help progress the overall purpose of the meeting.
- **Question 1** Draw attention to the notes and photographs on the page and discuss.
- Questions 2–4 Play the audio clips and ask learners to discuss the responses. Stress that personal criticism should never be aired at a meeting; a supervisor would normally address a problem with an individual in private. A 'no blame' culture prevails in most hospitals, so some of these responses would never be called for. However, learners should still be prepared for unexpected scenarios, especially in meetings where particular individuals may act in an unorthodox manner.

- Draw attention to the box at the foot of the page.
- **Question 5** Act out the scenarios in pairs.

Follow up

Review progress, drawing out key expressions and focusing on tone.

If the learner has difficulty

- Question 2 Play the audio clip several times and in short sections, stopping to ensure understanding and to highlight key expressions.
- Question 3 Play the different responses in the audio clip, stopping after each one to discuss language and tone; ask learners to repeat each response.
- Question 4 Play the audio clips one by one, discuss and ask learners to repeat.
- Question 5 Ensure learners are equipped with key expressions and an understanding of tone before acting out the scenarios.

Extension

Work in groups of three. Discuss situations from learners' professional experience where they or others have been criticised. Discuss different ways of handling the criticism and decide on the best option. Role-play the situation in pairs, the third group member giving feedback on effective use of language.

PAGE 5:30 How to develop an argument

Task 6 <u>[]</u> 15–17

Objectives and curriculum references

to follow a group of nurses building an argument

to contribute clearly to an argument by confirming or repeating what someone else has said or by providing new information

to intervene in an argument, using appropriate expressions

ESOL

Nu

Sd/L2.1a; Sd/L2.4a

Preparation

Focus on the main points of the argument on the page. Ask learners, from memory of the discussion they listened to in Task 4, to consider how many of the nurses helped to build up the argument and what they said.

Task

- In this task learners explore the techniques for building an argument in a group situation. The task focuses on the different forms of contribution and how individual interventions contribute to the whole argument.
- Question 1 Replay the audio clips of the discussion about shifts and ask learners to discuss who contributed the points and what they said. Discuss why it is important that more than one person contributes points.
- Question 2 Play the next audio clip about drugs round record keeping and ask learners to distinguish the different voices and then to answer the questions.
- Draw attention to the first tip. Suggest learners try to find an example in the audio clip for each point.
- Question 3 Replay the audio clip for learners, pausing as necessary so that they can complete the gap-fill exercise.

Follow up

 Talk about the importance of using helpful expressions for intervention and agreement to support an argument. Help learners to compile a bank of other similar expressions.

If the learner has difficulty

- Play the audio clips several times and in short sections and work through the questions as a group.
- As a group, develop a simple argument on an agreed subject, such as banning the use of all mobile phones in a hospital. Display the main points on the flipchart/board as learners contribute them.
- Seat learners in a circle and ask them each to contribute a point in turn to the argument.
 Elicit appropriate introductory expressions from the group.
- When they are confident, proceed to a more realistic role-play of this, or a different, argument.

Extension

- Split learners into two groups. Select a subject for role-play for group 1, preferably from their own experience of putting forward an argument in a meeting. Assign group 2 as observers. Ask them to note down examples to illustrate the bullet points in the second tip on the page.
- Discuss the results.
- Swop roles and repeat with a new scenario.

PAGE 5:31 How to take notes 1

Task 7

Nu

Objectives and curriculum references

to write accurate notes from a meeting

to write notes to an agreed format

to judge the level of detail to include in notes of a meeting

ESOL

Wt/L2.2b; Wt/L2.4a

Preparation

- Discuss learners' own experiences of using notes. Find out what they have observed about notes they have read – what is included and the format.
- Display the notes sheet from the page on an overhead transparency. Discuss with learners what information is included and why.
- Redirect learners to the page and cross-check the points raised in their discussion with those identified beside the meeting notes.
- If possible, compare with other examples of meeting notes and minutes. Encourage learners to select the type of notes they find most helpful and informative.

Task

In pairs, ask learners to identify the style and language features in the notes and to draw up a list. Focus on the need to use an agreed format, and the features of notes such as contracted sentences.

Follow up

Encourage learners to identify other features of notes from their own experience, such as initials for names, dates as numbers, use of bullet points.

If the learner has difficulty

Provide pre-prepared examples of individual note points, each demonstrating one or two features only, such as:

3. Phil to contact physio and OT (Numbered point; abbreviation)

6. Karen – not in on Fridays (Numbered point; use of dash)

- Ask learners to identify the features and to explain how each point would look if written in a full sentence.
- Provide full sentences about a meeting for learners to write as notes using the key features identified.

Extension

- Ask learners to look at more examples of meeting minutes and notes and to identify the note features in each.
- Ask them to rewrite a full text in note form, using all appropriate features of note taking.

PAGE 5:32 How to take notes 2

Task 8 <u>(</u>21)

Nu

Objectives and curriculum references

to extract key points and decisions from a meeting

to write accurate notes from a meeting to an agreed format

to judge the level of detail to include in notes of a meeting

ESOL

Lr/L2.1a; Wt/L2.2b; Wt/L2.4a

Preparation

- Discuss learners' experience of note taking. Find out how many of them have taken responsibility for notes or minutes.
- Talk about the difficulties of note taking and how this can be made easier by, for instance, working to an agreed format.

Task

- In this task learners write notes to record a meeting and its main decisions and action points. It focuses on selecting key information and the use of an agreed format and standard features of notes.
- Question 1 Explain to learners that they will listen again to the discussion on agenda item 2. They should agree with a colleague the likely outcomes in terms of proposal, main points of the argument and decisions or action points.
- Replay the audio clip.
- Question 2 Set up the discussion in pairs and ask learners to share their conclusions with the whole group.
- Question 3 Direct the pairs to the prepared note sheet on the page. Ask them to talk about the kinds of headings they might want to include in their notes and to prepare a note sheet with headings. (This agenda item may not require 'for' and 'against' sections but will need a proposal and decisions or action points.)
- Remind learners about the features of notes they compiled for Task 7.

- Question 4 Ask learners to complete the notes based on the audio clip and on each pair's agreed outcomes. Replay the audio clip if necessary.
- Note that additional interest can be generated if learners decide to attribute particular statements or action points from their own discussion to specific characters from the meeting.
- Question 5 Ask learners to swop notes and compare information. Encourage them to agree improvements in content and format. Return each set of notes to its originator.
- Question 6 Point out that notes from a meeting will be read by others so it is important that the information is accurate and clear. Ask learners to proof-read their own notes to check that the meaning is clear, the style consistent and the writing legible. They can then amend their notes to produce a final version.

Follow up

- Discuss the results. Check how many note features have been used by the group.
- Draw attention to the tip.

If the learner has difficulty

- Choose three or four learners to role-play the scenario while the others observe and take notes of the main decisions.
- Work through the note-taking process with the whole group, displaying the process on the overhead projector or computer.
- Switch off the display and invite learners to complete the notes, using their own personal record and their experience of the group's efforts.

Extension

Ask learners to complete notes of a real meeting and to bring them for review at the next session.

PAGE 5:33 How to take part in a meeting

Task 9

Nu

Objectives and curriculum references

to follow a discussion in a meeting

to contribute a point of view to a discussion

to give and respond to constructive criticism in a meeting

to build an argument

to take accurate notes from a meeting

ESOL

Lr/L2.2b; Sc/L2.2a; Sd/L2.1a; Sd/L2.2c; Sd/L2.4a; Wt/L2.2b; Wt/L2.4a

Preparation

Discuss the options for agenda item 3.

Task

- In this task learners practise the speaking, listening and writing skills acquired in the theme.
- Questions 1 and 2 Set up the role-play in groups of four or five, as detailed on the page. Ask learners to familiarise themselves with their roles and to prepare role cards or notes.
- Question 3 Ask learners to appoint a chairperson or leader and a minutes clerk.
- Question 4 If possible, video the role-play. Alternatively, ask for a volunteer to act as observer. Encourage him or her to devise a checklist for evaluating the meeting.
- Question 5–7 Encourage learners to act out the scenario, taking account of the tips on the page. The minutes clerk should take notes. If necessary, prompt learners to bring the meeting to a conclusion.

Follow up

- Conduct a plenary session. Discuss with learners what they felt about the role-play: what went well and what went less well. Give feedback on how effectively they used the target skills, and suggest improvements.
- After review ask learners to complete written notes of the meeting.

If the learner has difficulty

- Prepare role cards together as a group.
- Draw up a list of main points for the discussion as a group and display any helpful expressions.
- Encourage learners to practise repeating any new expressions.
- Distribute the role cards and run the role-play for practice without observation. Discuss the outcome.
- Redistribute the roles and repeat the role-play for confidence and fluency. Prepare the notes as a group, step by step. Discuss the results.

Extension

- Run a real meeting about an issue that affects learners as a group.
- Video the meeting.
- Ask learners to produce notes.
- Review results.

Reflection for the theme

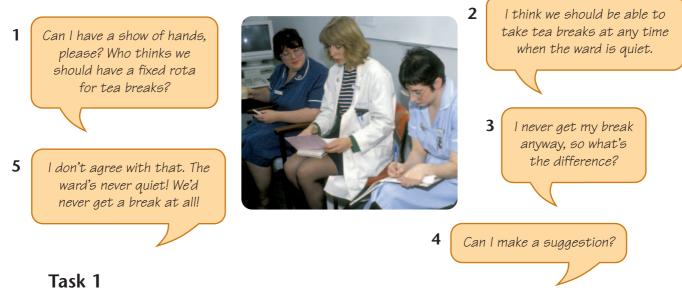
Provide learners with copies of the Reflection form from the Resources. Ask them to complete it in their own time. Discuss with learners as necessary.



Focus

Nu

As a nurse, you will often need to attend meetings. Some meetings, such as a hospital management or medical team meeting, will be formal, with an agenda and minutes. However, most meetings will be semi-formal, with an agenda but with someone taking notes of the main decisions only.



- 1 Look at this picture. What kind of meeting do you think it shows? How is it like or unlike the meetings you have attended?
- 2 Who is leading the meeting?
- 3 Look at the speech-bubbles. Which one:
 - a makes a proposal?
 - **b** speaks against the proposal?
 - c provides information from a personal point of view?
 - **d** introduces a different proposal?
 - e introduces the topic for discussion?

Attending meetings

Every member should be encouraged to:

- speak and express a view
- allow others to speak
- ask questions
- speak out if they disagree with a speaker
- provide relevant information
- give constructive criticism
- speak in turns, one at a time.

- At the end of the meeting you should:
- aim to agree on a course of action
- determine who will carry out the action.



How to follow the discussion

When you go to a meeting, you need to listen carefully to sort out the different people's voices and opinions. Expect to hear a variety of viewpoints on most issues.

Task 2

1 Look at the three points on this agenda. What would you expect to be discussed under each? Suggest some possible scenarios and viewpoints.

WARD STAFF MEETING 16th February Agenda

- 1 New shift arrangements
- 2 Drugs round record keeping
- 3 Staff Christmas/seasonal celebration
- **2** Look at these extracts from a discussion at a ward meeting. Who is in favour of the proposal? Who is against the proposal?

Tip

You can judge a speaker's attitude by:

- tone of voice
- body languagekey words and
- expressions
- questions asked.

	For	Against	Not sure
Rosa: I think that's a reasonable idea.			
Maureen: Yes, but why do we have to?			
Haroop: Well, I don't mind			
Celestine: As a mother with a young child, I object!			

- - **3** Listen to the first part of the discussion.
 - a What is the proposal?
 - **b** Who is leading the meeting?
 - c What personal difficulties do two people have with the proposal?
 - d How does Maureen show her feelings about the proposal?



How to give your point of view

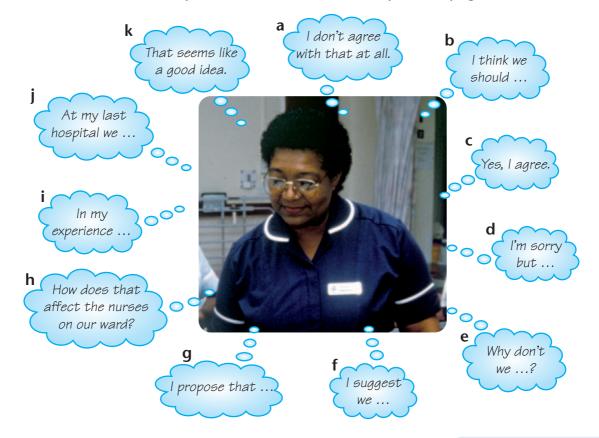
When you attend a meeting, be prepared to state your point of view. You can do this in different ways. For instance you may need to:

- make a suggestion or a proposal
- introduce information for or against a proposal
- support a proposal
- oppose a proposal
- request information.

Task 3

Nu

1 Match each of these expressions to the list at the top of the page.



2 Listen to the next part of the discussion about shift times.What contributions do Jennifer and Haroop make? How effective are they? Complete the table that your teacher gives you.

- **3** Discuss the problem these nurses are having with shift times. Suggest or propose a possible solution.
- 4 Listen and compare your solution with the one reached
 in the meeting.

Tip

Keep a record of key words and phrases that you can use to:

- make a proposal
- support a proposal
- oppose a proposal
- introduce information.

How to be critical of other people's views

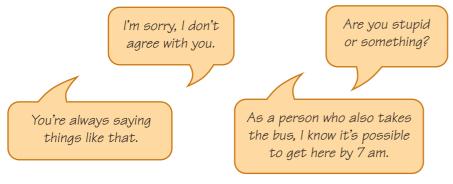
You may want to criticise the opinions of others at a meeting. Constructive criticism is normal and can help in reaching a solution.



1 Look at the examples of criticism in the three pictures above. How would you describe each example?

a Supported by fact b Supported by opinion c Unsupported

- 2 Which is the most: a constructive? b likely to cause personal offence?
- 3 Listen again to part of the discussion. Whose tone of
 voice is more helpful: Haroop's or Maureen's?
 - 4 Discuss these expressions. How constructive are they?



5 In pairs, discuss an issue on which there are opposing points of view, such as smoking or the MMR vaccine.

Person 1: State an opinion.

Person 2: Criticise the opinion, using a range of expressions and an appropriate tone.

Tip

Expressions like these are useful and give authority to your viewpoint:

- As a professional ...
- As a parent ...
- Medically speaking ...

How to respond to criticism

Accepting criticism, especially in front of other people, can be difficult, but it is a necessary skill in professional life. How you respond can depend on the way the criticism was given but it should always be constructive.

Task 5

Nu

1 Look at the responses to criticism in the pictures below. How constructive are they?







I'm sorry if i've caused a problem but I wasn't the only person responsible.

- 2 Listen to the opening discussion on the next agenda item at the ward meeting drugs round record keeping. Discuss the criticism. How would you respond if you were Maureen?
- 3 Listen to three possible responses Maureen could make.
 Do any of them match your response? Discuss the
 relative merits of the different responses.
- **20** 4 Listen to three more examples of criticism. How can you improve the person's response?
 - **5** Act out each of the three scenarios with a colleague. Respond to the criticism in a constructive way. Discuss the results.

I realise I made a mistake. Now, how can we try to put this right?

4

Important notes

- Finding a solution is the responsibility of the whole team.
- Every nurse has a professional responsibility for patient care.

Responding constructively to criticism

You must:

- speak clearly and calmly
- apologise if the criticism is justified
- give the facts
- suggest future solutions
- ask for help or guidance if necessary.

You must not:

- respond angrily
- take the criticism too personally
- hinder progress to a solution.



How to develop an argument

When you have a point of view at a meeting, you need to present a clear argument that leads to a solution. An argument can often be successful if several members of the meeting add constructive comments or information.

Main points

- 1 The new shift system would have the advantage of an earlier finish time.
- **2** There is little choice because the doctors won't change their decision about when they do the medical round.
- 3 The drugs round can be done on time instead of late.
- **4** The nurses can help with the breakfast round and pick up any problems not evident at handover.

Task 6

15 16

21

- 1 Listen to the discussion about shift times again.
 - **a** How many different people supported the main points listed above?
 - **b** What did they say?
- **2** Now listen to the discussion about drug administration.
 - a What argument is being put forward?b How many people contribute to the argument?c Which nurse are they aiming to persuade?
 - 3 Listen to the discussion again and complete the gaps.

Haroop: Well – it's always been timed badly.

Celestine: ______ . It's always been too close to handover.

Celestine: _______, if we can concentrate properly and work as a team, we can iron out most difficulties.

- Maureen: And then the moment's missed.

______, Mrs Mitchell didn't get her 6 am dose on Monday, did she?

Haroop: ______. That's got to be a rule.

Tip

You can contribute to an argument by:

- confirming what someone else has said
- providing new information
- repeating a point for emphasis
- suggesting what could be done
- responding to negative comments or questions constructively.

Tip

You can build an argument by:

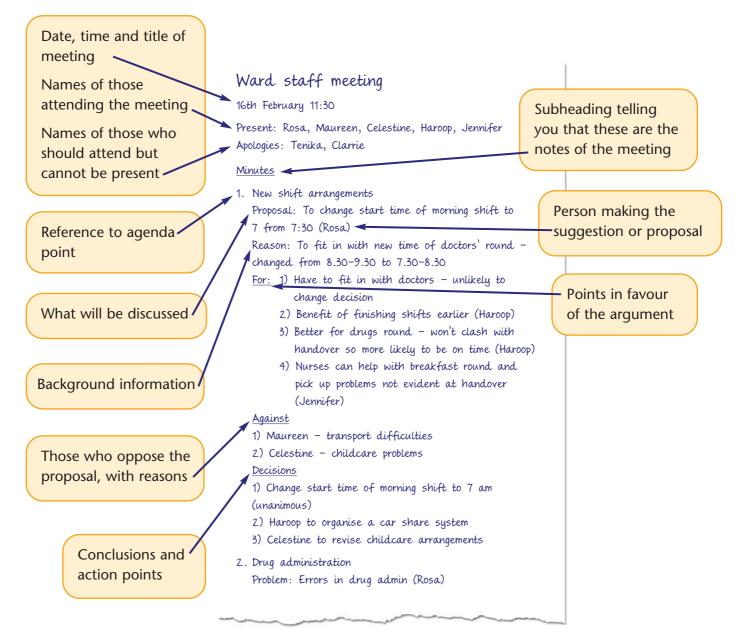
- providing rational points that lead on logically from what has already been said
- adding new information
- focusing on the advantages for all, not just your personal advantage.

Nu



How to take notes 1

It is important to keep a written record of meetings and particularly of decisions and action points. You may be asked to take the notes or minutes. Even if you are not the official note taker, you may wish to take notes for your own records.



Task 7

Look at the notes taken by Jennifer at the ward meeting. In pairs, make a list of the main features that tell you these are notes.

Tip

In notes, you do not need to write full sentences: 'Haroop to organise ...', not 'Haroop has agreed to organise ...'



How to take notes 2

You may be asked to take the notes or minutes for a meeting at work. You may also wish to take notes for your own records.

2. Drugs administration
Problem: Errors in drugs admin. (raised by Rosa)
Proposal:
For:
Against:
Decisions:
Timescales:



🕢 Task 8

- 1 Listen again to the discussion about agenda item 2.
- 2 In pairs, talk about the problem with drug administration. Agree a proposal and some action points to resolve the problem.
- **3** Prepare a note sheet for agenda item 2, using main headings like those in the model above.
- 4 Make notes of the main points under your headings for agenda item 2. Use some of the note features from your list. You can use the recorded extract as well as your own discussion to complete the notes.
- **5** Swop your notes with another learner. Check that all the information is included and suggest amendments.
- 6 Amend your own notes as necessary.

Тір

Handwritten notes or minutes should normally be typed and circulated to everyone who attended the meeting as soon as possible.



How to take part in a meeting

In this task you practise the skills developed in the theme.

WARD STAFF MEETING 16th February Agenda 1 New shift arrangements 2 Drugs round record keeping 3 Staff Christmas/seasonal celebration Option 2: Lebanese restaurant

Position: Main street about 10 minutes' walk away In the main restaurant with dance floor and music Traditional Lebanese food £10 per head for a number of courses, including meat and vegetable dishes

Drinks extra

Nu

Option 1: Lamb and Flag pub

Position: opposite the hospital Private room

Set Christmas menu with roast turkey and a vegetarian option

 \pounds 12 per head – includes one glass of wine

Additional drinks extra

Option 3: Hospital conference room Outside caterers – Indian or Thai Music and dancing

Task 9

Role-play the third agenda point (Staff Christmas/seasonal celebration).

- As a group, decide on two kinds of celebration for discussion. You can choose from the options given or make your own suggestions.
- **2** Prepare your role. Plan your arguments for supporting or opposing the kinds of celebration to be discussed.
- 3 Decide who will lead or chair the meeting.
- **4** Arrange to video or to have an observer at the meeting.
- **5** Act out the meeting.
- **6** Bring the meeting to a conclusion by agreeing who will make the booking and carry out any other agreed action points.
- **7** Take notes of the meeting, ensuring you include all decisions and action points.

Tips

- Listen carefully to what others are saying.
- Give your point of view.
- Give constructive criticism of others' views.
- Respond effectively to criticism.
- Help to build an argument.



Task 3 on page 5:27

3.2 Table



Reflection form

Name:	Theme: Attending ward meetings
What have I learnt from this	theme?
What can I do better now?	
What can I apply immediately	y into my practice?
Is there anything I am not su	re about or need more information about?
How will I go about getting th	nis knowledge?
What else do I need to do to	further my studies in this area?
How might I go about doing t	his?

Check it

Dealing with conflict situations

- 1 Read this extract from a nurse's incident account. Supply the correct form of each verb in brackets. Use a contraction where necessary (e.g. he's, you've).
 - a Excuse me, Sister. I _____ (have) a problem with Mr Dunbar this morning.
 - b As you know, he _____ (like) touring the ward in his wheelchair and chatting to other patients.
 - c Well, today he _____ (talk) to Mrs Worrell when her daughter _____ (arrive)
 - d Mrs Worrell's daughter _____ (visit) very rarely recently I think they _____ (quarrel) about something - so naturally Mrs Worrell _____ (want) Mr Dunbar to leave.
 - e He _____ (refuse) and was extremely rude. I had to call security.
- 2 Rewrite this information for an incident report in note form, including only essential points.
 - a The patient slipped on the wet floor and hit his head against the drugs trolley, which had been left unattended while the nurse checked prescription reports.
 - b Mr Dunbar was taken back to his bed by security. He became angry and started shouting so much that he upset the other patients. The senior nurse was called and administered a sedative.
- 3 Complete these expressions for dealing with an angry person.
 - a Try to keep your voice _____
 - b It's not fair _____ the other patients.
 - c Stay here while I try and sort this _____.
 - d I'll find _____ what's happening and get straight _____ to you.

Dealing with phone calls

- **4** Replace each nurse's question with a more informal alternative, as if to a patient's relative on the phone.
 - a Is she pyrexic?
 - b Does he have a history of cardiac problems?
 - c Is he still taking the dihydrocodeine?
 - d Can you ensure Mr Sterling's prompt attendance at the appointment?

- 5 Identify the open questions (O) and the closed questions (C).
 - a How are you feeling today, Jasmine?
 - b Shall I replace the IV?
 - c Would you like me to speak to the patient's mother about this?
 - d What time can you call back?
- 6 Complete these statements from an answer machine message. Then number them in the correct order.
 - a Mr Dunbar is _____ today to Ward number 6.
 - b I _____ for Mrs Dunbar.
 - c Hello. This is Nurse James _____ Byrne Hospital.
 - d If you _____ questions, _____ us on 01935 276590. Thank you.
 - e At visiting time, _____ check in with the Ward 6 sister who ____ you to Mr Dunbar's bed.

Attending ward meetings

7 Complete each nurse's response as if at a ward meeting.

Ward sister: So what do you think we should do about Mr Dunbar?

- Nurse 1: Well I _____ we move him to another ward.
- Nurse 2: I ______ with that at all.
- Nurse 3: I do. It seems like ____ to me.
- Nurse 4: I agree. In my _____ patients behave differently in different wards.
- Nurse 1: I ______ we move him tonight if there's a free bed. Can we do that?
- 8 Put ticks by the comments that are constructive in a discussion.
 - a That doesn't make sense...
 - b I don't agree with you, Bill, because...
 - c Trust you to say something like that!
 - d The fact is that Mr Dunbar is unsettling all the patients.
 - e As a professional person, I must object.
 - f You're always moaning, Madge.
- 9 Tick the appropriate response to a piece of constructive criticism.
 - a Sorry, you're right to criticise. I do break the rules sometimes, but in this case...
 - b Don't talk to me like that!
 - c Right... I'm not going to say any more.

Audio

PAGE 5:1

Focus

Task 1.1 🚺

Oakfield Hospital, Marlow Ward

9:00 am

Sarah: You ready then, Mr Williams? Got your gown on, have you?

Mr Williams: What? What? I ... I can't

hear ...

Sarah: You're due for theatre any minute ...

Mr Williams: What? What did you say? Oh dear ... oh ...

9:15 am

Mr Williams: Nurse, Nurse!

Margaret: What is it, Mr Williams?

- Mr Williams: I've been ready for ages. Nine o'clock, they said.
- Margaret: Ready? Oh yes, of course. You're for theatre today, aren't you?

Mr Williams: Nine o' clock, they said.

Margaret: Don't worry. I expect they're on their way. Let me see if I can find the porters.

Mr Williams: You'll come back and tell me, won't you? You will, won't you ...? Oh ... nobody listens!

9:30 am

Jenny: Cup of tea, Mr Williams?

Mr Williams: What?

Jenny: A nice cup of tea?

Mr Williams: Tea? You're offering me tea? I can't have tea!

Jenny: Oh, sorry!

Mr Williams: I'm not 'ere on 'oliday, you know. I'm 'ere for an operation – on me ear. I should be 'avin' it now. Nine o'clock, they said. I've been ready for ages.

Jenny: Oh. Well, don't shout at me. It's not my fault.

Mr Williams: Well, what am I supposed to do? Stay 'ere till I die?

Jenny: Oh, come on, don't exaggerate! The porters are busy people. I expect they've been held up. Just be patient. They'll be along in a minute. Tea, Mrs Radcliffe?

Mr Williams: Oh!

PAGE 5:2

How to recognise anger or frustration

Task 2.2 2

Mr Williams: Hey! I need to speak to a nurse. Are you listening to me?

Clerk: Sorry, sir. I will be with you in a moment. I just need to answer this call. Ah! Good morning. Marlow Ward. Er ... Can I help you?

Mr Williams: Where's the nurse?

- **Clerk:** If you'll just go back to your bed, sir, and ring the bell ... Excuse me ... Yes, of course. I'll tell her straight away. No trouble. 'Bye.
- Mr Williams: I've rung the bell ... *twice*! There's nobody 'ere. Where're all the nurses?

Clerk: Ah! Please go back to bed, sir. Good morning. Marlow Ward. How can I help you?

- Mr Williams: Go back to my bed! I'll give you 'go back to my bed'. I'm stopping 'ere until somebody tells me what's 'appening. This is a dreadful 'ospital. Dreadful! I've waited ten months to get 'ere and for what? I need to know what's 'appening. Tell me where the doctor is. I'll ask 'im meself.
- **Clerk:** I'm sorry, I didn't catch that. Please, sir. Can you keep your voice down, please! I do apologise ...
- Healthcare assistant: What's going on?

Clerk: I'm trying to take a phone call. The phone hasn't stopped all morning!

Healthcare assistant: What is it, Mr Williams?

Mr Williams: Oh, at last! Somebody does work 'ere after all!

- Healthcare assistant: What seems to be the problem?
- Mr Williams: Nine o'clock they said. Nine o'clock and now it's gone eleven! I wish I'd never come. Call this the National 'ealth Service! It was better in the War!
- Healthcare assistant: Oh, yes. It's your operation today, isn't it? Now, stand still for a moment, Mr Williams. All this rushing around isn't going to help. There, that's better. Now, listen, I'm going to help you back to your bed. Yes, I am. You can't have an operation in this state. I'm going to get you back to bed. Then I'm going to phone theatre and see if they know what's going on. There are delays sometimes. Now, come with me and I'll sort it out. There, that's better. That's it.

PAGE 5:3

How to sound reassuring

Task 3.3 3

Extract 1

Patient: They're late.

Nurse: Don't worry. I'm sure they're on their way. I'll go and check for you, shall I?

Extract 2

Patient: Nobody tells me anything! **Nurse:** Well, don't shout at me. It's not my fault.

Extract 3

Patient: I can't eat my food I'm so upset.

Nurse: Oh, come on. Stop feeling sorry for yourself. It's only a slight delay.

Extract 4

- **Patient:** You haven't even told me when the doctor's coming. You're all idiots!
- Nurse: I'm sorry. You must be very upset. The doctor and her team are doing the rounds now. I'll find out what time they expect to reach the ward. I'll be back in two minutes.

Task 3.2 4

- a You must be very upset.
- **b** Why don't I go and check for you?
- c Can you tell me what's happened, Mr Davis?
- **d** The doctors will be round in about twenty minutes.
- e I'll find out what's happened and get straight back to you.
- f I'll get the nurse in charge to speak to you.

PAGE 5:4

How to respond to an angry patient or visitor

Tasks 4.2 and 4.3 on page 5:4 and Task 6.1 on page 5:6 5

- **Brad:** Look at her. She's really ill and it's the first time I've seen her. All week I've been trying to get in and that nurse – that other one with the face like a dog's dinner – wouldn't even let me see her. And look at her. Look at her! She'll think I don't care. She'll think I don't love her. See what you've done. You call that care! You're useless, all of you.
- Sarah: I understand that you're upset, but please try to keep your voice down.

- **Brad**: You're as bad as her parents. They won't let me see her either, or they wouldn't if they had the chance. Don't think I'm good enough. I'll show them who's good enough! I've only been living with her for two years. Two years! And that nurse won't let me see her!
- Sarah: Why don't we go somewhere quieter for a moment to sort this out, sir? The patients in here are very ill.
- **Brad:** And you! You're no better! Looking at me as if I'm dirt under your feet! If anyone's her next of kin it's me. I've got a right to be here.
- Sarah: Sir, let's get into the quiet room for a moment and talk about this. Come with me, please. I'll make you a cup of tea.
- **Brad:** Get your hands off me! I'm staying here, by her side, and nobody is telling me otherwise! Got it?
- Sarah: I'm afraid I can't let you stay here while you're so upset. It's not fair on Judy. I'm going to call the ward sister.
- Brad: Call who you like. I'm not moving.

PAGE 5:5

How to take control of a difficult situation

Task 5.2 6

Mr Williams: Right. That's it! I'm not staying. This is a dreadful 'ospital. Dreadful! I'm an old man. What d'ya expect me to do? Do the operation meself? I'm out of 'ere. You can't keep me. I'm goin' 'ome, clothes or no clothes. That's it. I'm off. Where's me trousers?

Staff nurse: Mr Williams? Mr Williams?

- Mr Williams: Oh, you're 'ere now, are you? Well it's too late!
- **Staff nurse:** Mr Williams, may I come in and talk to you?
- Mr Williams: Can't stop you, can I!
- **Staff nurse:** Mr Williams, you must keep your gown on. They'll be fetching you for theatre any minute.
- Mr Williams: Well, it's too late now. I'm not in the mood.
- **Staff nurse:** Mr Williams, may I sit down here beside you? That's better. Now I can talk to you properly. I'm very sorry you've had to wait so long. I know it's difficult when you're all keyed up for an operation, but I'm afraid it happens sometimes. We've had two emergencies this morning.

Margaret, who spoke to you earlier, was called away on one of them and Phil's been delayed by a patient who collapsed in the bath. Now, I'm going to call the theatre and check *exactly* when you'll be collected.

Mr Williams: You mean you still don't know?

Staff nurse: I'm going to check *exactly* when you'll be collected and get straight back to you. It isn't easy I know, but I'm going to call the theatre now. All right?

Mr Williams: I'm going home. I can't stay.

- **Staff nurse:** Let me call the theatre and get straight back to you. Then we'll know where we stand.
- Mr Williams: You won't come back. Nobody tells me anything!
- **Staff nurse:** Mr Williams, as a senior nurse on this ward, I can assure you that I *will* come back as soon as I possibly can.

PAGE 5:6

How to refer to a colleague for assistance

Tasks 6.2 and 6.3 7

Sarah: Excuse me, Sister. I've got a problem with a visitor.

Sister: Oh yes?

Sarah: He's come to see Judy Miller. He says he's her partner.

Sister: And is he?

Sarah: Well, I have no reason to disbelieve him. The thing is, he's clearly been drinking and he's making a lot of noise. I've tried asking him to quieten down but he keeps on shouting. I asked him to come into the quiet room for a cup of tea but he refused to move.

Sister: Oh dear!

Sarah: Then I took his arm and he didn't like it. He seems to be upset that we didn't let him in sooner. Apparently Judy's parents don't like him and presumably they're regarded as next of kin, not him.

Sister: So ...

Sarah: So that's why we didn't let him in before. Sister: I see. Let's go and talk to him then, shall we?

PAGE 5:15

How to take telephone messages 1

Task 2.2 on page 5:15 and Task 3.2 on page 5:16 8

Romy is a junior nurse who has just come on duty for the night shift. She receives a telephone call.

Romy: Hello. Byron Ward.

Ian: Hello. It's Ian. Can I speak to Angela, please? **Romy:** Sorry, is Angela a patient?

lan: No, no. Angela. You know, she's a nurse. She

works with you.

Romy: Err, sorry, let me get this straight. You want to speak to a nurse called Angela?

lan: That's right.

Romy: I don't think she's on this ward. I'm new myself and I've only just come on duty but I don't know of anyone called Angela. Which ward did you want?

lan: Byron. That is Byron, isn't it?

Romy: It is, yes.

- **Ian:** Isn't she there yet? She's supposed to be transferred there tonight. She rang to tell me.
- **Romy:** Ah ... I heard that we're getting a new nurse from ENT; it must be her.
- **Ian:** That's right. She's being transferred. I thought she'd be there by now. Can I leave a message?
- **Romy:** Certainly. I can take a message. But I can only give it to her if she joins us tonight.
- **Ian:** Oh, right. I've got to go to bed now you see so I can get Katy up early tomorrow. I don't want to have to ring again. She gets me up all too often as it is, so I need all the sleep I can get.
- **Romy:** Sorry, can I interrupt? I need you to go slower so I can write this down ... You are lan and you are Angela's partner?

lan: I'm her husband, yes.

- **Romy:** Right, I've got that now. What would you like me to tell Angela?
- **Ian:** Oh, you can tell her I rang. Tell her that Katy's got a rash. It's not like the rash she had before and it's definitely not measles.

Romy: Sorry, did you say 'Katy'?

Ian: Katy, yes. Well it couldn't be measles, could it, 'cause she's had the jab, but she's got this rash. It's all around her chin and on her forehead. She feels a bit hot but nothing too bad, and she's sleeping well.

Romy: And Katy is ...?

Ian: My daughter, mine and Angela's. Anyway, I'm taking her to the quack before nursery in the morning to get it checked. I thought Angela should know.

Romy: Erm, so let me repeat that: your daughter Katy has a rash. You think it's nothing to worry about but you're going to take her to the doctor in the morning. Is that right?

lan: Yes.

Nu

Romy: And you don't want Angela to call you? **Ian:** Oh, yes, I do.

- **Romy:** Oh, you do? Right, I'll tell her to call you then.
- Ian: But not till ... oh ... 6:30 ... No... make that 6:45. Yes ... call me at 6:45. We'll both be asleep till then – at least I hope Katy will! Don't want to be woken tonight, it's been a hard day.
- **Romy:** Right, assuming Angela does join us, I'll make sure she gets the message about Katy. Now, could you just hold for a moment while I make sure I've written everything down ... Good. That's it. And she's to call at 6:45?

lan: Yes, that's right.

Romy: Of course, if Angela doesn't join us on the ward, I can't guarantee getting the message to her, but I'll do my best. What's her surname?

lan: Hulme. Angela Hulme.

Romy: Angela Hulme. Is that H-U-M-E?

lan: No. It's got an 'L' in it. H-U-L-M-E.

Romy: Oh, H-U-L-M-E. Right I've got that. Is that all? **Ian:** Yes, thanks. I'm sure she's joining you. She said

Byron Ward. Thank you for your help. **Romy:** You're welcome. Bye! **Ian:** Bye!

PAGE 5:17

How to leave a message on an answer machine

Task 5.1 🥑

Romy: Hello. This is Romy Stevens from Byron Ward, calling for the infection control nurse. We have a patient, Christopher Carroll, who's been transferred to Byron Ward today from Marlow. He's suffering from internal bleeding from a ruptured spleen. It seems that he's MRSA positive and should be referred for infection control. You may already have this in hand, but could you please confirm that you have received this message and advise us about your intended action. The ward extension is 978. Please contact us as soon as you get this message. Thank you.

Task 5.5 🔟

Romy: Hello. This is Nurse Stevens calling from Oakfield Hospital. I have a message for Mrs Carroll from your husband, Christopher. Christopher has been transferred today from Marlow to Byron Ward. That's Byron, B-Y-R-O-N. He wants you to know so you know where to come. Also, could you please bring his reading glasses when you visit this afternoon. The direct line to the ward is 01728 330978. You're welcome to call at any time. Thank you. Goodbye.

PAGE 5:18

How to deal with unexpected calls 1

Task 6.1 🔟

Avril: Hello. Eliot Ward.

Doctor: Hello, Mr D'Costa here. You called about a patient? Michael Kingsley.

Avril: Oh yes. Thank you for calling back, Mr D'Costa. Yes, we're concerned about Michael Kingsley. He's complaining of chest pains. He's tachycardic and he looks a bit cyanosed.

Doctor: Any other symptoms?

Avril: Err...

Doctor: Is he pyrexic? Blood pressure?

Avril: Oh, definitely not pyrexic. He seems cold, clammy and a bit sweaty – and his blood pressure's ... um ... excuse me ... can I just refer to his notes? I've got them right here ...

Doctor: Of course.

Avril: BP low ... 90 over 60, and pulse 102.

- **Doctor:** And his medication? Remind me.
- **Avril:** Oh ... painkillers... err... dihydrocodeine, 60 milligrams. That's for the kidney stones. He had them removed two days ago. He's also on IV fluids and oxygen's been commenced at 5 litres a minute.

Doctor: Has he had an ECG?

Avril: No, doesn't look like it.

Doctor: Right. Get hold of a junior doctor and get an ECG done urgently. I'll want blood tests for cardiac enzymes and I want the results phoned through to me immediately.

Avril: OK. ECG and cardiac enzymes, right?

- **Doctor:** If it's an MI, you see, he may need an urgent cardiac angiogram before angioplasty. So we can't mess about.
- **Avril:** Yes, of course. I'll contact the junior doctor straight away.

Doctor: Good. Keep me informed.

PAGE 5:19

How to deal with unexpected calls 2

Task 7.1 1

Conversation 1

Nurse: Hello. Eliot Ward.

Gloria: Oh, hello. This is Gloria Silvester. I've got a problem with my dad. He was in last week for his op. Came home the day before yesterday, but he's not right ...

Conversation 2

Nurse: Hello, Eliot Ward.

Bill: Hello Eliot. Bill Curtis, ED. We need a bed urgently for an 18-year-old admitted with acute asthma. We're very busy down here and we've had to move her into the corridor. She's on a nebuliser but needs to be admitted for observation. Can we bring her up now?

Conversation 3

Nurse: Hello. Eliot Ward.

Mr Follett: Good morning. This is Mr Follett, Consultant Paediatrician.

Nurse: Oh, hello.

Mr Follett: May I confirm that I shall be visiting the ward today as part of the internal hospital monitoring programme. I'll need all patient records to be available for viewing and will need to consult with the ward sister about bed occupancy.

Nurse: Of course.

Task 7.2 🚹

Nurse: Hello. Eliot Ward.

- **Gloria:** Oh, hello. This is Gloria Silvester. I've got a problem with my dad. He was in last week for his op. Came home the day before yesterday, but he's not right ...
- Nurse: Oh, I'm sorry to hear that. What's your dad's name?

Gloria: Oh ... you know ... Leonard Silvester – Len. He was in last week. He came home day before yesterday. Don't you remember?

Nurse: Err, I do. Yes. Err ... Of course I do! He was here after his hip replacement. How is Len? What seems to be the problem?

Gloria: Well the stitches ...

Nurse: Where he had the incision ... yes ...

Gloria: Well they don't look right.

Nurse: What do they look like?

- **Gloria:** Well they're sort of red. You know, well not the stitches the skin and all, where it was cut. It's all red ... well, not just red almost purple.
- **Nurse:** Oh dear. It may have become infected. Does he have any other symptoms?

Gloria: Pardon?

- Nurse: Is anything else not right?
- **Gloria:** Well he says it really hurts ... I mean you'd expect it to hurt a bit but he says it hurts a lot.
- **Nurse:** Does he have a temperature? Does he seem hot or feverish?
- Gloria: Oh yes, he's very hot. And he's not eating.
- Nurse: It does sound as if the wound's become

infected. Don't worry, it happens sometimes. You were very sensible to ring.

Gloria: He will be all right, won't he? It was me persuaded him to have this done!

Nurse: The first thing you must do is call your GP. Who is your GP?

- Gloria: Dr Skoblo.
- **Nurse:** Well, tell Dr Skoblo everything you've told me. Tell him that you've phoned the hospital and they've said that the wound may be infected and that he needs immediate treatment. Will you do that?

Gloria: Yes. Oh dear. I do hope he'll be all right.

- **Nurse:** He will be. If you have any problems with the GP, call back or just bring him in. All right?
- **Gloria:** Yeah, thank you. I'll go and do it now. Thanks. Bye.

Nurse: Bye.

PAGE 5:20

How to negotiate on the phone

Task 8.2 14

Romy: Hello. Byron Ward.

- John (theatre nurse): Oh hello. We've got a patient of yours in recovery – Mr Stylianou. Can you come and get him?
- **Romy:** Oh yes, Mr Stylianou. Yes, he is ours, but I'm sorry, we can't come and get him. Could you get the porters to bring him, please, and I'll make sure his bed's ready.
- John: Look! We've been trying to get a porter for 20 minutes already. It's out of hours and those we've got are all somewhere else anywhere but here! *You're* going to have to get him.

Romy: Well, we can't. I'm sorry. We're short staffed as it is. There's only the healthcare assistant and me at the moment and I can't leave the ward.

John: Send the healthcare assistant.

- **Romy:** You know that's not allowed! You're just going to have to find a porter.
- John: You've got to understand. We can't keep him here any longer. And I can't bring him. I've got another patient due out of theatre any minute.

Romy: Nothing I can do, I'm afraid.

- **John:** Yes there is. You can call the bleep holder and get cover for the ward while *you* come and get him.
- **Romy:** I'm not coming to get him. We're always being asked to do this and we can't. We've got a whole ward to run.
- **John:** So what am I supposed to do? Ask him to walk on his own?
- **Romy:** I've got a suggestion. Why don't you ask the theatre to hold on to their patient for a few minutes more fifteen at the most. Then you can bring him back up here.
- John: They won't do that!
- Romy: Why not? Explain the situation to them.
- John: This isn't part of my job.
- **Romy:** It's not part of mine either. In the time we've been talking you could have got him here! The thing is ... *you* can leave recovery, but *I* can't leave the ward. I'm sorry ... but that's how it is.

John: All right then. I'll see what I can do.

Romy: Right. I'll go and check his bed. See you in a minute.

John: I'm not promising ...

PAGE 5:26

How to follow the discussion

Task 2.3 on page 5:26 and Task 6.1 on page 5:30 15

Rosa: ... so the proposal is that we rethink our shifts. In particular that we change our times. I mean, our morning shift starts at 7:30. That's because it works well with the doctors. Well, they come round at 9ish ... about ... don't they? No earlier than 8:30 anyway – at least they did. But now they've got a new system, and it won't work for us. So we've got to change. Yes, Maureen?

Maureen: So, what are you suggesting, Rosa?

Rosa: Well, *I'm* not suggesting anything. It's for you to consider. But the proposal is that we start at 7 instead of 7:30 ... and I think that's a reasonable idea. From next month the team will come round at 7:30 to 8:30ish, and we can't be handing over while the doctors are doing their rounds. It's as simple as that, really.

- Maureen: Yes, but why do we have to fit in with them?
- **Celestine:** Yeah, why do we have to? They should discuss this with us first! They've no idea what a difference half an hour makes to us. I think it's a cheek!
- **Rosa:** Well, I can't answer for them, I'm afraid. What we've got to do is think about our shift times and see what works.

Haroop: Well I don't mind coming in half an hour earlier – you know what I mean? It makes no difference to me. And we'll get off half an hour earlier as well ... that'll be good for night shifts.

Celestine: Well I'm sorry but I can't do this. My little boy has got to go to the child minder. As it is I'm pushed for time.

Haroop: Can't you take him earlier?

- **Celestine:** No I can't! Barbara doesn't normally start till 8 – Barbara's my child minder. As it is she's made a special arrangement with me. I drop Billy off at a quarter past 7. That's the earliest she'll do. I can't ask any more, and it's not fair on Billy.
- **Maureen:** My first bus is at 6:30. It won't get me in for 7. So I suggest we go back to the doctors and tell them we can't do it.

Haroop: They won't listen though, will they?

- **Celestine:** They'll have to. As a mother with a young child, I object!
- **Rosa:** I understand your point of view but Haroop's right. They won't go back on the decision. We've got very little choice.

PAGE 5:27

How to give your point of view

Task 3.2 on page 5:27, Task 4.3 on page 5:28 and Task 6.1 on page 5:30 16

Rosa: Haroop's right. They won't go back on the decision. We've got very little choice.

Jennifer: Do you mind if I say something?

Rosa: Of course not, Jennifer. Go on.

Jennifer: Well, you know I used to work in the hospital at Penfield? I was a healthcare assistant there too. Well, we had the same thing. We had to start earlier and the mums with kids weren't happy there either.

Rosa: So, what did you do?

- Jennifer: Well, we sort of staggered the times. The nurses who could come in early came in for handover. Then, by the time the mums came in, we were up and running ...
- Maureen: That's stupid!

Jennifer: Well, it's just a suggestion!

- **Celestine:** But it won't work! I agree with Maureen. We *all* need to be here at handover. Anyway, I don't want to be regarded as a second-rate nurse who gets in late. It's discrimination against people with kids!
- Haroop: Look, I know I haven't got kids, so you might say it's all right for me. But I think starting earlier will be better. I know, I know! Listen, we're always having trouble with the drugs round you know what I mean? You can't say it works well. The drugs are supposed to come round at 8, just when we're doing the handover. What's the use of that? If we come in earlier, handover'll be out of the way and we can give out the drugs on time. It's a better system.

Maureen: Not if I'm stuck on a bus, it isn't! Haroop: Come by car.

Maureen: You think I can buy a car? On *my* pay! **Celestine:** And what about my Billy?

Haroop: Well, I'm sure there's a way around this. And I think it'll work out better for all of us in the end. You'll have more time with Billy before bedtime for a start ...

Task 3.4 on page 5:27 and Task 6.1 on page 5:30 17

Rosa: Well, we've got to make a decision. What's it to be?

Maureen: You know what I think!

Haroop: Oh come on, Maureen, you're being unreasonable! I mean the bus isn't the only way of getting to work, is it?

Maureen: Oh?

Haroop: I've been thinking about this for a while. The hospital needs a car share scheme. It's what the Government encourages us to do – get more cars off the road at peak times. Ravi Sharma lives over your way, so does Dr Patini. There'll be plenty of others.

Rosa: That's a really good plan, Haroop.

- Haroop: It'll take some organising but I don't mind doing it.
- **Jennifer:** And this way we'll be here for breakfast. We can help give it out – like we never have time to do – then we can talk to all the patients.
- **Rosa:** And pick up any problems not apparent at handover what a good idea!

Maureen: I'm feeling outnumbered here.

- Celestine: This is dreadful! What about Billy?
- **Rosa:** Go back to your child minder. Tell her you have to start earlier but you'll be picking him up earlier as well. Don't take no for an answer.

Maureen: Or you could get Paul to take him in ...

Celestine: Hey, whose side are you on? Oh, all right, I'll try and sort something ... I must say I'd like a bit longer with Billy in the evenings and it won't hurt Paul to do his share for a bit. Then there's my mum ...

Rosa: Right, that's settled then.

- **Haroop:** I propose we start at 7 instead of 7:30 and adjust the shifts accordingly.
- Jennifer: Seconded.
- Rosa: Good, all in agreement?
- Maureen: Oh all right then. As long as you fix me a lift with Ravi! I'd like to get to know him better ...
- Haroop: I'll start a dating agency too, shall I?
- **Rosa:** Anyway, we've got a solution. Have you got that down, Maureen? You're taking the notes, remember. Right, next item ...

PAGE 5:29

How to respond to criticism

Task 5.2 18

- Rosa: Right, next item and this one's a bit worrying actually. It's about the drugs round. There've been a lot of errors lately – shockingly bad mistakes, and this just can't happen. The drugs round is one of our main responsibilities. We just can't make mistakes – a patient's life could be on the line. Now the most recent incident was yesterday. Mr Solomon is prescribed metoclopramide for the nausea caused by his ongoing treatment. But yesterday he didn't get it. Did anyone spot that he was vomiting frequently?
- Jennifer: I did. I went to him two or three times yesterday.
- **Rosa:** Anyone else? Well, that's disgraceful. Any of you who'd got your eyes open would have noticed his condition and checked his notes. Now, the problem goes back to the previous day. I have checked and found that the chart was never sent to the dispensary in the first place. Now, by my reckoning that was your responsibility, Maureen, which means you've single-handedly caused unnecessary suffering to a patient.

Task 5.3 19

Response 1

Maureen: Hey, why pick on me? It's no more my job than anyone else's!

Response 2

Maureen: That's terrible. Poor Mr Solomon! But it wasn't just my responsibility. We were run off our feet on Wednesday – remember? Clarrie was off sick and we had a rush on admissions. We were all doing everything. Besides half the time you can't read the chart, the writing's so bad!

Response 3

Maureen: That's terrible. Poor Mr Solomon! Oh, I'd hate to think it was my fault. But what you say isn't really fair, Rosa. You know as well as I do – under the code of conduct, we're all responsible for checking that the chart goes to the dispensary and we were all run off our feet on Wednesday. It must have been overlooked. Either that or the writing was so bad we couldn't read it. No, I won't accept sole blame. The problem is with our whole process of note taking and delivery. We need new systems. I think we need to review our procedures and introduce checks.

Task 5.4 20

Clip 1

- Senior nurse: We've got to be more efficient with our time. It's just not good enough! And *you* need to get a move on; you spent far too long with Mr Solomon yesterday!
- **Nurse:** What am I supposed to do when he's vomiting?

Clip 2

- Senior nurse: You just weren't thinking on the drugs round. I don't know what was going on. Two of the patients didn't get their morning doses yesterday, and you were responsible.
- **Nurse:** I don't see why you should blame me. The drugs charts were all over the place and that's nothing to do with me!

Clip 3

- Senior nurse: You must read the pharmacist's notes! And once you're on the drugs round, you mustn't break off to do anything else until the round's finished! Half the patients didn't get their medication until lunchtime today.
- **Nurse:** But *you* called me away! And half the time I can't read the notes. It's not my fault.

PAGE 5:30

How to develop an argument

Tasks 6.2 and 6.3 on page 5:30 and Task 8 on page 5:32 21

- **Celestine:** I think we're all to blame for Mr Solomon's problem yesterday. And after all, he's not the first to be forgotten, is he?
- **Haroop:** I don't think we should talk about blame. It was a dreadful error and we all know that. The important thing is to make sure it never happens again.
- **Rosa:** And how do we do that? As Celestine says, it's not the first time this has happened.
- **Haroop:** Well, Rosa. For a start, we need to do everything to make the drugs round work properly.
- Rosa: What do you mean work properly?
- Haroop: Well it's always been timed badly.
- **Celestine:** It has. It's always been too close to handover.
- Maureen: After all we've just agreed!
- **Celestine:** Changing our shift time will be better for the drugs round.
- Maureen: We need time to concentrate on it to make it work!
- **Haroop:** And that's true for all of us, not just some! We need time to read the charts properly and check on anything we're unsure of.
- **Celestine:** Yes, we need time to get somebody else to help if we can't read the writing. Some of those chart entries are impossible to read!
- Maureen: And sometimes information's missing.
- Celestine: Or in the wrong place.
- Rosa: So, whose fault's that?
- Haroop: Well, sometimes it's the doctors'; sometimes it's us.
- **Celestine:** The point is, if we can concentrate properly and work as a team, we can iron out most difficulties.
- Jennifer: I agree with Celestine. I've noticed that there's often a breakdown in communication 'cause people are too busy doing other things.
- Maureen: And then the moment's missed. For instance, Mrs Mitchell didn't get her 6 am dose on Monday, did she? She hadn't had it but we didn't know!
- **Celestine:** If we'd been able to concentrate properly, we'd have double checked that.
- **Haroop:** And we need to make sure staff on all shifts know that if a dose is missed for any reason, it must be entered on the chart. We haven't got a proper system for that, either.

Celestine: The whole team should take responsibility for the drugs round.

Maureen: Yeah, none of this 'lt's not my job' attitude.

Jennifer: It's everyone's job.

Maureen: Yeah, everyone's. And no one should be allowed to call us away when we're on a drugs round unless it's a genuine emergency.

Haroop: That's right. That's got to be a rule.

Celestine: We need to draw up a code and arrange a proper training session for staff.

Haroop: All staff, not just the nurses. Doctors *and* senior nurses need to know the rules.

Maureen: We can't go on like this.

Haroop: What do you think, Rosa?

Rosa: You think the whole system needs changing?

All: We do. Yes. It does. Yeah. Why not?

Rosa: All right. If it'll benefit the patients. We'll see what we can do. Let's start with the timing ...

Answers

PAGE 5:2

Nu

How to recognise anger or frustration

Task 2

2.2

Suggested answers

- **a** Mr Williams first shows that he is angry by:
 - beginning to shout from a distance
 - not waiting until he reaches the person to start speaking
 - using challenging language without any polite introduction ('Are you listening to me?')
- **b** He shows his anger when speaking to the clerk by:
 - talking loudly while the clerk is on the phone
 - using emphasis: 'I've rung the bell ... twice!'
 - exaggeration: 'There's nobody 'ere.'
 - ignoring instructions: 'Please go back to bed, sir.'

- complaining
- using a stream of words.
- **c** He continues to show his anger to the healthcare assistant by:
 - sarcasm: 'Somebody does work 'ere after all!'
 - more complaining
 - moving around in an agitated manner.
- **d** The healthcare assistant is more effective than the clerk because:
 - she gives Mr Williams her full attention
 - she is sympathetic
 - she recognises the problem
 - she states an intention to act
 - she helps Mr Williams back to his bed.
 - The clerk could have acted differently by:
 - asking the person on the telephone to hold
 - calling for help
 - listening to Mr Williams.

The healthcare assistant could have acted differently by referring the problem to a nurse.

2.3

Anger sign	Shown by Mr Williams?	Example from conversation		
Speaking more loudly or quietly	1	Hey! I need to speak to a nurse.		
Speaking slowly				
Speaking quickly	1	I'm stopping 'ere until somebody tells me what's 'appening		
Repetition	1	This is a dreadful 'ospital. Dreadful!		
Emphasising words	1	I've rung the bell <i>twice</i> !		
Saying nothing				
Torrent of words	✓	Go back to my bed! I'll give you 'go back to my bed'.		
Venting feelings on others				
Colloquial language				
Incoherence				
Prejudice	1	Call this the National 'ealth Service! It was better in the War!		
Sarcasm	1	Somebody does work 'ere after all!		
Agitated movement	1	Mr Williams is obviously moving around – Healthcare assistant says: Now, stand still for a moment, Mr Williams. All this rushing around isn't going to help.		
Speaking from too far away	1	Hey! I need to speak to a nurse.		
Standing too close				
Swearing				
Becoming tearful or crying				

PAGE 5:3 How to sound reassuring

Task 3

3.1

These reassurance scores may vary by one point.

Extract number	Reassurance score	
1	3	
2	1	
3	2	
4	4	

PAGE 5:4

How to respond to an angry patient or visitor

Task 4

4.2

Brad is mainly angry about the attitude of the nurses. Clues: 'All week I've been trying to get in' 'You're useless, all of you.' 'Two years! And that nurse won't let me see her!' 'I've got a right to be here.' He may also have underlying anger because of the failure of Judy's parents to accept him and because Judy is so ill.

4.3

- a I'm afraid I can't let you stay here while you're so upset. It's not fair on Judy. <u>I'm going to call</u> the ward sister.
 4 (statement of intended action, no longer seeking permission)
- b <u>Why don't we go</u> somewhere quieter for a moment to sort this out, sir? The patients in here are very ill.
 2 (polite proposal for action)
- c Sir, <u>let's get</u> into the quiet room for a moment and talk about this. <u>Come with me</u>, please. <u>I'll make you</u> a cup of tea. <u>3</u> (more insistent proposal; includes the imperative 'Come with me ...')
- d I understand that you're upset, but <u>please try to</u> keep your voice down. 1 (polite request)

PAGE 5:5

How to take control of a difficult situation

Task 5

5.3

Assertiveness techniques	Heard? Yes/No	Example from the script	
Speak calmly and firmly	Yes	'Now I can talk to you properly.'	
Don't raise your voice	Yes	' may I come in and talk to you?'	
Remain polite	Yes	Uses name (Mr Williams) and always says 'May I'	
Place stress on important words	Yes	'I'm going to check <i>exactly</i> '	
Repeat key points, especially if you are interrupted	Yes	'I'm going to check <i>exactly</i> when you'll be collected'	
Sit or stand with your back straight and your shoulders relaxed	n/a		
Keep your hands and feet still	n/a		
Keep your attention fully on the matter in hand	Yes	Very focused information; no pauses or deviation from the point; sitting down beside patient	
Give clear explanations	Yes	'We've had two emergencies this morning', etc.	
Give clear instructions	No	Not included	
Know the correct procedures	Yes	'Let me call the theatre'	
Rise above personal remarks	Yes	'I'm going to check <i>exactly</i> when you'll be collected' in response to Mr Williams' sarcastic comment 'You mean you still don't know?'	

5.4

The nurse sounds more assertive in ending **a**.

PAGE 5:6

How to refer to a colleague for assistance

Task 6

6.1

The nurse refers to the ward sister because:

- her earlier tactics have failed, including moving to a quieter place
- Brad is becoming more excited and physically resistant to moving
- it is vital not to disturb the other patients.

6.2

'Excuse me, Sister. I've got a problem with a visitor.'

6.3

- **a** He says; he keeps (on shouting); he seems; Judy's parents don't like
- b He's come; I've tried
- c He's ... been drinking
- d I asked; he refused; we didn't let
- e he's making (a lot of noise)

6.4

- a Brad had been drinking.
- c Brad refused to move.

PAGES 5:7-5:8

How to complete an incident form 1 & 2

Task 7

7.1

The main verb tense used is the past tense (simple and continuous).

All examples are highlighted here. You should have found three of them.

Patient <u>was attempting</u> to change back into his clothes from his surgical gown prior to surgery. <u>Was</u> alone at the time in his cubicle and <u>managed</u> to drop his shaving razor on the floor from his bag of personal belongings. When I <u>arrived</u> at the cubicle, he accidentally <u>trod</u> on the razor with his bare left foot before I <u>could pick</u> it up. He <u>suffered</u> a small cut to the underside of the foot, which <u>bled</u>. He <u>became</u> dizzy and <u>fell</u> to the floor.

7.2

The first extract requires more detail, especially about how the injury happened and what action was taken.

The second extract is too detailed – it includes unnecessary description, personal opinion and unrelated information.

7.3

- omission of articles and auxiliary verbs
- use of the passive voice
- use of abbreviations

PAGE 5:15

How to take telephone messages 1

Task 2

2.1

Sally's message is clearer than Romy's, as it is properly laid out and includes all of the important details.

2.2 a and b

Statement		Statement	
Angela is a nurse.	1	lan wants Angela to call him.	1
Katy has a rash.	1	Katy has to go to bed early.	
lan will take Katy to the doctor's.	1	Katy wakes a lot in the night.	1
Katy has the measles.		lan is Angela's husband.	1

С

Model answer

Telephone message

To: Angela HulmeDate: Learner to selectFrom: Your husband, lanTime: a time in the
evening

Message:

Your daughter, Katy, has a rash – not serious. Ian will take her to the doctor in the morning. Please ring him at 6.45 am.

Message taken by: Romy

PAGE 5:16

How to take telephone messages 2

Task 3

3.1

She is trying to control the speed of the conversation and gain time to write down the message.

3.2

You may include one or more of these points.

The message is difficult for Romy because the caller:

- speaks quickly
- does not explain fully
- gives information in an erratic order
- gives irrelevant as well as relevant information
- has a regional accent
- uses some colloquial expressions
- seems to assume knowledge on the part of Romy.

Romy makes it easier for herself by:

- taking control of the conversation
- asking questions
- slowing the pace
- repeating information
- seeking clarification
- explaining that she needs to write things down.

3.3

Ask the caller to:

- f pause or speak more slowly c. e
- repeat information
- explain so you understand b
- confirm your understanding a, e
- give missing information b, d
- spell out difficult words and names g

PAGE 5:17

How to leave a message on an answer machine

Task 5

~		1
2		
-	٠	

name of caller	2	caller's number	7
polite ending	8	person the call is for	3
greeting	1	purpose of the call	5
request for action	6	what the call is about	4

5.2

- a Could you please... / You've got to ...
- **b** It's Romy. /(This is Romy Stevens.)
- c (Advise us about your intended action ...)/ Tell us what you're doing about ...
- d Hi (Hello)

5.3

You would probably describe Romy's message as mainly one or more of:

- formal
- polite
- businesslike
- calm

5.4

The correct order is:

- i Hello.
- e This is Nurse Stevens calling from Oakfield Hospital.
- g I have a message for Mrs Carroll from your husband, Christopher.
- c Christopher has been transferred today from Marlow to Byron Ward.
- a That's Byron, B-Y-R-O-N.
- h He wants you to know so you know where to come.
- **b** Also, could you please bring his reading glasses when you visit this afternoon.
- f The direct line to the ward is 01728 330978.
- j You're welcome to call at any time.
- d Thank you. Goodbye.

PAGE 5:18

How to deal with unexpected calls 1

Task 6

6.1

The call is about a patient (Michael Kingsley), whose medical condition has worsened. The call is expected: 'You called about a patient?' shows that the doctor is returning a call from the staff nurse.

6.2

- **Staff nurse:** He's complaining of chest pains. He's <u>tachycardic</u> and he looks a bit <u>cyanosed</u>.
- **Doctor:** Any other symptoms? Is he pyrexic? Blood pressure?
- **Staff nurse:** Oh, definitely not <u>pyrexic</u>. He seems <u>cold</u>, <u>clammy</u> and a bit <u>sweaty</u>. BP low, <u>90 over</u> <u>60</u>, and pulse <u>102</u>.

Doctor: And his medication? Remind me.

Staff nurse: Oh ... painkillers ... <u>dihydrocodeine,</u> <u>60 mg</u>. ... He's also <u>on IV</u> fluids and oxygen's <u>been commenced at 5 litres a minute</u>.

6.4

	Doctor	Nurse
Gives instructions	\checkmark	
Repeats the other person's words		\checkmark
Chats in a friendly way		
Asks to check the notes		\checkmark
Asks questions	\checkmark	
Keeps to the point	\checkmark	
Uses polite phrases		\checkmark
Makes jokes		
Stays calm	\checkmark	\checkmark
Speaks slowly	\checkmark	\checkmark

PAGE 5:19

How to deal with unexpected calls 2

Task 7

7.1

Conversation 1

A woman is calling about problems with a patient who has recently been discharged.

The nurse would ask questions and give advice.

Conversation 2

A nurse from ED (the Emergency Department) is calling to request a bed for an 18-year-old with acute asthma.

The nurse would probably need to refer the matter to a senior colleague or might discuss availability and make suggestions.

Conversation 3

A consultant paediatrician is calling to announce that he will be making a monitoring visit to the ward.

The nurse would confirm details such as time and length of visit and would state his/her intention to inform the ward sister.

7.2

a The nurse gives himself time to think before answering by using sounds like 'err ...' and 'erm ...'

b	Formal	Informal	
	Does he have any other symptoms?	Is anything else not right?	
	Does he have a temperature?	Does he seem hot or feverish?	

- **c** The nurse uses two expressions the more formal term first and then the informal one, adapting to the more colloquial language of the caller for clarity.
- **d** 11
- **e** 5
- f 5
- **g** 1
- h 'Does he have any other symptoms?' or 'ls anything else not right?'
- i The nurse reassures Gloria because she is obviously worried. He says, 'Don't worry, it happens sometimes. You were very sensible to ring.'

PAGE 5:20

How to negotiate on the phone

Task 8

8.2

- **b** Any three of the following expressions:
- I'm sorry, we can't come and get him ...
- Well, we can't. I'm sorry.
- ... I can't leave the ward.
- You know that's not allowed!
- Nothing I can do, I'm afraid.
- I'm not coming to get him.
- It's not part of mine [my job] either.
- I can't leave the ward. I'm sorry ... but that's how it is.
- c There is no correct answer, but the ward nurse (Romy) is more proactive in trying to reach a compromise.

d

The ward nurse suggests:

- asking the porters to bring the patient (introduced by 'Could you get ... please')
- asking the theatre to hold on to their patient for a few more minutes (introduced by 'I've got a suggestion. Why don't you ...')

PAGE 5:25

Focus

Task 1

1.2

There is no correct answer to this. The most likely person to be leading the meeting is the woman in the centre of the picture. Attention is focused on her and she appears to be leading a discussion about the document she is holding. The nurse to her left is taking notes.

1.3

- a Speech-bubble 2 makes a proposal.
- **b** Speech-bubble 5 speaks against the proposal.
- **c** Speech-bubble 3 provides information from a personal point of view.
- d Speech-bubble 4 introduces a different proposal.
- e Speech-bubble 1 introduces the topic for discussion.

PAGE 5:26 How to follow the discussion

Task 2

2.2

	For	Against	Not sure
Rosa: I think that's a reasonable idea.	1		
Maureen: Yes but why do we have to?		1	
Haroop: Well, I don't mind			1
Celestine: As a mother with a young child, I object!		1	

2.3

- a to start the morning shift at 7 am instead of 7:30b Rosa
- D RUSA
- **c** Celestine would have to change her childcare arrangements.

Maureen thinks she can't catch a bus that will get her to work that early.

d Maureen speaks in an angry/irritated tone and asks challenging questions.

PAGE 5:27

How to give your point of view

Task 3

3.1

- make a suggestion or a proposal b, e, f, g
- introduce information for or against a proposal – i, j
- support a proposal c, k
- oppose a proposal a, d
- request information h

3.2

Ward staff member	Suggested action	Information to support opinion	Opinion: for/ against proposal?	How effective? 1 = very 2 = quite 3 = not
Jennifer	Stagger start times	Experience at previous hospital – mothers came in later	for	2 or 3 tentative and unsustained
Haroop	Earlier start	difficulty with drugs round	for	1

PAGE 5:28

How to be critical of other people's views

Task 4

- 4.1
- **a** 3
- **b** 2
- **c** 1
- 4.2
- a 3 is most constructive.
- b 'That's stupid!' in 1 is most likely to cause offence.

4.3

Haroop's tone of voice is more helpful.

4.4

Constructive expressions:

I'm sorry, I don't agree with you.

As a person who also takes the bus, I know it's possible to get here by 7 am.

Not constructive/offensive:

Are you stupid or something?

You're always saying things like that.

PAGE 5:29 How to respond to criticism

Task 5

5.1

Notice how replies 1 and 2 sound too defensive and unhelpful; replies 3 and 4 are more helpful. In 3, the nurse apologises to show that the criticism is justified. In 4, the nurse suggests that they find a way to put the problem right.

PAGE 5:30

How to develop an argument

Task 6

6.1

- a Three people supported the main points –
 Haroop, Rosa and Jennifer. What each person said is highlighted after each of the points below.
- 1 The new shift system would have the advantage of an earlier finish time.

Haroop: That'll be good for night shifts.

2 There is little choice because the doctors won't change their decision about when they do the medical round.

Haroop: They won't listen though, will they? **Rosa:** ... Haroop's right. They won't go back on the decision.

3 The drugs round can be done on time instead of late.

Haroop: If we come in earlier, handover'll be out of the way and we can give out the drugs on time. It's a better system.

4 The nurses can help with the breakfast round and pick up any problems not evident at handover.

Jennifer: And this way we'll be here for breakfast. We can help give it out – like we never have time to do – then we can talk to all the patients. Rosa: And pick up any problems not apparent at handover – what a good idea!

6.2

- **a** The drugs round isn't working properly and needs changes.
- **b** four
- **c** Rosa

6.3

Haroop: It's always been timed badly.

Celestine: <u>It has</u>. It's always been too close to handover.

Celestine: <u>The point is</u>, if we can concentrate properly ...

Jennifer: <u>I agree with Celestine</u>. <u>I've noticed that</u> there's often a breakdown in communication ... Maureen: And then the moment's missed. <u>For instance</u>, Mrs Mitchell didn't get her 6 am dosage on Monday, did she? Haroop: <u>That's right</u>. That's got to be a rule.

Task 7

Features that tell you these are notes include:

- headings
- subheadings
- underlined headings
- subheadings followed by a colon
- numbered lists
- abbreviated or contracted sentences
- unimportant points omitted
- names in brackets.

Check it

Dealing with conflict situations

- 1 a Excuse me, Sister. I've had a problem with Mr Dunbar this morning.
 - b As you know, he **likes** touring the ward in his wheelchair.
 - c Well, today he **was talking** to Mrs Worrell when her daughter **arrived**.
 - d Mrs Worrell's daughter **has visited** very rarely recently – I think they'**ve quarreled** about something – so naturally Mrs Worrell **wanted** Mr Dunbar to leave.
 - e He **refused** and was extremely rude. I had to call security.
- 2 Answers could be:
 - a Patient slipped on wet floor and hit head on unattended drugs trolley.
 - b Mr Dunbar taken back to bed by security.Became angry, shouted and upset other patients. Sedative administered by senior nurse.
- 3 a Try to keep your voice down.
 - b It's not fair **on** the other patients.
 - c Stay here while I try and sort this **out**.
 - d I'll find **out** what's happening and get straight **back** to you.

Dealing with phone calls

- 4 Answers could be:
 - a Is she hot and feverish?
 - b Has he had any problems with his heart before?
 - c Is he still taking his medication for the pain?
 - d Can you make sure Mr Sterling comes to his appointment on time?
- 5 a O
 - b C
 - c C
 - d O
- 6 a Mr Dunbar is **being moved** today to Ward number 6. 3
 - b I have a message for Mrs Dunbar. 2
 - c Hello. This is Nurse James **calling from** Byrne Hospital. **1**
 - d If you **have any** questions, **please call** us on 01935 276590. Thank you. **5**
 - e At visiting time, **please** check in with the Ward 6 sister who **will take** you to Mr Dunbar's bed. **4**

Attending ward meetings

7

- Ward sister: So what do you think we should do about Mr Dunbar?
- Nurse 1: Well I propose/suggest that we move him to another ward.
- Nurse 2: I don't agree with that at all.
- Nurse 3: I do. It seems like a good idea to me.
- **Nurse 4:** I agree. In my **experience** patients behave differently in different wards.
- **Nurse 1: I suggest** we move him tonight if there's a free bed. Can we do that?
- 8 a That doesn't make sense ...
 - b I don't agree with you, Bill, because ... ✓
 - c Trust you to say something like that!
 - d The fact is that Mr Dunbar is unsettling all the patients. \checkmark
 - e As a professional person, I must object. 🗸
 - f You're always moaning, Madge.
- 9 a Sorry, you're right to criticise. I do break the rules sometimes, but in this case ... ✓
 - b Don't talk to me like that!
 - c Right ... I'm not going to say any more.