# Module 1
# Admitting patients

This module is the first of four modules that deal with aspects of the four steps in the nursing process; assessment; planning; implementation and evaluation. The module focuses on key skills that international nurses need to help them assess patients more effectively.

| Nursing – Module 1 Admitting patients | | | |
|---|---|---|---|
| **Theme** | **Page titles** | **Page reference** | **ESOL** |
| Building rapport | Focus | 1.1 | |
| | How to start an interview | 1.2 | Sc/L1.1a; Sd/L1.1b |
| | How to get your style right | 1.3, 1.4, 1.5 | Lr/L1.2b; Sc/L1.1a; Sc/L1.1c; Lr/L1.6a |
| | How to show interest | 1.6 | Lr/L1.6c |
| | How to prepare for interviews | 1.7 | Sc/L1.1c; Sd/L1.1b; Sc/L1.1a |
| Gathering personal details | Focus | 1.8 | |
| | How to ask questions | 1.9, 1.10 | Lr/L1.2d; Sc/L1.2b; Sc/L1.1a |
| | How to avoid making mistakes | 1.11 | Lr/L1.3a |
| | How to gather accurate information | 1.12 | Lr/L1.3a; Sc/L1.2b |
| Gathering medical information | Focus | 1.16 | |
| | How to use questions effectively | 1.17, 1.18, 1.19 | Lr/L1.1b; Lr/L2.2d; Sc/L1.2b; Sc/L2.3b |
| | How to show you're listening | 1.20 | Rt/L1.5a; Lr/L1.1b; Lr/L2.2b |
| | How to ask questions and listen well | 1.21 | Lr/L1.2b; Sc/L1.2b; Sc/L2.3b |
| Writing notes for admissions forms | Focus | 1.24 | |
| | How to record patient information | 1.25, 1.26 | Lr/L1.6a; Wt/L1.2a; Wt/L1.4a; Wt/L1.6a; Wt/L1.7a |
| | How to choose the right words | 1.27 | Rw/L1.2a |
| Assessing patient needs | Focus | 1.31 | |
| | How to gather information | 1.32 | Lr/L1.6a; Lr/L1.3a; Lr/L1.2d; Lr/L1.4a; Sc/L1.2b; Sc/L1.3b |
| | How to understand patient assessment forms | 1.33 | Rt/L1.5a; Rt/L2.7a; Rw/L2.3a |
| | How to complete patient assessment forms | 1.34 | Wt/L2.7a; Wt/L2.8a |
| | How to build vocabulary | 1.35, 1.36 | Rw/L2.1a; Rw/L2.3a |

# Skills checklist

These are some of the skills you will need when admitting patients in your workplace.

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

| Skills for planning care for patients | I feel confident | I need more practice | Pages |
|---|---|---|---|
| **Theme 1 Building rapport** | | | |
| Start an interview, introducing yourself and explaining the purpose of the interview | | | ➪ 1.2 |
| Adapt your style of speaking for different patients | | | ➪ 1.3, 1.4, 1.5 |
| Show interest and react sympathetically | | | ➪ 1.6 |
| **Theme 2 Gathering personal details** | | | |
| Ask different types of question | | | ➪ 1.9, 1.10 1.12, |
| Know how to avoid making mistakes when taking down patient's details | | | ➪ 1.11 |
| **Theme 3 Gathering medical information** | | | |
| Use different types of questioning techniques to get full information | | | ➪ 1.17, 1.18 1.19 |
| Show the patient you're listening – what you say and your body language | | | ➪ 1.20, 1.21 |
| **Theme 4 Writing notes for admissions forms** | | | |
| Write clear and concise notes | | | ➪ 1.25, 1.26 |
| Choose appropriate words to describe the patient's medical condition and symptoms | | | ➪ 1.27 |
| **Theme 5 Assessing patient needs** | | | ➪ 1.31 |
| Use questions to get the right level of detail | | | ➪ 1.32 |
| Read and understand the form | | | ➪ 1.33 |
| Write notes in an appropriate style | | | ➪ 1.34 |
| Recognise and understand specialist words used on different types of assessment forms | | | ➪ 1.35, 1.36 |

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

# PAGES 1:1–1:7
# *Building rapport*

## Professional setting

The topic of this theme is developing initial rapport with patients who are being admitted to hospital. As the admissions interview is often the first contact the nurse has with the patient, it represents an important opportunity to establish a positive patient/nurse relationship.

The focus is on developing skills to help nurses establish the patient's trust, build the foundations for a positive nurse/patient relationship and help the patient feel more at ease.

## Materials

Audio cassette player/CD player

Blank cassettes for recording on

OHP and transparencies (optional)

Blank cards/sticky notes e.g. for writing up new words

Dictionaries

Resources for the theme

## Learning outcomes/objectives

1 to introduce yourself and explain the purpose of the interview and what it will cover

2 to adapt your communication style, the words you use and the degree of formality, for patients of different backgrounds

3 to greet patients using appropriate forms of address

4 to listen carefully and show interest in what the patient is saying

### Curriculum objectives

***ESOL***

Sc/L1.1a; Sd/L1.1b; Lr/L1.2b; Sc/L1.1c; Lr/L1.6a; Lr/L1.6c

# Focus PAGE 1:1

### Suggested teaching activities

- Set the context by discussing with learners how patients arriving for treatment may feel, e.g. *afraid, nervous, apprehensive, upset, relieved.* As necessary explain any words that learners may not know; e.g.
  - *apprehensive* (afraid and worried), *upset* (unhappy and worried)
  - *relieved* (less anxious). Also discuss how these feelings can manifest themselves in body language and behaviour, e.g. patients may appear *withdrawn* (unwilling to communicate), *defensive* (threatened or unsure), *demanding* (not easily satisfied and requiring a lot of time and attention), *confused* etc.
- Put any words they suggest on the board.
- Ask for their ideas about how staff can help to reduce anxiety. Check understanding of the concept of rapport and how it contributes to planning the treatment for a patient.
- Ask about learners' experience of interviewing patients (either in their own countries or in hospitals where they are currently seeing practice).
- Discuss the importance of the admissions interview in gathering quality information that forms the basis for planning the patient's care.
- Set up small groups to discuss and list the things a nurse needs to think about or do before doing an admission and at the start of the interview. If they need encouragement to come up with ideas, give out cards with these words on them.
  - Organisation
  - Privacy
  - Personal space
  - Using names

- Balance of time between getting to know the patient / the interview
- Non-verbal communication

- Learners discuss their importance in an interview situation and any differences they have observed in what happens in a UK nursing context and in other countries where they have worked.

### Task 1 1

- Play the audio clip for task 1. The audio demonstrates how a poor beginning to the interview can close down communication between the nurse and patient.
- Play the audio through once or twice, so learners can work in pairs or groups to discuss the points. There are no correct answers but learners may mention some of these points.
  - Forgetting the form.
  - Interrupting the interview to talk to a colleague.
  - Giving the impression she is in a rush and too busy to do the interview.
  - In her effort to be friendly, being too familiar and using first names without checking.
  - Not picking up the patient's efforts to empathise with the nurse, e.g. the comment that she understands how busy the nurse is because her daughter is also a nurse.
  - Not listening carefully and completely misunderstanding that the patient is worrying about her husband not herself.
  - Not allowing the patient to finish her sentences.
- Ask the learners how they think the patient felt at the end of the interview.
- Go through the guidelines and discuss why each of the strategies is important.
- Use the photo to focus on the nurse's body language – sitting slightly forward, good eye contact, open stance, friendly expression. Ask learners about different interpretations of body language in other cultures, e.g. in some cultures direct eye contact might be considered disrespectful.
- Encourage learners to discuss how the interview they heard could be improved using the strategies in the guidelines.

## PAGE 1:2
# How to start an interview

### Task 2 2–3

**Introduction and curriculum references**

to introduce yourself and explain the purpose of a patient interview and what it will cover

to take part in formal interactions in a hospital

***ESOL***

Sc/L1.1a; Sd/L1.1b

### Notes

- Discuss the points in the guidelines with the learners and explain any words they don't know.
- Play the audio clip. It presents a model of a nurse opening an interview. Play the audio as many times as the learners find helpful. Learners tick the points as they hear them on the audio. Point out that it's useful to include these steps but that there is no fixed order once the patient has been greeted.
- For question 2 the learners match each of the extracts with the relevant point in the guidelines.
- Ask learners to suggest other phrases that could be used, drawing on their knowledge of the language and expressions they have heard at work.
- Discuss the tip box and ask for examples of the body language that might suggest the patient was very anxious.
- Question 3 is a pronunciation task. Play the audio clip and ask the learners to identify the intonation she uses to make her voice sound friendly and warm i.e. where her voice goes up or down. Ask the learners to repeat each line mirroring what they hear.
- Learners can then work in pairs to practise introducing themselves at the start of an admissions interview, concentrating on speaking clearly and in a warm and friendly tone.

*If the learner has difficulty*

- Put the sentences and the points from the guidelines on cards and get learners to match them.
- If the learners have difficulty understanding the concept of tone, read out the same sentences using different tones, e.g. bored, angry, warm and sympathetic etc. and ask the learners to identify which tone they think you are using.

*Extension*

- Learners can do more work on their pronunciation by practising the conversation for task 2. If possible learners can record their version to work on their pronunciation, for example giving each other feedback on where it would be better to slow down to make the information clearer to understand, or change the intonation (e.g. make the voice go up more) so that the voice sounds warmer and more friendly. The idea is to get learners to experiment with intonation.
- Before the learners act out the nurse's role in the conversation, encourage them to take a few seconds to try visualising themselves being warm and helpful and confident.
- Encourage learners to observe interviews in their work place or talk to colleagues about their experiences and report back.

## PAGE 1:3

# How to get your style right 1

### Task 3 4–6

**Introduction and curriculum references**

to listen for gist

to recognise how formal a conversation is by listening to the tone and words used

to know how to address people appropriately in the context of a patient interview

to be aware of cultural issues regarding use of names.

***ESOL***

Sd/L1.1b; Lr/L1.6a; Sc/L1.1c

### Notes

- Discuss situations where a more formal or informal style of speaking is appropriate in everyday life and at work, e.g. informal with close friends and family, more formal with strangers etc.
- Before you play the audio clip for question 1, point out that the same nurse speaks in each of the interviews, but that in each one she uses a slightly different register (choosing the right words for the situation e.g. greeting a colleague when you arrive at work. *Hi, everything OK?* And greeting a patient. *Good morning Mrs Barnes. How are you feeling today?*) and tone of voice (the way you speak e.g. sounding friendly, sounding annoyed).
- Learners discuss the people in the pictures for question 1 and predict the possible style and tone the nurse will adopt, and any other ways the nurse might adapt her communication style. Be sensitive to the risk of stereotyping, and judging people on appearances.
- For question 2 learners listen carefully for the forms of address the nurse uses to address the patients at the start and during the interview.
- Play the audio from task 3 again, pausing so learners can pick out the phrases. This time the learners listen for the forms of address, and how this differs according to background, gender and expectations of the people concerned. Also focus on the phrases for asking how patients want to be addressed.

- As follow up ask learners to think about the people they meet in a typical week – family, friends, acquaintances, people in shops, colleagues, managers etc. and discuss forms of address for each group.
- Ask about differences in their cultures and discuss the culture tip.
- Check for other phrases they know for inviting someone to use their first name and differences in formality, e.g. *Please do call me Jack. You can call me Pete.*
- Set up question 3 as a discussion point and take feedback.

***If the learner has difficulty***

Learners can work with a photocopy of the transcript and underline examples of form of address.

***Extension***

Learners can draw up a list of guidelines for people coming from their country to the UK, alerting them to differences in how people address each other at work and in more social situations.

# PAGE 1:4
# How to get your style right 2

**Task 4** 4–7

**Introduction and curriculum references**

to know how to adapt your tone and the degree of formality by choosing the right vocabulary

to be aware of the role of intonation in indicating attitude

to recognise how formal a conversation is by listening to the tone and words used

***ESOL***

Lr/L1.2b; Sc/L1.1a; Sc/L1.1c

- The audio for task 4 is the same as for task 3. Before you play it again, go through the list of words for question 1 and agree on their meaning, e.g. reassuring (way of behaving and speaking that makes you less worried and anxious). Learners may have different ideas of the meaning of formal and informal. It may be useful to give them examples of a very formal expression, e.g. technical specialist word and an informal equivalent, e.g. urinate (medical) → have a slash (slang). They can then judge the degree of formality of the extracts against these extremes.
- Play the audio clip for question 1, pausing after each interview, so learners can discuss and agree answers. Then check answers.
- Before you play the audio clip for question 2, demonstrate a couple of the sentences using different tones, e.g. '*Your consultant will be coming to see you this afternoon*,' said first in an informative tone and then in a reassuring tone.
- Set up the listening. Play the items on the audio one by one, allowing time for the learners to discuss their impressions. Check answers.
- The learners then practise the sentences in pairs for question 3, taking turns to choose a tone and saying one of the sentences in that tone. Where possible, encourage the learners to record themselves so they can critically evaluate their own performance and discuss how to improve their intonation to create the right effect. Alternatively, learners can work in

pairs, giving each other feedback on their performance.

*If the learner has difficulty*

- For the listening task for question 2, pick some examples of phrases that illustrate the tone and degree of formality for each of the interviews. Put them on an OHT, and get the learners to listen for them.
- Play the audio sentence by sentence and get the learners to identify the tone. They can then practise them by mirroring the intonation and pitch of the voice.

*Extension*

- If possible, record extracts from TV soaps or training videos for communication skills and get learners to discuss the degree of formality and tone the characters are using.
- Learners develop short conversations for situations at work or for social contexts.

### Preparation

- Learners work in pairs to create a context for the conversation, completing a setting card like the one below.

| |
|---|
| characters: e.g. two nurses |
| place: e.g. a staff room |
| relationship of speakers: e.g. colleagues |
| context for the conversation: e.g. talking about a problem with one of their children's schools |
| style of conversation: e.g. informal |
| tone: one is worried, the other is bored |

- They then plan the conversation and finally act it out. Other learners guess as much as they can about the context and relationship between the speakers.

## PAGE 1:5

# How to get your style right 3

### Task 5

### Introduction and curriculum references

To recognise and know which words to use to achieve the right degree of formality when speaking to different patients

***ESOL***

Lr/L1.2b: Sc/L1.1c

### Notes

- Discuss what is meant by formal and informal style.
- Put up some phrases on the board like these and ask the learners to discuss the likely context for each sentence and relationship between the speakers.

  *Hi, do you feel like coming round for a coffee?*

  *Would you like to come and have a meal with us sometime?*

  *I just popped in to see if you're around.*

  *I'm here to see Mr Stevens. I have an appointment.*

  *I was just wondering if it would be OK if we postponed our meeting until tomorrow?*

  *Is it OK if we leave the meeting till tomorrow?*
- Learners can work on question 1 individually or in pairs.
- Learners can then practise the phrases, paying attention to creating a warm and friendly tone. Again where possible these should be recorded for peer evaluation and suggestions for improvement.
- Set up questions 2 and 3 as pair work, or for threes, with one learner recording feedback on the points in the list.
  - Clear introduction
  - Appropriate choice of words
  - Consistent use of formal/informal style
  - Appropriate use of names
  - Right tone – warm and friendly
- Encourage learners to give each other constructive criticism of each role play and practical suggestions for improvement.

- Direct learners to the tip which could be set for individual study, learners reporting back at the next session.

***If the learner has difficulty***

- Put the phrases for question 1 on strips of card so that the learners can move them round to work out which match and then group them by degree of formality.
- Work together with the learners to discuss one of the profiles in question 2 and build up a conversation together on an OHT or whiteboard.

***Extension***

- Learners collect examples of informal and more formal equivalents they hear in the course of their work, or discuss with colleagues at work. They can then share any interesting ones at the next session.
- Encourage the learners to prepare a list of other formal and informal equivalents from the theme. They can work with photocopies of the transcripts and record useful phrases in their personal vocabulary books.

  e.g. *I have your name listed as …* [F]
  *I have your name down as …* [I]
  *If you don't mind …* [F]
  *If it's OK …* [I]

# PAGE 1:6
# How to show interest

## Task 6 8–9

### Introduction and curriculum references

to recognise patients' feelings and respond appropriately

***ESOL***

Lr/L1.6c

### Notes

- Demonstrate the difference feedback can make when telling someone something important. Ask two learners to tell you about something good/exciting that happened. With one of them show no reactions and be rather disinterested, with the other be enthusiastic and react with lots of comments, e.g. *Really! That's great. You must have been delighted.*
- Ask both learners how they felt and discuss the importance of verbal and non-verbal feedback for effective communication.
- For question 1 learners discuss what they think the speaker is feeling in the three extracts and the most appropriate comment and other alternatives.
- Set up question 2 and play the audio as often as the learners want to hear it. Emphasise that they are listening not just to the words the speakers use, but the way they use intonation (the way that the voice goes up and down), which can give important clues about how the person is feeling.
- Take feedback and discuss some of the responses the learners suggest.
- Direct learners to the tip and discuss.
- The final question gives the learners the chance to try out strategies for showing interest and reacting appropriately. Set up pairs and allow time to discuss how the learners felt the activity went, what worked and didn't work, and how they can use the skills at work.

***Extension***

Hand out the transcript from Task 1 from this theme – the example of the bad interview. Learners re-work it, incorporating skills from the theme. Encourage them to work with a colleague or friend to record a new version.

# PAGE 1:7
# How to prepare for interviews

- The two tasks on this page are for independent learning and can be done away from the class. Where possible encourage the learners to discuss the tasks with colleagues at work for their input. Allow time to take feedback at the start of the next session.
- Learners record their introductions for peer evaluation on the pace and intonation.
- Encourage them to try out their introductions with real patients/colleagues and ask for feedback.

### Task 7

### Introduction and curriculum references

to use the skills from the theme to prepare for interviews with different patients

***ESOL***

Sc/L1.1c; Sd/L1.1b; Sc/L1.1a

### Notes

- Learners think about their own nursing situation and plan how to open an interview with the kind of patients who are typically admitted.

### Task 8

### Introduction

to raise awareness of the need to adapt interviewing style to deal with specific needs

### Notes

- For this task learners can draw on their own practical experience but it can also be used to encourage the learners to do some research into recommended practice, e.g. consulting hospital guideline or nursing texts, or other nursing staff.
- Encourage individuals / small groups to find an interesting way to present back their findings. Remind learners that they can talk about patients with other specific profiles to the ones in the list.

### Reflection questionnaire

This task encourages the learners to reflect on the skills and language in the theme and their learning. It can be done in their own time or in class.

# Focus

The purpose of the admissions interview is to gather comprehensive information about the patient. As it is often the first meeting between the patient and nurse it is an important opportunity to establish a positive relationship and gain the patient's trust.

## Task 1

1

**1** Listen to the start of an admissions interview. How well does the nurse handle the opening stages of the interview? Discuss these points:

- preparation for the interview;
- the information she gives about herself;
- style of communication;
- listening skills.

- Make sure you have any necessary forms before you start the interview and/or your notebook, and avoid interruptions during the interview.

- At the start of the interview take time to introduce yourself and explain clearly the purpose of the interview and what is going to happen.

- Show you are interested in what the patient is telling you and listen carefully for signals that may tell you what the patient is concerned about.

- Use a more formal style of address (title + family name) when you start your interview unless the patient invites you to use first names.

- Make sure your voice is warm and friendly.

# How to start an interview

Patients often feel anxious about their stay in hospital, so it is important to start the interview in a way that helps to establish trust and confidence.

## Task 2

2

**1** Read through these guidelines for starting admissions interviews. Then listen to the start of an interview. In which order does the nurse do these things?

☐ ☐ ☐ ☐ ☐

STARTING AN INTERVIEW

- Check the patient's name against the name on your list.
- Greet the patient in a friendly and warm manner.
- Give your name and position.
- Check how your patient wants to be addressed during the interview.
- Explain the purpose of the interview and what is going to happen.

**2** These phrases are from the interview. Match them to the points in the guidelines above.

**a** *Good morning.*

**b** *And what would you like us to call you, Mr Bellan or David?*

**c** *I've got most of the information I need from your medical notes, but I'd just like to check a few things. And then I've got a few questions about your health and medical history.*

**d** *Hello, I'm Lara Kovak. I'll be looking after you today.*

**e** *I've come to admit you.*

**f** *Mr Bellan?*

3

**3** Lara sounds friendly and warm when she introduces herself. Listen and notice where her voice goes up and down. Then practise the introduction, making sure your tone of voice is warm and friendly.

**Tip**

When patients feel anxious, they may find it difficult to take in a lot of information, so make sure you:

- speak clearly and slowly;
- watch out for signs in their body language that tell you they aren't following, e.g. looking away, fiddling with their hands.

# How to get your style right 1

When interviewing patients from different backgrounds, you need to adapt the way you speak, e.g. if you are interviewing a patient who is rather confused and disorientated, it can help to speak more slowly, repeat information and use a reassuring tone.

**Tip**

- For some people being called by their first name, except by family and close friends, can sound disrespectful, so avoid using first names unless the patient invites you to do so. *How are you feeling today, Mr Hendrey?*

## Task 3

4 6

**1** Listen to Samira Khan starting interviews with three different patients.

Which patient do you think she's interviewing? Write the number next to the photo.

A

**aged 19**
admitted with high blood pressure
out of work but DJs in the evening
unsure of himself ☐

B

**aged 74**
admitted with persistent chest infection
wears hearing aid
worried about losing his home ☐

C

**aged 48**
admitted with chest pains
runs local post office
confident and articulate ☐

**2** Listen again to the three interviews. How does the nurse address the patients?

| | first name + family name | title and family name |
|---|---|---|
| interview 1 | | |
| interview 2 | | |
| interview 3 | | |

**3** Think about your country. How are patients typically addressed? Discuss any differences you have noticed while working in a UK context.

# How to get your style right 2

## Task 4

4 6 1 Listen to the start of the three patient interviews. Discuss which of the words below best describe the nurse's style of speaking in each interview.

| | formality | tone |
|---|---|---|
| interview 1 | | |
| interview 2 | | |
| interview 3 | | |

7 2 Listen to these sentences from interviews and match them with these tones.

friendly and warm | calm and reassuring | informative and professional

**a** I need to ask some questions so we can plan your care.
**b** The interview should take about half an hour.
**c** Your consultant will be coming to see you later this afternoon.
**d** We always check your GP's name, just in case it's changed.
**e** Are you settling in OK, Mrs Jackson?

3 Work with a colleague. Practise saying the sentences above in the different tones. Your colleague says which tone he or she thinks you are using.

**Tip**

Intonation patterns vary in different languages. When you speak English, it is important to use English patterns of intonation because people will use your intonation as clues to help them decide whether they can relate to you or not.

**REFLECTION**

Think of an interview that got off to a bad start.

- Describe what happened and how you reacted.
- Describe how the patient reacted.
- What did you learn from the experience about interviewing patients?



ESOL Lr/L1.2b; Sc/L1.1a; Sc/L1.1c

# How to get your style right 3

When interviewing patients it is important to use the right level of formality.

## Task 5

**1** These phrases are from the start of two different interviews. Look through them and find pairs with similar meanings. Which phrases are more informal?

**a** *Hi, I'm Samira. I'm one of the nurses here.*

**b** *I have your name listed as Mr Fischer, is that correct?*

**c** *If it's OK, there's a couple of things I just need to check.*

**d** *If you don't mind, I'd like to check some details on the form.*

**e** *What would you like me to call you?*

**f** *Good morning. I'm Samira Khan. I'm one of the nurses who'll be looking after you.*

**g** *What would you like to be called while you're in hospital?*

**h** *I've got you down as Jenny Dunn, right?*

**2** Work with two colleagues. Look through the patient profiles. Discuss whether an informal or more formal style would be appropriate and what tone you would use to start the interview.

Sally Browne
Aged 19
Junior in a hairdressing salon
Admitted with fractured femur and bruising following car accident
Nervous and unsure of herself

Paolo Grassi
Aged 58
Kitchen fitter
Admitted with abdominal pain and suspected peptic ulcer
Limited English, never been in a UK hospital before
Friendly and outgoing with a good sense of humour

Rachel Thomas
Aged 35
Part-time checkout assistant
Admitted with gallstones
Confident and articulate, and well informed about her medical condition

**3** Role play the start of the interview with each of the patients. During each role play one of you should give feedback.

**Nursing tip**

Think of patients you interview in your work, e.g. children or older people. Make a list of useful phrases for starting the interview.

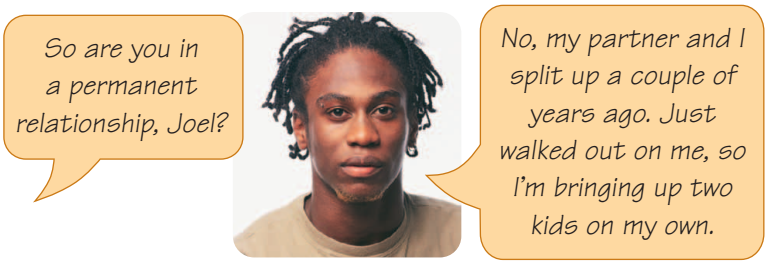
Remember to review them before you do the interview.

# How to show interest

During the interview, it is important to show that you are interested in what your patient has to say. One way to do this is to listen carefully and react to what the patient tells you with short comments.

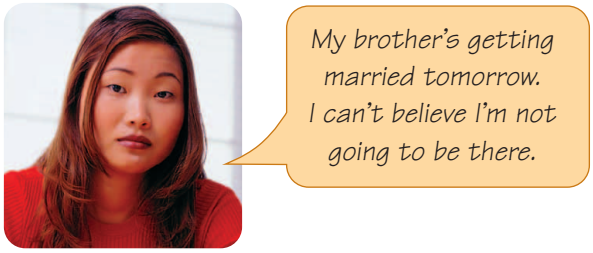
## Task 6

**1** Discuss the most appropriate comment to complete these extracts.




Extract A
- **a** That's awful.
- **b** What a terrible thing to do!
- **c** It must be difficult for you.

Extract B
- **a** That's incredible!
- **b** You're very lucky.
- **c** Wow, 30 years. How did you manage that?




Extract C
- **a** Never mind. We'll soon have you better.
- **b** You must be very disappointed.
- **c** No wonder you look so depressed.

8 9

**2** Listen to two short extracts from conversations with patients.
- **a** What emotion is the patient expressing?
- **b** How would you respond?

**3** Work with a colleague and take turns to describe a good or bad experience you have had at work or in your home life. Listen carefully and react in a way that shows your appreciation of his/her interests and concerns.

**Tip**

Listen carefully for key words, which tell you about the patient's concerns, e.g. if you hear – *It's a shame*, *It's a pity* or *I wish*, *If only*, the patient may be feeling sad or regretful about something.

# How to prepare for interviews

## Task 7

If your work involves admitting patients, one way to make sure you know what to say is to prepare some phrases to get the interview off to a positive start.

1 Think about the patients you will need to interview. Prepare a short introduction to greet the patient, introduce yourself and explain the purpose of the interview.

2 Practise aloud and try out your introduction on a friend or colleague.

3 Ask them to comment on whether they found it easy to understand you and if you came over as warm and friendly.

## Task 8

Choose two of the patients below and discuss what you could do to make the admissions process and interview easier for them. Then prepare some guidelines for new staff:

- a patient with impaired hearing
- a patient with impaired sight
- a patient who is confused and disorientated
- a patient who speaks very limited English.

**REFLECTION**

Try this questionnaire to check your progress.
Think about these points.

| *Skills* | *I feel more confident.* | *I need to practise more.* | *Things I remember.* |
|---|---|---|---|
| How to introduce myself and explain the purpose of an admissions interview. | | | |
| How to respond to patients who have a more formal/informal style of speaking. | | | |
| How to make my voice sound warm and friendly. | | | |
| How to react sympathetically to patients' concerns. | | | |

## PAGES 1:8–1:12

# *Gathering personal details*

## Professional setting

The topic of this theme is gathering information to complete the biographic and contact details required on patient admissions forms. This type of patient information is often available before the patient is admitted to hospital, for example from the patient's notes or through attending a pre-admission clinic. The focus therefore is on developing skills a ward nurse needs to be able to check that details are complete and still current, for example next of kin, or the name of the GP, especially where the patient has been on a long waiting list.

The focus is on skills for collecting and checking this type of information efficiently, and for asking questions that might seem intrusive, with sensitivity. It also looks at the importance of recording information accurately and legibly.

## Materials

Audio and cassette player

Blank cassettes for recording on

Blank cards/sticky notes e.g. for writing up new words

OHP and transparencies (optional)

Dictionaries and medical glossaries

Resources for the theme

Samples of admissions forms from the Source material for the module

Samples of admissions documents from learners' workplace

## Learning outcomes/objectives

1 to use effective questioning strategies for obtaining personal information

2 to know when to use different types of questions, embedded, direct and statements as questions

3 to use checking strategies to avoid making mistakes

### Curriculum objectives

***ESOL***

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

# Focus

PAGE 1:8

10

### Suggested teaching activities

- Set the context for the theme by discussing the example admissions forms in the Source material, focusing on the first part of the documents which typically contains biographic/personal information and contact details.
- Discuss the different information and why it is needed, e.g. religion, next of kin. Also discuss where this type of information typically comes from, e.g. medical notes from a GP or consultant, pre-admission clinics, patient interviews, relatives and carers, especially when patients are too ill to be interviewed.
- Discuss with learners how the amount of patient information available pre-admission can vary with different types of admissions (routine, emergency etc.) and in different departments in a hospital.
- In cases where patient information is available before admission, discuss any details that might need to be double-checked during the interview, especially where a patient may have been on a long waiting list. e.g. contact details, details for next of kin, the GP's name.
- Elicit and compare with learners' experience of admissions either in UK hospitals or in other countries where they have nursing experience.
- Set up small groups to collect ideas on these points:
  - difficulties learners have had when gathering this type of information when working in their own language and in English.
  - the implications of any inaccuracies for the patient and the hospital.
  - ways of avoiding mistakes.

### Task 1

- The audio clip for task 1 sets the scene for the theme. It demonstrates how insensitive questioning can alienate a patient and how

mistakes can easily be made if the nurse is not proactive in anticipating potential areas of confusion and checking details.

- Before you play the audio, photocopy and hand out examples of the admissions form in the Source material. Check learners are familiar with the categories on the form where patients' biographic details are recorded. Discuss the meaning of any abbreviations, e.g. S/A (same as above), D.O.B. (date of birth) and any words that might be unfamiliar, e.g. next of kin.
- Play the audio clip once through and ask the learners how successful the interview was, and for their impression of the nurse's interviewing style, his attitude toward the patient and his style of questioning.
- For question 2 hand out the completed admissions form for Ali. (See the Resources for the theme.) Then play the audio clip again so that the learners can listen for and mark any inaccuracies on the form. You may need to play the audio a couple of times. Hand out the profile of Ali and ask learners to identify any other mistakes on the form.
- Take feedback and discuss why the learners think he made the mistakes and how he could have avoided them.

### Summary of mistakes

1 His mother's name is wrong. It's Maryam not Marianne. The nurse assumed the name was the similar sounding English one and he didn't check the spelling.
2 Maryam's mobile phone number is wrong. When you are given phone numbers, it's a good idea to repeat the number as you write it down.
3 The spelling of the GP's name is also wrong. Some names in English have different spellings, but are pronounced the same. In this case the doctor's name is *Neal* not *Neil*. The only way to know how to avoid problems like this is to ask for spellings.
4 Again he spelt the name Pryce incorrectly, assuming it was spelt *Price*.
5 He also got Ali's boss's house number wrong. It's 50 not 15. This is an easy number to confuse so it's always worth checking. Other confusing pairs would be 13 and 30, 14 and 40 etc.
6 It's impossible to read the name of the GP's practice, it's so badly written.

- Go through the guidelines and discuss why each of them is important for collecting detailed information efficiently and accurately. Elicit useful phrases for the different points.
- Discuss other situations in daily life and professionally where these strategies would be useful.
- Learners discuss how using the strategies in the guidelines could have helped the nurse avoid the mistakes he made and created a more co-operative relationship between himself and the patient.
- Encourage learners to observe interviews and check which strategies nurses at their workplace use most.

# PAGE 1:9
# How to ask questions 1

## Task 2 11–12

### Introduction and curriculum references

to recognise different types of question – embedded, direct and statements with questioning intonation

to know when to use the different types of questions during the interview

to listen to and focus on the grammatical form of different types of questions

to practise asking different types of questions

***ESOL***

Lr/L1.2d; Sc/L1.2b

### Notes

- The purpose of this page is for the learners to be able to recognise different types of questions that are useful for gathering biographic and personal details, how to form them and know when to use them.
- Put up an example(s) of these different types of questions on an OHT or on the board; direct questions; more indirect style questions (embedded questions) and statements said with a questioning intonation. Examples:

  *Where do you live? (direct)*
  *And your address? (statement with questioning intonation)*
  *Would you mind telling me if you live alone? (embedded)*
  *Is there a lift in your flat?(direct)*
  *Can you tell me how old you are? (embedded)*
  *And your date of birth? (statement with questioning intonation)*
- Ask learners to identify the different types. Discuss when each of them is appropriate, e.g. embedded when you need to ask for information that the patient might see as intrusive or prying. Ask for other examples for each type.
- Play the audio clip for question 1. It provides a model of questioning strategies for gathering a lot of details. Play the audio once to get a general understanding and discuss the content.
- Before playing the audio clip again, encourage the learners to discuss and predict the missing words in the questions.
- Then play the audio through again, pausing so they can check and compare with their suggested questions. You may need to play the extracts with the questions several times so they can really hear the missing words.
- For question 2 ask the learners to note the question type beside each question and take feedback.

***If the learner has difficulty***

- Learners may have problems with the order of words in embedded questions. Putting some examples on strips of card and then cutting them up can help learners focus on correct order. Example:
  Can you | tell me | if | you live | in a flat?
- Put some pairs of direct questions and embedded questions on the white board or an OHT and ask learners to work out the changes in the word order when forming an embedded question. Examples:

  How long <u>have you felt</u> unwell?
  **Could you tell me** how long <u>you've felt</u> unwell?
  When <u>was he</u> last in hospital?
  **Do you happen to know** when <u>he was</u> last in hospital?
- For more practice in forming embedded questions, put some questions like these on an OHT and discuss which ones need a more indirect style of questioning. They can then rephrase them as embedded questions.

  Examples:
  *Are you in a permanent relationship?*
  *What kind of accommodation do you have?*
  *When did you go into the care home?*
  *Do you live near the shops?*
  *What kind of work do you do?*
  *Why did you change your GP?*
  *How long have you been out of work?*

***Extension***

- Where appropriate, ask learners to observe interviews at work or discuss with colleagues to find out which type of questioning is most frequently used to get this type of information. Learners should make a note of any interesting questions to share in class.

- In English different questions have different types of intonation, sometimes the voice goes up at the end of the question and sometimes it goes down. It's important that learners are aware of this and are able to reproduce the different patterns so they sound natural.
- Play the audio clip for the extension. It contains examples of different types of questions. Ask the learners to listen carefully and say if the speaker's voice goes up [↗] (rising intonation) or down [↘] ( falling intonation) at the end of the question. It may be useful for them to mark this on a photocopy of the transcript.
- Ask them to work in pairs and think about a rule for intonation in questions, e.g. In *yes/no questions the voice often goes up at the end. In questions that start with a question word, e.g. where, how old,* the voice goes down at the end.
- Learners can practise the questions in pairs, giving each other feedback on their intonation.

## PAGE 1:10
# How to ask questions 2

### Task 3

### Introduction and curriculum references

to use different types of questions to get the required information

to know when to use different types of questions during an interview

to use correct intonation for question types

***ESOL***

Sc/L1.2b

### Notes

- The point of this task is to raise awareness of when an indirect style of questioning (embedded questions) is more appropriate. Go through each of the situations in question 3 with the learners and discuss which style of questioning would be most appropriate. Pool ideas.
- Again take time to model the intonation in the different types of questions.
- Direct learners to the reflection point, which can be done in the learners' own time. Build in time to take feedback at the next session.

***If the learner has difficulty***

- Work with one of the admissions forms in the Resources for the theme, eliciting the different questions to ask to complete any sections for biographic and contact details. Encourage the learners to make a note of one or two questions for each category, which they can use in interviews.
- Model the intonation of some of the different questions. Say each question, exaggerating the rise in your voice at the end of each question for yes/no questions, and the fall of your voice for questions that start with a question word. Learners practise in pairs, with correct intonation.

*Extension*

- Point out that another useful strategy for asking for potentially personal and sensitive information is to explain why you need the information rather than just launching in with the question. For example, a question about a patient's home situation might seem intrusive, but when explained in the context of helping to plan for the patient's discharge becomes more acceptable.
- Work with the admission form and discuss any information which might seem odd or intrusive to a patient. Then practise asking questions, framing it like this.

| | | |
|---|---|---|
| explain why you need the information | → | ask your question |

Example
*I need to ask a little bit about your home circumstances so we can begin to think about your discharge and how you'll manage when you get home. So can you tell me a bit about your flat?*

## Task 4 13–14

### Introduction and curriculum references

to use intonation appropriately in statements with a questioning intonation.

*ESOL*
Sc/L1.1a

### Notes

- Learners practise the short dialogues in pairs. First play the audio, pausing after each question so that the learners can hear how the speaker's voice goes up at the end to make the statement sound like a question.
- Set up pair work practice. Encourage the learners to exaggerate the rising intonation, as indicated by the arrows on dialogue 1. If possible record the dialogues so that learners can evaluate their success.

*If the learner has difficulty*

- Learners work with a colleague and interview each other to complete the contact details below with information about themselves or a fictitious patient if they prefer.
  - address
  - postcode
  - home phone
  - work phone
  - mobile
- Get them to practise the dialogue using only questioning statements with rising intonation to get the information. Encourage them to exaggerate how the voice rises at the end of the statement to help them get a feel for the intonation.

*Extension*

Learners work in pairs and take turns to interview each other, recording the interview and then playing it back to evaluate the intonation in the questions and improve it.

## PAGE 1:11

# How to avoid making mistakes

### Task 5

to use strategies to check information

to avoid mistakes by asking people to repeat information you miss

to check potentially confusing spellings and numbers

***ESOL***

Lr/L1.3a

### Notes

- Discuss situations where learners have had to give personal/contact information or take down other people's details, ask about any problems they have experienced and strategies they have used to deal with them.
- Go through the strategies with the learners and ask them to suggest phrases for each of them, using their knowledge of English and phrases they have heard their colleagues using.
- For question 1 learners match the phrases and the strategies and think of the context when they would be appropriate. Check understanding of the *hyphen*. Draw attention to the use of *Sorry* and *I'm afraid …* at the start of the phrase, e.g. *Sorry, how old?*
- Learners use the example sentences to work out the answers to question 2. Point out that if someone is giving you a lot of factual detail, it is probably better to use shorter checking phrases that won't interrupt the flow of the conversation, e.g. *Sorry, how many? Sorry where? Sorry, what's the phone number?*
  - Learners discuss the tips.
  - Learners can work individually or in pairs for question 3. Take feedback.

***If the learners have difficulty***

- For learners who have difficulty picking up differences between the pronunciation of tens and teens, e.g. six<u>ty</u> and six<u>teen</u>, thir<u>ty</u> and thir<u>teen</u>, try reading out some patient contact details with potentially confusing numbers like these, but say them quickly so that some of the letters seem to disappear, e.g. the t in thirty. Emphasise the importance of listening really carefully for the stress.

## PAGE 1:12

# How to gather accurate information

### Tasks 6 and 7

### Introduction and curriculum references

to use strategies to check information

to use correct intonation for question types

to use different types of questions to get the required information

***ESOL***

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

- Task 6 is for pair work practice. You will need to give out the blank admission form and the completed details for Ali Mahmood from the Resources for the theme.

### Step 1

- Set up the task as pair work. Give out the forms.
- Allow time for preparation of the roles, remind learners that the objective is to use appropriate questioning and strategies for checking.

### Step 2

- Learners act out the beginning of the patient interview.

### Step 3

- Discuss how learners felt about the task.
  - What went well.
  - What went less well.
  - How they could have improved the interview.

### Step 4

- Learners swap roles.
- If possible learners could record the interviews and give each other constructive feedback, providing comments on these points:
  - accuracy of the information.
  - clarity of the writing.
  - variety of question types used.
  - intonation in the questions.
  - strategies for checking and avoiding mistakes.

### Task 7

- This task is designed for independent work so allow time to take feedback at the start of the next session.
- The task gives the learners the opportunity to review and try out the skills from the theme with a colleague. If learners do not have a work placement, they can interview a friend for step 3. Set up the task and set a time limit for completing the task, and build in time at the next session for learners to give feedback on how the interviews went.

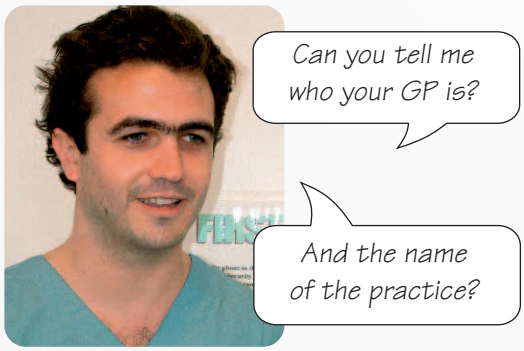
# Focus

The first section of an admissions form contains the patient's personal and contact details. Often this information will be available before the patient is admitted, from the patient's notes or through a pre-admission clinic. So during the admissions interview the ward nurse only needs to check that the details are complete and current.

## Task 1

10 **1** Listen to the first part of an admissions interview. How well does it go?

**2** Your teacher will give you the admissions form the nurse completed for the patient. Listen again. Are the details he recorded accurate?



- Use a mix of different types of questions to get the information you need.
- Always check if you are unsure whether you have the right information.
- If you miss information, ask the person to repeat it straightaway.
- It is important to get names and contact details right, so if you are not sure how a name is spelt, ask for the spelling.
- Repeat information to make sure you've heard it correctly.
- When you record details on the form, make sure you write clearly so other people can read them.

**3** Which of the strategies would have helped the nurse avoid the mistakes he made with the patient's information?

# How to ask questions 1

When interviewing patients, using a lot of direct questions one after the other can sound rather aggressive. Instead use a mix of different types of questions.

- Simple direct questions – *What's your occupation? Do you live alone?*
- Indirect style questions (embedded questions) – *Can you tell me what your religion is?*
- Statements said with a questioning intonation – *And your phone number?*

## Task 2

11 12

**1** Rosemary Corbett is being admitted. A nurse is interviewing her to complete some missing details on the admissions form. Listen to the interview. What questions does she ask? Complete the missing words.

**Phone number and code**

**a** We don't seem to have your phone number. _____ give it to me _____?

**b** _____ a Cambridge number?

**Marital status and family situation**

**c** And _____ if _____ married, Rosemary?

**d** _____ children?

**e** And _____ either of them _____ at home?

**Next of kin and contact details**

**f** _____ me to put down as your next of kin?

**g** And _____ the same address and telephone?

**Other person to contact**

**h** _____ anybody else we can contact?

**Tip**

Use words like *OK, Right, That's fine* to let the patient know you've understood the information and are ready to go on.

**2** What kind of questions are they? Mark them as direct questions [D] or more indirect style questions (embedded questions) [E], or statements said with a questioning intonation [S].

# How to ask questions 2

## Task 3

Discuss which type of questions would be most effective for getting this information; direct questions, embedded questions or statements said with rising intonation.

**a** Find out if the patient has any valuables with her.
**b** The patient lives at the Fairview care home. You need the name of the manager and the phone number.
**c** Your patient says he's divorced and you need to find out if he lives on his own.
**d** Your patient is having difficulty hearing you and you want to know if he usually wears a hearing aid.
**e** You need the patient's age.
**f** You want the patient's next of kin's name and address.

**Tip**

If you're not sure whether the patient has the information you need, or if your question could seem rather personal, use a more indirect style of questioning (embedded question).

## Task 4

13 14

**1** Listen to two short extracts from an interview. Notice how the nurse's voice goes up at the end of each statement to make it sound like a question.

**2** Practise these dialogues. Make sure your voice goes up at the end of the statements to make them sound like questions.

| Dialogue 1 | | Dialogue 2 | |
|---|---|---|---|
| Nurse: | What's your brother's name? | Nurse: | What's your partner's number? |
| Patient: | Abdullah Hamid. | Patient: | 728 9303. |
| Nurse: | And his address? | Nurse: | 728 9303. And her mobile? |
| Patient: | 15 Norland Road. | Patient: | 077086547. |
| Nurse: | And the postcode? | Nurse: | And we can contact her at any time? |
| Patient: | BB9 4WR. | Patient: | Yes, no problem. |
| | | Nurse: | And at night too? |

**REFLECTION**

- Think of situations in your work as a nurse where you have to ask a patient for information which they might find personal or embarrassing.
- Think about how to ask your question in a sensitive way, for example, using embedded questions.

# How to avoid making mistakes

Mistakes with patients' details can have serious consequences, so it is important to check carefully before recording them on the form.

## Task 5

1 These strategies can help to avoid mistakes. Match them with the phrases from different patient interviews.

> **Check** if you are unsure you have the right information.
> **Ask** patients to repeat if you miss information.
> **Ask for** the spelling if you aren't sure how a patient's name or address is spelt.
> **Repeat** information to make sure you heard it correctly and give the patient the chance to correct you.

**Nursing tip**

When you handwrite personal details and contact numbers on the form, print or write very clearly.

a *Could you just spell that for me?*

b *Is that with a hyphen?*

c *I'm afraid I didn't quite catch that.*

d *How's that spelt?*

e *Sorry, how old?*

f *So that's L-E-I-G-H road?*

g *25 Roman Way. OK. Got that.*

h *Sorry, Mr Clark, did you say nine**ty** or nine**teen**?*

2 Which of the phrases would work best when you need to gather a lot of details quickly?

3 What would you say to avoid potential confusion with these spellings and numbers?

- **a** A patient's name sounds like 'Randle', but you've seen two ways of spelling it Randall and Randle.
- **b** You are not sure if the address you've been given is 70 or 17 Kings Avenue.
- **c** You think the patient's name is Morris, but it could be Norris.
- **d** You were so busy writing on the form you missed the name of the care home where the patient lives.
- **e** You think the address was Manton Road, but you missed the house number.

**Tip**

When you have to take down a patient's details on a form, repeating the details is a good way to avoid mistakes, and gives you time to write the information down.

# How to gather accurate information

## Task 6

Work with a colleague. Role play a patient interview to complete the section on the admissions form for the patient's personal and contact details.

1 Your teacher will give you a blank admissions form and a patient profile for the role play. Prepare your roles.
2 Act out the interview.
3 Think about the interview. Discuss what went well and what went less well. What could you do differently to improve your interviewing technique?

**Tip**

- Some letters are easy to confuse because they sound very similar, e.g. *m* and *n* and *t* and *d*, so it is often useful to check.

## Task 7

Prepare for interviewing patients in your workplace.

1 Look through any forms used for admitting patients on your ward. Find out what biographic details need to be gathered or checked during the admissions interview.
2 Working with the form, plan the questions you need to ask. Think about the order in which you would ask the questions and how to phrase them.
3 Try out your questions on a colleague or a friend. Ask different types of questions and make sure you check spellings and other details where there is potential for confusion. When you record the information, print or write clearly on the form.
4 Ask for feedback from the person you interviewed about your style of questioning and the clarity of your notes.

**Tip**

- Numbers like 14 and 40 or 18 and 80 can sound very similar, so to avoid potential confusion, say each digit separately:

*I live at 80 Kings Avenue.*
*That's eight zero.*
*The house number is 15 – one five.*

# Resources

## Completed admissions sheet for Ali Mahmood for Page 1:8, task 1

| ADULT ASSESSMENT RECORD | Attach patient sticker here |
|---|---|
| WARD Waverley NAMED NURSE Tom Jenkins<br><br>CONSULTANT Mr Osman<br>HOUSE OFFICER Dr Luca | Surname: Mahmood<br>First name: Ali<br>Address: 46 Lancaster Road<br>Northampton NN4 5KA<br>TEL NO 01604 723933<br>HOSP NO 32567 |
| SURNAME<br>FIRST NAME<br>PREFERS TO BE CALLED Ali<br>ADDRESS<br><br>POSTCODE | ADMISSION DATE 21.05.04 TIME 10.00<br>DOB 17/1/80 AGE 24<br>RELIGION: Moslem SEX M<br>MARITAL STATUS: Single<br>OCCUPATION: taxi driver<br>GP: Dr Neil Practice: Rebidge Road |
| NEXT OF KIN<br>NAME Marianne Mahmood<br>RELATIONSHIP mother<br>ADDRESS S/A<br><br>TEL NO.<br>HOME S/A<br>WORK<br>MOBILE 07756437<br><br>DAY/NIGHT | 2nd CONTACT NO.<br>NAME Dennis Price<br>ADDRESS 15 Mill Street<br>Northampton<br><br>TEL NO 01604 546772 (work)<br><br><br>DAY/NIGHT |

# Resources

## Patient profile for Ali Mahmood, for Page 1:8, task 1 and Page 1:12, task 6

Ali Mahmood

Date of birth: 17/1/80

Religion: Moslem

Marital status: single

Occupation: taxi driver

GP: Dr Neal

Practice: Redbridge Road

Next of kin: Maryam Mahmood, mother

Address: 46 Lancaster Road
Northampton
NN4 5KA

TEL NO: 01604 723933

Mobile: 07754637

Other person to contact:

Dennis Pryce (boss)
50 Mill Street
Northampton

01604 546772

# Resources

## Patient role for Page 1:12, task 6

Complete some details on the form, but leave about five or six items of information blank.

Before acting out the interview give the partly completed form to the nurse who will interview you to complete any missing details.

| **ADULT ASSESSMENT RECORD** | Attach patient sticker here |
|---|---|
| WARD Waverley NAMED NURSE Tom Jenkins | **Surname:**<br>**First name:**<br>**Address:**<br>**TEL NO**<br>**HOSP NO 325678** |
| CONSULTANT Mr Osman<br>HOUSE OFFICER Dr Luca | |
| SURNAME<br>FIRST NAME<br>PREFERS TO BE CALLED<br>ADDRESS<br>POSTCODE | ADMISSION DATE Today TIME<br>DOB AGE<br>RELIGION: SEX<br>MARITAL STATUS:<br>OCCUPATION:<br>GP: Practice: |
| NEXT OF KIN<br>NAME<br>RELATIONSHIP<br>ADDRESS<br>TEL NO.<br>HOME<br>WORK<br>MOBILE<br>DAY/NIGHT | 2nd CONTACT NO.<br>NAME<br>ADDRESS<br>TEL NO<br>HOME<br>WORK<br>DAY/NIGHT |

## PAGES 1:16–1:21

# *Gathering medical information*

## Professional setting

This theme focuses on interviewing patients about their medical situation as part of an admissions interview. The aim is to get a full picture of patients' health status, and focuses not only on the current medical condition, but also their understanding of the reason for admission, and other relevant details about their health, past and present. The interview also focuses on aspects of patients' home and social circumstances that may impact on their recovery and reflects the holistic view of nursing in the UK.

The focus is on skills to ensure that a nurse gets a complete and accurate picture of the patient's medical status. The theme develops important communication skills for effective questioning and being a good listener. It also develops awareness of differences in non-verbal communication in different cultures that can impact on the effectiveness of the interaction during the interview.

## Materials

Audio cassette player/CD player

Blank cassettes for recording on

OHP and transparencies (optional)

Blank cards/sticky notes e.g. for writing up new words

Dictionaries and medical glossaries

Resources for the theme

Samples of admissions forms from the Source material for the module

Samples of admissions forms from the learner's workplace

Own photographs showing good and bad body language in interviews (optional)

## Learning outcomes/objectives

1 to ask questions to get a full picture of a patient's medical status

2 to know when to use open and closed questioning techniques

3 to recognise and use appropriate body language to show you are listening

4 to encourage the patient to give more information by using short phrases, e.g. 'I see, go on'

5 to encourage patients to give more information by repeating a few of the patient's words.

### Curriculum objectives

***ESOL***

Lr/L2.2d; Lr/L1.2b; Lr/L1.b; Sc/L1.2b; Sc/L2.3b; Rt/L1.5a

# Focus

PAGE 1:16

### Suggested teaching activities

- Set the context by discussing the kind of information learners would expect to find in the section of an admissions form on the patient's medical condition and home circumstances. Use example forms in the Resource section, or if available, example documents from the learners' workplace.
- Ask the learners about their experience of admitting patients in other countries where they have worked; the type of information that's gathered and how it's gathered.
- Elicit sources of information about the patient's medical condition, e.g. medical records, medical notes, letters from consultants/GPs.
- Discuss whether it is more reliable to obtain medical information from a patient's medical records/notes or from the patient during the interview, or from both; use the interview to crosscheck the details on the patient's records.
- Discuss why information about the patient's home circumstances is included in the patient interview (e.g. discharge planning) and why it's important to get this information at this stage.
- Point out that the kind of information that needs to be gathered about home circumstances will depend on the patient's

profile. Elicit the kind of information a nurse would need to gather from these patients:
  – a patient with young children who is in hospital for surgery (e.g. care arrangements for the children).
  – an older patient admitted after a series of falls (e.g. accessibility in the home and support systems).
- Set up small group discussions. Ask learners to list four or five obstacles to effective communication during an admissions interview, e.g. lack of privacy, noise, patient's impairments (impaired hearing) etc. They should think first about interviewing patients in their countries, and then any additional challenges when interviewing patients in the UK e.g. not understanding the patient's accent.
- Allow time for each group to report back to the class.

### Task 1 15–16

- The aim of the audio clip is to set the scene for the theme. The audio contains two models of the same interview, but using very different questioning techniques. In the first, the nurse uses a lot of closed questions to find out the patient's symptoms and gets only the information she asks for. In the second interview she uses much more open questioning techniques and gets much fuller information.
- Set the context – an extract from an interview with a patient with digestion problems in which the nurse probes to find out more about the patient's symptoms. Elicit typical symptoms – *wind, belching, acid regurgitation, pain after eating* and information they would want to get from the patient.
- Set up the questions for the task and play the audio clip, once or twice. Allow time for learners to discuss answers and take feedback. The main point is to elicit differences they noticed in her questioning style, e.g. the mix of open and closed questioning techniques and the use of 'active listening skills' to encourage the patient to explain his medical condition and symptoms more fully, e.g. short comments/noises like *Uh-hum* or *I see,* and repeating the patient's last few words to encourage him to say more.
- Check learners' understanding of the concept of non-verbal communication and body language.
- Discuss the photo and what the body language says about the communication between the nurse and patient. Get the learners to suggest words to describe posture, gestures and facial expressions.
- Go through the guidelines and discuss why each of them is important for a fuller understanding of a patient's medical condition.

# PAGE 1:17
# How to use questions effectively 1

## Task 2 17

### Introduction and curriculum references

to listen for and identify different types of questions used in patient interviews

to recognise open and closed questions and begin to know when to use them

***ESOL***

Lr/L1.1b; Lr/L2.2d

### Notes

- Learners need to be able to recognise different types of questioning techniques which can be useful in interviews, e.g. open and closed questions, and statements with *tell, describe* and *explain*, which can act in the same way as an open question.
- Put some examples on the white board / OHT and ask the learners to identify questions which produce a limited answer; often just yes/no or one word answers (closed questions), questions which produce fuller answers (open questions) and ways of encouraging full answers (statements with *tell* said with a questioning intonation). Point out that no one type of questioning technique is better than the others, and all will have their place in an interview. Examples:

  Is the pain worse at night? (yes/no answer)

  Do you take anything to relieve your indigestion? (yes/no answer)

  When did you have your first stroke? (one or two word answer)

  What kind of exercise do you take? (encourages full answer)

  That seems to make the problem worse? (encourages full answer)

  Tell me a little bit about your general health? (encourages full answer)

- Go through the explanation at the top of the page. Ask for other examples of questions/statements for each technique to check the concept.
- The audio for task 2 provides a model of how to use open and closed questioning techniques in an interview. Before you play the audio, set up question 1 as pair or group work. Learners use the photo and patient profile, and their own experience to predict the likely content of the interview. This type of predictive task before listening can help learners anticipate the content of a conversation and make the listening task easier. As necessary check understanding of OGD = oesophagogastroduodenoscopy – an investigation of the digestional tract, e.g. for assessing heart burn, acid reflux.
- Pool ideas and then play the audio for question 2 to check their predictions against what was actually said.
- The point of question 2 is to draw attention to the actual questions the nurse uses to show how she starts a line of questioning with more open questioning and then uses more specific closed questioning to get precise details.
- You will need to play the audio in short extracts, pausing to give learners time to note down and discuss the questions.
- As follow up, learners practise the intonation in some of the open and closed questions. First demonstrate how the voice goes up at the end of the question for closed questions. (yes/no questions)

  *Have you ever been in hospital before?* ↗

- Then demonstrate how the voice goes down at the end of the question for open questions (questions starting with a question word like *how, which, what* etc).

  *What sort of symptoms do you get?* ↘

- Learners then work in pairs to practise the example open and closed questions, making sure they use the correct intonation pattern (open = voice goes down at the end of the question, and closed = voice goes up at the end of the question.)

***If the learner has difficulty***

- Put up the questions from the conversation in jumbled order and learners listen for them and note the order in which they come up.

- Put the questions from the conversation on strips of card so that the learners can organise them into groups, open and closed. They can then generate their own questions to add to the groups.

***Extension***

- Learners prepare open and closed questions to interview these patients.

| |
|---|
| – Male aged 20, student<br>– History of abdominal pain<br>– Suspected peptic ulcer<br>– Lives in student residence |

| |
|---|
| – Female, 25, single parent with son aged 4<br>– Admitted following a motorbike accident with bruising to forehead and multiple grazes to limbs and complaining of dizziness and headaches. |

- Alternatively, learners can produce similar profiles based on patients they have admitted. Learners swap profiles with a partner and prepare some open and closed questions.

# PAGE 1:18
# How to use questions effectively 2

### Task 3

### Introduction and curriculum references

to know which questions to use to ask about a patient's medical condition, medical history and home circumstances

to know how to form open questions

to know when to use open questions, closed questions and statements with tell, describe and explain in a patient interview

***ESOL***

Sc/L2.3b; Sc/L1.2b

### Notes

- As preparation, hand out copies of the admissions form from the Resources for the theme and ask learners to suggest questions for sections A–D on the form.
- Learners try question 1 individually or in pairs. Alternatively, set for individual study. There may be some unfamiliar words in the examples that may need to be explained, e.g. 'trigger an illness/symptom' (make it start ) or 'cope with a problem / difficult situation' (deal with it ) or 'relieve a symptom/disease' (make it less severe). New words can be discussed in the group or looked up in a dictionary. Check answers. Encourage the learners to record new words in their vocabulary notebooks and generate their own examples using the words.
- For question 2 learners discuss different possibilities for rephrasing the closed questions as statements or open questions. Collect up the learners' suggestions and put some of them on the board or on an OHT, correcting any inaccuracies with the grammar.
- Direct learners to the language tip and elicit other examples; e.g.
  - 'hypertension' = high blood pressure
  - 'personal hygiene' = activities including washing, showering, bathing, doing your hair, cleaning your teeth
  - 'productive cough' – cough up phlegm.

- Get suggestions from learners and encourage them to keep a section in their vocabulary books to record medical expressions and their more colloquial/everyday equivalents.
- Set up the reflection point as an independent study task and allow time for feedback.

*If the learner has difficulty*

- Learners may benefit from some extra practice in forming questions.
- Put some prompts on cards/OHT/whiteboard and learners generate questions. Examples:
  when / last / surgery?
  you / allergic / penicillin?
  your general heath / good?
  how / describe / your pain?
- For learners who have difficulty with the order of words in questions, a useful technique is to put questions on cards and cut them up so that learners have to think about the order of the words as they re-order the words. Example:
  do you / symptoms / sort of |what | get?
- As follow up, learners practise the intonation in some of the open/closed questions in question 1. First remind learners about intonation patterns in open and closed questions. See task 2 for guidelines.
- Learners practise in pairs. Encourage them to record the questions and then give each other constructive feedback, e.g. suggestions like – *'Try making your voice go down more'*, or *'Try saying this word more strongly'*.

*Extension*

- Learners can work with other admissions forms that are used on their wards and plan questions for patients they are likely to admit.
- Learners complete these useful questions for interviews in their own words.
  How do you feel about …?
  What kind of things trigger … / relieve … / make ... worse?
  How do you think you'll cope with …?
  What's … like?
  Tell me about …
  Can you explain …?
  How would you describe …?

## PAGE 1:19
# How to use questions effectively 3

### Task 4

to use appropriate questions to ask for information needed for the admissions form

to form questions using a wide range of verb forms

to use correct tenses when forming questions

to know when to use open and closed questions and how to phrase them

*ESOL*

Sc/L2.3b; Sc/L1.2b

### Notes

- The purpose of the task is to give learners the opportunity to practise forming useful questions that they can use in patient interviews.
- For question 1 learners can work in pairs or individually.
- Put this checklist on the board or an OHT and encourage learners to use it as they plan their questions.
  - Am I looking for a specific answer or do I want to get a fuller answer?
  - Would an open or closed question, or a statement with *tell* be best?
  - What's the best way to phrase the question?
  - What tense do I use?
  - Have I got the words in the right order?
- Direct them to the tips and discuss.

*If the learners have difficulty*

- Learners can just work on one or two of the sections.
- Give out photocopies of the answers to question 3 with some of the words blanked out and ask them to complete the questions. Examples:
  ……you …… anything relieves your arthritis? (find)

…… you …… any recent surgery? (have)

…… you …….. any other medication? (take)

***Extension***

- Learners can try out their questions by interviewing a colleague or friend.
- Encourage them to make links between the questions e.g. using phrases like *You said/mentioned …*

  *We talked about …*

  *Now what about …*

  *I've got one more question …*

# PAGE 1:20
# How to show you're listening

## Task 5

### Introduction and curriculum references

to use clues of body language to interpret attitude

to raise awareness of cultural difference in body language

***ESOL***

Rt/L1.5a

### Notes

- Direct the learners to the photographs of patient interviews in the theme and discuss the nurse's body language in each of them. Get them to comment on gestures, facial expressions and posture. Take feedback. Alternatively, bring in photos of good and bad body language and discuss as above.
- Question 2 focuses on cultural differences and non-verbal behaviour. Check understanding of verbs for gestures, e.g. *nod your head, raise your eyebrows, cross your arms, and fiddle with something*. Demonstrate as necessary. Ask for any other interpretations of these gestures from different cultural perspectives.
- If you have learners from the same culture, group them together to discuss the guidelines and any alternative interpretations of the body language from another cultural perspective.
- Take feedback and discuss the implications for patient/nurse relationships and nurse/nurse relationships.
- Direct the learners to the 'culture tip' and discuss.

## Task 6 18

### Introduction and curriculum references

to know how to encourage the person to say more by listening attentively and repeating a few of the speaker's words which tell you about their concerns.

*ESOL*

Lr/L1.2b; Lr/L1.1b

## Notes

- Demonstrate the difference active listening makes to an interaction. Ask two learners to tell you about a complicated or awkward situation at work. With the first one, give no feedback that you are listening. With the other one use active listening skills to show you're following and interested. Include short phrases/noises to show you are listening e.g. *'I see, go on uh-huh'*, and try repeating a few of the learner's words to encourage him/her to expand the account. Take feedback.
- For question 1 point out that they are going to hear the 'good version' of the interview from task 1 again. Play the audio once or twice, pausing it so that the learners can hear the words the nurse repeats.
- For question 2 learners discuss words to repeat for each of the speech bubbles. They can then act out and extend the extract.

### *If the learners have difficulty*

Put the words the nurse repeats on an OHT/board. Learners then listen for the phrases.

### *Extension*

- Set up a patient/nurse role play. Using their nursing experience learners prepare some patient information – medical condition and symptoms. They then take turns to interview each other to find out as much as they can about the symptoms. The idea is to practise skills for listening attentively and encouraging the patient to say more about his/her medical condition and concerns.

### Step 1 Preparation for the patient's role

- Each learner decides on a medical condition and makes brief notes about symptoms and concerns he/she has about how it will affect lifestyle, family, or work. This information will be used in the role play for the patient's part.

### Step 2

- Learners role play the interview, taking turns with the patient's role.

> **Nurse:** Find out as much as you can about the patient's medical condition by listening attentively, using short phrases like *I see, go on*, or repeating some of the patient's words.
>
> **Patient**: Explain the problem, but don't give out too much detail unless the nurse encourages you to say more.

- Alternatively, work with the context for the interview for task 1.
- Play version 1 of the audio for task 1 again and get learners to discuss other questions they would want to ask the patient to find out more about his condition, e.g. more detail about the pain, the patient's diet, etc. They then act out the interview as above.

PAGE 1:21

# How to ask questions and listen well

## Task 7

### Introduction and curriculum references

to practise gathering information using open questions, closed questions and statements with 'tell, describe' and 'explain' during an interview.

to practise questions for asking about a patient's current medical condition, medical history and home situation

to use short phrases that tell the other person you're listening attentively

to repeat a few of the other person's words to show you are listening attentively

***ESOL***

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

### Notes

- This task is designed to bring together the skills from the theme in a role play.
- Set up pairs. Before the role play you will need photocopies of the following documents from the Resource section
  1 A blank admissions form for the nurse role
  2 Role cards for the patient roles
  3 A feedback form for learners to evaluate their performance.
- Explain the task and give out a blank admissions form to each pair and role card A. Learners prepare their roles. When they are ready they act out the interview.
- Allow time at the end for feedback, each pair discussing the points on the feedback form.
- Swap roles and go through the same procedure, but this time give out role card B.

***If the learners have difficulty***

Work together with the learners to build up the interview step by step. They can then practise the interview as above.

***Extension***

Learners interview colleagues or friends to complete the form and ask for feedback on their questions, body language and listening skills.

# Focus

An admissions form includes information about the patient's current medical condition and past medical history, also the patient's home circumstances. The purpose is to get as full a picture of the patient as possible and reflects a holistic approach to nursing.

## Task 1

15 16 Listen to two versions of an admissions interview.

In which version does the nurse:

**a** ask more direct questions?

**b** find out more about the patient's medical condition and symptoms?

### Asking questions

- Use different questioning strategies to get a complete picture of the patient's medical situation. Use open questioning to encourage the patient to give full answers, and closed questions for more precise answers.
- Use easy to understand language in your questions and avoid medical jargon.

### Being a good listener

- Listen attentively, allowing the patient to finish what he/she wants to say without interruption.
- Use body language that tells the patient you are really listening and want to understand what he/she is telling you, for example leaning forward slightly.
- Encourage the patient to add more detail by:
  - using short encouraging phrases like: *Go on*, *I see, right, OK* and *uh-huh*
  - repeating a few of the patient's words, especially those which tell you about the patient's concerns.

  A: I don't think I can cope any more.

  B: Can't cope?

# How to use questions effectively 1

When you interview patients about their medical condition, you need to use different questioning techniques in order to get the full picture.

- Closed questions can be answered with *yes* or *no* or one or two words, and are useful when you want specific details.
  *Is the pain worse at night?*
- Open questions encourage the patient to answer more freely and give you fuller information.
  *What seems to make the problem worse?*
- Statements with *tell* or *explain* also encourage the patient to give more information.
  *Tell me more about the pain.*

## Task 2

**1** Look at the patient profile. Make a list of symptoms you would expect this patient to have, foods that might make the condition worse, and medications that would relieve the symptoms.

17 **2** Listen to an interview with the patient. How many of the things you listed came up in the interview?

**3** Listen again. The nurse uses different questioning techniques to find out as much as she can about her patient's health.

**a** What questions does she ask?

**b** Which questions are open and which are closed?

# How to use questions effectively 2

## Task 3

**1** These are some questions and statements from different admissions interviews. Match each of them with a section on the admissions form.

| | |
|---|---|
| **A** History of present illness and reason for admission: | **B** Relevant past medical history and medication on admission: |
| **C** Allergies: | **D** Description of home situation and accommodation: |

**a** Have you had any recent surgery?
**b** What kind of things trigger your migraines?
**c** Are you taking any other medication?
**d** How do you cope with your children when you're working?
**e** Do you find anything relieves your arthritis?
**f** What's your accommodation like?
**g** Are you allergic to any medicines?
**h** Tell me what kind of treatment you had after your stroke.
**i** How do you feel about living on your own?

**2** How can you rephrase these closed questions to encourage the patient to answer more fully.

**a** Do you know why you're in hospital today?
**b** Do you have a good support network locally?
**c** Is your general health good?
**d** Was your first hip operation a success?
**e** Does exercise make the pain better or worse?

**REFLECTION**

Open and closed questions are both useful in interviews but it takes practice to know exactly when to use them.

- Try observing patient interviews on your ward and notice what your colleagues do.

  Do they use mainly open questions, closed questions or a mix of both?

  Do open or closed questioning techniques work best?
- Report back at your next session.

**Tip**

When interviewing patients, avoid medical terminology that your patient may be unfamiliar with.

Do you have any ~~respiratory~~ problems? = problems with your breathing.

# How to use questions effectively 3

## Task 4

What questions can you ask to complete these sections on an admissions form? Use a mix of open questioning techniques and closed questions.

| |
|---|
| What the patient knows about his/her condition. |
| History of present illness and reason for admission |
| Relevant past medical history and medication on admission |
| Allergies |

**Nursing tip**

If your patient is confused or very ill, asking more closed questions can help to keep the interview focused. Carers and family members can also provide useful information.

1 Check why the patient thinks he/she is in hospital.
*Can you tell why you've been admitted to hospital today?*

2 Find out:
- what led the patient to seek medical help
- how and when the symptoms started
- things that trigger/relieve/aggravate them
- how the condition affects his/her life
- other medical problems.

3 Find out about:
- previous hospitalisation/illnesses
- previous surgery. If so what and when
- medications taken.

4 Find out about:
- allergies, but not just to medications
- the type of allergic reaction and any triggers.

**Tip**

When preparing your questions, think carefully about verb tenses, e.g. use the present perfect to ask about previous experience.

*Have you had surgery before?*

# How to show you're listening

When you are interviewing patients, it is important to be aware of body language and the impression your body language may be sending out to patients.

## Task 5

1 Look at the photographs from two different interviews in the theme. Discuss the nurse's body language in each photograph and how it could affect the quality of the information the nurse gets from the patient.

2 Body language varies from culture to culture and may be interpreted in different ways. Look at these guidelines for successful patient interviews. Is it the same or different in your culture?

- Keep strong eye contact.
- Use reassuring gestures such as a nod of the head.
- Keep your body posture open and arms and hands relaxed.
- Lean forward slightly towards the patient.
- Try raising your eyebrows and a slight smile.
- Avoid crossing your arms as this can make you appear distant and unfriendly.
- Don't fiddle with your hands or papers or take notes while the patient is speaking.

## Task 6

18

1 Listen to an extract from a patient interview.

**a** What strategies does the nurse use to encourage her patient to say more about his medical condition and symptoms?

**b** What does she say?

**REFLECTION**

Think about your body language. How do you think it would be interpreted by patients from other cultures?

What could you do differently to avoid potential cultural misunderstandings?

**Tip**

You often get more information from patients if you show you're listening attentively by using short phrases (*I see. Go on*) or repeating a few of the patient's words.



ESOL Rt/L1.5a; Lr/L1.2b; Lr/L1.1b

# How to ask questions and listen well

**2** What do you think these patients are concerned about?

**3** Which words would you repeat to encourage the patient to continue talking and give you more information?

## Task 7

Work with a colleague. Your teacher will give you an admissions form and a role card. Take turns to interview each other to complete sections A to D on the admissions form.

**1 Preparation**

**Patient:** Read through the role card. Add any further information about the patient's likely symptoms and medical history from your own experience.

**Nurse:** Prepare some questions for the interview.

**2 Interview**

**Patient:** Use the information on the role card to answer the questions.

**Nurse:** Interview the patient.

- Use a mix of open and closed questions.
- Use short phrases like *Go on, I see, um-hum.*
- Repeat a few of the patient's words.

# Resources

## For Page 1:21, task 7 Nurse's role

<table>
<tr><td>ADULT ASSESSMENT RECORD<br>WARD NAMED NURSE<br>BLEEP NO</td><td rowspan="2">Attach patient sticker here<br><br>HOSPITAL NO</td></tr>
<tr><td>CONSULTANT<br>HOUSE OFFICER</td></tr>
<tr><td>SURNAME<br>FIRST NAME<br>PREFERS TO BE CALLED<br>ADDRESS<br>POSTCODE<br>TEL. NO</td><td>ADMISSION DATE TIME<br>DOB AGE<br>RELIGION SEX<br>MARITAL STATUS<br>OCCUPATION</td></tr>
<tr><td>NEXT OF KIN<br>NAME<br>RELATIONSHIP<br>ADDRESS<br>TEL. NO HOME<br>WORK<br>DAY/NIGHT</td><td>B History of present illness and medication on admission</td></tr>
<tr><td>2nd CONTACT NO.<br>NAME<br>ADDRESS<br>TEL NO<br>DAY/NIGHT</td><td>C Relevant past medical history and medication on admission<br><br>D Allergies</td></tr>
<tr><td>A What does the patient know about his/her condition?</td><td>Description of home situation and accommodation</td></tr>
</table>

# Resources

## For Page 1:21, task 7

### Role cards for the patient roles

**Patient A**

- Older, independent and determined but rather deaf.
- Routine admission.
- Unsure about his condition and what treatment he will have.
- Chronic pain in right hip which limits mobility, also some breathing difficulties.
- Knee replacement operation in October 2002.
- No allergies.
- Steroids for pain relief.
- Unmarried, lives alone in own home, no relatives nearby.
- One sister aged 80 who lives in Bournemouth, but seldom sees her.

**Patient B**

- Young, articulate and confident.
- Lives with partner.
- Routine admission.
- Fully aware of condition.
- Anaemic for last 6 months following pregnancy, previously health good.
- Taking iron tablets and a homeopathic remedy.
- Allergic to penicillin.
- Two children under five, the grandmother is looking after them.
- Receptionist at dentist. Just gone back to work after birth of second child. Only salary coming into household.
- Lives in small flat, hoping to move to somewhere bigger soon.
- Partner supportive. No job at moment. Picks up older child from nursery and does most of cooking.

**Feedback form for the role plays**

1 How easy were the interviewer's questions to understand? What kind of questions did the interviewer use?
   - **a** Mainly open questions.
   - **b** Mainly closed questions.
   - **c** A mix of open and closed questions.

2 Were the open questions used in the right place in the interview, e.g. at the start of a line of questioning?

3 Which of these strategies did the interviewer use to encourage the patient to say more?
   - Repeating a few of the patient's words.
   - Using short phrases like *Uh-, hum* or *I see, Go on, OK.*

4 Did the interviewer's body language behaviour show he/she was really listening? Make comments for these points.
   - eye contact
   - facial expression
   - posture
   - tone

Any other comments:

# PAGES 1:24–1:27
# *Writing notes for admissions forms*

## Professional setting

The topic of this theme is writing notes for admissions forms based on information gathered during the patient interview. The purpose of the page is to introduce skills for writing clear notes for sections of the form that contain information about the patient's medical condition, symptoms, medical history and home circumstances.

## Materials

Audio cassette player/CD player

Blank cassettes for recording on

OHP and transparencies (optional)

Blank cards/sticky notes e.g. for writing up new words

Dictionaries

Resources for the theme

Sample of admissions forms from the Source material for the module

Samples of admissions forms from the learner's workplace

Downloads from the NMC publications website, *Guidelines for records and record keeping*

## Learning outcomes/objectives

1 to recognise the features of notes in the context of admissions forms.

2 to know how to complete sections of the admissions form in appropriate style.

3 to recognise vocabulary for describing patients' medical conditions and symptoms in spoken and written registers.

4 to use appropriate medical terms in notes for describing a patient's medical condition and symptoms.

### Curriculum objectives

***ESOL***

Wt/L1.4a; Wt/L1.6a; Wt/L1.7a; Wt/L2.6a; WtL1/6.2a; Rw/L1.2a; Lr/L1.6d

# Focus PAGE 1:24

### Suggested teaching activities

- Set the context with a short discussion about record keeping in hospitals. Ask the learners for examples of different kinds of records that nurses have to complete and the kind of information that is recorded.
- Discuss the purpose of recording patient information for the patient, the nurse, other staff in the team, the hospital, and the legal implications in a UK context. Direct them to NMC publication *Guidelines for records and record keeping*.
- Discuss some of the benefits and drawbacks of comprehensive record keeping. Elicit comparisons of attitudes to record keeping in learners' countries.
- Before task 1 look through the admissions forms in the Source material for the module and review what information goes in each of the main sections of the form and why it is important in planning the patient's care.
- Encourage learners to bring in examples of completed forms from the workplace and use those as the basis for discussion.
- In groups learners discuss what they find difficult about completing the patient assessment forms used in their current/past workplaces.

### Task 1 19

- The audio clip provides the context for the note-taking task. Before playing the audio clip, explain that the patient has been admitted for a laparoscopic cholecystectomy related to gallstones, and ask the learners to predict the likely symptoms and progression of a medical condition like this.
- Play the audio through to check their predictions and general understanding of the conversation.

- For question 1, play the audio again. This time the learners make note of any facts they think should go in the notes and discuss with a partner. Be prepared to play the audio again if learners would find it useful. Pool ideas.
- The aim is to encourage learners to use the model notes to work out for themselves the key features of notes. The questions are designed to focus on key features. Learners work in pairs or groups and then discuss answers as a class.
- Go through the guidelines with the learners, discussing each point.
- Follow up with a brief discussion about the advantages and disadvantages of using note form for records. (Advantages: quicker and easier to read, can be written more quickly. Disadvantages: risk of ambiguity, if hand-written can be hard to read, with consequent risks to the patient.)

## PAGE 1:25

# How to record patient information 1

### Task 2

### Introduction and curriculum references

to recognise appropriate style and structure for notes for admissions forms

to choose the right kind of language for writing notes

to know the conventions for writing notes

to become familiar with phrases which are typically used in medical notes

***ESOL***

Wt/L1.4a

### Notes

- Ask learners for situations when notes are used in daily life and at work, and why writing in note form is a useful skill.
- The purpose of the task is to focus on features of effective notes; i.e. only include words necessary to convey the meaning, non-essential words such as articles (e.g. an, a, the), pronouns (e.g. he, she), auxiliary verbs (is, are, have) can often be left out.
- Demonstrate with some sentences on the board, highlighting the key phrases and words that convey the meaning and striking out remaining words that are unessential. Examples:

  Over the **past 6 months** she has **lost** her **appetite** and she **has lost 25 kg**

  = Past 6 months lost appetite. Lost 25 kg.

  ~~She doesn't have~~ **problems with hypertension** = No problems with hypertension.
- Go through the examples in question 1 with the learners. Ask learners to cover the notes. Elicit key phrases and words in the full sentences and then compare with the note version.

- For question 2 learners can work in pairs to rewrite the sentences as notes, and compare with other learners before checking answers.
- For question 3 learners rewrite the text in note style. Draw attention to the tip. Encourage learners to put their results on an OHT or photocopy them so they can compare versions.

***If the learner has difficulty***

- For question 1, put the sentences on an OHT or the board and work with the learners to highlight the key phrases for each extract. They can then compare with the notes, discussing any changes in wording and useful phrases they can use in their own notes, e.g.:

  *No history of* + noun …
  *Not allergic to* …
  *No allergies to* …
  *Admitted for* …
- Then give them some notes to improve. Examples:

  Mrs Adams said she felt weak yesterday. She passed out today while she was shopping. A passer-by called an ambulance. When the paramedics arrived she was alert, but said she felt nauseous and dizzy.

  For many years David has suffered from respiratory problems. Not helped by smoking. Says he intends to give up after op, but he's already failed three times. I don't think he's serious about it even now.

# PAGE 1:26
# How to record patient information 2

## Task 3 20

### Introduction and curriculum references

to listen for gist

to practise completing notes for sections of admissions forms

to select the right amount of text for notes on admissions forms

to choose the right vocabulary, sentence length and structure for the notes

to make notes based on the patient interview

to use proofreading to revise writing

***ESOL***

Lr/L1.6a; Wt/L1.6a; Wt/L1.7a; Wt/L1.4a; Wt/L1.2a

### Notes

- This series of tasks draws together several skills: the skill of taking notes while listening to a patient; using the notes as a basis for a written record; and working between informal and medical registers.
- Discuss why an admissions form contains information about the patient's home situation.
- Before playing the audio clip elicit words for different types of housing, *private and council housing / housing associations, council estates, privately owned and rented, terraced houses, detached houses, detached / semi-detached houses, blocks of flats, bungalows, care/residential homes, bed and breakfast accommodation* etc. Play the tape and elicit where this patient lives and what support systems she has in place.
- Also review features of note taking, e.g. just noting key phrases and words, using abbreviations etc.
- Play the audio again for question 1, pausing to give learners time to write notes. Learners can then share their results in pairs or with the class.

- For question 2, learners decide which points to include in the notes. Encourage them to underline key points and then individually draft the notes, using the information they underlined. Direct attention to the tip.
- Emphasise that in deciding what information to put in the notes, they will need to be selective, and that notes should include relevant information for planning the particular patient's nursing care and treatment.
- Hand out the checklist (from the Resources) for question 4 and discuss it with the group. Set up pairs and encourage them to evaluate each other's work, using the checklist and making suggestions for improvement. Learners then redraft their notes on the basis of the feedback they gave each other.

***If learner has difficulty***

Learners can work with the transcript and underline information for the notes.

***Extension***

- For practice in writing notes use the audio clip track 17.
- Set the scene – the interview with Rosemary Corbett, admitted for investigations for severe indigestion problems. Play the audio through, so learners can take notes about her current medical problem, medical history / medications and home circumstances.
- Learners work in pairs to decide what information to put in the notes and then draft notes to complete the relevant sections of the admissions form in the theme Resources.
- Give out copies of the blank admissions form in the theme Resources to use as the basis for a role play and note writing task.

**Step 1**

- Patient role: Using their own experience of nursing, learners make notes about the patient:
  - reason for admission
  - current medical condition, symptoms, medications taken, concerns
  - progression of the condition, impact on their life
  - past medical history
  - home circumstances.

**Step 2**

- Learners work in pairs and act out the interview. The learner taking the part of the nurse interviews the patient about:
  - current medical condition
  - understanding of condition and reason for admission
  - medical history / medications
  - home / social circumstances.

**Step 3**

- Swap roles and act out a second interview.

**Step 4**

- Give out the blank admissions form from the theme Resources. Learners then draft notes to complete the relevant sections.

**Step 5**

- Learners evaluate each other's notes.
- If possible learners bring in examples of completed forms from their workplace. Discuss differences in style and assess their effectiveness and make improvements.

# PAGE 1:27
# How to choose the right words

## Task 4

### Introduction and curriculum references

to be aware of differences in spoken register and written register when describing symptoms and medical conditions

to know everyday vocabulary for describing common symptoms and the equivalent medical terms

***ESOL***

Rw/L1.2a

### Notes

- Learners will need dictionaries or glossaries for the task.
- Explain the task and the importance of being able to understand everyday colloquial language that patients use for describing symptoms. Discuss the embarrassment in talking about body parts in British culture, especially in the areas of urination and bowel movements and sexuality, and the importance of getting to know words that patients will use, and how these can vary according to age, sex and background.
- Draw out comparisons with learners' experiences in their own countries. Point out the need for sensitivity in questioning about aspects of their health patients may feel uncomfortable about. Emphasise the importance of privacy when asking people about aspects of health they may find embarrassing.
- Suggest keeping a section of their vocabulary notebooks to record examples of colloquial expressions they hear on the ward.
- Learners can try the matching task individually or in pairs. Encourage them to check any words they don't know in a dictionary/medical glossary.
- Elicit other examples of colloquial expressions learners already know and share in the group. Direct them to the tip. Point out the importance of understanding colloquial expressions patients may use, but emphasise that it is not necessary for learners to use them if they find them too colloquial.
- Learners work in pairs for question 2 and discuss the patients' descriptions of their symptoms and how they would write this information in a more formal note style, using medical terms. Learners can share results with other pairs or put their suggestions on an OHT for peer group evaluation.
- Give out blank cards. Learners work in groups and prepare 4–6 cards with a patient's medical symptoms, using more formal medical terms; e.g. 'the patient has severe abdominal pain,' or 'on admission he was hypertensive.'
- Groups exchange cards and rephrase in informal everyday words.

***If learners have difficulty***

- For question 1, put the colloquial expressions and medical words on cards so that learners can move them round to find the matches.
- For question 2 discuss the meaning of each extract with the whole group.

***Extension***

- Encourage learners to ask colleagues at work or British friends for examples of colloquial vocabulary for describing symptoms and medical conditions and share at the next session.
- Discuss ways of organising new words and expressions, e.g.
  - by category, e.g. phrases for the toilet, sexuality, pain, state of mind, appetite, general heath etc. Emphasise that this is an ongoing process and they need to add new words to the categories as they hear them;
  - by recording the more formal medical words and everyday equivalent expressions together, e.g. *vomit – throw up*.

# Focus

Recording relevant information on the admissions form is an important first step in planning a patient's care. So you need to record the information in a way that is useful for the team caring for the patient.

## Task 1

19

1 Listen to an extract from an admissions interview for a patient with gallstones. What information needs to be recorded in these sections on the form?

- history of current illness and medication
- medical history

2 Look through the nurse's notes and answer the questions.

Do the notes:

**a** include only information relevant to treatment?
**b** give the information in a clear and precise way?
**c** use full sentences?
**d** use medical terminology and more formal language?
**e** include the nurse's opinions about the illness?

**History of current illness and medication**

First aware of discomfort 2 months ago. Past 3 weeks pain more intense, accompanied by nausea and vomiting. 2 weeks ago referred by GP for ultrasound scan. Results confirmed gallstones.
Paracetamol for pain relief

- Include only information relevant to the patient's treatment and stay in hospital.
- Avoid giving opinions and using unnecessary emotive language.
- Check how much space is available to help you work out how much to write.

**1 History of current illness**
History of indigestion for past 18 months, with intermittent diarrhoea. Aware of causes of indigestion and knows how to relieve it.

**2 Medical history**

- Your notes will be read by other health professionals, so use a more formal style and medical terminology.
- Use note form and write clearly as this will be a record for other staff to use.

# How to record patient information 1

## Task 2

**1** Look at these notes for admissions forms. The first set are full sentences and the other set are in note form. Discuss in what ways the sets are different. Think about:

- the type of words that can be left out;
- how negative sentences change.

**Tip**

When recording information on forms, it isn't necessary to use full sentences, as long as your notes are clear and precise enough for other people to understand them.

**full sentences**

| |
|---|
| He was admitted to hospital 2 days ago. He had a terrible pain in his chest. |
| She said she had felt weak yesterday and then she actually passed out while she was shopping. |
| As far as Mrs Browne is aware, she hasn't ever had any problems with her digestion. |
| She isn't allergic to any foods as far as she knows. |

**note form**

| |
|---|
| Admitted to hospital 2 days ago with severe pain in chest. |
| Felt weak yesterday and passed out while shopping. |
| No history of digestion problems. |
| Not allergic to any foods. |

**2** Rewrite these sentences in note form.

**a** Sanjit has felt unwell for the past three months and he has had persistent chest infections.

**b** His GP prescribed three separate courses of antibiotics, but I think they were the wrong ones.

**c** He says he is still suffering from fatigue and he also has pain in his joints everywhere.

# How to record patient information 2

3 Read these notes. Discuss how you would make them more concise and the style more appropriate for an admissions form. Rewrite them on the admissions sheet your teacher gives you.

**MEDICAL HISTORY**

Rachel is in very good health. She hasn't had any really serious illnesses, but she did have a lot of usual minor childhood ailments, like measles, chicken pox and mumps etc.

She was in hospital for the birth of her son 8 years ago. The baby was born healthy. In 2002, she was admitted to hospital and had her appendix out.

There were no complications.

**Allergies**

As far as she is aware, she has never had any allergies to foods and medications whatsoever.

## Task 3

20

1 Listen to a nurse gathering information about a patient's home situation. As you listen, make notes under the following headings:
- accommodation
- problems
- support.

2 Go through your notes and highlight key information that needs to be recorded on the admissions form your teacher gives you. Then draft notes for the form.

3 Check your writing to make sure the information is accurate, in the right style and there are no spelling mistakes.

4 Work with a colleague. Use the checklist your teacher gives you to assess each other's notes.

**Tip**

To help you select what information needs to go in your notes, highlight the key words.

*She said she has lost her appetite and she feels sick after she eats.*

# How to choose the right words

When writing up notes from a patient interview, it is important to use the medical terms for everyday expressions patients may use to describe their medical condition and symptoms.

## Task 4

**1** Choose the right medical term from the box for these everyday ways of describing symptoms.

lose your appetite
urinary frequency
severe pain
nauseous depressed
diarrhoea
constipation vomit

| everyday language | more formal/medical term |
|---|---|
| throw up / be sick | |
| feel sick | |
| need to pee all the time | |
| be off your food | |
| be in agony | |
| have the runs | |
| be / feel blocked up | |
| feel down | |

**Tip**

Ask colleagues about colloquial expressions patients use to talk about their body parts and functions.

**2** Discuss what symptoms these patients are describing. Then write notes describing their symptoms, using medical terms and more formal language.

**a** *I have to get up in the night two or three times and then when I pee I get this sort of burning feeling. It really hurts.*

**b** *She can't keep anything down. She was throwing up most of the night and now says her tummy's really sore.*

**c** *I've been feeling not quite right all weekend – really dizzy and faint and like I'm going to be sick all the time.*

**d** *I've gone right off my food. And when I do eat, I get this really bad pain in my gut. And I'm all blocked up. Haven't been to the loo for days.*

**Tip**

If patients use expressions you don't know, ask what they mean.

*I haven't heard that before. What does it mean?*

# Resources

## For Page 1:26, task 3

<table>
<tr><td colspan="2">ADULT ASSESSMENT RECORD<br>WARD NAMED NURSE</td><td rowspan="2">Attach patient sticker here</td></tr>
<tr><td colspan="2">CONSULTANT<br>HOUSE OFFICER</td></tr>
<tr><td colspan="2">SURNAME<br>FIRST NAME<br>PREFERS TO BE CALLED<br>ADDRESS<br>POSTCODE<br>TEL. NO</td><td>ADMISSION DATE TIME<br>DOB AGE<br>RELIGION SEX<br>MARITAL STATUS<br>OCCUPATION</td></tr>
<tr><td colspan="2" rowspan="2">NEXT OF KIN<br>NAME<br>RELATIONSHIP<br>ADDRESS<br>TEL. NO HOME<br>WORK<br>DAY/NIGHT</td><td>History of present illness and medication on admission</td></tr>
<tr><td>Relevant past medical history and medication on admission</td></tr>
<tr><td colspan="2" rowspan="2">2nd CONTACT NO.<br>NAME<br>ADDRESS<br>TEL NO<br>NO<br>DAY/NIGHT</td><td>Allergies</td></tr>
<tr><td rowspan="2">Description of home situation and accommodation</td></tr>
<tr><td colspan="2">What does the patient know about his/her condition?</td></tr>
</table>

# Resources

## Checklist for Page 1:26, task 3

**Writing notes for an admissions form**

| | Yes | No | Suggested improvement/ comment |
|---|---|---|---|
| Have you included the most relevant facts from the interview? | ☐ | ☐ | |
| Will the notes you're planning fit the space? | ☐ | ☐ | |
| Are the facts an accurate reflection of what the patient said? | ☐ | ☐ | |
| Is the information in appropriate note form? | ☐ | ☐ | |
| Are the notes easy and quick to read? | ☐ | ☐ | |
| Are the spellings correct? | ☐ | ☐ | |
| Is the choice of vocabulary appropriate for other medical staff to read? | ☐ | ☐ | |

# Resources

## Extension for Page 1:26, task 3

| | |
|---|---|
| Hosp. no. **54321**<br>Name: .....<br>Address: .....<br>Tel no: .....<br>D.O.B. ..... | Consultant: .....<br>House officer: .....<br>Type of admission: .....<br>Date of admission: .....<br>Date of transfer: ..... |
| Prefers to be called: .....<br>Marital status: .....<br>Occupation: .....<br>Religion: ..... | GP: .....<br>Practice: .....<br>Ward: ..... |
| Next of kin: .....<br>Relationship: .....<br>Address: .....<br>Tel nos:<br>Home: .....<br>Work: .....<br>Aware of admission Contact day/night | History of present illness and reason for admission: |
| Other persons important to the patient:<br>Name: .....<br>Address: .....<br>Tel nos:<br>Home: .....<br>Work: .....<br>Contact day/ night | Relevant past medical history and medications at time of admission:<br><br>Description of home situation and accommodation:<br><br>Allergies: |
| Signature of nurse taking history: .....<br>Signature of RGN: ..... | Tests and investigations: |

## PAGES 1:31–1:36

# *Assessing patient needs*

## Professional setting

The topic of this theme is gathering and recording information for patient assessment forms. The type and format of patient assessment documents varies from hospital to hospital and even department, but the essential aim is to provide a systematic framework for getting comprehensive information about the patient's physical, psychological and social needs and identify problems or potential problems that will require specific nursing care. The theme draws examples of the patient assessment forms, based on the 'Activities of Daily Living' (ADL) nursing framework.

The focus is to consolidate skills for interviewing patients and builds on skills from the themes *Gathering personal details* and *Gathering medical information* and skills for writing clear and relevant notes for patient assessment forms. It also looks at questions of style as the patient assessment is a document which the patient may read and needs to be written in a style that will be accessible to the patient.

## Materials

Audio cassette player/CD player

Blank cassettes for recording on

OHP and transparencies (optional)

Blank cards/sticky notes e.g. for writing up new words

Dictionaries and medical glossaries

Resources for the theme

Sample of assessment forms from the Source material for the module

Samples of assessment forms from learners' workplace

## Learning outcomes/objectives

1 Know how to use appropriate questioning to gather detailed information for the form.

2 Know how to read and understand a patient assessment form.

3 Develop skills for skimming, scanning and detailed reading of patient assessment forms.

4 Know how to complete sections of a patient assessment form.

5 Expand on vocabulary for completing different types of assessment documents.

6 Recognise common prefixes for negatives, e.g. orientated, disorientated and how a part of speech changes to form another new part of speech, e.g. disoriented, disorientation.

### Curriculum objectives

***ESOL***

Lr/L1.6a; Lr/L1.2d; Lr/L1.4a; Lr/L1.3a; Sc/L1.2b; Sc/L1.3b; Rt/L1.5a; Rt/L2.7a; Wt/L2.7a; Wt/L2.8a; Rw/L2.3a; Wt/L2.1a; Rw/L2.1a

# Focus

PAGE 1:31

### Suggested teaching activities

- Look through the patient assessment forms in the Source material and discuss the type of information that would be recorded in the different columns on the form (left) – the patient's daily habits prior to the onset of the current medical condition and (right) changes resulting from the present and consequent needs for care.
- Elicit how information would typically be gathered to complete the form, e.g.

  observations (e.g. skin condition, emotional/mental state)

  interview with the patient (e.g. sleep habits, diet)

  examination (e.g. respiratory function, cardiovascular function).
- Discuss in a group how this type of information would be gathered for a very sick patient, a very young patient or an elderly and confused patient. Take feedback.

### Task 1

- Put the words for the task on cards. Learners choose a card and explain what kind of information they would want to gather to complete that section of the form, how they would obtain the information, and how it could help in planning the care of the patient.
- Before going though the points in the summary, ask for some general comments on the likely reader and style of the extract from an ADL form, e.g. medical/everyday words; full sentences/note form; dense text/easy to read format?
- Go through points in the summary with the learners, discussing each point.
- Follow up with a brief discussion about how the type of information in the notes might be used in the planning of nursing care for this patient.

## PAGE 1:32
# How to gather information

### Task 2 21

**Introduction and curriculum references**

to practise listening for gist in a patient interview

to listen for different types of questions

to listen for strategies for checking understanding

***ESOL***

Lr/L1.6a; Lr/L1.2d; Lr/L1.4a

### Notes

- The context for the task is the interview with Rosemary Corbett (see also pages 1:9 and 1:17). Remind learners about the patient: Rosemary Corbett, in her 50s; admitted for exploratory tests relating to ongoing digestion problems.
- Before you play the audio clip, ask learners to predict key words that they would expect to hear for each category in the list, e.g. Elimination – bowel, urine, bowel movements, regular etc.
- Play the audio for question 1, encouraging learners to listen for the key words and ideas, rather than concentrating on every small detail. Take feedback.
- Elicit other situations from daily life and work when you just need to listen for the main idea rather than every small detail.
- The listening task for question 2 gives training in listening to the exact words the speaker uses. Before you play the audio, encourage the learners to predict and make a note of the missing words in the questions. Play the audio, pausing as necessary.
- Also focus on the phrases the nurse uses to introduce the questions *'And I see you're wearing glasses'* and *'What about?'* Emphasise the importance of making links between questions rather than just firing them at the patient one after the other. Ask for other examples following this model:

  Introduce a topic for a new question. → Ask the question

Refer back to something that was said before. → Ask your question.

- Question 3 focuses on how the nurse checks back from time to time by summarising what she thinks she has understood. This is a useful strategy for learners and involves them being proactive in anticipating areas of potential misunderstanding and avoiding misunderstandings by summarising their understanding.
- Play the audio clip and learners complete the extracts. Point out:
  – the use of '*so*' to introduce the summary of her understanding.
  – how the nurse's voice goes up at the end of the summary so it sounds like a question.

  **So** you don't have asthma or hay fever?
- Learners practise the checking questions from task 2.3 in pairs, making sure they use rising intonation at the end of the checking statements.

***If the learners have difficulty***

For question 1 put the complete sentences on an OHT and get the learners to listen for the questions.

***Extension***

Learners work with one of the patient assessment forms in the Source material and discuss questions for two to three of the categories and then practise them, leading into each question with short phrases, e.g.

*What about … ?*
*You said / we talked about …*
*I notice that … / I see that …*

## Task 3 22

### Introduction and curriculum references

to practise asking questions to get detailed information

to use strategies for checking understanding

to provide feedback by checking and confirming when listening

***ESOL***

Sc/L1.2b; Sc/L1.3b; Lr/L1.3a; Lr/L1.4a

### Notes

- For question 1 learners work in groups/pairs to formulate questions for the two remaining sections for task 2 – elimination and sleeping. Encourage different groups to share questions. Encourage learners to record one or two examples for each category that they would feel comfortable using in an interview.
- For question 2 play a second extract of audio to compare the actual questions used by the nurse with the questions the learners suggested.
- Set up question 3 as pair work. The aim is for learners to interview each other about their activities of living. The role of the nurse is to use the questions from 2 to ask their partner about his/her elimination and sleep activities and summarise his/her understanding from time to time.
- Extend this task to questions about other activities in the list for task 2.1 – respiration, eating and drinking and communication.

***If learners have difficulty***

Work with them to build up the interview for question 3. First elicit questions to ask, useful lead-in phrases, phrases for checking and summarising. Build up the interview line by line. Learners then practise the conversation.

***Extension***

For question 2 photocopy examples of a patient assessment form from the Source material or forms used by learners in their workplace and give out as the basis for a nurse/patient interview simulation. Set up the activity for groups of 3.

**Step 1**

- Patient role: Learners complete one or two sections of the photocopied form, with patient information, using their own nursing experience to supply the context.

**Step 2**

- The learners then take turns to act out the interview. One learner takes notes and gives feedback on how the nurse handles the interview and gives feedback on these points:
  – appropriateness of the questions
  – accuracy of the question forms
  – lead-in phrases
  – phrases for checking understanding
  – use of rising intonation when checking.

## PAGE 1:33

# How to understand patient assessment forms

### Task 4

**Introduction and curriculum references**

to practise skimming a patient assessment form for gist

to practise scanning for specific information

***ESOL***

Rt/L2.7a; Rt/L1.5a

### Notes

- Question 1 is a skimming task – learners read to get a general idea of the content. Elicit from learners situations where skimming is a useful skill, e.g. to decide whether it's worth reading an article in the newspaper etc.
- Before they start the task ask for suggestions about key words to look for to help them find where the headings go. Encourage the learners to let their eyes skim over the text looking for key words. Take feedback.
- Question 2 is a scanning task. Learners look quickly to find specific detail. Elicit situations in real life where scanning is a useful skill e.g. reading timetables. Set the task and remind them they are just searching for the names as quickly as they can. Take feedback.

***If learners have difficulty***

Before learners try question 2, elicit names of different people who make up the care team in hospitals and different names of assessment. They then scan looking for the specific names.

***Extension***

If possible encourage learners to bring in examples of completed forms from their work situation. Learners can set each other skimming and scanning reading tasks using the completed forms.

### Task 5

**Introduction and curriculum references**

to practise reading for detail

to practise working out the meaning of words on a patient assessment form

***ESOL***

Rt/L2.7a; Rt/L1.5a; Rw/L2.3a

### Notes

- These two questions involve reading carefully to understand detailed information.
- Elicit from learners situations where they need to read for detailed information – e.g. to understand instructions for carrying out a medical procedure.
- Set question 1 and first ask the learners to read the items in the list carefully and predict which section they think they are from. Then encourage them to read that section very carefully so that they can slot the item into the right place.
- For question 2 learners look for words and expressions on the form that match the definitions. Take feedback.

***If learners have difficulty***

Give them a line number to help them find the words in question 2.

***Extension***

Encourage the learners to work with other completed patient assessment forms to identify key vocabulary for talking about the different sections of the form. They can check meaning in a dictionary or nursing glossary. Direct them to the tip.

## PAGE 1:34

# How to complete patient assessment forms

### Task 6

### Introduction and curriculum references

to practise completing a patient admissions form

to practise proofreading to make sure the meaning is clear and the style appropriate

***ESOL***

Wt/L2.7a; Wt/L2.8a

### Notes

This is an extended practice task. Learners will need photocopies of the blank patient assessment forms in the Source material and photocopies of the case study information in the Resources.

**Step 1**

- Learners choose one of the forms and then read through the case, identifying and highlighting information to use in the notes for the different sections of the form. Encourage them to provide extra information from their own experience.

**Step 2**

- They then draft notes for the different sections.

**Step 3**

- Learners work in pairs to proofread each other's notes, using the feedback checklist.

**Step 4**

- Learners produce a final copy.

**Step 5**

- Take feedback. Encourage the learners to reflect on the task:
  - what they found easy.
  - what they found more challenging.
  - where they feel they still need more work.

## PAGE 1:35

# How to build vocabulary

### Task 7

### Introduction and curriculum references

to understand specialist vocabulary used on different types of assessment forms

to recognise how parts of speech change, for example by adding the ending *-ion*, *-ence*, *-ness*, and *-ity* to form nouns

to recognise and use prefixes with adjectives *un*, *im*, *in* and *dis* to make negatives

***ESOL***

Rw/L2.1a; Rw/L2.3a

### Notes

- First encourage learners to look through the list and highlight any words they don't know or aren't sure how to use. Encourage the learners to share knowledge of the meaning of unknown words. They can then use a dictionary and/or glossary to check the meaning of words they still don't know.
- After categorising the words in pairs or groups, encourage learners to add other words they know to the different categories.
- The next two questions can be done as independent study. As preparation for question 2, put up a root word on the board or OHT, e.g. relax or happy. Ask learners how many words they know by just adding a prefix (one or two letters at the start of the word), or endings (suffixes), e.g. relax = unrelaxed, relaxed, relaxation, relaxing or unhappy, happiness etc.
- Point out that when you know one word there are often several other related words you automatically know and that it's a good way to increase vocabulary.
- Learners try the task. Take feedback.
- They can then do the same with question 3, but this time adding the noun ending.
- In question 4 the learners put the words into a context by completing the short cases. Before looking at the list of words, encourage learners to try and anticipate the missing words by

reading carefully and working out the likely meaning. They can then look in the list for a suitable word.

- Draw attention to the vocabulary tip.
- Set up a discussion to share ideas about the best way to learn new words. This can be done in small groups with each group reporting back their top three or four tips.
- Look at the diagram in the tip and work with the learners to build up another for a different activity of daily living.

***If learners have difficulty***

- If learners have difficulty with question 1, cut up the adjectives in the Resources and put on cards. Give them out in small groups of ten to categorise.

***Extension***

- As an extension, check learners' pronunciation of words in task 7 with more than one syllable.
- Say each word slowly so learners can hear and mark the number of syllables (parts of the word) they hear.
- Say the word again so learners can hear and mark the syllable that is stressed (said more strongly). This will help them pronounce the word correctly. Examples:

  mo – bil – i – ty (4 syllables)
  mo – <u>bil</u> – i – ty (stressed syllable)

  rest – less (2 syllables)
  <u>rest</u> – less (stressed syllable)
- Remind learners that a good dictionary will show the number of syllables the word has and also indicate the syllable that carries the main stress.

# Focus

The type and format of patient assessment documents vary from hospital to hospital. Their essential aim is to produce a comprehensive picture of a person's physical, psychological and social needs and highlight any problems or potential problems that may require nursing care.

## Task 1

Assessment forms often contain sections on these points. Discuss why each point would be important in planning care.

- Mobility
- Psychological well-being
- Nutrition
- Elimination
- Personal hygiene and care
- Communication
- Social well-being
- Sleep
- Breathing and circulation
- Pain and comfort

When you need to gather a lot of precise detail, use information-seeking questions, which begin with question words like – *what*, *how much*, *when*.

**Patient assessment**

| Usual behaviour | Changes related to present condition |
|---|---|
| **Personal hygiene and dressing:**<br>Fully independent.<br>Clara is well groomed and takes keen interest in her personal appearance. Says she always 'likes to look her best.'<br>Prefers to bath (every other day) and goes to hairdresser's once a week. | Due to right-sided weakness needs help from a nurse with all personal hygiene.<br>Appears upset and tearful because unable to do 'simple things' for herself. |

- Make sure you complete all sections of the form.
- Use note style, leaving out words that are not essential to the meaning of the notes.
- Keep to the facts and avoid judgemental statements.

- Record subjective data by directly quoting what the patient said.
- Assessment forms may be read by patients, so avoid medical abbreviations and terms the patient may not understand.

# How to gather information

Some information for a patient assessment form needs to be gathered direct from the patient. This can be done as part of the admissions interview or soon after the patient has been admitted.

## Task 2

21 **1** Listen to the first part of a patient assessment interview. Tick the activities of living the nurse asks about.

| | |
|---|---|
| elimination ☐ | breathing ☐ |
| communication ☐ | |
| sleeping ☐ | nutrition ☐ |

**2** Listen again and complete her questions.

**a** And _____ any problems hearing?

**b** I see you're wearing glasses. _____ them all the time or just for reading?

**c** What about breathing? _____ any difficulties at all?

**d** _____ a balanced diet?

**e** And _____ your appetite _____?

**f** And _____ alcohol?

**3** During the interview the nurse checks she has really understood by quickly summarising what the patient is telling her. What does she say?

**a** Nurse: _____ asthma or hay fever?

Patient: No, I don't have any of those sorts of problems.

**b** Nurse: _____ just an occasional glass of wine?

Patient: That's right.

## Task 3

22 **1** Work with a colleague and plan some questions to ask about the other activities of living in the list for Task 2.

**2** Listen to another extract from the interview and check.

**3** Try out your questions on a colleague, summarising from time to time to check your understanding.

**Tip**

Use short phrases to lead into your questions.

*I see you're wearing glasses …*
*You said/mentioned …*
*We talked about …*

# How to understand patient assessment forms

To understand a patient assessment form you need to know how the information is organised, what information goes in the different sections, and the meaning of any special terms.

## Task 4

1 Your teacher will give you a completed patient assessment form. Read through the form and answer the questions.
   - **a** These headings are missing from the form – Elimination; Breathing and circulation; Emotional well-being; Nutrition. Match each of them with a letter A–D on the form.
   - **b** Why do you think this patient has been admitted to hospital?

2 Look quickly through the form and find the name of:
   - **a** another specialist involved in this patient's care
   - **b** another assessment that needs to be done
   - **c** two prescription drugs the patient normally takes.

**Tip**

If you don't know the meaning of words on a form, look them up in a dictionary or a medical/nursing glossary.

## Task 5

1 The information below is from the form. Read each item carefully. Think about which section it goes in. Then read the section carefully to decide exactly where it goes.

2 Find words on the form with these meanings.
   - **a** Two verbs you use to make it clear that what you are saying is not a fact, but just an impression you have.
   - **b** An adjective that tells you the patient's sleep was interrupted a lot.
   - **c** A phrase that tells you the patient isn't allowed to drink or eat anything.
   - **d** An adjective that tells you a patient has lost control of bowels and/or urine.
   - **e** A phrase which you can use to give a reason.

- **a** Gave up 10 years ago.
- **b** Prefers small portions regularly.
- **c** Not sure who is looking after it.
- **d** Last opened 12/09/04.
- **e** Attends an over 50s exercise class twice a week.
- **f** Alternative to Coproxomal needs to be found as patient is nil by mouth.



ESOL Rt/L1.5a; Rt/L2.7a; Rw/L2.3a

# How to complete patient assessment forms

## Task 6

Read a case study your teacher will give you. Use the information about the patient to complete a patient assessment form.

1 Work with a colleague. Decide what information to include in the sections of the form.

2 Draft your notes for the different sections in note form. Make sure you check the form to see how much space is available.

3 Work together to check each other's notes using this checklist.

**Checklist**

1 Have you completed all the sections?

2 Is the information you have included relevant and non-judgemental?

3 If you have included subjective data, have you written it in the patient's own words, as quotes?

4 Are the notes clear or have you left out too many words?

5 Have you written too much for the space available?

6 Have you chosen vocabulary that a patient would find easy to understand?

7 Is the spelling correct?

8 Is your handwriting clear and easy to read?

4 Amend your notes and transfer them to a final copy of the form.

# How to build vocabulary 1

To complete different types of patient assessment forms, you need to be able to recognise and use a range of adjectives and nouns to describe the patient's condition.

## Task 7

1 Look through this list of adjectives. Discuss in which section of the form below you would find them. Some adjectives can go in more than one place.

articulate pale drowsy supported upset intact
painful hard tender laboured worried severe
flushed orientated lethargic responsive confused
clammy persistent regular slurred flaking
restless distressed hot continent intermittent
reddened mobile wheezing restricted steady
constipated sweaty low

**A Communication (speech)**
coherent hesitant

**B Breathing and circulation**
breathless high

**C Pain and comfort**
acute comfortable
chronic

**D Mental and emotional (state and mood)**
alert agitated
conscious anxious

**E Skin condition**
broken cold dry

**F Mobility**
dependent active
co-ordinated

**G Elimination (bowel and urine)**
continent loose (stools)

**H Sleep**
disturbed

# How to build vocabulary 2

**2** You can add the prefixes *un-*, *in-*, *im-* and *dis-* to make the negative of adjectives. Complete the list.

**a** co-ordinated unco-ordinated
**b** steady _____
**c** coherent _____
**d** continent _____
**e** mobile _____
**f** orientated _____

**3** Many nouns in English have the ending *-ion*, *-ence*, *-ness* and *-ity*. Complete the list.

| | adjective | noun | | adjective | noun |
|---|---|---|---|---|---|
| **a** | restricted | restriction | **d** | continent | _____ |
| **b** | confused | _____ | **e** | responsive | _____ |
| **c** | coherent | _____ | **f** | immobile | _____ |

**4** Complete the extracts below using some of these words.

active alert coherent distressed disturbed drowsy
incontinent laboured pale poor restricted slurred
unco-ordinated unresponsive unsteady unsupported worried

**A**

Mr Allen's speech is ____ and he is unable to sit up ____ . His arm movements are ____ . He is agitated and ____ about staying in hospital and keeps insisting that he is well enough to go home.

**B**

Mr Tong's breathing is difficult and ____ . He looks very ____ and unwell. He is ____ and aware of his surroundings, but says he feels anxious and ____ because he has no-one to run his business while he is in hospital.

**C**

Following her last stroke she was occasionally ____ of urine. Her mobility is ____ and she is only able to ambulate slowly with an ____ gait. Because she is worried about incontinence at night, she has ____ sleep patterns and is ____ during the day and sleeps a lot. Her appetite is ____ and she had lost 4kg.

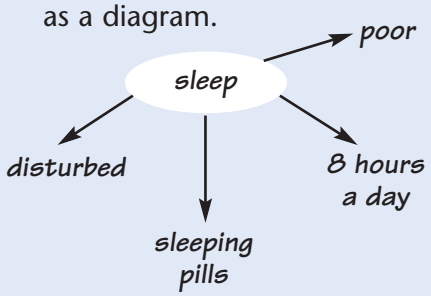
**Tip**

Try these ways of recording new words.

**1** Record words in word families, e.g.

| adjectives | nouns |
|---|---|
| *mobile* | *mobility* |
| *immobile* | *immobility* |

**2** Learn words by topic. Try recording them as a diagram.



# Resources

## For Page 1:33, task 4

### Patient Assessment

Name: Clara Smith
Hospital number **345262**
Date of Birth: 1926
Assessing Nurse: Juana Bazo
Date: 14/9/04

| Usual behaviour | Changes related to present condition |
|---|---|
| Communication Clara is articulate and sociable.<br>Sight: Wears glasses for reading, but has left them at home.<br>Hearing: Good. | • Clara seems to understand what is being said to her, but has difficulty 'finding the right words'.<br>• Appears to find this very frustrating and is using non-verbal communication on occasions. |
| Personal hygiene and dressing<br>Fully independent.<br>Clara is well groomed and takes keen interest in her personal appearance. Says she always 'likes to look her best.'<br>Prefers to bath (every other day) and goes to hairdresser's every week. | Due to right-sided weakness needs help from a nurse with all personal hygiene.<br>Appears upset and tearful because unable to do 'simple things' for herself. |
| A.....<br>No problems with breathing.<br>History of high blood pressure.<br>Takes Indapamide tablets.<br>Ex-smoker. | Respiratory rate 16/min<br>BP 180/90<br>Pulse 80/min<br>Sats 98% on air |
| Pain and comfort<br>Clara suffers from chronic pain in right shoulder.<br>Prescribed Coproxamol with good results.<br>Suffers from intermittent headaches and takes paracetamol when required. | Complains that right shoulder very painful. |

| | |
|---|---|
| Social well being<br>Clara has lived alone since the death of her husband 8 years ago.<br>Worked in library, but is now retired.<br>She has a close relationship with her only daughter who lives in Manchester and they talk on the phone every other day.<br>She is very fond of her cat called Thomas. | See discharge sheets for assessment of needs on discharge from hospital. |
| B.....<br>Very alert and leads a full and active life. | • Clara appears very upset about becoming incontinent and she finds it 'an awful thought'.<br>• She is anxious about her cat and its welfare. |
| Sleep<br>Sleeps well 6/7 hours a night.<br>Never takes night sedation. | Sleep disturbed. Says she woke several times because of noise of other patients on ward and noise from the nurses' room. |
| C.....<br>Urinary function: No problems.<br>Bowel function:<br>Bowels normally open every 2 days.<br>Stopped drinking after evening meal because she had to get up several times to urinate during the night. | Catheterised in the emergency department.<br>Bowels not opened during her time in the emergency department or on the ward.<br>Pad in place for any bowel movements. |
| Mobility<br>Fully independent.<br>Likes to keep active and walks to local shops/ post office every day. | Neurological observations show right-sided weakness due to stroke.<br>Needs two nurses to help with movements.<br>Skin intact with no sign of redness.<br>Waterlow assessment to be done. |
| D.....<br>Clara is fully independent and no help required.<br>Appetite good with no restrictions for diet.<br>Weighs 52 kg and has stayed the same weight since her 20s.<br>Doesn't drink, except for occasional glass of sherry.<br>Doesn't wear dentures. | Due to stroke Clara has difficulty swallowing and is to remain nil by mouth until a full assessment can be carried out by speech therapist.<br>Unable to be weighed due to right-sided weakness. |

# Resources

## For Page 1:34, task 6

Mr Davies, widower, retired, ex-bricklayer.

Aged 67.

Lives with brother, long-distance truck driver.

Lives in terraced house.

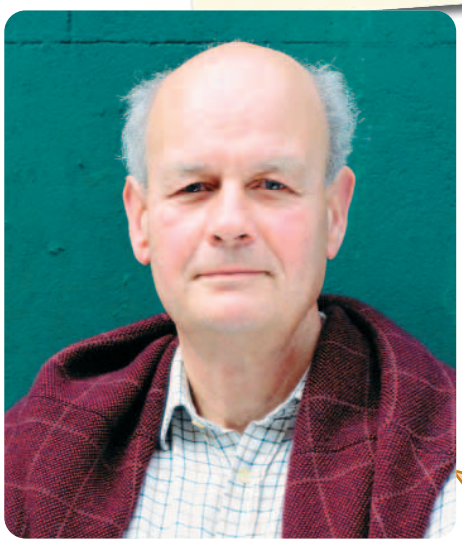
Admitted with severe urinary infection.

Catheterised on wd due to urinary retention. Prescribed trimethoprim 200mg bd, but not responding.

No previous hospitalisation.

History of arthritis, badly affecting knees. Takes paracetamol.

- Alert but agitated about dog. Brother away so no-one to look after it.
- Fit for age and very coherent.
- No breathing problems.
- Skin – no broken areas, no redness, very dry skin on legs. Says very itchy.
- Very embarrassed about incontinence says – 'It makes me feel so old and like giving up.'
- No dentures, wears glasses for reading, but broken and kept together by wire.
- Very stiff in knees with arthritis and complains of considerable pain and loss of mobility.
- Bowels last opened yesterday am. Daily bowel movement. Says – 'I've always been as regular as clockwork.'
- Drinks beer (1–2 pints a day) but doesn't smoke.
- Has only eaten small sandwich since admission. (13/9/04)
- Pulse 108 BP 150/100 Temp 39°C



*Most evenings I go down the pub – play darts, meet my mates and have a couple of pints of beer.*

*I like my food but I'm lucky I never put on weight*

*I've always had an allotment and grown my own vegetables. The pain in my knees got so bad I had to give it up last summer.*

*It's me that does all the cooking, you know. Just plain simple things – meat and two veg.*

*I've got all my own teeth, but then I've never liked sweet things.*

*I know I should get my knee done, but I'm worried it'll all go wrong.*

*Nothing used to wake me up, but now with my water works problems, I'm up two or three times a night. I feel tired all the time.*

# Resources

## Differentiation for Page 1:35, task 7

| | | | | | |
|---|---|---|---|---|---|
| coherent | upset | acute | tender | clammy | intermittent |
| hesitant | alert | responsive | laboured | persistent | reddened |
| breathless | agitated | chronic | continent | regular | mobile |
| high | conscious | pale | severe | low | wheezing |
| comfortable | anxious | drowsy | flushed | flaking | constipated |
| dependent | worried | supported | orientated | restless | steady |
| active | intact | slurred | lethargic | distressed | articulate |
| incontinent | co-ordinated | painful | restricted | hot | |
| loose | disturbed | hard | confused | sweaty | |

# Check it

## Theme 1 *Building rapport*

**1** Complete the nurse's words in each of these two-line dialogues.

Write one word in each space.

a **Nurse:** Hello, ……. Connie Chan. I'm one of the nurses who'll …….
……. ……. you today.

**Patient:** Hello.

b **Nurse:** I've ……. you ……. as Fredrick Davis, is that …….?

**Patient:** That's me.

c **Nurse:** Do you ……. ……. I ……. you a few questions?

**Patient:** No problem.

d **Nurse:** What …….you ……. ……. ……. ……. while you're in hospital?

**Patient:** Just call me Fred.

e **Nurse:** Are you ……. in ……., Mrs Barnes?

**Patient:** Yes, I'm fine.

**2** Decide how to react to these patients' comments. Complete the missing words.
The first letter of each word is given.

a **Patient:** We've been waiting for a bigger council flat for two years.
It's terrible living in a two bedroom flat with three small kids.

**Nurse:** Yes, it must be d……. for you.

b I tried for years to get pregnant and then just when I'd given up,
I found I was pregnant.

That's g…….. You must be d…….

**3** Rephrase these questions using embedded questions.

a Are you in a permanent relationship?
Do you mind if I ask .....?

b Does anyone share the flat with you?
Could you tell me.....?

c When did you attend the admissions clinic?
Do you happen to remember .....?

d Why did you come into hospital today?
Could you tell me.....?

e How long have you been out of work?
Would you mind telling me..... .....?

f What's your GP's phone number?
Do you know .....?

**4** What questions can you ask to make sure you record this information correctly? Complete the questions following the instructions.

*My GP's Dr Kernaghan and it's the Morton Fields practice.*

*The address is 160 Morton Road. And the phone number's 1331 654 782.*

a Ask for the spelling of the GP's name.
How's ....., please?

b You're not sure if you heard Morton or Norton.
Sorry, is that .....?

c Ask him for the code again.
Could you....., please?

d You think the street number is 160, but you want to double check.
Sorry, did you say.....?

## Theme 3 *Gathering medical information*

**5** Read each of the questions and statements and say whether it is an example of open questioning (O) to get full answers or closed questioning (C) to focus on precise information.

a So tell me how the problem started.

b Do you have a history of hypertension in your family?

c How would you describe the pain?

d Do you take anything for your migraines?

e What kind of things trigger the symptoms?

f So describe what happened when you fell.

**6** Rephrase each of these questions as examples of open questioning.

a Are you feeling OK today?

How ……..?

b Do you enjoy your food?

What kind ……..?

c Does your back pain affect your normal life?

In what ways ……..?

d Is there anything that makes the pain worse?

What sort……..?

e Is the pain sharp or dull or does it just go on and on?

Can you ……..?

## Theme 4 *Writing notes on admissions forms*

**7** What symptoms and medical conditions are these patients describing? Write the word in the gap.

a After I've eaten I feel like throwing up. ……..

b I've got to go and if I don't get there I just pee myself. ……..

c When I get blocked up, my stomach blows up like a ballon and I look like I'm three months pregnant. ……..

d She said she felt a bit dizzy and then she just passed out. ……..

e He's been very down and just can't be bothered to do anything. It's not like him at all. ……..

f He's gone off his food. I cook him things he likes but he never touches them. ……..

**8** Rewrite these extracts in note form for the medical section of an admissions form.

a She said she felt sick and dizzy all yesterday. Then last night she started to be violently sick during the night. She was admitted with very bad pain in her stomach at 3 o'clock, this morning.

b As far as known, Mrs Brookes hasn't been in hospital before.

c She says she doesn't think she is allergic to anything.

d According to her daughter she has suffered from indigestion problems for the last 6 years.

## Theme 5 *Assessing patient needs*

**9** Read this extract about a patient. Then circle the best word (A, B or C) to complete each gap.

A 52 year old patient fell and hit his head on the kerb, with momentary loss of (1) …… . On admission, his speech was (2) ……..and he was unable to stand (3) …… . He was well below (4) …… weight and his dentistry and personal (5) …… were neglected. His abdomen was distended and liver and spleen enlarged, (6) …… alcohol-induced liver damage. He was (7) …… but not confused. His daughter reported that his appetite was (8) ……..and he was only eating takeaways.

| | | | |
|---|---|---|---|
| 1 | A conscious | B alertness | C consciousness |
| 2 | A slurred | B distinct | C incoherence |
| 3 | A supported | B unco-ordinated | C unsupported |
| 4 | A medium | B regular | C average |
| 5 | A clean living | B hygiene | C caring |
| 6 | A indicating | B telling | C diagnosing |
| 7 | A sleeping | B drowsy | C nodding |
| 8 | A poor | B adequate | C deprived |

# Audio

PAGE 1:1

## Focus

### Task 1 1

A nurse starts an admissions interview with a patient, Betty Tanner.

**Katie:** Hi. Betty Tanner?
**Betty:** Yes.
**Katie:** Good. I'm Katie. I just need to ask you some questions for our admissions form. Oh, I haven't got it with me. I'll just go and get it. … Right. This shouldn't take long. So you're in for … Oh, I've just seen a colleague and I need a quick word. Won't be long. … Charlie, could you do my obs for Mrs Bailey, bed 6?
**Charlie:** What now?
**Katie:** Yes, I've got to do this admission and I've got another one to do straight after.
**Charlie:** OK, but you owe me one.
**Katie:** Great. Thanks. Sorry about that, Betty. One of those days.
**Betty:** Yes, I know how overworked you nurses are. My daughter's a nurse.
**Katie:** Oh. Right, … so you're in to get your veins done?
**Betty:** Yes. I didn't expect to get a date so soon. It's a bit of a worry really. It's my husband. Well, he's not erm. …
**Katie:** You'll be all right. Nothing to worry about. You'll be out of here in no time.
**Betty:** I hope so.
**Katie:** OK. I just need the name of someone we can contact if anything goes wrong. Not that we expect anything to go wrong, you know … just in case. So who do you want me to put down?
**Betty:** I suppose my husband but he's not his usual self. I'm not sure what …
**Katie:** OK. So your husband. Great.

PAGE 1:2

## How to start an interview

### Task 2.1 2

Lara Kovak has come to admit a new patient, David Bellan.

**Lara:** Good morning. Mr Bellan?
**David:** Yes.
**Lara:** Hello, I'm Lara Kovak. I'll be looking after you today. I've come to admit you.
**David:** Ah yes, my GP said you'd have a lot of questions to ask me.
**Lara:** Yes, I'm afraid so. I've got most of the information I need from your medical notes, but I'd just like to check a few things. And then I've got a few questions about your health and medical history. It'll take about an hour. Will that be OK?
**David:** Fine, no problem.
**Lara:** Right. So your name's David Bellan?
**David:** That's right.
**Lara:** And what would you like us to call you, Mr Bellan or David?
**David:** David I think. Yes, David.
**Lara:** Good. OK, David, just a few details first. I haven't got a next of kin for you …

### Task 2.3 3

**Lara:** Hello, I'm Lara Kovak.
**Lara:** I'll be looking after you today.
**Lara:** I've come to admit you.

PAGE 1:3

## How to get your style right 1

### Task 3.1 4

Samira Khan starts interviews with three different patients.

**Interview 1**
**Samira:** Good morning. I've got you down on my list as Anthony Harrison, is that right?
**Anthony:** Yes, that's right.
**Samira:** Good. I'm Samira Khan. I'm one of the nurses who'll be looking after you, and I'd like to ask a few questions if that's all right.
**Anthony:** Yes, of course. What do you need to know exactly?
**Samira:** About your medical condition, and general health and lifestyle. It's really important for us to get a clear picture of what's been going on, so we can start to plan your care with you.
**Anthony:** That sounds good.
**Samira:** OK. One more thing before we start the interview, what would you like to be called while you're in hospital?

**Anthony:** I haven't thought about it. What's usual here?
**Samira:** Well, it depends. Some patients prefer first names. With others it's exactly the opposite. Whatever feels most comfortable. It's up to you, Mr Harrison.
**Anthony:** Well, actually, I think I'd prefer to be called Mr Harrison.
**Samira:** Fine. I'll make a note of that.

**Interview 2** 5
**Samira:** Hi. Are you Dougal Thornton?
**Dougal:** Yes, … but it's not my name.
**Samira:** What do you mean – not your name?
**Dougal:** Well, no one calls me Dougal.
**Samira:** Oh! Right. So what do you want us to call you then?
**Dougal:** Just Dougie.
**Samira:** OK. No problem. So Dougie, I'm Samira and I'm going to be looking after you. I just need to ask a couple of questions so we can find out what's been going on. OK?
**Dougal:** So I need to put this away?
**Samira:** Yeah, great. So what music are you listening to?
**Dougal:** Eminem. He's really cool.
**Samira:** Yes, my son listens to him a lot. And what's the other one he likes … I know, err, what are they called – Busted.
**Dougal:** Yea, they're OK.
**Samira:** OK. Dougie, let's see if we can get you sorted out …

**Interview 3** 6
**Samira:** Hello, Mr Hendy. I'm Samira Khan. I just need to ask you a few questions.
**Mr Hendy:** What? What did you say?
**Samira:** Sorry. My name's Samira. Samira Khan. I'm the nurse who'll be looking after you today. I just need to ask you some questions, Mr Hendy.
**Mr Hendy:** Some questions?
**Samira:** It's nothing to worry about. I just need to check we've got your details right, and then I need to ask you a few questions to help us find out what's wrong with you. It won't take very long. Will that be OK?
**Mr Hendy:** Yes, fine, but you need to speak up. My hearing's not good.

PAGE 1:4

## How to get your style right 2

### Task 4.2 7

Listen to five extracts from different admissions interviews.

**a** I need to ask some questions so we can plan your care.
**b** I think the interview should take about half an hour.
**c** Your consultant will be coming to see you this afternoon.
**d** We always check your GP's name, just in case it's changed.
**e** Are you settling in OK, Mrs Jackson?

PAGE 1:6

## How to show interest

### Task 6.2

Two patients talk about their families.

**Extract 1** 8
**Nurse:** Do you have any children?
**Patient:** Yes, I've got one son.
**Nurse:** And does he live close by?
**Patient:** Just round the corner. We get on really well. I'm really lucky. He calls in to see me most days and we still go to football on Saturdays.

**Extract 2** 9
**Nurse:** What about your son? Does he live locally?
**Patient:** No, his partner's a Canadian girl and they've gone to live in Winnipeg. I used to visit them most summers, but I can't any more. I find the journey too much. It's a shame. I've got two lovely grandchildren. It would be nice to see more of them, but what can you do?

PAGE 1:8

## Focus

### Task 1 10

A nurse interviews a patient, Ali Mahmood.
**Tom:** So Ali, I need a few more details for the admission form.
**Ali:** Fine.
**Tom:** I see you put down your mother as next of kin, but you didn't give us her name.

**Ali:** Maryam – same family name – Mahmood.
**Tom:** OK. And you live with her?
**Ali:** Yes. It's just my mum and me.
**Tom:** And she's on the same number as you?
**Ali:** Yes.
**Tom:** OK. So what does your mother do?
**Ali:** Erm. Well, she's got a part-time job in a school.
**Tom**: OK. What's her phone number at work?
**Ali:** I'm not sure, but I can give you her mobile if that's any good. It's 7-7-5 4-6-3-7.
**Tom:** OK. I suppose that will do. Do you have a job, Ali?
**Ali:** Yes, I'm a taxi driver.
**Tom:** What's your religion?
**Ali:** I'm Moslem.
**Tom:** OK. And are you married?
**Ali:** No, I'm single. I told you I live with my mum.
**Tom:** And who's your doctor?
**Ali:** Dr Neal at the Redbridge practice. But I gave all these details when I was here before. Can't understand why you don't have the information.
**Tom:** Look I'm sorry, but there's nothing on the form here. Anyhow, we're nearly finished. I just need one more contact number.
**Ali:** Another contact number?
**Tom**: Yes, we need two contacts so if one person's not available, we can get hold of the other person.
**Ali:** Well, er I suppose you could try my boss. He's an old family friend.
**Tom:** What's his name?
**Ali:** Dennis Pryce and before you ask, his address is 50 Mill Street. That's Northampton. And I don't know his home number, but the work number is 0-1-6-0 4 -5-4-6-7-2.
**Tom:** OK. Well, that's that part of the form finished. Now, I just need to ask you some questions about your health.

PAGE 1:9

## How to ask questions 1

### Task 2 11

*Rosemary Corbett is being admitted today for investigations for chronic indigestion problems.*

**Chris:** OK, Rosemary. I've got most of your details from your medical notes but we don't seem to have your phone number. Do you think you could give it to me again?
**Rosemary:** Of course. It's 6-4-7 8-7-9.
**Chris:** 6-4-7 8-7-9. And that's a Cambridge number?
**Rosemary:** That's right.
**Chris:** OK. And can you tell me if you're married, Rosemary?
**Rosemary:** I was married, but I'm divorced now.
**Chris:** OK. So divorced. Do you have children?
**Rosemary:** Yes, I've got a son and daughter, but they're nearly grown up now.
**Chris:** And do either of them live at home?
**Rosemary:** Just my daughter. She's still at college.
**Chris:** OK. There's just another couple of other details I need. Who would you like me to put down as your next of kin?
**Rosemary:** I think my daughter would be best.
**Chris:** And what's her name?
**Rosemary**: Jennifer.
**Chris:** OK. Jennifer. And it's the same address and telephone number?
**Rosemary:** Yes, that's right.
**Chris:** Good. Is there anybody else we can contact? I just need one more name.
**Rosemary:** Another name?
**Chris:** Yes, it's just in case we can't get hold of your daughter. It's a formality really. Nothing to worry about.
**Rosemary**: Oh, I see. I can't think who to suggest. I suppose it needs to be someone who's at home in the day.
**Chris:** Well, not necessarily, as long as we've got a phone number.
**Rosemary:** Oh, I know, you could contact my neighbour Mathew. He's retired so he's around a lot.
**Chris:** OK. Mathew. And his surname?
**Rosemary:** Stevens.
**Chris**: Mathew Stevens. And do you happen to know his phone number? …

### Task 2 Extension 12

Nine different questions to ask when interviewing patients.

**1** Where do you live?
**2** How old's your son?
**3** What kind of work do you do?
**4** Do you have any children?
**5** Is there a lift at your flat?
**6** Are you married?
**7** Can you tell me if you're married?
**8** Can I have your phone number?
**9** Do you mind telling me how old you are?

PAGE 1:10

## How to ask questions 2

### Task 4

A nurse asks two patients for contact details.

**Dialogue 1** 13
**Nurse:** What's your brother's name?
**Patient:** Abdullah Hamid.
**Nurse:** And his address?
**Patient:** 15 Norland Road.
**Nurse:** And the postcode?
**Patient:** BB9 4WR.

**Dialogue 2** 14
**Nurse:** What's your partner's number?
**Patient:** 7-2-8 9-3-0-3.
**Nurse:** 7-2-8 9-3-0-3. And her mobile?
**Patient:** 0-7-7- 0-8-6-5-4-7.
**Nurse:** And we can contact her at any time?
**Patient:** Yes, no problem.
**Nurse:** And at night too?

PAGE 1:16

## Focus

### Task 1 15

A nurse interviews a patient with chest pains to find out as much as she can about the condition and his symptoms.

**Version 1**
**Nurse:** OK. Now about your chest pain? Where is the pain?
**Patient:** Well it's over here.
**Nurse:** What's it like, a sharp or dull ache?
**Patient:** Quite sharp really.
**Nurse:** And do you have any other symptoms?
**Patient:** Well, yeah I get a lot of wind.
**Nurse:** OK. So is there anything that makes it worse?
**Patient:** Well, if I go out for a beer or two, it's always a lot worse then.
**Nurse:** And what are you taking for it?
**Patient:** Just antacids. I get them at the chemist, but they don't help much.
**Nurse:** I see. So …

**Version 2** 16
**Nurse:** OK. So tell me about the chest pain you've been having.
**Patient:** Well, it's been getting worse over the last few weeks. I've always had indigestion but never this bad. I get this sharp pain here.
**Nurse:** I see.
**Patient:** And then I belch a lot and I get this really nasty taste in my mouth.
**Nurse:** A nasty taste?
**Patient:** Well, yes, a sort of acid taste. It's very unpleasant.
**Nurse:** OK. And what seems to trigger it?
**Patient:** Well, it's much worse after a beer or two.
**Nurse:** Mn-hum.
**Patient:** And sometimes it's so bad at night I don't get much sleep.
**Nurse:** And are you taking any medication?
**Patient:** Antacids, but they don't work. And painkillers for my shoulder.
**Nurse:** Your shoulder?
**Patient:** Yes, I dislocated my shoulder playing rugby. It was so painful when I first did it, my doctor gave me some strong painkillers. I've got them with me if you want to see what they are.
**Nurse:** Yes, that would be useful …

PAGE 1:17

## How to use questions effectively 1

### Task 2 17

Rosemary Corbett has been admitted for investigations to find out more about her digestion problems.

**Chris:** OK. Now just a little about why you've come into hospital. Can you tell me why you've been admitted today?
**Rosemary:** Well, I've had so much trouble with my digestion. And it's not clear why. You're going to run some test I think, and see if you can find out what's going on.
**Chris**: That's right. So tell me a little bit more about the problem.
**Rosemary:** Well, it's been going on for several years now, and after Christmas it got a lot worse and now eating's a disaster really, so I thought I'd better do something about it.
**Chris:** Yes, you're doing the right thing. So what kind of symptoms do you get, Rosemary?
**Rosemary:** Well, you know, quite a lot of pain, especially after I've eaten and terrible wind and um a sort of acidy taste in my mouth. A lot of foods seem to disagree with me and I get an upset stomach.
**Chris:** An upset stomach?

**Rosemary:** Yes. I get a lot of diarrhoea. It's not all the time, just if I eat the wrong sort of things.
**Chris:** Right. Have you noticed any foods you can't tolerate?
**Rosemary:** Well I thought it might be wheat so I've given that up, and I don't eat acidy things like citrus fruits and juices, and I don't have tea or coffee any more. I've tried all kinds of things.
**Chris:** OK. So you've cut out wheat and anything acidy and you've given up tea and coffee. So has anything you've done made any difference?
**Rosemary:** I suppose it's all helped, yes. And I certainly feel better that I'm doing something, but really the basic problem's just as bad. And I'm fed up with it.
**Chris:** I'm sure you are. OK. What medication do you take?
**Rosemary:** Well, I take antacids for the indigestion.
**Chris:** Uhum.
**Rosemary:** And for the diarrhoea ... erm I used to take liquid kaolin and morphine, but it doesn't seem to work any more, so I've tried various things from the chemist – last thing I tried … was … I think was called something like Imodium.
**Chris:** OK. I'll just write that down. OK. Now I need to ask you a little about your past medical history. Have you ever been in hospital before?
**Rosemary:** Well, not since I had the children and that's a long time ago, and then, when I was very little I had my tonsils out, but everybody did then, didn't they?
**Chris:** That's true. It was a bit of a fashion. So apart from a tonsillectomy, you haven't had any surgical procedures at all?
**Rosemary:** No, no. I haven't.
**Chris**: OK. And, how would you describe your health, apart from your current problem with indigestion?
**Rosemary**: I'd say I was pretty fit and healthy.
**Chris:** Good. I just need to know a bit about your set up at home so we can get you back home as soon as possible. You said you live in Gilbert Street. What kind of accommodation do you have?
**Rosemary:** It's a little terraced house with a garden. I moved there about five years ago, just after my divorce.
**Chris:** And is it just you and your daughter that live there?
**Rosemary:** No, I rent out a room to a student, just in term time, but it helps to pay the bills.

PAGE 1:20

## How to show you're listening

### Task 6 18

A nurse interviews a patient with chest pains to find out as much as she can about the condition and his symptoms.

**Nurse:** OK. So tell me about the chest pain you've been having.
**Patient:** Well, it's been getting worse over the last few weeks. I've always had indigestion but never this bad. I get this sharp pain here.
**Nurse:** I see.
**Patient**: And then I belch a lot and I get this really nasty taste in my mouth.
**Nurse:** A nasty taste?
**Patient:** Well, yes, a sort of acid taste. It's very unpleasant.
**Nurse:** OK. And what seems to trigger it?
**Patient:** Well, it's much worse after a beer or two.
**Nurse:** Mn-hum.
**Patient:** And sometimes it's so bad at night I don't get much sleep.
**Nurse:** And are you taking any medication?
**Patient:** Antacids, but they don't work. And painkillers for my shoulder.
**Nurse:** Your shoulder?
**Patient:** Yes, I dislocated my shoulder playing rugby. It was so painful when I first did it, my doctor gave me some strong painkillers. I've got them with me if you want to see what they are.
**Nurse**: Yeah, that would be useful …

PAGE 1:24

## Focus

### Task 1 19

A patient, Rachel King, has been admitted for investigations for gallstones. A nurse interviews her about her medical condition and history.

**Chantal:** So what are you in hospital for today, Rachel?
**Rachel:** Gallstones. I'm having a – I can't even begin to pronounce it – something like laparosco or something or other.
**Chantal:** Laparoscopic cholecystectomy. Yes, it's a mouthful, isn't it?
**Rachel.** It certainly is.
**Chantal:** So when did the problem start?

**Rachel:** I suppose I first began to notice it – I don't know – about two months ago, I just knew something wasn't quite right.
**Chantal:** What do you mean – you knew something wasn't quite right?
**Rachel:** Well. I wasn't exactly in pain, but I felt very uncomfortable around here, especially after I'd eaten. I thought it was just indigestion. I didn't think much about it really.
**Chantal:** Yes, symptoms can be a bit similar. So what happened then?
**Rachel:** Well, about 3 weeks ago I started to get more pain, and then I got really worried when I started feeling sick all the time and actually threw up. That's when I went to my GP and she arranged for the ultrasound.
**Chantal:** And you were diagnosed with gallstones?
**Rachel:** That's right.
**Chantal:** OK. Tell me a bit more about the pain.
**Rachel:** Well, … it's much worse now. It's sort of shifted to my back here and goes all the way up to my shoulder here.
**Chantal:** So up your back and radiating up to the shoulder?
**Rachel:** Yes, sort of.
**Chantal:** OK. And are you taking anything for the pain?
**Rachel:** Just painkillers – paracetamol but, they don't have much effect now.
**Chantal:** And are you taking anything else?
**Rachel:** No just the painkillers. … Oh and the pill. I guess you count that too.
**Nurse:** The contraceptive pill?
**Rachel:** Yeah.

PAGE 1:26

## How to record patient information 2

### Task 3 20

A nurse is admitting Florence Anderson and interviews her about her home situation so he can begin to plan for her discharge.

**Tom:** You said you lived on your own, Florence?
**Florence**: Yes.
**Nurse:** So what kind of place is it?
**Florence**: It's a flat on the Berisfield Estate. It's a nice little flat, but it's up on the third floor.
**Tom:** The third floor. Is there a lift?
**Florence:** No. There was once, but it got vandalised years ago and it's all closed up now. You know what those places are like? Nobody cares.
**Tom:** It must be difficult for you.
**Florence**: It's OK. It's just the shopping and carrying everything up all those stairs.
**Tom:** So what kind of help do you have?
**Florence:** Well, my daughter comes over sometimes, but you know we …
we don't really get on and it always ends up in an argument.
**Tom:** So you don't have much contact with her?
**Florence:** No, not really.
**Tom:** Is there anybody else?
**Florence:** Yeah, my neighbour, Marta. She's always popping in and she helps me out a lot – does my shopping, goes to the post office – all those sort of things. You know, sometimes … I don't know how I'd manage without her.
**Nurse:** Sounds a great neighbour.
**Florence**: She really is. And she's on her own too. Husband ran off and left her with two kids to bring up on her own.

PAGE 1:32

## How to gather information

### Task 2.1 21

A nurse is assessing Rosemary Corbett, a patient who has been admitted for investigations for chronic indigestion problems.

**Extract 1**
**Nurse:** Just let me take a note of that. OK. And do you have any problems hearing?
**Patient:** Oh, no. My hearing's very good.
**Nurse:** OK. And you obviously don't have any problems understanding me since we both speak English.
**Patient:** No.
**Nurse:** Fine. I see you're wearing glasses. Do you wear them all the time or just for reading?
**Patient:** Not all the time – just when I'm driving and watching TV – things like that, but not round the house much.
**Nurse:** OK. So you don't need glasses for reading and close work?
**Patient:** No, I don't – not yet anyhow.
**Nurse:** OK. What about breathing? Do you have any difficulties at all?
**Patient:** Well, I'm not as fit as I was. I sometimes get a bit out of breath if I have to walk uphill, but you don't have to do much of that in Cambridge, do you?
**Nurse:** No, not really. So you don't have asthma or hay fever?

**Patient:** No, I don't have any of those sorts of problems.
**Nurse:** Good. OK. We talked a little bit about your diet before and you told me you don't eat things with wheat, and anything acidy like citrus fruit. Would you say you have a balanced diet?
**Patient**: Oh, I think so. I eat a lot of vegetables and fruit. Obviously, I can't eat things like bread so I try to eat more rice and potatoes, and they're fine.
**Nurse:** OK. And what's your appetite like?
**Patient:** Well, I really used to enjoy my food, but it's a bit of an effort now and I can't eat big portions. Little and simple seems to work best.
**Nurse:** Fine. I'll just need to make some notes. OK. And do you drink alcohol?
**Patient:** Sometimes. I probably shouldn't, but when I've got friends round or go out for a meal, I might have a glass or two of wine, but that's not every week.
**Nurse**: So it's just an occasional glass of wine?
**Patient**: That's right.
**Nurse:** And do you smoke?
**Patient:** No, not any more. I stopped about 10 years ago.
**Nurse:** Ten years ago.

### Task 3 22

The nurse asks Rosemary Corbett some more questions to complete the assessment.

**Extract 2**

**Nurse:** Now we discussed your bowels. I know you said you get bouts of diarrhoea from time to time, but apart from that are your bowel movements regular?
**Patient:** Yes, I usually go every other day.
**Nurse:** And have you had a bowel movement today?
**Patient:** Yes this morning.
**Nurse:** OK. And any problems passing water?
**Patient:** No, none at all.
**Nurse:** Right. One more thing. Do you have any problems sleeping?
**Patient:** No, not usually. I sleep very well unless I've got acid.
**Nurse:** And how do you cope when you've got acid?
**Patient:** Well, I try to sleep as upright as I can. I prop myself up on about three pillows. It's OK though. I manage to sleep quite well.
**Nurse:** But that's only when you've got the acid problems?
**Patient:** That's right.
**Nurse:** And how many hours would you say you normally sleep?
**Patient:** Well, I can't manage with less than 6. It's nice to get a bit more than that. I'd say 6-7 hours is ideal for me.
**Nurse:** OK. And then finally have you any sort of worries or concerns? What I'm thinking about is … erm are any changes going on in your life that – that might be having an impact on your general health?
**Patient:** No, I don't think so. I think I'm fairly settled now. I mean … it's just … I just want to get the digestion problem sorted out before it becomes a way of life. You know, it's gone on for so long and I just want to know what's causing it. It's the not knowing that gets me down.
**Nurse:** Yes, I understand how frustrating it must be. Let's hope the investigations will give you a much clearer picture.
OK. I've got most of the information I need, so I'm just going to go and get the blood pressure machine and then I'll come back and take your blood pressure and weigh you, and take your temperature and pulse. I won't be long.

# Answers

PAGE 1:1

## *Building rapport*

## Focus

### Task 1

**Suggested answers**

The interview did not get off to a good start and these are some of the mistakes the nurse made:

- Forgetting the form.
- Interrupting the interview to talk to a colleague.
- Giving the impression she's in a rush and too busy to do the interview.
- In her effort to be friendly, being too familiar and using first names without checking.
- Not picking up the patient's efforts to empathise with the nurse, e.g. the comment that she understands how busy the nurse is because her daughter is also a nurse.
- Not listening carefully and completely misunderstanding that the patient is worrying about her husband not herself.
- Not allowing the patient to finish her sentences.

PAGE 1:2

## How to start an interview

### Task 2

**2.1**

- **2** Check the patient's name against the name on your list.
- **1** Greet the patient in a friendly and warm manner.
- **3** Give your name and position.
- **5** Check how your patient wants to be addressed during the interview.
- **4** Explain the purpose of the interview and what is going to happen.

**2.2**

- Check the patient's name against the name on your list. f – Mr Bellan?
- Greet the patient in a friendly and warm manner. a – Good morning.
- Give your name and position. d – Hello, I'm Lara Kovak. I'll be looking after you today.
- Check how your patient wants to be addressed during the interview. b – And what would you like us to call you, Mr Bellan or David?
- Explain the purpose of the interview and what's going to happen. e – I've come to admit you. c – I've got most of the information I need from your medical notes, but I'd just like to check a few things. And then I've got some questions about your health and medical history.

PAGE 1:3

## How to get your style right 1

### Task 3

**3.1**

Patient A: Interview 2
Patient B: Interview 3
Patient C: Interview 1

**3.2**

Interviews 1 and 2: first name and family name
Interview 3: title and family name

PAGE 1:4

## How to get your style right 2

### Task 4

**4.1**

Interview 1: – quite formal and informative and professional
Interview 2: – informal, friendly and warm
Interview 3: – quite informal, calm and reassuring

**4.2**

**a** I need to ask some questions so we can plan your care. (informative and professional)
**b** The interview should take about half an hour. (calm and reassuring)
**c** Your consultant will be coming to see you later this afternoon. (friendly and warm)
**d** We always check your GP's name, just in case it's changed. (calm and reassuring)
**e** So are you settling in OK, Mrs Jackson? (friendly and warm)

PAGE 1:5

## How to get your style right 3

### Task 5

**5.1**

**a** Hi, I'm Samira. I'm one of the nurses here. (More informal. Notice the informal style of greeting, *Hi*.)

**f** Good morning. I'm Samira Khan. I'm one of the nurses who'll be looking after you.

**b** I have your name listed as Mr Fischer, is that correct?

**h** I've got you down as Jenny Dunn, right? (more informal. *I've got you down* tells you it's written on the list).

**c** If it's OK, there's a couple of things I just need to check, (more informal. Notice these phrases – *a couple of things* (= a few points) and the use of '*just*' in the phrase *I just need to check*).

**d** If you don't mind, I'd like to check some details on the form.

**e** What would you like me to call you? (more informal)

**g** What would you like to be called while you are in hospital?

PAGE 1:6

## How to show interest

### Task 6

**6.1**

**Suggested answers**

Extract A – c It must be difficult for you.
Extract B – b You're very lucky.
Extract C – b You must be very disappointed.

**6.2**

**Suggested answers**

**a** Positive and happy that he has such a good relationship with his son.
Rather sad and regretful about not being able to see his family in Canada.

**b** **Suggested answers**
It's good/great that you get on so well.
You must miss them a lot.

PAGE 1:8

## *Gathering personal details*
## Focus

### Task 1

**1.2**

1 His mother's name is wrong. It's Maryam not Marianne. The nurse assumed the name was the similar sounding English one and didn't check the spelling.
2 Maryam's mobile phone number is wrong. When you are given a phone number, it's a good idea to repeat the number as you write it down.
3 The spelling of the GP's name is also wrong. Some names in English have different spelling but are pronounced the same. In this case the doctor's name is Neal not Neil. The only way to know how to avoid problems like this is to ask for spellings.
4 Again he spelt the name Pryce incorrectly, assuming it was spelt Price.
5 He also got Ali's boss's house number wrong. It's 50 not 15. This is an easy number to confuse so it's always worth checking. Other confusing pairs would be 13 and 30, 14 and 40 etc.
6 It's impossible to read the name of the GP's practice, it's so badly written.

**1.3**

These strategies would have helped avoid mistakes.

- Always check if you aren't sure you have the right information.
- If you miss information, ask the person to repeat straightaway.
- It's important to get names right, so if you're not sure how a name is spelt, ask for the spelling.
- Repeat information to make sure you've heard it correctly.

PAGE 1:9

## How to ask questions 1

### Task 2

**2.1** and **2.2**

a **Do you think you could** give it to me **again**? (embedded)
b ***And that's*** a Cambridge number? (statement)
c *And* ***can you tell me*** *if* **you're** married, Rosemary? (embedded)
d **Do you have** children? (direct)
e And ***do*** either of them ***live*** at home? (direct)

f ***Who would you like*** me to put down as your next of kin? (direct)
g And **it's** the same address and telephone number? (statement)
h **And is there** anybody else we can contact? (direct)

PAGE 1:10

## How to ask questions 2

### Task 3

**Suggested answers**

a This might seem intrusive so try an embedded question.
Do you mind if I ask if you have anything valuable with you?
Could you tell me if you have any valuables with you?
b A direct question and follow up statement.
Do you have / know the name of the manager?
And her phone number?
c This might be seen as intrusive so try an embedded question.
And could you tell me if you live on your own?
I don't mean to pry, but I need to know if you live on your own.
I hope you don't mind me asking if you live on your own.
d If the patient can't hear very well, a direct question might be better.
Do you normally wear a hearing aid, Mr Browne?
e Age can be a sensitive matter in UK culture so an embedded question might be more appropriate.
Could you tell me how old you are, please?

PAGE 1:11

## How to avoid making mistakes

### Task 5

**5.1**

Check if you are unsure you have the right information.

b Is that with a hyphen?
e Sorry, how old?
f So that's L-E-I-G-H Road?
h Sorry, Mr Clark, did you say 90 or 19?

Ask patients to repeat if you miss information.

c I'm afraid I didn't quite catch that.

Ask for the spelling if you aren't sure how a name is spelt.

a Could you just spell that for me?
d How's that spelt?

Repeat information to make sure you've heard it correctly.

g 25 Roman Way. OK. Got that.

**5.2**

Probably the shorter direct questions or checking statements are better because they wouldn't break up the flow of interaction as much, for example:

b Is that with a hyphen?
d How's that spelt?
e Sorry, how old?
f So that's L-E-I-G-H Road?

**5.3**

**Suggested answers**

a Is that Randle with A – double L or L-E at the end?
Can you just spell that for me?
b Is that seven**ty** or seven**teen**?
Is that seven zero or one seven?
c Sorry, is that with an n or m?
Sorry what's the first letter again?
d Sorry, I didn't catch the name of the care home.
Could you give me / could you repeat the name of the care home again?
e Sorry, what number Manton Road?
Sorry I missed the house number. What was it?

PAGE 1:16

## *Gathering medical information*

## Focus

### Task 1

a Version 1
b Version 2

PAGE 1:17

## How to use questions effectively 1

### Task 2

**2.2**

a Can you tell me why you've been admitted today?
So tell me a bit more about the problem.
So what kind of symptoms do you get, Rosemary?
Have you noticed any foods you can't tolerate?
So has anything you've done made any difference?
What medication do you take?
Have you ever been in hospital before?
How would you describe your health …?
What kind of accommodation do you have?
And is it just you and your daughter who live there?

**2.3**

**B Most open**

So tell me a bit more about the problem.
Can you tell me why you've been admitted today?

**Open but more specific**

What kind of symptoms do you get?
So what medication do you take?
How would you describe your health?
What kind of accommodation do you have?

**Closed**

Have you noticed any foods you can't tolerate?
And has anything you've done made any difference?
Have you ever been in hospital before?
And is it just you and your daughter who live there?

PAGE 1:18

## How to use questions effectively 2

### Task 3

**3.1**

A History of present illness and reason for admission
e Do you find anything relieves your arthritis?
b What kind of things trigger your migraines?

B Relevant past history and medications on admission
a Have you had any recent surgery?
c Are you taking any other medication?
h Tell me what kind of treatment you had after your stroke.

C Allergies
g Are you allergic to any medicines?

D Description of home situation and accommodation
d How do you cope with your children while you're at work?
f What's your accommodation like?
i How do you feel about living on your own?

**3.2**

**Suggested answers**

a Tell me why you're in hospital today. / Can you explain why you're in hospital today?
b What kind of support network do you have locally?
c How would you describe your general health?
Tell me about your general health.
How would you describe your general health?
d How successful was your hip operation?
How did your hip operation go?
e What effect does exercise have on your pain?
How does exercise affect your pain?/ If you exercise, how does it affect you?

PAGE 1:20

## How to show you're listening

### Task 6

**6.1**

a She makes short comments.
She repeats a few of the patient's words that he wants the patient to say more about.

b See the bold words in the transcript.

Patient: ... it's been getting a lot worse over the last few weeks. I've always had indigestion, but never this bad. I get this sharp pain here.
Nurse: **I see.**
Patient: And then I belch a lot and I get this really nasty taste in my mouth.
Nurse: **A nasty taste?**
Patient: Yes, a sort of acid taste. It's very unpleasant.
Nurse: OK. And what seems to trigger it?
Patient: Well, it's much worse after a drink or two.
Nurse: **Mn-hum.**

Nurse: … And are you taking any medication?
Patient: Antacids, but they don't work. And painkillers for my shoulder.
Nurse: **Your shoulder?**
Patient: Yes, I dislocated my shoulder playing rugby ...

**6.2**
**Suggested answers**
Patient 1: Give up your house?
Patient 2: To cope? / You don't know how you're going to cope?
Patient 3: In an argument?

PAGE 1:24

## *Writing notes for admissions forms*

## Focus

### Task 1

**1.2**
a Yes
b Yes
c No, it's in note style
d Yes
e No NB When writing notes it's important to record only facts not opinions.

PAGE 1:25

## How to record patient information 1

### Task 2

**2.1**
**Suggested answers**

You often omit words that are not essential for conveying the meaning, e.g.

- words like *a, an* and *the* (articles)
- words like *he, she, they* (pronouns)
- auxillary verbs like *has, have, had, is, are, was, were*
- words that are more typical in spoken English e.g. *actually, as far as she knows …*

Negative sentences often begin with words like No / Not
Hasn't ever had = No history of
Isn't allergic to = Not allergic to penicillin
Doesn't have any allergies = No allergies

**2.2**
**Suggested answers**

a Felt unwell for past 3 months with persistent chest infections.
b Prescribed 3 courses of antibiotics.
c Suffering from fatigue and pain in joints/ joint pain.

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## How to record patient information 2

**2.3**
**Suggested notes**

**Medical history**
No major health problems or illnesses. Hospitalised in 1998 for birth of son and in 2002 for appendectomy. No complications reported.

**Allergies**
No known allergies to foods or medications.

### Task 3

**3.1**
See transcript on page 1:26.

**3.2**
**Suggested notes**

Lives on her own in 3rd floor flat. Daughter lives locally but little contact. No other close friends and family locally, but regular support with errands from neighbour.

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## How to choose the right words

### Task 4

**4.1**

| **everyday language** | **more formal/ medical term** |
|---|---|
| throw up / be sick | vomit |
| feel sick | nauseous |
| need to pee all the time | urinary frequency |
| be off your food | lose your appetite |
| be in agony | severe pain |
| have the runs | diarrhoea |
| be/feel blocked up | constipation |
| feel down | depressed |

**4.2**
a Urinary frequency
**Suggested notes:**
Complains of burning sensation when urinating.
b Vomiting
**Suggested notes:**
Vomited all night and complaining of abdominal pain.

c Nausea
**Suggested notes:**
Has felt dizzy and nauseous for past three days.

d Severe pain and constipation
**Suggested notes:**
No appetite. Severe abdominal pain after eating and constipated for past four days.

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## *Assessing patient needs*
## How to gather information

### Task 2

**2.1**
Communication
Breathing and respiration
Nutrition

**2.2**
a And **do you have** any problems hearing?
b **Do you wear** them all the time or just for reading?
c **Do you have any difficulties** at all?
d **Would you say you have** a balanced diet?
e And **what's** your appetite **like**?
And **do** you **drink** alcohol?

**2.3**
a **So you don't have** any sort of asthma or hay fever?
b **So it's** just an occasional glass of wine?

### Task 3

These are the questions from the second part of the interview. Your questions should be similar but the wording may be different.

Elimination
1 … but apart from that are your bowel movements regular?
2 And any problems passing water?

Sleeping
3 Do you have any problems sleeping?
4 And how do you cope when you've got acid?
5 And how many hours would you say you normally sleep?
6 And finally, have you any sort of worries or concerns?

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## How to understand patient assessment forms

### Task 4

**4.1**
**a** A Breathing and circulation
B Social well-being
C Elimination
D Nutrition

**b** A stroke

**4.2**
a speech therapist
b Waterlow assessment
c Coproxamol (shoulder pain); Indapamide (blood pressure)

### Task 5

**5.1**
a Breathing and circulation: Ex smoker. *Gave up 10 years ago.*
b Nutrition: … no restriction on diet. *Prefers small portions regularly.*
c Emotional well-being: She is anxious about her cat and its welfare. *Not sure who is looking after it.*
d Elimination: Bowels normally open every two days. *Last opened 12/9/04*.
e Mobility: *Attends an over 50s exercise class twice a week.*
f Pain and comfort: *Alternative to Coproxamol needs to be found as patient is nil by mouth.*

**5.2**
a appear; seem
b disturbed
c nil by mouth
d incontinent
e due to (NB can be followed by noun or verb in the 'ing' form.)

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## How to build vocabulary 1

### Task 7

**7.1**
**Suggested answers**
A Communication: coherent, articulate, hestitant, slurred
B Breathing and circulation: breathless, laboured, wheezing, high, regular, low

C Pain and comfort: acute, comfortable, restless, painful, tender, chronic, severe, intermittent, persistent
D Mental and emotional: alert, conscious, orientated, responsive, drowsy, lethargic, confused, restless, agitated, anxious, distressed, upset, worried
E Skin condition: broken, intact, cold, flaking, reddened, dry, sweaty, clammy, hot, pale, flushed
F Mobility: active, dependent, lethargic, mobile, co-ordinated, steady, supported, restricted
G Elimination: continent, constipated, hard, loose (stools), regular (bowel movements)
H Sleep/rest: disturbed, drowsy, restless

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## How to build vocabulary 2

**7.2**

| | | |
|---|---|---|
| a | co-ordinated | unco-ordinated |
| b | steady | unsteady |
| c | coherent | incoherent |
| d | continent | incontinent |
| e | mobile | immobile |
| f | orientated | disorientated |

**7.3**

| | **adjective** | **noun** |
|---|---|---|
| a | restricted | restriction |
| b | confused | confusion |
| c | coherent | coherence |
| d | continent | continence |
| e | responsive | responsiveness |
| f | immobile | immobility |

**7.4**

**Suggested answers**

A Mr Allen's speech is **slurred** and he is unable to sit up **unsupported.** His arm movements are **unco-ordinated.** He is agitated and **distressed** about staying in hospital and keeps insisting that he is well enough to go home.

B Mr Tong's breathing is difficult and **laboured**. He looks **pale** and unwell. He is alert and aware of his surroundings, but says he feels anxious and worried because he has no-one to run his business while he is in hospital.

C Following her last stroke she was occasionally **incontinent** of urine. Her mobility is **restricted** and she is only able to ambulate slowly with an **unsteady** gait. Because she is worried about incontinence at night, she has **disturbed** sleep patterns and is **drowsy** during the day and sleeps a lot. Her appetite is **poor** and she has lost 4 kg of weight.

## Check it

### *Building rapport*

**1** a **I'm** Connie Chan. I'm one of the nurses who'll **be looking after** you today.
b I've **got** you **down** as Fredrick Davis, is that **right**/ **correct**?
c Do you **mind if** I **ask** you a few questions?
d What **would** you **like to be called** while you're in hospital?
e Are you **settling** in **OK**/ **all right**, Mrs Barnes?

**2** a difficult / dreadful
b great, delighted

### *Gathering personal details*

**3** a Do you mind **if I ask if you are in a permanent relationship**?
b Could you tell me **if anyone shares the flat with you**?
c Do you happen to remember **when you attended the admissions clinic**?
d Could you tell me **why you came into hospital today**?
e Would you mind telling me **how long you have been out of work**?
f Do you know **what your GP's phone number is**?

**4** a How's **that spelt**, please?
b Sorry, is that **with an m or an n**/ **Morton or Norton**?
c Could you **repeat the code**, please?
Could you **give me the code again**, please?
d Sorry, did you say **one-six-zero**/ **one-six-oh**?

### *Gathering medical information*

**5** a So tell me how the problem started? (open questioning)
b Do you have a history of hypertension in your family? (closed questioning)

c How would you describe the pain? (open questioning)
d Do you take anything for your migraines? (closed questioning)
e What kind of things trigger the symptoms? (open questioning)
f So describe what happened when you fell. (open questioning)

**Suggested answers**

**6** a How are you feeling today?
b What kind of food do you like / enjoy?
c In what ways does your back pain affect your normal life?
d What sort of things make the pain worse?
e Can you describe / tell me what the pain feels like?

## *Writing notes on admissions forms*

**7** a Nausea
b Urinary frequency
c Constipation
d Loss of / Losing consciousness
e Depression
f Poor appetite

**Suggested answers**

**8** a Felt dizzy and nauseous all day yesterday.
Vomited during the night.
Admitted with severe abdominal pain and vomiting, 13/09, 3 a.m.
b No previous hospitalization. / Never hospitalized before.
c No known allergies. / Not allergic to any substances.
d Suffered from indigestion problems for past / last 6 years.
Indigestion problems for past 6 years.

## *Assessing patient needs*

**9** 1 C consciousness
2 A slurred
3 C unsupported
4 C average
5 B hygiene
6 A indicating
7 B drowsy
8 A poor