Module 3
Implementing care

This module is the third of four modules that deal with aspects of the nursing process: assessment, planning, implementing and evaluation. This module focuses on key skills that international nurses need to help them deliver care effectively.

Nursing – Module 3 Implementing care			
Theme	**Page titles**	**Page reference**	**ESOL**
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	How to make sure you understand	3:5	Sc/L2.3b; Lr/L2.1b
	How to take and use notes	3:6	Lr/L2.1b; Wt/L2.1b
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Everyday care	Focus	3:12	–
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	How to give instructions while moving patients	3:15	Sc/L2.4a
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Administering medicines	Focus	3:32	–
	How to take instructions on a drugs round	3:33	Rt/L1.4a; Lr/L2.2c
	How to check patient prescription reports	3:34	Rt/L1.4a; Lr/L2.2c
	How to find out about the effects of medicines you administer	3:35	Rt/L2.2a; Rt/L2.3a; Rt/L.2a; Rw/L2.1a
	How to talk to patients on a drugs round	3:36	Sc/L2.4d; Sd/L2.2d
	How to administer drugs	3:37	Rt/L2.3a; Lr/L2.2c; Sc/L2.4d; Sd/L2.2d

Skills checklist

These are some of the skills you will need for evaluating and recording care that's been given.

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

Skills for implementing care	I feel confident	I need more practice	Pages
Theme 1 Handovers			
Follow a group handover report at the start of a shift			➪ 3:2, 3:3, 3:4
Ensure understanding by checking and asking questions			➪ 3:5
Take accurate notes during a handover report			➪ 3:6
Update entries on a care plan after handover			➪ 3:7
Theme 2 Everyday care			
Put your patient at ease by making social conversation			➪ 3:13, 3:14, 3:17
Give clear instructions while helping a patient to mobilise			➪ 3:15
Persuade patients who are reluctant or being uncooperative			➪ 3:16
Theme 3 Explaining procedures to patients			
Follow a senior colleague's instructions for carrying out a care procedure			➪ 3:22
Understand a care procedure by reading official hospital documentation			➪ 3:23
Explain a procedure to a patient before you carry it out			➪ 3:24, 3:25
Explain what is happening and reassure the patient during the procedure			➪ 3:26, 3:27
Theme 4 Administering medicines			
Follow verbal instructions on drugs round			➪ 3:33
Understand and check information on a prescription report			➪ 3:34
Read leaflets about drugs and their side-effects			➪ 3:35
Talk to a patient while administering a drug			➪ 3:36, 3:37

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

PAGES 3:1–3:7
Handovers

Professional setting

This theme focuses on the handover of patient information at the end of a shift, when the nurses who are about to go off duty brief the nurses starting the next shift about the patients in their care. The theme introduces the skills a nurse needs to:

- gain essential information on patient care from a verbal update at the start of a shift
- ensure continuity of care
- take reference notes from a verbal update
- check and update care plans.

Materials

Audio equipment

Blank cassettes

Care plans and handover sheets from learners' own workplaces

Blank handover sheets

Resources for the theme:
- Handover scripts for role-play (3:8)
- Patient notes (3:9)
- Note taking sheet for handovers (3:10)
- Reflection form (3:11)

Medical dictionary or glossary

Learning outcomes/objectives

1 to listen and be able to extract information from a handover brief
2 to understand and recognise, when spoken, key medical words, acronyms and abbreviations
3 to ask questions for clarification
4 to take notes about patients from a verbal report
5 to read and update care plans

Curriculum objectives

ESOL

Lr/L2.1b; Lr/L2.2a; Lr/L2.2c; Lr/L2.2e; Sc/L1.1a; Sc/L2.3b; Rt/L2.7a; Rw/L2.1a; Wt/L2.1b

Focus PAGE 3:1

Suggested teaching activities

- Set the context by asking learners about their experience of hospital shift work and how it affects their relationship with patients.
- Encourage them to outline the aspects of the work with patients that they find most rewarding. Discuss the importance of addressing patients' emotional, psychological and spiritual concerns, as well as medical issues. Stress the importance of having information about the patients.
- Ask learners about their experience of starting a shift. *How do you find out which patients are on the ward? How do you learn about the patients' medical and care needs? Why is it important to know these details at the start of a shift and before approaching patients?*
- Find out who normally provides them with patient information at the start of a shift and whether this is at a group handover or an individual briefing. Ask learners which they find easier to manage and which is more helpful. Discuss the kinds of patient information they need to have in order to care for patients effectively.
- Find out how many learners depend primarily on care plans and written reports and how many draw most of their information from the verbal handover. Discuss learners' experience of handovers in their own countries or other countries where they have nursed. Discuss how this experience differs from that in the UK.
- Discuss how learners ensure they remember information from handovers and use it throughout the shift. How do they take notes? Do they use formal handover sheets for recording patient information or do they prefer their own way of taking notes? Point out that practices vary from institution to institution and stress the importance of becoming familiar with the practice in their own workplace. Point out too that handovers may be conducted by telephone when patients are transferred (this is not addressed in this module).

- In groups, ask learners to discuss and report back on these two discussion points.
  1 What are the features of a successful handover?
  2 What can go wrong with a handover?

Task 1

- Direct learners to the illustration and allow them time to read the speech-bubbles. In groups, ask them to discuss the picture and its similarities to and differences from their own experience of handovers.
- Ask learners to discuss the content of each speech-bubble and the problems it raises. Encourage them to suggest improvements in the nurses' speech or behaviour.
- Go through and discuss the points in the summary with learners. Ask learners to match the nurses' comments and questions in the speech-bubbles to the points in the summary.

Follow up

- Focus on the importance of understanding and the relevance of patient confidentiality. Remind learners that confidentiality is a patient's right and an important element in the new Code of Professional Conduct for nurses.
- Discuss ways in which patient confidentiality can be breached and how to avoid this.

PAGES 3:2–3:3

How to listen for information 1 & 2

Task 2 1

Objectives and curriculum references

to use knowledge of handover structure and information sequence to aid understanding

to recognise and understand key expressions used frequently in handovers

to recognise different ways of giving spoken instructions

to extract essential information from handovers

ESOL

Lr/L2.2a; Lr/L2.2c

Task

- In this task learners listen to an extract from a verbal handover.
- **Question 1** Explain to learners that they will hear a nurse updating colleagues about two patients. They must number the categories of information in the order in which the nurse gives them.
- Ask them to check their order with a colleague and to discuss any differences.
- Point out that, in a real work situation, they have to gain all the information they need from one update.
- Replay the audio clip for learners to check their answers.
- Discuss the kind of words and expressions used for each category of information. Display these expressions on a wall chart.
- Explain that, to gather all the information at handover, it is important to listen carefully to the different ways of indicating past, present and future action. For instance, the present continuous tense (e.g. He's going to theatre this afternoon) is often used to indicate the future; the future tense can refer to a current situation (e.g. He'll open his eyes when you touch his hand). Also draw attention to use of the word 'should' to introduce an instruction or prediction. (He should show an improvement by this afternoon.)

- **Questions 2 and 3** Ask learners to check the expressions against the list they have already produced, match the words to the categories. They can then check their results with a colleague.
- In question 3, the emphasis is on listening and understanding, not on spelling.
- Discuss learners' familiarity with the specialist terms and ensure understanding.
- **Question 4** introduces the concept of making notes. This skill is developed as learners take notes from a handover. Look at Mrs Piddock's notes with learners. Guide them to notice that the subject (she) and auxiliary verb (was) may be omitted when writing notes, for example instead of 'She was admitted with …' you write 'admitted with…'.
- Encourage learners to contribute their own style of notes too. For instance they may not use 'admitted with' at all, as in this example: *Joe Bloggs 63 LVF SOB* meaning Joe Bloggs, aged 63, admitted with left ventricular failure and shortness of breath.
- **Question 5** Provide learners with a copy of the transcript. Ensure learners recognise that there may be several different ways of saying the same thing.
- Check learners' answers and display them on a wall chart.

Follow up

- Encourage learners to write key expressions they want to remember in their notebooks.

If the learner has difficulty

- **Question 1** Play the audio clip once and discuss with learners what they have heard. Alternatively, play the clip in short sections and discuss. Ask learners to pick out each category of information as they go. Give out cards showing the categories. When learners are confident, ask them to listen to the whole update and place the cards on the table in order from left to right as they hear the categories mentioned.
- **Question 2** Consider each expression one at a time. Have learners heard the expression before? Can they remember its real-life context? Provide some examples of completed expressions (e.g. He has a history of asthma) and discuss what these indicate.
- **Questions 3 and 4** Play the audio clip more than once or in short sections.
- **Question 5** Guide learners through the transcript and read it aloud. Ask them to raise a hand when they hear an alternative for each expression. Stop and pick out the relevant words.

Extension

- **Question 1** Ask learners to make a checklist of information categories, breaking down the ones given into more specific areas. For example, details of treatment, care on previous shift, tasks for new shift can all be broken down into components.
- Encourage learners to listen to real handovers at work and to check the order of information against their checklist.
- **Question 2** Play the audio clip and ask learners which statements they would regard as instructions and to explain why.
- Focus on the statements in the handover script that use the words 'this morning' for past and future. Provide more statements containing the words 'this morning' and ask learners to identify which actions are past, which are present and which are future (e.g. The doctors will review him this morning. I've turned him twice already this morning.).
- **Questions 3 and 4** Ask learners to listen to real handovers and to complete the expressions with other medical terms and relevant expressions.
- **Question 5** Ask learners to suggest alternatives from their own experience.
- Ask learners to report back from real handovers and discuss their findings.
- Encourage learners to record in their notebooks a bank of expressions and common medical terms heard in handovers.

PAGE 3:4
How to listen for information 3

Task 3 2–3

Objectives and curriculum references

to recognise and understand a range of medical words and expressions from a verbal update

to recognise and understand a range of medical abbreviations from a verbal update

to become familiar with the sound of medical words and expressions when spoken

ESOL

Rw/L2.1a; Sc/L1.1a; Lr/L2.2e

Preparation

- Discuss with learners the kinds of words and expressions they find difficult to understand, such as medical words that are new to them, and abbreviations. Talk about the difficulties they may have because of speed of delivery, accent, volume and pronunciation. Introduce the concept of stress and give some examples.
- Consider examples of abbreviations. Discuss why abbreviations are so widely used in medicine – speed of delivery, tendency for all professions to develop their own jargon and shorten versions of words, ease with which they can be written down.

Task

- **Question 1** Read the words and abbreviations aloud or ask learners to do so. Then ask learners to complete the task. Draw attention to the potential for confusion with some abbreviations. For example, PE can mean pulmonary embolus or pleural effusion.
- **Question 2** Play the audio clip. Learners tick the terms in the table as they hear them. Then play the audio clip of words from the table.
- **Questions 3 and 4** Play the audio clip again and ask learners to listen for and mark the stressed syllable. You may need to play each word several times. Ensure learners can reproduce the stressed syllable when they repeat the words.
- **Question 5** Check learners have identified the correct stressed syllable for any new words.

Follow up

- Encourage learners to add the words and abbreviations to their personal glossaries.

If the learner has difficulty

- Read the words and abbreviations one at a time, starting with those they are more likely to know. Eliminate improbable meanings and find ways to work out the meaning from the initial letters and context.
- Play the audio clip more than once if necessary, or in sections.
- Practise syllable work with other familiar words such as hospital, ambulance, operation. Then proceed to marking stress.
- Ask learners to practise saying abbreviations such as A&E (accident and emergency, now often called ED for emergency department) and ENT (ear, nose and throat clinic).
- Practise saying the words together as a group.

Extension

- Encourage learners to practise saying the words in context by including them in whole sentences.
- Provide a longer list of medical terms. Ask learners to add to it any words they commonly hear or that they have heard but never understood. Practise saying the words aloud. Mark the stressed syllables.
- Discuss the meanings of the words and pool knowledge. Work out the meanings where possible. Check the meanings in a medical dictionary or glossary.
- Encourage learners to add the words and abbreviations to their personal glossaries.

PAGE 3:5

How to make sure you understand

Task 4 4–5

Objectives and curriculum references

to be able to understand the main points of information from a handover

to ask questions for clarification at handover

to obtain information missing at handover

to know when and how to check information

ESOL

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

Preparation

Discuss with learners what they can do if they don't understand something at handover or need more information. Elicit ideas about asking questions and requesting repetition during the handover, and checking with a colleague afterwards. Consider some of the problems they may encounter (e.g. a senior nurse who is irritated by their questions). Discuss solutions (e.g. ways of being firm but polite). Emphasise that asking questions for clarification represents correct professional behaviour. Stress the importance of grasping all information and ensuring full understanding before leaving a handover.

Task

- **Question 1** Ask learners to take turns in pairs to read a question aloud as if in a handover. Then encourage them to discuss whether the question asks for more details, checks understanding or checks with a colleague at the end. Discuss as a whole group.
- **Question 2** Play the audio clip and ask learners to complete the questions. Discuss the answers.
- Ask learners to pick out anything they don't understand or any information they still need. Using the examples on the page to help them, ask them to think of two or three questions to elicit the information.
- **Question 3** Play the audio clip, which includes the nurses' questions. Ask learners to compare the questions with their own. Discuss the questions and determine their relevance. When is it best to interrupt? (When the question requires a short answer, as in asking for the meaning of a word or abbreviation, or when a vital piece of information has been missed, without which nothing is comprehensible.) They might wait until the end to ask for missing information or to check certain small points.
- Encourage work on fluency and intonation as learners ask questions.
- **Question 4** Prepare learners for a role-play. Divide learners into pairs and give out copies of the Handover scripts for role-play from the Resources to each pair. Encourage learners to read the Handover scripts to become familiar with their role. Then ask them to act out the scenario, each learner giving the handover for one of the patients whilst the other makes notes. The listener must make sure they have all the information at the end, so they need to ask questions if they don't understand something. Remind learners that they can ask the speaker to slow down or repeat information.

Follow up

- Take feedback about what went well and what was difficult in the role-play. Record the questions they asked on a wall chart.
- Draw attention to the Nursing tips on the page.

If the learner has difficulty

- **Question 2** Go through the statements one by one and play the audio clip in sections that contain the answers. You will need to play the sections several times to give learners time to understand the information.
- **Question 3** Before learners try the question, discuss what information they would need to clarify or know about the patient, and how they would ask the questions.
- Play the audio clip through once.
- Give out copies of the transcript for the audio clip. Ask learners to highlight the comments and questions and then discuss the answers to the two questions. Then play the audio through again so that they can hear the answers in the conversation.

- **Question 4** For the role-play, pair less able learners with more able learners. Give the less able ones the task of asking questions rather than delivering the script. For the less confident, begin by encouraging them to raise their hand when they need to ask a question so that the speaker stops. Then give them time to prepare an appropriate question, in discussion with their colleague.

Extension 6

- Give learners further practice in listening to handovers and preparing questions to ask. Play the handover report for Colin Smith through once or twice and ask learners to take notes. They can then work individually or in pairs to prepare questions to clarify the information or to ask for more information.
- Use the Patient notes for Martin Anderton from the Resources as the basis for a role-play. Ask learners to work in threes for the role-play, taking turns to be an observer. Encourage them to prepare an observer checklist for reference during the role-play.
- Repeat the exercise using your own handover script.
- Ask learners to make a note of questions they ask or hear others ask during a real-life handover and to report these back to the group.

PAGE 3:6
How to take and use notes

Task 5 7

Objectives and curriculum references

to take clear, accurate notes from a handover

ESOL

Lr/L2.1b; Wt/L2.1b

Preparation

- Encourage learners to think about the circumstances in which they have to take notes, such as when they take telephone messages or in learning situations as a student. Ask them what they think of as good notes, encouraging them to identify clarity, brevity, legibility and sufficiency of information. Stress the importance of extracting all the main points and consider what these might be, first with a telephone message and then with a handover.
- Draw attention to the tips on the page about note taking.

Task

- **Question 1** Divide learners into pairs and ask them to explain to each other what they know about Mrs Rhanni from the notes. Discuss what else they need to know. As a whole group, discuss the clarity of the notes. Ensure learners understand the terms and abbreviations.
- **Questions 2 and 3** Play the audio clip once only and encourage learners to note down any missing information as quickly as they can.
- Discuss their notes and agree how best to note down the missing points. Then ask them to add to the notes on the page.

If the learner has difficulty

- Help learners to pick out the information they understand and to explain it in their own words. Ask them to suggest information they might need to know about Mrs Rhanni and then check to see if it is given. Then try to work out the meanings of the abbreviations.

- Play the audio clip several times or in short sections. Pause the audio as information points occur and discuss. For each point, work out how to make a note, using the tips given. Then play the whole clip again for learners to take notes, then add their notes to the notes on the page.

Extension

Direct learners to check other care plans and to explain to each other, in pairs, what they learn about the patient in each case and what they still need to know. Discuss the clarity, accuracy and usefulness of the plans.

Task 6 8

Objectives and curriculum references

to take clear accurate notes from a handover

ESOL

Lr/L2.1b; Wt/L2.1b

Preparation

- Discuss or look at examples of handover sheets from different institutions. Agree a model to use, either as a whole group or with individual learners.
- Ask learners to prepare their own note taking sheet based on the agreed model or use the one in the Resources.
- Play the audio clip once only for learners to take notes on their notes sheet. Half the group can take notes on Liliana Janek and the other half on Mrs Khan.
- In pairs, learners check their notes, amending as necessary.
- Pair learners so that they have notes on both patients. Ask one of the pair to brief the other on the patient, using their notes to help. Direct the one listening to take notes, then to read back what has been said. Learners then swop roles.

Follow up

- Listen to the audio clips again so that learners can compare their final versions with the original.
- Discuss what has been learnt from this and where errors are most likely to occur.

If the learner has difficulty

- Give out copies of the Note taking sheet for handovers from the Resources and discuss what information goes where.
- Play the audio clip and discuss what information will go in each section. Then either ask learners to take notes or hand out the notes on cards and ask learners to fit them into the appropriate sections.
- Discuss what learners think they missed. Ask them what else they need to know. Encourage them to check their notes with a colleague and to add any new information. Discuss any information they remember but didn't note down.
- Play the audio clip again until all information has been noted down.
- Devise a set of questions based on the scripts and ask learners to answer them as a group using their notes. *What is the name of the patient? What allergies does she have?*

Extension

- Ask learners to take notes from real-life handovers and to bring them back to class for a role-play in which they use their notes to brief colleagues who then take notes themselves.
- Alternatively, provide additional scripts for simulated handovers.

PAGE 3:7

How to update a care plan

Task 7

Objectives and curriculum references

to read and understand a care plan

to recognise where amendments to a care plan have been made and where they are required

ESOL

Rt/L2.7a

Preparation

- In this task learners practise reading a patient care plan that has been updated following handover.
- Provide some examples of care plans from different institutions. Ask learners to compare them with care plans they have used and to pick out the similarities and differences. Ask them to list examples of points most likely to need updating after handover, such as medication frequency or care procedures.

Task

- Ask learners to read the plan on the page, and ensure understanding.
- Divide learners into pairs to discuss the questions and agree answers.
- Take feedback as a whole group.

Follow up

- Draw attention to the tips.
- Ask learners to check care plans at their place of work and report back on how amendments are entered.

If the learner has difficulty

Work with learners question by question until they are confident about finding the answers.

Extension

Provide another care plan for one of the patients described in this theme. Agree some changes to be made and ask learners to enter them on the plan.

Reflection for the theme

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

Focus

Nurses coming on to a new shift need an accurate and clear spoken report on what has happened during the previous shift. This is called the handover. The purpose is to provide continuity of care.

Task 1

Look at these comments from different nurses. List the problems they raise about handovers. What could be done to improve the situation in each case?

1 *It's so difficult to write the information down. It's OK if I'm working with Samad. His English is better than mine, so I can always check what I've got to do.*

2 *I dread handovers. Some nurses talk so fast. You can tell they can't wait to get out. And it's even worse if they've got a strong accent.*

3 *Handovers can take hours – all those anecdotes and gossip about patients. And sometimes I'm sure they can hear what we're saying.*

Giving the report

- Speak clearly and at an appropriate pace so people can take notes.
- Check from time to time to make sure everyone understands.
- Don't assume knowledge of specialist medical terms.
- Be prepared to answer questions.

Listening to the report

- Take notes so that you have a record to refer to later.
- If you have difficulty following, ask the speaker to slow down. Check information if you miss it.
- Always ask questions if you need more information.
- Keep to the facts and avoid personal comments about patients.

How to listen for information 1

Effective handover reports follow predictable patterns:
- information is often given in exactly the same order
- the same words and expressions are often used.

If the report follows the same structure every time, it is easier to understand because you can anticipate what information is coming up.

Task 2

1

1 Listen to an extract from a handover. The nurse is giving an update on two patients: Mr Jarvis and Mrs Piddock. These are some of the points she mentions in her report. Number them in the order in which she mentions them.

- diagnosis/medical condition ☐
- details of treatments/care on previous shift/tasks for new shift ☐
- resuscitation status/allergies ☐
- past medical history ☐
- patient's name and age ☐
- bed location ☐

2 These phrases are frequently used in handovers.
- At which stage of the update are you likely to hear them?
- Discuss the kind of detail that is likely to follow.

He was admitted with … *He's had a/n …* *His … are/is …* *He suffers from …*

He's not for … *She has a history of …* *He's for …*

She's been diagnosed with … *She's still …* *He's got a/n … running …*

You'll need to … *She's allergic to …* *Could you …*

He'll need to be … *She's on …* *They're querying …*

Tip

Note that instructions can take different forms, e.g. 'Could you …' 'He'll need to be …'

Note the present tense used with 'She has a history of …' and 'He suffers from …' to indicate **past** record.

How to listen for information 2

1

3 These are some of the phrases the nurse used in the handover. Listen to the nurse doing the handover. How does she finish these sentences?

a He was admitted yesterday with … and he's been diagnosed with a …
b He has a past medical history of …
c He's on … and they're due again this morning, at …
d He's got a cannula in his … and has …
e He's got a catheter *in situ* and …
f He's on … via a … and his sats are …

Mr Jarvis
Admitted yesterday with pyrexia, shortness of breath and a chest infection

1

4 Listen again to the report on Mrs Piddock and complete the notes.

Admitted at _____ with a CVA.

_____ hemiplegia

Allergic _____

No movement on _____

Difficulty _____

_____ in progress – _____

Due to complete at _____

To be seen by _____

Tip

You may hear more than one key expression with the same meaning.

The patient was admitted … =
The patient came in

Mrs Piddock
Aged 75, admitted at 2 am with a CVA

5 Your teacher will give you the transcript. Look through it and find other phrases with a similar meaning to replace the words in bold.

a She **was admitted** with a chest infection.
b She's got an IV **going through** …
c The IV is due **to finish** at 6 pm.
d The **doctors** will **see** her this morning.

Nursing tip

Keep a record of key words and phrases that are used frequently in handovers on your ward. Ask a colleague for some suggestions if you don't get the chance to take part in handovers yourself.

How to listen for information 3

To understand all the information, you need to be familiar with a range of medical words, acronyms and abbreviations and to know how they sound when they are spoken.

Task 3

1 These are some medical terms and abbreviations used in handover reports. How many of them do you know? Match them to the definitions below.

> **Tip**
> Use a section of your vocabulary notebook to record abbreviations that are used frequently on your ward.

medical terms	drugs/tests	abbreviations
dementia	endoscopy	q.d.s.
incontinent	hydrocortisone	IV
haematemesis	metronidazole	CVA
pyrexia	nebuliser	AF
melaena		

a blood in the vomit
b an antibiotic drug
c decline in mental ability
d four times a day
e intravenous
f atrial fibrillation
g a high fever (above 38°C)
h an anti-inflammatory drug
i unable to control the passing of urine or faeces
j cerebrovascular accident (stroke)
k device for administering drugs in aerosol form
l examination of a body cavity through a telescope-like tube
m black, tarry stools

2 Listen to some extracts from different handover reports. Tick each term in the table above as you hear it.

3 Listen to the words in the first two sections of the table and count the number of syllables (parts of the word) you hear. For example, de-men-tia has three syllables.

4 Listen again and this time mark the syllable that is stressed (said more strongly). Practise saying the words with the correct stress, for example de-**men**-tia.

5 Add other words you know to the table above. Make sure you know how they are pronounced. Ask a colleague if you are not sure, or use a dictionary that has information on how words are pronounced.

> **Tip**
> Learn to recognise medical words by their sound. Notice which part of a word is stressed, e.g.: co-lon-**os**-copy, **pul**-mon-ary **em**-bo-lus, **cath**-e-ter.

How to make sure you understand

If you have missed information or have not understood:

- interrupt to check details during the handover
- ask for more details during the handover
- check any missing information with a colleague after the handover.

Tip

If people speak too fast, ask them to speak more slowly, e.g.
I'm sorry but your accent is new to me. Could you help me by speaking more slowly?

Task 4

1 Match each of the questions with one of the points above.

a *Sorry, Peter, was that IBS or IBD?*

b *Do we need to phone the pharmacy about her drugs?*

c *I missed some of the report on Mr Barr. Could I check with you to see what you've got?*

d *Excuse me, but what does 'subcutaneous' mean?*

e *I've got another question about Mrs Dawe. What kind of pain relief is she getting?*

f *Zanna, I didn't catch what Peter said about Mr Marconi. Is he going for an endoscopy today?*

4 **2** Listen to an extract from Nurse Banerjee's report on another patient, Jenny Lewis. Which of these facts does she give?

a The metronidazole drip should be taken down when it's finished. Yes / No
b TPN means total parenteral nutrition. Yes / No
c Jenny's bowel movements overnight have been recorded. Yes / No
d Jenny's haemoglobin needs checking. Yes / No
e Her parents are in the hospital. Yes / No
f She has had this problem before. Yes / No

5 **3** Now listen to the update on Jenny Lewis again, but this time with other nurses' questions and comments. Discuss:

- which questions and comments are the most relevant
- when it is best to interrupt and when to wait.

4 Work with a colleague to role-play a handover, using the information your teacher gives you. Take turns to give the update.

Nursing tip

Remember that time for handover is limited.

- Concentrate on the facts.
- Don't use handover for discussion about medical matters in general.
- Don't raise personal problems.
- Don't make personal remarks about patients.

How to take and use notes

At handover, it is essential to note down information you'll need during your shift. Any notes will have to be written quickly but you must be able to read and understand them later.

Tips for accurate note taking	
Write only: ● key words ● abbreviations ● numbers, times, quantities	Avoid writing: ● full sentences ● full medical terms ● unimportant words ● a lot of descriptive words

Task 5

1 Look at Nurse Banerjee's notes for Mrs Rhanni. Discuss:
- what they tell you about Mrs Rhanni
- how easy they are to understand.

Bed	Name	Age	Diagnosis/PMH	Nursing care/ treatment
3	Mrs Rhanni	65	Acute asthma SOB PMH: LVF	O_2 SaO_2 – 90% salbutamol nebuliser q.d.s. all care – for bed bath am

7 2 Now listen to Nurse Banerjee's handover report for Mrs Rhanni. Are the notes accurate? Discuss what is unclear or missing.

3 How would you note down any missing information? Add your own notes.

Task 6

8 Listen to a handover report for two more patients, Liliana Janek and Mrs Khan.

1 Prepare your own notes sheet to take down the details.

2 Listen to the update and take notes.

3 Check your notes with a colleague. Amend them if necessary.

4 Take turns to brief your colleague about one of the patients, using your notes.

5 Listen again and check your accuracy.

How to update a care plan

To provide appropriate professional care for patients, you must ensure that their care plans are kept up to date and accurate. Always check your patients' care plans after handover, and update as necessary.

Nursing tip

If you have more than three or four amendments, you may need to rewrite the whole care plan.

Task 7

Look at this extract from the care plan for Mr Jarvis and answer the questions.

Patient name Mr Jarvis	**Unit number** 0000007
Problem: Patient has high temperature due to: Chest infection	
Goal: 1. To establish cause of temperature and relieve symptoms. 2. For temperature to be reduced to normal limits i.e. between 35 and 37°C	
Action: • Monitor temperature, pulse and respiration ~~×4~~ daily × 2 RSherwood 11/7/04 8:30 R. SHERWOOD and give medications as prescribed. • Encourage oral fluids ~~or~~ and give IV fluids as prescribed. RSherwood 11/7/04 6:15 R. SHERWOOD • Offer a wash, change bed linen and fan if required. • Assist doctors with investigations as requested. • Inform doctors if temperature continues to rise or symptoms worsen. • pr paracetamol as Mr Jarvis is not swallowing tablets due to reduced conscious level RSherwood SHERWOOD 11/7/04 • ~~Cannula inserted 10 July in left antecubical fossa.~~ Cannula resited 11 July in back of R hand RSherwood R. SHERWOOD 11/7/04 8:30 • ~~IV ABs commenced 10 July.~~ Oral antibiotics in liquid form commenced 11/7/04 RSherwood R. SHERWOOD 11/7/04 8:30	

Delete information by drawing a line through it.

Sign and date each amendment, print your name and give the time.

Ensure all original information remains legible.

Write new, updated information next to the original.

Ensure your writing is clear and accurate.

1 What is the diagnosis for Mr Jarvis?

2 Which nursing actions on the plan are standard for all patients? How can you recognise them?

3 How many times have the standard actions been amended or updated? How do you know?

4 What changes are recorded on Mr Jarvis's care plan?

5 How is paracetamol to be administered? Why?

6 What do you do to the original text when you amend it?

Nursing tip

Care plans may vary in design. Look at a care plan in your place of work and check how the amendments are entered.

Resources

Task 4 on page 3:5

4.4 Handover scripts for role-play

In bed 1 is **Mr Jarvis**, an 80-year-old man from a nursing home. He was admitted yesterday with pyrexia and shortness of breath and he's been diagnosed with a chest infection. He has a past medical history of cancer of the colon and dementia. He has no allergies and he's not for resus. He's on IV antibiotics and they're due again this morning, at 10 am. He needs all care as he's completely bed bound. His pressure areas are intact. He's being nursed on a pressure mattress. He'll need his position changing again in 20 minutes. He's got a cannula in his left arm and has IV fluids going through. That bag's due through at 2 pm. He's got a catheter *in situ* and it's draining well. He's on oxygen – 6 litres via a mask – and his sats are 96 per cent. He's still pyrexial and he's been given PR paracetamol. His son works in Scotland. I spoke to him yesterday and this morning and he knows that his father's deteriorating fast, and he'll be here tomorrow. Medics will review Mr Jarvis this morning. I think that's everything on Mr Jarvis.

In bed 2 we've got **Mrs Piddock**, a 75-year-old lady. She came in at 2 o'clock this morning with a CVA. She's got a right hemiplegia that's affecting her right side. She's for resus and is allergic to penicillin. OK. She's on hourly neuro obs. She is responding a bit. She'll open her eyes if you call her name, but otherwise she's pretty unresponsive. She's got no movement whatsoever on her right side. She's also having difficulty swallowing. She's nil by mouth and we're awaiting assessment.

She's got an IV in progress – 1 in 8 dextrose saline – and it's due to complete at 10 am. She's got a catheter as well. That's draining well, so no problems there. Her urine output is adequate. Obviously she'll need total patient care.

The stroke team will see her this morning and then I imagine they'll be looking for a bed for her on rehab.

Resources

Task 4 Extension on page 3:5

Patient notes

In cubicle 2 is Martin Anderton, a 20-year-old student, admitted last night with haematemesis. He has no past medical history to note and is for resus. He's going to have an endoscopy this afternoon and has been NBM since 6 this morning. He's had one further episode of haematemesis but no melaena. The endoscopy checklist and consent form are by his bed. He's due to go down anytime soon as the afternoon list has just started. Oh, and you'll need to send down his medical notes with him.

Resources

Task 6 on page 3:6

6.1 Note taking sheet for handovers

Name	Age	Diagnosis/PMH	Nursing care/treatment
Liliana Janek			
Mrs Khan			

Resources

Reflection form

Name:	Theme: **Handovers**
What have I learnt from this theme?	
What can I do better now?	
What can I apply immediately into my practice?	
Is there anything I am not sure about or need more information about?	
How will I go about getting this knowledge?	
What else do I need to do to further my studies in this area?	
How might I go about doing this?	

PAGES 3:12–3:17
Everyday care

Professional setting

This theme focuses on the communication that takes place between nurses and patients during routine care procedures. In particular, it explores the kinds of social conversation a nurse can make to be reassuring and comforting to a patient while gaining helpful background information and giving explanations and instructions. It is very much concerned with the nurse's need to gauge a patient's feelings and to empathise.

This theme develops the skills needed to:

- make social conversation with a patient during routine care
- gauge the feelings of a patient and respond accordingly
- give instructions in an informal but professional context
- comfort and reassure a patient
- adapt language and vocabulary to suit the patient.

Materials

Audio equipment

Blank cassettes

Resources for the theme:
– Observer feedback sheet (3:18)
– Setting cards for role-play (3:19)
– Reflection form (3:20)

Dictionaries

Video extracts from a television medical drama to illustrate body language

Learning outcomes/objectives

1 to listen and be able to infer meaning from a patient during routine care
2 to make social conversation that reassures and comforts
3 to listen and know how to respond to a patient, using appropriate language
4 to give clear instructions that take account of patient needs
5 to persuade a reluctant patient

Curriculum objectives

ESOL

Sc/L2.2a; Sc/L2.3b; Sc/L2.4d; Sd/L2.2a; Sd/L2.2d; Lr/L2.2b; Lr/L2.4a; Rt/L2.3a; Rt/L2.7a

Focus PAGE 3:12

Suggested teaching activities

- Set the context by asking learners to make a list of their most common care routines, such as washing and toileting. Ask learners how care requirements in the UK differ from those in other countries, for example in some countries washing and feeding are performed solely by relatives. Discuss time restrictions and how these may cause some care procedures to be cut short or abandoned altogether.
- For each procedure named, ask learners to imagine themselves in the patient's position. Discuss what the patient might be feeling. Ask learners to give examples of things they say to patients to reassure or comfort them. Discuss how much time a nurse has to talk to a patient and what kind of things need to be said. Ask learners for examples from their experience of good rapport with patients and of times when communication fails.
- In groups, ask learners to discuss and report back on these two discussion points.
  1 What makes a conversation work well with a patient?
  2 What are the barriers to good communication with a patient?

Task 1 9

- **Question 1** Direct learners to the illustrations. Ask them to explain what is happening in each and the likely feelings of the patient.
- Ask individual learners to read aloud from the speech-bubbles with appropriate intonation. Ask them to discuss briefly what the nurse is trying to do in each case.

- **Question 2** Play the parts of the audio clip one by one and discuss the nurse's possible actions.
- Draw attention to the points in the summary at the bottom of the page and ask learners to match each speech-bubble to the relevant point(s).

PAGE 3:13

How to make social conversation 1

Task 2 10

Objectives and curriculum references

to listen and infer meaning from a patient's comments and responses

to listen and recognise a patient's feelings during care procedures

to listen and respond appropriately to a patient

to recognise informality of a nurse's tone during a care procedure

to conduct a continuous, informal conversation with a patient

ESOL

Sd/L2.2a; SdL2.2d; Lr/L2.2b; Lr/L2.4a

Preparation

- This task develops informal conversation skills for use while carrying out a care routine.
- Focus on the care routine of brushing hair. Ask how many learners have done this. Discuss what they might talk about while giving this type of care, and why.

Task

- **Questions 1 and 2** Play the audio clip through twice, the second time picking out the extracts shown on the page. Discuss questions 1 and 2 as a group. Stress the importance of listening to what the patient says and working out what is being communicated. Advise learners to allow silences from time to time if the patient seems to need them.
- **Question 3** Make sure learners understand the difference between formal and informal. Encourage learners to give examples of formal or informal features in speech, for example:
  - informal – incomplete sentences, hesitation and pauses, discourse markers, simple vocabulary
  - formal – complete sentences, structured progression, technical or specialist vocabulary.

- **Question 4** Treat the role-play as a confidence-boosting exercise. The aim is to keep the conversation flowing and to listen and respond while reassuring the patient. Divide learners into groups of three: nurse, patient and observer.
- Ask each group to determine a care situation with which they are familiar and to plan their roles, for example, the patient must work out some key personal details before starting the role-play. Provide the observer with a copy of the Observer feedback sheet from the Resources to complete during the role-play.

Follow up

- Take feedback and discuss the role-play, checking against the observer feedback criteria.

If the learner has difficulty

- Help learners to infer meaning from a patient using video extracts from a television medical drama. Discuss body language as well as speech. Talk about the importance of communicating in this way with patients and look at examples of formal and informal interchanges.
- Play the audio clip several times and in short sections before asking learners to complete the questions.
- **Question 4** Provide a care scenario for learners. Work out the patient's personal details with the group. Allow learners to practise the role-play in pairs first, without being observed. This allows them to gain confidence and concentrate on a conversation that flows. Then ask for two volunteers to role-play while the others observe.
- Discuss the effectiveness of the conversation with the whole group. Pick out effective parts of the conversation and write them on the board. Then ask all learners to role-play again using the expressions on the board to help them.

Extension

- Direct learners either to observe another nurse conversing with a patient or to engage in continuous conversation themselves with real patients during routine care.
- Ask them to report details of each scenario to the group, how they think the patient felt and what was said.
- Role-play some of the scenarios they describe in groups of three, one as an observer.
- Discuss the outcomes.
- Direct learners to record useful expressions in their notebooks and to practise using them.

PAGE 3:14

How to make social conversation 2

Task 3 11–12

Objectives and curriculum references

to listen and respond to a patient during routine care

to recognise and be able to use appropriate expressions and vocabulary to suit the patient and the situation

to recognise how different kinds of questions are used to gain different types of information

ESOL

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

Preparation

- Ask learners to suggest different kinds of conversation they have with people on a normal day. Ask them to recount conversations they have already had that day by asking questions such as: *Who have you talked to today? What did you talk about?*
- Discuss whether some conversations were easier than others to conduct. Learners may identify easier conversations as being variously those made with friends, those about topics of common interest and those that are relatively informal. More difficult conversations may involve strangers or people in authority, people in a heightened emotional state, and formal situations.
- Ask how these conversations differed. Elicit comments about what the people said and how they said it. Display some examples and discuss.

Task

- **Questions 1 and 2** Play the audio clip and discuss the words used. Talk about the difference between the words in questions 1 and 2, eliciting ideas about formal medical language (menstrual cycle), common usage (period) and words used only among friends (the curse).
- Discuss the reasons for different words and introduce the concept of euphemism and its importance in avoiding embarrassment. Elicit more examples of euphemisms or colloquial expressions used by patients. Consider words that are used with children.
- Emphasise the importance of listening to what the patient says and, if appropriate, mirroring the vocabulary (unless the words are confined to a specific social group or are obscene).
- Discuss Neguste's probable feelings.
- **Question 3** Draw on the scenarios and expressions used in the previous task as well as new ideas to construct word banks for each care situation. Encourage learners to practise saying the expressions with appropriate intonation to gain fluency.
- **Question 4** Play the audio clip. Focus on the use of questions and ask learners to identify how they are phrased differently according to purpose. Elicit ideas about inappropriate questions and how these might be influenced by a patient's age, ethnicity, religion, sexual orientation, etc.
- Discuss which questions provide the nurse, as carer, with the most important information about Neguste.
- Draw attention to the Nursing tip and discuss.
- Set up the 'Think about it' discussion point for small groups, with each group reporting back a summary of the main points of the discussion.

Follow up

Direct learners to the tips. Draw attention to the use of abbreviated answers in informal conversation, as demonstrated in the audio clip.

If the learner has difficulty

- Provide lists of words and expressions relating to a variety of care tasks. In pairs, ask learners to identify the tasks and group the words accordingly.
- Play the audio clips more than once if necessary, or in sections.

Extension

- Ask learners, in pairs and in a set time limit (e.g. five minutes), to think of as many questions as they can from the real conversations they have had with patients during routine care.
- Reconvene the whole group and see which pair has produced the most questions. Encourage oral practice, concentrating on intonation.

- Discuss the circumstances in which these questions might be used (e.g. to obtain medical information, to show personal interest, to seek consent, etc.).
- Ask learners to report back at the next session which of the questions they have found most useful in real care situations.

PAGE 3:15

How to give instructions while moving patients

Task 4 13

Objectives and curriculum references

to listen and recognise instructions embedded in a conversation

to give a range of instructions relating to movement of all or part of the body

to know and use appropriate words for parts of the body

ESOL

Sc/L2.4d

Preparation

- Ask learners to talk about their experience of moving patients. Discuss the difficulties they have experienced.
- Focus on the photograph on the page and invite learners to describe what they think is happening and what the nurse might be saying to the patient.

Task

- **Question 1** Ask learners to sequence the instructions by numbering them or by writing them on cards and placing the cards in order. Note that the order of some instructions could vary, e.g. Easy does it.
- **Question 2** Play the audio clip and ask learners to compare their order with the order the nurse gives. Re-order their list as necessary.
- **Question 3** Focus on pronunciation and stress. Play the audio clip a number of times if necessary for learners to copy the sounds.
- **Question 4** Learners work in pairs. Encourage learners to use the given expressions, plus any others they want to use from question 1 or that they already know. Take feedback and display some examples of useful expressions. After pooling examples, repeat the role-play, swopping roles.

Follow up

Draw learners' attention to the tip and prepare them for the work on manual handling policy on the next page.

If the learner has difficulty

- Provide the instructions on cards. Help learners to read them aloud.
- In pairs, ask learners to act out the scenario, stopping at each move to select a card until they have completed the set.
- Check the order they came up with and discuss any difficulties.
- Swop roles and repeat until they have found a suitable order.
- Play the audio clip, stopping as necessary to highlight points and clarify meaning.
- **Question 4** Plan the role-play by producing more examples of instructions about how to move the body. Ask learners to practise saying them and to focus on intonation.
- Set a gap-fill quiz in which learners complete instructions such as: 'Look ahead; don't look down', 'I'm going to say "ready, steady, go" ', 'Are you ready to have a go at standing?'

Extension

- Set up a role-play in which learners have to physically move a patient. Act out the scenario in groups of three: nurse, patient and observer.
- Ask the observer to note down instructions as they occur in the role-play and any suggestions for instructions that seem to be missing.
- Take feedback from the observers and display on the wall chart any new instructions that have emerged.
- Discuss the tone of the instructions, such as recommended use of 'please', 'would you mind …', 'could you just …'.

PAGE 3:16

How to persuade uncooperative patients

Task 5 14

Objectives and curriculum references

to be familiar with a manual handling policy and its contents

to extract information from a policy document

to persuade and reassure a reluctant patient in a calm but assertive manner

ESOL

Rt/L2.3a; Rt/L2.7a; Sc/L2.2a; Sc/L2.4d

Preparation

- In this task learners practise ways of persuading and reassuring a patient who does not want to be moved, while proceeding with the task of moving, and conforming to professional guidelines.
- Ask learners to describe occasions when they have moved patients who have not wanted to be moved. Discuss how they resolved the issue and what the best course of action might have been.
- Draw out learners' knowledge of a patient's rights in the situation and of the nurse's professional position. Discuss the paradox of a patient's right to give or withhold permission and the nurse's professional duty to carry out the task.
- Ensure learners understand the nurse's accountability and responsibility for his or her own safety.
- Discuss learners' knowledge of manual handling policies in their workplaces. Remind learners of the difference between 'manual' as a noun meaning 'handbook' and as an adjective in 'manual handling' (meaning by hand).

Task

- Direct learners to the illustration. Briefly take comments about what the nurse might do or say. Discuss the nurse's professional position with regard to mobilising patients.

- **Question 1** Ask learners to read the extracts on the page, explaining that they are parts of a much longer document.
- Ask them to jot down the answers to the questions, then discuss the answers as a group.
- **Question 2** Set up a role-play in pairs to allow learners to experience the difficulty. Keep the role-play brief, as the participants may reach deadlock.
- Talk about the difficulties encountered – what tone to take, what to say.
- **Question 3** Play the audio clip and ask learners to pick out and repeat some of the things that Dan says to persuade his patient.
- Ask them to identify how Dan's words persuade – he explains the medical necessity of moving; he soothes the patient with comforting words.
- With the role-play fresh in their minds, ask learners to practise the expressions in question 3, using appropriate intonation to convey a sympathetic attitude.
- **Question 4** Encourage learners to check the meaning of the words, as necessary, with colleagues or in a dictionary. Discuss their answers.

Follow up

Draw attention to the tips and discuss.

If the learner has difficulty

- Ask learners to read through the text section by section, stopping after each for discussion. Ask them to highlight any unfamiliar words and to discuss their possible meanings with the group. Encourage them to write alternative meanings above the difficult words where possible.
- Take turns to read a sentence at a time and pick out points of difficulty for discussion, such as the use of the passive form.
- Ask learners to find the longest sentence and break this down into sections.
- Ask learners to explain particular points in their own words.
- When they are confident, ask them to look at the questions and find the place in the text where the answers can be found. Then discuss the answers.
- For the role-play, divide the group into two: nurses and patients. Ask those playing the nurse to think of three or four persuasive things they might say. Write these on the board and suggest more idiomatic forms if appropriate. Encourage learners to practise saying the phrases in a suitable tone. Then ask those playing the patient to vote for the most persuasive statement and to discuss their reasons.
- Talk about the need for persuasion rather than coercion and encourage learners to give reasons for persuasion, taking account of patient consent and cooperation.
- Play the audio clip once and then again in short sections, stopping for discussion.
- Ask learners to vote for the most persuasive expression used by Dan and to talk about the kind of tone that they would find most persuasive as a patient. Encourage them to practise the expression and the tone. Then complete the task.

Extension

Choose some more sections from a manual handling policy or from another policy from the workplace. Ask the patients to read and answer questions.

PAGE 3:17

How to talk to patients during care

Task 6

Objectives and curriculum references

to be able to talk to a patient during routine care using appropriate language, tone and register.

ESOL

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

Task

- This task practises the speaking skills acquired in the theme in a role-play.
- **Question 1** Divide the learners into groups of three and ask them to choose a care scenario and to agree who will play the roles: nurse, patient and observer.
- **Questions 2 and 3** Set up a planning session in which learners develop a bank of words and expressions for the role-play.
- **Question 4** Provide learners with the Setting cards for role-play from the Resources and discuss how to complete them.
- **Question 5** Learners act out the scenario, taking account of the points listed on the Observer feedback sheet from the Resources.

Follow up

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

If the learner has difficulty

- Allow learners to role-play in pairs, without an observer, for practice.
- Discuss any difficulties and add helpful expressions to the wall chart.
- Encourage learners to practise repeating any new expressions.
- Re-run the role-play, this time in threes with an observer.
- Discuss the role-plays.

Extension

Swop roles and repeat the role-play with different scenarios.

Reflection for the theme

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

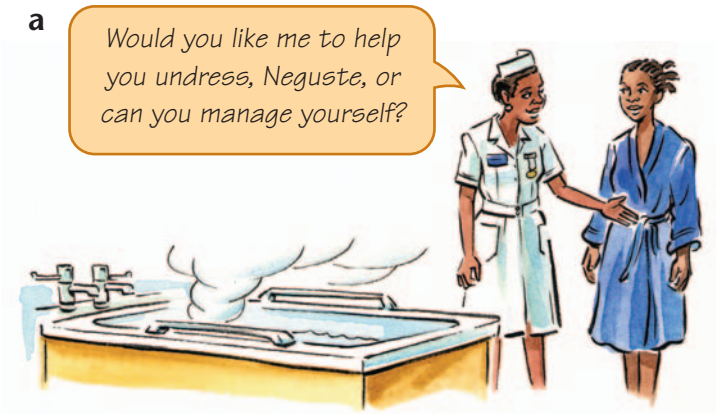
Focus

As a nurse in the UK, you are responsible for the personal care of your patients, which can include washing and bathing, feeding and toileting, moving and handling.

Task 1

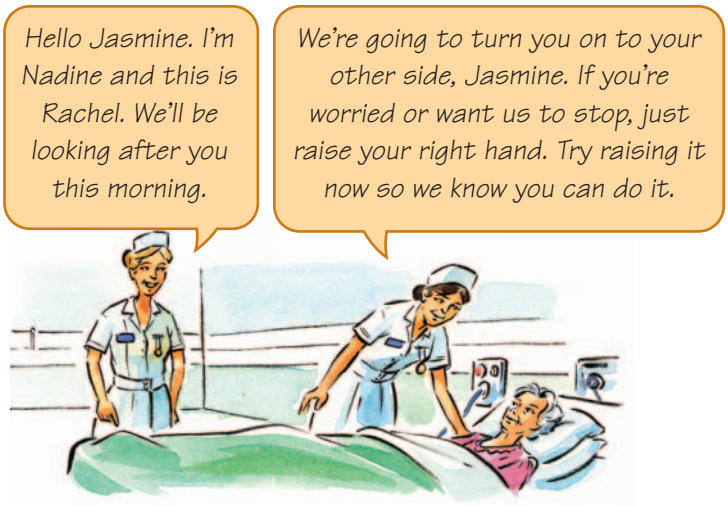
1 Discuss these four situations. What do you think the patient is feeling in each case?

a



b

c



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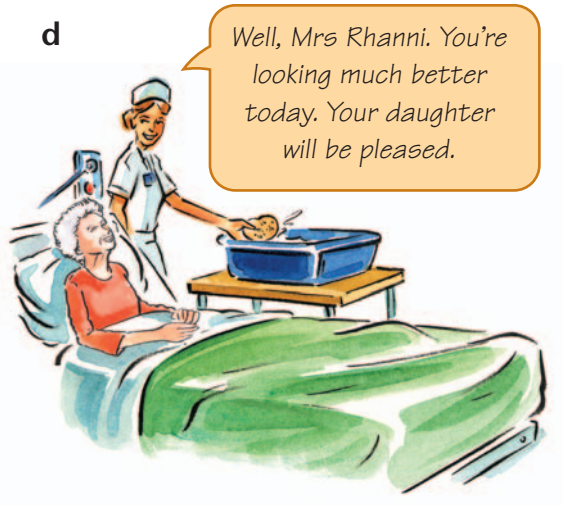


2 Listen to the nurses telling you about each patient. What could each nurse say or do to help their patient? 9

Before giving care

Check nursing notes before approaching the patient.

Always introduce yourself and/or greet the patient.

Explain what you're going to do in advance.

Make sure you get the patient's consent.

While giving care

Be friendly and sociable.

Show respect for the patient's privacy and dignity.

When mobilising a patient

Give clear instructions.

Give reasons for your actions.

Reassure and encourage the patient.

Be firm but at the same time reassuring and encouraging.

How to make social conversation 1

During everyday care procedures, help to put your patient at ease by making friendly conversation. To do this you need to:

- listen and infer meaning from what your patient says
- respond appropriately to your patient
- keep the conversation going so that it sounds natural.

Task 2

10

1 Listen to the conversation between Sally and Mrs Rhanni. Has Sally cared for Mrs Rhanni before? How do you know?

2 Listen to these extracts from the conversation. What do they tell you about Mrs Rhanni's needs or feelings? Discuss Sally's replies. What effect do they have?

a

Mrs Rhanni: One minute you can't breathe, the next they put you on this machine and it's not so bad … It was really bad, though ... when it was happening.

Sally: Oh, I know it was. I am sorry. Never mind. It's all over now. And you're in good hands.

b

Mrs Rhanni: Oh … well … that's nice. Don't brush it too hard, though, will you? I've got a sensitive scalp.

Sally: Oh … have you? Well, you may find the shampoo I used will have helped … it's very gentle. Perhaps you'd like some hair tonic too?

c

Mrs Rhanni: Oh, I don't know. I don't even use conditioner. It doesn't suit my hair.

Sally: Perhaps I'll leave it then, and just brush gently.

Mrs Rhanni: I just want it neat and tidy. For Zianna.

Sally: That's your daughter, isn't it – Zianna? What a pretty name!

3 Which word from each pair below would you use to describe the conversation? Discuss your reasons.

formal/informal relaxed/tense friendly/unfriendly

4 In pairs, role-play a care situation, such as brushing hair or shaving. Aim to keep the conversation flowing and to respond to the patient's needs.

How to make social conversation 2

During care, it is important to listen to your patient and adapt what you say according to the patient's needs. As you speak, think about:

- whether the patient understands you
- whether the patient is embarrassed
- whether the patient has important background information to share.

Task 3

11

1 Listen to an extract of a conversation between a nurse and the patient, Neguste. The nurse uses three different words or expressions that mean the same thing. What are they? Which of the three does Neguste use?

2 Look at the following sets of words and expressions. Which would *you* use with a patient?

pyrexia fever high temperature
vomiting puking throwing up
gown nightie nightdress
faeces stool poo
pyjamas jimjams nightclothes

3 Choose two or three personal care activities patients may need help with (e.g. toileting, dressing, feeding).

a Make a list of useful words and expressions for each.

b Complete these phrases for each activity.

- Would you like me to …?
- Shall I …?
- I'm just going to …
- If you like, I'll/I could …

12

4 Listen to another extract from the conversation. What questions does the nurse ask:

- about family?
- about living arrangements?
- to get permission to do something?

Nursing tip

On busy wards, time for individual contact with patients is limited, so when giving care, use the time as an informal opportunity to find out about:

- the patient's response to treatment
- any concerns and worries.

Think about it

In the UK the nurse is responsible for the patient's personal care.

Is this the same in other countries where you have worked?

How to give instructions while moving patients

As you help a patient to move, you need to give clear instructions and use precise language.

Task 4

1 Look at these instructions for getting a patient out of bed.
Put the instructions in a logical order.

Now the other one.
Don't put your weight down yet.
Now sit on the edge of the bed.
Take hold of the Zimmer frame.
Put your weight on your left leg first.
Easy does it.
Can you roll over to your right side?
Now your right leg.
Raise your leg.
Straighten up.
Bend your foot.
Push the Zimmer frame forward.
We need to get you up and moving around today, Charles.
Lift your heel.

13 **2** Listen to the nurse giving the instructions and check the order.

3 Practise saying the instructions so that they are clear.

4 In pairs, act out a conversation as you help a patient to a chair by the bed. Use these expressions to help you.

Push yourself up off the bed with your hands.

Swing your legs over the side of the bed.

Make sure your feet are firmly on the floor.

Reach for the arms of the chair. Then lower yourself gently.

Tip

For safety reasons, you should encourage your patients to mobilise themselves and not to rely on you, the nurse.

How to persuade uncooperative patients

If patients are uncooperative when you are carrying out essential care tasks, you need to be firm but persuasive.

Task 5

Charles has mobilised for a few feet. He now refuses to move further.

1 Read these extracts from a hospital manual handling policy and answer the questions.

a All patients who require any assistance to move must have this clearly indicated on the front sheet of their care plan. The detailed assessment for the specific patient must include:

b The assessment must be reviewed and updated as the patient's condition and ability changes.

If a patient refuses to cooperate in being moved using a hoist, as deemed necessary by the manual handling risk assessment, nursing care must continue as before, but without the patient being lifted or handled in a harmful way for staff.

c Each healthcare professional is accountable for their actions and responsible for ensuring that they have received training and updates in relevant theory and practice and in how to use the area's moving and handling equipment.

a What must you check and update if necessary before moving the patient?
b What must you not do?
c What must you do to ensure your own safety?

Tip

Policy documents:

- are formal
- use the third person: 'all patients', 'each healthcare professional'
- tell you your obligations: 'all patients **must** …' 'each healthcare professional **is responsible for** …'.

2 Role-play what you might do or say if Charles refuses to move.

14 **3** Listen to the nurse talking to Charles. What does he say and do to persuade Charles? Practise making suggestions beginning:

Why don't you … I suggest you … Try and …

4 Circle the words that describe the nurse's tone.

calm assertive angry sympathetic
frustrated in control purposeful reassuring

Tip

If a patient is uncooperative:

- keep calm
- explain the situation clearly
- negotiate
- elicit help from another staff member.

ESOL Rt/L2.3a; Rt/L2.7a; Sc/L2.2a; Sc/L2.4d

How to talk to patients during care

In this task you select and practise skills from the theme in a role-play.

Task 6

Act out a conversation with a patient during routine care.

1 Choose your care situation. This list may help you.

washing

styling hair

manicure/pedicure

mobilising patient

feeding

shaving

changing bed linen

turning a patient in bed

2 Make a mind map with words and phrases you'll need in the role-play.

3 Look through the theme and find useful expressions for:

- introducing yourself and/or greeting the patient
- getting the patient's consent
- explaining what you're going to do
- reassuring and encouraging the patient.

4 Work with a colleague. Discuss the context for each role-play and complete the setting card your teacher gives you.

5 Act out each care situation, taking turns to give constructive feedback on how the nurse deals with the patient. Your teacher will give you the setting cards and a feedback sheet to complete.

Resources

Task 2 on page 3:13 and Task 6 on page 3:17

2.4 and 6.5 Observer feedback sheet

Does the nurse:

• Show sympathy?	Yes	No
• Reassure/encourage the patient?	Yes	No
• Refer to previous knowledge of the patient?	Yes	No
• Seek permission from the patient?	Yes	No
• Show an interest in the patient's private life?	Yes	No
• Use appropriate language?	Yes	No
• Use appropriate tone?	Yes	No
• Make eye contact with the patient?	Yes	No
• Keep the conversation going in a natural way?	Yes	No

Comments and suggestions for improvement

Resources

Task 6 on page 3:17

6.4 Setting cards for role-play

Patient

My name is:

My nationality is:

My diagnosis is:

The care I've received is:

My family situation is:

The concerns and worries I have are:

People who might visit me are:

Nurse

The care I'm giving is:

While giving care, I must make sure I:

- get the patient's consent for anything I do for them
- put the patient at ease by making conversation
- sound reassuring and encouraging
- respect my patient's privacy and dignity
- respond to my patient's needs.

Resources

Reflection form

Name:	Theme: **Everyday care**
What have I learnt from this theme?	
What can I do better now?	
What can I apply immediately into my practice?	
Is there anything I am not sure about or need more information about?	
How will I go about getting this knowledge?	
What else do I need to do to further my studies in this area?	
How might I go about doing this?	

PAGES 3:21–3:27

Explaining procedures to patients

Professional setting

This theme is about what nurses need to say to patients as they carry out specific care procedures. In particular, it focuses on the need for nurses to explain their actions and shows how explanation serves several purposes:

- to inspire patient confidence and cooperation
- to provide the patient with information, which is a legal right
- to obtain informed consent from the patient, without which no action can be taken
- to calm and reassure the patient, especially when carrying out procedures that may be painful or uncomfortable.

This theme develops the skills needed to:

- read and understand formal care instructions
- listen to a colleague explaining what to do in a care procedure
- carry out a care procedure in a professional manner while explaining the process to the patient
- adapt language to suit the patient and the situation
- invite the patient to consent to a procedure
- give explanations in an emergency situation as well as in more routine procedures
- respond to a patient's questions about a procedure
- mix explanation with more informal social interaction.

Materials

Audio equipment

Blank cassettes

Resources for the theme:
- Pictures for role-play (3:28)
- Role-play cards (3:29)
- Observer feedback sheet (3:30)
- Reflection form (3:31)

Dictionaries and medical glossaries

Learning outcomes/objectives

1 to recognise the features of formal text
2 to read and understand formal care procedures
3 to listen and learn from explanations by colleagues about care procedures
4 to express explanations about care procedures clearly and in appropriate language for patients
5 to put a patient at ease and to reassure
6 to seek a patient's consent

Curriculum objectives

ESOL

Lr/L2.2c; Rt/L2.3a; Rs/L2.1a; Rw/L2.2a; Rw/L3a; Lr/L2.2b; Sc/L2.4d; Lr/L2.2a; Sd/L2.2a

Focus

PAGE 3:21

Suggested teaching activities

- Set the context by acting out a scenario. Select two learners. Ask one to lead the other to the front of the class and then to follow your instructions, such as: *Ask your colleague to sit on the desk. Ask him to remove his shoes. Ask him to close his eyes and open his mouth. Ask him to roll up his sleeve.* After four or five instructions, stop and ask if the learners want you to carry on. They will almost certainly say no or ask what you are doing or why you are doing it.
- Explain that you want to monitor the response of someone who is being given instructions but doesn't know why. Discuss the feelings of the two learners involved. Elicit points such as: 'I felt nervous because I didn't know what would happen next'; 'I was worried you were going to embarrass me in front of the class.'
- Ask learners to compare this scenario with carrying out a care procedure. Suggest they put themselves in the patient's position and discuss what the patient might be feeling during the procedure and what might help. Talk briefly about how much they think a nurse should explain a procedure to a patient.

- Remind learners that in the UK patients have legally protected rights and nurses are bound by a Code of Professional Conduct to respect those rights. Elicit learners' experience of patients' legal rights and Codes of Professional Conduct in their own countries or countries where they have nursed.
- In groups, ask learners to discuss and report back on these two discussion points.
  1 How much information would you expect to give to a patient during a care procedure?
  2 What are the professional responsibilities of a nurse towards a patient during a care procedure?

Task 1

Direct learners to the introduction and illustrations on the page. Ask them to read the speech-bubbles and check the comments in boxes.

- **Questions 1 and 2** Ask learners to read questions 1 and 2 and discuss the answers.
- Display a list of care procedures from the learners' suggestions and find out how many learners have undertaken the procedures. Remind learners that these procedures are often called 'interventions'.
- Ensure understanding of the comments annotating the text extract (e.g. imperative form of the verb) and ensure learners recognise that this is formal text. Ensure learners recognise note form and the omission of words such as 'a', 'the', 'the patient's', which are understood and therefore don't need to be stated. Explain that this particular form of omission is common in instructions.

Follow up

Draw attention to the checklist for performing a care intervention and briefly discuss reasons for this order of actions.

PAGE 3:22
How to find out about care procedures

Task 2 15

Objectives and curriculum references

to identify sources of information about care procedures

to listen and extract key points about a care procedure from informal verbal instructions

to read and extract key points about a care procedure from a formal document

to identify and compare the features of formal/informal and written/spoken language

ESOL

Lr/L2.2c; Rt/L2.3a; Rs/L2.1a

Preparation

- This task explores and gains information from both written and spoken care instructions, in order to ensure sound knowledge of care procedures. The skills should focus on features of spoken and written language and on gaining information from formal and informal sources.
- Discuss some of the care procedures listed in Task 1. Ask learners how confident they are about the procedures and how often they have performed them. Talk about how they learn to perform care procedures/interventions correctly.
- Remind them that it is their professional duty to know how to perform the interventions/procedures correctly.
- Discuss where they would be most likely to get information on procedures and whether they prefer spoken or written instructions.

Task

- Focus on the procedure for venepuncture. Confirm with learners that venepuncture is an extended role for a nurse in the UK for which they will need specialist training.
- Check whether learners have performed this task. Ask them to discuss how clear the procedure is and where the pitfalls might be.

- Before you play the audio clip, direct learners to the extracts on the page about how to perform venepuncture. Ask them to read the instructions and to look up any difficult words so that they can find the relevant instruction as they listen.
- **Question 1** Play the audio clip, pausing after each extract so learners can find the relevant instruction in the text and write the extract number in the box.
- **Question 2** Ask the learners to work in pairs. Encourage them to identify:
  - from the spoken extracts, informal features of language, such as incomplete sentences and random order
  - from the written text, specialist medical language and formal note form.
- Ask them to discuss the relative merits of the two sources of information.

Follow up

- Draw attention to the 'important note' on the page.
- Refer again to the Code of Professional Conduct. Stress that nurses must ensure they are authorised to perform a care procedure.
- Remind them of the specialist training required for venepuncture. Make sure learners know that in the UK they *must* check with their clinical supervisor before carrying out an intervention, even if they have performed that procedure regularly outside the UK.
- Explain that there are rules which state that a nurse must be trained and assessed as competent before carrying out certain tasks. Ask learners to discuss the reasons for this restriction. Elicit views about patient protection and professional standards and ensure understanding that venepuncture in particular has become associated with strict regulations in response to the global HIV/AIDS crisis.

If the learner has difficulty

- Ask learners to read the instructions on venepuncture point by point and to circle any difficult words.
- In pairs, ask them to discuss and work out what the words mean. Then suggest they check them in a dictionary or medical glossary.
- Help them to practise picking out relevant instructions from the text by giving some examples in your own words, such as: 'Tape cotton wool to the patient's hand', 'When you've finished, don't remove the needle until after you've loosened the tourniquet. Then take out the bottle.'
- Play the audio clip once learners have become familiar with the text. Play the extracts through once and check understanding. Ask the learners to identify what the nurse is doing in each extract.
- **Question 2** Replay the clip and ask the learners to match each extract to the text.

Extension

Ask learners to research the correct method for another care procedure that they are not yet familiar with. Encourage them to read the instructions in a formal document and to ask for guidance from another nurse. Ask them to bring the details to the next session and to explain the procedure to the rest of the group. Discuss how easy they found the research and what helped most.

PAGE 3:23

How to make sure you know the correct care procedure

Task 3 16

Objectives and curriculum references

to know what to do when a procedure goes wrong

to listen and follow spoken instructions that are given indirectly or embedded in informal discourse

ESOL

Lr/L2.2c

Preparation

Ask learners to recall experiences of procedures that have gone wrong. Find out what they would do to prepare for such events and why they think it is important to be prepared.

Task

- In this task learners learn how to clarify their understanding of a procedure by listening to an explanation of a more experienced nurse.
- **Question 1** Set up the discussion point for pairs or groups of three, with each pair/group reporting back a summary of the discussion.
- **Question 2** Play the audio clip. Ask learners to identify the error. Replay the clip and ask learners to note down the instructions, picking them out from the informal explanation.
- Encourage them to rewrite their notes as formal instructions in a logical order. Let them check by listening to the audio clip a third time. The emphasis here is on listening for the key points rather than on developing writing skills.
- **Question 3** Ask learners to read their instructions a few times so that they know them well. Then ask them to practise giving the instructions, without using their notes.

Follow up

Discuss how well learners feel they know the procedure by the end of the task. Discuss the clarity of the instructions they gave.

If the learner has difficulty

Play the audio clip in short sections, stopping to clarify and ensure understanding.

Extension

See Task 4.

Task 4

Objectives and curriculum references

to read and recognise formal features in a text

to be familiar with the meanings of specialist medical words and phrases

to find the meanings of unfamiliar specialist medical words and phrases

ESOL

Rs/L2.1a; Rw/L2.2a; Rw/L2.3a

Task

- In this task learners learn how to clarify understanding of procedures, especially when things go wrong, and in particular by reading and developing understanding of specialist medical words and phrases.
- **Question 1** Direct learners to the written text and ask them to highlight or circle specialist medical terms or difficult words. Discuss its contents.
- Check which words the learners have highlighted and acknowledge those who are already familiar with the words. Discuss what learners know or can work out of the meanings of these words, and display them.
- Direct learners to a medical dictionary to check the words. Check the meanings with those already displayed and discuss any discrepancies.
- Encourage learners to add new words to their personal glossaries.
- **Question 2** Recap on features of formal text and ensure learners can recognise them.

Follow up

Direct learners to the tips as a reminder that there are different ways of obtaining information about correct procedures.

If the learner has difficulty

- Read the text aloud to the group.
- Begin by focusing on question 2. Help learners to identify the formal features and the complex sentences, as this will help them to negotiate the text. Then proceed to the vocabulary question.

Extension

- Ask learners to research further information about a care procedure, as in the Extension exercise for Task 2.
- Arrange for them to report back to the whole group, explaining the procedure they have researched and identifying their sources of information.

PAGE 3:24

How to explain a care procedure to a patient

Task 5

Objectives and curriculum references

to adapt formal language into suitable register and vocabulary for a patient

to explain a care procedure whilst reassuring the patient

ESOL

Sc/L2.4d

Preparation

Discuss learners' experiences of explaining their actions to a patient during a care procedure. Draw out some main points of what to do and the difficulties.

Task

- This task explores the level of formality required when explaining a care procedure to a patient and practises reassuring a patient when explaining a care procedure.
- **Question 1** Discuss the question to ensure learners have a grasp of texts in varying registers.
- **Question 2** Elicit the concept of using more colloquial language when speaking to a patient.
- Highlight the need for learners to use their judgement about the patient – some patients may want further medical explanation and feel patronised if this is not given. By listening to the patient's comments and questions, the nurse can tell what level of explanation is required.
- **Questions 3 and 4** Recap on the need for reassurance.

Follow up

- Encourage learners to listen at work for particular words or phrases used for reassurance. Discuss use of the word 'just' to suggest an action of minor impact and that adjectives and adverbs play a key role in reassurance.
- Stress the need for appropriate intonation at all times and encourage learners to practise saying relevant expressions.
- Elicit ideas about non-verbal reassurance, such as smiles, nods, sounds (e.g. 'mmm'), hand holding, etc.
- Explore cultural variations by encouraging learners to recount episodes when they themselves have been reassured. Discuss any religious or gender differences, for example in hand holding.
- Recap on adjectives and adverbs and examine examples of each and their position in a sentence.
- Record a bank of reassuring statements on a wall chart and encourage learners to build their own bank of statements in their notebooks.

If the learner has difficulty

- Recap on the meaning of 'reassurance'.
- Ask learners to pool three or four statements suitable for reassuring a patient. Display them on the board and discuss, enhancing as necessary. Identify specific features and highlight adjectives and adverbs. Recap the meaning of 'adjectives' and 'adverbs' and give additional practice in identifying these.
- **Question 3** Work with the group to build reassuring statements for one care procedure.

Extension

Direct learners to the tip. Ask them to listen out for reassuring statements used at work and to report back at the next session.

PAGE 3:25

How to help a patient give informed consent

Task 6 17

Objectives and curriculum references

to listen to a nurse's explanation to a patient and distinguish different purposes in the words

to recognise when a nurse is a) giving information, b) providing reassurance, c) seeking consent

to explain a care procedure to a patient, taking account of the patient's feelings and right to information

to seek patient consent when carrying out a care procedure

ESOL

Lr/L2.2b; Sc/L2.4d

Preparation

- Display the words 'informed consent' in a prominent position. Discuss the meaning.
- Find out learners' knowledge of the practice of seeking consent in other countries.
- Draw learners' attention to the note on consent on the page and reiterate the nurse's professional obligation to obtain consent from the patient. Discuss the issue of consent in an emergency, or when the patient is unable to give consent or unable to comprehend.
- Refer the learners to the new Code of Professional Conduct for details.
- Outline the concept of 'legal competence' to give consent. Remind learners that mentally ill patients have the same rights as others and may still be regarded as legally competent.

Task

- This task develops the speaking and listening skills involved in explaining a care procedure to a patient. It focuses on the need to reassure and seek consent while giving information.

- **Questions 1 and 2** Play the audio clip and ask learners to answer the questions.
- **Question 3** Set up the role-play. Give learners time in their groups to select a care procedure and to familiarise themselves with the roles and with the procedure before acting it out. Give out copies of the Observer feedback sheet for the observer to complete during the role-play.

Follow up

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

If the learner has difficulty

- Play the audio clip more than once and in short sections, with discussion after each.
- Work on the questions as a group, one at a time.
- **Question 3** Allow learners to practise the role-play in pairs without an observer.
- Discuss any difficulties and display any helpful expressions. Encourage learners to practise any new expressions.
- Re-run the role-play, this time in threes with an observer. Discuss the results.

Extension

Swop roles and repeat the role-play with different scenarios.

PAGE 3:26

How to talk to a patient during a procedure

Task 7 18

Objectives and curriculum references

to explain a care procedure clearly to a patient, giving reasons

to listen and respond appropriately to a patient's questions and comments

to intersperse social conversation with explanation to relax and divert a patient

ESOL

Lr/L2.2a; Lr/L2.2b; Sc/L2.4d; Sd/L2.2a

Preparation

- Talk about the role-play from the previous task. Ask learners how natural it felt. Ask them to suggest improvements or ways of making it more lifelike.
- Elicit ideas about friendly conversation interspersed with explanation and about the helpfulness of diverting patients by engaging them in general discourse.

Task

- **Question 1** Play the audio clip and ask the learners to identify the procedure.
- **Questions 2–4** Discuss learners' answers.
- **Question 5** Give out the Pictures for role-play from the Resources. Ask for a volunteer to explain to the rest of the group what is happening in the pictures.
- Set up the role-play in groups of three, as before, and give out copies of the Role-play cards and Observer feedback sheet from the Resources. Ask the observers to concentrate particularly on the natural feel to the explanation, as well as the reasons for action.

Follow up

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

If the learner has difficulty

- Play the audio clip more than once and in short sections, with discussion after each.
- Work on the questions one by one as a group.
- **Question 5** Allow learners to practise the role-play in pairs, without an observer. Discuss any difficulties and consider additional conversation.
- Encourage learners to practise again, repeating any new expressions.
- Repeat the role-play in groups of three with an observer. Discuss the results.

Extension

Swop roles and repeat the role-play with different scenarios. These could be the same scenarios as for the previous task but this time learners concentrate on adding more social interchange and developing a more natural style.

PAGE 3:27

How to explain a complex procedure to a patient

Task 8 19

Objectives and curriculum references

to listen and extract key points about a care procedure from informal verbal instructions

to read and extract key points about a care procedure from a formal document

to be familiar with the meanings of specialist medical words and phrases

to find the meanings of unfamiliar specialist medical words and phrases

to explain a care procedure clearly to a patient, while reassuring, diverting and seeking consent

ESOL

Rw/L2.1a; Lr/L2.2a; Lr/L2.2c; Sc/L2.4d

Preparation

- Ask learners about their experiences of emergency procedures, particularly chest drain insertion.
- Discuss the special circumstances that may influence the explanation of any interventions, such as the patient being unable to absorb information or give consent, and the emphasis on speed.

Task

- **Question 1** Direct learners to the picture and text. Explain that the text is taken from *The Royal Marsden Manual of Clinical Nursing Procedures*, which is a valuable reference text.
- Ensure learners understand that the text is a representative extract and that the original contains much fuller instructions. For example, the fifth point 'Position patient …' continues with: 'The patient may be positioned flat on the bed with the arm on the affected side placed beside his/her head away from the chest wall or abducted to 90°. If patient is able to sit upright, he/she can be positioned resting over a table supported by a pillow.'

- Ask learners to read the text and to look up words as necessary without discussion (i.e. use this as an individual confidence confirming task).
- **Question 2** Play the audio clip and facilitate discussion. Prepare some questions about the clip to help you: *How clear is the doctor's explanation? What instructions does the doctor give? What do you think are the reasons for his instructions?*
- **Question 3** Set up the role-play in groups of three, using the Role-play cards and Observer feedback sheets from the Resources.

Follow up

Conduct a feedback session, as for previous role-plays.

If the learner has difficulty

- Read the text aloud with the group, stopping to discuss meanings and ensure understanding.
- Play the audio clip several times and in short sections, with discussion after each.
- Allow the learners to practise the role-play in pairs, without an observer. Discuss any difficulties and consider amendments.
- Encourage learners to practise again, repeating any new expressions.
- Repeat the role-play in groups of three with an observer. Discuss the results.

Extension

- Ask learners to keep notes of explanations given to patients in emergency situations at work and to recount their experiences to the whole group, using their notes to help them.
- Pick out and display key expressions used.

Reflection for the theme

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

Focus

As you carry out care procedures, it is important to explain to the patient what you are doing and why. A clear explanation will:

- empower the patient with information
- help the patient to give informed consent
- calm and reassure the patient.

Be friendly.

Explain what you will do before you start.

Use simple, non-specialist words.

Hello, Gerry. I need to take a blood sample from you this morning. Is that OK with you?

Seek consent.

I'm going to draw a small amount of blood through this needle, Gerry. Don't be nervous.

Encourage and reassure the patient.

Task 1

1 Make a list of the care interventions you perform most often at work.
   a What can you do to make them go well?
   b What can go wrong?

2 How can you be sure you know the correct procedure?

Checklist

To perform a care intervention, you must:

1 check the procedures before you start
2 make sure you have all the necessary equipment
3 explain procedures to the patient as you go
4 monitor the response.

Venepuncture

Method

1 Identify patient and explain procedure to patient.
2 Assess vein accessibility. The antecubital fossa usually provides the best site ...

note form: omission of article ('**the**')

imperative form of the verb

specialist medical words

How to find out about care procedures

You can find out about care procedures by:

- reading
- listening
- watching what other people do.

It is always advisable to check what you are told by reading the official written instructions.

Task 2

15

1 Listen to a nurse from the cannula team taking blood from a patient. Match the audio extracts to the written instructions below. Write the extract numbers in the boxes.

Method

1 Identify patient and explain procedure to patient.
2 Assess vein accessibility. The antecubital fossa usually provides the best site ... ☐ ☐

4 Ensure patient is comfortable and support appropriate arm. ☐

6 Apply tourniquet above access site, ensuring it does not restrict arterial flow. ☐
7 Clean skin with appropriate alcohol-based solution and allow to dry. ☐

10 Insert needle into vein, pull back plunger and observe for blood flashback, allowing bottle to fill completely ... ☐

12 After completion of procedure, release tourniquet with needle still in situ and remove blood bottle. ☐
13 Remove needle and cover site with non-sterile cotton wool. Press firmly for three minutes or longer if clinically indicated. ☐
14 Secure cotton wool with tape. ☐

2 Discuss the differences in language between the written instructions and the nurse's explanation. What are the advantages of each?

Important note

In the UK, never perform a care procedure unless you are authorised to do so. For most procedures you must first be assessed by your clinical supervisor.

In the UK, venepuncture requires additional specialist training.

How to make sure you know the correct care procedure

Before you can explain a procedure clearly to a patient, you must be clear about it yourself.

Task 3

1 Discuss:

- what is involved in the process of venepuncture
- what in your experience can go wrong.

16 2 Listen to the nurse explaining what to do if you make an error. What error is she describing? List the main things she tells you to do, beginning each instruction with an imperative, such as: 'Pull …' or 'Apply …'.

3 Now practise giving these instructions to a colleague, clearly but informally.

Nursing tip

You can clarify procedures by asking a more experienced colleague to explain them to you.

Task 4

Read this extract from the health trust education package.

Criteria for choosing a site for venepuncture

Preference is given to a vessel which is unused, easily detected by inspection and/or palpitation, patent and healthy. These veins feel soft and bouncy and will refill when depressed.

Some veins may be tortuous, sclerosed, fibrosed or thrombosed, inflamed or fragile and unable to accommodate the device to be used; these should not be used. If the patient complains of pain or soreness over a particular site, it should be avoided. Any area that is bruised should be avoided, as should any vein near a septic foci.

Nursing tip

You can check care procedures by reading official training or instruction documents.

1 Ring the specialist medical words. Check their meaning in a medical dictionary. Discuss their usefulness when talking to a patient.

2 Identify the language features that tell you this is part of a **formal** text.

ESOL Lr/L2.2c; Rs/L2.1a; Rw/L2.2a; Rw/L2.3a

How to explain a care procedure to a patient

When you explain care procedures to a patient, you must adapt your language to the situation. It helps to:

- select only the information the patient needs to know
- respond to the patient's questions and anxieties
- speak clearly and simply.

Task 5

1 Look at the three sentences below. Which part of the venepuncture process do they refer to?

a Assess vein accessibility.
b Preference is given to a vessel which is unused, easily detected by inspection and/or palpitation, patent and healthy.
c I'm just finding the best place for the needle so you get least discomfort.

2 How does sentence **c** differ from the other two sentences?

3 Look at the speech-bubbles.

*I **just** need to make this tight round your arm …*

*I'm **just** finding the best place for the needle …*

a How does the nurse use the word 'just' to reassure the patient?
b Add 'just' to these phrases:
- I'm going to pop you on the bed for a minute.
- I need this information for the incident book.
- Lift your arm above your head, would you?

4 Look at the statements below from a nurse's explanation. Fill in the missing adjectives and adverbs from this list.

carefully uncomfortable normally painful clean

It may be a little _____ as it goes in but it won't be _____ .

This keeps it _____ and stops the bleeding.

You'll soon be eating _____ .

We'll do it very _____ .

Tip

How does the patient feel? Will the procedure be painful or worrying? Build up a bank of reassuring expressions with suitable adjectives and adverbs, and practise using them.

How to help a patient give informed consent

To enable a patient to give informed consent to a procedure, you must explain beforehand what you are going to do and why you are going to do it.

Task 6

17

1 Listen to a nurse explaining to the patient, Mr Jarvis, the procedure of inserting a nastrogastric tube.

- **a** How does Mr Jarvis feel? How does he react to the idea of a nasogastric tube?
- **b** Discuss how the nurse reassures Mr Jarvis.
- **c** What main points of information does the nurse give?
- **d** What does the nurse say and do before she gives this information? Why?
- **e** Look at these two groups of sentences. Listen for them in the nurse's explanation. What is the nurse trying to do in each case?

You need some food to get strong again. You need food to get your strength and energy back.

Do you understand? Do you have any questions? Anything else? OK?

2 Match the nurse's statements below to purposes **a–d**:

- **a** to reassure the patient
- **b** to ensure comfort so the patient can listen
- **c** to introduce the procedure
- **d** to give further details about the procedure

We treat lots of patients in this way.

We want to get some food into your stomach through a tube.

The tube goes in through your nose, up one nostril and down your throat into your stomach.

How about this pillow? Is that better?

3 Choose a care procedure you are familiar with. Role-play explaining it to a patient.

Important note

- Under the Code of Professional Conduct (January 2003), you must obtain the patient's consent before you give any treatment or care.
- All patients have a right to receive truthful information about their condition.
- Patients' rights in these matters are protected by law.

ESOL Lr/L2.2b; Sc/L2.4d

How to talk to a patient during a procedure

As you go through a care procedure with a patient, you need to talk and take action at the same time. To do this effectively, you should:

- be clear about what you are doing
- explain the reasons for your action
- listen and respond to the patient's questions and comments
- mix social conversation with explanation.

Task 7

18 **1** Listen to the nurse explaining a procedure to a patient. What is she preparing the patient for?

2 Look at these expressions. When and why does the nurse use them?

Now I'm going to …

Don't worry …

Now, I need to ask you to …

I'm sorry …

There you are!

3 Match the expressions above to these alternatives.

Would you mind …
In a moment I shall …
I do apologise ...
That's it!
It's all right …

4 Look at this extract from the conversation.

> **Nurse:** Oh, so Pattie's not your real name, then?
>
> **Pattie:** Well, it is. I think of it as my real name. It's what I used to call myself when I was little. And it's stuck.
>
> **Nurse:** Oh … well, it's nice …

What is the purpose of this part of the conversation? How does it help the patient to relax?

5 You are getting a patient ready for surgery. Act out the procedure using pictures and role-play cards your teacher will give you. Explain your actions and give reasons.

How to explain a complex procedure to a patient

When a procedure is performed under emergency conditions, it is more important than ever that your explanation is clear and your words reassuring.

Task 8

You are going to role-play preparing a patient for the insertion of a chest drain.

1 Read these instructions for chest drain insertion, adapted from a hospital manual. Check the meaning of any unfamiliar words.

Administer analgesia prior to procedure after discussion with the doctor …

Wash hands with bactericidal soap and water.

Prepare trolley, placing equipment on bottom shelf. Take to patient's bedside.

Check the correct side of chest for drain insertion.

Position patient in preparation for the procedure …

Assist doctor in procedure as below:

a The doctor will wash his hands and apply sterile gloves.
b The area for planned insertion of the drain will be cleaned with chlorhexidine in alcohol.
c Local anaesthetic will be injected into the skin and deeper tissue (intercostal muscle and parietal pleura) along proposed insertion site.
d Wait 2–3 minutes for anaesthetic to take.
e A tract is then created down through to the parietal pleura by blunt dissection with forceps.
f A finger may then be manoeuvred through to the parietal pleura to guide the drain into place …
g The drain is then clamped using two clamps until connected to the drainage system.

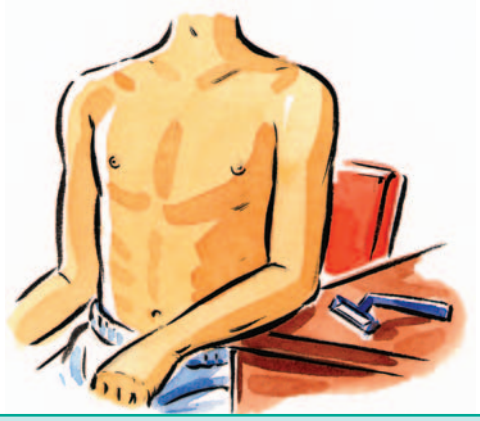
19 **2** Listen to a doctor explaining the procedure to a nurse. Discuss the procedure with colleagues. Ensure understanding of what is involved and why.

3 In groups of three, practise explaning the chest drain insertion procedure to a patient up to the point where the drain is clamped into place. One plays the patient, one the nurse and the third is an observer.

Resources

Task 7 on page 3:26

7.5 Pictures for role-play



If required, shave the operation site as near to the time of surgery as possible.

Dentures must be removed, as they can become dislodged and could interfere with respiration.

Give the patient a clean gown that fits and protects the patient's dignity.

If prescribed, administer the pre-medication at the time ordered, and make sure the patient is aware of the likely effects.

Make sure the patient empties his/her bladder, to reduce the risk of incontinence during surgery.

When the patient is ready, check their identity.

Resources

Task 7 on page 3:26 and Task 8 on page 3:27

7.5 and 8:3 Role-play cards

Patient

My name is:

My nationality is:

My age is:

My operation is:

My concerns and worries are:

Nurse

I need to make sure I:

- know the procedure
- put my patient at ease
- explain the procedure beforehand
- seek my patient's consent
- give clear information
- use appropriate language
- respond to my patient's questions.

Resources

Task 6 on page 3:25, Task 7 on page 3:26 and Task 8 on page 3.27

6.3, 7.5 and 8.3 Observer feedback sheet

Does the nurse:

• Show sympathy?	Yes	No
• Reassure/encourage the patient?	Yes	No
• Refer to previous knowledge of the patient?	Yes	No
• Seek permission from the patient?	Yes	No
• Show an interest in the patient's private life?	Yes	No
• Use appropriate language?	Yes	No
• Use appropriate tone?	Yes	No
• Make eye contact with the patient?	Yes	No
• Keep the conversation going in a natural way?	Yes	No

Comments and suggestions for improvement

Resources

Reflection form

Name:	Theme: **Explaining procedures to patients**
What have I learnt from this theme?	
What can I do better now?	
What can I apply immediately into my practice?	
Is there anything I am not sure about or need more information about?	
How will I go about getting this knowledge?	
What else do I need to do to further my studies in this area?	
How might I go about doing this?	

PAGES 3:32–3:37

Administering medicines

Professional setting

This theme focuses on one of the prime nursing tasks: administering medicines on the ward. It emphasises the need to be exact in terms of:

- patient identity
- drug name
- dose
- frequency of administration
- route of administration.

It explores sources of drug information and emphasises the need for nurses to check the accuracy of a patient's prescription. It develops skills in speaking to a patient while administering drugs. In particular, it stresses a nurse's responsibility to patient and self, and the importance of detailed knowledge about all medicines administered.

The theme develops the skills needed to:

- follow instructions on a drugs round
- ensure accuracy of a prescription report
- check different oral and written sources before administering a medicine
- be informed about dosages and the side-effects of drugs administered
- introduce and explain medication to a patient.

Materials

Audio equipment

Blank cassettes

Resources for the theme:
- Entries to complete the table (3:38)
- Observer feedback sheet (3:39)
- Reflection form (3:40)

Dictionaries and medical glossaries

Overhead projector

Prescription report on overhead transparency

Learning outcomes/objectives

1 to listen to and follow instructions on a drugs round

2 to read and check accuracy of a prescription report

3 to compare accuracy of information from different oral and written sources

4 to read and extract information from drugs leaflets

5 to introduce and explain medication to a patient clearly

6 to speak appropriately to a patient, giving reasons for action, providing reassurance, seeking consent and explaining medical terms in suitably colloquial language

Curriculum objectives

ESOL

Lr/L2.2c; Rt/L1.2a; Rt/L1.4a; Rt/L2.2a; Rt/L2.3a; Rw/L2.1a; Sc/L2.4d; Sd/L2.2d

Focus

PAGE 3:32

Suggested teaching activities

- Recap on some of the care procedures learners frequently perform. Establish their experience of doing a drugs round. Ask them to describe what happens, from the point of loading the drugs trolley to administration. Draw attention to any differences in practice and discuss them. Compare learners' experience of administering drugs in other countries compared with the UK. Remind them of the legal restrictions surrounding drugs in this country and compare drugs that can be sold over the counter with those available only on prescription.
- In groups, ask learners to discuss and report back on the following discussion points.
  1 What errors might occur in administering medicines? (Recount experiences.)
  2 Who must take responsibility for these errors and what can their effect be?

Confirm the importance of checking all details, both oral and written, before administration. Ask learners to put themselves in the patient's situation, as in the previous theme, and to consider what the patient may want to know about the medication.

Task 1

Preparation

- Display a prescription report on the overhead projector. Ask learners to identify it and to discuss what each piece of information indicates. Ask them to describe their own experience of prescription reports and if possible display examples.
- Make it clear that prescription reports may look different in different institutions but that all institutions use a document of this kind to record patient medication.
- Draw attention to the doctor's signature and discuss the significance of this in relation to professional responsibility and accountability.
- Ensure learners recognise that, even though the doctor has signed the prescription, the nurse is responsible for the actual administration of the drug and must be able to spot errors. Stress the danger to patients of errors with drug administration.

Task

- **Question 1** Direct learners to the picture and speech-bubble on the page. Find out how many learners rely on another nurse to give them instructions about the drug they are to administer. Discuss the pitfalls of this and the importance of developing their own knowledge of, for instance, side-effects.
- Recap on abbreviations used in the speech-bubble.
- Proceed to the discussion question.
- **Question 2** Discuss the information received and possible sources of information about ranitidine. (Learners may have their own handbooks on drugs.)

PAGE 3:33

How to take instructions on a drugs round

Task 2 20

Objectives and curriculum references

to listen and extract detail from verbal instructions about a patient's medication

to listen to verbal instructions and to confirm and clarify understanding

to recognise and understand standard medical acronyms/abbreviations when spoken

ESOL

Lr/L2.2c

Preparation

Display the safeguard check points from the bottom of page 3:32 on the OHP. Discuss these and stress the need for accuracy at all times when administering drugs.

Task

- The purpose of this task is to understand and follow verbal instructions about a patient's medication, confirming and clarifying where necessary. Emphasis should be on accuracy and the importance of understanding all details.
- Play the audio clip once for learners to get the gist.
- **Questions 1–3** Play the clip again, asking learners to listen for Mai's responses and to answer the questions. Allow them to discuss their answers with a colleague.
- Play the clip again for learners to check their answers.
- Ensure learners practise the expressions in question 2 aloud to copy the sound.

If the learner has difficulty

- Play the audio clip in short sections, stopping after each section for discussion and for learners to complete the questions. If the speaker's accent causes difficulty, try delivering parts of the script in a more accessible accent for learners, then replay the audio clip.

- Discuss the meanings of unfamiliar words or expressions and help with the acronyms and abbreviations if necessary. Finally, play the clip through without stopping, for learners to listen with confidence. Check that they have understood.

Extension

See Task 3.

PAGE 3:34

How to check patient prescription reports

Task 3 21–22

Objectives and curriculum references

to read and check the detail of prescription reports

to listen and pick out detail from verbal instructions about patient medication

to cross-check prescription details between a verbal and written report

ESOL

Rt/L1.4a; Lr/L2.2c

Preparation

- Discuss prescription errors with learners. Has anyone ever found an error? What did they do about it?
- Talk about the dangers of errors and ask learners what they would do if they spotted an error in a prescription report, or noticed a discrepancy between instructions given by a clinical supervisor and the prescription report.

Task

- This task highlights the importance of having accurate detail about a prescription before administering the drug. It focuses on checking written information for errors, using own knowledge and the advice of colleagues as reference points.
- **Questions 1 and 2** Check learners' knowledge of the drug digoxin.
- Talk about the kind of errors they might expect to find in a report.
- **Question 3** Play the audio clip. In pairs, ask learners to identify the errors in the prescription report. Discuss as a group.

- **Question 4** Play the audio clip and ask learners to note down as much important detail as possible, including the patient's name and the names and dosages (i.e. the amount and frequency of administration) of the drugs.
- Ask them to check with a colleague and to identify any questions of clarification they wish to ask.
- Check learners' answers and summarise the main findings on the board.

Follow up

Draw attention to the tips. Stress the need to check numbers particularly carefully.

If the learner has difficulty

- Check through the prescription report as a group, point by point and identify points of possible error.
- Display a list of possible errors on the board, including: name, drug, dosage, route, etc.
- **Question 4** Play the audio clip in short sections, pausing for learners to record information against the list of possible errors.
- Replay the audio clips without pausing to confirm learners' understanding.

Extension

- Ask learners to observe a real drugs round and to report back at the next session.
- Discuss the most likely points where errors could occur and the kind of information that was – or was not – given, either verbally or in the written prescription report.
- With the group, draw up a list of questions or comments that learners could use to correct errors or to clarify/confirm information.

PAGE 3:35

How to find out about the effects of medicines you administer

Task 4

Objectives and curriculum references

to read and recognise the subject matter of a leaflet

to recognise formal and informal features in a leaflet

to recognise and establish the meanings of specialist medical words

to read and locate particular information within a leaflet

to read a leaflet and explain its contents to a colleague

ESOL

Rt/L2.2a; Rt/L2.3a; Rt/L1.2a; Rw/L2.1a

Preparation

Display the words/phrases 'action', 'side-effects' and 'normal dosage'. Discuss with learners the meaning of these and why they are so important. Remind learners of the nurse's accountability in administering drugs.

Task

- In this task learners become familiar with the features and content of a drug information leaflet. In particular, the task focuses on the section of the leaflet covering drug side-effects.
- **Question 1** Ask learners to read the leaflet extract and to explain what it is about. Check that they have all grasped that the leaflet is about the drug digoxin, explaining what it is for, how it works and its possible side-effects.
- Draw attention to the note on the passive form.
- **Question 2** Ensure learners understand the pairs of words given. Ask them to work in pairs to decide which words apply.

- Guide them to realise that headings tend to be simple and informal whereas the main text is more formal and technical. Discuss the reasons for this.
- **Question 3** Direct learners to look up the words they have underlined in a medical dictionary. Remind them to record these words in their personal glossaries.
- **Question 4** Ask learners to find the relevant sentences. (Note that there are two sentences for part **b**.)
- **Question 5** Encourage learners to read the leaflet until they are sure they know the actions and side-effects of digoxin and can explain them to a colleague.
- Direct learners to the tip and ask them to practise using the expressions given.
- Then ask them to try explaining to a colleague to ensure they have retained the information.

If the learner has difficulty

- Read the text aloud, stopping after each sentence to discuss the meaning and the formal and informal features.
- Allow learners time to read the text again by themselves.
- For question 5, devise a list of questions about the side-effects of digoxin and ask learners to answer them verbally.

Extension

- Provide more drug information leaflets and ask learners to read them and pick out key information, such as side effects, normal dosage, action.
- Ask them to explain what they have read to a colleague.

PAGE 3:36

How to talk to patients on a drugs round

Task 5

Objectives and curriculum references

to know how to approach a patient on a drugs round, using appropriate tone and register

to explain a patient's medication to the patient before administration, clearly and in appropriate language

to reassure the patient and seek the patient's consent for medication

to invite and answer questions on a drugs round

to give reasons for action on a drugs round

ESOL

Sc/L2.4d; Sd/L2.2d

Preparation

- Focus on the picture and speech-bubble on the page.
- Give learners a short time to discuss with a colleague how the patient the nurse is talking to might be feeling.
- Confirm the need for a nurse to put the patient first at all times.
- Consider what the patient needs to know and what the nurse can say to reassure the patient.

Task

- In this task learners practise explaining a patient's medication to a patient on a drugs round. It focuses particularly on combining a clear explanation with reassurance and takes account of the patient's right to information. It incorporates requests for consent.
- **Question 1** Discuss learners' conclusions for question 1 as a whole group.
- **Question 2** Give learners copies of the Entries to complete the table from the Resources, which provides the missing entries for the table on the learner page. Explain that this is a matching exercise – learners complete the table

so that the details in each row are correct for that drug.

- Explain that heparin can also be administered by subcutaneous injection.
- Discuss how the nurse's words in the table take account of the patient's feelings in the situation or the need for information.
- **Question 3** Learners match the expressions in the fourth column of the table with the four points listed on the page. Learners can then discuss their results with a colleague.
- **Question 4** Set up a role-play. Discuss the patient role and remind those playing the part of the patient to concentrate on their feelings and need for information. Talk about the kind of questions they might ask. Display some examples on the board.
- Divide learners into groups of three and give out copies of the Observer feedback sheet from the Resources.
- Encourage learners to incorporate the expressions given on the page and to add further questions and answers or further explanation. This role-play should be kept short.

Follow up

- Discuss the role-play as a whole group. Ask how the patients felt at the end of the discussion.
- Direct learners to record useful phrases and statements in their notebooks.

If the learner has difficulty

- **Questions 1–3** Work as a group with those who are less confident.
- Ask for volunteers to read the direct speech aloud or read it yourself. Ask learners to practise saying the words together, concentrating on sound and intonation.
- Discuss the questions point by point, ensuring understanding of all relevant words.
- Remind learners that they must always think about the patient's feelings and needs in the situation. Help them to build up a bank of expressions to address these needs and display them on a wall chart.
- **Question 4** Allow learners to practise in pairs without observation. Encourage them to report back with problems, for example when they do not have the right words to say what seems to be demanded.
- When they are confident, they can do the role-play in groups of three with an observer.

Extension

Allow learners to role-play all the situations in the table, swopping roles.

PAGE 3:37

How to administer drugs

Task 6 23

Objectives and curriculum references

to read and check details of a patient prescription report

to listen and pick out detail from verbal instructions about patient medication

to cross-check prescription details between a verbal and written report and update/add to the report

to read and understand a drug information leaflet

to explain to a patient before administration, clearly and in appropriate language and taking account of the patient's feelings and right to information

to seek patient consent when administering medication

ESOL

Rt/L2.3a; Lr/L2.2c; Sc/L2.4d; Sd/L2.2d

Preparation

Ask learners to read through the prescription report on the page. Check understanding.

Task

- This task practises skills acquired in the whole theme.
- **Question 1** Play the audio clip and ask learners to note down the missing information on the prescription report.
- As a whole group, resolve any discrepancies or misunderstandings.
- **Question 2** Direct learners to the information leaflet on metoclopramide. Ask them to discuss the leaflet with a colleague and to draw up a list (not necessarily written, merely practised aloud) of things to say.
- Encourage the use of dictionaries/medical glossaries/drug guides.
- **Question 3** Set up the role-play as before, using the Observer feedback sheet from the Resources.

Follow up

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

If the learner has difficulty

- Support the reading exercises as in previous tasks, working through the text with learners and clarifying understanding as they go.
- Allow learners to practise the role-play in pairs without an observer. When learners are confident, repeat the role-play in groups of three with an observer. Emphasise the importance of continuity and keeping the flow of conversation.
- Discuss the role-play.

Extension

- Provide more scenarios for role-play.
- Alternatively ask learners to participate in a drugs round at work and report back at the next session, recounting: the format of the prescription report they used, its accuracy, the name of the drug administered, the drug's side-effects, sources of information, including verbal instructions from another nurse, and what they said to the patient.
- Discuss as a group.

Reflection for the theme

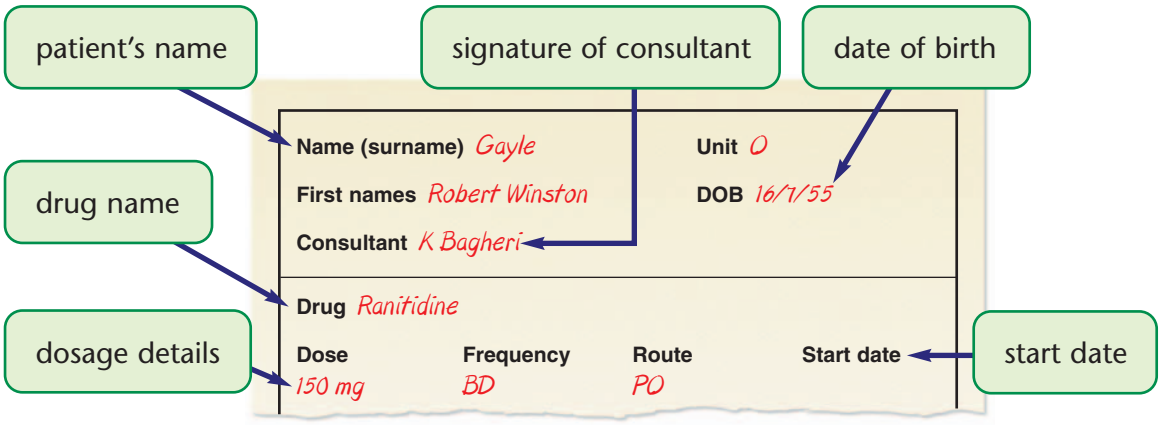
Provide learners with copies of the Reflection form from the Resources. Ask them to complete it in their own time. Discuss with learners as necessary.

Focus

Administering medicines is one of the most common clinical procedures that you will undertake as a nurse, and carries enormous responsibility. To avoid possible serious error, you need to check the accuracy of what you are doing at every stage of the process.

Task 1

1 Discuss the instructions the nurse gives in the picture. Do you need more information or to make more checks? Check the details against the patient prescription report below.



2 Where would you look for further information about ranitidine?

Safeguard check points

To safeguard your patient, you must check that you have:

- the right patient
- the right prescription
- the right drug
- the right dose
- the right route
- the right effect
- the right records
- full patient understanding.

Possible side-effects

As with all medicines, ranitidine may cause unwanted effects in some people. Headache, skin rash, nausea, constipation and lethargy have all been reported …

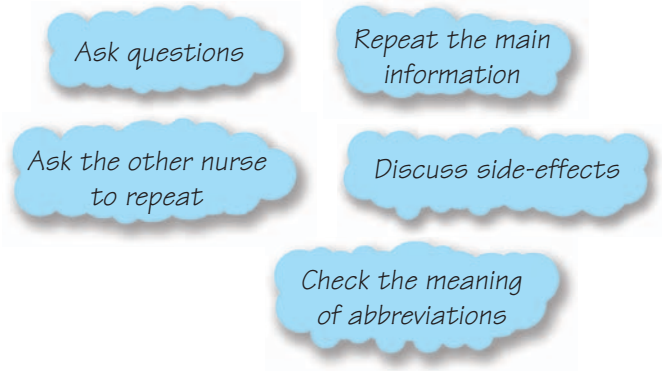
How to take instructions on a drugs round

When medical staff tell you what drugs to administer, you must listen carefully for:

- the drug name
- the dose
- the frequency of administration
- the route of administration.

Task 2

20 **1** Listen to a nurse working with another nurse on supervised practice during a drugs round. Mai wants to make sure she has heard the key information correctly. What does she do? Tick the correct response.



2 Mai says: 'That's Mr Jarvis, paracetamol, and it's PR.'

Look at these other expressions she might have used to confirm her understanding. Complete them with information from the senior nurse's instructions. Then practise saying them.

a So I've got to give Mr Jarvis _____ . (name of drug)

b So that's _____ per rectum. (dose)

c This medication's for _____ . OK? (name of patient)

d Did you say _____ a day? (frequency)

e And you want this administered _____ .
Is that right? (route)

3 How many expressions are given as abbreviations? Write them in a table like this one, with their meanings:

Abbreviation	Meaning

How to check patient prescription reports

When you administer drugs, you need to read and check the accuracy of each patient's prescription report.

Task 3

1 Read these extracts from a patient prescription report. Ring any errors or omissions you find.

Name (surname) Smith **Unit** O2

First names Colin Bertram **Dob** 23/12/62

Consultant

Ward Milton **Site** JR2

Height 5' 9" **cm** **Weight** 11st 13lb **kg**

Allergies, drug tolerances and other useful information

Paracetamol allergy

Drug Digoxin

Dose	Frequency	Route	Start date
25 mg	Once daily	PO/PR	18/14/18

Additional instructions

2 Discuss the effects of these errors and omissions.

3 Listen to the senior nurse instructing Mai about Colin Smith's prescription. Check what she says against the prescription chart and make any corrections needed.

21

4 Listen to information about the medication for two patients. Write down all the necessary information. Check with a colleague to make sure you have the right detail.

22

Tip

Mistakes with numbers and abbreviations are common. Always check that numbers make sense. If in doubt, consult your clinical supervisor before administering a drug.

Tip

Don't confuse milligrams (mg) and micrograms (µg). The result can be serious.

1 milligram = 1000 micrograms

125 µg = 0.125 mg

How to find out about the effects of medicines you administer

As a nurse, you are accountable for all drugs you give to patients. Before you administer any medicine, you must know:

- its action
- its side-effects
- the normal dose.

What is your medicine used for?

The most widely used of the digitalis drugs, digoxin, is used in the treatment of heart failure and certain types of arrhythmia such as atrial fibrillation.

Digoxin increases the force of heart muscle contractions, making the heart work more efficiently. It also slows down abnormally rapid impulses as they pass from the atria to the ventricles, which allows the ventricles time to fill up with blood and empty normally with each contraction.

Possible side-effects

If digoxin is to be effective, the dose must be just below that of a toxic dose. Therefore, the patient must be given regular blood tests to ascertain the digoxin level. An excessive dose may cause loss of appetite, nausea, vomiting and headache. Digoxin occasionally disrupts the normal heartbeat, causing heart block.

Note the passive form of the verb, often used in leaflets.

Task 4

Look at the extract from a leaflet.

1 What is it about?

2 The extract shows two sections, each under a heading. Which word from each pair would you use to describe the headings and the main text? Explain your choices.

formal/informal	simple/technical
straightforward/complex	brief/long
user-friendly/off-putting	informative/uninformative

3 Underline any specialist medical words you don't know. Check their meanings in a medical dictionary.

4 In the text, circle:
- **a** the sentence that tells you **what the drug is used for**
- **b** two sentences that tell you **how the drug works**
- **c** the sentence that tells you **what happens if you take too much** of the drug.

5 Practise explaining the action and side-effects of digoxin to a colleague.

Tip

To explain side-effects you can say:

- *On the one hand … but on the other hand …*
- *The advantages are … but the disadvantages are …*
- *These are the pros and cons …*

ESOL Rt/L2.2a; Rt/L2.3a; Rt/L1.2a; Rw/L2.1a

How to talk to patients on a drugs round

Before you administer a medicine to a patient, you must:

- explain what you are doing
- check essential information
- reassure the patient.

Task 5

1 Read what the nurse said and discuss whether she includes the points at the top of the page.

2 Complete the table below by selecting the appropriate text from the list your teacher will give you.

Drug	Route	What you might say first	What you might say next
prochlorperazine 10 mg PR			
	oral		
		I'm going to inject the medicine into your hand	
			Is that all right?

3 Discuss the expressions you have entered in the fourth column. Decide which one helps you to:

a seek consent from the patient
b explain the meaning of a medical term
c reassure the patient
d explain the reason for the medication.

4 Role-play giving each drug to a patient. Encourage the patient to ask questions.

How to administer drugs

In this task you will practise skills you have learnt in the theme.

Task 6

23 **1** Listen to a senior nurse's instructions. Complete this extract from a prescription report for Chantelle Bayliss.

Name (surname) Bayliss	**Unit** 6
First names Chantelle	**Dob** 15/7/76
Consultant Ashok Khan	
Ward Ashfield	**Site** QMI
Height 165 cm	**Weight** 75 kg

Allergies, drug tolerances and other useful information

Penicillin allergy

Drug Metoclopramide

Dose	Frequency	Route	Start date
10 mg			7/6/05

Additional instructions
None

2 Read the information below about metoclopramide. Discuss whether you should warn the patient of side-effects. If so, what would you say?

3 Role-play approaching the patient to administer the drug.

What is metoclopramide?

Metoclopramide is used to prevent and treat nausea and vomiting. It is also prescribed to relieve acid reflux.

How does it work?

Metoclopramide reduces nerve activity in the part of the brain that stimulates vomiting. It also increases the speed with which fluid and food pass from the stomach.

Possible side-effects

Metoclopramide can cause dryness of the mouth, sedation and diarrhoea. Large doses of this drug may cause uncontrollable spasms in the face, mouth and tongue.

Resources

Task 5 on page 3:36

5.2 Entries to complete the table

Drug
heparin 0.7 ml IV
prednisolone 10 mg once a day PO after food
prochlorperazine 10 mg PR
clonidine patch every 7 days

What you might say first
It comes in suppository form, which means …
I'm going to inject the medicine into your hand.
I'm going to change your patch now.
When you've finished, I'll give you a tablet.

Route
transdermal
per rectum
intravenous
oral

What you might say next
The needle's very small and it won't take a minute.
I shall slide it very gently into your bottom.
You need one a day to help with the arthritis.
Is that all right?

Resources

Task 5 on page 3:36 and Task 6 on page 3:37

5.4 and 6.3 Observer feedback sheet

Does the nurse:

• Approach the patient sensitively?	Yes	No
• Explain clearly what medication will be given?	Yes	No
• Explain the reason for the medication?	Yes	No
• Reassure/encourage the patient?	Yes	No
• Explain the route of administration?	Yes	No
• Explain medical terms where necessary?	Yes	No
• Explain the dosage?	Yes	No
• Invite questions?	Yes	No
• Answer questions appropriately?	Yes	No
• Use appropriate language?	Yes	No
• Use appropriate tone?	Yes	No
• Make eye contact with the patient?	Yes	No
• Invite the patient to call a nurse if necessary?	Yes	No

Comments

Resources

Reflection form

Name:	Theme: **Administering medicines**
What have I learnt from this theme?	
What can I do better now?	
What can I apply immediately into my practice?	
Is there anything I am not sure about or need more information about?	
How will I go about getting this knowledge?	
What else do I need to do to further my studies in this area?	
How might I go about doing this?	

Check it

Handovers

1 Read these extracts from a handover. Replace the words in bold with a medical word. Write one word in each space.

a Mrs Siddiqui shows signs of **a decline in mental ability**. _____

b She has a **tube to drain urine** *in situ*. _____

Replace the words in bold with a common abbreviation.

c Jane Harrison needs her dressings changing **four times a day**. _____

d She has an **intravenous drip** going through. _____

Complete this information about a patient.

e Mr Qureshi _____ _____ at 3 pm with a CVA.

f He has a _____ of asthma.

2 Complete the nurse's questions.

a **Senior nurse:** He's in pain, so I recommend regular checking to see that his medication is effective …

Nurse: Sorry, _____ _____ repeat that please? I _____

_____ what you said about his medication.

b **Senior nurse:** He was suffering from hypothermia when he came in.

Nurse: Excuse me, _____ _____ _____ hypothermia or hyperthermia?

Everyday care

3 Complete these instructions to a patient with verbs from the list below.

stand	**keep**	**lift**	**swing**	**put**	**take**	**hold**

Now _____ your legs this way. _____ your feet firmly on the floor. _____ my hand if it helps. _____ your back straight. Don't _____ up yet. _____ a deep breath, and another one. Now _____ yourself from the bed.

4 How would you best persuade or reassure a patient? Circle the correct response from each pair.

a I suggest you walk very slowly at first. Don't walk so fast!

b I'm going to wash you now. Would you like me to wash you now?

c Never mind, you'll soon be feeling better. Don't complain – it wasn't that bad!

Explaining procedures to patients

5 What should you say to a patient who is having a chest drain inserted?
Circle one statement from each pair.

a Don't make a fuss; it won't hurt.

I'll give you this tablet to ease the pain.

b We're going to create a tract through the parietal pleura.

We're going to make a small hole in your chest.

c I'll hold your hand and tell you when it's nearly over.

Keep still! It'll take longer than ever if you move.

6 Rephrase each of these explanations to a patient in less formal terms.

a You have pleural effusion.

You've got a lot of _____ .

b I'm going to apply a tourniquet.

I'm just going to _____ .

c I'm covering the site now with unsterile cotton wool to stem the flow.

I'm just pressing for a minute to _____ .

Administering medicines

7 Read the following extract.

> These capsules are specially coated to stay intact until they reach the end of the small bowel, where they start to release peppermint oil, which relaxes the spasm of the bowel wall. This relieves the pain of irritable bowel syndrome and allows pockets of gas to pass along the bowel and out of the body. The capsules are usually well tolerated, though very occasionally heartburn and anal irritation can occur.

a What medical problem are the capsules for? _____

b Highlight two examples of the passive voice in the leaflet.

c What are the main side-effects of the capsules? _____

8 What would you say to a patient to explain each of these routes of administration?

a **per rectum** I'm going to _____ this into your _____ .

b **oral** Please _____ this tablet with _____ _____ .

c **intravenous** I'm going to _____ this _____ _____ _____ .

Audio

PAGES 3:2–3.3

How to listen for information 1 & 2

Tasks 2.1, 2.3 and 2.4 1

Nurse Banerjee: If everybody's ready, I'll start. In bed 1 is Mr Jarvis, an 80-year-old man from a nursing home. He was admitted yesterday with pyrexia and shortness of breath and he's been diagnosed with a chest infection. He has a past medical history of cancer of the colon and dementia. He has no allergies and he's not for resus. He's on IV antibiotics and they're due again this morning, at 10 am. He needs all care as he's completely bed bound. His pressure areas are intact. He's being nursed on a pressure mattress. He'll need his position changing again in 20 minutes. He's got a cannula in his left arm and has IV fluids going through. That bag's due through at 2 pm. He's got a catheter *in situ* and it's draining well. He's on oxygen – 6 litres via a mask – and his sats are 96 per cent. He's still pyrexial and he's been given PR paracetamol. His son works in Scotland. I spoke to him yesterday and this morning and he knows that his father's deteriorating fast, and he'll be here tomorrow. Medics will review Mr Jarvis this morning. I think that's everything on Mr Jarvis.

Nurse Banerjee: OK. So if there aren't any more questions, I'll go on. In bed 2 we've got Mrs Piddock, a 75-year-old lady. She came in at 2 o'clock this morning with a CVA. She's got a right hemiplegia that's affecting her right side. She's for resus and is allergic to penicillin. OK. She's on hourly neuro obs. She is responding a bit. She'll open her eyes if you call her name, but otherwise she's pretty unresponsive. She's got no movement whatsoever on her right side. She's also having difficulty swallowing. She's nil by mouth and we're awaiting assessment.

She's got an IV in progress – 1 in 8 dextrose saline – and it's due to complete at 10 am. She's got a catheter as well. That's draining well, so no problems there. Her urine output is adequate. Obviously she'll need total patient care.

The stroke team will see her this morning and then I imagine they'll be looking for a bed for her on rehab.

PAGE 3:4

How to listen for information 3

Task 3.2 2

1 He's got advanced dementia and a past medical history of AF.
2 He was admitted last night from a nursing home with a CVA and pyrexia.
3 She's on IV hydrocortisone and antibiotics … metronidazole.
4 The metronidazole should be completed by the time handover's over.
5 He's been incontinent 3 or 4 times overnight.
6 She's on salbutamol via nebuliser q.d.s. and is having her morning dose at the moment.
7 He's for an endoscopy this morning. The checklist's by his bed.
8 There's been one episode of haematemesis, but no episodes of melaena.

Tasks 3.3 and 3.4 3

1 dementia
2 pyrexia
3 hydrocortisone
4 metronidazole
5 incontinent
6 nebulisers
7 endoscopy
8 haematemesis
9 melaena

PAGE 3:5

How to make sure you understand

Task 4.2 4

Nurse Banerjee: In bed 2 is Jenny Lewis, a 28-year-old girl admitted with acute abdominal pain and profuse diarrhoea. PMH shows nothing. She's for a colonoscopy this morning. I'm not sure what time – we haven't been told yet. Her checklist has been completed. You'll find the theatre pack and consent form at the bottom of her bed. All she'll need is a gown putting on. She's on IV hydrocortisone and antibiotics … metronidazole. The metronidazole should be completed by the time handover's over. She got an IV for fluids – dextrosaline, 1 in 6, and it's due through at 12:30. I imagine she may well be for TPN – total

parenteral nutrition. I think they'll probably decide when they discuss her case in colonoscopy.

She's on a stool chart … she's been 5 or 6 times overnight. It's just mucus and blood, fresh blood. She'll need her haemoglobin checked again. Her haemoglobin was checked yesterday I think – let me check – yes, it was 10. Her parents have been with her most of the time, but they've just left.

Task 4.3 5

Nurse Banerjee: In bed 2 is Jenny Lewis, a 28-year-old girl admitted with acute abdominal pain and profuse diarrhoea. PMH shows nothing. She's for a colonoscopy this morning but … Yes Mai?
Mai: Sorry. What's PMH?
Nurse Banerjee: PMH? Past medical history.
Mai: Oh yes – of course.
Nurse Banerjee: OK. So she's down for a colonoscopy this morning … I'm not sure what time … we haven't been told yet. Her checklist has been completed. You'll find the theatre pack and consent form at the bottom of her bed. All she'll need is a gown putting on. She's on IV hydrocortisone and antibiotics.
Peter: Is that such a good idea? I mean I thought hydrocortisone could …
Nurse Banerjee: Peter, if you don't mind, can we leave that discussion till after I've finished. So she's on hydrocortisone and antibiotics … metronidazole. The metronidazole should be completed by the time handover's over. She's got an IV for fluids – dextrosaline, 1 in 6, and it's due through at 12:30. I imagine she may well be for TPN – total parenteral nutrition. I think they'll probably decide when they discuss her case in colonoscopy.
Mai: So we'll need to put in an NG tube ...
Nurse Banerjee: No, the medics are waiting until she's had her colonoscopy, so you'll need to check with them once she gets back. Is that OK, Mai?
Mai: Yes fine.
Nurse Banerjee: Good. OK. Nearly finished. She's on a stool chart … she's been 5 or 6 times overnight. It's just mucus and blood, fresh blood. She'll need her haemoglobin checked again. Her haemoglobin was checked yesterday I think – let me check – yes, it was 10. Her parents have been with her most of the time, but they've just left.
Peter: I bet she's relieved. They're awful people. They spent most of the morning yesterday arguing about the parking. They hardly seemed to notice she was there.

Task 4 Extension 6

Dan: So first in cubicle 1 is Colin Smith. He's a 42-year-old man, admitted with chest pain. They're querying a diagnosis of ACS.
Song Li: Dan, sorry, what's ACS?
Dan: Acute coronary syndrome. It's a broad term we used for cardiac disease.
Song Li: OK. Another abbreviation. There're so many abbreviations in English!
Dan: OK. Can I go on? Past medical history of hypertension, and he had an appendicectomy when he was 20. He's not got any allergies and he's for resus.
Milly: Sorry to interrupt again, er … did you say hypertension or hypotension?
Dan: Hypertension. OK. He's had routine bloods and an ECG this morning. He hasn't had any chest pain at all and his obs are stable. Oh yes, and he's waiting for a stress test. You'll need to phone the department to see if they have a date and time for that yet. OK. I think that's everything.
Milly: A stress test? I don't think I've heard of that before. What exactly is it?
Dan: Well, it's a test we do for people with coronary problems. They're hooked up to a monitor and put on a treadmill and then the gradient's increased until their symptoms start to show. It helps us to tailor treatment to the patient's actual condition.
Milly: I see. Sounds a bit like going to the gym.

PAGE 3:6

How to take and use notes

Task 5.2 7

Nurse Banerjee: In bed number 3 is Mrs Rhanni. She's a 65-year-old lady with acute asthma. She was admitted yesterday afternoon and was very short of breath. She has a past medical history of left ventricular failure. She doesn't have any allergies and she's for resus. She's on continuous oxygen via facemask and her sats are running at 90 per cent just now. If they fall below that, the doctors are to be informed.

She's on salbutamol via nebulisers q.d.s. and she's having her morning dose at the moment. It should be about to complete, so you could turn it off once handover is finished. She needs all care. She'll need a wash in bed this morning. She's up to the commode but I'm not sure about her bowels. I haven't checked with her.

They're looking for a bed on G5 for her but they haven't had any success so far. So you'll have to wait and see what happens. She seems very upset about being in hospital, so she's going to need quite a lot of reassurance. Her daughter was with her yesterday afternoon, but unfortunately she can't get here till this afternoon.

Task 6 8

Dan: OK, so in bed 3 we've got Liliana Janek, a 39-year-old Polish woman. She was admitted yesterday afternoon with a painful swollen right leg. She's just returned from Australia. I think it was literally this morning, or even possibly yesterday, and they're querying DVT. She's for an ultrasound at 11 this morning to confirm the diagnosis, and she'll need to be referred to the thrombosis team. She's started on low-molecular-weight heparin. Her INR – that's international normalised ratio for blood clotting – was 3.4 on admission, and it needs to be checked again as soon as possible this morning. You'll need to chase to make sure you get the result back so … er it can be sent down with her when she goes for her ultrasound. You'll also need to check with the porters to make sure they know when she needs to be collected to take her down to X-ray. There was a bit of a problem yesterday and the porters forgot to collect Mrs Bailey for her home visit with the OT.

So, just one more to go. In bed 4 is Mrs Khan. She's a 62-year-old lady admitted with a PE. She has a past medical history of DVT and gout. She's allergic to penicillin and is for resus.

She's on low-molecular-weight heparin and is mobilising gently around her bed. Her English is limited but her daughter's here most of the time, so it's not really a problem. She's Muslim and our housekeeper has given her an alternative menu to order from. Her daughter helped her with a wash this morning.

She's still experiencing some shortness of breath. She's on oxygen, 2 litres via nasal specs and her oxygen sats are back up to 96 per cent on air – they'd dropped to 92 per cent on air when she came in. She's waiting for review – the team is stuck in a resus downstairs at the moment. They know she needs to be seen this morning, but it might be worth chasing. I've told her not to get out of bed until the doctors have seen her. Her daughter's still with her.

OK. I think that's everyone. So has anyone got any questions?

PAGE 3:12

Focus

Task 1.2 9

Rose: Neguste is 16 and has recently come to the UK from Eritrea. She has injuries following a car accident. I need to help her take a bath for health and safety reasons. Neguste wants to take her bath alone.

Dan: Charles is severely crippled with arthritis and has just had a hip replacement. He wants to stay in bed to get over the shock but I've been told to get him on his feet and moving around the ward.

Nadine: Jasmine has suffered a stroke but is recovering. As a result of the stroke she's lost her power of speech. She wants to know what treatment she's receiving and if her daughter's been contacted.

Sally: Mrs Rhanni is on total patient care following an asthma attack. She's just come off the nebuliser and is recovering but still needs reassurance.

PAGE 3:13

How to make social conversation 1

Task 2.1 10

Sally: Well, Mrs Rhanni, you're looking much better today. Your daughter will be pleased.

Mrs Rhanni: I do feel better. It's wonderful what they can do. One minute you can't breathe, the next they put you on this machine and it's not so bad … It was really bad, though … when it was happening.

Sally: Oh, I know it was. I am sorry. Never mind. It's all over now. And you're in good hands. There. That's freshened you up. Now, let's make you beautiful.

Mrs Rhanni: Beautiful! It's a bit late for that! And I'm in this awful nightie. I prefer pyjamas.

Sally: You wait till I've brushed your hair. You'll look great.

Mrs Rhanni: Oh … well … that's nice. Don't brush it too hard, though, will you? I've got a sensitive scalp.

Sally: Oh … have you? Well, you may find the shampoo I used will have helped … it's very gentle. Perhaps you'd like some hair tonic too?

Mrs Rhanni: Oh, I don't know. I don't even use conditioner. It doesn't suit my hair.

Sally: Perhaps I'll leave it then, and just brush gently.
Mrs Rhanni: I just want it neat and tidy. For Zianna.
Sally: That's your daughter, isn't it – Zianna? What a pretty name!
Mrs Rhanni: It was my mother's name.
Sally: Oh how nice! She comes in a lot, doesn't she?
Mrs Rhanni: Yes, she's very good to me.
Sally: Now tell me, which side do you have your parting?
Mrs Rhanni: Um …
Sally: Not sure? … I know … why don't you look in the hand mirror and show me where you'd like it?
Mrs Rhanni: There please.
Sally: On the right? There you are. That feels better doesn't it? You see, you'll soon be well again.

PAGE 3:14

How to make social conversation 2

Task 3.1 11

Rose: Right, Neguste. You can take your clothes off now. I just need to know where you are in your menstrual cycle.
Neguste: Pardon?
Rose: I need to know if you've got the curse at the moment.
Neguste: I don't know what you mean.
Rose: Your period … you know … once a month …
Neguste: Oh … no, I haven't got my period.

Task 3.4 12

Rose: So tell me, Neguste, have you got brothers and sisters?
Neguste: I had two brothers. Now I have only one.
Rose: Oh … Older or younger?
Neguste: Um … Rahmin is older than me.
Rose: And the other brother?
Neguste: He died. Ten months ago.
Rose: Oh dear. I'm sorry. Was he ill?
Neguste: He was shot in my country. That's why I came to live here. It wasn't safe for me any more in Eritrea.
Rose: And your parents?
Neguste: I don't know where my parents are.
Rose: So where will you go … when we discharge you?
Neguste: I'm sorry?
Rose: When you leave here?
Neguste: I don't know. I was staying in a hostel. I suppose I can go back there.
Rose: Why don't we contact Social Services for you? They may be able to help.

PAGE 3:15

How to give instructions while moving patients

Task 4.2 13

Dan: We need to get you up and moving around today, Charles.
Charles: Oh …
Dan: Can you roll over to your right side?
Charles: Oh …
Dan: Now sit on the edge of the bed.
Charles: Oh, I can't!
Dan: Take hold of the Zimmer frame.
Charles: Oh …
Dan: Don't put your weight down yet. Put your weight on your left leg first. Now your right leg.
Charles: Oh … oh …
Dan: Easy does it. Straighten up. Push the Zimmer frame forward. Bend your foot. Lift your heel. Raise your leg. Now the other one.

PAGE 3:16

How to persuade uncooperative patients

Task 5.3 14

Charles: Oh …
Dan: I know it's hard, Charles, but you can't stay here.
Charles: I can't move!
Dan: I'm afraid you'll have to. It's hard for everyone the first time but it's important that you keep moving so you don't get stiff or sore. Why don't I put my arm round you so you feel safe?
Charles: Can't I lean on you?
Dan: Well not really. You see it's against safety rules and you're quite heavy. I can't support you as well as the Zimmer frame can. You're better off to trust the Zimmer frame … go on … lean on it hard … it won't give way.
Charles: I can't do it!
Dan: Yes you can. Try and hold it like this … really grasp it with your hands. That's it. Now … I'm here with you. That's it. Well done … and the left foot.

PAGE 3:22

How to find out about procedures

Task 2.1 15

Extract 1
I just need to make this tight around your arm for a minute. It'll help me to take the blood easily and safely.

Extract 2
Hello, Neguste. I need to take a blood sample from you this morning. Are you happy with that? Good. Let me tell you what I'm going to do.

Extract 3
Sorry to press your hand like this. I'm just finding the best place for the needle so you get minimum discomfort.

Extract 4
Good … all finished!

Extract 5
It'll sting a bit as the needle goes in but it'll soon be over.

Extract 6
Would you like to rest your arm here? That's it! Does that feel comfortable?

Extract 7
This keeps it clean and stops the bleeding.

Extract 8
Well done … nearly over!

Extract 9
Let's just make this patch of skin extra clean and free of germs, shall we?

PAGE 3:23

How to make sure you know the correct care procedure

Task 3.2 16

Jo: It can happen you know … and you got to act quick; otherwise it's blood everywhere and the patient's in a bad way.

You can tell when you've done it 'cos the blood kind of spurts into the tube – like water coming from the mains instead of the hot water tank. And it's bright red – really scarlet it is!

Well, what you've got to do – soon as you realise your mistake – is pull out the needle and apply pressure straight away. Then keep applying pressure. Don't stop. You need to keep the pressure on for, oh, five minutes, maybe more. Oh and raise the patient's arm in the air – like this and keep it there. Support it yourself if the patient gets tired. Whatever you do, don't let it drop or release the pressure until you're sure the bleeding's stopped and won't start again. And get a medic to have a look at it to make sure and to tell you what to do next. You can't be too careful with a punctured artery!

You'll have to complete an incident form of course.

PAGE 3:25

How to help a patient give informed consent

Task 6.1 17

Dana: Morning, Mr Jarvis. How are you this morning?
Mr Jarvis: Oh … all right.
Dana: Good! Let me help you sit up. There! You've had a long sleep. Now, is that comfortable?
Mr Jarvis: It's all right.
Dana: How about this pillow? Is that better?
Mr Jarvis: I can manage.
Dana: I expect you're feeling a bit weak as you haven't been able to eat. You need some food to get strong again. Do you understand?
Mr Jarvis: I can't eat.
Dana: Not now perhaps. But we can make that better. We can give you some food that goes straight into your stomach without you needing to swallow it. Do you understand?
Mr Jarvis: I don't want food.
Dana: Let me sit down here beside you, Mr Jarvis, and tell you what we can do. Now, let me explain. You haven't been eating, but you need food to get your strength and energy back so that you can get well. We want to get some food into your stomach through a tube. It's nothing to worry about. We treat lots of patients in this way. Hopefully you'll only need the tube for a short time. Our aim is to remove it as soon as possible and get you back to eating in the normal way. OK? The tube goes in through your nose, up one nostril and down your throat into your stomach. It may be a little uncomfortable as it goes in but it won't be painful; it'll just feel a bit strange. Once we've got it in place, you shouldn't feel a thing, but you'll start to feel stronger and less sleepy. Do you understand, Mr Jarvis?
Mr Jarvis: Yes.
Dana: Do you have any questions?

Mr Jarvis: How big's this tube?
Dana: It's very slim and only as long as it needs to be to reach your stomach. I'll show it to you before we start. Anything else?
Mr Jarvis: What if I don't like it. What if I want to stop?
Dana: If you want to stop, just press this buzzer. See it? It's right here. You can stop at any time. But remember, you must have food. The sooner we do this, the sooner you'll be eating normally. OK?
Mr Jarvis: All right then.
Dana: I'll just get the consent form and then I'll set up the equipment. Don't worry. I'll explain everything as we go along.
Mr Jarvis: All right.

PAGE 3:26

How to talk to a patient during a procedure

Task 7.1 18

Rose: Right, let's get you ready then, Pattie. You're due down at … err … 8 o'clock.
Pattie: Can I have a drink of water, please, Nurse? I'm thirsty.
Rose: You will feel a bit thirsty. I'm sorry about that, but I'm afraid I can't give you anything. You're not allowed to drink now until afterwards. It's the rule you see. It says 'nil by mouth', which means no food or drink till afterwards. We don't want you being sick while you're under the anaesthetic.
Pattie: Oh … it's no fun this, is it!
Rose: No, it's not fun but we make it as easy as we can. Now, I'm going to put a band round your wrist. It tells us your name and hospital number, so there's no mistake about who you are when you're out for the count. Would you like to check? Have we got your name right?
Pattie: Er … yes.
Rose: Good. Oh, so Pattie's not your real name, then?
Pattie: Well, it is. I think of it as my real name. It's what I used to call myself when I was little. And it's stuck.
Rose: Oh … well, it's nice. And the other one.
Pattie: I need my name on both wrists?
Rose: Yes. We do this now, just in case one comes off while you're in surgery. Now, I need to ask you to take your jewellery off.
Pattie: Why?
Rose: It might get lost or damaged.
Pattie: Oh … but …
Rose: Don't worry. It'll be stored safely and you can have it back straight afterwards. There you are! Put it in here. Is that a wedding ring?
Pattie: Yes. What are you doing now?
Rose: I'm getting some tape. I can put the tape over your ring so you don't have to take it off. Some people get upset about taking their wedding ring off; they think it's bad luck. There, that should do it! But I'm afraid I shall have to ask you to remove your nail varnish, Pattie.
Pattie: I've just put it on fresh. It's a new colour!
Rose: I'm sorry. It's the rules …

PAGE 3:27

How to explain a complex procedure to a patient

Task 8.2 19

Doctor: Right, I've looked at the X-rays for Mr Harris and there's clear pleural effusion, secondary to his Ca lung. You understand what we mean by pleural effusion?
Mai: Err … excessive fluid?
Doctor: Yes, that's right and of course in this case, it's composed of malignant cells. He's in pain and has severely reduced chest movement on the right side. So we've no choice – we have to insert a chest drain. Are you familiar with the procedure, Mai?
Mai: Well, no, not really. I'm sorry. I've never done this before, here in UK.
Doctor: I'll talk you through it. I'd like you to get him prepared. You know: analgesia, a sedative too if he's anxious. He knows what's going on, so tell him what you're doing and why. Keep him calm. Make him feel he's in good hands.
Mai: Yes, of course.
Doctor: Set up the trolley for me, will you? There's a standard list of equipment. And remember, this is an aseptic technique.
Mai: So there'll be a sterile procedure pack?
Doctor: That's right. And when you've done that, get Mr Harris into position – I want him sitting up and leaning over a table. Got that?
Mai: You want him sitting up and leaning over a table?
Doctor: That's right. Gives me best access.
Mai: I'll start now then, shall I?
Doctor: Yep. And remember, distract him as much as you can while I'm making the insertion … it's pretty unpleasant.

PAGE 3:33

How to take instructions on a drugs round

Task 2.1 20

Jo: Er, now the next patient is Mr Jarvis. He's for … let me see … err … paracetamol. Oh and … just a minute … that's … err … PR … so get the suppositories, Mai. It's q.d.s. so he'll need the same again in six hours. That's twice on your shift. Got the right dose there? It's 500 milligrams.
Mai: 500 milligrams q.d.s. OK.
Jo: Oh and check when it was last given, just in case. You can't be too careful with paracetamol.
Mai: I know. I'll check. That's Mr Jarvis, paracetamol, and it's PR.
Jo: Exactly.

PAGE 3:34

How to check patient prescription reports

Task 3.3 21

Jo: Right! Bed number 6. Bertram Smith.
Mai: Oh, I think it's Colin Smith.
Jo: Is it? Let's see … oh yeah, Colin Smith. His second name's Bertram. I didn't see that. Just check before you give him the drug that he's the right person, will you? I've known as many as four Smiths all on the same ward at one time. And we don't want any mistakes.
Mai: No, we don't.
Jo: So, for Colin Smith … digoxin, 125 micrograms once a day.
Mai: And the route?
Jo: Oral, definitely.
Mai: OK. 125 micrograms – you did say micrograms? – of digoxin once daily.
Jo: But there's a note here: 'do not give if pulse less than 600' – someone's not good with numbers. I'll change that. They mean 'if pulse less than 60'. Note that down … it's really important. And check it before you give the digoxin. In fact, always check the pulse before digoxin. It's essential.
Mai: Check the pulse. OK. I'll do that.

Task 3.4 22

Patient 1

Rose: So, who's next? Margaret Williams. She came in dehydrated and with increasing confusion. She's got advanced dementia so take your time with her. Let's see what she's on. Digoxin 125 micrograms and frusemide 40 milligrams, both once daily. And she also getting aspirin 75 milligrams once daily and multivitamins. She doesn't like taking her pills so you'll need to watch her. She's been known to slip them under the pillow.
Emily: So I'll need to stay with her until I'm sure she's swallowed them?
Rose: Yes. It's best to stay.
Emily: Does she have anything to help her swallow?
Rose: Yes, she likes some juice.

Patient 2

Rose: In bed 3 we've got Mona Thomas. She had a right total hip replacement for osteoarthritis. She's still in quite a lot of pain so she's on paracetamol 500 milligrams as required.
Emily: Any other medication?
Rose: Let's see. Diclofenac. That's 75 milligrams PR and digoxin 125 micrograms daily.

PAGE 3:37

How to administer drugs

Task 6.1 23

Nurse Banerjee: Right, it's … err … let me see … Chantelle next. She's for metoclopramide. That's 10 milligrams. We'll give it to her now and she'll need another dose in 12 hours. Poor thing – she's been very sick. Watch she doesn't bring it up! Ask her to sip gently on the water as she takes it. Don't rush her.

Answers

PAGE 3:2

How to listen for information 1

Task 2

2.1

diagnosis/medical condition	3
details of treatments/care on previous shift/tasks for new shift	6
resuscitation status/allergies	5
past medical history	4
patient's name and age	2
bed location	1

2.2

Near the beginning (diagnosis and medical condition):

- He was admitted with …
  (details of symptoms, diagnosis)
- She's been diagnosed with …
  (details of diagnosis)
- They're querying …
  (details of possible diagnosis)

Next (medical history):

- She has a history of …
  (details of past medical history)
- He suffers from …
  (details of ongoing ailments/medical history)

Next (resuscitation and allergies):

- He's for …
- He's not for …
  (for resus or not)
- She's allergic to …
  (details of allergies)

Latter part (details of treatments):

- His … are/is …
  (observation/readings)
- He'll need to be …
  (request/instruction for action)
- She's on …
  (details of treatment)
- He's got a/n … running …
  (details of treatment)
- She's still …
  (observation/readings)
- He's had a/n …
  (details of treatment)

Latter part (tasks for new shifts):

- You'll need to …
  (Request/instruction for action)
- Could you …
  (Request/instruction for action)

PAGE 3:3

How to listen for information 2

Task 2 (continued)

2.3

a He was admitted yesterday with pyrexia and shortness of breath and he's been diagnosed with a chest infection.
b He has a past medical history of cancer of the colon and dementia.
c He's on IV antibiotics and they're due again this morning, at 10 am.
d He's got a cannula in his left arm and has IV fluids going through.
e He's got a catheter *in situ* and it's draining well.
f He's on oxygen – 6 litres via a mask – and his sats are 96 per cent.

2.4

Admitted at 2 am with a CVA
Right hemiplegia
Allergic to penicillin
No movement on her right side
Difficulty swallowing
IV in progress – 1 in 8 dextrose saline. Due to complete at 10 am
To be seen by stroke team

2.5

a She came in with a chest infection.
b She's got an IV in progress … .
c The IV is due to complete at 6 pm.
d The medics will review her this morning.

PAGE 3:4

How to listen for information 3

Task 3

3.1

medical terms

dementia = **c** – decline in mental ability

incontinent = **i** – unable to control the passing of urine or faeces

haematemesis = **a** – blood in the vomit

pyrexia = **g** – a high fever (above 38°C)

melaena = **m** – black, tarry stools

drugs/tests

endoscopy = **l** – examination of a body cavity through a telescope-like tube

hydrocortisone = **h** – an anti-inflammatory drug

metronidazole = **b** – an antibiotic drug

nebuliser = **k** – device for administering drugs in aerosol form

abbreviations

q.d.s = **d** – four times a day

IV = **e** – intravenous

CVA = **j** – cerebrovascular accident (stroke)

AF = **f** atrial fibrillation

3.3

dementia	3 syllables by sound
pyrexia	4 syllables
hydrocortisone	5 syllables
metronidazole	5 syllables
incontinent	4 syllables
nebulisers	4 syllables
endoscopy	4 syllables
haematemesis	5 syllables
melaena	3 syllables

3.4

de**men**tia
py**rex**ia
hydro**cor**tisone
metro**ni**dazole
in**con**tinent
nebulisers
en**dos**copy
haemate**me**sis
me**lae**na

PAGE 3:5

How to make sure you understand

Task 4

4.1

- interrupt to check details — **a** and **d**
- ask for more details — **b** and **e**
- check any missing information — **c** and **f**

4.2

a No
b Yes
c Yes
d Yes
e No
f No

4.3

Relevant	Irrelevant/inappropriate
What is PMH? (need to understand the information)	Is that a such good idea? (questioning medical decision; digressing into discussion)
So we'll need to put in an NG tube ... (clarification about tasks)	I bet she's relieved. They're awful people. They spent most of the morning yesterday arguing about the parking. They hardly seemed to notice she was there. (Personal opinion)

PAGE 3:6

How to take and use notes

Task 5

5.2

The notes are accurate but do not give all the information.

Unclear – use of abbreviations

The following information is missing:

Patient has no known allergies.

Patient is to be resuscitated.

Doctors are to be informed if her saturation level falls below 90 per cent.

She is able to use a commode by her bed.

Patient appears upset and in need of reassurance. Her daughter isn't able to visit until the afternoon.

5.3
Possible notes
No known allergies (or NKA)
For resus
Inform drs if sats below 90%
Up to commode (optional)
Daughter to visit pm (optional)

PAGE 3:7

How to update a care plan

Task 7

7.1
Chest infection

7.2
Standard actions:
- Monitor temperature, pulse and respiration ×4 daily and give medications as prescribed.
- Encourage oral fluids or give IV fluids as prescribed.
- Offer a wash, change bed linen and fan if required.
- Assist doctors with investigations as requested.
- Inform doctors if temperature continues to rise or symptoms worsen.

You can recognise standard actions because they are typed, not handwritten.

7.3
Standard actions have been amended or updated twice. You can tell because there are two signed-and-dated amendments (11/7/04 6:15 and 11/7/04 8:30).

7.4
- Monitoring of temperature, pulse and respiration changed from four times a day to twice a day.
- Both oral and IV fluids to be given.
- Cannula resited to back of right hand.
- Antibiotics to be given orally.

7.5
Per rectum, because Mr Jarvis can't swallow.

7.6
You draw a line through it but you must be able to read the original.

PAGE 3:13

How to make social conversation 1

Task 2

2.1
Sally has cared for Mrs Rhanni before. She refers to her 'looking better today' and she knows she has a daughter whose name is Zianna.

2.2
Answers may go something like these:

a Mrs Rhanni feels relieved that she is better but feels upset/panicky when she relives the worst moments in her memory.

Clue: she breaks off to say: '… *It was really bad, though … when it was happening.*'

Sally is sympathetic and makes Mrs Rhanni feel she understands.

b Mrs Rhanni feels uncertain about having someone else brush her hair. She wants reassurance from the nurse.

Clue: She interrupts the brushing to say: '… *Don't brush it too hard, though, will you? I've got a sensitive scalp.*'

Sally responds sensitively to Mrs Rhanni's uncertainty and tries to reassure and encourage her. Mrs Rhanni feels reassured.

c Mrs Rhanni doesn't want to do anything new or unusual with her hair. Her main concern is that her daughter is coming to see her.

Clues: She isn't keen on Sally's suggestion to use hair tonic and changes the subject to her daughter.

Sally correctly judges what Mrs Rhanni wants. She shows that she remembers what Mrs Rhanni has told her about her daughter and compliments her. Mrs Rhanni feels that Sally is genuinely interested in her.

2.3
informal relaxed friendly

Reasons
- Reference to personal and family life
- Broken/incomplete sentences
- Pauses and changes of thought
- Use of contractions (you're)
- Conversation guided by each speaker responding to the other
- No obvious agenda or purpose in the conversation

PAGE 3:14

How to make social conversation 2

Task 3

3.1
Words or expressions the nurse uses: 'menstrual cycle', 'curse', 'period'.
Neguste uses the term 'period'.

3.2
Answers will differ but should recognise the need to listen and reflect the words and expressions that the patient uses, and should not include words that are medically specialist, colloquial or embarrassing.

3.4
Questions the nurse asks about **family**:
- So tell me, Neguste, have you got brothers and sisters?
- Older or younger?
- And the other brother?
- Was he ill?
- And your parents?

Questions the nurse asks about **living arrangements**:
- So where will you go … when we discharge you?

Questions the nurse asks **to get permission**:
- Why don't we contact Social Services for you?

PAGE 3:15

How to give instructions while moving patients

Task 4

4.1
We need to get you up and moving around today, Charles.
Can you roll over to your right side?
Now sit on the edge of the bed.
Take hold of the Zimmer frame.
Don't put your weight down yet.
Put your weight on your left leg first.
Now your right leg.
Easy does it.
Straighten up.
Push the Zimmer frame forward.
Bend your foot.
Lift your heel.
Raise your leg.
Now the other one.

PAGE 3:16

How to persuade uncooperative patients

Task 5

5.1
a The patient assessment on the care plan.
b You must not lift or handle the patient in a harmful way.
c You must ensure you receive training in the theory and practice of moving and handling and in using relevant equipment before moving a patient.

5.4
calm assertive sympathetic
in control purposeful reassuring

PAGE 3:22

How to find out about procedures

Task 2

2.1

Point 1	2	Point 10	5
Point 2	3	Point 12	8
Point 4	6	Point 13	7
Point 6	1	Point 14	4
Point 7	9		

PAGE 3:23

How to make sure you know the correct care procedure

Task 3

3.2
The error is: piercing an artery instead of a vein during venepuncture.
Sample answer:
1 Pull out the needle.
2 Apply pressure.
3 Raise the patient's arm in the air.
4 Call a medic.
5 Keep the patient's arm in the air.

6 Continue to apply pressure for five minutes.
7 Check that the bleeding has stopped.
8 Release the pressure.
9 Complete an incident form.

Task 4

4.2
Formal language features can include:
- use of the passive voice, e.g. 'Preference **is given** …'.
- Use of the third person, e.g. '**These veins feel** soft and bouncy …'.
- Use of specialist, medical vocabulary, e.g. **sclerosed**, **fibrosed**, **thrombosed**.
- Use of long complex sentences.

PAGE 3:24

How to explain a care procedure to a patient

Task 5

5.1
The three sentences refer to the nurse selecting the most suitable vein for venepuncture.

5.2
Sentence c is more informal/colloquial and more likely to be spoken. It is reassuring rather than precise, as it does not explain what is meant by 'the best place'. However, reassurance is most important at this point.

5.3
a The word 'just' is reassuring to the patient because it makes the task sound simple and easy.
b I'm just going to pop you on the bed for a minute.
I just need this information for the incident book.
Just lift your arm above your head, would you?

5.4
It may be a little uncomfortable as it goes in but it won't be painful.
This keeps it clean and stops the bleeding.
You'll soon be eating normally.
We'll do it very carefully.

PAGE 3:25

How to help a patient give informed consent

Task 6

6.1
a Mr Jarvis feels weak, frightened, helpless, nervous, worried.
b The nurse reassures Mr Jarvis by saying:
'It's nothing to worry about. We treat lots of patients in this way.'
'… it won't be painful; it'll just feel a bit strange. Once we've got it in place, you shouldn't feel a thing, but you'll start to feel stronger and less sleepy.'
'It's very slim …'.
c Main points:
- Mr Jarvis needs food.
- The nurse can give him food through a tube.
- The tube goes up the nose and down into the stomach.
- It may be uncomfortable.
- The tube's very slim.

d The nurse makes Mr Jarvis comfortable and sits down beside him to make eye contact. She does this to ensure that Mr Jarvis can hear and understand so that he can give informed consent.
e Group 1 – give a reason and prepare Mr Jarvis.
Group 2 – check that Mr Jarvis understands.

6.2

Statement	Purpose
We want to get some food into your stomach through a tube.	**c** to introduce the procedure
How about this pillow? Is that better?	**b** to ensure comfort so the patient can listen
The tube goes in through your nose, up one nostril and down your throat into your stomach.	**d** to give further details about the procedure
We treat lots of patients in this way.	**a** to reassure the patient

PAGE 3:26

How to talk to a patient during a procedure

Task 7

7.1
The nurse is preparing the patient for surgery.

7.2
Now I'm going to … – to explain the procedure in advance

Don't worry … – to reassure

Now, I need to ask you to … – to make a polite request

I'm sorry … – to recognise the patient's anxiety/discomfort and apologise

There you are! – to tell the patient that something has been done effectively

7.3

Now I'm going to …	In a moment I shall …
There you are!	That's it!
Now I need to ask you to …	Would you mind …
Don't worry …	It's all right …
I'm sorry …	I do apologise …

7.4
Social conversation to distract the patient. It takes the patient's mind off anxiety and introduces a pleasant comment to cheer the patient up.

PAGE 3:33

How to take instructions on a drugs round

Task 2

2.1
Repeat the main information.

2.2
a So I've got to give Mr Jarvis paracetamol.
b So that's 500 milligrams per rectum.
c This medication's for Mr Jarvis. OK?
d Did you say four times a day?
e And you want this administered per rectum. Is that right?

3 There are two abbreviations.

Abbreviation	Meaning
PR	per rectum
q.d.s.	four times a day

PAGE 3:34

How to check patient prescription reports

Task 3

3.1 & 3.3

Name (surname) Smith Unit O2
First names Colin Bertram Dob 23/12/62
Consultant Signature missing
Ward Milton Site JR2
Height 5' 9" cm Weight 11st 13lb kg
Ht given in feet and inches, not cm
Weight given in stone and pounds, not kg

Allergies, drug tolerances and other useful information
Paracetamol allergy

Drug Digoxin

Dose	Frequency	Route	Start date
2.5 mg	OD	PO/PR	18/14/18
Dose given in milligrams not micrograms		*Should state which route*	*Date wrong*

Additional instructions
Instructions missing, e.g.
Do not give if pulse less than 60

PAGE 3:35

How to find out about the effects of medicines you administer

Task 4

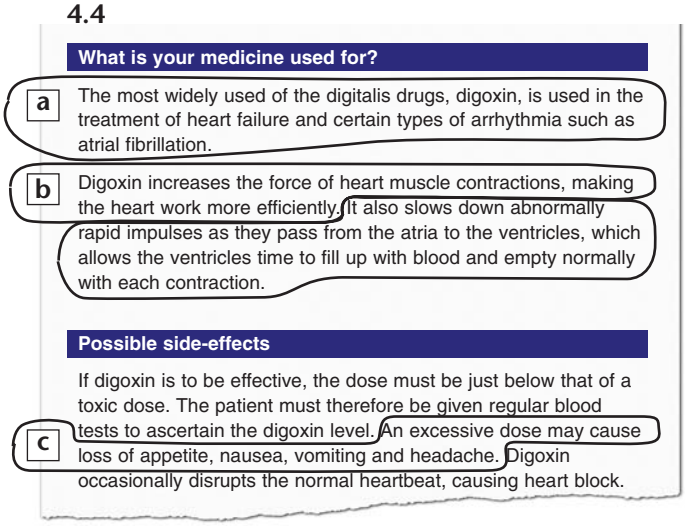
4.1
The leaflet is about digoxin – what it is, how it works, and the side-effects it might cause.

4.2
Possible answers are:

headings:
informal simple straightforward brief user-friendly

main text:
formal technical complex informative

4.4



PAGE 3:36

How to talk to patients on a drugs round

Task 5

Task 5.2 and 5.3

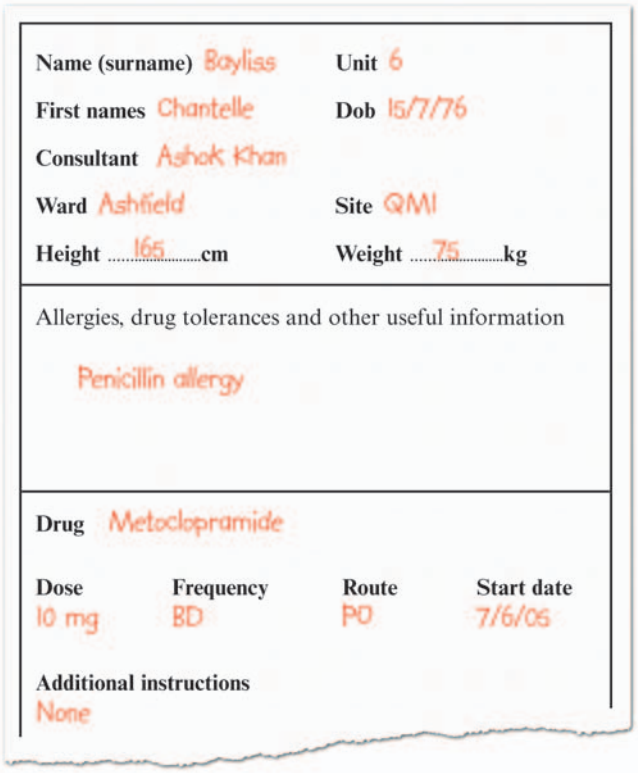
Drug	Route	What you might say first	What you might say next
prochlorperazine 10 mg PR	per rectum	It comes in suppository form, which means …	I shall slide it very gently into your bottom. **b**
prednisolone 10 mg once a day PO after food	oral	When you've finished, I'll give you a tablet.	You need one a day to help with the arthritis. **d**
heparin 0.7 ml IV	intravenous	I'm going to inject the medicine into your hand.	The needle's very small and it won't take a minute. **c**
clonidine patch every 7 days	transdermal	I'm going to change your patch now.	Is that all right? **a**

PAGE 3:37

How to administer drugs

Task 6

6.1



Name (surname) Bayliss Unit 6
First names Chantelle Dob 15/7/76
Consultant Ashok Khan
Ward Ashfield Site QMI
Height 165 cm Weight 75 kg

Allergies, drug tolerances and other useful information

Penicillin allergy

Drug Metoclopramide

Dose	Frequency	Route	Start date
10 mg	BD	PO	7/6/06

Additional instructions
None

Check it

Handovers

1 a dementia
b catheter
c qds
d IV
e Mr Qureshi **was admitted** at 3pm with a CVA.
f He has a **history** of asthma.

2 a **Nurse**: Sorry, **could you** repeat that please? I **didn't catch/hear** what you said about his medication.
b **Nurse**: Excuse me, **did you say** hypothermia or hyperthermia?

Everyday care

3 Now **swing** your legs this way. **Put** your feet firmly on the floor. **Hold** my hand if it helps. **Keep** your back straight. Don't **stand** up yet. **Take** a deep breath, and another one. Now **lift** yourself from the bed.

4 a (I suggest you walk very slowly at first.)
Don't walk so fast!
b I'm going to wash you now.
(Would you like me to wash you now?)
c (Never mind, you'll soon be feeling better.)
Don't complain – it wasn't that bad!

Explaining procedures to patients

5 a Don't make a fuss; it won't hurt.
(I'll give you this tablet to ease the pain.)
b We're going to create a tract through the parietal pleura.
(We're going to make a small hole in your chest.)
c (I'll hold your hand and tell you when it's nearly over.)
Keep still! It'll take longer than ever if you move.

6 a You've got a lot of **fluid in your lungs.**
b I'm just going to **make this tight round your arm/tie this tightly round your arm.**
c I'm just pressing for a minute to **stop the bleeding.**

Administering medicines

7 a irritable bowel syndrome
b are specially coated; are usually well tolerated
c heartburn and anal irritation

8 a I'm going to **slide** this into your **bottom**.
b Please **take** this tablet with **some water**.
c I'm going to **inject** this **into your hand**.