

Module 4

Preparing for discharge

This module is the fourth of four modules that focus on aspects of the nursing process: assessment, planning, implementing and evaluation. The module focuses on some of the skills that international nurses need when evaluating and recording care. The module also develops skills for discharging patients.

| Nursing – Module 4 Preparing for discharge | | | |
|--|---|------------------|---|
| Theme | Page titles | Page reference | ESOL |
| Writing progress notes | Focus | 4:1 | – |
| | How to write an account | 4:2 | Ws/L1.2a |
| | How to write clear notes | 4:3, 4:4 | Lr/L1.1b; Wt/L1.6a; Wt/L1.4a; Rw/L1.2a |
| | How to describe your observations | 4:5 | Rw/L1.2a |
| | How to discuss a problem | 4:6 | Rt/L1.5a; Sd/L1.2a |
| Discussing ongoing care | Focus | 4:13 | – |
| | How to give information and advice to a patient | 4:14, 4:15 | Sd/L1.2b; Sd/L2.2d; Lr/L2.2b |
| | How to discuss options for care | 4:16 | Sc/L2.4a; Sc/L2.4f; Lr/L2.2d |
| | How to write information for patients | 4:17 | Wt/L2.2a |
| | How to get the style right | 4:18 | Wt/L2.5a |
| | How to prepare a patient for discharge | 4:19 | Sd/L2.2d; Wt/L2.2a |
| Taking part in meetings | Focus | 4:24 | – |
| | How to describe hospital and community services | 4:25 | Rw/L1.2a |
| | How to follow the discussion | 4:26, 4:27 | Lr/L1.2b; Lr/L1.6a; Lr/L1.6c |
| | How to make your contribution | 4:28, 4:29 | Sc/L1.1a; Sd/L1.2a; Lr/L1.2e |
| | How to lead a discussion | 4:30 | Sd/L1.3a; Lr/L1.2e; Lr/L1.4a |
| | How to discuss discharge | 4:31 | Sd/L1.2a; Sd/L1.2c; Sd/L1.3a; Lr/L1.4a |
| Making final arrangements | Focus | 4:37 | – |
| | How to make arrangements on the phone | 4:38, 4:39, 4:40 | Sc/L2.1a; Sc/L2.3a; Lr/L1.1b; Lr/L2.2e |
| | How to complete discharge forms | 4:41 | Lr/L1.1b; Rw/L2.3a; Wt/L2.7a |
| | How to complete referral forms | 4:42 | Wt/L2.7a; Rw/L2.3a |
| | How to coordinate a patient's discharge | 4:43 | Sc/L2.1a; Sc/L2.3a; Wt/L2.7a |

Skills checklist

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

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

| Skills for preparing for discharge | I feel confident | I need more practice | Pages |
|--|------------------|----------------------|--------------------|
| Theme 1 Writing progress notes | | | |
| Write clear and accurate notes to record nursing care | | | ⇨ 4:2, 4:3, 4:4 |
| Describe your observations of a patient's condition and response to treatments | | | ⇨ 4:5 |
| Know the implications of poor record keeping | | | ⇨ 4:6 |
| Theme 2 Discussing ongoing care | | | |
| Give patients information about how to care for themselves after discharge | | | ⇨ 4:14, 4:15, 4:16 |
| Discuss patient information leaflets with patients | | | ⇨ 4:17, 4:18, 4:19 |
| Theme 3 Taking part in meetings | | | |
| Describe the hospital/community services available to patients after discharge | | | ⇨ 4:25 |
| Follow the discussion at a case conference about a patient's discharge | | | ⇨ 4:26, 4:27 |
| Make your contribution to the discussion clearly and confidently | | | ⇨ 4:28, 4:29, 4:31 |
| Lead the discussion, making sure everyone's point of view is heard | | | ⇨ 4:30, 4:31 |
| Theme 4 Making final arrangements | | | |
| Make phone calls about a patient's discharge | | | ⇨ 4:38, 4:39, 4:40 |
| Write notes to complete discharge documentation | | | ⇨ 4:41, 4:42, 4:43 |

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

PAGES 4:1–4:6

Writing progress notes

Professional setting

It is important to have a written record of all care that has been given and the patient's response. This information is typically entered in the *Progress and evaluation* section of care plans.

Comprehensive progress notes are essential for:

- providing continuity of care for the patient
- communicating information about care to other nursing staff, who need to know what has been done and how the patient has responded
- identifying patterns of response and change in the patient
- providing evidence to evaluate and improve the patient's care
- providing legal documentary evidence that can be used to evaluate the care a patient has received.

This theme focuses on developing writing skills for making entries in progress notes. Given that entries will be read by other staff involved in the patient's care, the records need to be concise, clear and legible. The theme also raises issues about the importance of keeping records up to date and the use of abbreviations.

This theme builds on skills developed in Writing care plans in Module 2 (Planning care).

Materials

Audio equipment

Blank cassettes

Dictionaries and medical glossaries

Resources for the theme:

- Care plan for Trevor Biggs (partly completed) (4:7–4:8)
- Extracts for completing the notes on Trevor Biggs' care plan (4:9)
- Completed *Progress and evaluation* notes for Trevor Biggs (4:10)
- Vocabulary extension (4:11)
- Reflection form (4:12)

Sample progress notes from learners' workplaces

Guidelines for record keeping from the NMC website (<http://www.nmc-uk.org>)

Learning outcomes/objectives

- 1 to write entries for the *Progress and evaluation* section of care plans
- 2 to write concisely using note form and accepted abbreviations
- 3 to record vital signs and other numerical information accurately and clearly
- 4 to use appropriate vocabulary to write descriptions of interventions carried out and the patient's response

Curriculum objectives

ESOL

Ws/L1.2a; Wt/L1.4a; Wt/L1.6a; Rw/L1.2a;

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

Focus

PAGE 4:1

Suggested teaching activities

- Set the context by discussing the purpose and benefits of proficient record keeping: promoting consistency of care; better information for other health professionals; protecting medical staff from litigation; reducing levels of complaints. Discuss differences in other countries where learners have practised.
- Give learners copies of the completed *Progress and evaluation notes* from the Resources or use sample progress notes from learners' own workplaces. Discuss what kind of information is recorded in this part of care planning documents:
 - what you observed before and after an intervention
 - current status and symptoms
 - things you did to meet the patient's needs
 - what you observed in relation to the patient being able to manage his/her own care.
- Also ask for comments on the clarity of the entries. Was the handwriting easy to read? Was the information comprehensive enough to make sense to other nurses/health professionals?

Task 1

- Allow time for learners to look at the two extracts from a Care plan for Trevor Biggs from the Resources. Ask some general questions, for example: *Is it a standard care plan or an individualised care plan? (standard) What are the goals for Trevor? What care has been given? Has Trevor met the goals? How do you know?*
- Check understanding of any words such as drowsy (sleepy) and the abbreviation S/B (seen by). Learners can then try the task and discuss answers in pairs/small groups, providing evidence from the progress notes to support their choices (e.g. for question 2, the events are in a chronological sequence, with the time recorded for each entry).
- Go through each of the points in the guidelines, focusing on:
 - the timing and dating of the entries so that the signatory can be easily identified
 - the factual and objective style of the notes
 - the relevance of the information recorded to the patient's problem
 - the organisation of the entries as a chronology
 - the legibility of the writing.

Follow up

Set learners the task of finding, downloading and reading the Guidelines for records and record keeping from the NMC website (see Materials) and find out what is said about:

- abbreviations
- how to deal with alterations
- the style of writing
- the frequency of entries
- patients and access to their records.

PAGE 4:2

How to write an account

Task 2**Objectives and curriculum references**

to write an account as a chronological sequence of events

to use verb tenses correctly to relate a chronology of events

to review past tenses and understand concepts expressed

to be aware of the effect of using the passive and know how to use it

ESOL

Rw/L1.2a; Ws/L1.2a

Task

- **Question 1** Ask learners to highlight all the verbs in Account A. Discuss the use of tenses (got up, shouted out, felt, fainted, etc.). When taking feedback, highlight the use of the simple past for finished actions (e.g. got up, fainted) and the use of the past continuous – was/were + verb + ing – for actions in progress when something else happened (e.g. When we got to Trevor, he was sweating and he was very pale).
- **Question 2** Ask learners to underline the verbs in the passive (e.g. Help was given; a pillow was placed ...).
- **Question 3** Discuss use of the passive when it is not known/not important who did the action (e.g. ... he was covered with a blanket. The doctor was called.). Also discuss the effect of the passive – more impersonal and factual.
- Direct learners to the tips on tenses.
- **Question 4** Learners complete the two accounts individually or in pairs.

If the learner has difficulty

- At this level learners should be familiar with the basic verb tenses, but may need to review past tenses using a good grammar workbook.
- **Question 2** Learners may need some extra practice in forming the passive. Provide some extracts to rewrite in progress notes in the passive, e.g.

- We took out the chest drain after two days.
- The nursing staff advised him against discharging himself.
- I allowed Mrs Brown to rest before her pulmonary function test.

Extension

- Ask learners to write their own account of an incident, for example a sudden deterioration in a patient's condition or an unexpected situation on the ward.
- Remind them that the report needs to be written in a factual impersonal style, using tenses accurately, and that the sequence of events should be clear.
- Learners can then swap accounts and check each other's work for appropriate use of verb tenses, and use of active and passive voice.

PAGE 4:3

How to write clear notes 1

Task 3

Objectives and curriculum references

to write clear progress notes without ambiguity
to write notes describing a chronological sequence of events

to write concise entries on progress notes

ESOL

Wt/L1.4a; Wt/L1.6a

Preparation

- Discuss Trevor's fainting episode, eliciting words for discussing his likely symptoms (e.g. to faint; to feel giddy, faint or dizzy). Discuss what action would need to be taken to deal with Trevor's fainting episode.
- Put up some different versions of the same notes and discuss which is easiest to read, which is clearest and which is most concise.

| Time | Progress and evaluation |
|-------------------|---|
| A 17:00 | I phoned Dr Ferguson immediately to tell him about the deterioration in Mr Naylor's condition, and then one of the nurses also called Mr Naylor's wife to tell her about the change in her husband's condition. |
| B 17:00 | Dr Ferguson notified immediately of deterioration in condition. Wife also informed about change in condition. |
| C 17:00 | Doctor notified and wife. |

- Point out the advantage of using short sentences and note form for writing up notes that others need to be able to access and read quickly (extract B). Also point out that if notes are too brief, they can be difficult for others to understand and essential facts may be lost (extract C).

Task

- **Question 1** Ask learners to compare the notes and Account A on page 4:2 in pairs or groups. If possible, provide copies of Account A so learners can work with it next to the notes.
- When taking feedback, focus on how the notes contain only words essential for understanding what happened (content words), while words important for the structure of the sentence can be left out (e.g. 'a', 'the', 'he', etc.). Demonstrate some examples from the full paragraphs, for example: He felt giddy and ~~he~~ fainted. A pillow was placed under his head.
- **Question 2** Ask learners to rewrite the missing entries on the progress notes in note form based on Accounts B and C on page 4:2. Learners can write up their final version of the notes on an OHT for discussion and evaluation by the group.
- Direct learners' attention to the tips on writing times. Point out the standard conventions for recording times with the 24-hour clock (i.e. 15 30 or 15:30), but that other conventions may be used in their workplace and learners need to be aware of what these conventions are.
- **Question 3** Give out copies of the partly completed Care plan for Trevor Biggs and the Extracts for completing the notes on Trevor Biggs' care plan from the Resources.
- Learners work in pairs or small groups to read the extracts and work out where the information goes in the plan. They then prepare notes to complete the *Progress and evaluation* section.
- Encourage learners to evaluate each other's work before giving feedback:
 - Are the notes in the right chronological order?
 - Are the notes clear and easy to understand?
 - Are the notes clearly dated, timed and signed?
 - Is the writing legible and clear to read?
 - If abbreviations/acronyms are used, are they generally accepted and understandable?

- Give out the Completed *Progress and evaluation* notes for Trevor Biggs from the Resources so learners can compare the missing entries with the model notes.

If the learner has difficulty

- **Question 3** Cut up the extracts of information so that learners can physically move them around to work out the correct order.
- If learners are less confident, work with them to write notes to complete the first two missing entries. Then encourage them to work on the notes for the other missing entries as indicated above.

Extension

- Ask learners to write up a care plan for a patient they have nursed recently – the problem, goals, actions and progress notes.
- Encourage learners to develop a word map for dealing with a fainting episode, looking through pages 4:2 and 4:3 for useful vocabulary.

PAGE 4:4

How to write clear notes 2

Task 4 24

Objectives and curriculum references

to practise listening for details about vital signs, medication and therapies

to make notes and use them to complete entries on the *Progress and evaluation* section of a care plan

to write entries using accepted abbreviations for recording vital signs

ESOL

Lr/L1.1b; Wt/L1.6a; Wt/L1.4a

Preparation

- Go through the comments on the *Progress and evaluation* notes and discuss conventions used for recording vital signs in learners' workplaces or places they have worked previously.
- Point out:
 - the importance of legibility and accuracy with figures
 - how to alter an entry by striking through with a single line and so that the error can still be read, and initialling the alteration.

Task

- The audio clip provides practice in listening carefully and taking down key figures. Play the two extracts once and ask some general questions to check comprehension of the context.
- **Question 1** Play the extracts again, one at a time. This time, learners listen carefully for the details and make notes. You may need to play the clip several times for learners to catch all the detail that they would need to record in *Progress and evaluation* notes.
- **Question 2** Learners discuss what information to record in the notes and then write them up using appropriate abbreviations for vital signs and medications.

If the learner has difficulty

To support the listening and note taking, give learners a table to complete as they listen.

Conversation 1

Patient Mrs Jones

Problem

Vital signs

Consultant's orders

Conversation 2

Patient Mr Martinez

Vital signs

Problem

New medication

Result

Extension

- Give learners copies of the transcript and ask them to list the abbreviations used for recording vital signs, what the abbreviation stands for and what you say when talking to colleague or a patient.
- Encourage learners to add more examples.

Task 5

Objectives and curriculum references

to recognise a range of abbreviations typically used in progress notes

to be aware of the NMC guidelines on use of abbreviations

to use accurately those abbreviations accepted within a specific clinic setting

ESOL

Rw/L1.2a

Preparation

- Set up a short discussion on the benefits and risks of using abbreviations. If possible, hand out the relevant extract from the NMC guidelines for learners to read and discuss. Point out the need for:
 - understanding the wide range of abbreviations that they may come across in hospital documents
 - finding out which are used in their clinical setting and using only these in their own writing
 - avoiding abbreviations if there is a risk they may not be understood or where the patient will see the document.

Task

- **Question 1** Ask learners to look quickly through the progress notes for Mr Patel and underline the abbreviations (e.g. PMH = past medical history; O/A = orientated and alert).
- Also encourage learners to look through the Completed *Progress and evaluation* notes for Trevor Biggs from the Resources for abbreviations (e.g. S/B = seen by; OOB = out of bed). Discuss which ones would be generally understood and if any would be better written in full.
- **Question 2** Learners look through the list and circle any abbreviations they don't know and underline those they would not use in their own writing.

Follow up

- Elicit other abbreviations learners know that would be generally understood in their clinical setting.
- Ask learners to suggest ways of asking if they are unsure of the meaning of an abbreviation.
- Set up this thinking point for small groups: What are the benefits and risks of using abbreviations for the nurse, the patient and the hospital?

If the learner has difficulty

- Write the abbreviations and their full meaning on cards for learners to match up.
- Give learners some blank cards and ask them to write down four or five other abbreviations that are used in their clinical area. They then exchange cards with another group and write the full term beside the abbreviation.

Extension

- Discuss ways of recording useful abbreviations, for example alphabetically or by category, using the following example as a model.
 - Observations: e.g. BP = blood pressure
 - Examinations: e.g. GA = general anaesthetic
 - Hospital departments: e.g. ED = emergency department
 - Medical terms: e.g. DVT = deep vein thrombosis
 - Nursing terms: e.g. ADL = activities of daily living

- Encourage learners to set up a part of their vocabulary notebooks for recording useful abbreviations and think of appropriate categories for grouping them.

PAGE 4:5

How to describe your observations

Task 6

Objectives and curriculum references

to recognise and understand vocabulary associated with progress notes

to describe your observations of a patient's condition and responses accurately using appropriate adjectives

ESOL

Rw/L1.2a

Preparation

- This task develops a range of adjectives for writing up observations of a patient's condition and responses to treatments. It builds on work in the theme 'Assessing patient needs' in Module 1 (Admitting patients).
- Ask learners to suggest words for describing observations in these categories:
 - speech (e.g. hesitant)
 - emotions (e.g. upset)
 - movement (e.g. unsteady)
 - breathing (e.g. laboured)
 - relationships with other people (e.g. outgoing).

Task

- **Question 1** Encourage learners to read quickly through the extracts, without reference to the list of adjectives, and try to work out what the missing words are from the context. They can make notes of the words or paraphrase the meaning. If necessary they can check the meaning of unknown words in a dictionary or glossary.
- Ask learners to focus on and check meaning of abbreviations (e.g. Pt = patient; OOB = out of bed; physio = physiotherapist; S/B = seen by; ® = right).
- Learners then complete the extracts and compare answers with another learner.
- While taking feedback on item e, draw attention to the tip.

- Ask learners to write similar observations using appropriate adjectives.
- **Question 2** Learners write notes based on their own experience of patients they have treated, following the model given.
- Encourage learners to evaluate each other's writing and the appropriateness of the words they have chosen. Alternatively, learners can write up their final notes on an OHT for group comment and suggestions for improvement.

If the learner has difficulty

- **Question 1** Give learners three options for each extract to choose from (e.g. for extract a, gap 1: intact/complete/whole; gap 2: reddened/marked/blemished).
- **Question 2** Work together with learners to build up some examples on the board first.

Extension

- Give out copies of the Vocabulary extension exercise from the Resources. This task focuses on verb + noun combinations that are useful for describing nursing intervention (e.g. change a dressing; take bloods). Point out to learners that being aware of nouns and verbs that typically go together can help to make their English sound more natural.
- **Question 1** Learners complete the diagrams by adding words from the list. Encourage them to add any other verbs or other useful noun + verb combinations, and discuss the value of this type of diagram as an aid to recording vocabulary.
- **Question 2** Learners can work individually or in pairs. Check meaning of abbreviations (e.g. NG tube (or NGT) = nasogastric tube).

PAGE 4:6

How to discuss a problem

Task 7**Objectives and curriculum references**

to read in detail to select and judge the relevance of specific information

to read thoroughly to appreciate the argument and implications

to discuss an incident, analysing what happened and suggesting improvements

ESOL

Rt/L1.5; Sd/L1.2a

Task

- In this task learners read the details of an incident and reflect on what happened and why, and the lessons that can be learnt from the incident to prevent something similar from occurring again. The questions within the text are designed to focus the discussion.
- Set up small groups. Learners read through the incident, taking time to discuss the questions within the text. One learner should keep a record of the discussion for each question for reporting back to the rest of the class.
- Each group presents their summary of the discussion, including their analysis and suggestions for improving the situation.

If the learner has difficulty

Work through the case together with learners, giving help with vocabulary.

Extension

- Use the text as a springboard for vocabulary development. Learners read through the text highlighting words they don't understand. Before discussing the meanings or looking up the words, encourage learners to read a few of sentences before and/or after the word to try and work out the meaning. For example, some learners may not know the expression 'be stretched' but by looking at the sentences that come after they should be able to work out that it has something to do with being very busy.

- They can then discuss precise meanings or look words up in a dictionary.
- Ask learners to write up a similar incident to discuss in a future session.

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

It is important to keep an accurate written record of nursing activities, interventions and observations. This information is typically documented in the *Progress and evaluation* section of a care plan.

Task 1

Read through the *Progress and evaluation* section below from a care plan for a patient admitted for an appendicectomy.

- Choose the best word from each pair to describe the style of the notes.
 - precise/vague
 - detailed/brief
 - note form/full sentences
- How are the notes organised?

PATIENT: Trevor Biggs
DOB: 18/01/85
HOSPITAL NUMBER: 1324589

| Date | | Nurse's signature & designation |
|----------|---|---------------------------------|
| 13/08/04 | Problem: Altered level of consciousness | |
| | Goal/objective: To return to pre-operative levels | |
| | Care planned: | |
| 1 | Re-orientate patient to time, place and person Maintain safe environment | |
| 2 | Record and document any abnormalities according to Trust policy. | M Hill RN |

Record what happened chronologically, dating and timing your entries.

The notes should provide an accurate record of the care that has been given and an evaluation of the patient's progress against the goals that were set.

Sign each entry with your initial, last name and designation.

Keep your notes concise by using note form and accepted abbreviations

| Date | Progress and evaluation | Nurse's signature & designation |
|----------|--|---------------------------------|
| 13/08/04 | Trevor returned from operating theatre, drowsy but fully orientated in time and place. | S Wong SN |
| 16:00 | Sitting up and taking sips of water. | |
| 19:30 | S/B surgical team. Trevor informed of results of operation. No new orders given. | S Wong SN |
| 20:00 | | |
| 22:00 | Settled to sleep, skin warm. Trevor relieved operation successful. | K Dawe RN |
| 14/08/04 | See new care plan. | K Dawe RN |

Write clear and precise descriptions of what you did, observed and were told.

Write legibly in black ink so that other people can read your notes easily.

How to write an account

When giving an account of the care you have given, it is important to use tenses correctly, to build up a clear picture of what happened.

Task 2

- 1 On the morning after Trevor's operation, he fainted on his way to the toilet. Read Account A below. Discuss what tenses are used and why.

Trevor Biggs Student, aged 19,
Admitted with appendicitis



Account A

Trevor got up to go to the toilet. He shouted out that he felt giddy and he fainted by the nurses' station. Help was given immediately. A pillow was placed under his head and he was covered with a blanket. When we got to Trevor he was sweating and he was very pale. His pulse was 125 and his blood pressure was 80 over 40. He was upset, and reassurance was given. The doctor was called.

- 2 The verbs used to describe the nursing interventions are in the passive. Go through the text and underline them.
- 3 Why do you think the passive is used?
- 4 Now complete Accounts B and C using the correct tenses.

Account B

Trevor _____ (assist) back to bed. His blood pressure _____ (return) to normal levels of 125/15. Trevor _____ (state) that he _____ (feel) better, but he _____ (advise) not to get out of bed without supervision, and to notify staff if he _____ (feel) giddy again. He _____ (offer) a bottle to use to pass urine.

Account C

Trevor _____ (give) an assisted wash at the basin. There _____ (be) no further complaints of giddiness when he _____ (be) out of bed.

Tip

Simple past (*arrive* → *arrived*, *feel* → *felt*) – finished actions.

Past continuous (*was/were* + verb + *ing*) – actions in progress when something else happened.

By the time the doctor arrived, he was feeling better.

Tip

You often use the passive when:

- it is not important or obvious who did the action
- you want the account to sound factual and impersonal.

How to write clear notes 1

When writing notes, avoid long sentences and, as long as the meaning is still clear for others, use note form.

Task 3

1 Below are the notes a nurse wrote to record Trevor Biggs' fainting episode and the nursing care he received.

Compare the notes with the description in Account A on page 4:2. Discuss how the notes differ. Think about:

- the type of words that have been left out
- abbreviations.



| Date | Progress and evaluation |
|-------------------|--|
| 14/08/04 06:30 | Trevor got up to go to the toilet. Shouted out he felt giddy and fainted by nurses' station. Help given immediately. Pillow placed under his head and covered with blanket. Lying on floor, sweating and pale. Obs: P 125 and B/P 80/40. Upset and reassurance given. Dr informed. |
| 07:00 | |
| 08:30 | S/B Mr James. Orders given to commence gentle mobilisation under supervision. Pleased with surgical progress. If faints again to commence lying and standing BP. |
| 10:00 | |

2 Rewrite Accounts B and C on page 4:2 as notes to complete the missing 7:00 and 10:00 entries in the *Progress and evaluation* section above.

3 Your teacher will give you a care plan for Trevor and some extracts with information to complete the missing entries in the *Progress and evaluation* section of the plan. Read the information in each extract and decide where it goes. Then prepare notes to complete the *Progress and evaluation* section of the care plan.

Tip

When you write notes in the passive, you often leave out the auxiliary such as was/were:

Dr Hassan ~~was~~ notified at 10:30.

Tip

When you record times, use the 24-hour clock to avoid any confusion between morning and afternoon times, e.g.

*06 30 or 6:30
18 30 or 18:30*

Nursing tip

The conventions for recording times vary, so check to find out if there is a standard way to write times in your workplace, such as 10:30 or 10.³⁰.

How to write clear notes 2

When you record vital signs, record them in a way that will be easy to take in at a glance.

Record vital signs using standard abbreviations.

Make sure figures are accurate and easy to read.

If you make an error, cross through it with a single line and initial it.

| Date | Progress and evaluation | Nurse's signature & designation |
|----------|--|---------------------------------|
| 24/08/04 | Mr Patel admitted with acute breathlessness. | J Parry SN |
| | PMH: chronic bronchitis. Has had chest infection for the past 3 weeks. Condition deteriorated over past 24 hours. | |
| 12:15 | O/A Temp. 37°C Pulse 120 Resp. 30 BP 147/70 SaO ₂ 97% | J Parry SN |
| 14:00 | Salbutamol nebulisers given. SaO ₂ 92% on O ₂ Temp. 37 P 28 R 120 P 120 R 28 MH | M Henderson SN |
| 15:00 | Sputum specimen collected. | M Henderson SN |



Task 4

24

- 1 Listen to extracts from two conversations. Make notes of the patients' vital signs, therapies and medications.
- 2 Write up the information as notes for the *Progress and evaluation* section of the care plan.

Tip

If you don't understand an abbreviation, always check.

- What does O/A stand for?
- What does NGT mean?

Task 5

- 1 Mr Patel's progress notes above contain some common abbreviations. What are they short for?
- 2 These are some other abbreviations taken from nursing notes. Which ones do you know and which ones would you use?

- | | | |
|-------|--------|-------|
| a c/o | b h/o | c NKA |
| d WNL | e 7/52 | f q4h |
| g TPN | h prn | i pt |
| j HO | k PR | l wt |

Tip

Only use abbreviations that are agreed in your clinical area.

Avoid using abbreviations if the document will be read by the patient.

How to describe your observations

When you describe your observations, use adjectives that give a clear picture of the patient's condition and response to treatments.

Task 6

- 1 The extracts below are from progress notes for different patients. Complete them using words from the box.

breathless intact reddened isolated
slouched slurred upsetting steady tired

- a All care given as planned. Pressure areas _____ although sacral area _____. Mr Singh reminded of importance of changing position regularly.
- b Pt sitting _____ in bed, leaning towards the right. Stated she was unable to feel anything on @ side. No reflexes right side. Speech was slow and _____ and having difficulty finding her words.
- c Magda S/B bereavement counsellor. Spent session going over the events that led to her husband's death. Says she finds talking about him very _____, but says she feels less _____ after talking to someone.
- d OOB to chair for half an hour. c/o giddiness on standing up, but when she moved was _____ on her feet.
- e States she feels _____ all the time. Becomes _____ after any exertion. Refuses to go to physio. Says 'I haven't got the energy for it and anyhow it doesn't do any good'. Notified doctor and physio.

Tip

Keep to the facts. Avoid making offensive remarks or judgments. Instead quote directly what the patient says.

~~Mrs Brookes unhappy with her doctor,~~

She says, 'Mr Court just talks about me to the staff; he never looks at me. It's like I don't exist.'

- 2 Think of a patient you have treated. Write statements describing three or four actions you took to meet the patient's needs. Use appropriate adjectives and follow the model below.

Example

Gave pt bed bath. Noted 6 cm area of light pink drainage on the dressing.

Intervention / nursing activity

Patient's response / your observations

How to discuss a problem

Task 7

Read this short case study and discuss the questions.

The morning shift for Ash ward came on at 6 am. Mrs Chang's observations were delegated to a care assistant and recorded (temp 37°C, pulse 82, resp 18). The shift were very stretched that day as one of the nurses had rung in sick and the ward was exceptionally busy. One of the patients was due for discharge at midday but his TTOs didn't arrive and needed to be chased. When the patient was finally ready for discharge at 5 pm his transport failed to turn up. Two patients were returned to the ward from surgery around 6 pm. The night shift came on at 10 pm. When doing Mrs Chang's observations, it was discovered her temperature was 38.8°C and her pulse 128 and respirations 20. When questioned she stated she had been feeling unwell all afternoon and said, *'I didn't like to say anything. Everyone looked so busy. I just thought the anaesthetic was making me feel bad.'* The doctor was notified at 10:30 pm and told of the change in the patient's status. The doctor reprimanded the nurse. *'You should've picked this up sooner. She's got an infection. It's not good enough.'* He gave orders for blood culture tests and a urine test to find the source of the infection.

- a How do you think the nurses on the night shift felt?
- b What are the implications of the delay for the patient's recovery?

At handover next morning there was a very tense atmosphere and the senior nurse on the night shift angrily snapped, *'It's bad enough having to work nights without having to deal with other people's incompetence.'* On investigation the ward manager discovered Mrs Chang's observations had not been recorded on the care plan after 6 am. The care assistant on the morning shift said, *'When I went to do her obs at 12 she wasn't at her bed. I think she was in the toilet.'* Apparently, Mrs Chang's observations had been done at 2 pm, but the nurse had jotted them down in her notebook and had been too busy to update the observations chart. The observations had been overlooked at 6 pm as there was so much going on.

- c Was anyone or anything to blame?
- d What could be done to prevent this happening again?



- Admitted two days ago for a resection of the jejunum.
- Uneventful post-operative recovery.
- OOB and gently mobilising.
- 4-hourly observations as per care plan.

Nursing tip

If you can't get to the care plan immediately, complete your entry as soon as you can, marking it as a late entry, e.g.

14:30 Late entry: Mrs Chang not at bed when I went to do her obs at 12:00. Returned at 12:30 – temp 37.5 ...

Nursing tip

There are no legal guidelines about how often records should be written, so find out what the policy is in your area and follow that.

Resources

Task 3 on page 4:3

3.3 Care plan for Trevor Biggs (partly completed)

PATIENT: Trevor Biggs

DOB: 18/01/85

HOSPITAL NUMBER: 1324589

| Date | | Nurse's signature & designation |
|----------|--|---------------------------------|
| 14/08/04 | <p>Problem: <i>Has fainted twice when going to toilet</i></p> <p>Goal and objective: <i>For Trevor to maintain a safe environment by not fainting when mobilising</i></p> | <i>M Hill RN</i> |
| | <p>Review: <i>15/08/04</i></p> | |
| | <p>Care planned:</p> <ol style="list-style-type: none"> <i>1 Monitor and record B/P lying and standing 4 hrly and inform medical staff if wide discrepancy between lying and standing B/P (e.g. 120/80 and standing 70/55).</i> <i>2 Observe for signs of pallor and sweating and Trevor complaining of feeling giddy.</i> <i>3 Advise Trevor to remain in bed and call for assistance if he needs help to go to toilet, or offer a urinal bottle.</i> <i>4 Ensure call bell is accessible at all times, so that Trevor can call for help.</i> <i>5 Ensure Trevor is accompanied at all times when mobilising.</i> <i>6 Explain all interventions to allay anxiety.</i> <i>7 Allow Trevor to articulate concerns. Offer reassurance that fainting is common following surgery.</i> | <i>M Hill RN</i> |

cont'd overleaf

Resources

PATIENT: Trevor Biggs

DOB: 18/01/85

HOSPITAL NUMBER: 1324589

| Date | Progress and evaluation: | Nurse's signature & designation |
|-------------------|--|---------------------------------|
| 14/08/04 06:30 | Trevor got up to go to the toilet. Shouted out he felt giddy and fainted by nurses' station. Help given immediately. Pillow placed under his head and covered with blanket. Lying on the floor, sweating, pale. Obs: P 125 and B/P 80/40 Upset and reassurance given. Dr informed. | M Hill RN |
| 07:00 | Trevor assisted back to bed. B/P returned to normal 125/75. Trevor feeling better. Advised not to get up without supervision and to notify staff if feeling giddy. Offered bottle to use to pass urine. | M Hill RN |
| 08:30 | S/B Mr James. Orders given to commence gentle mobilisation under supervision. Pleased with surgical progress. If faints again to commence lying and standing BP. | M Hill RN |
| 10:00 | Assisted wash given at washbasin, no further complaints of feeling giddy when up. | S Wong SN |
| 12:30 | | |
| 12:45 | | |
| 14:00 | Lying B/P 125/90 & standing B/P 105/85. | M Hill RN |
| 16:00 | | K Dawe RN |
| 18:00 | | |
| 20:00 | Walked to day room independently without feeling faint. Obs: B/P: L 103/78 & S 102/75 | S Wong SN |
| 15/08/04 06:00 | No further incidents of fainting. Obs: B/P L 100/72 & S 100/74 | M Hill RN |
| 09:00 | | |

Resources

Task 3 on page 4:3

3.3 Extracts for completing the notes on Trevor Biggs' care plan

Extract 1

Trevor got out of bed with the supervision of one of the nurses and was moving around the ward. He appeared to be much brighter and he had no more episodes of giddiness or fainting.

Extract 2

Trevor decided to go to the bathroom on his own. He started to feel giddy and rang the call bell, but by the time we got to the bathroom he had fainted again. He was lying on the floor and looked terrible. I did everything I could to make him comfortable. I put his legs on the chair. He was very pale and was sweating a lot. I took his blood pressure and I found it had fallen to 80 over 45 and his pulse was 110. One of nurses informed the doctor what had happened.

Extract 3

Surgical team came to see Trevor. As his B/P was within normal limits they told us to discontinue observations. They discussed Trevor's discharge with him and it was decided that Trevor would remain in hospital today as he will be on his own because his parents are on holiday and won't be back until after the weekend. He will probably be discharged tomorrow (16/8/04).

Extract 4

I sat Trevor on the chair in the bathroom for 15 minutes because he was still feeling very giddy, and then my colleague and I helped him back to his bed. When he was in bed, I took his pulse and blood pressure. His blood pressure was 110 over 50 and his pulse was 85. We strongly advised Trevor not to get out of bed without assistance.

Extract 5

The senior house officer saw Trevor. He spoke to Trevor about his fainting episodes and told him that the fainting was probably just due to the after-effects of the anaesthetic and he said, 'It's nothing to worry about.'

Resources

Task 3 on page 4:3

3.3 Completed Progress and evaluation notes for Trevor Biggs

| Date | Progress and evaluation: | Nurse's signature & designation |
|-------------------|--|---------------------------------|
| 14/08/04 06:30 | Trevor got up to go to the toilet. Shouted out he felt giddy and fainted by nurses' station. Help given immediately. Pillow placed under his head and covered with blanket. Lying on the floor, sweating, pale. Obs: P 125 and B/P 80/40 Upset and reassurance given. Dr informed. | M Hill RN |
| 07:00 | Trevor assisted back to bed. B/P returned to normal 125/75. Trevor feeling better. Advised not to get up without supervision and to notify staff if feeling giddy. Offered bottle to use to pass urine. | M Hill RN |
| 08:30 | S/B Mr James. Orders given to commence gentle mobilisation under supervision. Pleased with surgical progress. If faints again to commence lying and standing BP. | M Hill RN |
| 10:00 | Assisted wash given at washbasin, no further complaints of feeling giddy when up. | S Wong SN |
| 12:30 | Trevor went to bathroom alone. Rang call bell but by time staff arrived had fainted again. Made comfortable on floor, pale and sweating - obs: B/P 80/45, P 110. Legs elevated on chair. Dr informed. | K Dawe RN |
| 12:45 | Still feeling giddy so sat him on chair for 15 minutes. Helped back to bed. B/P 110/ 50 P 85. Strongly advised not to get out of bed unaided. | K Dawe RN |
| 14:00 | Lying B/P 125/90 & standing B/P 105/85. | M Hill RN |
| 16:00 | OOB under supervision and mobilising around the ward with no further episodes of giddiness and fainting. | K Dawe RN |
| 18:00 | S/B senior house officer - informed Trevor fainting due to after effects of anaesthesia - 'nothing to worry about'. | K Dawe RN |
| 20:00 | Walked to day room independently without feeling faint. Obs: B/P: L 103/78 & S 102/75 | S Wong SN |
| 15/08/04 06:00 | No further incidents of fainting. Obs: B/P L 100/72 & S 100/74 | M Hill RN |
| 09:00 | S/B surgical team - B/P within normal limits, discontinue observations. Trevor to remain in today as living on his own while parents on holiday. For probable discharge tomorrow. 16/8/04 | M Hill RN |

Resources

Reflection form

| | |
|---|--------------------------------------|
| Name: | Theme: Writing progress notes |
| 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 4:13–4:19**Discussing ongoing care****Professional setting**

The topic of this theme is giving information and advice to patients about their ongoing care after discharge. It deals with developing awareness of the following:

- the importance of passing on clear information to patients and checking they understand and remember it
- the importance of listening attentively to patients' concerns
- the need to involve patients in decision making about future care options
- giving clear and simple written information to patients.

The focus is on skills for:

- giving information and advice
- checking patients have understood
- simplifying written information.

Materials

Audio equipment

Blank cassettes

Dictionaries and medical glossaries

Resources for the theme:

- Discharge advice for patients with kidney stones (4:20)
- Leaflets for patients with chronic bronchitis (4:21–4:22)
- Reflection form (4:23)

Patient information leaflets obtained from hospitals, surgeries, clinics or NHS advice centres

Learning outcomes/objectives

- 1 to give clear information to patients, verbally and in writing
- 2 to involve patients in making decisions about ongoing care
- 3 to check a patient has understood
- 4 to be able to select and simplify information for patients' benefit

Curriculum objectives**ESOL**

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

Focus**PAGE 4:13****Suggested teaching activities**

- Set the context by discussing how patients may feel about going home. Elicit a range of words such as relieved, elated, delighted, apprehensive.
- Move the discussion on to how nurses prepare patients to be able to take care of themselves after they have left hospital. Ask about their own experience by asking questions.
 - What kind of information do nurses give patients?
 - When and how do they give it?
 - Do nurses spend time talking to patients or do they give them written information?
 - Do nurses encourage patients to ask questions and find time to answer them?
 - What can go wrong when a patient leaves hospital?
 - Do nurses expect patients to always follow the advice they are given?
- Ask learners about variations they may have noticed in patient attitudes and accepted practice in UK hospitals and abroad. (In the UK patients should be involved in discussion and decision making when choices are to be made about their ongoing care. In some countries, however, patients are expected to comply with decisions that medical professionals make for them.)

Task 1

- The aim of this task is to focus learners' attention on the issues of giving clear information to patients.
- Set up the task in small groups.

- **Questions 1 and 2** Ask the learners to read the comments in the speech bubbles and discuss the two questions, making brief notes to record the discussion.
- Take feedback and record some of the learners' ideas on the board/flipchart.
- Discuss the implications of the patients' comments in terms of their ongoing care and recovery.
- Go through the points in the summary and discuss each in turn, asking learners to suggest what they could say for each bullet point.
- Discuss the photograph and speech-bubbles and relate them to points in the summary.

PAGE 4:14

How to give information and advice to a patient 1

Task 2 25

Objectives and curriculum references

to develop awareness of how to check a patient has understood information

to develop awareness of how to listen and respond to a patient's concerns

ESOL

Lr/L2.2b

Task

This task demonstrates strategies for responding sensitively to a patient's concerns and checking they have understood information given to them.

- **Question 1** Ask learners to work in pairs. Give them five minutes to complete their list. If they are unsure, give one or two clues, such as medicine and mobility.
- **Question 2.** Play the audio clip through once and ask learners to note down their answers. Repeat if required.
- Discuss learners' responses.
- **Question 3** Ask learners to read questions a–g. Then play the audio clip again. The audio clip is quite long, so it may be useful to play it in shorter sections, pausing after the information for each question and giving learners time to note down the information. Play the sections again as necessary.
- **Question 4** Play the section of the audio clip where the nurse checks if Trevor has understood. Stop the recording immediately after she says, 'So just to check ...'. Ask learners to repeat back to you what she says.
- Discuss why it is important to check information with patients. Elicit other phrases we use to check information and practise the phrases.

- **Question 5** Play the audio clip again and stop it at relevant points for learners to take notes.
- Discuss how the nurse responds to the patient and draw learners' attention to the tip boxes.

Follow up

Discuss what non-verbal body language/actions might be appropriate for reassuring Trevor. Draw out any variations learners have observed between UK hospitals and other places where they have worked.

If the learner has difficulty

Give learners a copy of the transcript and ask them to underline the relevant words for question 5.

Extension

- Set up a role-play for learners to act out a similar conversation in their own words. Take the part of the patient while learners take turns to act the nurse's role.
- Ask learners to pay attention to responding to the patient's concern and checking that information has been understood.
- Record the role-play and discuss how responses can be improved or varied.
- When learners are confident of the roles, they can act them out in pairs.

PAGE 4:15

How to give information and advice to a patient 2

Task 3 26

Objectives and curriculum references

to give clear information and advice to patients to know how to warn patients about the consequences of not taking advice

ESOL

Sd/L2.2d; Sd/L1.2b

Task

- **Question 1** Play sections of the audio clip, which correspond to the speech-bubbles. Ask learners to complete the missing words.
- Check learners' understanding of advice and warnings. Then ask learners to identify which phrases represent advice and which ones are warnings.
- Discuss why nurses need to give patients advice and warnings.
- **Question 2** Draw learners' attention to the photo and text relating to Mrs Collins. Go through the phrases, eliciting which ones are advice and which ones are warnings.
- Set up as a paired exercise in which learners discuss and decide what advice and warnings they would give this patient for each of the points in the list on the right. Learners can then take turns to practise giving advice and warnings to the patient. Encourage learners to use the example phrases.
- Take feedback and discuss the different phrases learners used in the paired practice.

If the learner has difficulty

Write some sentence endings on cards for learners to match to the phrases in question 2.

Extension

- Set up a role-play in which learners give advice and warnings to Mrs Collins.

- Plan the role-play together, or ask learners to plan what advice they will choose to give in pairs.
- Take the part of the patient initially until learners are confident of taking on this role. Ask learners to take turns to play the nurse's role. Then record and discuss the role-plays.
- Set up a paired exercise in which learners give advice to a colleague about a nursing procedure they know well.
- Encourage the listener to ask appropriate questions. Swop roles.
- Record the conversations and discuss.

Task 4 27

Objectives and curriculum references

to conduct a conversation with a patient, giving information and advice

ESOL

Sd/L2.2d

Preparation

- Write up the following questions on an OHT or a board:
 - What kind of discomfort is the patient feeling?
 - When is she being discharged?
- Play the audio clip through, asking learners to listen only.

Task

- **Question 1** Play the audio clip again, asking learners to note down the information and advice the nurse gives the patient as they listen. Be prepared to pause the audio clip if required.
- Discuss whether learners think the nurse responds sympathetically to the patient and how she could show more empathy.
- Discuss whether learners think the information and advice given by the nurse was adequate and clear.
- **Question 2** Give learners copies of the Discharge advice for patients with kidney stones from the Resources. Ask learners to discuss in pairs the advice they would select to give this patient before discharge.

Follow up

- Discuss what other information the nurse would need to give Neela, for example, more precise information about the medicine she will be taking, the outpatient's appointment, and possibly a phone number to ring for advice and support.
- Set up a role-play exercise in groups of three: nurse, patient and observer. Groups prepare their role-play by making a list of the points of information the patient will need, including likely names and quantities for the medicine, and outpatient appointment date.
- Give the observer a cue card with points to check for, for example:
 - Does the nurse listen to the patient attentively and respond sympathetically?
 - How clear is the information?
- Ask learners to swop roles so that each person practises the nurse's role.
- Ask the observer to feed back to others on their performance.
- Perform one or two role-plays with the whole class observing, in order to discuss strengths and areas for improvement.
- Record role-plays so that learners can monitor their own performances.

If the learner has difficulty

- **Question 1** Prepare some partially completed notes for the learners. Play the audio clip, pausing and replaying as necessary so that learners can discuss what they heard and complete the missing details in the notes.
- It may also be useful to play through the audio clip, pausing to discuss the potentially confusing way the information is given, for example
 - the use of the abbreviation TTOs (meaning tablets to take out)
 - the vague information about the patient's medicine and outpatient's appointment.

Extension

- Ask learners to look for further information about caring for patients with kidney stones, in nursing magazines/journals or on the Internet.
- Select one or two additional points of information or advice for this patient.

PAGE 4:16

How to discuss options for care

Task 5 28

Objectives and curriculum references

to conduct a conversation with a patient about ongoing care issues

to use appropriate expressions to make suggestions

to respond effectively to a patient

ESOL

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

Task

- **Question 1** Play the audio clip of a nurse giving advice to Mr Gibbs, a patient with asthma and chronic bronchitis.
- Check learners understand what the four therapies are.
- Play the audio clip again. As the audio clip is quite long, it may be useful to pause after the nurse talks about each of the therapies, so that learners can discuss what was said and make notes. Discuss learners' answers for **a** and **b**.
- Engage learners in discussion about the experiences they have had in giving information and advice to patients. Discuss what patients expect: Do they expect to be told what to do or do they want to know what options are available? What sort of questions do patients ask?
- Discuss why it is important to involve patients in discussions about their care, and how nurses can help.
- **Question 2** Draw learners' attention to the speech-bubbles. Play the section of audio clip that corresponds to the speech-bubbles so that learners can replace the bold words in the speech-bubbles with the actual words the nurse uses.
- Compare the sentences and discuss the differences in meaning.
- **Question 3** Set this up as a paired exercise. Ask learners to discuss the three situations and to write down one or more sentences for each response on cards.

- Learners can then exchange cards with colleagues and discuss differences.

If learners have difficulty

- **Question 1a** Write the four kinds of treatment in random order and ask learners to number them in the order in which they hear them.
- **Question 1b** To aid the discussion, give learners a copy of the transcript to pick out the background information.
- **Question 3** Refer to the answers and write out some gap-fill sentences for learners to complete.

Extension

Ask each learner to write on a card another situation in which they could give a patient advice. Learners then exchange cards with a partner to practise giving advice.

Task 6 28

Objectives and curriculum references

to explain advantages and disadvantages of different kinds of treatment to a patient

ESOL

Sc/L2.4f

Task

- This task practises contrasting advantages and disadvantages.
- **Question 1** Play the section of the audio clip in which the nurse explains the benefits and disadvantages of using an oxygen cylinder. Ask learners to note down the details. Pause the audio clip and replay if required.
- Draw learners' attention to the key words the nurse uses to signal that she is explaining benefits or disadvantages.
- **Question 2** Discuss in pairs. Learners then write down at least two advantages and two disadvantages.
- **Question 3** Learners write up the explanations. If learners experience difficulty, refer to the answers section and give them a few key words to get them started.
- When they have finished, encourage learners to compare their responses, perhaps displaying them on the wall or OHP.

If the learner has difficulty

- **Question 1** Give learners a transcript of the audio clip.

- **Question 2** Give word cues from the sentences in the answer section.

Extension

Ask learners to explain the benefits and disadvantages of other medical procedures they know about.

PAGE 4:17

How to write information for patients

Task 7

Objectives and curriculum references

to be aware of features that make written information easy or difficult to read

to simplify written information for patients

ESOL

Wt/L2.2a

Preparation

- Show learners a selection of patient information leaflets from health centres and NHS advice centres. Encourage learners to bring in leaflets from hospitals where they work.
- Discuss who reads the leaflets, what the purpose is and why patients may need written information.

Task

- **Question 1** Organise learners into pairs or threes and give each group copies of the Leaflets for patients with chronic bronchitis from the Resources. Give learners five minutes to discuss the questions.
- Check that they have recognised the features that make leaflets easier to read: bullet points, headings, spaces between lines, short sentences.
- **Question 2** Working in the same pairs or groups, ask learners to come up with further bullet points to add to the list.
- Compare answers as a whole group.
- **Question 3** Learners can work individually or in pairs and then compare drafts.

Follow up

Set up small groups to discuss other kinds of support for patients who are not able to read standard leaflets because of poor sight/blindness, poor education and for speakers of other languages (e.g. leaflets in other languages and Braille). Encourage learners to research what is available within their local hospital.

If the learner has difficulty

- **Question 3** Write the answers on strips of card for learners to match beginnings and endings, and then arrange sentences in the correct order according to the main text.
- Alternatively, give key words for each of four sentences for learners to complete (see answers).

Extension

- Ask learners to collect leaflets used on the ward for giving information. Ask learners to choose one of them and plan how they would give the information to a patient.
- Suggest they try giving the information to a colleague and ask for feedback on how easy the colleague found the information to understand.
- Learners work in pairs/groups to prepare an information leaflet for a patient about to be discharged, using this framework.
 - Think of a patient you have nursed and the kind of information that would provide useful support after leaving hospital.
 - Make notes about what the person would need.
 - Research information for a leaflet.
 - Select the most useful information for the leaflet and make notes.
- They then prepare the information leaflet using headings, bullet points and white space to make the information clear.

PAGE 4:18**How to get the style right****Task 8**  **29****Objectives and curriculum references**

to develop awareness of differences in style between written and spoken English

to explain written information to patients in an appropriate colloquial style

ESOL

Wt/L2.5a

Preparation

Discuss why some patients may find it difficult to read the information they are given – poor eyesight, general weakness, level of information too difficult (note that the average adult in the UK has a reading age estimated at age 12), non-English speakers.

Task

- **Question 1** Give learners five minutes to study the texts and complete questions individually before discussing as a group.
- Elicit other examples of differences between spoken and written forms.
- **Question 2** Ask learners to discuss the statements in pairs and to write down their suggestions.
- **Question 3** Play the audio clip so learners can check their answers. Discuss any differences.
- Draw learners' attention to the tip boxes.

If the learner has difficulty

Write the answer to question 2 as a gap-fill exercise for learners to complete.

Extension

- Ask learners, working alone or in pairs, to study a section of a patient information leaflet and work out how they would pass on the information to a patient.
- Set up a role-play for learners to practise explaining a written leaflet to a patient. They can use a leaflet they have brought in or one supplied by you. Ask them work in pairs to discuss what information they need to give and how they would explain it to a patient.

- Discuss how they would introduce the topic to the patient.
- Ask learners to work out some questions a patient might want to ask about a topic.
- Learners then act out the conversation, taking turns to play the role of the nurse, explaining their written information using a more familiar style.

PAGE 4:19

How to prepare a patient for discharge

Task 9

Objectives and curriculum references

to engage in discussion with patients about ongoing care

to write information for patients clearly and simply

ESOL

Sd/L2.2d; Wt/L2.2a

Preparation

- This task draws together the elements practised in the theme in an integrated task.
- Ask learners to find patient information leaflets about emphysema or guidelines/leaflets about giving up smoking, in readiness for this session.

Task

- **Question 1** Organise learners in small groups and give them 20–30 minutes to complete the task.
- **Question 2** Discuss the information learners brought to the class and decide which will be most useful.
- Suggest they work in pairs to complete this question and then exchange drafts with two other colleagues for proofreading and feedback.
- Display learners' completed information leaflets for discussion.
- **Question 3** Ask learners to work in pairs to prepare their roles using the guidelines on the page, and then to practise, taking turns to play each role.
- Select two learners to act out the role-play for class discussion.
- **Question 4** If possible, record the role-play and play it back point by point, picking out strengths and weaknesses. Discuss and practise points that need to be improved.
- Conduct the role-play again as required until learners are confident.

If the learner has difficulty

- Build up the role-play together on the board or OHP before learners begin to practise it.
- Elicit and write up each exchange and discuss whether it is acceptable.
- Play the patient's role, allowing learners to concentrate on the nurse's role.
- Accept alternative ways of saying things and write them up.
- When the role-play has been written up in this way, ask learners to practise it in pairs, gradually removing the text you had written as they become more confident.

Extension

Ask learners to analyse a range of patient information leaflets for clarity and readability, then explain how they would use them.

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

When talking to patients about their ongoing care, make sure:

- they have all the necessary facts about their condition
- they know what they can do to care for themselves
- they have some written information to refer to, where possible.

Task 1

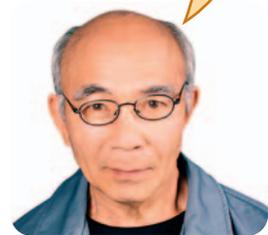
When I got home I couldn't remember if I was supposed to take the tablets before breakfast or after.



He mentioned coming back for a broncho-something-or-other. I've got the appointment card but I don't really understand what it's for.



The nurse told me this whole long list of things I have to do. I just couldn't keep track of it all.



- 1 What difficulties have these patients had?
- 2 What can nursing staff do to improve the way they give information and advice to patients?

If patients don't receive enough clear information, they may be confused or anxious. Too much information can also have the same effect.

- Give patients manageable amounts of information and check they have understood it.
- When giving information, speak clearly and slowly, and repeat the main points.
- If you think your patient hasn't understood, ask him or her to repeat the information back to you.
- Patients may need your advice about what to do, so be prepared to discuss the options available to them.
- Written information in the form of leaflets is useful back-up, but make sure the information is clear and easy to read.



What do I do about my stitches?

You could come back here to the Outpatients department, or if you prefer, the nurse at your GP's surgery can take them out for you.

OK, so can you tell me why it's important not to do too much exercise to start with?

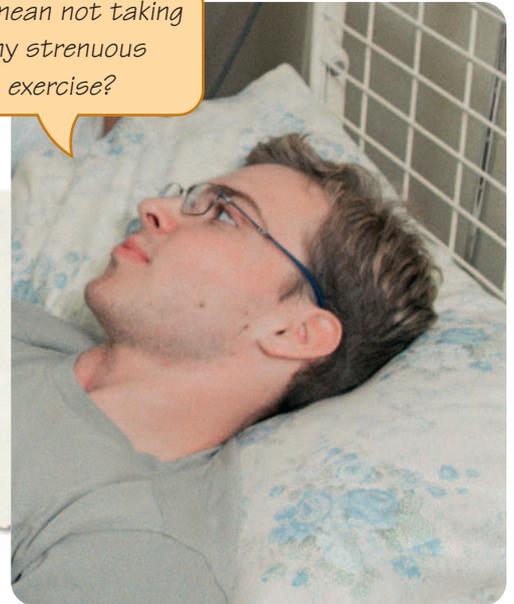
How to give information and advice to a patient 1

When giving a patient information about how to care for themselves after discharge, be sure to check they have understood and remembered what they need to do.

You mean not taking any strenuous exercise?

Trevor Biggs

- Admitted two days ago for appendicectomy.
- Episodes of fainting post surgery, but now stable.
- Mobilising independently.
- For discharge tomorrow.
- Lives with parents but away on holiday.
- Keen on athletics.



Task 2

- 1 Make a list of things this patient would need to know before leaving hospital after an appendicectomy.
- 2 Now listen to the nurse checking with Trevor what he'll need to know when he goes home.
- 3 Listen again and answer these questions.
 - a What kind of medicine is ibuprofen?
 - b What warning does the nurse give Trevor about taking it?
 - c Why is the nurse concerned about Trevor being on his own at home?
 - d What is NHS Direct?
 - e How does Trevor feel about the advice he's received about exercise? Why?
 - f How does the nurse respond to his concerns?
 - g What advice does the nurse give Trevor about caring for his wound?
- 4 The nurse uses a key phrase to signal that she is checking the patient has understood the information he's been given. Listen again and note the exact words she uses.
- 5 What responses does the nurse make to show she's listening to the patient's concerns? Note the words she uses and how she tries to reassure him.

Nursing tip

Listening to a patient's worries and concerns is an important aspect of nursing care. In fact, surveys show that 30% of patients see this as most important of all.

Nursing tips

- It is important to give reasons for any instructions or suggestions you make, so that patients are clear about the choices they make.
- Remember, patients may choose not to follow your advice.

How to give information and advice to a patient 2

When giving patients information, make sure they have:

- clear advice about what to do and what to avoid
- warnings about the consequences of not taking the advice.

Task 3

26

- 1 Listen to two extracts from the nurse's discussion with Trevor, the patient who has just had an appendicectomy. Complete the nurse's advice and warnings.

a It's _____ to take them after meals and again at bed-time if you need to. You _____ 12 tablets in 24 hours.

b If _____ to training too quickly, you _____ straining your wound ...

c But it doesn't mean you can't do any exercise. You _____ gradually.

- 2 These phrases are also useful for giving advice or warnings. Look at the patient information on the right and make sentences for each of the situations.

I think you could ...
but be careful not to ...

It's a good idea to ...

It's best not to ...
in case you ...

You really shouldn't ...
because ...

Why don't you ...

I'd advise you not to ...

You'll need to ...

Mrs Collins
Abdominal hysterectomy
7 days ago.
Works as a taxi driver



- a** Care of wound
- b** Avoiding strenuous exercise
- c** Not driving too soon
- d** Not going back to work for at least 6 weeks

Task 4

27

- 1 Listen to a nurse preparing a patient with kidney stones for discharge. Make brief notes about the information and advice she gives the patient.
- 2 Your teacher will give you a leaflet for patients with kidney stones. Compare the information in the leaflet with the information the nurse gave the patient.

How to discuss options for care

When there are choices to be made about ongoing care, make sure you give patients:

- all the necessary information to make their own decisions
- an opportunity to discuss the different options.

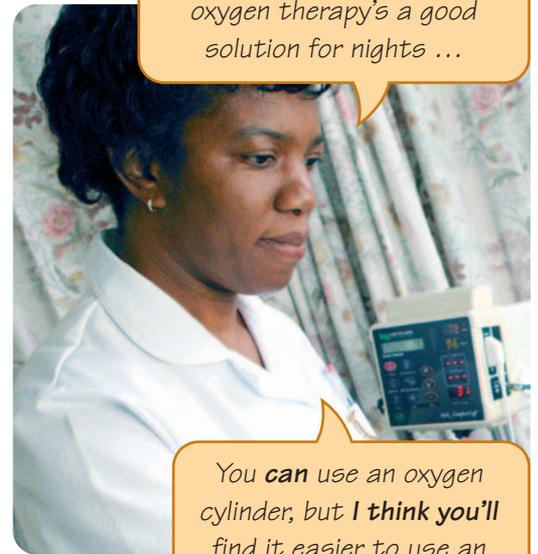


Task 5

28

- 1 Listen to a conversation in which a nurse discusses care options with a patient who has asthma and chronic bronchitis.
 - a Name four kinds of treatment the nurse mentions.
 - b Which two does the nurse discuss in detail? Why?
- 2 Listen again. Replace the **bold** words in the speech-bubbles with the actual words the nurse uses. Discuss the difference in meaning.
- 3 What advice could you give in each of these situations? Use 'if', 'you may' and 'you might' to suggest possible solutions.
 - a a patient who is having difficulty swallowing her tablets
 - b a patient who suffers chronic pain from arthritis
 - c a patient with poor sleep patterns who permanently feels tired

Well, I'm **sure** you'll find that oxygen therapy's a good solution for nights ...



You **can** use an oxygen cylinder, but I **think** you'll find it easier to use an oxygen concentrator.

Tip

'May' and 'might' are often used to express possibility when giving advice.

You **might** want to consider respite care.

Task 6



28

- 1 Listen to the audio clip again. Make notes and discuss how the nurse contrasts the benefits and disadvantages of using an oxygen cylinder.
- 2 Discuss the advantages and disadvantages of a hip replacement operation for a 50-year-old woman who suffers pain from osteoarthritis.
- 3 Complete the explanation below, talking first about the **benefits**, and then about the **disadvantages**.
*The benefits of hip replacement surgery are that ... and
 But the disadvantages are ... and also ...*

How to write information for patients

Patients may not remember everything you tell them when they get home, so it is useful to give them written information that is easy and clear to read.

Use headings

Living with diabetes

If you have had diabetes for a number of years or it has just been diagnosed, you will need to get regular health checks and ...

Use bullets

Looking after your skin

- Avoid the sun between 11 am and 3 pm.
- Take special care of babies' and children's delicate skin.
- Always use ...

Task 7

- 1 A patient with chronic bronchitis is due for discharge in two days' time. Your teacher will give you two leaflets. Compare the two leaflets.
 - Which features make the COPD leaflet easier to read?
 - What changes would you make to the Pulmonary rehabilitation leaflet to make it clearer?
- 2 Look at the second paragraph in the section, 'What is pulmonary rehabilitation?'. Write three more bullet points.

A pulmonary rehabilitation course will teach you:

- how to increase your activity carefully
- how to cope with your breathlessness

- 3 Now look at the next section of the leaflet, 'So how do I get pulmonary rehabilitation?' Rewrite it so that it is easier to read. Include a heading, and four bullet points. Make sure you leave plenty of white space.

Tip

Bullet points and white spaces between lines make it easier for patients to read and select the information they need.

How to get the style right

Information leaflets are often given to patients before they leave hospital. Make sure you:

- allow time to discuss the leaflets to make sure the patient has understood the information
- use words and expressions in your explanations that are appropriate in spoken English.

Task 8

1 These pairs of extracts from patient leaflets and spoken phrases give patients the same information.

The MRSA swabs will be taken on three consecutive weeks.

We'll need to take swabs for MRSA each week for 3 weeks.

Don't use scented soap around your wound

Avoid the use of scented soap around the wound.

A nebuliser allows a much larger dose of the medication to be delivered.

With a nebuliser you can get a much larger dose of your medicine.

- What are the differences in style between the written and the spoken texts?
- Underline the verbs in the passive in the leaflet texts above. Which words match them in the speech-bubbles?
- 'Avoid' is often used in written warnings. Which word is more usual in speech?

2 Look at these extracts from patient information leaflets. How would you explain them to patients?

a When preparing food, strict personal hygiene and hand washing are very important.

b You are being sent home with painkillers to be taken as required, but no more than 8 in a 24-hour period.

c Avoid heavy lifting or bending over, to prevent strain on your wound.

d The date of your next outpatient's appointment will be sent to you at home.

Tip

When giving spoken advice, use the active rather than the passive voice. Make your language more personal by using 'you', 'your' and everyday expressions.

Tip

Keep a glossary of common everyday expressions.



3 Listen and check to see if your answers are similar.

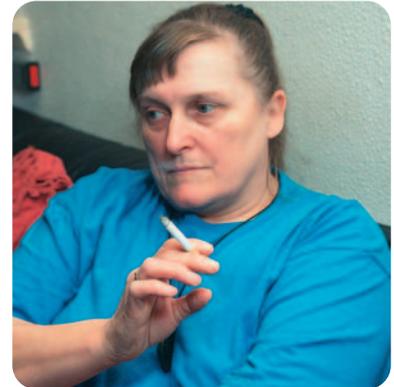
How to prepare a patient for discharge

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

Task 9

- 1 Discuss how you would talk to this patient before her discharge. Make a list of the information you would need to discuss and any advice you might give her, especially about giving up smoking.

Susan James, aged 56, suffers from emphysema. She was admitted to hospital three days ago with an exacerbation of her condition. She has needed to use a nebuliser to assist her breathing while in hospital. She has been a smoker most of her life. Two attempts to give up have proved unsuccessful.



- 2 Find information about emphysema or about giving up smoking that would be useful for this patient. You may be able to get information from a hospital, health centre or the Internet.

Select up to seven main points and write them as a patient information leaflet using bullet points.

- 3 Act out a conversation between the nurse and the patient, taking turns to play the nurse's role.

Nurse

- Explain that you have some information you'd like to discuss.
- Check the patient feels fit enough to have the discussion.
- Explain the points the patient needs to know.
- Ask questions to check the patient has understood.
- Discuss any options for treatment.
- Hand the patient some written information, and go over any points you haven't already discussed.

Patient

- Ask questions about the information the nurse gives you.
- Discuss any options for treatment the nurse gives you.
- Express interest or doubt about what the nurse tells you.
- Read the information the nurse gives you and ask questions.

- 4 If possible, record the conversations and discuss ways in which you could improve them.

Resources

Task 4 on page 4:15

4.2 Discharge advice for patients with kidney stones

Discharge advice

Advice for patients with stones in the urinary tract

- You are being discharged home with a stone in your urinary tract.
- The medical team think you will be able to pass the stone soon.
- You may or may not feel pain as the stone moves down the ureter.
- You are being sent home with painkillers, and they should be taken as required.
- It is recommended that you drink 2–3 litres of fluid daily.
- In two or three weeks an outpatient's appointment will be sent, inviting you to come back for a check-up.
- At the appointment you will have an X-ray to check the position of the stone. You will be informed if you need any further treatment.

Resources

Task 7 on page 4:17

7.1 Leaflet for patients with chronic bronchitis

Practical tips to cope with COPD

In the bathroom

- Wrap up in towelling after a bath or shower, avoiding the need to dry off with a towel.
- Sit down to shave or put on make up.
- Leave the bathroom door open if excess humidity makes you breathless.

Getting dressed

- Avoid tightly fitting clothes.
- Wear slip-on shoes to avoid having to bend over.

In the kitchen

- Always use an extractor fan when cooking.
- Drink plenty of water; this will help keep any phlegm thinner.
- On a good day cook and freeze food for the not-so-good days.

In the garden

- Use long-handled tools if possible.
- Have a seat in the garden (this could be near a raised flower bed).

Going out

- Choose a good time of the day for you (this may be after your medication).
- Make sure you have your inhaler with you.
- Make the most of opportunities to go out, but avoid smoky atmospheres.
- Window shopping is a good opportunity to catch your breath.
- Shopping centres are a great place to walk around because they are flat and are often air conditioned.

British Lung Foundation

Resources

Task 7 on page 4:17

7.1 Leaflet for patients with chronic bronchitis

WHAT IS PULMONARY REHABILITATION?

When you have a lung problem, particularly a long-term one, you can find it more difficult to move around or do your daily activities without getting breathless. You may also find that you get breathless very easily and often feel exhausted. Pulmonary rehabilitation is designed to help you cope with your breathlessness and help you feel stronger and fitter at the same time.

Getting out of breath can be frightening, which often makes breathlessness worse. In trying to avoid this, people often reduce the amount of activity that they do. Pulmonary rehabilitation can help by breaking this vicious cycle. With the support of trained professionals – physiotherapists, nurses, occupational therapists, doctors and many other skilled health professionals – a rehabilitation course will teach you how to increase your activity carefully, cope with your breathlessness and manage those periods of panic better. It can help you learn more about healthy eating to suit your lifestyle. Pulmonary rehabilitation is about helping you to take control of your disease. You will not be cured, but you will feel better and more in control.

SO HOW DO I GET PULMONARY REHABILITATION?

The first step is to find your nearest programme. The British Lung Foundation and the official body of respiratory specialists, The British Thoracic Society, have carried out a survey and found that 160 hospitals have pulmonary rehabilitation classes. You will find the survey at www.lunguk.org. Alternatively, you can contact the British Lung Foundation: 73–75 Goswell Road, London EC1V 7ER (helpline: 08458 50 50 20).

The next step is to get referred to the right hospital. At present most referrals are via your GP and he or she should be able to do this. Bear in mind that some hospitals have long waiting lists.

To help yourself while you are waiting, you can get in touch with your local hospital and ask to speak to the respiratory nurse or physiotherapist. She or he should be able to give you some general advice over the phone. Above all, try not to reduce the amount of activity you already do. Continue to be active, but do everything more slowly, take more rests and do not give up.

Resources

Reflection form

| | |
|---|---------------------------------------|
| Name: | Theme: Discussing ongoing 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 4:24–4:31

Taking part in meetings

Professional setting

This theme covers planning the discharge of patients with complex needs, for example older patients and patients living with disability.

With an ageing population and growing waiting lists, the NHS is under increasing pressure. This in turn has led to an increase in pressure at ward level to speed up throughput of patients, making effective discharge a priority.

Planning timely discharge for patients with complex needs requires input from various members of the multidisciplinary team, and will typically involve a case conference to plan the patient's discharge, including: setting the discharge date, discussing needs for care and support after the patient leaves hospital and setting up appropriate community health and Social Services. Participants at such meetings often include doctors, ward nurses, therapists involved in the care of the patient, a discharge coordinator, representatives from social services, and in some cases the patient and a relative/carer as well. The meeting may be led by a doctor, discharge coordinator or ward nurse.

The theme builds skills for making an effective contribution to interdisciplinary meetings to plan discharge. It also raises awareness of the complex range of community health and social services available to patients after they leave hospital.

Materials

Audio equipment

Blank cassettes

Resources for the theme:

- Chart of post-discharge community support (4:32)
- Meetings questionnaire (4:33)
- Role cards (4:34–4:35)
- Reflection form (4:36)

Dictionaries and medical glossaries

NHS booklets/career guides giving descriptions of jobs in the health service

Recorded extracts from soaps or a TV drama which show people in disagreement or unhappy about decisions

Learning outcomes/objectives

- 1 to describe local hospital/community services available for patients after discharge
- 2 to contribute effectively to case conferences about patient discharge
- 3 to express views and support them with evidence and reasons
- 4 to ask for contributions to the discussion
- 5 to summarise action points and decisions

Curriculum objectives

ESOL

Rw/L1.2a; Lr/L1.6a; Lr/L1.6c; Lr/L1.2b; Sd/L1.2a; Sc/L1.1a; Lr/L1.2e; Sd/L1.3a; Lr/L1.4a; Sd/L1.2c

Focus

PAGE 4:24

Suggested teaching activities

Set the context by discussing how discharge is organised in countries where learners have nursed. Encourage them to think about when discharge planning starts, who is involved, who makes the decisions, where patients are typically discharged to, what kind of care they get after leaving hospital, and who typically provides it. Ask for comments on any similarities and differences they have observed in the UK health system.

Set up small groups to discuss these discussion points:

- 1 the risks of a delayed discharge for the hospital, nursing staff and the patient
- 2 causes of delays in discharging patients (e.g. bad timing of hospital rounds, lack of places for patients to go to in residential homes, poor coordination between hospital staff, etc.)
- 3 the benefits of involving the multidisciplinary team in discharge planning.

Explain that the aim of the theme is to develop skills for participating in case conferences about the discharge of patients with complex needs. Ask

learners about their experiences of taking part in meetings in a hospital setting.

In groups ask learners to make a list of things that prevent successful communication in meetings (e.g. people not listening; being influenced by prejudices and current views; people seeing everything from their point of view and finding it hard to be objective; people dominating the discussion, etc.).

Discuss learners' experience of taking part in meetings/discussions in English – what do they find particularly challenging or difficult? (e.g. fear of not being understood, difficulty in knowing how to get into the conversation, etc.)

Task 1

- Direct learners to the photos. Discuss who is talking in each photo, and what issues their comments raise about discharge planning.
 - 1 **Social worker.** The comment suggests that she is now under pressure from hospitals to speed up throughput of patients.
 - 2 **An older patient** Many older patients feel that it is unacceptable to voice an opinion and disagree with that of an expert. As a result, they can end up being pushed into care situations they don't want by medical staff and even their families/carers.
 - 3 **A nurse** Patients and carers/relatives have the right to decide what kind of care they want, even when it is in conflict with the professional judgement of the medical and nursing staff.
- Discuss the photo of the meeting in the summary – who is leading it and who the attendees are. Go through the points in the summary for attendees, eliciting example phrases from the photo, and the points for the person leading the meeting, again eliciting example phrases from the photo.

PAGE 4:25

How to describe hospital and community services

Task 2

Objectives and curriculum references

to be aware of the range of community services provided

to know specialist words for talking about hospital and community services

to be aware that services differ in different areas to describe the services and how to access them

to describe local hospital/community services for patients

ESOL

Rw/L1.2a

Preparation

- In this task learners become aware of the range of medical and Social Services that exist in the community to meet the post-discharge needs of patients with complex needs. In learners' countries such services may not exist or be much more limited. It is also important to stress that the services available vary from region to region.
- Ask learners about any services they know about – those provided through the primary healthcare trust (e.g. district nursing, community hospitals), Social Services (e.g. Meals on Wheels, home care), and the voluntary sector (e.g. hospices, Age Concern).

Task

- **Question 1** Encourage learners to read through the items for question 1 and discuss what service is being described so that they can identify each service.
- Discuss answers, pointing out essential differences, for example practice nurses and district nurses both provide hands-on care, but practice nurses work from the local health centre or GP's surgery whereas district nurses

visit patients at home. District nurses and health visitors can visit the patient at home, but the health visitor's main role is to provide advice.

- Discuss learners' experience of trying to access/use these services.
- **Question 2** Give out the Chart of post-discharge community services from the Resources. Point out that this is not the full range of services, and that there will be differences between regions. Learners complete the chart using their own knowledge and information from the extracts.
- Encourage learners to think critically about any additional information they would need when talking to patient about these services and where they would get the information (e.g. talking to colleagues, from the Internet). Set a time for completing the task.
- **Question 3** sets the context for the case conference on audio, which forms the basis for the work on discussion skills in the theme.
- Learners need to read the information about the patient, Mr Dubrika, then discuss in small groups any post-discharge care and community services he will need.
- Take feedback and explain to learners that they are going to hear a case conference in which Mr Dubrika's discharge plan is discussed.

If the learner has difficulty

- Use the chart to discuss the different services available in the UK.
- Learners can then try the matching task in question 1.
- NHS careers publications produces a useful booklet with clear description of jobs within the health system, both in acute and primary health care. These are a useful source of additional information for learners unfamiliar with the range of primary health services.

Extension

- Set up a research task for learners to do individually or in small groups to investigate the range of services offered in their own communities. Discuss where they can get this information: Internet (e.g. local authority sites, hospital sites); talking to colleagues (e.g. discharge coordinator within the hospital). Encourage them to produce a chart summarising the information.

- Encourage learners to discuss and plan what they would say to explain some of the services to a patient.
- Ask learners to choose one of the topics below and research local provision, reporting back the most relevant details as a short presentation:
 - intermediate care (a range of services designed to make the transition from hospital to home easier and allow people to go on living in their homes for longer)
 - palliative care
 - residential care
 - provision for older people
 - provision for younger people with disability.

PAGE 4:26

How to follow the discussion 1

Task 3 30

Objectives and curriculum references

to raise awareness of the role of the interdisciplinary team in planning discharge

to gain an understanding of everyone's role in the team

to follow a multidisciplinary discussion about discharge

to recognise the strength of different views and reactions to them

to follow the interaction between different members of the team

ESOL

Lr/L1.6a; Lr/L1.6c

Preparation

- Discuss the importance of multidisciplinary teams in patient care and elicit names of different professionals who would be involved in care of the patients while in hospital (e.g. ward nurses, consultants, doctors, physiotherapists, occupational therapists (OTs), speech and language therapists, dieticians, nursing assistants, specialist nurses, ward clerk, porters, etc.).
- Discuss who is most likely to be involved in a case conference to plan a patient's discharge and think about other external agencies that might be involved (e.g. Social Services).

Task

- **Question 1** Learners discuss the photos and the role of each participant in discussing Mr Dubrika's case. Discuss any likely sources of disagreement or professional tensions within the team.
- **Question 2** Play the audio clip through for learners to get the gist of the participants' views on when to discharge Mr Dubrika. Help learners to identify who thinks Mr Dubrika is ready for discharge.

- **Question 3** Go through the questions before playing the audio clip so that learners are clear about what information they are listening for. Remind them to listen carefully to the different views expressed, and the reactions of other attendees. The audio clip is quite long, so it may be useful to pause after each speaker so that learners can discuss the answers to the questions. Check their answers to the questions.

Follow up

Discuss the tips.

If the learner has difficulty

Question 3 Hand out the transcript as support. Learners can work in pairs to answer the questions. Discuss answers and then play the audio clip again.

Extension

The audio clip is rich in vocabulary so encourage learners to work with the transcript, underlining words for describing symptoms and consequences of depression.

PAGE 4:27

How to follow the discussion 2

Task 4 31

Objectives and curriculum references

to use knowledge of context to work out the likely content of a discussion

to recognise different strengths of views and reactions to them

to recognise feelings expressed through choice of vocabulary and tone of voice

to recognise inference and be able to respond

ESOL

Lr/L1.6a; Lr/L1.6c; Lr/L1.2b

Preparation

Check learners are familiar with the concept of home visits – an assessment of the patient's home by an OT, sometimes accompanied by the patient, in order to ensure that the patient's home is safe and to assess what adaptations need to be made (e.g. wider entrances for a wheelchair, grab rails for the bath, or special equipment such as special cutlery, adjustable armchairs).

Task

- **Question 1** Learners work in pairs. Explain any vocabulary as necessary (e.g. threadbare carpets). Discuss why it's important to have a key holder.
- **Question 2** Learners listen to the continuation of the meeting. Play the audio clip through for learners to get the gist, then take feedback. Learners may need to hear the clip several times.
- **Question 3** Before playing the audio clip again, explain that the task gives practice in listening for the meaning behind the words, and that they will need to listen for clues in the speaker's choice of vocabulary and tone of voice.
- For this task you will need to play the audio clip in short sections, pausing after each question to give learners time to discuss their impressions and evidence. You may need to play sections more than once before learners are able to hear exactly what was said.
- Direct learners to the tips.

If the learner has difficulty

- Work with learners. Play the audio clip through once and discuss the answer to the first part of each question (the facts) (e.g. Who'll pay for the changes to Mr Dubrika's home? How long will the work take?). You may need to play the extracts that include the answers several times.
- Play the audio clip again, this time pausing to discuss the inference questions in the second part of each question (e.g. How confident do you think Dwayne is about this?). Discuss learners' reasons/evidence.
- As support, hand out a copy of the transcript, highlighting where the answers appear.

Extension

Refer learners to the second tip. Learners work with the transcript for audio clips 30 and 31 to identify other examples where the speaker has chosen words to create a particular effect.

PAGE 4:28

How to make your contribution 1

Task 5 32

Objectives and curriculum references

to use a wide range of expressions for introducing opinions

to point out possible and probable results using conditional 'if'

to elaborate on and justify opinions with reasons and evidence

ESOL

Sd/L1.2a; Sc/L1.1a

Preparation

- The purpose of this task is to build a range of expressions for expressing views in a meeting and supporting them with arguments.
- Discuss learners' experiences of taking part in meetings in English at work or in the community and discuss how easy they find it to take an active part.
- Get learners to try the Meetings questionnaire from the Resources individually and then discuss the results in small groups.
- Discuss the complexity of the nurse's role in discussions about the discharge – as the patient's advocate (i.e. representing the patient's views if the patient is not present) as well as having his/her own professional views.
- Elicit any expressions learners have heard or used in meetings for introducing views.

Task

- **Question 1** Learners discuss the expressions in pairs or small groups. Point out that they are all used in the discussion about Mr Dubrika.
- Set up some discussion points (e.g. care for older people, training of nursing staff, etc.).
- Display the following expressions and encourage learners to try some of them using appropriate intonation:
 - Professionally/medically/personally ...
 - My concern/point is ...
 - From a practical/nursing point of view ...
 - I can't see how ...
 - I'd have thought ...

- **Question 2** Play the three extracts in the audio clip. Focus on how the speakers support their views with evidence and by pointing out likely consequences using conditionals 'if' and 'as long as'.
- **Question 3** As preparation, first review with the class some of the benefits and risks of delayed discharge for the hospital/nursing staff and the patient and carers. Write some of the ideas on the board.
- Also elicit some ways of agreeing, disagreeing and partially agreeing: *'That's true/I agree. I'm not sure about that, I don't agree. Yes but ...'*
- Learners then use the discussion plan to help organise their ideas. Give feedback on the use of expressions for introducing views and the effectiveness of the supporting arguments.

If the learner has difficulty

- Learners will probably be familiar with the conditional 'if', but may benefit from some review practice using a good grammar workbook.
- Put the expressions from Task 5.1 on cards for learners to group as more tentative or reflecting a view from a particular perspective.
- **Question 3** Work together with learners to develop opinions following the model below.

A: From the patient's point of view there are a lot of advantages in getting them home as early as possible. It reduces the risk of getting a serious hospital infection, and also helps them regain their independence, especially when they've been in hospital a long time.

B: Yes, but if you discharge them before they are fully independent, they may end up back in hospital because they can't look after themselves.

Extension

- Do some more work on building arguments using appropriate linking words for informal discussions, e.g.:
 - adding points – and, another thing/ advantage ... , and also ... , and ... as well
 - introducing a disadvantage: yes, but ... , on the other hand, ... , but my concern is ...

PAGE 4:29

How to make your contribution 2

Task 6 33

Objectives and curriculum references

to speak clearly by pausing and stressing important words

to listen for stress in sentences and understand its effect

ESOL

Sc/L1.2e; Sc/L1.1a

Preparation

- The purpose of this task is to work on learners' delivery, looking specifically at how pausing and stressing key words helps to make the meaning clear.
- Give a couple of opinions on learning English, first said with no pauses and without stressing any specific words, and then again, pausing to give meaning and stressing the key words.

Task

- **Question 1** Play the two versions in the audio clip through and ask learners to identify which was easier to follow. Play the two versions again and ask learners to discuss how they differ.
- **Question 2** Learners work in pairs to mark the extract. Encourage them to say the extract aloud, experimenting with pausing and stressing different words.
- **Question 3** When they are satisfied with their version, they should record it for constructive feedback from other pairs, or practise it with other pairs for feedback and suggestions for improvement.

Follow up

- Use the photos to discuss what messages the body language is giving.
- Set up the Thinking point for discussion in pairs or small groups. Each pair/group can then present a summary of their discussion.

If the learner has difficulty

Work with learners, saying each line aloud so that they can hear where you pause and which words you stress to give meaning. It may be useful to put the unpunctuated transcript on OHT or the board.

Extension

- Work with the audio clips from the meetings about Mr Dubrika. Play extracts from the clips, pausing so that learners can note down the actual words speakers use to express opinions. They can then listen again and mark the pauses and words that are stressed.
- Alternatively, learners can work with the transcript of the meetings, highlighting extracts where a speaker expresses their views, and then play the audio, pausing and replaying as necessary until they can hear the pauses and the words that are stressed.

PAGE 4:30

How to lead a discussion

Task 7 34

Objectives and curriculum references

to involve people in discussion by asking for their views and reactions

to be aware of how stress can vary in sentences and how this can change the meaning

ESOL

Sd/L1.3a; Lr/L1.2e

Preparation

The purpose of this task is to build a range of expressions for asking people for their views and comments. Elicit any expressions learners have heard or used in meetings for asking for people's views/comments.

Task

- **Question 1** Learners work in pairs or small groups to discuss and select the expressions for checking agreement. Encourage learners to try out some of them.
- **Question 2** Focus on how stressing different words in a question changes the meaning. Play the four pairs of questions in the audio clip through once. Then play one pair at a time, pausing to discuss which words are stressed and how the shift changes the meaning.

If the learner has difficulty

Write the phrases for asking for views and comments on cards so that learners can physically group those that are addressed at the group in general.

Extension

In groups of three, ask learners to think of three topics (local area or professional) for discussion. The task of the leader is to introduce one of the topics and get the views of the other people in the group.

Task 8 35–36

Objectives and curriculum references

to summarise to check understanding and confirm decision points

to ask for people's views and reactions

to express views, supporting them with evidence and reasons

ESOL

Lr/L1.4a; Sd/L1.3a; Sd/L1.2a

Task

- The purpose of this task is to practise summarising people's views.
- **Question 1** Play the two extracts from the discussion about Mr Dubrika (audio clip 35), pausing so that learners can complete the missing words in the speech-bubbles. Focus on the speaker's use of 'So' to introduce the summary of her understanding of what has been said.
- **Question 2** Play the extracts from the two other discussions (audio clip 36) and ask questions to establish the context. For example, *Who are they talking about? What is the extract about? What decisions are made? What views are expressed?*
- Then play the first extract from audio clip 36 again. As in a real meeting, encourage learners to take a few brief notes as they listen. Play the clip again and elicit summaries, using the prompts to begin the summary.
- Do the same for the second extract from audio clip 36.

Follow up

- Direct learners to the thinking point and set as a discussion.

If the learner has difficulty

Give out transcripts of the discussions for question 2 and work with learners to plan summaries for each of them. Discuss together with learners what information needs to go in each summary and how to start it using the prompts.

Extension

- Learners can work in pairs with extracts from the discussion about Mr Dubrika, summarising their understanding where the speakers have different points of view, or where decisions are reached.
- Alternatively, learners can work in pairs with recorded extracts from soaps or a TV drama which show people in disagreement or unhappy about decisions, pausing the video from time to time and summarising their understanding.

PAGE 4:31

How to discuss discharge

Task 9

Objectives and curriculum references

to ask for people's views and reactions

to express views, supporting them with evidence and reasons

ESOL

Sd/L1.2a; Sd/L1.3a

Task

- This is a simulated discussion that draws on learners' nursing experience.
- Learners work individually to complete details about a patient they have nursed.
- Set up groups of three. Learners take turns to lead a short discussion about the post-discharge support that their chosen patient will require – where the patient will be discharged to, what kind of care/community services he/she will need, etc.
- Each learner takes turns to lead the discussion about their own patient.
- If possible, make a recording of the discussion for evaluation and comment. Give feedback on the appropriateness of expressions used to ask for opinions/comments and summarise decisions.

If the learner has difficulty

Elicit useful phrases for each step in the discussion and discuss what to say. Build up a possible conversation on the board or an OHT.

Extension

- Ask learners to build up a bank of expressions that they can use in discussions to express their views and opinions and to agree and disagree.
- Encourage learners to ask colleagues about expressions they use frequently in meetings.

Task 10

Objectives and curriculum references

to plan the discharge of a patient with other members of the multidisciplinary team

to ask for views and reactions

to summarise in order to check understanding and confirm decision points

to give views, supporting them with evidence and reasons

ESOL

Sd/L1.2c; Sd/L1.3a; Sd/L1.4a; Sd/L1.2a

Task

- This task brings together all the skills from the theme in a role-play and is designed for groups of five.
- **Question 1** Set up a discussion to consider:
 - the case for and against an early discharge for this patient, thinking about it from the point of view of the patient, carer/relatives and the hospital
 - the kind of community nursing/care Mr Harris would need after he leaves hospital.
- **Question 2** Give out the Role cards from the Resources and allow time for learners to prepare their roles.
- Direct learners to the appropriate pages in the theme to review expressions for giving views, asking for contributions and summarising.
- **Question 3** Learners then act out the meeting within a time limit, for example 5–10 minutes.
- If possible, record the meeting for feedback on learners' effectiveness in making their points and reaching a decision.
- When giving feedback, check how learners felt in the meeting, for example whether they managed to say what they wanted to say and felt they had been listened to. Comment on:
 - the success of the group in reaching clear decisions
 - expressions used to express views and opinions
 - the use of arguments to support views
 - the use of phrases to ask for contributions
 - the clarity of the summaries.

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

Planning the discharge of patients with complex needs involves:

- members of the multidisciplinary hospital team – doctors, nurses and therapists
- external agencies such as Social Services.

Task 1

Look at these comments. What issues do they raise about discharge planning?

1

I don't have the time I used to. I just get a message from the medical staff – this patient to go out – and then I've got to sort it all out as quickly as possible.



2

I really wanted to stay in my own home. Well, you just have to accept it, no point in making a fuss. They know best.



3

Sometimes you just know they won't be able to cope, but you have to let them get on with it. You know they'll be back in before long.



As part of discharge planning, you will need to take part in a meeting to discuss a patient's discharge and needs for post-discharge care.

Attending a meeting

- Think carefully about what you want to communicate in advance.
- State your views clearly and support them with evidence and reasons.
- In order to participate fully, make sure you are familiar with the hospital and community services available in your locality.

Leading a meeting

- Make sure everyone makes a contribution.
- Summarise any decisions and action points that result from the meeting.



Has anybody any comments? Sabina?

So the discharge date's set for the 13th? Is everyone agreed?

With some extra physio, I'm sure we can improve her breathing.

Medically, I think she's ready for discharge. Her sats are within her normal levels.

How to describe hospital and community services

To set up the appropriate post-discharge care, you need to be aware of the hospital and community services available and how to access them.

Task 2

1 Match the descriptions below with the services.

Provide hands-on care day and night for people with terminal illnesses such as cancer, to give them the chance of dying in their home, supported by their families.

Promote health and the prevention of illness in the community, e.g. helping people to overcome the difficulties of living with chronic diseases or a disability.

Work in GP surgeries and health centres. Involved in many aspects of primary health care, e.g. health promotion, screening, immunisation, wound management and family planning.

Provide hands-on nursing care in the patient's home, e.g. changing dressings. Often act as the main point of communication and coordinate the patient's care at home.

Provide assistance with practical tasks in the client's home, including cleaning, shopping, laundry and personal care. Referral is via Social Services.

Services

- a home help assistants
- b district nurses
- c health visitors
- d practice nurses
- e Marie Curie nurses

2 Use the information to complete the Chart of post-discharge community support your teacher gives you.

3 Look at the patient profile below. Discuss the hospital and community services Mr Dubrika might need post-discharge.

75-year-old Polish gentleman. Admitted 3 weeks ago after series of falls, related to urinary tract infection. IV antibiotics completed successfully. Physio given and now mobilising with frame. Talks all the time about going home. Little interaction with staff or patients.

PMH: Arthritis in left knee. Wears glasses.

Social history: Lives in ground-floor council flat – moved there after death of wife a year ago. Only daughter lives in Barcelona. Has become very isolated and seldom sees anyone. Family friend does shopping for him every week. On admission, no appetite, clothes ill fitting, personal care neglected.



Mr Dubrika

How to follow the discussion 1

In order to participate actively in multidisciplinary team meetings, you need to listen carefully so that you can understand the positions of different members of the team.

Task 3



- 1 A multidisciplinary team meeting is being held to discuss the discharge of Mr Dubrika. These are the members of the team. Discuss what expertise they would each bring to the meeting.
- 2 Listen to the first part of the meeting. Who thinks Mr Dubrika is ready for discharge? Tick the boxes by the photos.
- 3 Listen again and answer these questions.
 - a How does Dr Colvin back up his view about discharging Mr Dubrika?
 - b Sabina has a different view. How does Dr Colvin react?
 - c How does Sabina deal with his reaction?
 - d Who suggests referring Mr Dubrika to the psychiatric team?
 - e Do they make a final decision about this?
 - f Who suggests residential care as an option?
 - g How does Sabina react? Whose views is she giving?
 - h Why does Frances ask Sabina for her view on the residential care option?
 - i Does Yasmin support or disagree with Sabina's view?



Frances King
Discharge Coordinator



Dr Colvin
Doctor



Sabina Park
Nurse



Yasmin Cook
Physiotherapist



Dwayne Smith
Social Worker

Nursing tips

- As the patient's advocate, the nurse is responsible for ensuring the patient's views are taken into account, even if they are opposed to his/her own professional views.
- When working in a multidisciplinary team, it is important to show respect for other people's professional expertise and ideas, even if these are different to yours.

How to follow the discussion 2

In order to fully understand other people's points of view, it is important to listen to the speaker's words, and think carefully about the meaning behind the words.

Task 4

- 1 Look at the notes the occupational therapist took while on a home visit to Mr Dubrika's flat. Discuss these questions.
 - a What are the implications for planning his discharge?
 - b What temporary care arrangement might be possible while work is being done on his flat?

Moved in last year. Local authority, ground-floor flat - bedroom, bathroom, lounge and kitchen. Central heating, good decorative order.

Recommendations:

- 1 *Replace threadbare carpet in bedroom and sitting room.*
- 2 *Grab rails in bathroom.*
- 3 *Improve lighting in kitchen and hall.*
- 4 *Replace kettle/pans with new smaller lighter ones.*

Key holder Mrs Marcos, flat 2, Tel 3907665



Tip

When listening, it is important to use clues such as the speaker's choice of words, tone of voice and body language to work out the strength of the speaker's views.



- 2 Listen to a further extract from the meeting. Do they set a discharge date? Is a final plan in place?
- 3 Listen again and discuss these questions.
 - a Who will pay for changes to Mr Dubrika's home? How confident do you think Dwayne is about this?
 - b How long will the work take? How sure do you think Dwayne is about the timescale?
 - c How does Dr Colvin react to the information? What do you think is worrying him?
 - d What two options are proposed for Mr Dubrika's care while the work is done on his flat? Which option does Frances prefer? How do you know?
 - e How confident is Dr Colvin about getting an intermediate care bed? What gives you this impression?

Tip

Listen carefully to the words people use and consider the meaning behind them.

It's no good pushing her out before she's more mobile.

This is a strong view. The choice of 'pushing her' suggests she's being forced out against her will.

How to make your contribution 1

When making your contribution:

- state your position clearly, including your evidence and reasons
- speak clearly and confidently.

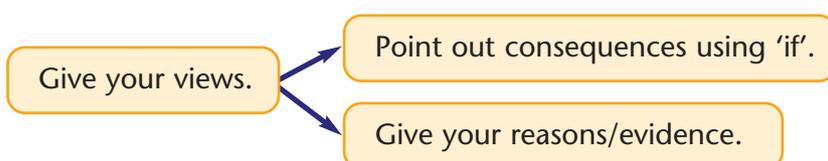
Task 5

- 1 Look at these expressions for introducing your views.
 - a Which ones are more tentative?
 - b Which ones reflect a view from a particular perspective?



- 2 Listen to three extracts from the discussion about Mr Dubrika's discharge. How do the speakers build up arguments to support their views?

32
- 3 Work with a colleague. Discuss the risks and benefits of early discharge for older patients.



Tip

Watch carefully for other people's body language, gestures and expressions – they can provide important clues about how people are reacting to your ideas.

Tip

Before a meeting:

- plan what you want to say
- try rehearsing your opening statements, recording yourself to make sure you are being clear.

How to make your contribution 2

Task 6



- 1 When giving your views at a meeting, it is important to speak clearly. Listen to two versions of an extract from a discussion about a patient's discharge. Which one is easier to understand? Why?
- 2 Look at the extract below. Discuss how to give the information so the meaning is clear. Mark // where you will pause, and underline words you want to give special emphasis.

DOCTOR: So have you discussed residential care with Mrs Jones?
NURSE: Yes she's quite happy about going into a home but the problem is where she goes her daughter lives in Liverpool and she wants her to go there but Mrs Jones wants to stay in this area she's got a lot of friends around here and she thinks she'll lose contact with them if she goes to Liverpool so I'm not sure what's going to happen
- 3 Practise reading the extract aloud, recording yourself if possible. Your colleague could suggest improvements.



Thinking point

What body language would tell you that someone is not happy with how a meeting is going? What variations have you noticed when interacting with colleagues in a UK context?

How to lead a discussion

The role of the person leading the discussion is to keep the discussion moving forward and make sure that:

- everyone has a chance to give their views
- the meeting keeps to time.

Task 7

1 Look at these expressions for asking people's views. Which ones would you use to check people are in agreement with a decision?



34

2 Listen to four pairs of questions asking for people's views. Different words are stressed in each pair. How does the stress change the meaning?



Task 8



35

1 In the discussions about Mr Dubrika, the discharge coordinator summarises the discussion regularly to check her understanding and confirm decisions. Listen to the two extracts. What does she say?

a

_____ Mr Dubrika
_____, _____
the psychiatric team. Is
that OK with everybody?

b

_____ he's
ready for discharge
_____ ?



36

2 Listen carefully to extracts from two other discussions. Summarise your understanding, beginning your summaries with phrases like these:

So, you're going to ... So, you think/don't think ...

How to discuss discharge

Task 9

- 1 Think of a patient you have nursed. Make brief notes about:
 - the diagnosis and treatment
 - relevant PMH
 - social history.
- 2 Discuss the patient's needs for post-discharge care, following the plan shown here.

A: Introduce discussion. Ask for **B**'s views.



B: Give your views + reason/evidence.



C: Give your reactions + reasons/evidence.



A: Summarise + check everyone agrees.

Task 10

This task brings together all the skills from the theme in a role-play.

- 1 Look at the patient information. Discuss what kind of community care would be appropriate for this patient after discharge.

Mr Harris, 60-year-old man. Admitted with acute SOB 9 days ago and diagnosed with right lower lobe pneumonia and exacerbation of his COPD.

Treated with IV antibiotics and now on a 7-day oral course. He remains on nebulisers. He ordinarily takes inhalers.

PMH: COPD and angina

Diagnosed with COPD 10 years ago. Has experienced frequent exacerbations of

his COPD despite full treatment and prophylactic antibiotics.

Social history: Lives in terraced house. No children. At home his wife cares for him, however she has a chronic back problem and is not coping.

He retired at 50 due to respiratory problems and has not worked since.

He gave up smoking 15 years ago.

He receives disability benefit.



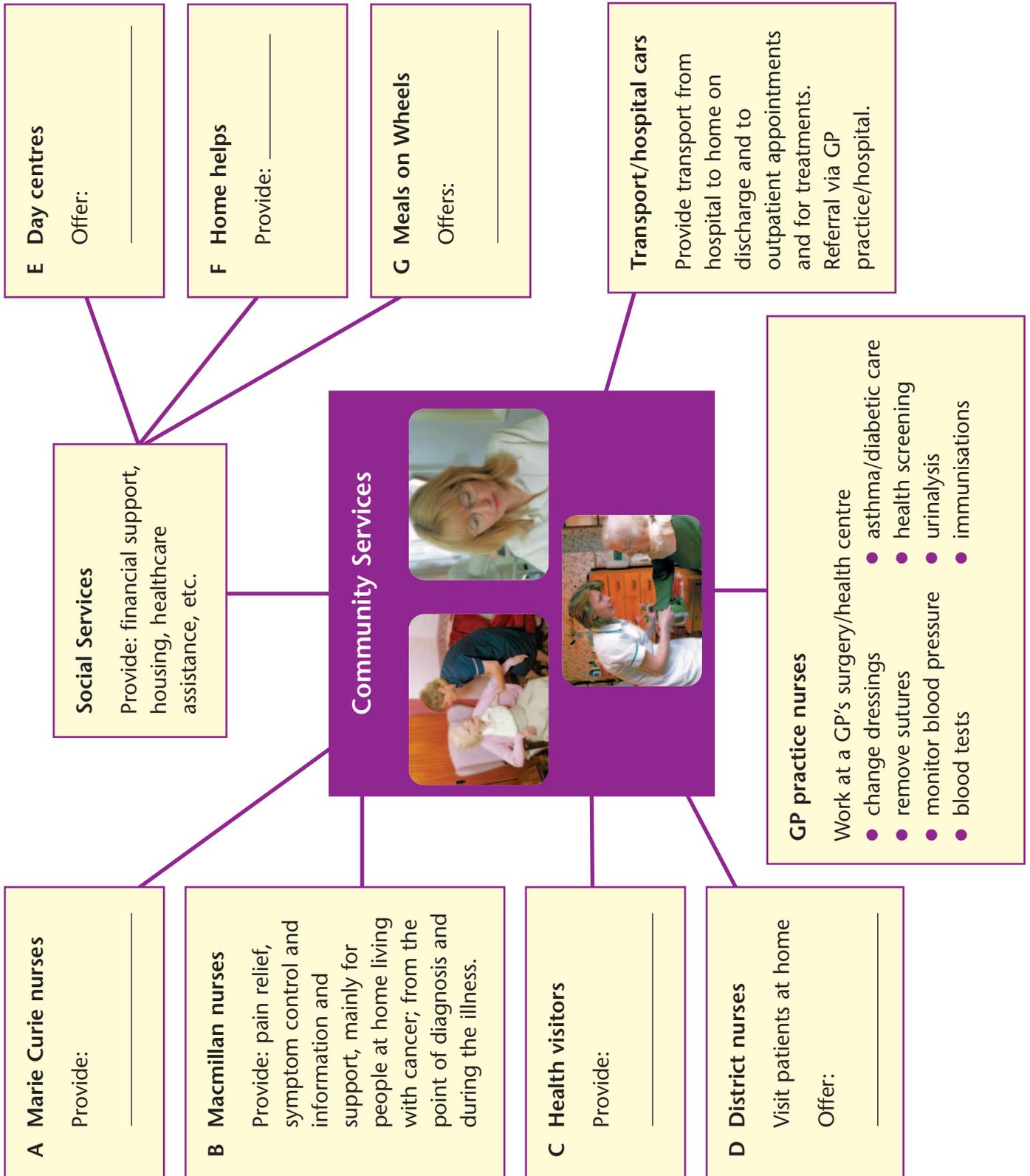
Mr Harris

- 2 Your teacher will give you a role card. Review useful expressions for making your contribution in a meeting and prepare your role.
- 3 Act out the meeting. Your aims are to agree a discharge date, where Mr Harris will be discharged to, and any post-discharge care/support he will require.

Resources

Task 2 on page 4:25

2.2 Chart of post-discharge community support



Resources

Task 5 on page 4:28

Meetings questionnaire

Try this questionnaire. Answer each question honestly.

Before the meeting

I'm well prepared for every meeting I attend.

never sometimes usually always

I have a clear idea what my objectives are for the meeting.

never sometimes usually always

During the meeting

Making my points:

I get to say what I want.

never sometimes usually always

I'm able to reflect the views of the patient even if they conflict with my own professional view.

never sometimes usually always

I'm confident when making my points.

never sometimes usually always

I can control my voice if I feel nervous or angry.

never sometimes usually always

Interacting with others:

I listen carefully to what people are saying.

never sometimes usually always

I am able to concede if someone has a different view to mine.

never sometimes usually always

I concede if someone more senior has a different view to mine.

never sometimes usually always

Resources

Task 10 on page 4:32

10.3 and 10.4 Role cards

Discharge coordinator

Your task is to lead the discussion.

- Make sure everyone makes a contribution.
- Keep the discussion moving forward.
- Listen carefully and from time to time summarise the discussion and check others agree with your understanding.
- Summarise decisions/actions at the end of the meeting and check everyone knows what they have to do and by when.

Your concerns: Mr Harris is the longest staying patient on the ward. Query the clinical need for him to be on this acute ward. Point out the implication for beds.

Doctor

Your task is to reflect the medical viewpoint.

- Speak clearly and confidently when making your contribution.
- Give reasons if you disagree with another person's idea.
- State your position clearly, including your reasoning.

Update: Have yet to maintain patient's sats within normal levels. Has only recently completed course of IV antibiotics. On 7-day course of oral antibiotics with 4 days still to go.

Position: Not medically fit for discharge. Keep patient in and monitor his sats to evaluate effectiveness of antibiotics. Suggest a discharge date 6 days from now.

Physiotherapist

Your task is to reflect the physiotherapist's viewpoint.

- State your position clearly, including your reasoning.
- Speak clearly and confidently when making your contribution.
- Give reasons if you disagree with another person's idea.

Position: Patient needs another week of physio before ready for discharge. Last chest X-ray showed some improvement. Another week of chest physio will result in big improvement in breathing and mobility. Patient will be more independent when he goes home. Raise option of residential care if wife unable to cope.

cont'd overleaf

Resources

Nurse

Your task is to reflect the nurse's viewpoint.

- State your position clearly, including your reasoning.
- Speak clearly and confidently when making your contribution.
- Give reasons if you disagree with another person's idea.

Your concern: Mr Harris's wife's (main carer) health and ability to cope with care. Mr Harris's mobility very limited; requires assistance with all ADL.

Risk of re-admission if wife unable to cope.

Your position: Mr Harris can only remain at home if they have adequate home care.

Mr and Mrs Harris adamant that residential care not an option and will struggle on. Long term not sure she will be able to cope as her condition is deteriorating.

Keep him in another week until his breathing improves and he is more mobile and independent with care. Discharge only when care package is in place.

Social worker

Your task is to reflect the social worker's viewpoint.

- Speak clearly and confidently when making your contribution.
- Give reasons if you disagree with another person's idea.
- State your position clearly, including your reasoning.

Your concern: Mr Harris had carers for a short time after a previous admission but unhappy about having strangers in house. Stopped them coming. Could happen again. Likes his wife to care for him.

Your position: Can arrange an assessment for care in the home if wife unable to cope. Need to talk to him and wife. No good if he's going to refuse.

Suggest home help, twice daily, morning and evening if his wife can cope in the middle of the day. Check with nurse?

Resources

Reflection form

| | |
|---|---------------------------------------|
| Name: | Theme: Taking part in meetings |
| 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 4:37–4:43

Making final arrangements

Professional setting

The topic of this theme is making arrangements to discharge a patient. It covers the following:

- building an awareness of community services
- making telephone calls to other hospital departments and community services
- completing discharge planning forms
- summarising patient information on a referral form.

The focus is on building skills for:

- opening telephone calls
- stressing important information
- making urgent requests
- giving information on the phone
- understanding and completing complex forms
- writing notes on forms.

Materials

Audio equipment

Blank cassettes for recording on

Resources for the theme:

- Situations for phone calls (4:44)
- Case study – Razia Islam (4:45)
- Discharge plan for Razia Islam (4:46–4:47)
- Referral form for Mary Sandwick (4:48)
- Case study – Mr Dubrika (4:49)
- Activities of daily living for Mr Dubrika (4:50)
- Blank discharge form (4:51–4:52)
- Blank referral form (4:53)
- Reflection form (4:54)

Samples of discharge and referral forms (optional)

Medical dictionaries and glossaries

Learning outcomes/objectives

- 1 to make discharge arrangements on the phone
- 2 to understand discharge plans and referral forms
- 3 to enter patient information as notes on a form
- 4 to summarise patient information on a form

- 5 to be able to liaise with hospital and community services

Curriculum objectives

ESOL

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

Focus

PAGE 4:37

- Set the context by drawing learners' attention to the extracts from a referral form on the page. Check that they understand the purpose of the extract (part of a referral form). Discuss other types of discharge forms that learners have used.
- Ask learners in pairs to draw up a list of the things a nurse needs to take into consideration when organising a patient's discharge:
 - medicine from the pharmacy (TTOs – tablets to take out; also called TTAs – tablets to take away)
 - out-patient's appointments
 - transport home and for out-patient's appointment
 - community care services required (e.g. district (community) nurse, medical equipment, Meals on Wheels, home help, etc.).
- If necessary, write examples on cards or on the board/flipchart to get the discussion going.
- Discuss learners' responses and assess what further information they would need in order to understand hospital and community services. (NHS booklets available to the general public list hospital services and the roles of physiotherapist, occupational therapist, etc.) For community care services, refer learners to the completed Chart of post-discharge community support from Module 4, theme 3 (page 4:32), and discuss what they know about each of the services.
- Elicit from learners what community care services are available in their countries of origin and the differences compared with the UK.

- Discuss ways in which nurses communicate with community services to make discharge arrangements for patients – referral forms, faxes, phone calls – and what type of information has to be passed on.

Task 1

- Draw learners' attention to the information about Mr Patel in the text box and set up a small group exercise to discuss the two questions. Give learners 3–4 minutes.
- Discuss answers together. (Refer to the answer section for suggested responses and check learners have got the main ideas.)
- Discuss what nurses need to do in order to organise a smooth discharge (e.g. planning well in advance, checking and updating records regularly).

PAGE 4:38

How to make arrangements on the phone 1

Task 2 37

Objectives and curriculum references

to know how to open a telephone conversation
to understand appropriate conventions for identifying self and patient on the phone
to request urgent action

ESOL

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

Task

- This task gives learners practice in opening telephone calls to other hospital wards or departments and requesting urgent action.
- **Question 1** Explain to learners that they are going to listen to extracts from two phone calls in which a nurse makes arrangements for a patient's discharge
- Play the audio clip and discuss the questions.
- **Question 2** Play the audio clip again and discuss why it is important for the nurse to give the name of the ward she's calling from.
- **Question 3** Play the audio clip for phone call 1 again and pause after the phrase: 'I've got an urgent request.' Ask learners to write down the nurse's words.
- **Question 4** In the practice phone calls, focus on:
 - opening the call
 - giving the nurse's name, ward, patient name and number
 - making an urgent request.
- Direct learners to the tip for making an urgent request.
- Ask learners in pairs to take turns practising opening the call. Remind learners they are not required to complete the entire conversation.

If the learner has difficulty

Consult the answer section and give learners some key words or the beginnings of sentences to complete.

Extension

- For more practice in making phone calls, ask learners to choose one of the scenarios in Question 2 and develop it as a full phone call.
- Learners can work in pairs to prepare and practise the phone call. If possible, record the conversations for comment and feedback.
- Ask learners to build up a collection of useful phrases to use when making and receiving phone calls. Encourage learners to observe colleagues on the phone and make a note of useful phrases.

PAGE 4:39**How to make arrangements on the phone 2****Task 3**  **37****Objectives and curriculum references**

to stress words accurately to correct or convey important information

ESOL

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

Task

- **Question 1** Model the extract from call 2 in the audio clip, first without stressing any words and then stressing the words in bold to give them importance.
- Give learners a photocopy of the transcript for call 2 and play the audio clip, pausing after each sentence to give learners time to mark words that are stressed for importance.
- Ask learners to repeat selected sentences, stressing the appropriate words, before tackling the sentences in question 2.
- **Question 2** Learners can work in pairs to decide which words to stress in each sentence to make the meaning clear. They can then practise the sentences with correct stress. If possible, learners can record themselves and play back for feedback

If the learner has difficulty

Tap out the rhythm of the sentence for them.

Extension

Devise further similar examples for learners to practise.

PAGE 4:40

How to make arrangements on the phone 3

Task 4 38

Objectives and curriculum references

to develop learners' ability to make requests sensitively or persuasively

ESOL

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

Preparation

- Discuss the role of the discharge nurse/coordinator – mainly to coordinate the discharge of patients with complex needs and advise other nurses on aspects of discharge planning.
- Elicit learners' experience, if any, of working with a discharge nurse, and who they would go to for advice when working in a new environment.

Task

- **Question 1** Play the audio clip through once and discuss answers to the three questions. Discuss what community services learners are aware of. It may be useful to refer back to the Chart of post-discharge community support they completed in Module 4, Theme 3 (page 4:32).
- **Question 2** Play the audio clip again, pausing it to elicit the phrases used for asking for advice and making requests.
- **Question 3** Draw learners' attention to the phrases for beginning requests. Ask learners to think of sensitive or difficult situations when they have had to make requests.
- Ask them to practise the requests, choosing one of the phrases in the speech-bubbles to introduce the requests.
- Draw attention to the tip box and discuss.
- **Question 4** You will need the Situations for phone calls from the Resources. Give each pair of learners two different situations and allow time for them to plan and practise how to open the call and make the request.

- Circulate the situations around between pairs to give extra practice.
- **Question 5.** Play the audio clip about Razia Islam again, pausing as required so that learners can make notes about the equipment the ward nurse wants to order.
- **Question 6** Give out copies of the Case study for Razia Islam from the Resources. Discuss the details, in particular asking learners to identify any equipment she would require on discharge, and which community service would need to be contacted.
- Learners can then work together to plan a call to social services and practise the call in pairs.
- Discuss how learners felt about their performance in the role-play – what went well? What went less well?
- Invite some of the pairs to role-play the calls and give feedback on these points. Did the caller:
 - greet and identify self and where calling from?
 - ask for the medical equipment team?
 - make requests appropriately?
 - give relevant patient details?
 - thank and close the call?
- Did the receiver:
 - respond as appropriate?
 - check details as appropriate?

Follow up

Ask one of the learners to play the part of the nurse while you take the part of the receptionist at Social Services. As receptionist, make responses which indicate the difficulty of fulfilling the request at short notice. Encourage learners to respond persuasively.

If the learner has difficulty

- Work together with learners to plan the call to Social Services, eliciting what they would say at each of these stages of the call and writing up a possible conversation on the board/flipchart:
 - Greet and identify self and where calling from.
 - Ask for medical equipment team.
 - Greet and identify self again.
 - Make request.
 - Give patient details.
 - Respond as appropriate.
 - Check details as appropriate.
 - Thank and close the call.

- Ask learners to practise the call in pairs. If possible, record calls for comment and improvement.

Extension

Ask learners to find information about community services in the area where they live or work and decide on a way of presenting the information to the rest of the group.

PAGE 4:41

How to complete discharge forms

Task 5 38–39

Objectives and curriculum references

to extract information from a phone call to update a discharge planning form

ESOL

Lr/L1.1b; Wt/L2.7a

Preparation

Play the audio clip – another call about Mrs Islam’s discharge in which a staff nurse phones a district nurse. Ask learners to identify the purpose of the call.

Task

- **Question 1** Play the audio clip again, this time pausing for learners to make notes about the nurse’s concerns.
- **Question 2** Before playing the audio clip again, check that learners know what type of information they would expect to enter on a discharge form, and remind them of the list of discharge arrangements you asked them to draw up in the Focus section.
- Remind learners that discharge planning starts as soon as the patient enters hospital and that the discharge planning form needs to be updated as soon as arrangements are set or completed.
- Give out copies of the partly completed Discharge plan for Razia Islam from the Resources. Discuss the form and ask a few straightforward questions to check learners’ understanding of it.
- Ask learners to work in pairs to work out what information is required to complete the form.
- Play the two calls about Mrs Islam’s discharge again (the call to the discharge coordinator in Task 4 on page 4:40 and the call to the district nurse), asking learners to note down any information they will need to complete the form while they are listening.
- Learners can then enter the information on the form. Compare completed forms as a group.

If the learner has difficulty

- Give learners copies of the transcripts for the two calls about Mrs Islam's discharge, and ask them to select the required information to complete the form.
- Support learners to condense essential information into note form.
- Alternatively, write the missing information on cards for learners to place in the correct section of the form.

Extension

Compare the Discharge plan for Razia Islam with other blank discharge forms. Note similarities and differences.

Task 6**Objectives and curriculum references**

to read and interpret notes on a complex form
to write notes using appropriate style and abbreviations

ESOL

Rw/L2.3a

Task

- **Question 1** Give pairs of learners a copy of the Referral form for Mary Sandwick from the Resources. Discuss responses to the questions.
- Discuss the purpose of the referral form and check that learners understand that it may be used to refer patients to another hospital (e.g. for intermediate care) or to community nursing services.
- Draw learners' attention to the relevant abbreviations on the form.
- **Question 2** Check learners are familiar with medical terms for dealing with fractures (e.g. open reduction – the surgeon opens the fractured area and puts the bone back together; pin and plate – a way of fixing the broken bones in position). Learners can work individually or in pairs. Ask learners to write the sentences as notes for the form, using abbreviations, and to check their answers.

If the learner has difficulty

Ask further straightforward questions about the form.

Extension

Give pairs of learners a copy of the Chart of post-discharge community support from Module 4, Theme 3 and ask them to discuss and list what kind of information each community service would need to receive about patients. They can refer to the Referral form for Mary Sandwick for ideas.

PAGE 4:42

How to complete referral forms

Task 7**Objectives and curriculum references**

to understand the differences between full text and note form

to write patient history notes on a referral form

ESOL

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

Preparation

Give learners copies of the Referral form for Mary Sandwick from the Resources and discuss what information it contains, who would require this information, and the style in which it is presented.

Task

- **Question 1** Draw learners' attention to the extract from a referral form on the page. Discuss who would require this kind of information (e.g. community nurse). Discuss the services district nurses provide.
- Learners match the notes with the categories on the form. Check their answers.
- **Question 2** Discuss the differences between the full sentence and the corresponding note on the form.
- Elicit and write up the first note on the form as full sentences (Past medical history: the patient suffers from congestive cardiac failure and dementia. She has a history of falls and suffers from osteoarthritis.)
- Ask learners to continue writing the notes as complete sentences working individually.
- **Question 3** Ask learners to write the notes in pairs, then check and discuss their answers.

If the learner has difficulty

- **Question 2** Give learners some beginnings of sentences to complete.
- **Question 3** Ask learners to underline the important information in the sentences, and then to write it out as notes.

Extension

For this task learners work with the Discharge plan for Razia Islam they completed in Task 5 and the Case study for Razia Islam and a Blank referral form from the Resources. Ask them to complete the referral form using relevant information selected from the discharge form and case study, writing notes as in the example in question 1.

PAGE 4:43

How to coordinate a patient's discharge

Task 8

Objectives and curriculum references

to make arrangements to organise a patient's discharge.

to fill in a discharge form

ESOL

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

Preparation

- This task draws together some of the skills and information of the theme into an integrated task.
- Begin by finding out what learners recall about the decisions made for Mr Dubrika, an elderly patient whose discharge was discussed in Theme 3. His discharge was set for two weeks and two options were discussed for his care. Option 1 – the preferred option – was to find an intermediate care place where he could receive more rehabilitation before being finally discharged home. Option 2 was to discharge him home once adaptations had been made to his flat to make it safe (e.g. grab rails in the bathroom, improved lighting, new lighter pots and pans for the kitchen) and a social care package had been put in place. Meanwhile physiotherapy is to continue until his discharge and he is to be referred for a psychiatric assessment.
- Check that learners understand the concept of intermediate care and that it typically involves a stay in an intermediate care hospital for a set number of weeks for rehabilitation.
- Explain that a social care package means tested and involves services such as a home help and Meals on Wheels.
- Discuss the implications of each option for Mr Dubrika.

Task

- **Question 1** Organise learners into pairs or groups of three. Give each group a copy of the Case study and Activities of daily living for Mr Dubrika from the Resources.
- Draw attention to the speech-bubble from the Discharge coordinator and discuss the implications.
- Ask learners to discuss the information in the documents and make a list of care arrangements Mr Dubrika will need when he goes home. Give them 15 minutes for this task.
- Take feedback from the different pairs/groups.
- **Question 2** In the same small groups, give learners a Blank discharge plan from the Resources. Before they start to enter information, work out a couple of entries altogether, then ask learners to discuss and complete the form in their pairs or groups. Give them about 20 minutes to complete the form.
- **Question 3** Work with learners to elicit and draw up a list of the phone calls to be made to community services.
- Discuss each of the community services involved and check learners understand what they do and what kind of service they can be expected to provide for Mr Dubrika. Also discuss the role of the ward clerk, which is to make routine appointments for patients.
- Ask learners to discuss and decide or volunteer who will make each call.
- **Question 5** Organise learners into pairs to plan one of the calls each.
- Be aware that some learners will need time to discuss how to respond to the caller, and that it may help for you to take on the role of the person in community services receiving the calls.
- When learners have practised making their calls in pairs once or twice, ask them to record them.
- If learners feel confident, play their calls to the whole class and discuss whether any changes need to be made.
- **Question 6** Give out copies of the Referral form from the Resources. Encourage learners to make notes of Mr Dubrika's history before entering them on the referral form.

If the learner has difficulty

- **Question 4** Choose one of the calls and work out possible exchanges with learners, either by taking the part of the person receiving the call, or by eliciting and writing up each exchange gradually as learners work through it.
- **Question 6** Give learners a few partly filled in notes or cues for the patient history section on the referral form.

Extension

- Introduce this situation: An intermediate care bed has unexpectedly become available at Lumsleigh Hospital, Croxley Ward and will be available in three days' time.
- Learners can work in groups to plan the calls they would need to make to change the arrangements, cancel services and make new arrangements.
- In pairs they can decide on a call to make and plan the details.
- Learners then act out the calls, recording them for feedback and suggestions for improvement.
- Learners then complete a referral form for staff on Croxley ward.

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

Once the discharge date for a patient is confirmed, the final 48 hours are crucial to a smooth discharge. It is the nurses' responsibility to ensure that:

- all arrangements have been made
- all documentation has been completed.

Task 1

- 1 What is likely to happen as a result of this problem?
- 2 What are the consequences of delaying a patient's discharge?

Mr Patel suffers from chronic bronchitis and has been in hospital for 6 days following an exacerbation of his condition. As his condition is now stable, he is due to be discharged this morning. The transport team arrive at 10:30 to pick him up. However, his TTOs haven't arrived. The nurse forgot to order his medication. The transport team can't wait, nor can they come back later in the day.

- Discharge arrangements often involve communication with a number of hospital departments, as well as services in the community.
- Communication takes place via referral forms, faxes and telephone calls.

| Hospital and Community Nursing Referral Record | |
|--|-----------------------------|
| Date <u>20/07/04</u> | To sister or health visitor |
| Transfer of patient on <u>22/07/04</u> | date |
| To/from <u>Green End</u> | Hospital |
| Ward <u>Elm</u> | Consultant <u>Dr Barry</u> |
| Next of kin <u>Jane Rodgers</u> | |
| Address <u>21 George St. PE2 1YP</u> | |
| Tel. no. <u>01480 23416</u> | |
| Surname <u>WILLIAMS</u> | |
| Hospital no. <u>648321</u> | |
| First names <u>Margaret</u> | |
| Age <u>82</u> | |
| Address <u>21 Meadowcroft Romsey PE13 2NR</u> | |
| GP <u>Dr Stephens</u> | |
| Address <u>Medical Centre, Long Stanton</u> | |

- When completing referral forms, make sure you include all the information about the patient that the person receiving the form will need.
- If the information on the form is complex or sensitive, follow it up with a phone call.
- Make phone calls to follow up or alter arrangements.
- Make sure you identify yourself and give the patient's details at the start of a call.
- Speak slowly and clearly when you're giving key information.

This is Staff Nurse Macdonald ...



How to make arrangements on the phone 1

The ward clerk makes most routine phone calls to arrange discharge, but when unavailable, a nurse often has to do it.

Task 2



- 1 Listen to two phone calls about arrangements for a patient's discharge.
 - Who is the nurse talking to in each?
 - What is the purpose of each call?
- 2 Listen to the calls again. Note how the nurses identify themselves.
- 3 In call 1, how does the nurse signal that she needs the patient's medicine urgently? Write down her exact words.
- 4 With a colleague, practise opening phone calls for the following situations.

a

Mrs Clare Smith, patient number 469273, is ready to be discharged home this afternoon after a heart bypass operation. Call the consultant cardiologist's office to request an urgent letter for the patient to take to her GP.

b

Jim Wong, patient number 461229, is in the recovery ward after a urinary tract operation. His kidneys have failed. You need to transfer him to the dialysis ward straightaway.

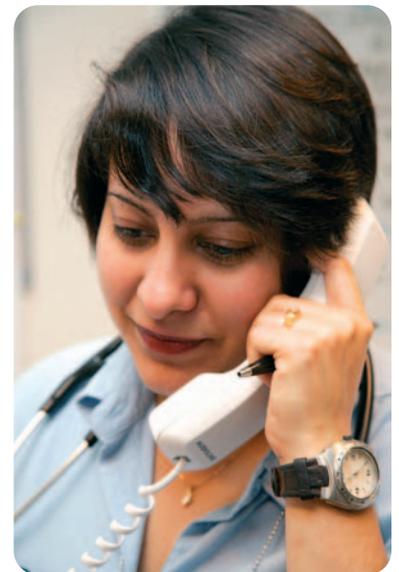
c

Gordon Richards, patient number 467846, is in a wheelchair. You need a porter to take him to the physiotherapy department.

Tip

When making an urgent request:

- give your name and the ward name
- signal that it's urgent
- give the patient's name and number
- make your request.



How to make arrangements on the phone 2

When giving information, make sure you **stress** the important words in the sentence, especially when correcting or clarifying information that may have been misunderstood.



Task 3

- 1 In call 2, notice the way the nurse stresses important words by saying them slowly and emphatically.

He was due to be transferred to Sibley Hospital on **Friday**, but now we're proposing to transfer him on **Thursday**.



- 2 Look at these sentences and decide which words to stress. Then practise saying them.

a

She's going to be discharged on **Tuesday**, not Thursday.

b

The new telephones are arriving this week, not next week.

c

Dr Singh did the rounds this morning, not Dr Sedgwick.

d

Please could you ring me back before 10, because it's urgent.



e

I'll give you the patient's name: it's Mary Brown; patient number 147623.

How to make arrangements on the phone 3

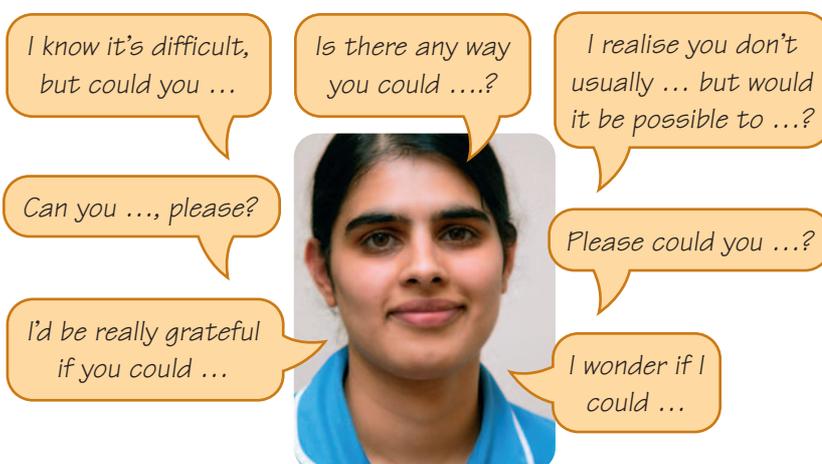
If you have to ask people for help, make sure you are polite.



Task 4

38

- 1 Listen to a ward nurse making a phone call about the discharge of one of her patients, Razia Islam.
 - a What has prompted the nurse to make this call?
 - b How familiar is the ward nurse with hospital and community services?
 - c What advice does the discharge nurse give the ward nurse?
- 2 Listen again. Note down the exact words the ward nurse uses:
 - a to ask for advice
 - b to make requests.
- 3 These phrases are often used at the beginning of requests. Discuss when you would use them.



Tip

If you are speaking to a person in a senior position, the language you choose needs to reflect this.

- 4 Your teacher will give you some situations for phone calls. For each situation, discuss how to open the call and make the requests. Then practise the opening stages of the call.
- 5 Listen to the phone call again. Note down the equipment the ward nurse wants to order and the details she'll need to give Social Services about Razia Islam.
- 6 Your teacher will give you a case study about Razia Islam.
 - a Plan a telephone call to Social Services to order the equipment the patient will need at home.
 - b Work with a colleague to make the call.

Tip

If you are receiving information, remember to repeat it back to check the details are correct.

How to complete discharge forms

Some patients will need a lot of support from community services when they are discharged. When planning ahead, make sure the patient's daily needs will be met.



Task 5

39

- 1 Listen to another phone call about Mrs Islam's discharge. This time the call is to the district nurse. What is the nurse concerned about? Make notes as you listen.
- 2 Your teacher will give you a partly completed discharge plan for Mrs Islam.
 - a Listen again to the two phone calls about Mrs Islam's discharge. Using your notes from the calls, fill in further details on the discharge plan.
 - b Where would you note the nurse's concern about the daughter-in-law's apprehensions?
 - c Which arrangements have yet to be put in place?

Task 6

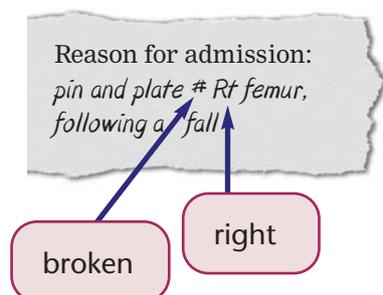
- 1 Your teacher will give you the referral form for another patient, Mary Sandwick. Answer these questions.
 - a Why was Mrs Sandwick admitted to hospital?
 - b How mobile is she?
 - c What types of community care support services will she need when she leaves hospital?
 - d Which aspects of her condition will need attention?
- 2 Look at how brief notes and abbreviations are used in the form.
Decide how you would enter the following as notes on a form:
 - a a hip replacement following a fall, resulting in a fracture to the left hip
 - b an operation to reset bones after a fracture to the left lower leg.

Nursing tip

The discharge plan needs to be updated every time a discussion takes place or an arrangement is made.

Nursing tip

The district nurse may need more detailed information about the patient that is not fully explained on the form. Follow-up calls from the ward nurse to the district nurse are generally appreciated.



How to complete referral forms

When transferring patients to intermediate care or care in the community, make sure that other staff have all the necessary information.

Task 7

- 1 Look at the notes from the nursing section of a patient referral form. Draw arrows to link the points in boxes to the relevant nursing information. (Note: not all points are responded to.)

Relevant past history

Present diagnosis

Treatment given

Diet

Complications

Treatment recommended

Pressure areas

Operation

Continence

Nursing information

PMH: CCF - dementia - history of falls - O/A

Admitted 13/07/04 with dehydration + increased confusion.

Rehydrated with IV fluids

Intensive physio given for advanced O/A

Mobilising with frame - unsteady

Continent but needs reminding to go to toilet

Pressure areas intact

- 2 Compare the following statement with the information written in note form above.

'The patient was rehydrated with IV fluids.'

 - a Which words are missing in the notes?
 - b Write the nursing information above as a patient record with full sentences.
- 3 Write the following sentences as notes.
 - a The patient has a history of arthritis and has a severe urinary tract infection, which he's been in hospital with before.
 - b He has been in hospital for four days with unstable angina.
 - c She has been treated with GTN and IV diuretic.

Resources

Task 4 on page 4:40

4.4 Situations for phone calls

- 1 A post-operative patient, Ronald Atkins, patient number 458392, is being discharged at 2:30 pm this afternoon. He needs a letter from a consultant to take to his doctor. It's 11 am and the letter has not been received on your ward. Phone the consultant's office and politely ask for the letter to be written by 2 pm.
- 2 Abdul Mirza, patient number 456283, is being discharged at 11 am. When his medicine arrived, you checked his referral forms and realised that the wrong medicine had been ordered. It should have been 30 bendrofluazide 2.5 mg tablets, not 5 mg. As it is now 10.30 am, make an urgent request to the pharmacy to redo the prescription.
- 3 The ward clerk has made a number of arrangements in connection with Ruth Benson's (patient number 453291) planned discharge home tomorrow – hospital transport, medical equipment, social services. Suddenly you get news that a bed has become available for her in an intermediate care hospital. Phone the ward clerk and ask her to change the arrangements.
- 4 Mary Trevena, patient number 459641, is waiting in the discharge lounge to go home, when she remembers that she had forgotten to take some postcards that she had put in the bedside cupboard. As the nurse on duty in the lounge, phone Mayflower Ward and ask the nurse there to check the cupboard.
- 5 It is 1 pm on Friday afternoon and a doctor has said that Richard Lee, patient number 451462, can be discharged this afternoon instead of on Monday. The patient needs a pressure-relieving mattress. The medical equipment team doesn't usually deliver at weekends. Phone them and try to persuade them to get the equipment delivered this afternoon or tomorrow morning.

Resources

Task 4 on page 4:40 and Task 7 Extension on page 4:42

4.6 Case study – Razia Islam

NAME: Razia Islam

HOSPITAL NUMBER 623584

D.O.B. 16/11/38

ADDRESS: 15 Sandwick Street London E3 4RZ

NEXT OF KIN: Abdul Motin, son, and
Rina Begum, daughter-in-law.

ADDRESS: Same as above

TELEPHONE: 020 6773 4591



Razia Islam lives in a two-storey terrace house in Bromley-by-Bow with her son, daughter-in-law and granddaughter. She has suffered from diabetes for a number of years. The diabetes has been controlled using diet and medication.

On 15th June she was admitted to hospital with gangrene in her lower right leg, which had developed due to a thrombosis. Doctors decided to amputate her right leg above the knee. The operation took place on 16th June.

She has made a steady recovery since the operation, apart from a setback when an infection developed in her wound. She has been given a 7-day course of antibiotics to clear it.

She is due to be discharged in 3 days' time and is looking forward to going home. Mrs Islam's daughter-in-law, Rina Begum, will cook and care for her, so she will not need a home help or Meals on Wheels. Rina is quite apprehensive about what will be involved in caring for Mrs Islam and would like some advice from the dietician about her dietary needs. An appointment with the dietician has been booked for 22nd July.

Mrs Islam is currently taking the following medication:

metformin 500 mg tds

co-dydramol tabs × 2, 4 hrly prn

amoxicillin 500 mg tds

Resources

Task 5 on page 4:41 and task 7 Extension on page 4:42

5.2 Discharge plan for Razia Islam

| DISCHARGE PLAN | | | |
|---|--|-----------------|----------------|
| WARD: <i>Hennessy</i> | HOSPITAL NUMBER: <i>623584</i> | | |
| NAME: <i>Razia Islam</i> | D.O.B.: | | |
| GP NAME & ADDRESS: <i>Dr. Iqbal</i> | | | |
| <i>47 Jessop Road London E2 30X</i> | | | |
| TYPE OF ACCOMMODATION: | | | |
| STAIRS/LIFT | | | |
| MAIN CARER: | | | |
| PLANNED DISCHARGE DATE: <i>22/07/04</i> | | | |
| REVISED DISCHARGE DATE: | | | |
| REASON FOR DELAY: | | | |
| ACTION | COMMENTS | DATE | SIGNATURE |
| Patient informed | <i>Looking forward to going home</i> | <i>18/07/04</i> | <i>J Evans</i> |
| Carer informed | | | |
| Transport arrangements | <i>Arranged - booked for 11am 22/07/04</i> | <i>19/07/04</i> | <i>J Evans</i> |
| OPA appointment | <i>6/52 4 September</i> | <i>16/07/04</i> | <i>J Evans</i> |
| Transport needed for OPA | <i>to be arranged</i> | | |
| TTOs | <i>Locked in cupboard</i> | <i>20/07/04</i> | |
| TTOs explained | | | |

cont'd overleaf

Resources

| DISCHARGE PLAN | | | | | |
|--|--------------------------------|--|-----------------|--|----------------|
| SUMMARY OF CARE | | | | | |
| NAME: <i>Razia Islam</i> | | HOSPITAL NUMBER: <i>623 584</i> | | | |
| SERVICES | PRIOR TO ADMISSION Yes / No | REQUIRED ON DISCHARGE Booked Start date | | COMMENTS | SIGNATURE |
| District nurse | <i>No</i> | <i>20/07/04</i> | <i>23/07/04</i> | | |
| Dietician | <i>No</i> | <i>20/07/04</i> | <i>22/07/04</i> | | |
| Physiotherapist | <i>No</i> | | | | |
| Meals on Wheels | <i>No</i> | | | | |
| Home help | <i>No</i> | | | <i>Son, daughter-in-law and granddaughter will provide care.</i> | <i>J Evans</i> |
| Social worker | <i>No</i> | | | | |
| Day care | <i>No</i> | | | | |
| Other community service (e.g. medical equipment) | <i>No</i> | <i>20/07/04</i> | | | |

Resources

Task 6 on page 4:41 and task 7 Extension on page 4:42

6.1 Referral form for Mary Sandwick

Hospital After Care Service – Referral Form

Case number

765842

| | |
|---|---|
| Patient name <i>Mary Sandwick</i> Mr Mrs MS | Referred by <i>Robyn Mitchell</i> |
| Patient address <i>115 Hazelton Close London NE12</i> Tel no <i>0208 884 3253</i> | Position <i>Ward sister</i> Tel no <i>020 780 6345</i> |
| Date of birth <i>04/08/28</i> Age <i>76</i> | Referral date <i>22/04/04</i> Discharge date <i>26/04/04</i> |
| Lives alone? <i>Yes</i> | Hospital <i>Royal Park</i> |
| Next of kin / main carer <i>Son, James Sandwick</i> | Ward <i>Rowan</i> |
| Address <i>85 Murrayfield Close, Edinburgh</i> | Consultant <i>Mr Hill</i> |
| Tel no <i>077564321</i> | Hospital social worker <i>Jane Evans</i> |
| GP's name <i>Dr Warren</i> | Community services – pre-admission |
| GP's address <i>The Laurels Surgery, High Street, London NE12</i> Tel no: <i>020 875 64346</i> | <ul style="list-style-type: none"> • Home help <input type="checkbox"/> • Meals on Wheels <input type="checkbox"/> • District nurse <input type="checkbox"/> |
| Date of admission <i>10/04/04</i> | Other, e.g day centre |
| Reason for admission <i>Open reduction following fall # (Rt) femur</i> | Community care plan for post discharge |
| Diagnosis / treatment <i>12 days post-op remove sutures (14/7)</i> | <ul style="list-style-type: none"> • Home help <input checked="" type="checkbox"/> <i>Daily to monitor progress</i> • Meals on Wheels <input checked="" type="checkbox"/> <i>For one month initially</i> • District nurse <input checked="" type="checkbox"/> <i>Daily to monitor blood sugar levels</i> |
| Relevant medical / social history <i>IDDM</i> | Other, e.g. day centre <i>Not required</i> |
| Interpreter required? <i>No</i> | Refer to community social worker? <i>Yes</i> |
| Which language? <i>N/A</i> | Reason for referral <i>Wound infected with MRSA</i> |

Other information

Patient is incontinent

Urine Yes / No

Faeces Yes / No

Patient can walk

A without assistance

B with assistance and/or aids

C unable to perform task

Patient can transfer between bed and chair

A without assistance

B with minimum support of one person

C with support of two people

D unable to perform task

Reason for referral to hospital aftercare service

Mrs Sandwick needs help to regain independence. Determined to be self-caring. Check on wound and ensure compliance with regimen of antibiotics. Blood sugar to be monitored.

Resources

Task 8 on page 4:43

8.1 Case study – Mr Dubrika

NAME: Stefan Dubrika

HOSPITAL NUMBER 316849

D.O.B. 16/04/30

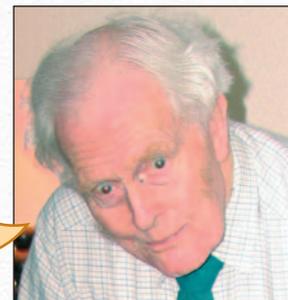
ADDRESS: Flat 1, 15 Palmer Court, Birmingham B32 4XY

NEXT OF KIN: Iwonna Dubrika – daughter

ADDRESS: 15 Calle Noble, Barcelona, Spain

TEL NO: +34 93 419 407 933

GP: Dr Richardson, Lansdown Clinic
Fairwater Street, Birmingham B30 1RX



I'll just be pleased to be back in my own home!

Past medical history: Mr Dubrika suffers from arthritis. Wears glasses because of macular degeneration.

Recent history: He was admitted to hospital 3 weeks ago following a series of falls, related to a urinary tract infection. He has been receiving physiotherapy in hospital and is using a walking frame to get around. His mobility has improved, but last week he fell while walking in the hospital. He was not hurt, but has lost confidence. The dietician has prescribed supplements, and he has put on 2 kg while in hospital, but he is still underweight and his appetite is poor.

Home situation: Mr Dubrika is keen to go home. The occupational therapist has made a home assessment and says his flat will need adaptation before he can be discharged home – grab rails for the bathroom, new carpeting, better lighting, and lighter pots and pans for the kitchen.

A family friend, Judith Marcos, goes shopping for him once a week. She also has a key to the flat. Iwonna Dubrika, his daughter, has been visiting him in hospital but has had to return to Spain to be with her children. She worries about him being on his own in the flat, and is keen to get him into a care home. However, Mr Dubrika is determined to continue living in his own home. He seems withdrawn and staff think he may be depressed. Following a psychological status assessment he's to be discharged in two weeks' time. Meanwhile his physiotherapy is to continue.

Medication: trimethoprim 200 mg bd
diclofenac 75 mg tds

I'd like to have got him into a bed in intermediate care, but there's nothing available, so he'll have to be discharged home. That gives me just two weeks to set a social care package in place.



I've got to go back to Spain. The kids are starting school again soon.

Resources

Task 8 on page 4:43

8.1 Activities of daily living for Mr Dubrika

| Task of living | Usual behaviour | Changes related to present condition |
|---------------------------|--|---|
| Communication | Hearing good. Wears glasses but complains they are ineffective now due to deterioration in eyesight, related to ongoing macular degeneration. | Alert and orientated, but appears withdrawn and seldom interacts with staff and other patients unless spoken to. |
| Breathing | Says he gets breathless going up and down stairs. No history of smoking. | No identified problems. |
| Eating and Drinking | Poor appetite. Has lost weight and clothes have become ill fitting. Says he 'can't be bothered to cook any more'. | Says he doesn't like hospital food. Has eaten and drunk very little since admission. |
| Eliminating | Fully continent. Bowel movements have become more irregular since wife died - 2/3 times weekly down to once every 7/8 days. | No bowel movement since admission. |
| Personal care and hygiene | Personal hygiene neglected since death of wife. Wears dentures that are badly fitting and make his mouth sore. | Complains of a dry mouth and inflamed gums and has halitosis which he says he finds very embarrassing. |
| Mobilising | Recently re-housed in ground-floor flat with small garden. Mobility restricted due to arthritis in his knees, but able to move around the flat and garden with a stick. Since death of his wife seldom goes beyond the house. Weekly shop done by neighbour. | Reluctant to mobilise and spends most of the day sitting in his chair by his bed. Says the pain from his arthritis 'gets him down'. Takes 1 tablet of paracetamol 4 times a day. |
| Working and playing | According to daughter (married and living in Spain) sociable and outgoing before wife died, but now seldom sees friends and family. Used to be very active with lots of interests: <ul style="list-style-type: none"> ● keen gardener and says he has 'green fingers' ● used to play a lot of cards ● 2 years ago bought a computer and learnt to use email so he could communicate with his grandchildren but untouched since wife's death. | No interaction with other patients and prefers to take his meals on his own by his bed. Says he used to be very sociable but these days 'can't face people'. |
| Expressing sexuality | Wife died of a coronary thrombosis a year ago and he is still grieving for her. Has become very isolated. | Says he thinks about his wife all the time. |
| Sleeping | Poor sleep patterns since death of wife. Gets up 3 or 4 times a night and listens to the radio. No more than 3/4 hours of quality sleep. Says he feels 'tired and listless' all the time. | Says he can't sleep because of noise of other patients. Very concerned to get back home as soon as possible. |

Resources

Task 8 on page 4:43

8.2 Blank discharge plan

| DISCHARGE PLAN | | | |
|-------------------------------|----------|------------------------|-----------|
| WARD: | | HOSPITAL NUMBER: | |
| NAME | | D.O.B: | |
| GP NAME & ADDRESS: | | | |
| | | | |
| TYPE OF ACCOMMODATION: | | | |
| STAIRS/LIFT: | | | |
| MAIN CARER: | | | |
| PLANNED DISCHARGE DATE: | | | |
| REVISED DISCHARGE DATE: | | | |
| REASON FOR DELAY: | | | |
| | | | |
| ACTION | COMMENTS | DATE | SIGNATURE |
| Patient informed | | | |
| Carer informed | | | |
| Transport arrangements | | | |
| OPA appointment | | | |
| Transport needed for OPA | | | |
| TTOs | | | |
| TTOs explained | | | |

cont'd overleaf

Resources

DISCHARGE PLAN SUMMARY OF CARE

NAME: HOSPITAL NUMBER:

| SERVICES | PRIOR TO ADMISSION Yes / No | REQUIRED ON DISCHARGE | | COMMENTS | SIGNATURE |
|--|-----------------------------------|--------------------------|------------|----------|-----------|
| | | Booked | Start date | | |
| District nurse | | | | | |
| Dietician | | | | | |
| Physiotherapist | | | | | |
| Meals on Wheels | | | | | |
| Home help | | | | | |
| Social worker | | | | | |
| Day care | | | | | |
| Other community service (e.g. medical equipment) | | | | | |

Resources

Task 8 on page 4:43

8.6 Blank referral form

| Hospital After Care Service – Referral Form | | Case number |
|---|-----------|---|
| | | |
| Patient name | Mr Mrs Ms | Referred by |
| Patient address | | Position |
| Tel no | | Tel no |
| Date of birth | | Referral date |
| Age | | Discharge date |
| Lives alone? | | Hospital |
| Next of kin / main carer | | Ward |
| Address | | Consultant |
| | | Hospital social worker |
| Tel no | | Community services – pre-admission |
| GP's name | | • Home help <input type="checkbox"/> |
| GP's address | | • Meals on Wheels <input type="checkbox"/> |
| Tel no: | | • District nurse <input type="checkbox"/> |
| Date of admission | | Other, e.g day centre |
| Reason for admission | | Community care plan for post discharge |
| Diagnosis / treatment | | • Home help <input type="checkbox"/> |
| | | • Meals on Wheels <input type="checkbox"/> |
| Relevant medical / social history | | • District nurse <input type="checkbox"/> |
| Interpreter required? | | Other, e.g. day centre |
| Which language? | | Refer to community social worker? |
| | | Reason for referral |
| Other information | | |
| Patient is incontinent | Urine | Yes / No |
| | Faeces | Yes / No |
| Patient can walk | A | without assistance |
| | B | with assistance and/or aids |
| | C | unable to perform task |
| Patient can transfer between bed and chair | A | without assistance |
| | B | with minimum support of one person |
| | C | with support of two people |
| | D | unable to perform task |
| Reason for referral to hospital aftercare service | | |

Resources

Reflection form

| | |
|---|---|
| Name: | Theme: Making final arrangements |
| 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

Writing progress notes

- 1 Read this account of an incident on a ward. Put the verbs in brackets in the correct form.

When the porters (a) arrived (arrive) at 4 pm to take Mr Jacobs to the physio unit, he (b) _____ (be) very difficult and uncooperative. He (c) _____ (refuse) to go with them because he said the physio (d) _____ (no do) him any good. There (e) (be) nothing I could do to persuade him, so I (f) _____ (call) Raquel Haines in physio to let her know he would miss his session. I then (g) _____ (inform) Doctor Alvaro that Mr Jacobs (h) _____ (refuse) to attend his physio session.

- 2 Now read the account and decide what information you would need to record on the progress notes. Then write up the notes.

Discussing ongoing care

- 3 Look at these extracts from information leaflets for patients who have had surgery. What would you say to give the same information to a patient? Complete the extracts.

- a Avoid driving for 2-4 week after surgery.

It's best not to drive for 2 to 4 weeks after your operation.

- b Ensure you eat a well-balanced diet with sufficient fibre to prevent constipation.

It's _____ to eat a well-balanced diet with _____ fibre to _____ you _____ constipation.

- c Paracetamol or a similar painkiller can be taken to relieve any pain, but do not exceed the stated dose on the bottle.

_____ paracetamol or a similar painkiller for the pain, but it's _____ to take more than it _____ on the bottle.

- d Gradually increase your exercise, but avoid putting strain on the wound.

I think _____ gradually increase your exercise, but be _____ to put strain on your wound.

- e An outpatient's appointment will be sent after two or three weeks.

We _____ an outpatient's appointment after two or three weeks.

- f If pain is not relieved by the tablets, contact your GP.

If the tablets _____ your pain, _____ to contact your GP.

- g Sex can be resumed as soon as you feel comfortable.

_____ to have sex _____ as soon as you feel comfortable.

Taking part in meetings

- 4 Rephrase these extracts from a meeting, following the instructions in brackets.

- a What's the general feeling about that? (Address the question to a specific person)

What do you feel about that, Tom?

- b I'd say it was a bit too early to discharge her. (State this view more strongly)
I _____ it's _____ early to discharge her.
- c I think she should go into a care home. There's no way she'll cope at home. (State this view more tentatively)
_____ it would be _____ if she went into a care home. _____ she'll cope at home.
- d You're right. (Make the agreement sound more hesitant)
I _____ you're right.
- e Do you agree that a care home's the best solution? (Address this question to the whole group)
Is _____ in _____ that a care home's the best solution?

5 Use the words in the box to complete the extract below about discharge planning.

| | | | | |
|--------------------|-----------------------|--------------------|-------------|-----------------|
| complex | discharge coordinator | community services | eligibility | external |
| locally | multidisciplinary | OTs | range | responsibility |
| | | | smooth | Social Services |

Planning the effective discharge of a patient with (a) complex needs often involves different members of the (b) _____ team - doctors, nurses, physios, (c) _____ and (d) _____ agencies such as (e) _____. On some wards a nurse may have (f) _____ for ensuring (g) _____ and efficient discharge but on others it is the responsibility of the (h) _____. When planning the discharge of patients, nurses need to be aware of the (i) _____ of (j) _____ available (k) _____, how to access them and any (l) _____ criteria for accessing them.

Making final arrangements

6 Complete the missing words in these extracts from different phone calls about patients' discharge. Write a word in each gap.

- a This is _____ Nurse Glinska from Henderson Ward.
- b I'm _____ Parkway Community Hospital. It's _____ a patient you transferred here this afternoon - a Mrs Collins.
- c I _____ if you _____ get her to ring me back as soon as she gets in?
It's very _____.
- d I _____ to check the transport arrangement, Mr Kemp.
- e Nurse Kingston _____. What can I do for you?
- f Could you _____ me _____ to the pharmacy, please?
- g I know it's _____ notice, but is there any _____ you _____ arrange transport for him tomorrow?

7 Match extracts a-g above with their purpose, using the table below.

| purpose | extracts |
|--------------------------------|-----------|
| identifying yourself | <i>a,</i> |
| explaining why you are calling | |
| asking for a person/department | |
| making a polite request | |

Audio

PAGE 4:4

How to write clear notes 2

Task 4.1 24

Conversation 1

A nurse is calling a consultant about one of the patients under his care.

Kevin: This is Kevin Brown, Staff Nurse on Crystal Ward. I'm calling about Mrs Jones. She's been complaining of increased shortness of breath. I've checked her vital signs. Temperature's 38, pulse 120, respiratory rate 24 and her blood pressure's up at 165 over 93.

Dr Grey: Have you done her sats?

Kevin: Yes, they're down to 91% on air.

Dr Grey: OK. Is she looking distressed?

Kevin: Yes, she's struggling to breathe.

Dr Grey: OK. Make sure she's sitting upright and start her on oxygen at 4 litres, and I'll come and see her as soon as I'm finished here in ED. If she gets any worse, bleep the Senior Registrar on 151243 – but I should be with you within 15 minutes.

Kevin: OK, oxygen at 4 litres a minute. Can you just repeat the bleep number again please, I didn't catch it.

Dr Grey: 151243

Kevin: Bleep number – 151243. Right. Got that.

Conversation 2

A conversation between a senior nurse and one of the nurses in her team.

Senior nurse: Have you done Mr Martinez's obs yet, Florence?

Florence: Yes, just done them. Do you want them?

Senior nurse: Yes, please.

Florence: OK, just let me have a look. OK. Pulse 122, respiratory rate up to 22, temperature's still 37.4. He's been a bit down today. He said he had a bad night with a lot of pain from his wound.

Senior nurse: Has he anything for it?

Florence: Yes, the doctor saw him an hour ago and she prescribed him IV morphine, 10 milligrams.

Senior nurse: So when did he have it?

Florence: About 45 minutes ago.

Senior nurse: And has it had any effect?

Florence: Well, he says he's a lot more comfortable now. And I've just done a pain assessment – 5 out of 10 on the pain scale, so it seems to be working.

PAGE 4:14

How to give information and advice to a patient 1

Tasks 2.2, 2.3, 2.4 and 2.5 25

Trevor Biggs has recently undergone an emergency appendicectomy. The nurse wants to make sure he'll be able to care for himself when he gets back home.

Nurse: Hello, Trevor. You're looking much brighter this morning. How are you feeling?

Trevor: I think I'm starting to feel better – it still feels very sore and it really hurts when I walk.

Nurse: Yes, it's bound to feel like that for a few days, but I'm going to give you some tablets that should ease the discomfort a bit.

Trevor: Tablets?

Nurse: Yes, they're ibuprofen. You'll need to take two of them three or four times a day. It's probably best to take them after meals and again at bed-time if you need to. You mustn't take more than 12 tablets in 24 hours.

Trevor: OK. Are they some sort of painkiller?

Nurse: Yes, they'll help to relieve any soreness you've got and should make it easier for you to move around. ... So how do you feel about going home tomorrow, Trevor?

Trevor: Great. I can't wait to get out. I spoke to my mum and she's still trying to get my aunt to come and look after me, but I've told her I can manage on my own.

Nurse: Are you sure you'll be all right on your own? You know it can be very tough when you first come out of hospital. You're going to feel quite tired and you probably won't feel like moving around much. And who's going to do your shopping?

Trevor: Oh, I'll be fine. There's my mate George. I can phone him if I need anything. And I've got the telephone number for the ward here – the one you gave me yesterday.

Nurse: Yes, you can always ring us if you're worried about anything. And there's also NHS Direct if you need any help or advice. You can phone them any time, including weekends, and they'll be able to tell you what you need to do.

Trevor: Yeah, I'll remember that.

Nurse: OK. So yesterday we talked about some things you'll need to be careful about and I gave you that leaflet to look at.

Trevor: Yeah, I've had a look at it.

Nurse: Good. So just to check with you – what are the things you need to remember not to do over the next few weeks?

Trevor: You mean about not taking any strenuous exercise?

Nurse: Yes, that's right. And being very careful not to bend or lift or push too much for the next six weeks, so you don't put any strain on your wound.

Trevor: Yeah, I suppose so.

Nurse: You don't sound very happy about it, Trevor.

Trevor: Well, no. You see I'm in an athletics team and if I can't do anything for the next two months, I'm going to be really out of shape and I could lose my place in the team. All those months of training – such a waste.

Nurse: Yes, I can understand you feel disappointed. But if you go back to training too quickly, you could end up straining your wound and then it'll take even longer to heal.

Trevor: I guess ...

Nurse: But it doesn't mean you can't do any exercise. You just need to build it up gradually. In a couple of weeks' time you could probably start some gentle exercise like walking – anything that doesn't involve your abdominal muscles. Then you can gradually increase the amount of exercise until you're back to normal.

Trevor: I suppose that doesn't sound quite so bad.

Nurse: Good. And one other thing – be sure to keep the dressing dry, won't you, and keep it on when you take a shower. It doesn't matter if it gets a bit damp, but you shouldn't get it soaked, so it's better not to bath. Have a shower instead, but be careful not to wet the dressing too much.

Trevor: I see, right.

Nurse: OK, now are there any other things you're concerned about, Trevor?

PAGE 4:15

How to give information and advice to a patient 2

Task 3.1 26

- It's probably best to take them after meals and again at bed-time if you need to. You mustn't take more than 12 tablets in 24 hours.
- If you go back to training too quickly, you could end up straining your wound ...
- But it doesn't mean you can't do any exercise. You just need to build it up gradually.

Task 4.1 27

A nurse gives information to a patient with kidney stones.

Nurse: Hello, Neela. How are you today?

Neela: I'm OK, but I'm still getting a lot of pain.

Nurse: Yes. I'm afraid that's normal with kidney stones. The best thing is to drink a lot of water.

Neela: But then I'm going to have to go to the toilet more often, and it's so painful.

Nurse: I know it's painful but it will get easier. It's important that you drink plenty. ... Now, I need to talk about the arrangements for your discharge.

Neela: OK.

Nurse: We're sending you home at lunchtime. I'll have your TTOs ready for you.

Neela: TTOs?

Nurse: That's your medicine to take home.

Neela: Oh. What medicine?

Nurse: Just some painkillers and an antibiotic.

Neela: OK.

Nurse: And, oh yeah, your outpatient's appointment. I'm not sure exactly when that is, but we'll send you the details in the post. OK?

Neela: Yeah, fine.

PAGE 4:16

How to discuss options for care

Tasks 5.1, 5.2 and 6.1 28

John Gibbs suffers from asthma and chronic bronchitis. He was admitted to hospital following an exacerbation of his symptoms. A nurse is discussing options for ongoing care after he's discharged.

Nurse: It's good to see you breathing more easily now, Mr Gibbs. How do you feel about using the new inhaler?

Mr Gibbs: Yes, it's OK. Better than the one I had at home. Did you say it's a steroid inhaler?

Nurse: Yes. The steroids will help to control the inflammation in your lungs. And how have you got on with the nebuliser, by the way?

Mr Gibbs: Well, that's OK too, once I got used to using it. The problem is I can't use it at night without getting up. And I always feel worse at night. I just can't seem to get my breath.

Nurse: Yes, a lot of people feel worse at night. Has your doctor discussed the possibility of oxygen therapy? The tests show that the levels of oxygen in your blood are a bit on the low side. You know ... the device we place on your finger that measures the oxygen in your blood?

Mr Gibbs: Yeah, my doctor did mention having oxygen therapy a while ago. Something about oxygen cylinders, I think. But I didn't take it in at the time.

Nurse: Well, you might find that the oxygen therapy's a good solution for the nights, especially if you're not getting enough rest. You could use an oxygen cylinder, but you may find it easier to use an oxygen concentrator. You can keep it on all through the night.

Mr Gibbs: Oh, how does that work?

Nurse: The oxygen concentrator? Well, it's a machine you can plug in, and it takes oxygen from the air around you. You can breathe the oxygen in through a couple of plastic tubes that fit inside your nostrils, or, if you prefer, you can use a mask – just like the one you've been using here. And there's a long tube from the machine, so you can move around the house while you're breathing in the oxygen. How does that sound?

Mr Gibbs: Not sure how I'd feel being attached to all those tubes. But after last week I'll try anything, especially if it helps me at night. Erm ... you mentioned oxygen cylinders. Is that any better than the machine you've just talked about?

Nurse: Better than the concentrator?

Mr Gibbs: Yeah.

Nurse: Well, it depends what's important to you. The benefit of having oxygen via the cylinder is that it's very accurate. The cylinder contains pure oxygen, so if you set the dial at 2 litres a minute, then that's the amount you'll receive. So, in other words, it's measurable and more dependable. The disadvantage of the cylinder is that you're tethered to the spot. You can't move around so you'd have to be sitting in one place. The other consideration is having to fill the cylinders up. Once the cylinders are used up, you have to order

a replacement. Not that that's a problem, but it's just one more thing to have to deal with.

Mr Gibbs: Well that's given me something to think about.

Nurse: Good. We've got some equipment on the ward. I can show you and you can try it out first before you go home, if you like – the nasal cannulae, for the nostrils, and also a mask. That'll give you a chance to see what suits you best.

Mr Gibbs: Yes, I'd like to do that.

PAGE 4:18

How to get the style right

Task 8.3 29

- When you're preparing food, make sure you keep everything really clean and always wash your hands.
- We're sending you home with some painkillers. You can take them whenever you need them, but don't take more than eight in a day.
- Don't lift anything heavy or bend over, so you don't put any strain on your wound.
- We'll send a letter to you at home with the date of your next appointment.

PAGE 4:26

How to follow the discussion 1

Tasks 3.2 and 3.3 30

A meeting is being held to discuss the discharge of Mr Dubrika and the care he'll need after he is discharged.

Extract 1

Frances: OK. So next on the list we've got Mr Dubrika, Polish gentleman – came in three weeks ago after a fall. Does everyone know who we're talking about?

All: Yes.

Frances: OK. Dr Colvin, you saw him this morning. Do you think he's ready for discharge?

Dr Colvin: Yes, I think so. In fact, I'm very happy with him. His white cell count's now within normal limits, so I can't see any medical reason why he can't be discharged immediately.

Frances: Good. Er ... Sabina, what do you think?

Sabina: I don't think he's ready. He seems depressed a lot of the time. He's very withdrawn and hardly interacts with the other patients when he's in the day room. I'm not sure he's got the motivation to look after himself, and if he doesn't look after himself, he could end up back in hospital.

Dr Colvin: So we keep him in indefinitely?

Sabina: No, that's not what I'm saying. I'm just suggesting that we keep him in for a couple of weeks longer – get him mentally stronger, work on his mobility and then discharge him.

Extract 2

Dwayne: Has he been assessed by the mental health team?

Dr Colvin: No, he hasn't, but I could refer him to the psychiatric team and get him assessed. I can set that up quite quickly.

Frances: Well, let's try that. Sabina, can you talk to Mr Dubrika about it – see how he feels?

Sabina: Yes, no problem.

Frances: So, if Mr Dubrika agrees, he'll be referred to the psychiatric team. Is that OK with everybody?

Dr Colvin: OK.

Extract 3

Frances: Good. Any other comments? ... Dwayne?

Dwayne: Well, the general view seems to be that he won't be able to cope at home, so I'd have thought residential care would be a better solution.

Sabina: Yes, but it won't work for him. He wants to go home. I have talked to him about different kinds of residential care, but he's made up his mind.

Frances: But what do *you* think, Sabina?

Sabina: Professionally ... well, as long as he gets the right kind of support, and lots of rehabilitation, then I think he'll do better in his own home.

Yasmin: I think that's right. And with some extra physio, I'm sure I could get him walking with a stick, and that would make a big difference when he gets home.

Frances: So, you don't think he's ready for discharge either?

Yasmin: No, I don't. In fact, I think pushing him out now would be a mistake.

Frances: Well, perhaps this would be a good moment to talk about his home situation. OT did a home visit last week and I've just had their report. Has anyone else seen it?

PAGE 4:27

How to follow the discussion 2

Tasks 4.2 and 4.3 31

Listen to another extract from the meeting about Mr Dubrika's discharge and needs for post-discharge care.

Frances: Who will pay for the changes to Mr Dubrika's flat? Social Services?

Dwayne: Well, we need to do an assessment to see what he's eligible for, but it shouldn't be a problem. He's already on benefits.

Yasmin: And how long do you think the work would take?

Dwayne: Well, we're not talking major adaptations. So I'd say ... a couple of weeks, ... um ... one to set it up and another to get the work done.

Dr Colvin: So, two weeks minimum. Is there anywhere else he could go temporarily?

Frances: Well, we do have eight intermediate care beds. That would be an ideal solution for him. He'd get his rehabilitation and still be able to go home at the end of it. The only problem is capacity ... but I'll put him on the list as a priority case.

Dr Colvin: Sounds good.

Sabina: And if you don't get him a bed, what happens then?

Frances: Well, in that case, I suppose we'll have to keep him here until the work's been done on his flat and we've got a social care package in place. Does that sound OK?

Dr Colvin: OK, I guess. We'll just have to hope a bed comes up in intermediate care.

Frances: Right. Has anybody got any other comments? ... No? ... OK. ... To summarise, Mr Dubrika will be referred to the psychiatric team as soon as possible. Sabina, you'll speak to him about that. Physio will continue. I'll refer him to intermediate care, which will hopefully come up with a bed. And Dwayne, you'll initiate the work on his flat, ... and you'll need to look into a social care package for him, in case we don't get an intermediate care bed. OK? So the discharge date's officially set for two weeks from now, but if an intermediate care bed comes up, he'll move sooner. Is everyone happy with the plan?

All: Yes. Seems fine.

Frances: OK. So who's next on the list?

PAGE 4:28

How to make your contribution 1

Task 5.2 32

Extract 1

Frances: OK. Dr Colvin, you saw him this morning. Do you think he's ready for discharge?

Dr Colvin: Yes, I think so. In fact, I'm very happy with him. His white cell count's now within normal limits, so I can't see any medical reason why he can't be discharged immediately.

Extract 2

Frances: OK. Sabina, what do you think?

Sabina: I don't think he's ready. He seems depressed a lot of the time. He's very withdrawn and hardly interacts with the other patients when he's in the day room. I'm not sure he's got the motivation to look after himself, and if he doesn't look after himself, he could end up back in hospital.

Extract 3

Frances: But what do *you* think, Sabina?

Sabine: Professionally ... well, as long as he gets the right kind of support, and lots of rehabilitation, then I think he'll do better in his own home.

PAGE 4:29

How to make your contribution 2

Task 6.1 33

Discharge coordinator: So, how are we getting on with Mr Hamid's discharge?

Staff nurse: Well, medically, I'd say he's fit for discharge. We've got his breathing as good as it's going to get. The thing is ... if we keep him here, he'll be taking up an acute bed and then, when someone comes in needing urgent treatment, we'll have to turn them away. So if you can get everything arranged I think he could go home on Monday.

PAGE 4:30

How to lead a discussion

Task 7.2 34

- a 1 How would he feel about going into a *care home*?
- 2 How would *he* feel about going into a care home?
- b 1 What's *your* opinion on the timing?

- 2 What's your opinion on the *timing*?
- c 1 Karen, do *you* think she'll be able to cope?
- 2 Karen, do you think *she'll* be able to cope?
- d 1 Has *anybody* got any comments?
- 2 Has anybody got any *comments*?

Task 8.1 35

Extract 1

Dwayne: Has he been assessed by the mental health team?

Dr Colvin: No, he hasn't, but I could refer him to the psychiatric team and get him assessed. I can set that up quite quickly.

Frances: Well, let's try that. Sabina, can you talk to Mr Dubrika about it – see how he feels?

Sabina: Yes, no problem.

Frances: So, if Mr Dubrika agrees, he'll be referred to the psychiatric team. Is that OK with everybody?

Dr Colvin: OK.

Extract 2

Francis: But what do *you* think, Sabina?

Sabina: Professionally ... well, as long as he gets the right kind of support, and lots of rehabilitation, then I think he'll do better in his own home.

Yasmin: I think that's right. And with some extra physio, I'm sure I could get him walking with a stick, and that would make a big difference when he gets home.

Frances: So, you don't think he's ready for discharge either?

Yasmin: No, I don't. In fact, I think pushing him out now would be a mistake.

Task 8.2 36

Extract 1

Sheila Gates, a 60-year-old lady, has had a left leg amputation. Before she can be discharged home, some major adaptations need to be made to her flat so she can use her wheelchair. The team is discussing a temporary solution for her care.

Doctor: So, if we discharge her at the end of the week, say Thursday, where would she go, Frances?

Frances: Well, I've spoken to the Fairways care home and they could take her on Thursday, for a month. And that'll give Social Services time to get the work done on her flat.

Doctor: Sabina, have you discussed it with Mrs Gates?

Sabina: No, she knows we're looking for somewhere, but she doesn't know about

Fairways. Mr Gates is visiting tomorrow morning so I could speak to them about it then. See what they think.

Doctor: Good. And you'll need to get back to Frances with their answer.

Extract 2

Mr Assad, a 75-year-old gentleman, has had a major stroke. His son wants him to come and live with him and his family when he's discharged.

Frances: I've spoken to Mr Assad's son. He's very keen for his father to come and live with him, and Mr Assad's really happy about it.

Sabina: Have you spoken to Mr Assad's wife ... Maryam?

Frances: No. Just to the son.

Sabina: Well, it's his wife who's going to be doing all the caring. Mr Assad's immobile and he's going to need a lot of care – help with feeding, toileting, everything. I know Maryam's very worried about how she'll manage. I really think you need to talk to them both ... make sure they've got a realistic idea how much care Mr Assad's going to need. They could also do with some advice about the kind of community support they could get.

PAGE 4:38

How to make arrangements on the phone 1

Tasks 2.1, 2.2, 2.3 and 3.1 37

Call 1

Pharmacist: Pharmacy.

Nurse: Hello. This is Staff Nurse Tompkins, Lansdowne Ward. I've got an urgent request. We're discharging Mr Biggs at 12 today and his TTOs still haven't arrived.

Pharmacist: When did you order them?

Nurse: Yesterday. It's Trevor Biggs, hospital number 358790/77.

Pharmacist: Right, I've got them. Ibuprofen, wasn't it?

Nurse: Yes – 60 ibuprofen tablets. Could you get them sent up right away?

Pharmacist: No problem. Did you say Lansdowne Ward?

Nurse: Yes, that's right.

Pharmacist: OK. I'll get the porter to bring them up as soon as he gets back.

Nurse: Thank you.

Call 2

Clerk: Transport.

Nurse: Hello. Staff Nurse Jackson speaking, Croxley Ward. It's about one of our patients, a Mr Dubrika. I'm afraid we need to change the arrangement. He was due to be transferred to Sibley Hospital on **Friday**, but now we're proposing to transfer him on **Thursday**. Is there any possibility you could arrange transport for him to Sibley on Thursday afternoon?

Clerk: I'll have to look into that. It's very tight.

Problem is one of the drivers is off sick. What are the patient's details?

Nurse: Stephen Dubrika, patient number 346849.

Clerk: Croxley Ward, did you say?

Nurse: Yeah.

Clerk: OK, I've got it here. You had him booked for Friday the 27th of July, at 2:30, and now you want to cancel that and book him in for Thursday the 26th, is that right?

Nurse: Yes, that's correct.

Clerk: Well I'm really not sure but I'll let you know.

Nurse: Could you possibly ring me back before 12, as I'll need to confirm with Sibley Hospital?

Clerk: OK. I'll do my best. I'll see what I can come up with.

Nurse: Oh ... Thank you.

PAGE 4:40

How to make arrangements on the phone 3

Tasks 4.1, 4.2, 4.5 and 5.2 38

Discharge nurse: Susan Sharp speaking.

Ward nurse: Oh hello. You're the discharge nurse, aren't you?

Discharge nurse: That's right. How can I help?

Ward nurse: My name's Maria Martinez. I'm one of the nurses on Hennessy Ward. I wonder if you could give me some advice?

Discharge nurse: I can try. What's it about?

Ward nurse: Well, we had a case conference this morning about one of our patients, a Mrs Islam. She's had her right leg amputated and she's being discharged next Tuesday.

Discharge nurse: Uh huh.

Ward nurse: Well, the thing is – she'll need a wheelchair and a commode and I'm not sure how to go about ordering them.

District nurse: You'll need to get in touch with Social Services.

Ward nurse: Social Services, OK. Could you give me their number, please?

Discharge nurse: Yes, it's 01776 423 100. Just ask for the medical equipment department. They'll be able to help you.

Ward nurse: OK. 01776 423 100. That's great. Do I need to fill in any forms?

Discharge nurse: It might be a good idea to fax over some details – her name, address, patient number, name of carer, date and time of discharge – but nothing confidential, of course.

Ward nurse: I see. Patient number, name of carer ... what else?

Discharge nurse: Date and time of discharge. You'll need to get hold of them straight away, as they usually need at least five days' notice and it's already Friday. Was there anything else?

Ward nurse: I'll also need to contact the district nurses. The patient lives in Bromley-by-Bow. Which team would cover that area?

Discharge nurse: Bromley-by-Bow. I'll just need to check ... Right, it's the Foster Clinic.

Ward nurse: Foster Clinic. Could you possibly give me the number?

Discharge nurse: Yes, but just give me a moment. I'll need to get the number from the file.

Ward nurse: Thank you.

PAGE 4:41

How to complete discharge forms

Tasks 5.1 and 5.2 39

Receptionist: Hello. Foster Clinic.

Staff nurse: Hello. I'm calling from Hillcrest Hospital. Could you put me through to the district nurses, please?

Receptionist: Just a moment.

District nurse: Sara Jenkins, district nurse, speaking.

Staff nurse: Hello. This is Staff Nurse Jones from the orthopaedic ward, Hillcrest Hospital. It's about one of our patients, Mrs Razia Islam. She's being discharged next Tuesday. I believe her details were faxed through to you yesterday.

District nurse: Hold on a moment. I think I've got them here. Razia Islam, date of birth, 16th of the eleventh, 38, is that right?

Staff nurse: Yes, that's it. She's just had an above-the-knee amputation of her right leg.

District nurse: Yes, I see. And you want us to change her dressings and monitor her blood sugar levels?

Staff nurse: Yes, that's right. I wonder if I could speak to one of the team who'll be visiting her?

District nurse: Well, actually, that's me to begin with. I'm Sara Jenkins.

Staff nurse: Oh good. I just wanted to pass on some concern I've got about her home situation.

District nurse: Uh huh.

Staff nurse: Well, you'll see on the form, Mrs Islam's daughter-in-law will be caring for her when she comes out of hospital. Her name's Rina. Rina Begum. I think she's very apprehensive about it, so she's going to need quite a lot of support, especially with things like helping Mrs Islam in and out of bed and using the commode.

District nurse: Yes, I'm sure. Do they have a downstairs bathroom or toilet?

Staff nurse: No. It's all upstairs. They live in a two-storey terrace house. The hospital's providing them with a commode and a wheelchair.

District nurse: Right.

Staff nurse: And another thing. She's diabetic so I've arranged for Rina to speak to the dietician before she's discharged.

District nurse: The daughter-in-law, you mean?

Staff nurse: Yes. Rina will be doing all the cooking for her mother-in-law and she's worried that she won't listen to her. Could you check how they're getting on?

District nurse: Yes, of course. Do they both speak English?

Staff nurse: Mrs Islam speaks very little, though she understands more. Her daughter-in-law's quite fluent, so it shouldn't be a problem.

District nurse: Fine, I've noted that down. Thanks for letting us know.

Answers

PAGE 4:1

Writing progress notes

Task 1

1.1

- a precise
- b detailed
- c note form

1.2

chronologically

PAGE 4:2

How to write an account

Task 2

2.1

- Simple past tense for finished actions, e.g.
 - was (past of verb 'be')
 - felt, got up (irregular endings)
 - was given, was placed (passive)
- Past continuous (was/were + verb + ing) for actions that happened in the past when something else happened, e.g. was lying, was sweating

2.2

Trevor got up to go to the toilet. He shouted out that he felt giddy and he fainted by the nurses' station. Help was given immediately. A pillow was placed under his head and he was covered with a blanket. When we got to Trevor he was sweating and he was very pale. His pulse was 125 and his blood pressure was 80 over 40. He was upset, and reassurance was given. The doctor was called.

2.3

The passive is used because it is not important who actually did the action.

2.4

Suggested answers

Account B

Trevor was assisted back to bed. His blood pressure returned to normal levels of 125 / 75. Trevor stated that he was feeling better, but he was advised not to get out of bed without supervision, and to notify

staff if he was feeling giddy again. He was offered a bottle to use to pass urine.

Account C

Trevor was given an assisted wash at the basin.

There were no further complaints of giddiness when he was out of bed.

PAGE 4:3

How to write clear notes 1

Task 3

3.1

The notes only contain content words – words that are critical for understanding what happened. Words that are important only for the structure of the sentence can be left out:

- pronouns: e.g. 'he' (~~He~~ Shouted out he felt giddy and ~~he~~ fainted)
- articles: e.g. 'a' and 'the' (Lying on ~~the~~ floor)
- auxiliary verbs: e.g. 'was', 'were' (Dr ~~was~~ informed).

Vital signs are recorded in an easy-to-read list form, using standard abbreviations and symbols, e.g.

~~His pulse was 125 and his blood pressure was 80 over 40.~~ Obs: P 125 and B/P 80/40.

Abbreviations are also used, e.g. obs (observations), S/B (seen by).

3.2

Suggested notes

Account B

Trevor assisted back to bed. B/P returned to normal 125/75. Trevor feeling better. Advised not to get up without supervision and to notify staff if feeling giddy. Offered bottle to use to pass urine.

Account C

Assisted wash given at washbasin, no further complaints of feeling giddy when up.

3.3

12:30 **Extract 2**
 12:45 **Extract 4**
 16:00 **Extract 1**
 18:00 **Extract 5**
 09:00 **Extract 3**

Refer to the Completed *Progress and evaluation notes* for Trevor Biggs in the Resources (page 4:10) to see extracts written in note form.

PAGE 4:4**How to write clear notes 2****Task 4****Suggested notes****Conversation 1**

Vital signs: Temp 38 P 120 resps 24 B/P 165/93 sats 91% on air

Therapies/medications: sit her upright; oxygen 4 L/min (litres per min); if she gets worse, bleep Senior Reg on 151243

Conversation 2

Vital signs: Temp 37.4 P 122 resps 22

Therapies/medications: morphine 10 mg IV, 45 min ago. Pain 5/10

Tip

- O/A = orientated and alert
- NGT = nasogastric tube

Task 5**5.1**

PMH = past medical history

O/A = orientated and alert

Temp/T = temperature

BP = blood pressure

Resp/R = respiration rate

SaO₂ = oxygen saturation level

O₂ = oxygen

P = pulse

5.2

a c/o = complaining of

b h/o = history of

c NKA = no known allergies

d WNL = within normal levels

e 7/52 = week 7 (52 relates to 52 weeks of the year)

f q4h = every four hours

g TPN = total parenteral nutrition

h prn = as often as needed

i pt = patient

j HO = House Officer

k PR = per rectum

l wt = weight

PAGE 4:5**How to describe your observations****Task 6****6.1**

- a** intact, reddened
- b** slouched, slurred
- c** upsetting, isolated
- d** steady
- e** tired, breathless

Extension 6.2**1**

- a** commence
- b** insert
- c** apply
- d** request
- e** notify
- f** give

2

- a** discontinued
- b** commenced
- c** inserted
- d** notified, given

PAGE 4:14**How to give information and advice to a patient 1****Task 2****2.3**

- a** painkiller (analgesic)
- b** not to take more than 12 tablets in 24 hours
- c** She's concerned that he may feel too tired or not mobile enough to take care of his daily requirements.
- d** It is a telephone service that offers medical advice to the general public 24 hours a day.
- e** He is unhappy about the advice because he wants to continue training with his athletics team.
- f** She shows sympathy, warns him of the consequences of going back to training too soon and gives him advice about building up exercise gradually.
- g** She advises him to take showers and not to have a bath, in order to keep his dressing as dry as possible.

2.4

So, just to check with you ...

2.5

Key responses

Yes, it's bound to feel like that for a few days.

Yes, I can understand you feel disappointed.

PAGE 4:15**How to give information and advice to a patient 2****Task 3**

3.1

- a It's probably best to take them after meals and again at bed-time if you need to. You mustn't take more than 12 tablets in 24 hours.
- b If you go back to training too quickly, you could end up straining your wound ...
- c But it doesn't mean you can't do any exercise. You just need to build it up gradually.

3.2

Suggested answers

- a **I think you could** have a shower, **but be careful not to** get the dressing wet.
- b **It's best not to** do any strenuous exercise at first, **in case you** put strain on your wound.
- c **You really shouldn't** drive for at least three weeks, **because** the wound will make it painful and difficult to brake safely.
- d **I'd advise you not to** go back to work for at least six weeks.

PAGE 4:16**How to discuss options for care****Task 5**

5.1

- a steroid inhaler
nebuliser
oxygen concentrator
oxygen cylinder
- b the oxygen concentrator and the oxygen cylinders

The nurse discusses these in detail because the patient is unfamiliar with them and if he chooses oxygen therapy, he will need to make a decision about which one to use.

5.2

Well, **you might** find that oxygen therapy's a good solution for nights.

You **could** use an oxygen cylinder, but you **may** find it easier to use an oxygen concentrator.

5.3

Suggested answers

- a You may find that it helps to swallow the tablets with a glass of milk.
- b You might find that a hot bath every night will ease the pain.
- c You may sleep better if you don't drink tea or coffee, especially in the evening.

Task 6

6.3

Suggested answer

The benefits of hip replacement surgery are that you will be able to get around better and you won't have to take painkillers all the time. But the disadvantages are that the operation carries risks and also that your artificial hip may wear out after 10–20 years and it will need replacing again.

PAGE 4:17**How to write information for patients****Task 7**

7.1

Suggested answers

bullet points, headings, space between lines, short sentences

7.2

Suggested answers

A pulmonary rehabilitation course will teach you:

- how to increase your activity carefully
- how to cope with breathlessness
- how to manage periods of panic better
- how to eat a healthy diet to suit your lifestyle
- how to help take control of your disease.

7.3

Suggested answers**How to get pulmonary rehabilitation**

- Find out more about pulmonary rehabilitation classes on www.lunguk.org/library.
- Contact the British Lung Foundation to find your nearest programme.

- Ask your GP to refer you to a hospital.
- Contact your local hospital and ask to speak to a respiratory nurse or physiotherapist.

PAGE 4:18**How to get the style right****Task 8****8.1 a**

The spoken texts are more personal in style, using verbs in the active form and everyday expressions.

8.1 b

Will be taken – need to take
To be delivered – (you can) get

8.1 c

Avoid – don't

8.2**Suggested answers**

- a When you're preparing food, make sure you keep everything really clean and always wash your hands.
- b We're sending you home with some painkillers. You can take them whenever you need them, but don't take more than 8 in a day.
- c Don't lift anything heavy or bend over, so you don't put any strain on your wound.
- d We'll send a letter to you at home with the date of your next appointment.

PAGE 4:25**How to describe hospital and community services****Task 2****2.1**

Provide hands-on care day and night for people with terminal illnesses ... e Marie Curie nurses

Promote health and the prevention of illness ... c health visitors

Provide hands-on nursing care in the patient's home ... b district nurses

Work in GP surgeries and health centres ... d practice nurses

Provide assistance with practical tasks in the client's home ... a home help assistants

PAGE 4:26**How to follow the discussion 1****Task 3****3.2**

Dr Colvin – he thinks Mr Dubrika is medically fit enough to go home.

Sabina and Yasmin both think it's too early to discharge him, and Dwayne backs them up.

3.3

- a He backs it up with medical evidence – he says *'His white cell count's now within normal limits, ...'*
- b His tone is rather sarcastic when he says – *'So we keep him in indefinitely?'*
- c She corrects him firmly but politely and explains what she means – *'No, that's not what I'm saying. I'm just suggesting that we keep him in for a couple of weeks longer ...'*
- d Dr Colvin – he says, *'I could refer him to the psychiatric team and get him assessed. I can set that up quite quickly.'*
- e No, they can only refer him if Mr Dubrika agrees, so Sabina is going to discuss it with him.
- f Dwayne. Notice the tentative way he makes his suggestion – *'Well, the general view seems to be that he won't be able to cope at home, so I'd have thought residential care would be a better solution.'*
- g She rejects his idea, explaining that Mr Dubrika has already decided against residential care. At this point she is reporting Mr Dubrika's views, not her own – *'it won't work for him. He wants to go home. I have talked to him about different kinds of residential care, but he's made up his mind.'*
- h Because Sabina, as the nurse who deals with Mr Dubrika day to day, is most likely to know Mr Dubrika's feelings about this.
- i She agrees. She thinks Mr Dubrika would benefit from extra physiotherapy before he is discharged – *'I think that's right. And with some extra physio, I'm sure I could get him walking with a stick ...'*

PAGE 4:27

How to follow the discussion 2

Task 4

4.1

- a In order to make the flat safe for him, adaptations will need to be made. It will take time to set this up and for the work to be done, so Mr Dubrika needs somewhere to live while the work is being carried out – either extending his stay in hospital or transferring him to another residential setting.
- b Possible solutions:
- A temporary place in a care home
 - Intermediate care, e.g. in a community hospital where he could receive more rehabilitation to improve his mobility and occupational therapy to increase his independence.

4.2

Yes, the date is fixed for two weeks from now.

A final plan is not in place as they are waiting to find out if a place in intermediate care is available.

4.3

- a Social services. Dwayne doesn't expect any problems with eligibility as Mr Dubrika is already on benefits. Notice the expression '*it shouldn't be a problem*' and his confident tone.
- b About two weeks, one to set it up and one week for the work to be done. Dwayne sounds uncertain about this. Notice the tentative way he gives his estimate – '*So I'd say ... a couple of weeks, ... um ... one to set it up and another to get the work done.*'
- c Dr Colvin's tone indicates he is skeptical and thinks that two weeks is optimistic. Notice how he sighs as he says, '*So, two weeks minimum*' and immediately asks about a temporary solution: '*Is there anywhere else he could go temporarily?*'
- d First option – a bed in intermediate care. Second option – keep him in hospital until his flat is ready and a social care package is in place. Frances prefers the first option. Notice how positive she is when she talks about it: '*That would be an ideal solution for him.*' Contrast it with the negative way she talks about the second option: '*I suppose we'll have to keep him here until the work's been done on his flat and we've got a social care package in place.*'
- e Dr Colvin is not very confident. Notice how he says, '*We'll just have to hope a bed comes up in intermediate care.*'

PAGE 4:28

How to make your contribution 1

Task 5

5.1

- a More tentative: I'd have thought ...; I'd say ...; It seems ...
- b Particular perspective: Medically/Emotionally, ...; From a practical/medical point of view ...

5.2

Extract 1: He gives some medical evidence to support his view.

Extract 2: She develops her argument against early discharge by pointing out a series of negative consequences of discharging him too soon.

Extract 3: She gives her opinion but qualifies it with a condition, using 'as long as'.

PAGE 4:29

How to make your contribution 2

Task 6

6.1

Extract 1 is easier to understand. The speaker speaks more slowly and clearly, pausing and stressing (saying more strongly) important words.

6.2

NURSE: Yes // she's quite happy about going into a home // but the problem is // where she goes. // Her daughter lives in Liverpool // and she wants her to go there // but Mrs Jones wants to stay in this area. // She's got a lot of friends around here // and she thinks she'll lose contact with them // if she goes to Liverpool // so // I'm not sure what's going to happen.

PAGE 4:30

How to lead a discussion

Task 7

7.1

Are we all in agreement?
Is everyone happy with the plan?
So can we agree on that?

7.2

a

- 1 How would he feel about going into a care home? (a care home as opposed to e.g. sheltered accommodation)
- 2 How would he feel about going into a care home? (the patient's feelings about it rather than anybody else's)

b

- 1 What's your opinion on the timing? (your opinion rather than anybody else's)
- 2 What's your opinion on the timing? (the timing as opposed to something else)

c

- 1 Karen, do you think she'll be able to cope? (Karen's opinion rather than anyone else's)
- 2 Karen, do you think she'll be able to cope? (this person rather than someone else)

d

- 1 Has anybody got any comments? (wants someone to speak to break the silence)
- 2 Has anybody got any comments? (asks the assembled group for comments)

Task 8

8.1

- a So, if Mr Dubrika agrees, he'll be referred to the psychiatric team. Is that OK with everybody?
- b So, you don't think he's ready for discharge either?

8.2

Suggested answers

Extract 1

So, Fairways are happy to take Mrs Gates for a month while the work's being done on her flat?

So, you're going to speak to Mr and Mrs Gates tomorrow morning and find out what they think?

Extract 2

So, you're worried that Mr Assad's wife won't be able to cope without some extra help?

So, you don't think his wife's very happy about Mr Assad coming to live with them?

So, you want me to speak to Mr Assad's son and wife to make sure they realise how much care his father's going to need?

So, you think I need to talk to them about different kinds of community support they may be able to get?

PAGE 4:37

Focus

Task 1

Suggested responses

- 1 Mr Patel will be kept waiting and may become anxious, which could exacerbate his breathlessness. He may have to be kept on the ward until medicine and transport can be arranged or may have to wait a long time in the discharge lounge.
- 2 Delaying a patient's discharge causes delays for patients coming in, possibly for operations which have been scheduled. It may mean that complex arrangements have to be changed.

PAGE 4:38

How to make arrangements on the phone 1

Task 2

2.1

Call 1 is to the pharmacist, asking for the patient's TTOs (tablets to take out) – the medicine the patient will be discharged with – to be brought up to the ward urgently.

Call 2 is to the hospital transport department to negotiate changing a patient's transport booking.

2.2

Call 1: 'This is Staff Nurse Tompkins, Lansdowne Ward.'

Call 2: 'Hello. Staff Nurse Jackson speaking, Croxley Ward.'

2.3

I've got an urgent request.

Could you get them sent up right away?

2.4

Suggested answers:

- a This is Staff Nurse Lee speaking, Humber Ward. I'd like to make an urgent request. It's about Mrs Clare Smith, hospital number 469273. She's being discharged at 3 pm this afternoon. Could you please ask Mr Rainer if we could have a letter for her to take to her GP. Could you possibly have it sent up to the ward by 2:30.

- b Hello, this is Staff Nurse Lee speaking, Humber Ward. We have an urgent situation regarding one of our patients, Mr Jim Wong, patient number 461229. His kidneys have failed and he needs dialysis within the next 3 hours. We need to transfer him to the dialysis ward straight away.
- c Hello, Staff Nurse Lee speaking, Humber Ward. Could we have a porter to the ward straight away please? It's Gordon Richards, hospital number 467846. He's in a wheelchair, and needs to be taken to the physiotherapy department.

PAGE 4:39

How to make arrangements on the phone 2

Task 3

3.2

- a She's going to be discharged on **Tuesday**, not **Thursday**.
- b The new telephones are arriving **this** week, not **next** week.
- c **Dr Singh** did the rounds this morning, not **Dr Sedgwick**.
- d Please could you ring me back **before 10**, because it's **urgent**.
- e I'll give you the patient's **name**: it's **Mary Brown**; patient number **147623**.

PAGE 4:40

How to make arrangements on the phone 3

Task 4

4.1

- a She needs to know how to order the equipment Mrs Islam will need when she's discharged.
- b The ward nurse doesn't seem to know much about the local hospital and community services. Notice how she asks a lot of questions and repeats the information she's been given to check she's understood correctly.
- c The discharge nurse advises the ward nurse to phone the medical equipment department at Social Services as soon as possible.

4.2

- a I wonder if you could give me some advice?
- b Could you give me their number, please?
Do I need to fill in any forms?
Could you possibly give me the number?

4.5

The equipment – wheelchair and commode
Details to pass on to Social Services: name, address, patient number, name of carer, date and time of discharge

PAGE 4:41

How to complete discharge forms

Task 5

5.1

The staff nurse is concerned about how the patient's daughter-in-law will cope with Mrs Islam's care requirements after she arrives home.

5.2

| DISCHARGE PLAN | | | | | |
|--|--------------------------------|--|-----------------|--|----------|
| SUMMARY OF CARE | | | | | |
| NAME: <i>Razia Islam</i> | | HOSPITAL NUMBER: <i>623 584</i> | | | |
| SERVICES | PRIOR TO ADMISSION Yes / No | REQUIRED ON DISCHARGE Booked Start date | | COMMENTS | SIGN |
| District nurse | <i>No</i> | <i>20/07/04</i> | <i>23/07/04</i> | <i>to change dressings and monitor blood sugar levels</i> | |
| Dietician | <i>No</i> | <i>20/07/04</i> | <i>22/07/04</i> | <i>to see daughter-in-law prior to discharge</i> | |
| Physiotherapist | <i>No</i> | | | | |
| Meals on Wheels | <i>No</i> | | | <i>daughter-in-law cooks</i> | |
| Home help | <i>No</i> | | | <i>Son, daughter-in-law and granddaughter will provide care.</i> | <i>J</i> |
| Social worker | <i>No</i> | | | | |
| Day care | <i>No</i> | | | | |
| Other community service (e.g. medical equipment) describe: | <i>No</i> | <i>20/07/04</i> | <i>22/07/06</i> | <i>wheelchair and commode required</i> | |

- b The nurse's concern about the daughter-in-law would be entered in:
Carer informed: comments: e.g. Daughter-in-law apprehensive about caring for pt. after her amputation.
- c Transport for an outpatient's appointment has yet to be booked.

Task 6

6.1

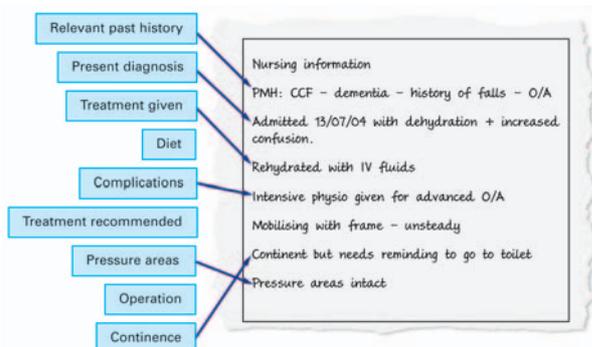
- a For an open reduction operation to put back together a broken bone in her right upper leg after she had fallen.
- b She can walk with assistance
- c She'll need a home help, Meals on Wheels and daily visits from a district nurse. She'll also be referred to a community social worker.
- d She'll need:
 - a home help to help her with washing, dressing and shopping
 - a district nurse to check the wound, the MRSA infection, and her blood sugar levels (patient has diabetes). (Since the patient's wound is infected with MRSA, the district nurse would automatically know to take swabs for this.)

6.2

- a Reason for admission: left hip replacement following a fall
- b Reason for admission: reduction and fixation/pin plate # L tibia.

Task 7

7.1



7.2

- a ~~The patient was~~ rehydrated with IV fluids.
- b **Suggested text**
 The patient has a history of congestive cardiac failure, dementia, falls and osteoarthritis. She was admitted on 13/07/04 with dehydration and increased confusion. She was rehydrated with IV fluids. She has been given intensive physiotherapy for advanced osteoarthritis. She is now mobilising with a frame, though still unsteady on her feet. She is continent, but needs reminding to go to the toilet. Pressure areas are intact.

7.3

Suggested notes:

- a PMH: arthritis – severe urinary tract infection, requiring hospitalisation
- b Hospitalised 4 days – unstable angina
- c Treated with GTN and IV diuretic

PAGE 4:43

How to coordinate a patient's discharge

Task 8

8.1

Suggested answers

Mr Dubrika will need:

- Meals on Wheels
- home help
- changes to his flat, to include grab rails, better lighting, lighter pots and pans
- referral to a day care centre for social contact
- district (community) nurse to monitor his progress
- appointments for physiotherapy
- an appointment with the dietician.

8.3

Suggested calls to make

- Social Services to request home help and meals on wheels
- Social Services to check progress of alterations to Mr Dubrika's flat
- Social Services to discuss the possibility of Mr Dubrika attending a day care centre and making transport arrangements for him to attend

- District nurse to discuss his depressed state and reluctance to eat sufficiently
- The ward clerk for appointments to be made for him with the dietician and the physiotherapist, as well as transport arrangements for his physiotherapy appointments
- Mr Dubrika's neighbour, who has the key to his home, to let her know when Mr Dubrika is due home and what the arrangements are

Check it

Writing progress notes

- 1 (b) was / was being; (c) refused; (d) was not / wasn't doing; (e) was; (f) called; (g) informed; (h) had refused

Suggested notes

- 2 16:00 Mr Jacobs refused to go for physio. Said "It isn't doing me any good."

Notified Raquel Haines in the physio unit and Dr Alvaro.

Your notes may be slightly different but should give a description and make the sequence of events clear, and avoid judgemental language.

Discussing ongoing care

Suggested answers

- 3 b It's a **good idea** /**important** to eat a well-balanced diet with **enough/sufficient** fibre to **stop/prevent** you **getting** constipation.
- c **You can take** paracetamol or a similar painkiller for the pain, but it's **important not** to take more than it **says/states** on the bottle.
- d I think **you could** gradually increase your exercise, but be **careful/sure not** to put strain on your wound.
- e We **will send you** an outpatient's appointment after two or three weeks.
- f If the tablets **don't relieve** your pain, **it's best/I'd advise you** to contact your GP.
- g **It's OK** to have sex **again** as soon as you feel comfortable.

Taking part in meetings

- 4 b I **really think/I'm quite sure** it's too early to discharge her.
- c I'd **have thought** it would be **better** if she went into a care home. I'm **not sure/I don't think** she'll cope at home.
- d I **suppose/guess** you're right.
- e Is **everyone** in **agreement** that a care home's the best solution?
- 5 (b) multidisciplinary; (c) OTs; (d) external; (e) Social Services; (f) responsibility; (g) smooth; (h) discharge coordinator; (i) range; (j) community services; (k) locally; (l) eligibility

Making final arrangements

- 6 b calling/phoning from, about
c wonder, could, urgent
d just want/need
e speaking
f put, through
g short, chance/possibility, could

| 7 | purpose | extracts |
|---|--------------------------------|----------|
| | identifying yourself | a, e |
| | explaining why you are calling | b, d |
| | asking for a person/department | f |
| | making a polite request | c, g |