

GAME

tired blemish worsen overweight itchy lethargic listless oily
irritable trap sensitive mole fatty scan agonizing
excruciating exacerbate fatigued painful ticker deteriorate
obese investigate cyst pruritic assess greasy plates

1. How can we improve our reading?
2. Vocabulary in context: Part C text
3. **Practice 3 Part C Style Questions (Mock questions) – groups**

How can we improve our reading?

PART A	PART B	PART C
<p>Technique:</p> <p>Step 1: Analyse 4 texts</p> <p>Step 2: Answer the questions [scanning for words quickly & choosing key words]</p>	<p>Technique:</p> <ul style="list-style-type: none"> Eliminating answers Simplifying the question 	<p>Technique:</p> <ul style="list-style-type: none"> Eliminating answers Simplifying the question
<p>Vocabulary:</p> <p>Synonyms for normal medical language:</p> <p>Assessment / evaluation Cough / respiratory issues Causes / reason Headache / head pain</p>	<p>Vocabulary:</p> <p>Academic vocabulary (more or less)</p>	<p>Vocabulary:</p> <p>Academic vocabulary (more or less)</p> <p>Formal idioms:</p> <p>Phrase that does not have a literal meaning</p>
<p>Extra:</p>	<p>Extra:</p>	<p>Extra:</p>
<ul style="list-style-type: none"> Grammar predicting the blanks / gaps 	<ul style="list-style-type: none"> Regular reading: BBC, The Conversation, etc. 	<ul style="list-style-type: none"> Focus on understanding the question <p>Resources:</p> <p>TED Medicine</p>

- Do the SET mock test!
- Test yourself!

VOCABULARY: SELF STUDY

I will do a test on these words on **Friday**. There will be a **prize to** anyone who gets the most correct.

'prone'	'plausible'	'findings'	'expunge'	'saccharine'	limb'	'exert'
'trajectory'	'jargon'	'bare in mind'	'to modulate'	'simultaneous'	'prompted'	'expose'
'anecdotal' / 'anecdotal evidence'	'to give an account'	'take up'	'perseverance'	'capitalise on'	'severe'	'compensation'
'lightbulb moment'	'hard knock'	'take in'	'to make headway'	'to curb'	'sever'	'constitute'
'timely'	'to undertake'	'in peril'	'misgivings'	'antipathy'	'to stimulate'	'threshold'
'striking gap'	'disorientated'	'difficult to conquer'	'deep-seated'	'pejorative'	'indiscriminate'	'tissue'
'begs the question'	'to clear up'	'cumulative'	'relapse'	'bitter'	'to skip'	'lodged in'
'hospice'	'settle'	'protracted'	'to overlay'	'exploit'	'straight forward'	'embedded'
'hastening'	'evidence is fairly slim'	'to fuel'	'retrieval'	'dilute'	'tactile'	'friable'
'burden'	'this comes about because...'	'to forge'	'consolidated'	'credible'	'grasp of'	'Durability'
'protestation'	'to conduct a medical trial'	'feeling of contentment'	'informed consent'	'crux of the debate'	'subtlety'	'onset'
'to compound'	'surge'	'swathe'	'adverse effects'	'consultation'	'evaporate'	'outset'
'...is further compounded by...'	'resurge'	'counterpart'	'adverse effects'	'adverse effects'	'vapour'	'designate'
'compounding effect'	'to stiffen'	'adverse reaction'	'derived from'	'derived from'	'dissolve'	'comply'
	'ambulate'	'evoke'	'a sceptic'	'a sceptic'	'contaminate'	'compliant'
	'landmark study'	'a cue'	'sceptical'	'sceptical'	'crumble'	'conscientious'
		'depict'	'stave off'	'stave off'	'scarring'	'layman's terms'
		'inherent'	'contribute'	'contribute'	'notorious'	'fend for themselves'
					'drawback'	'incentive'

Text 2: Improvements to daily rounds

At Seattle Children's Hospital, we conduct patient rounds at the Pediatric Intensive Care Unit (PICU) each morning to review and evaluate patient data from the night before and develop care plans for the day. Prior to a recent improvement project, rounds took nearly four hours each day. Length and content varied between attending physicians and the expectations of each person's role were insufficiently explicit. Previous improvement attempts had failed to achieve sustained results. This was attributed to the lack of formal quality improvement training for the care team, a lack of consensus about the purpose of rounds, a missing focus on patient and family needs, limited leadership support, and the absence of data to assess the impact of changes.

No agreement For some years, the expectation has been that daily rounds will include a review of patient care Quality and Safety (Q&S) indicators. For the PICU, these include removal of catheters that are no longer needed, the ordering of interpreters where necessary and the discontinuation of unnecessary diagnostic tests. Before the project began, there was no documentation for ensuring that all Q&S questions were asked for every patient daily. So, it was decided to incorporate this best practice into rounds.

As part of the project, we introduced a formal schedule of rounds. This meant that families knew exactly when the care team would be arriving to discuss their child. It also gave sub-specialty providers a clear idea of when their patients were scheduled for assessment, thus decreasing time spent waiting for care team members to join rounds.

what you hope for

very clear

No agreement

to make sure / to guarantee /
to be make something certain

a more specific speciality