

GAME:

Space – noun / adj.

Admit – verb

Comply – verb

Compliant – adjective

Complaint – noun

Compliance – noun

Trigger: verb

The virus triggered the symptoms

There were no triggers

Triggering – (gerund) adjective

Disturbance – noun

Disturb – verb

Disturbing – adj. - interrupt / your **uncomfortable**

Disturbed – adj. – receive interrupt / upset / a bit mentally unstable

Reading Part B & Vocabulary:

1 Vocabulary

2 Technique review

3 Practice 4 questions (Kaplan book)

bark: sound of dog / skin of a tree

How many do you know?

brief: summarise / to be short
to give all the information

check up

patient comes for examination
/ to monitor / to look

delegate

assign work
give work

adequate

Something is enough / correct
for something

violation

the breaking of a rule

to consult

to ask for advice

debrief

To talk about
what happened
/ all information is given
to everyone AT THE END

agitated

unhappy / anxious / nervous

carry out

perform / do it

core

center / [chest & stomach]

go into

to give the detail / go inside

conclude

To finish / To make a result in thinking

TECHNIQUE

2. As explained in the protocol, the position of the RUM container will ideally
- (A) encourage participation in the scheme. position of RUM container ideally...what?
 - (B) emphasise the value of recycling.
 - (C) facilitate public access to it.

Unwanted medicine: pharmacy collection protocol

A Returned Unwanted Medicine (RUM) Project approved container will be delivered by the wholesaler to the participating pharmacy.

The container is to be kept in a section of the dispensary or in a room or enclosure in the pharmacy to which the public does not have access. The container may be placed in a visible position, but out of reach of the public, as this will reinforce the message that unwanted prescription drugs can be returned to the pharmacy and that the returned medicines will not be recycled.

Needles, other sharps and liquid cytotoxic products should not be placed in the container, but in one specifically designed for such waste.

Exception to this rule?

Sometimes it can be useful to look first words for each

1. Read the questions stem only

2. Simplify the question

3. Read the text & think about

4. Focus on eliminating

5. CHOOSE within 2 mins

- 1. increase chances
- 2. Easier
- 3. Confidence

KAPLAN:

The policy document tells us that a healthcare professional's

- (A) duty to care for a patient continues after a referral.
- (B) ability to look after a patient should be decided by superiors.
- (C) obligation to check up on transfers does not apply to all patients.

Continuity and coordination of care

All healthcare professionals must be involved in the safe transfer of patients between each other and social care providers. This includes:

When care is transferred or delegated to another healthcare professional, it is your responsibility to ensure that the person sharing all relevant information with colleagues that are involved with your patient's care, both inside and outside the team, including when the care handover is done at the end of duty, and when care is delegated or referred to other health or social care providers. When possible, check that a named team or clinician has appropriately taken over responsibility when your role has ended in providing a patient's care. This is most important in vulnerable patients who do not have capacity.

When care is transferred or delegated to another healthcare professional, it is your responsibility to ensure that the person providing care has the appropriate skills, qualifications, and experience to provide adequately safe care for the patient.

The guidelines inform us that physical restraints

- (A) can only be administered to patients by qualified staff.
- (B) must be applied before patients become aggressive.
- (C) should only be used on patients as a last resort.

Assessing Physical Restraints

We first advise providers to verbally de-escalate and offer medications as a method of calming an agitated patient down. However, if these do not work and the patient becomes violent, a standard protocol for physical restraints should be followed. Trained personnel should carry out the actual action of physically restraining the patient and a bed with restraints should be prepared ahead of time. Medications should be drawn up in IM form and be ready to be given once the patient has been physically restrained. A physician should then assess the patient, first debriefing staff on the situation that caused the patient to be placed in restraints and then speak to the patient personally to determine their understanding of the same events.

Cardiopulmonary status and restraint tightness must be assessed, and the patient's level of pain and distress documented.

The guidelines advise physicians on

- (A) seeking advice from others.
- (B) receiving authorisation for care.
- (C) referring patients to different departments.

Calling a Consult

No physician can handle every patient by themselves. No matter the specialty, there will come a time where you need to reach out for additional help. If you're working at an outpatient office, you'll look to a specialist in a different institution. If you're working inside the hospital, you'll call a particular service with a consult. Different institutions have different protocols on how to call the consult, but at the very core, you will need to present the patient to the physician you've consulted. You should start by introducing yourself and your role on the treatment team. Give a short summary of the patient, their medical history, why they're in the hospital and what's happened so far. You should then go into the reason you're consulting the specialist and what you're looking for – whether it's treatment recommendations, a procedure, or to arrange a service transfer. Conclude by asking if they have any other questions that you can help answer.

What point does the training manual make about confidential documents?

- (A) They must not be consulted in an open area.
- (B) They must only be shared via work email.
- (C) They must be destroyed after use.

Ensuring Patient Privacy

Patient privacy is legally governed by HIPAA, which establishes strict standards for healthcare providers when sharing patient information. Every hospital will have guidelines healthcare employees must follow to avoid committing an HIPAA violation, which can result in termination from employment and/or severe fines. Employees must avoid talking about identifiable patient information with other people that are not involved in their care.

This also includes discussing patient details in a public setting like a hallway or elevator. When sending information about patients to other providers, it is important to use secure forms of transmission such as hospital email and fax. Avoid easy but unprotected methods like texting or personal email. Dispose of any identifiable information in specially marked bins for later incineration.

Strategies

1. **A**
duty to care for a patient continues after a referral.
2. **C**
should only be used on patients as a last resort.
3. **A**
seeking advice from others.