

Put the words below into the correct question and then think about your answer to the question:

*stress / recurrence / proposed*

1. What information should be checked with a patient prior to their **proposed** discharge?
2. What approaches can be used to **stress** important information to patients?
3. If a patient asks for advice on how to prevent the **recurrence** of an infection, what would you tell them?

How would you **prepare** before you listen?

25 You hear a senior practice nurse briefing her team in a local health centre about a new app.

What is she **stressing** about the app?

- (A) **Certain patients** should be **made aware of it**.
- (B) Patients may **need some help** in understanding it.
- (C) It's **intended** for **healthcare workers** rather than patients.

*Question 25*

**Practice Nurse:** Something I'd like to highlight today is a new app that's been launched that could be really useful if you're managing anyone with bladder or bowel incontinence. The app sets out to offer patients self-care tips and links to local support services. There's a wealth of information on there, however, and it can be a really useful source of information and updates for us, too. The idea is that patients access services sooner rather than later – and we all have a part to play in that. As nurses on the front line, you may pick up that patients have an issue with continence that perhaps they haven't shared with their doctor or relatives – maybe due to pride or the stigma attached to such conditions. Mentioning the app to them could mean they get the help they need before the condition becomes chronic or leads to complications.

How would you prepare before you listen?

26 You hear a hospital nurse talking to the wife of a patient.

What worries her about his proposed discharge?

- (A) dealing with his level of fatigue
- (B) how motivated he'll be to keep active
- (C) the amount of physical support he'll need

**Question 26**

**Patient's wife:** You wanted to speak to me – is everything OK?

**Nurse:** Ah yes. Everything's fine – your husband's recovering well after the surgery – he should be ready for discharge in a couple of days. I just wanted to check with you if you have any concerns about that?

**Patient's wife:** Gosh – that soon. Well, I suppose that's good news. I can see that you've got him up and moving already – and I'm sure that's the best thing – he does too – so no problems on that score – even if he does get very tired, he'll stick at it. I'm just wondering how I'm going to cope on my own at home. I mean, I'm capable of looking after him if he stays in bed, but I'm not sure about helping him to get up and stuff – he's a big man and I have my own health issues.

**Nurse:** Yes, of course. That's why I thought I'd have a word.

How would you **prepare** before you listen?

**27** You hear a community nurse talking to a patient.

What is the **patient concerned** about?

- (A) the **possible recurrence** of a condition
- (B) **discomfort** in the **site** of previous surgery
- (C) **changes** to a **growth** that's **already** been **examined**

*Question 27*

**Nurse:** So that's your injection done. Is there anything else I can help you with today, Mr Barnes?

**Mr Barnes:** Well yes nurse – there is actually. Could I ask you something? About five years ago, I had what's called a lipoma removed from my chest... about here. It was just a fatty lump that they said was harmless. Well, at the same time I found another little lump – here, next to my nipple. Anyway, I was told it wasn't malignant, but to keep an eye on it. It's just that the other day, I happened to knock it and it went really red and painful. I mean it's never bothered me before, and I never had any pain with the other one they removed. Could you have a look, please?

**Nurse:** Well, I'm happy to do that, but I think you ought to go and see the doctor about it really.