

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

discourage / long-standing / alternative

1. How can we help a patient to manage a **long-standing** condition if they begin to lose confidence in the treatment plan?
2. Why might a patient request an **alternative** to the medication which they have been previously prescribed?
3. In your opinion, what is the best way to **discourage** patients from doing activities which may have a negative impact on their health?

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

28 You hear an oncologist talking to a hospital pharmacist about a patient's medication.

The **pharmacist** is **going to find out whether** _____ *or not?*

- (A) an **alternative** to the medication is **available**.
- (B) it's **still possible** to **administer** the medication.
- (C) the medication is **available** in **another formulation**.

Question 28

- Pharmacist:** We need your advice regarding a patient who was admitted overnight.
- Oncologist:** Sure. How can I help.
- Pharmacist:** Well basically, the patient's recently diagnosed with acute myeloid leukaemia. And she's been getting chemotherapy from the lab: two IV meds and oral midostaurin. But unfortunately, she's developed mucositis as a side-effect. In other words, she's got a very inflamed and painful mouth and can't swallow anything. She's got a nasogastric tube for her nutritional needs, but that's hardly going to work for the midostaurin unless we break it up it. So, we were wondering what we should do?
- Oncologist:** Well, I'm afraid there's no IV or liquid version of this particular medication available – and crushing it's out of the question. I'm going to have to do a bit of research to see how other people have got round this – there's probably a way. I'll do a search of the literature and get back to you.
- Pharmacist:** Great thanks.

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

29 You hear a primary-care doctor leaving a voicemail message for a community nurse.

What is the **priority** for the patient?

- (A) collecting a **sample** for **further investigations**
- (B) providing **therapy** for a **pre-existing condition**
- (C) **changing the dressings** on a long-standing **wound**

Question 29

Hello this is Dr Mawby. I'm just calling to let you know about a patient we'd like you to visit. His name's Bill Lee, 24 Park Avenue, date of birth 20th May 1940. Mr Lee was discharged following an admission for diarrhoea and confusion. He also has a persistent venous leg ulcer. He's been on antibiotics, but he seems to have contracted Clostridium Difficile. As an inpatient his renal function was found to be very poor. We've known about this for some years now, but there seems to have been a deterioration. It's not clear if he's entirely free of the infection, so we'd like you to arrange a stool test – if possible, within the next twenty-four hours – then keep an eye on him for a few weeks. I'll update you on the care plan. Could you get back to me please to confirm that you can take on this patient please. Many thanks. Bye

How would you prepare before you listen?

30 You hear part of a briefing meeting for nursing staff at a primary-care practice.

What is the speaker doing?

- (A) explaining why nasal sprays are often thought ineffective
- (B) discouraging discussion of nasal sprays with patient's parents
- (C) reminding them why certain nasal sprays shouldn't be recommended

Question 30

I've had a couple of mums asking me about teenage hay fever this week – you know, with the exam season looming and pollen counts on the rise. So, I thought I'd better run through our position on over-the-counter nasal sprays? I'm often asked about them. We certainly need to urge patients to start treatment in advance of pollen dispersal, before they experience symptoms, because that's what gives optimum management of seasonal allergic rhinitis. And a nasal corticosteroid spray is a good way to reduce allergic inflammation. Unfortunately, however, it's often applied using a poor technique, and that means it doesn't work – then people stop using it. That's the problem with families buying it over the counter. I mean, there's nothing wrong with talking to the mums about this – but really, it's the teenagers we need to reach with some patient education material. Does anyone have any suggestions?