

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

state / pathways / guaranteed

1. Do you think that modern technology will help in developing more effective treatment **pathways** for patients? How?
2. How would you answer if a patient asked you whether a positive outcome was **guaranteed** regarding their surgery?
3. In your opinion, can a patient's emotional **state** affect their recovery? How?

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

28. You hear a psoriasis nurse talking to a patient at an annual review of his condition.

What is she **doing**?

- (A) **telling** him **why** he **needs** to **see** a **specialist**
- (B) **enquiring** about **changes** in his **emotional state**
- (C) **encouraging** him to **follow instructions** more **carefully**

Question 28. You hear a psoriasis nurse talking to a patient at an annual review of his condition. Now read the question.

PAUSE: 15 SECONDS

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F: Well, Mr Barrett, some people get referred to a rheumatologist if there's any pain or swelling in any of their joints. You reported some slight stiffness in your fingers last time, but haven't had any symptoms since, so it's unlikely that psoriatic arthritis is developing.

M: That's good news. It can be hard to stay cheerful with a condition like this.

F: But you're not finding it harder than before, are you?

M: No, I have my ways of coping. It can be demoralising when your skin's itching non-stop, and having to apply all the various creams and moisturisers can get me down too. Maybe I do it in a hurry sometimes.

F: Well, stick to the routine however time-consuming and tedious it is. I'd have a look at what we've told you about how to apply the different medications to the skin and in what order. It's not something we can be casual about.

How would you prepare before you listen?

29. You hear a hospital pharmacist briefing some trainee nurses about her role.

What is she describing?

- (A) how the supply of necessary medication is guaranteed.
- (B) why the delivery of medication may be need to delayed.
- (C) who is responsible for supplying medication in her absence.

Question 29. You hear a hospital pharmacist briefing some trainee nurses about her role.
Now read the question.

PAUSE: 15 SECONDS

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When a patient is first admitted, I confirm with them which medications they're taking and check any that they've brought in with them. I also check any previous discharge summaries and their summary care record. **When I'm on the ward, I make sure that any medication the patient may need is obtained from the pharmacy,** but I rely on ward staff to let me know what changes have been made to a patient's prescription **so that I can ensure availability.** Of course, there will be times when things don't go according to plan, but **administering medication at the correct time is essential to keep patients safe from avoidable harm.** That's why, **even if the pharmacy's closed, we have an extensively stocked emergency drug cupboard where medicines can be obtained,** and there is a **pharmacy on-call service, which can provide advice and information on medicines.**

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

30. You hear two doctors talking about the use of Artificial Intelligence in medicine.

They **agree** that it will improve ^{what ?}

- (A) the **design** of **treatment pathways.**
- (B) the **monitoring** of **patients' health.**
- (C) the **management** of **medication.**

Question 30. You hear two doctors talking about the use of Artificial Intelligence in medicine. Now read the question.

PAUSE: 15 SECONDS

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M: Have you seen that we're soon going to be using an app that checks if patients are taking the drugs they've been prescribed – using a smartphone and a webcam?

F: Yes, though I can't imagine many patients wanting to be spied on – especially the less compliant ones it seems to be aimed at. I think AI in medicine can be over-rated.

M: Well I was reading about systems that can analyse all the notes and reports from a patient's file and then link them to research related to the condition- and also to the relevant clinical expertise.

F: Oh, I've heard about that too – to create individually customised care plans. It would certainly save a lot of time.

M: Yes, and another thing is all those wearable trackers – they can be adapted to send information to doctors about things like heart rate and activity levels.

F: Again, that sounds too intrusive for most people to accept.