

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

*handover / most / updated*

1. What information should you give to another medical professional during a **handover** at the end of a shift?
2. In your opinion, why is it important to keep family members **updated** on information regarding a patient's treatment?
3. How can we help a parent make the **most** of advice and guidance we give them regarding their child?

**Instructions for today's lesson:**

1. Firstly, we will look at the question/sentence stem for each question and do some analysis
2. Next, you will listen to and answer the three Listening Part B questions in exam conditions (15 seconds preparation, answer the question and then move on to the next question after 5 seconds)
3. You will then listen again to each recording one by one before going to a breakout room for three minutes to discuss your answer – please discuss why you chose A, B or C and use elimination if possible
4. We will come back to the main room and use the poll before we discuss the answers
5. We will use the same process to check all three questions

Question Analysis:

28 You hear a discharge nurse talking to a patient who's had minor surgery.

The patient is **requesting** that a **family member**



29 You hear two hospital nurses handing over a patient at the change of shift.

What does the **incoming nurse** **agree** to do for the patient?

30 You hear the beginning of a training session for healthcare staff in a primary-care setting on the subject of patient consultations.

What is the **focus** of the session going to be?

28 You hear a discharge nurse talking to a patient who's had minor surgery.

The patient is **requesting** that a **family member**

- (A) is **updated** on the **next steps** in her treatment.
- (B) is given the **chance** to **speak** to a member of the **surgical team**.
- (C) is **allowed to attend** a future appointment.

**Question 28**

**Nurse:** So how are you feeling?

**Patient:** Much better thank you. My son should be here shortly to pick me up.

**Nurse:** Great.

**Patient:** But I'm still a bit unclear about what happens next. **I'm meant to be seeing the specialist again in about three weeks' time**, but the doctor I just spoke to said that the endoscopy hasn't shown up anything in particular – so **do I still need to go to that one?**

**Nurse:** Well, as part of today's procedure, the team did what's called a biopsy – in other words they've taken away a small sample of tissue for analysis.

**Patient:** Ah yes – come to think of it, he did mention that. Oh dear, I'm afraid I wasn't really listening properly – **I was still half asleep. Do you think you could just run through things with my son for me? I'd hate to get anything wrong.**

**Nurse:** That's no problem. We'll sit down all three together before you leave, shall we?

**Patient:** Oh, thank you.

29 You hear two hospital nurses handing over a patient at the change of shift.

What does the **incoming nurse** **agree** to do for the patient?

- (A) **review** his **analgesia** needs
- (B) **report** a possible **skin infection**
- (C) **arrange a referral** to a **specialist**

**Question 29**

**Nurse 1:** In Bed 3 we have George – overnight emergency admission.

**Nurse 2:** OK.

**Nurse 1:** George's a 66-year-old male with a suspected flare-up of gout. **He's in for observation and he's scheduled for a rheumatology consult today.** It's the right knee that's inflamed, but he claims never to have had such an attack before – so pseudogout's a possible differential diagnosis.

**Nurse 2:** **Right.**

**Nurse 1:** He self-medicated with ibuprofen before coming in and a **hydrocortisone injection was administered before transfer up here.** Vital signs are all normal – **no other meds.**

**Nurse 2:** OK.

**Nurse 1:** **I noticed that he's got some sort of insect bite on his right ankle** – so that same leg. It's **red and swollen.** **He said it'd come on since he arrived** – but that it was nothing compared to the pain in the knee. **But perhaps it's something to follow up with the duty doctor this morning.**

**Nurse 2:** **Sure.**

30 You hear the beginning of a training session for healthcare staff in a primary-care setting on the subject of patient consultations.

What is the focus of the session going to be?

- (A) alternative ways of setting up consultations
- (B) how to make the most of telephone consultations
- (C) ways of deciding when face-to-face consultations are necessary

**Question 30**

**Trainer:** For those of us working in primary-care, telephone consultations certainly bring benefits. The caseload's easier to manage because we can make more effective use of triage – meaning some patients get directed to other services without the need for a time-consuming, face-to-face visit. But something's lost too, isn't it?

**Staff:** It is. One of the most obvious drawbacks is that you don't get those tell-tale non-verbal cues. These help us to see where the patient's coming from and what the patient's priorities are in all sorts of subtle ways that aren't always evident from the plain words heard down the line.

**Trainer:** That's right. Well, today we'll be looking at ways to get round some of the issues and ensure these consultations are effective. Like, ways of checking that an explanation we're giving is making sense to the patient, and whether the options we're sharing are something the patient feels comfortable with.