20th September – Reading Part B

Vocabulary

Put the words into the correct sentence 1-6

reluctant / reposition / socialise / premises / detergent / inhibited

1. The hospital's infection control policy requires all staff to sanitize the premises thoroughly at the end of each shift.
2. The patient's immune response was inhibited due to the immunosuppressive medication, making them more susceptible to infections.
3. The surgical team used a special antiseptic detergent to clean the instruments before the operation to prevent contamination.
4. Patients in the recovery ward are encouraged to socialise with others to help improve their emotional well-being.
5. The elderly patient was reluctant to undergo the new treatment due to concerns about potential side effects.
6. The nurse had to reposition the patient every two hours to prevent bedsores from developing.

Instructions for today's lesson:

1. We will answer three Reading Part B questions in exam conditions
2. For each question, you will have 3.5 minutes to read and choose the correct answer: A, B or C
3. Once you have seen all three texts and answered the questions, you will go to a breakout room and have 3 minutes to discuss your answer for each question – 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 for each question
5. We will use the same process to check all three questions

SET English

4. This guideline warns staff about the risks of using antiseptic handwash for

(A) day-to-day care of hospitalised patients.

(B) surgical interventions in the operating theatre.

(C) fitting medical devices which enter the patient's body.

Use of antiseptic solutions for hand disinfection e.g. Hibiscrub
Antiseptic solutions may be a combination of a detergent and a micro-biocide such as chlorhexidine and povidine-iodine. Resident microorganisms can only be inhibited by the use of antiseptic solutions: therefore they can be used in clinical areas where resistant bacteria could cause infection if introduced during an invasive procedure, e.g. theatres and ITU. Antiseptics solution should not routinely be used in ward situations, as frequent washing with antiseptics can damage the skin, but they should be used prior to performing any invasive procedure, such as siting a urinary catheter or intravenous canulae.

SET English

5. According to this extract, some nurses are allowed to wear their uniform

(A) on the wards with a sweatshirt.

(B) at social events within the hospital.

(C) on their way to and from work under a coat.

Extract from Uniform Policy for Nurses

• Clinical staff should not socialise outside the workplace or undertake social activities while wearing their work uniform.

• Where changing facilities exist for hospital-based staff, uniforms must not be worn outside the place of work. For staff who work only in the hospital environment, and if no changing facilities exist, hospital uniforms should only be worn outside the hospital premises when travelling to and from work and tops should be fully covered. Staff who work in the community setting, or who move between the hospital and community setting during the course of their work, should also ensure their uniform tops are covered when travelling.

• Staff who wish to wear cardigans/sweatshirts: Only black or navy may be worn. They must never be worn in the immediate clinical area when delivering direct clinical care to patients.

SET English

6. What is the email about pressure ulcers telling ward staff?

(A) These must be treated as soon as they are discovered.

(B) Patients on the ward have complained of discomfort from them.

(C) There may be challenges in dealing with patients who have them.

To:	Ward staff
Subject:	Pressure ulcers

We've recently had several cases of pressure ulcers in patients newly admitted to the ward. As you know, pressure ulcers are a serious problem that in most cases could have been avoided. For any new admissions, please assess the patient's risk factors (referring to the attached checklist). Once identified as at risk of or with pressure ulcers, patients should be educated about their risk and encouraged and/or assisted to move themselves where possible. However, be aware that many patients will be reluctant to move due to pain or anticipation of pain, the effects of sedation or analgesia, or their inability to appreciate their level of risk due to confusion or dementia. It is the nurse's responsibility to ensure that patients are repositioned in a way that is not only therapeutic, but also acceptable to them.

Answers:

4	A	day-to-day care of hospitalised patients.
5	C	on their way to and from work under a coat.
6	C	There may be challenges in dealing with patients who have them.