

3rd October – Reading Part B

Vocabulary

Match the words 1-6 to the definitions A-F

1. Intervention **F**
2. Deadline **C**
3. Sub-optimal **D**
4. To obscure **A**
5. Mandatory **E**
6. Uninterrupted **B**

- A. To make something less visible or unclear.
- B. Continuing without stopping or being disturbed.
- C. The latest time or date by which something must be completed.
- D. Not the best or most effective; less than ideal.
- E. Required by law or rules; something you must do.
- F. The act of getting involved in a situation to help or change it.

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

1. The email about smoking cessation tells hospital staff that they

- (A) must familiarise themselves with ways of helping patients.
- (B) will receive more support in dealing with certain patients.
- (C) should take time to talk to patients about the issue.

To: All hospital staff

Subject: Helping patients to stop smoking

Being in hospital is a potentially powerful 'teachable moment' for change. Smokers in hospital are often motivated to quit due to concerns about their health, and most are receptive to smoking cessation advice from hospital staff. An absence of the normal smoking triggers, and access to health professionals for advice, can make quitting easier. Long-term quit rates are significantly improved by hospital-based interventions. Smokers who quit have immediate and substantial health benefits, improved post-operative recovery, reduced length of stay, and lower re-admission rates.

Despite these potential benefits, most hospitalised smokers receive sub-optimal smoking care. Interventions are delivered by busy clinicians in addition to their existing patient care responsibilities, and many feel that discussing smoking cessation is not part of their role. However, smoking cessation support is the responsibility of all clinical staff.

2. The policy states that the labelling of syringes is unnecessary
- (A) if only one person is involved in their preparation and use.
 - (B) if they are required for use immediately after preparation.
 - (C) if only one is going to be used in a procedure.

Injectable medicines policy

4.3.4 All syringes must be labelled immediately after preparation by the person who prepared them, making sure that volume graduations on syringes are not obscured.

The following exceptions apply:

- In general clinical areas where preparation and bolus administration is one uninterrupted process and the unlabelled product does not leave the hands of the person who prepared it.
- In theatres a scrubbed nurse drawing up and handing a syringe to a surgeon is also considered to be undertaking one uninterrupted process. Only one unlabelled medicine must be handled at one time.
- Where a syringe is a pre-filled medical device used for its intended purpose.

3. The **main point** of this section of the guidelines is to
- (A) **explain why** patients **should consume** fluids before surgery.
 - (B) **confirm** which **patients** are **allowed** to have **fluids** before surgery.
 - (C) **specify** the **quantity of fluid** that patients **may have** before surgery.

2.1.4 Pre-operative hydration

Clear oral fluids should be actively encouraged (in whatever quantities the patient requests) up to two hours prior to surgery. **This should be considered mandatory in the very old and very young, those in hot environments and those who are pyrexial.**

After the two-hour deadline for 'free fluids' and right up to the time of surgery, **a nurse may still give the patient 30mls of still water.** **This may be either for patient comfort (should the patient request it unprompted) or to allow the swallowing of any prescribed medications that were not able to be taken before the two-hour deadline.** **The maximum allowed is 30mls in any given hour.** This concession must not be taken as allowing the patient free access to water, as exceeding **30mls per hour of water** so close to surgery could delay the operation.

Answers:

1	C	should take time to talk to patients about the issue.
2	A	if only one person is involved in their preparation and use.
3	C	specify the quantity of fluid that patients may have before surgery.