

**GURLEEN
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S P E A K I N G A N D W R I T I N G M O D U L E S

Nurses' Guide to the Updated OET 2.0



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SPEAKING AND WRITING MODULES

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Writing SUB-TEST

Assessment Criterion – Writing

Writing Sub-Test: NURSING

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Preface

OET is an international English language test that assesses the language communication skills of healthcare professionals who seek to register and practice in:

Australia,

New Zealand,

United Kingdom (Doctors and Nurses only),

Ireland,

Singapore,

Dubai

It covers all four language skills (Reading, Listening, Writing, and Speaking) with an emphasis on communication in a healthcare environment.

OET has been developed specifically for 12 healthcare professions: Dentistry, Dietetics, Medicine, Nursing, Occupational Therapy, Optometry, Pharmacy, Physiotherapy, Podiatry, Radiography, Speech Pathology and Veterinary Science. The Reading and Listening modules are same for all health professionals taking the exam and Writing, and Speaking modules are profession-specific.

This book has been designed for nurses looking to improve their English Language skills in Speaking and Writing so that they can successfully pass the Occupational English Test.

For more information on test dates, test fees, testing venues and official

materials, please visit www.occupationalenglishtest.org.

Disclaimer: This book is meant for OET Preparation only and is not intended as a substitute for the medical advice of physicians. The reader should regularly consult a physician on matters relating to his/her health and particularly with respect to any medication or symptoms that may require diagnosis or medical attention. The case studies used for speaking and writing are a work of fiction. Names, characters, places, events, and incidents are either products of the author's imagination or used in a fictitious manner. Any resemblance to actual persons, living or dead, or actual events is purely coincidental.

Chapter 1

What's new in the UPDATED OET SPEAKING TEST?

There are no changes to the format of the Speaking sub-test. However, new assessment criteria are being introduced from September 2018 which has been discussed in detail below.

Speaking Sub-Test Overview

The speaking sub-test takes about 20 minutes. It is a profession-specific test in which the candidates are required to complete two role plays based on typical workplace situation. The candidates take this part of OET using materials specially produced for their profession. In other words, you would be enacting the role of a nurse and will be expected to demonstrate the ability to deal with situations that occur realistically in the workplace. For instance,

- Asking questions to the patient.
- Answering the patient's questions
- Engaging with a variety of patient types, e.g., different ages, various health problems, different concerns.
- Explain medical conditions and treatments in a clear and accessible way.
- Rephrase ideas in a variety of ways to help or persuade a patient.

- Reassure a worried or angry patient.

The interlocutor will take on the role of a patient or in some cases, a patient's caregiver or family member.

Structure of the test

Initially, there is a short warm-up talk about your professional background following which you are given two role-plays, one by one, and you have 3 minutes to prepare yourself for each role play. The interview is recorded, and two different assessors in Australia then assess the recording. The interlocutor is not assessing you. Each role play is 5 minutes long.

Updated Assessment Criteria-Speaking sub-test

Linguistic criteria (6 marks each)	Communication criteria (3 marks each)
Intelligibility	Relationship building
Fluency	Understanding and incorporating the patient's perspective
Appropriateness of language	Providing structure
Resources of grammar and expression	Information gathering
	Information giving

Linguistic Criteria

Intelligibility – how well your speech can be heard and understood. It includes pronunciation, intonation, stress, rhythm, pitch, and accent*.

TIPS

- Consider each aspect that makes up this criterion: not just pronunciation, but also use of stress to emphasize the most important information, and use of intonation to signal whether you are asking a question or making a statement.
- Practice the pronunciation in English of common words and phrases used in your profession.

Fluency – how your speech is delivered in terms of the rate (speed) and natural flow of speech.

TIPS

- Speak at a natural speed. If your speech is too slow, the listener might feel frustrated while waiting for you to finish or may lose the flow of the argument. Similarly, if the speed is too fast, it might be difficult for the listener to comprehend.
- Pauses contribute to an improved understanding- therefore, use pauses effectively in your speaking. Please refer to the example in this book to understand how pauses can be used effectively during your OET Speaking.
- Aim for even speech [not broken up into fragments] – reduce excessive* hesitation or speaking in ‘bursts’ of language or excessive self-correction or fillers.

*The word excessive here is used because some repetition or hesitation or self-correction or during speech is natural and is acceptable. However, if these have an impact on your ability to be understood, then your score will be affected.

Appropriateness of language – including the use of suitable professional language and the ability to explain in simple terms as necessary and appropriately, given the scenario of each role-play.

TIPS

- Practice explaining medical and technical terms and procedures in an appropriate language (non-medical words) to patients. For instance, giving general advice for good health about diet, losing weight, care of

wounds, smoking cessation, etc.

- Consider how your language will need to be adjusted to suit the patient type and context. For example, consider how your tone, pitch, and language will vary when you are delivering bad news to a patient or when speaking to an angry or withdrawn or depressed patient.

Resources of grammar and expression – including the accuracy and range* of the language used; how effectively and naturally you can communicate in a healthcare setting.

TIPS

- Demonstrate your ability by paraphrasing or different phrases to communicate the same idea to the patient.
- Make sure you can form questions correctly (word order) – particularly those questions that you often use with patients while investigating the presenting complaint or taking medical history [‘How long...?’, ‘When’].

TIP:

*Choose to demonstrate a range of grammar in your OET Speaking. A student who chooses to use simple grammar and does not make any mistake is not likely to get a high score in the Speaking sub-test. In other words, to score a high grade in the OET exam, it’s not enough to make any mistakes (accuracy), you will also need to use a variety of grammatical structures.

Communication criteria

Relationship building consists of 4 sub-criteria

1. Initiating the interaction appropriately

Greeting your patient in a friendly, confident, and welcoming manner to establish rapport

2. Demonstrating an attentive and respectful attitude

Seeking patient’s permission or consent before asking questions or

moving on during the consultation.

Being sensitive to patients when talking about embarrassing matters

3. Adopting a non-judgmental approach

Being accepting and respectful towards patient views and avoid making any judgmental comments or statements

4. Showing empathy for feelings/predicament/emotional state

Understanding and incorporating the patient's perspective consists of 3 sub-criteria

1. Eliciting and exploring patient's ideas/concerns/expectations – this means finding out more about patient's perspective or feelings of their illness and, if required, encouraging elaboration by asking follow-up questions. Once the patient's worries or anxieties are known, it's easier to reassure them and construct an effective management plan.
2. Picking up patient cues like hesitation, change in volume or tone, pauses and using verbal facilitation techniques like using reflecting statements to encourage patient participation.
3. Relating explanation to elicited concerns or expectations- this means using patient perspective when providing information later. For example: let's assume your patient says that it's hard for her to take time off from work and she's concerned that she might be diagnosed with something that will have a significant impact on her life. When you are explaining the treatment advice, you could say "I know that you have a busy schedule, and you are concerned about making any big changes to your routine. So, I suggest that we take small steps to manage this condition."

Proving structure consists of 3 sub-criteria

1. Sequencing the interview purposefully and logically – Controlling the direction of the conversation and sequencing the conversation logically and purposefully. That being said, it needs to be balanced with a

patient-centred approach.

2. Signposting changes in the topic – use discourse markers to move from one task to another.
3. Using organizing techniques in explanations (outlined below)

Categorisation, i.e., forewarning about categories about to be provided. For example, Let's first talk about your medical history and later I'd like to ask some questions about your routine including eating and sleeping habits.

Labelling – attaching a label to the “advice” to persuade your patient. It's imperative that you take some steps to control your weight. OR

It's vital that you cut down your drinking.

It's imperative that you take your medications on time to recuperate.

Chunking – Breaking down the information into chunks and giving it to the patients in small increments and allowing them time to absorb each block of information.

Repetition – repeating the information and summarising at the end.

For example:

To summarize what we have discussed today,....

Just to go over what we have discussed today,...

summarising gives the patient an opportunity to clarify details, make corrections and add further contributions

Information gathering consists of five sub-criteria

1. Facilitating the patient's narrative using active listening, Back-channelling, using echoing statements to encourage patient participation, paraphrasing and reflecting statements.
2. Using initially open questions appropriately moving to closed questions. This is commonly referred to as the cone technique. In this book, you will also learn about using focused questions and probes to

gather information from the patient.

3. Not using compound/multiple or leading questions – explained later in the book in the section titled “What not to do during history taking in this book.”
4. Clarifying statements which are vague or need amplification.

For example:

- Could you please explain what you mean by.....?
 - I am sorry, but I missed the last sentence. Could you please repeat it?
 - Here’s what I have understood,..... Is that correct?
5. Summarizing information to encourage connection and invite further information

For example: So, what you are saying is.....Is that an accurate summary or would you add something to that?

Summarising provides the patient with an opportunity to clarify details, make corrections and add further details.

- To go over what you have told me,.....Is that an accurate summary?

Summarizing would give your patient an opportunity to clarify details, make corrections, and add additional information if necessary.

Information giving consists of 5 sub-criteria

1. Establishing initially what the patient already knows – This means assessing what the patient already knows and giving information accordingly. Find out what the patient knows and has experience of to understand what and how much more they want to know. It will also assist you in providing the correct amount and type of information to the patient.
2. Periodically pausing when giving information, using the patient’s response to guide next steps – Use ‘chunking and checking’ to provide information in small blocks of information and then checking the patient’s understanding before proceeding further. This helps the

patients in retaining and recalling the information better. Don't forget to clear and simple language, avoiding any medical jargon, when giving information to the patients, and use the patient's responses as a guide to decide what information to supply next.

3. Encouraging patient to contribute reactions/feelings – This means encouraging active participation from the patient and allowing them to ask questions, express doubt, or seek clarification regarding the information.
4. Checking whether the patient has understood information –Use statements like “To ensure that you have understood everything correctly, would you mind repeating back to me what we have discussed?” to check the patient's understanding.
5. Discovering what further information, the patient needs – This means asking directly if the patient would like to know additional details.

For example: Are there any other questions that I can answer?

- To enhance active patient participation, employ patient engagement techniques and use more open-ended questions to elicit information regarding patients' needs and preferences, and encourage patients to ask questions.
- Use tools such as the teach-back method to determine whether patients understand the risks, benefits, and alternatives to treatment. Teach-back can help to focus patients and clinicians on what's important.
- Make use of everyday language instead of medical jargon in communicating with patients or substitute decision-makers.

Remember that OET is a test of English-language skills – NOT a test of professional knowledge. The medical information needed to carry out the role-play is provided on the cue card. The role-play is designed so that knowledge of a medical condition or treatment will not advantage or disadvantage you in any way. You will be assessed on how effectively you deal with the communicative situation on the card, NOT on your knowledge of the specific medical topic.

General Tips

- The introductory section of the Speaking sub-test is not assessed. Use this time to “warm up” and get used to speaking to the interlocutor. During this time, ask the interlocutor if you have any questions about what a word/phrase means, how it is pronounced, or how a role-play works.
- When preparing for the OET test, practice using the communicative functions that you are likely to need in any consultation context: explaining, summarising, clarifying, eliciting information, reassuring etc.
- Speak loudly and clearly at a natural speed.
- You are allowed to make notes on the cue-card and keep it with you while performing the role-play.
- Take time to read through the role play card carefully.
- Don’t follow a formula for the role-play that may not be appropriate – e.g. sometimes you do not need to introduce yourself because it is clear you know the patient already.
- Use the notes on the role card to guide the role-play:

What is your role?

What role is your interlocutor playing patient, parent/son/daughter, carer?

Where is the conversation taking place?

What is the current situation?

How urgent is the situation?

What background information are you given about the patient and the situation?

What are you required to do?

What is the primary purpose of the conversation [e.g., explain, find out, reassure, persuade]?

What other elements of the situation do you know about? [E.g. The patient appears nervous or angry; you don't have much time].

What information do you need to give the patient?

- Take the initiative to start the roleplay yourself.
- Don't worry if the interlocutor stops the role-play after five minutes – there is no penalty for not completing all the elements on the role card.

Chapter 2

Useful Skills for OET Speaking Test

Step 1

The first step is introducing yourself and your role in a confident and friendly manner. It helps in establishing rapport with the patient.

(**Note:** At times, your cue card may suggest that you already know the patient, so an introduction would not be necessary; however, you may still ask how your patient will prefer to be addressed).

This depends on how you greet your patient and introduce yourself, ensuring that you have clarified your role.

For introducing yourself, you may use the following:

- Hello, my name is (your name here), and I will be your attending nurse today.
- Hello, my name is (Your name here), and I am one of the Registered Nurses in this facility.
- Hello, my name is (Your name here), and I will be looking after you today.

Your introduction will match the setting of the roleplay. If the setting is in the Emergency Department, you could say:

- Hello, my name is Gurleen, and I am one of the Registered Nurses on

duty today.

Some of the settings commonly used in OET role plays are:

- Medical Centre
- Community Health Centre
- General Practice
- Emergency Department of a hospital
- Home visit to a patient's house
- Hospital outpatient department
- School

Use a polite and welcoming opening like:

“Good morning/good afternoon” My name is _____, and I will be your attending nurse today.

“Good morning/good afternoon” My name is _____, and I am one of the Registered Nurses in this facility.

Next step would be to ask the patient's name.

- Can you give me your name, please?

Then, ask how he/she would like to be addressed.

Some people prefer to address the patient as “sir” or “ma'am,” using this language can feel systematic, as though you are following a script.

The student should ask the patient what he/she would prefer to be called (first name or last name).

This is merely a matter of courtesy and respect as some people prefer to be called by their first names while others prefer to be addressed as Mr. or Mrs. followed by their last name.

- How may I address you?
- What do you prefer to be called?

NOTE: In some cases, you may already know the patient (for instance when

the patient is returning for a follow-up visit or has been admitted to the hospital ward). In those cases, an introduction may not be necessary. During the preparation time, you could ask the interlocutor what he/she would prefer to be called, and begin the role play.

For example:

- Good Morning David, how are you feeling today?
- Good Afternoon Samantha, how are you doing today?

Alternatively, you could say:

- May I confirm your ID details with you. Please confirm your first and last name for me.

Step 2

Use the background information to understand what you already know about the patient's current situation and use this to formulate the initial question or statement. In other words, the opening statement or question should match the background information on the cue card.

For instance, if you are meeting the patient for the first time, use the following open-ended questions to open up the discussion.

Use open-ended questions like:

- What brings you here today?
- What would you like to discuss?
- How can I help you today?
- How may I assist you today?
- I see that you rang the buzzer. What can I do for you? (When the patient is admitted to the hospital).

Use a closed-ended question when you already know the reason for patient's visit, or it's a follow-up visit?

For instance:

- Am I right in thinking that you have been referred by your doctor to discuss regarding your weight/smoking/hypertension? (Depending on the cue card)
- Am I right in thinking that you have come here about your arthritis?
- Am I right in thinking that you are here to talk about your hypertension?

Use the background information in the cue card to identify clues or elements which can form the basis for your opening question. For instance- if the cue card states that the patient has an emotional reaction (seems anxious, upset, and angry, frustrated), address this in your opening question.

- I can see you that seem upset/anxious/angry/frustrated. Could you tell me what is bothering you?
- I can see you that seem upset/worried/anxious/angry/frustrated. Would you mind telling me what the problem is?

Step 3: Complete the tasks on the cue card

Plan the execution of the role play depending on the tasks mentioned in the cue-card. Signposting could be useful to explain the schedule or sequence of the tasks. Since you are responsible for initiating the role play, these expressions will be helpful in structuring the role play.

Do not forget to obtain the patient's agreement while doing this.

- Shall we start with... and then we will discuss the treatment options later. Is that okay with you?
- Before proceeding further, I would like to ask you some questions to get a detailed picture of your situation. Would that be okay?
- Would it be okay if I can ask you some questions about your.....and then discuss some things you can do to manage your condition?
- So, here's what I am going to do. First, I will ask you some questions about your lifestyle. Then, I would suggest some things you can do to manage your condition. And later/after that, I would be happy to answer any questions that you might have. May I proceed?

- Before I take you through the treatment options, I'd like to ask you some questions about your condition. Is that alright?

Step 4: Concluding the role play.

Your conclusion will match the cue card; however, some ways your roleplay can be concluded: reiterate the advice, schedule an appointment for review, or offer a patient information leaflet to reinforce the patient's understanding of a medical condition, etc. This will match the situation on the cue card. This is by no means an exhaustive compilation but lists commonly used scenarios.

Examples:

Example 1 – Briefly summarize what has been discussed during the role-play

- To reiterate, you will gradually cut down on the number of cigarettes daily and join a smoking cessation program.
- To summarize what we have discussed today,
- Just to go over what we have discussed today,.....
- Now, if you wouldn't mind going over the advice, I have just given?
- Now, if you won't mind, can we go over the advice I have just given?

Example 2 – Let the patient know what happens next

- I will review your progress after two weeks. (include a timescale, if mentioned on the cue card)
- What I will do for you right away is..... (as suggested on the cue card)

Example 3 – Ask the patient if there is anything else that they can be helped with.

- I'm glad that I was able to help today. Is there anything else I can help you with?
- Is there anything else that you would like to ask?
- Before we finish, is there anything more you want to ask?

Example 4 – Offer a patient-information leaflet, if mentioned on the cue card

- Thank you. Here is a patient-information leaflet which you will find useful. If you have any additional questions, please do not hesitate to contact me. (if mentioned on the cue card)

Showing courtesy in OET SPEAKING

Using language that reflects common courtesy will keep your interactions with the patient respectful and consequently improve rapport.

Below are some other examples of responses that should be avoided and some courteous phrases that can be used to replace them.

Phrases to avoid	Phrases to use
<i>You will need to wait to see the doctor</i>	<p><i>If it's ok with you, can you wait for some time to see the doctor?</i></p> <p><i>If you don't mind, can you wait for some time to see the doctor?</i></p> <p><i>The doctor is attending to a critical patient who needed to be seen quickly. I apologize for the inconvenience this has caused.</i></p> <p><i>Would you mind waiting just a few more minutes?</i></p>
<i>I don't know</i>	<p><i>Let me find out.....</i></p> <p><i>Allow me to find that out for you</i></p> <p><i>I am afraid it's not within my scope to answer this question at the moment. Please allow me a little time to get that answer for you.</i></p>

The Basics

Let's look at the most common courtesy words, which can be used in a conversation as a signal of mutual respect.

“Please”

Do not forget to say please when asking for information from the patient! Doing otherwise seems rude.

“Thank you.”

When the patient answers your questions and provides information, say Thank you for answering my questions.

“Sorry”

If your patient is angry or agitated about something, it is courteous to apologize.

I am sorry for the inconvenience that this has caused.

I am sorry that your pain is so high.

I apologize that you had to wait for so long.

Doing so demonstrates that someone has taken it personally upon themselves to resolve their concern/query and helps in reassuring the patient.

Providing Reassurance and Immediacy

To assure the patient that his/her concern is crucial to you, it's vital to provide them with a sense of immediacy. This demonstrates that you understand the value of the patient's time/their concern and you are doing your bit to speed up the process.

“Right away.”

Using this phrase signals that the process addressing the patient's concern has been enacted. For example:

“I'll contact the doctor right away and let him know that you are in pain so he can prescribe some medication to relieve your pain.”

Using positive words in OET SPEAKING

- Definitely

I will **definitely** make sure that it gets sorted.../the concern is shared with the doctor/Ward Manager (conflict resolution)

- Absolutely

I **absolutely** agree... (To empathize with patients)....

- Certainly

Small changes in your lifestyle will **certainly** help in making a big difference to your health in the long run.

- Fantastic

That is **fantastic** (to motivate your patient)

Clarifying a Situation

There will be occasions when the patient feels as though they have fully detailed their symptoms/condition, yet you cannot quite understand the situation.

In these scenarios, use the following phrases:

“Pardon me.”

Rather than using ‘what?’ Use more formal expression such as ‘Pardon me’ when you miss a small part of the conversation.

“Forgive me...”

For example, “Forgive me, I didn’t quite catch the last sentence. Could you please repeat it for me?”

Backtracking – going back to something in the conversation.

In OET Speaking, it can be used to

1. Clarify the meaning of something you don't understand.
 - When you say _____, do you mean...?
 - Could you please explain what you mean by.....?
 - I am not sure I understood that completely. Do you mind repeating it for me?
2. To recap the patient's responses

For example:

- From what I have understood so far, you have been experiencing indigestion for the past few weeks, and at times, it is accompanied by headaches which last for a few hours and are only relieved with medication. You feel the indigestion is caused when you eat rice for dinner. Is that right?

OR

- In summary, it seems that..... (patient's symptoms here) Have I covered everything?
3. At the end of the role-play as a final summary of what has been agreed so far

For example:

- So, to backtrack,
- So, to reiterate what we have discussed so far,...
- To recap what we discussed today,
- Just let me check what you have told me so far... Is that an accurate summary?

Acknowledging a patient's feelings

To build rapport with your patient, it is vital that the patients feel that their thoughts have been acknowledged.

- I understand your perspective.

- I understand where you are coming from.
- “I realize this is difficult” This is effective in terms of acknowledging the patient’s problem without voicing any personal thoughts on the matter.
- “Now that I’m aware, I will ensure that your concerns are taken care of, and you don’t face any inconvenience.”
- I can appreciate this is difficult for you.

Signposting language to structure the role play

Signposting is used to provide a structure to a consultation; it can be used when moving from one section to another. It also helps the patient to understand the direction the conversation is going in and why and can be used to obtain the patient’s consent when asking questions on sensitive or embarrassing topics.

In OET Speaking, signposting can be used at different stages of the role play.

Transitioning from the introduction to history taking

- OK, before proceeding further, I’d like to ask you some questions about your pain. Is that alright?
- I’d like to start by asking some general questions to understand your condition.
- To give me a better understanding of your situation, is it okay if I can ask you some questions.
- If you don’t mind, I am just going to ask you a few questions about your lifestyle. Would that be okay?

It is a good idea to provide a rationale or reason or asking the question.

For example:

If you don’t mind, I want to ask some questions about your medical history. It

will help me to assess your condition in a better way.

To ask permission before moving to the information-gathering stage.

- Can I start with questions about your lifestyle before discussing treatment options?
- May I ask you some questions about your family history?
- I am going to ask you some questions about your lifestyle. Is that ok?
- Is it OK if I ask you some questions about your lifestyle?

To ask personal questions or questions on sensitive topics

- I have to ask you some personal questions if that's OK.
- If it's alright with you, I need to ask you some personal questions.
- If you don't mind, I'd like to ask some questions about your sexual history.
- Do you mind if I ask some questions about your lifestyle?

To justify a specific line of questioning

- Since this condition can be hereditary, I'd like to ask some questions about your family history.
- If you don't mind, I want to ask you some questions about your sexual partners and sexual practices. I can appreciate that these questions are very personal, but they are crucial for the examination.

To outline the sequence of the consultation

- First, I'd like to ask you some questions to get a detailed understanding of your condition and then we can talk about ways to treat the problem.

- I am going to divide this talk into two parts: I'd like to start by asking you some questions about your lifestyle and routine and then I will go on to some suggestions about making changes to your current lifestyle. Is that okay?
- First, I'll ask you some questioning about your complaints
- Then, I will explain the likely cause of your symptoms
- After that, I will take you through some treatment options and things you can do to manage your condition
- Following that/Finally, you can ask me any questions that you may have.

To move from one topic to another

- Now that we've discussed some treatment options, I'd like to know about any questions or concerns that you have on your mind.
- What I'd like to do now is to discuss some ways you can manage your present condition.
- Before I can discuss the treatment options, I'd like to summarize your symptoms to ensure I have accurate information
- Thank you for answering my questions. I have all the information I need, and now I'd like to suggest some lifestyle modifications to improve your health.

Closing

- Before we wrap-up, is there anything that you would like to ask?

Chapter 3

Questioning Techniques

Investigating the presenting complaint or taking a history of the patient

In OET Speaking, asking about the presenting complaint requires a series of questions in a particular order. During the role-play, you would be making use of both open-ended and closed-ended questions.

Open-ended questions let the patient answer with something other than yes or no, encouraging patient elaboration or further conversation with the patient, maximizing opportunities for listening for understanding and symptom-defining answers. Open questions open up the discussion and encourage the patient to give a detailed response, allowing patients to express themselves in their own words.

For example,

- How are you doing today?
- How are you feeling?
- How is everything going?
- How have you been?
- What brings you in today?
- What seems to be the problem?
- Who brought you to the hospital?

- What did you eat today?
- Where do you feel pain?
- Why didn't you seek any treatment earlier?
- Why did you cease taking your medication?
- Which medicine did you take at home?
- How did you hurt your arm?
- How long have you had the pain for?
- Tell me about the pain.
- What are you doing for the pain?

Closed questions: (require a one-word answer) (Yes, No, or a specific piece of information), without encouraging the patient to express themselves in any detail.

- Do you exercise?
- Are you feeling any pain?
- Did you take any pain-killers before coming here?
- Are you allergic to anything?
- Do you work?
- Do you have any ongoing medical conditions?
- Have you ever been hospitalized?
- Have you ever had any surgery?
- Is anyone in your family suffering from this condition?
- Has your appetite/weight changed recently?
- Are you available at 11.30 am tomorrow for your next appointment?
- How often do you exercise?
- Are you taking any medication?

Closed-ended questions	Open-ended questions
Where is the pain?	Tell me about the pain.
Do you have any pain at the moment?	How are you feeling?
Are you married?	Tell me about your family.

Can you come next week on Tuesday for your follow up?	When are you available for your follow-up appointment?
Do you exercise regularly?	Tell me about how much physical activity do you get daily.

Focused questions: Questions that are used to limit the range of query to a specific topic are called focused questions. These can be used to ask for more information about a particular problem. These questions narrow the range of patient responses but still invite more than a one-word response from the patient.

Examples:

- You mentioned that you feel anxious/scared. Could you please tell me more about it?
- You said that you sometimes get a mild pain in your right shoulder. Do you mind telling more about it?

Probes: Probing means to inquire into someone or something specifically. Probes are used to ask for further detail about a specific topic. Probes aren't necessarily questions; these can be words or a set of phrases that are used to gain more information about the same topic. In other words, probes are used to facilitate the patient's response.

Examples:

- How does that make you feel?
- How do you feel about that?
- Is there anything that I left out?
- Would you like to add anything to that?
- How long have you had these problems?
- Is there anything that alleviates your pain?
- Is there anything that exacerbates your condition?

What not to say or do in OET SPEAKING?

Do not use “Multiple” or “Leading” questions in OET Speaking.

Multiple questions- several questions asked at the same time can be confusing for the patient; therefore, you should ask one question at a time.

- Does the pain always occur in the same place, and how painful is it on a scale of 0-10 where 0 is no pain and ten is the worst?
- Do you drink and smoke?

This question may be confusing for a patient to answer in case he/she does one of the above. The patient could be a smoker but not a drinker or vice-versa.

Transforming multiple questions

Multiple questions	Transformation
How do you feel this morning – did you get enough sleep last night and enough to eat for breakfast?	How do you feel this morning? (pause for reply) How did you sleep last night (pause for reply)? How was breakfast this morning? (Pause for reply)
Where do you live, and how many people live with you.	Tell me about your living situation.
Did stress, travelling or something else cause the problem?	What do you think caused the problem?
What have you been eating this past month? How much do you eat at one time? How often do you eat?	Tell me about your eating habits this past month.

Leading questions- those that “lead” the patient towards a particular answer.

Transforming leading questions

You are not eating too well, are you?	Have you noticed any changes to your appetite?
<p>Back-channelling can be used to encourage the patient to talk more. It can be used to show interest, attention and a willingness to keep listening. Back channelling is the feedback you give to the patient to show that you understand what he/she is saying.</p> <p>It usually takes the form of utterances such as uh-huh, yeah, mmm, okay, right, I see, ahan, go on....OK, wow! Really?</p> <p>When used appropriately, this can facilitate communication and create rapport between listener and speaker.</p> <p>Take note of the intonation</p> <p>Using a falling tone usually indicates that you think the patient has finished or that you want to take a turn in the conversation</p> <p>Examples:</p> <ul style="list-style-type: none">• uh-uh, go on, I see, right, yes (rising intonation)• I'm listening; please continue• Tell me more....• And....• Uh-hmm...(followed by silence/pause)	

Communicating with patients on sensitive or embarrassing topics

When talking with your patients about sensitive or uncomfortable topics, use the following steps to make your patients comfortable and to facilitate the conversation.

1. Use probes to investigate a concern further

Examples: I hope you don't mind me asking, but ...

Would you like to talk about.....

Is there anything else you'd like to tell me about this?

2. Reassure the patient that the consultation is confidential and that they can openly share their information without anyone else finding out

Example: Everything that you tell me in here is completely confidential.

3. Justify – provide a rationale for asking questions: explain why certain questions are relevant to the discussion

Examples: This question will help in getting a detailed picture of your condition.

It's important that I ask you some questions about your sexual history. I know it's personal, but it will help me in assessing your situation much better.

4. Acknowledge - validate that you have understood what the patient has said and thank them for providing information.

Examples: I can understand that this was hard for you to tell me, so I really appreciate your honesty.

Thank you for telling me about that.

Thank you for answering my questions. I know this wasn't easy.

What you've told me is really helpful.

Choosing an appropriate language for the patient you are speaking to is an integral part of the OET speaking test. When your patient is sensitive or embarrassed about the condition, it is better to use indirect language. Indirect language is unnecessary for conditions which are routine or for when the patient feels comfortable.

For instance, men and women react differently to illnesses and may be embarrassed or uncomfortable talking about certain conditions. To encourage such patients, it's important that questions are asked politely.

Direct vs. Indirect Language when asking questions

Use the following starting phrases to make your questions politer. Adding these phrases would soften the questions and demonstrate a sensitive and respectful attitude towards your patients while asking questions about uncomfortable or sensitive topics.

- Can you tell me ...
- Would you mind telling me
- Tell me ...
- I wondered ...
- I wonder...
- Can I ask ...
- Would you be able to tell me ...?
- May I ask ...
- Please tell me ...
- I wonder if you could tell me ...
- Let me ask you ...
- Can I ask ...
- Can you tell me ...
- Do you mind telling me about....
- I am wondering if you can tell me something about your....
- Would you mind telling me about.....?

Examples of indirect questions:

- Would you mind if I asked you some question to get a better understanding of your condition?
- If you don't mind, I would like to ask you some questions about your health/general lifestyle before proceeding further.
- In your own time, could you describe your symptoms/complaints to

me?

- I am afraid I need to ask some personal questions/a personal question – May I proceed?
- Firstly, I would like to talk about your feelings. Are you comfortable discussing them right now?
- Would you mind telling me about the difficulties you and your children are facing?
- Could you tell me how you have been coping at home?

Reflective listening skills and paraphrasing for clarification

Patients often use vague language during a consultation, using word choices that may not accurately reflect what they mean. An effective way to make sure you understand what the patient wishes to say and to ensure that you don't miss relevant information is to paraphrase what the patient has said. Paraphrasing is repeating in your words what you interpreted someone else to be saying. This will enable you to identify the patient's meaning rather than just focusing on the words they use.

To reiterate, the purposes of paraphrasing are

- To check your understanding of what a patient is saying.
- Helping the patient by simplifying, focusing what they are saying.
- Encouraging the patient to elaborate.
- Providing a check on the accuracy of your perceptions

Examples:

- “If I hear you right, you conveyed that...?” Is that correct?
- “If I heard you right...?” or “If I understand you correctly...?”
- “If I understand you right, you're saying that...?” or “... you believe that...?” or “... you feel that...?”
- You mean.....

- So, to put it another way, you believe/feel that...
- To rephrase what you said,...
- So, what you are saying is....Is that correct?
- Let me see if I have everything we talked about?
- So it sounds like.....
- In other words.....
- It looks like.....
- So what you are saying is....You mean.....
- It seems that.....

Always clarify whether what you have paraphrased is accurate by asking:

- Is that right?
- Is that correct?
- Would you like to add anything to that?
- Is that an accurate summary?
- Have I understood that correctly?
- Is there anything else?

Examples of how you can paraphrase patient responses

Patient's response	Paraphrase
<p>I haven't been eating well due to having back-to-back meetings at my office. I often skip breakfast because I am running late, and I don't get time for lunch due to work, and dinner is usually a quick bite because I am busy working on my presentations for the next day.</p>	<p>In other words, due to competing demands on your time, you have been missing meals and not eating properly.</p>

The doctor told me to take these antibiotics until the pills ran out, but I felt better the next day, so I stopped.	As I understand it, you stopped taking the medication when you felt better even though your doctor told you to finish the prescription.
I don't believe that drinking regularly is bad. I have been drinking whiskey regularly and nothing bad has happened to me.	So, what you are saying is, you are not convinced that drinking alcohol regularly is dangerous because it hasn't affected you.
I'd like to lose some weight, but with my friend's weddings around the corner, I feel it won't be possible.	To put it another way, you feel that this is a difficult time of the year to lose weight.

Example

Nurse: Alright. Thank you for answering my questions. Let me ensure I have noted everything correctly: You have been having chest pain for the past few days which sometimes radiates to your shoulder. The pain is about a 6 on a scale of 0 to 10 and is a burning feeling that causes tightness in the chest. The pain usually lasts 10 minutes but can last as long as 40 minutes. Getting overexerted at work seems to trigger the pain, and it gets better with an aspirin. Is there anything else that you would like to add?

Useful tips

When the patient talks for too long

- Could I just interrupt you there for a second?
- So what I have understood so far is that..... Is that right?

What if the patient says something that is confusing or unclear?

Ask the patient for clarification:

- I am sorry to interject, but I am not sure I understood that completely. Could you repeat it?
- I am sorry to interrupt; I missed the last few words you said.

- I didn't quite follow that. Can you say it again, please?
- Sorry, could you repeat that for me, please?
- Can you please clarify what you mean when you say.....?
- Do you mean.....?
- Sorry, I don't understand what you mean.
- I am sorry, I am not sure I understand what you mean by....
- Sorry, I am not sure I know what you mean.

Active Listening

Picking up on patient cues

(Listening to verbal cues or the change of pace and intonation in the patient's tone)

- You sound a little worried about your situation.
- That must have been difficult.
- You said that you feel miserable; could you tell me more about these feelings/why you have been feeling this way?
- When you say that ".....", would you add some information/give more details regarding this?

Identify whether the patient is unconcerned/angry/agitated/sad/nervous/embarrassed] from cue- card.

- It looks like.....
- It seems that.
- I sense that you are very sad/embarrassed/angry; would it help to talk about it?
- You sound sad/concerned/anxious/unsure when you say this; would it help to talk about it?
- I sense that you are not quite happy/satisfied/sure with the explanation/about the advice you have been given – Is that right?

- Am I right in thinking that you are reluctant/resistant to the advice you have been given?

Pauses

Pauses play a significant role in your OET Speaking and encourage patient understanding and participation. They are used to separate different thoughts or ideas. You should pause periodically to allow the listener to digest the message you have delivered to that point.

Consider the change in impact when you practice the dialogue given below with and without pauses.

Version 1 (without pauses)

Now, Ralph, I'd like to briefly summarize your history to be sure I have the details correct. You have been suffering from stomach pain since yesterday, and you have experienced some heartburn. You have taken medication from the pharmacy, but it has not relieved your symptoms. Is that right so far?

Version 2 (with pauses)

Now, Ralph, (Pause) I'd like to briefly summarize your history (Pause) to be sure I have the details correct. (Pause) You have been suffering from stomach pain since yesterday (pause), and you have experienced some heartburn. You have taken medication from the pharmacy (pause), but it has not relieved your symptoms(pause). Is that right so far?

Pausing at each stage enables the listener to absorb the information and, if necessary, gives them the opportunity to stop and correct you.

Let's quickly revise what we have learnt up to this point.

Steps involved when taking a patient's history in OET

Speaking

Establishing rapport

(Begin with a nice greeting; introduce yourself and your role in a welcoming manner)

Questioning technique for gathering information: Use the cone technique for taking the history of the patient- moving from open to closed questions.

Using verbal facilitation skills as Back channelling “I see, Go on” to encourage the patient’s responses

Using clarifying questions, where necessary.

- Could you elaborate more about the problems you have been having?
- Could you describe your symptoms to me in a little more detail?
- I am sorry, but could you please repeat that?

Summarizing the patient’s response to check the accuracy of the information

- So, I’d just like to briefly summarize your history to be sure I have the details correct..... Is that right so far?

Normalizing statements

Some patients may have difficulty in disclosing some information about their problem or condition, especially if they are anxious or embarrassed or uncomfortable talking about it.

One way of reassuring the patient is to use normalizing statements, i.e., statements that normalize their problem. These statements are used to let your patient know that they are not alone in having certain problems, symptoms, or experiences.

Starting your sentence with phrases **like this is a common problem, many people feel ..., many people tell me ..., often I have been told that ...** can make the patients comfortable and encourage them to volunteer information about sensitive topics.

Examples:

- **A lot of people have difficulty** in taking the initial steps to lose weight.
- **Many people find the** instructions/guidelines for taking their medication complicated.
- **This is a common problem**, and it is sometimes connected to not getting enough physical activity.
- **It is perfectly natural** for people to feel this way.
- **It is a common occurrence, and it's not unusual for this** to happen for people in your age group.

Eliciting information: Communicating with challenging or withdrawn patients

- You seem very low in yourself. Can you tell me what's going on?
- You appear very distant – why is that?
- You seem very sad – can I ask what you are thinking?
- You look quite disturbed- what's on your mind?
- I can see that you look very anxious- would you mind telling me what is bothering you?
- You seem upset- do you mind telling what's the problem?
- I understand this is very difficult for you talk about it.
- That must be very challenging for you.
- I can understand it's hard as it's a big change in your life, and it's natural to feel overwhelmed. Having said that, I am here to assist you.
- I know this must be distressing you. That being said, I am here to help you. (validating a patient's concern who is anxious, concerned or upset)
- You seem very far away! (used in case the patient is withdrawn or unresponsive) Please tell me what is on your mind.
- How are you feeling at the moment?

- How do you feel right now?
- I appreciate (appreciate here means to understand) the problems this has caused you.
- I can understand your frustration, but this is the only option we have at the moment to ensure that you remain in good general health. (used to persuade a patient)
- I am sorry that you feel..... I can assure you it wasn't intentional. (if the patient is angry)

Empathetic Phrases

Empathy is a vital component of any health practitioner-patient relationship and has been associated with improved patient outcomes. Empathetic phrases enhance the therapeutic effectiveness of your communication as well increase the efficiency of gathering information from the patient.

Some useful expressions that can demonstrate sensitivity and empathy during your consultation are:

- I can see that must have been hard for you.
- Can you bear to tell me just how you have been feeling?
- Thank you for telling me how you have been feeling.
- I appreciate you telling me this. It helps me in understanding the situation much better.
- Have you told me enough about how you are feeling to help me understand things?
- I think I understand now a little of what you have been feeling. Let's look at the practical things that we can do together.
- I can see that this has been very difficult for you to cope with.
- I can appreciate how difficult it is for you to talk about this (here, appreciate means to understand)
- I can sense how angry you have been feeling about your illness.

- I can see that you are quite upset
- I can understand it must be frightening for you to know the pain might keep coming back.
- That must have been (past)/must be (present) very difficult/tiring/Frightening/Painful/Emotionally draining for you.
- I know how you must be feeling.
- I am sorry to hear that!
- Aww, it's a pity to hear that!
- I can perfectly understand how difficult that must for you to cope with.
- It can be quite distressing, but there are ways to help manage it.
- I can appreciate that it's difficult to follow these instructions or I can appreciate that it's difficult to make these changes in your lifestyle. However, it is imperative that you do this to ensure good general health or to ensure a complete recovery.
- I have noticed that you seem a little uncomfortable with this suggestion. Having said that, this would be very beneficial for you or this would improve your health.
- I can understand why you feel that way, and it can be overwhelming.
- I am sorry to hear that.

Explaining treatment and advising patients

Like indirect language can be used while asking questions to make your patient feel comfortable, it can also be used when giving instructions or when advising your patients.

When giving instructions, use tentative language such as (I was wondering) or modal verbs such as (this might be, could you....., would you.....) as it softens the instruction. Doing this makes your patients feel like they are responding to suggestions instead of being told what to do.

Direct	Indirect
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You need to stop smoking (this might be considered a too direct and comes across as a command rather than an instruction).	If you could try to cease smoking, it would be very beneficial for your health.
You need to lose weight	If you could try to lose some weight, it would be very helpful for maintaining good health.
You need to cut down on salty and fat-rich foods.	Would you be able to cut down on salty and fat-rich foods?
You will need to incorporate some physical activity into your routine.	I would recommend that you incorporate some physical activity into your routine. I was wondering if it's possible for you to incorporate some physical activity into your routine.
If you want to lose weight, you should substitute items like pizza with a salad to control the number of calories you consume.	Could you try substituting the pizza that you have for lunch with a salad? It would be very helpful in controlling the daily calorie intake.

Use polite expressions to give advice:

- Are you willing to...?
- Would you be willing to...?
- Would you at least give me time/a chance to suggest some ways to manage your condition?
- I will outline some things you can do...
- You could consider...
- Another option is....

- To begin with, I would suggest.....
- I would like to start by suggesting....
- Have you thought about.....
- What I would like you to do is..... (ensure compliance with medication/healthy diet/eat more fruits and vegetables)
- Why not.... (try healthier alternatives ?)
- Let's consider some ways by which you can incorporate healthier changes in your life.
- Would you like to try and quit smoking? There are medications and support groups available for people who want to quit smoking. If you like, I can get you some information about it.
- I'd like you to focus on what we can do now to improve your health. Have considered giving up smoking?
- I'd like to talk with you about your diet.
- Exercise will benefit in maintaining good health. I know it might be little difficult at first but it will have a profound impact on your health in the long run.
- I think you could start by walking 15 minutes every alternate day and gradually increase the duration

Version 1 (Judgemental approach towards the patient's smoking)	Version 2 (Non-judgemental approach towards the patient's smoking)
<p>Nurse: Hello Sigma.</p> <p>Sigma: Hello, Nurse.</p> <p>Nurse: How are you feeling?</p> <p>Sigma: I can't seem to catch my breath these days. It's really scary</p>	<p>Nurse: Hello Sigma.</p> <p>Sigma: Hello, Nurse.</p> <p>Nurse: You seem disturbed. How are you feeling?</p> <p>Sigma: I can't seem to catch my breath these days. It's really scary</p>

<p>sometimes....to gasp for air.</p>	<p>sometimes....to gasp for air.</p>
<p>Nurse: Well, no wonder. All those years of smoking have affected your health now. (judgmental about patient's smoking)</p> <p>Sigma: You are making me feel guilty.</p>	<p>Nurse: I can see that you are concerned. Could you tell me more about it?</p> <p>Sigma: Yes, I am frequently out of breath. The other day, I was at the supermarket, and I found myself gasping for breath.</p>
<p>Nurse: I didn't mean to make you feel that way. It's just the reality. (no reassurance)</p>	<p>Nurse: I understand how difficult that must be. Let's focus on what we can do now to improve your health. If you do not mind me saying, this may have to do with your smoking. Have you thought about quitting?</p>
	<p>Sigma: I want to kick this bad habit. It's just..... I don't know where and how to start?</p> <p>Nurse: I am glad that you are thinking about it. That's a good sign. We will do our best to help you and support you every step of the way.</p> <p>Sigma: What if I fail. I am not sure if I will be able to cope up.</p>
	<p>Nurse: It's a reasonable concern. Think about your choices here. What are the advantages and disadvantages of quitting smoking? And even if you do relapse, we will support you to re-start again.</p>

Signposting language when explaining treatment and giving advice to patients

- Let me explain what you can do to recover from this condition. Firstly,Secondly,....., Next,.....
- That brings me to the next point.....
- Moving on to the next option.../next advice..... Another thing you can do is.....
- There are three things you need to consider. First of all, you should lose weight. Then, you must cut down..... Finally,.....
- Let me briefly outline what you can do to ensure good general health.

In addition/Besides this, you could include portions of fruits and vegetables in your diet.

There are a few things I need to tell you about managing your current situation. Firstly,

- There are a couple of things I want to advise you.
- I want to suggest a few things which you can do to ensure a full recovery.
- Basically/Briefly, I have three things to say.
- I'd like to begin/start by ...
- Let's begin/start by ...
- First of all, I'll...
- ... and then I'll go on to...
- Then/Next ...

Use the following linking words when adding items

- Also,
- Likewise,
- Moreover,
- Furthermore,
- In addition,
- As well as this,
- In addition to this,
- Apart from this,
- Besides that
- Moving on
- Going back to
- To sum up
- Finally

Vocabulary for “emphasizing” your advice

Really- You really need to reduce your weight

Certainly- If you follow my advice, it will certainly improve your health

Definitely- If you comply with my advice, it will definitely improve your health

Especially – To ensure good health, you will need to make changes to your lifestyle, especially your smoking. I am concerned about your health, and I want you to know that quitting smoking is the most important thing you can do to protect your current and future health.

Marvellous- Many patients in similar situations/with similar conditions have had marvellous/tremendous results by making small changes in their lifestyle.

Reassure - I reassure you that you will be able to make a complete recovery if you adhere to these instructions.

Persuading reluctant or difficult patients

Use the following phrases to explain and highlight why adherence to your advice is important

- Your weight is not in the ideal range, and I am concerned about the long-term effects on your health.
- Your weight is higher than it should be, and I am concerned about your health.
- I understand what you are saying, but you must consider the long-term effects it can have on your health. I know it's hard, but I am afraid there's no other way. If you do not make these changes, you run the risk of....
- It is imperative that you lose weight, else it can make you susceptible to serious complications for the future
- It is necessary that you comply with the treatment advice
- It is essential that you heed my advice.
- It is vital that you consider making these changes to your lifestyle.
- It is paramount.....
- It is indispensable.....
- It is crucial.....
- The most important thing is to...
- It would be beneficial if you can.....
- It is a good idea to include portions of fruits and vegetables in your eating habits.
- It would be helpful...
- It is strongly recommended that...
- It is important for you to start doing some kinds of exercise for at least 20 minutes every day.
- I am concerned about your health and want the best possible outcome for you.
- It is necessary for you to cut down on some of the foods in your diet

that are not particularly healthy. For instance, fried foods or foods rich in cholesterol.

- It is recommended that you try changing your lifestyle.
- It is imperative that you take your medicine regularly.
- It is paramount that you reduce your alcohol intake.
- It is indispensable that you quit smoking or at least try to cut down on the number of cigarettes you smoke per day.
- It is crucial that you reduce your weight to avoid adverse effects on your health.
- In cases like these, the first thing to try is changing your lifestyle.
- I suggest that....
- I advise that.....
- I strongly recommend that.....
- It would be beneficial if you
- I am afraid it is extremely important/essential/imperative/critical/for you to...
- It's really important that you...
- I strongly suggest/urge/advise you to...
- It is essential...
- This might not be what you were hoping to hear but the best way to improve your health is....

Checking patient's acceptance:

- Is that okay?
- How does that sound?
- Are you happy with that?
- How do you feel about what I am proposing?
- How do you feel about that?

- I hope I have cleared up/assuaged your worries? Does that make you feel a bit better?

Verbal Reassurance is provided to show that

- The patient's concerns or fears are real and important
- You understand the patient's concerns or fears as a health professional
- There is hope for recovery

However, it must be genuine and truthful; otherwise, it can become false reassurance.

Consider the following examples.

Patient: I have had this infection for three weeks now, and the pain keeps getting worse. I am so sick of this. I hate living like this. Is there a qualified doctor in this hospital who can make me feel better?

Nurse: I understand that it has been quite challenging for you with all that you have been going through. Indeed, health concerns can be very draining. I just want to let you know that you are in the right place, and we are doing our very best to care for you.

Patient: It's my second week in the hospital. My accident was seven days ago. Will I ever get better?

Nurse: I can see that you are concerned about your health, but it can take several weeks to recover for the injuries to heal completely. Having said that, you are making steady progress.

Patient: No one cares in this hospital. I rang the buzzer so many times, but it seems that no one is bothered to check on me.

Nurse: I understand that you are angry. I was attending to a critical patient and therefore couldn't be here earlier. That being said, your health is my priority, and I will ensure that you are looked after properly.

Patient: I have been independent all my life, and I do not want to become dependent on medication. I can tolerate this pain.

Nurse: I understand your perspective. However, at this time, it is imperative to relieve your body of the pain so it can focus on healing itself. Therefore, you must take the medication. Also, regarding your concern about becoming addicted, I assure you that nothing of this would happen as this is a temporary arrangement.

Avoid offering 'False Reassurance' to your patient

You have nothing to worry about. (saying something that is not true)

Don't worry. Everything will be alright (assuring the patient about something that may not happen)

There's no need to cry. It will all work out. (promising something that may not happen)

Reassuring statements

- I hear what you are saying. You are concerned about your health.
- It's ok to cry when you feel like it. I can wait for you.
- I appreciate that you are worried. Is there anything I can do for you?
- I know you are concerned that your progress is slow, but you are making steady progress and would recuperate soon.
- You did the right thing coming to the hospital. We have experienced doctors and the latest equipment to treat your condition.
- It's okay to feel sad.
- It's ok to cry.
- I will do everything I can to make you feel comfortable during your stay.
- Would you like me to contact the social worker to talk with you about any services that might be available for you while you recover your strength?

- With rest, the right medication, and a stress-free mind, you will feel better.

Showing Empathy

Empathy is the ability to experience a situation through the eyes and feelings of another person. Empathy allows your patient to feel greater acceptance.

- That must have been (present perfect for actions that began in the past)/must be (present) very
-(difficult/tiring/frightening/painful/emotionally draining) for you.
- I know how you must be feeling
- I understand your concern
- I understand how you are feeling
- I can relate to that.
- I understand how you feel. That being said.....(give advice)
- I understand why you have this concern. Having said that.....(give advice)
- I understand/see why you are worried. However.....(give advice)
- I am sorry to hear that!
- Aww, it's a pity to hear that!
- I can see that you are not happy with this suggestion.
- I do see your point
- I do understand your perspective
- I do understand where you are coming from
- I can see how worried you are about making changes to your lifestyle, but you must consider the long-term effects....
- I can see you are anxious about making changes to your routine. Nevertheless,.

- If I were you, I would react in the same way
- It's a reasonable reaction.
- Your reaction is justified
- It is indeed quite hard to accept something we are not ready to do.
- I completely understand that it must be very difficult for you, considering the stage you are in, it must be overwhelming!
- I understand it is challenging for you to cope up with this situation. And it is a reasonable reaction.
- Your concerns are understandable. It's not unusual for people to react in this way.
- I understand you dislike this idea. It's common for people to feel this way.
- I can understand your worries/concern.
- I completely understand that it must be very difficult for you, considering the stage you are in, it must be overwhelming!
- I understand it is challenging for you to cope up with this situation. And it is a reasonable reaction.
- Your concerns are understandable. It's not unusual for people to react in this way.
- I understand you dislike this idea. It's common for people to feel this way.
- I can understand your worries/concern.
- I know how you are feeling. With that said...
- I can understand how you feel. That being said.....
- I can see why you have this concern. Having said that.....
- I understand/see why you are worried. However,.....

The next step would be to reassure the patient to manage their anxiety, fear or worries.

For instance,

- This Clinic/This hospital has an excellent reputation, and your health and safety is our utmost priority
- There is no need to be alarmed. The staff here is very competent and will look after you diligently.
- I am a qualified nurse with good nursing experience. Please do not worry at all
- Of course, the final decision is up to you. However, the sooner it will be done, the better!
- There is nothing to be alarmed about
- I am afraid there is no other way.
- Believe me; if there were another way, I would have told you.
- This is the best option, I assure you.
- There are no two ways about it.
- It's your health at stake here.
- We will be here to help you.
- We will be here to look after you. or We are here to look after you.
- Try not to worry about.
- I assure you there is nothing to worry about.
- I am certain that staying in the hospital is in your best interests.
- Please relax; we are here to help you and to suggest how to manage.
- I understand your concern; however, following my advice is imperative to your well-being
- Believe me; if there were another way, I would have told you.
- This is the best option, I assure you.
- There are no two ways about it.
- It's your health at stake here.
- We will be here to help you.
- We will be here to look after you.

- Try not to worry about.
- I assure you there is nothing to worry about.
- I am certain that staying in the hospital is in your best interests.
- Please relax; we are here to help you and to suggest how to manage.

Explaining risks to their health in case they refuse the treatment or advice

- If you do not comply with my advice, it can have adverse effects on your health
- The results of not getting the treatment can be detrimental.
- If you do not take your medication on time, it might delay the recovery time.
- If you do not modify your lifestyle, your disease may progress.
- Your condition might exacerbate if you discharge against medical advice.

Acknowledge the patient's perspective before outlining the risks

- I understand that it's not easy, but if you continue like this, it will make your condition worse!
- I know it's not easy, but it's imperative that you adhere to this advice to recover from your illness.
- I can see you have concerns regarding this. That being said, it's vital that you follow my advice to ensure good general health.
- I can understand it's difficult for you.
- I can appreciate that it's going to be difficult making these changes.
- I understand it's not easy, and it's tough to make changes to a busy schedule, but as I see it- there's no alternative. If not make some changes now, you run the risk of.....

Reinforcement should follow the above explanation

- So, I hope you understand why it's vital for you to stick to the diet/undergo the tests/take the pills/not to smoke/to get plenty of rest and so on.
- This is the reason why you need to get admitted/undergo this treatment
- For this reason, you need to.....

Use statements like to check's patient agreement

- I hope I have cleared up/assuaged your worries? Does that make you feel a bit better?
- Is that okay?
- How does that sound?
- Are you happy with that?

The patient may become fearful/difficult/noncompliant/reluctant at this stage and may not want to follow your suggested plan of action/treatment. It is crucial that you first acknowledge or validate the patient's concerns and then, provide a justification to make them reconsider their decision. It is important to ascertain why the patient is having difficulty coming to terms with your treatment recommendation. It is possible that the patient has incorrect beliefs which can be addressed with a simple conversation. A patient must be explained the implications of refusing your advice in simple terms that are understandable by him/her, but at the same time, it is equally important to remember that it is within a patient's right to refuse medication or treatment and that decision must be respected.

- I appreciate what you are saying, and It's your right to get discharged/refuse treatment with an informed understanding of the risks involved in this decision. Can I explain something the risks associated with getting discharged against medical advice/refusing medication or treatment? Would that be okay?
- I understand that the final decision is up to you. However, you must

understand the risks involved with this. Is it alright okay if I can discuss that with you?

Negotiating

- I'd like to propose that...
- I recommend/suggest...
- How do you feel about...

Responding to patient concerns or reluctance

- Maybe it would be better to...
- Perhaps a better idea would be...
- May I offer an alternative? I propose that...
- Given your health, a better solution might be...
- Would you be willing to accept a compromise? How about....?
- Would you agree to....?

Giving a Reason in Negotiations (explaining the risks associated with non-compliance)

- The reason for that is...
- This is because...

Prioritizing Interests

- The most important issue for us is...
- We intend to ensure that you recover completely. For this,...
- Our main priority is your health. For this,
- If you do not follow this advice, your health might exacerbate...
- If you do not comply with my treatment advice, your condition might

deteriorate.

Checking patient's agreement

- Is that acceptable to you?
- Does that sound reasonable to you?
- Does that seem realistic to you?
- Will you agree to this?
- Can you agree to that?
- Do we have an agreement?

If anything: use this phrase to correct an assumption

For example:

Patient: Will the medication improve my energy levels?

Nurse: Well, if anything it will make you feel drowsy in the short term.

Patient: Will I start gaining weight as soon as I take this medication?

Nurse: Well, if anything you will lose a little bit of weight first before the weight gain starts.

Summary

You may have to advise several lifestyle modifications to your patients that they may find uncomfortable for example, weight loss/management, giving up smoking/drinking, making dietary adjustments, etc.

Use the following steps to approach conversations on sensitive topics.

Step 1: Seek permission

Ask for the patient's permission before opening up the discussion.

- Would it be okay if we discuss how your weight can be managed to

ensure it's in a healthy range?

- If you don't mind, I'd like to discuss some ways you can incorporate some physical activity into your life to adopt a heart-healthy lifestyle.

Step 2: Using the 'right' words

Avoid unpleasant or judgmental language. Be firm but kind.

For example: Instead of saying, "You are obese and need to reduce weight.", say "Your weight is above the normal range; to ensure good health, it's advisable to lose the excess weight."

Step 3: Explain risks with not complying with your advice

(To persuade patients) Make it a compelling case, and to do so, highlight the risks associated with not adhering to your advice.

I do understand your reluctance. It's a daunting prospect to make changes to your everyday routine; however, you must consider the risks associated with carrying excess weight/smoking/sedentary lifestyle/etc.

Reducing your alcohol intake is an essential step towards avoiding medical problems like cardiovascular disease or fatty liver disease.

Excess weight can put you at risk of having a heart attack.

Step 4: Engage the patient to show that you are on his/her side and are concerned about their health

I am concerned about your health.

Step 5: Offer realistic advice to get agreement from the patient

The advice you will offer should be based on the patient's lifestyle. For some

patients, a daily walk will be a tremendous step forward while for others, a rigorous exercise regime may be possible.

Example: If a patient eats large servings or portions of food in a day, provide tips about slowing down when eating, filling up on lower-calorie foods and downsizing instead of upsizing.

For others who skip meals, emphasize the importance of eating balanced meals throughout the day.

Ask questions about your patient's lifestyle and everyday activities so that you can suggest practical, manageable, and measurable goals.

For example, I understand your perspective. How about this? You can begin with 15 minutes of walk daily and gradually increase the duration of the walks.

You could also refer your patient to a support group or offer a patient information leaflet for better management of the specific condition you are advising them on. Be sure to provide advice that causes minimum disruption in their lives.

Step 6: Reinforce the importance of making changes

Stress the hopeful aspect of your advice and reiterate that small steps can lead to a big difference in the long run.

Dealing with a reluctant patient

Step 1 – Empathize

- If I were you, I would react in the same way.
- I understand how you feel.
- Of course, it's difficult to be in your position right now.

Step 2 – Justify your advice by explaining the consequences of non-compliance and make the patient realize that they are responsible for their health.

- If you continue to do this, it can have adverse effects on your health.
- If you do not take your medication on time, it can lead to unfavorable outcomes.
- You must consider the repercussions that this can have on your health
- You must think of the long-term effects that it can have on your health
- Of course, at the end of the day, it's your decision to comply with the advice, but I would advise....

Here, you could use phrases like “I am afraid” or “unfortunately” for emphasis.

- I am afraid if you do not cut down on your smoking, it can exacerbate your condition
- Unfortunately, it is imperative that you cut down on processed foods to control your hypertension.

Chapter 4

OET Speaking Course – Pocketbook

Beginning the conversation

Thanks for coming in. (not to be used when the patient is admitted in the hospital or during a home visit).

Next, state your name and clarify your role.

Get permission to have the discussion

Set goals for the discussion – seek the patient’s permission before asking questions or introducing a discussion.

“I’d like to go over your test reports, would that be ok?”

“Today I plan to discuss...is that okay?”

“Before, proceeding further, I’d like to ask you some questions. It will help me in getting a clearer picture of your condition. Is that okay?”

“The doctor is worried about your weight. Is it okay if I ask you some questions about your eating habits and lifestyle?”

“I’m concerned about your uncontrolled sugar levels. Would it be alright if I asked you some questions first?”

“I’m wondering if you mind answering some questions about your

medical history. It will help me to understand the situation much better.”

Questioning techniques for information gathering and Active Listening skills.

Open-Ended Questions

“What brings you here today?”

“Can you tell me about your concerns?”

“How have you been feeling?”

“What seems to be bothering you?”

“Could you tell me something about your eating habits?” (Focused question – open question but limits the scope)

Closed-Ended Questions

“Do you have any ongoing medical illnesses?”

“Do you drink alcohol?”

“Have you had any similar problems in the past?”

“Does anyone in your family suffer from this condition too?”

“Did you take any medication before coming here?”

Use an empathizing statement to show that you recognize the patient’s emotion and understand it.

“I’m sorry this has happened, and I understand how it would make you feel that way.”

“I hear what you’re saying. That must have been very difficult.”

“I get your point. It is obviously very upsetting.”

“I can see it’s really difficult for you to talk about this.”

“I can appreciate that it isn’t easy to talk about this”

“I do understand that it’s stressful to talk about this.”

“It must be hard to talk about this”

“I can see how difficult it is for you.”

“It sounds frustrating.”

Facilitating

- Do not interrupt the patient, but use ***back-channeling*** (*Okay, uh-huh, hmmm, I see, Alright, go on...etc.*) to facilitate the conversation.
- A nod to let the patient know you are following them.

Use ***“Tell me more”*** statements

“Tell me more about that.”

“I can see that you sound/seem anxious. Could you tell me more about what’s bothering you?”

Clarifying

“So, if I understand you correctly, you are saying...”

“Tell me more about that.”

“From what I have understood.....,”

“So, let me see if I understand.....”

“What I hear you saying is...”

Explaining medical advice

Do not use medical jargon and explain the facts in a manner that the patient will understand.

Present the information in small “chunks” to facilitate the patient’s understanding. Use signposting or discourse markers to make the conversation easier to follow. After each chunk, verify the patient’s understanding.

“Are you with me so far?”

“Do you have any questions that I can answer at this stage?”

“Are you clear with what I have just explained?”

“Would you like to ask any questions about what I have just explained?”

Elicit patient’s ideas, feelings, or concerns

“Can you tell me about how you feel?”

“Could you tell me how this makes you feel?”

“Can you tell me what you are thinking at the moment?”

“I can see that you seem anxious.”

“I can see that this has made you anxious. Would you like to share what’s on your mind?”

Checking the patient’s understanding

Before explanation, assess the patient’s understanding of their condition.

Ask what the patient already knows and take note of the discrepancies in the patient’s understanding and what is actually true.

“Tell me what you know about your condition so far.”

“Please tell me what you understand about your condition until now.”

“Could you tell me what you know about your condition so far?”

“To ensure we are on the same page with understanding your condition, so can you tell me...”

Acknowledgement, Validation, and Empathizing

You may not agree with the patient's feeling or way of thinking but respond empathetically to show that you respect the patient's perspective.

"That must have felt terrible when..."

"Most people would be upset about this."

"I do understand your concern."

"I know it's upsetting for you"

"I can appreciate that it is difficult for you."

"I do understand how challenging it must be for you."

Negotiating

3-step approach

1. Empathize to validate the patient's feelings

(Use a normalizing statement like: "Most people would feel that way.")

"I can understand your perspective."

"I get your point."

2. Outline the benefits associated with your advice

3. Explain the risks associated with non-compliance

(Use "unfortunately" or "I am afraid")

Use persuading statements like

"It's really important that we resolve this."

"Given the risks associated with non-adherence, I strongly advise you to consider my advice."

"I can understand your reluctance, but it's important that you

prioritize your health.”

“I strongly urge you to comply with this advice; otherwise, the repercussions could be harmful to your health.”

More examples:

“I understand your resistance and many people would think the same, but I’m afraid, there’s no other option at the moment. You need to prioritise your health.”

“It’s never easy making lifestyle changes, but it’s imperative for your health currently; not doing so would put you at risk of serious harm.”

“I can understand your perspective, but if you do not comply with my advice, it could lead to adverse effects on your health.”

*Then, check the patient’s agreement by asking clarifying questions.
E.g.*

Is that okay with you?

How does that sound?

Does that seem plausible to you?

Does that sound realistic to you?

Wrapping up the conversation

Ask if the patient has any questions or concerns

“Do you have any other questions or concerns?”

Reiterate/Summarize the discussion or the advice provided or clarify with the patient their expectations of treatment and outcome.

“So, this is what we’ve decided.”

*Ask the patient to **repeat back** to you their understanding of the plan.*

“To check your understanding, could you please repeat back to me what we have discussed today?”

“Do you mind repeating back to me what we have discussed? I want to ensure that we are both clear about what we have discussed.”

Useful Vocabulary practice for Speaking and Writing

- As well as –also/and- He is a drinker as well as a smoker.
- As well as this –also- As well as this, she also consumes a fat-rich diet.
- Overwhelming-emotionally difficult- I can understand this must be overwhelming for you. Please let me explain why this is important. If you do not stop smoking/drinking.....
- Adverse-harmful-If you do not follow my advice; it will have adverse effects on your health.
- Reiterate –repeat- to reiterate what we discussed today, you will have to make changes...../To reiterate what you just said, you have a stressful job, and you barely get time to exercise, is that correct?
- Cornerstone- foundation-Good diet/Regular exercise is a cornerstone for leading a healthy life.
- Perhaps- used to express uncertainty- Perhaps, you could consider cutting down on smoking/drinking one day at a time.
- Probably- used to express uncertainty- Probably, you can join a support group like Alcoholics anonymous to meet people who are in the same condition.
- Incorporate preventative/precautionary measures- You must incorporate these changes into your lifestyle to get your health on track. You must incorporate preventative measures into your lifestyle to.....
- Aww, it’s a pity to hear that!

- I am sorry to hear that!
- Mitigate- make something less severe or painful- Painkillers will help to mitigate the pain.

Synonyms: reduce/ease/relieve

- Alleviate – Painkillers will help to alleviate the pain. Is there anything that alleviates your pain?
- Susceptible- likely/prone/sensitive/vulnerable- Patients with liver disease may be susceptible to infection. If you do not lose weight, you are susceptible to.....
- Compliance- please ensure compliance with the suggested medication regimen
- To begin with - used for enumeration- To begin with, I will explain... after that..... then.....following that.....Finally.....
- Significant- Important - Adopting a low-fat diet will improve your health significantly

Remarkable - note-worthy- Adopting a healthy lifestyle will improve your health remarkably.

- Vital Please do not underestimate how vitally important this is.

Synonyms- crucial/essential/critical

- The importance of this treatment cannot be emphasized strongly enough.
- Detrimental- tending to be harmful, negative, adverse- If you continue to smoke/drink, it will have detrimental effects on your health
- You seem distressed, is there anything on your mind that you would like to discuss with me?
- Adherence-compliance - Please ensure adherence to the recommended exercise program/medication regime and so on.

Sample Role-plays

Role Play 1

Candidate Cue-card

Setting: Hospital Ward

Nurse: You have been called to the patient's bedside. The patient is a 37-year-old man/woman who was admitted to the hospital yesterday with a fractured leg. You notice that he/she looks quite agitated. It's early morning, and the doctor is on rounds in the hospital. He/She was given a painkiller earlier today.

Task:

- Find out why the patient is angry
- Explain that you were attending to a critical patient
- Empathize with the patient regarding his/her complaint(s) and calm the patient down.
- Ask him/her about the pain (pain score, whether ongoing pain-relief medication is effective).
- Explain that you need to call the doctor to change his/her pain-relief medicine.
- Find out if the patient has any other concerns
- Encourage the patient to discuss his/her dietary preferences with the hospital dietician

Interlocutor cue-card

Setting: Hospital Ward

Patient: You are 37 years old and were admitted to the hospital yesterday with a fractured leg. You are in a lot of pain which has not subsided despite the pain-killer medicine which was given to you earlier. You rang the buzzer 30 minutes ago, but no one has come to see you. You feel alone in the hospital, and the pain is making you very uncomfortable. This is the first time you have been hospitalized. You are annoyed with the hospital staff for neglecting you while you were in pain.

Task:

- Agitatedly tell the nurse that you are extremely upset and want to file a complaint.
- Answer the nurse's questions about why you are angry.
- When asked, tell the nurse that your pain score is 11 and you want a stronger pain-killer.
- Demand the nurse gets a stronger medication herself/himself (because calling the doctor seems like another delaying tactic to you).
- Ask the nurse if you can see the doctor and inquire about the doctor's whereabouts.
- When asked about other concerns, express dissatisfaction with the hospital food.

Speaking description of what a good student is expected to produce

Introduction

In this roleplay, the student (nurse) has been called to the patient's bedside. The student should start the role play with a polite introduction and investigate the reason for being called to the patient's bedside.

- Hello, my name is Gurleen, and I am going to be taking care of you today. I see that you rang the buzzer?
- Hello, my name is Gurleen, and I am the attending nurse on duty today. I see that you rang the nurse call button. Please let me know how I may

assist you?

The student should ask the patient what he/she would prefer to be called (first name or last name). This is simply a matter of courtesy and respect as some people prefer to be called by their first names while others prefer to be addressed as Mr. or Mrs. followed by their last name.

- How may I address you?
- What do you prefer to be called?

1. Find out why the patient is angry

The patient seems agitated, so the student will need to ask open-ended indirect questions to find out the cause that has triggered this reaction.

- You seem angry. Would you mind telling me what's bothering you?
- I can see that you seem angry. Would you please tell what's troubling you?
- I hope you don't mind my saying this, but it seems that something is disturbing you. Could you please tell me what's going on?
- I can sense that you are quite upset. Could you please elaborate on what happened?
- I can see you are incredibly upset. It's important that we understand each other completely. Would you mind telling me what's bothering you?

The student should exercise reflective listening skills to acknowledge or validate the patient's concerns to demonstrate an understanding of the situation. This can be done by repeating/paraphrasing or reflecting back what the patient's response. This "reflective listening" will not only affirm that the patient is being heard but also provide more opportunity to the patient to express himself/herself.

- If I understand you correctly, you are angry about the delayed bedside visit. Is that right?

2. Explain that you were attending to a critical patient

Once it has been established that the patient is upset regarding the delayed bedside visit, the student should explain the reason for the delay. However, care must be taken to do this empathetically. Use polite expressions to justify the reason for being late.

- I apologise for the delay. I had to attend to a critical patient urgently.
- I am sorry this has happened. I was attending to a critical patient.
- I am sorry that you had to wait for so long. The reason my visit was delayed is that I was attending to a patient in critical condition.

3. Empathize with the patient regarding his/her complaint(s) and calm the patient down.

For this part, the student must empathetically respond to the patient's complaints to validate his/her feelings and show understanding. The students can also use back channelling when the patient is expressing her complaints to make him/her feel heard. For instance, utterances like "Okay," "Uh-huh," "Right," "Mmm," but the student needs to demonstrate an awareness of intonation and timing while using these. It is also important to include expressions of apology to defuse the patient's anger or at least prevent him/her from becoming angrier. The student should adjust the style of communication when talking to an agitated patient (calm tone, speaking slowly and clearly).

Also, the student should continue to ask what he/she can do for the patient. This shows again that the health professional cares enough about the situation and wants to help to rectify it.

- I am so sorry to hear that. I apologise for the rough experience that you have had. Please let me know how I can assist you?
- Thank you so much for sharing this with me. I can now understand how frustrating it must have been to wait while you were in pain. I am sorry for this; I will ensure that it does not get repeated.

- I am so sorry that this is happening to you. I understand this must have been very difficult for you.
- Given everything that you have told me, it's understandable that you feel this way. What can I do to help you?

4. Ask him/her about the pain (pain score, whether ongoing pain-relief medication is effective).

When the patient has calmed down and demands pain relief medication for pain management, the student would need to use suitable expressions for pain assessment. Since pain is a subjective experience and may not be clearly articulated by many, a pain scale may be used to encourage the patient to self-report the intensity or severity of the pain.

- Would you mind telling me how severe the pain is on a scale of 0 to 10 where 0 is no pain and ten being the worst you have ever experienced?

The student should use polite expressions to inquire about the efficacy of the pain-relief medication given earlier.

- I am sorry that your pain level is so high. Did the pain medication we gave you earlier help at all in alleviating the pain?

5. Explain that you need to call the doctor to change his/her pain-relief medicine.

For this part, the student would need to explain that a stronger medication can only be administered with a physician's orders. It needs to be done skillfully as the patient is in pain and has already had to wait for 30 minutes. Therefore, the nurse should justify this step by explaining that this decision is the patient's best interests. It can also be explained that prescribing a new medication is beyond the nurse's limits of competence. The student can also provide emotional reassurance to the patient by ensuring that the patient would not have to wait long. At the same time, empathetic phrases should be used to acknowledge the patient's pain.

- So, here's what I am going to do. I am going to call the doctor and let him know that the pain medication you are on isn't helping to control your pain and you are in a lot of pain right now. I need to ask him if we can give you something stronger if he's comfortable with that. Does that sound good?
- I know it's difficult to cope with the pain; however, I am only allowed to give medication as prescribed by the physician. It's beyond my scope to change the medication without doctor's order. Your safety is my priority, and it's crucial that the doctor agrees to switch your medication. That being said, I will ensure that you do not have to wait long.

In case the patient demands to see a doctor, the student should calmly explain that he/she is on rounds and offer to call the doctor for managing the patient's pain. At the same time, it should be recognised that the situation is difficult for the patient to cope with. Also, the student should reassure the patient by conveying that the doctor is concerned about the patient's welfare and should be seeing the patient as early as possible.

- I understand your concern and where you are coming from. It is early morning, so he's probably on rounds and should be coming to see you soon.
- I know that it's distressing to be in this situation. Here's what I recommend, let's call him first and form a plan of action to manage your pain. I will also ask him to visit you as early as possible. Would that be okay?

The next step will be to check if the patient is okay with this decision.

It's important that the patient's views are elicited by asking questions like "How does that sound?" or "Is that okay with you?". It's very important to adopt a non-judgemental approach towards the patient's perspective and acknowledge the legitimacy of the patient to have his/her own views.

6. Find out if the patient has any other concerns

If the patient expresses dissatisfaction while being in the hospital, some probing questions may be asked to find out if there is anything else bothering the patient.

- Besides this, is there anything else bothering you?
- Apart from this, is there anything else that I can assist you with?

The next step would be to pick up verbal cues and acknowledge their concerns by using empathetic phrases that signal sensitivity to their predicament.

- That does make sense. I can see why you have been upset. It's hard enough to be in the hospital, let alone, with other stuff going on.

7. Encourage the patient to discuss his/her dietary preferences with the hospital dietician.

For this part, the student should attempt to arrive at a favourable outcome for the patient by suggesting that he/she discusses food preferences with the hospital dietician.

- Regarding the food, I can request the hospital dietician to visit you shortly to discuss your food preferences after which she can customise your diet plan to meet your needs. How do you feel about what I am proposing?

The role play should conclude with a structured end by collaborating with the patient to arrive at an acceptable plan.

- Here's what I am going to do next. I am going to call the doctor regarding your medication, and following that, since you do not have any family here, I will check on you at least once in every hour to ensure that you have everything you need. I will also notify the dietician to visit you soon. Is that alright?

For this role-play, let's assume the patient is a female and wants to be addressed as Mrs. Rodriguez.

Sample Transcript

Nurse: Hello, my name is Gurleen, and I am the attending nurse on duty today. I see that you rang the nurse call button. How may I address you?

Patient: Call me Mrs. Rodriguez.

Nurse: Mrs. Rodriguez, you seem angry. Would you mind telling me what's bothering you?

Patient: Finally, someone is asking! I rang the buzzer 30 minutes ago. Where were you?

Nurse: I apologise for the delay. I had to attend to a critical patient urgently. How are you feeling?

Patient: I think no one seems to care. I am in a lot of pain, but this is a ridiculous hospital!

Nurse: I can sense that you are quite upset. Could you please elaborate on what happened?

Patient: Well, not just upset. I am distraught and angry and in a lot of pain. This is horrible. No one has ever treated me like this.

Nurse: I am so sorry to hear that. I apologise for the rough experience that you have had. Please let me know how I can assist you?

Patient: If you cared, you would have been here earlier... Your sorry isn't good enough. I am going to file a complaint against you and everyone here!

Nurse: I can see you are incredibly upset Mrs. Rodriguez. It's important that we understand each other completely. Would you mind telling me what's bothering you?

Patient: I rang the buzzer 30 minutes ago. I have been sitting here and waiting for someone to give me medicine to help me with my pain. But, no one cares in this hospital! You are all useless!

Nurse: Thank you so much for sharing this with me. It helped me to understand the situation much better. I can now understand how frustrating it must have

been to wait while you were in pain. I am sorry for this; I will ensure that it does not get repeated.

Patient: Yes! I need to get some tablets now. This pain is killing me.

Nurse: Certainly, but before that, would you mind telling me how severe the pain is on a scale of 0 to 10 where 0 is no pain and ten being the worst you have ever experienced?

Patient: It's like an 11.

Nurse: I am sorry that your pain level is so high. Did the pain medication we gave you earlier help at all in alleviating the pain?

Patient: No, it's really not helping. I need something stronger.

Nurse: Right. So, here's what I am going to do. I am going to call the doctor and let him know that the pain medication you are on isn't helping to control your pain and you are in a lot of pain right now. I need to ask him if we can give you something stronger if he's comfortable with that. Does that sound good?

Patient: Wow! That's another delaying tactic you have there! Just get me a strong pain-killer; it's all I am asking.

Nurse: I know it's very difficult to cope with the pain; however, I am only allowed to give medication as prescribed by the physician. It's beyond my scope to change the medication without doctor's order. Your safety is my priority, and it's crucial that the doctor agrees to switch your medication. That being said, I will ensure that you do not have to wait long. Is that alright?

Patient: Hmm. In that case, where is the doctor? Shouldn't he be here for this? I would like to see him.

Nurse: I understand your concern and where you are coming from. It's early morning, so he's probably on a round and should be coming to see you soon.

Patient: But, I am in pain... What could be more important to him than this?

Nurse: I know that it's distressing to be in this situation. Here's what I recommend, let's call him first and form a plan of action to manage your pain. I

will also ask him to visit you as early as possible. Would that be okay?

Patient: Yes, I would like something to help with this pain. My husband just left, and I am alone. On top of that, this pain is making me so uncomfortable. I need to feel better.

Nurse: I can understand. That does make sense. I can see why you have been upset. It's hard enough to be in the hospital, let alone, with other stuff going on.

Patient: Yes. And I don't know for how long I would have to stay here.

Nurse: Besides managing your pain, is there anything else too that I can assist with? I want to ensure that you are properly looked after.

Patient: Yes, I don't like the hospital food at all.

Nurse: Thanks for sharing this with me. Regarding the food, I can request the hospital dietician to visit you shortly to discuss your food preferences after which she can customise your diet plan to meet your needs. How do you feel about what I am proposing?

Patient: Yes, that's fine.

Nurse: Ok. Here's what I am going to do next. I am going to call the doctor regarding your medication, and following that, since you do not have any family here, I will check on you at least once in every hour to ensure that you have everything you need. I will also notify the dietician to visit you soon. Does that sound okay?

Patient: Yes, that sounds like a good plan.

Nurse: OK. I will be back soon with your medication.

Patient: Alright, thank you, nurse.

Nurse: You're welcome.

Role Play 2

Candidate Cue-card

Setting: Community Health Centre

Nurse: You are talking to a 35-year-old computer engineer who has been referred by his/her doctor for advice on weight loss. The patient has been experiencing breathlessness on exertion and has been advised by his/her GP to lose weight to improve his/her health status. The patient is overweight and has a BMI of 25.

Task:

- Discuss the importance of losing weight (breathlessness may be caused by overweight).
- Ask questions about the patient's general lifestyle including drinking and eating habits
- Provide advice on increasing physical activity and eating a suitable diet (reducing alcohol intake, eating fruits and vegetables).
- Advise the patient to come back for a review in four weeks' time.

Interlocutor cue-card

Setting: Community Health Clinic

Patient: You are 35 years old and work as a computer engineer. Your office is 10 minutes away from home, and your evenings are spent either in front of the TV or in the local pub with friends. You usually miss breakfast because of being too busy and tend to eat snacks or fast food during the day. Recently, you

have noticed a marked decrease in your energy levels, particularly in the afternoons.

You lead a busy life and do not get any exercise or physical activity. You do not have any significant health problems, but lately, you have been getting breathless while playing with your nephew on weekends.

Task:

- Ask why it is important to lose weight (being overweight is common)
- Respond to the nurse's questions.
- Express concern that it will be hard to make changes to your lifestyle.
- Reluctantly agree to comply with the advice and return in a month's time for a review.

Sample description for what a good student is expected to produce

Introduction

In this task, the student (nurse) is speaking to a patient who has been referred to the community health centre for advice on weight loss. The role card suggests that this is the first time the patient is visiting this centre so introductions would be appropriate.

- Good Morning, I am the Community Health Nurse, and my name is Gurleen. How are you doing today?

The nurse should ask the patient what he/she would prefer to be called (first name or last name). This is simply a matter of courtesy and respect as some people prefer to be called by their first names while others prefer to be addressed as Mr. or Mrs. followed by their last name.

- How may I address you?
- What do you prefer to be called?

For this task, let's assume that the patient's name is John Williams, and he prefers to be addressed as John.

The next step would be to confirm the reason for his/her visit.

- So, John, you have been referred by your doctor so that we can have a little chat. The doctor is concerned about your weight. Moreover, I have also been informed that you have been experiencing breathlessness with exertion. Is that right?
- I understand that you have been referred by your General Practitioner today for a discussion about your weight. Is that correct?

1. Discuss the importance of losing weight.

For this part, the discussion should be opened in a respectful and non-judgemental way. The student should emphasize the importance of losing weight by pointing out that being overweight may be one of the causes for patient's breathlessness. However, care must be taken that the conversation is positive and encouraging

- I think we must consider the long-term effects of being overweight.
- This is probably not something that you were hoping to hear but being overweight is one of the causes of shortness of breath.
- Carrying extra weight predisposes you to health problems.
- Therefore, it is imperative that we discuss some ways of stabilising your weight to avoid future complications. Is that ok?

2. Ask questions about the patient's general lifestyle including drinking and eating habits

For this part, the student will need to ask questions regarding patient's general lifestyle including his/her eating and drinking habits. Students must demonstrate an understanding of the correct word order and grammar of common history-taking questions. Given the time limit, students should ask only relevant questions pertaining to his/her dietary pattern and physical activity in his/her routine. As a sign of respect, patient's permission must be sought before taking the history-taking.

- Would it be okay if I asked you some questions about your lifestyle?
- Do you mind if I ask you some questions about your lifestyle?
- I just have a few questions for you before I can advise you, if I may?
- Before proceeding further, I would like to ask you a few questions about your lifestyle. Is that ok?

The next step would be to ask relevant questions using open-ended questions as well as closed-ended questions to get insightful responses from the patient.

Open questions

- Could you tell me something about your eating habits?
- What kinds of foods and beverages do you eat on a typical day?
- Would you mind telling me about your eating habits?

Closed questions

- Could you tell if you drink alcohol? If yes, how often do you drink and how many units of alcohol do you consume?
- Do you get any physical activity daily? For instance, exercising or walking or playing some sport?

Once the patient has answered the questions, the student should take the lead and use a speech transition phrase to indicate that the history –taking has been completed, and the patient would now be advised on things he/she can do to lose weight.

- Thank you for answering my questions. It helped me to understand the situation much better. Let's now look at some practical things that we can do together to help. Does that sound good?

3. Provide advice on increasing physical activity and eating a suitable diet (reducing alcohol intake, eating fruits and vegetables).

For this part, the student can explain the lifestyle changes to improve the

patient's health while allowing opportunities for the patient to ask for clarification or express opinions. Use of 'signposting phrases' will help separate distinct points (reducing alcohol intake, eating fruits and vegetables). The student should try to determine whether the patient is willing to acknowledge that he/she would make lifestyle changes as advised. This would demonstrate awareness that the patient may be reluctant to make lifestyle changes. In this case, the student should use empathetic language to persuade the patient by acknowledging that change is difficult but also state that the advice is in the patient's best interests. The student should re-enforce the benefits of making these changes. If the patient is concerned about making changes all at once, the student should attempt to arrive at a favourable outcome by proposing an acceptable alternative.

- There are three things I am going to recommend to you.
- Firstly, I want you to consider including some physical activity in your routine. There are different ways to do this. Do you like exercising?

(If the patient expresses concern about not having enough time to exercise due to a busy lifestyle, the nurse can politely suggest him to consider other alternatives)- You should try and incorporate some activity into your daily routine. You could consider walking to work or taking a bicycle to work. It is an efficient and effective way to improve your health and fitness. It would not take as long as you think it will. You might need to wake up 30-45 minutes earlier than usual, but this way you will be able to incorporate a much-needed cardio activity in your lifestyle. If you feel you are getting very late, take the bus and walk back home. How do you feel about what I am proposing so far?

- Secondly, you might want to rethink your diet. A nutritious, well-balanced diet with physical activity is the cornerstone of maintaining good health. How does this sound?
- Eating a healthy breakfast will keep your energy levels up during the day. Moreover, you need to include fruits and vegetables in your diet.
- (If the patient is reluctant to change his/her diet)-Eating a healthy diet is paramount to your general well-being. I can sense you are worried about changing habits all at once, so you can make gradual changes by including one or two portions of fruits and vegetables in your diet.

They are healthier substitutes for snacking too.

- Finally, as for your alcohol consumption, can I suggest you limit your intake to one or two pints at a time?
- (If the patient expresses concern about cutting down on alcohol)- It is vitally important you reduce your intake. And I am not even advising to give it up all together but simply suggesting that you can limit your intake.

4. Advise the patient to come back for a review in four weeks' time.

This is the final task of the role play, and the role play should be concluded by advising the patient to return in four weeks' time and motivating the patient to adhere to the suggested changes for promoting weight loss.

- You can start with little changes at first, but it is indispensable that you lose weight to avoid any adverse effects on your health. Eventually, this will have a bearing on all aspects of your life.
- I recommend that you visit me in 4 weeks' time to assess your progress. If you have any questions in the meantime, you can contact me here at the centre. Does that sound good?

Transcript

Nurse: Good Morning, I am the Community Health Nurse and my name is Gurleen. How are you doing today?

Patient: Hello Gurleen, I am doing well.

Nurse: That's good to hear. How may I address you?

Patient: Call me John.

Nurse: Ok. So, John, you have been referred by your doctor so that we can have a little chat. The doctor is concerned about your weight.

Patient: But I don't think my weight is that serious an issue. You see tonnes of

overweight people these days. That's what I tried to tell the doctor as well; half of the country has a weight problem if you read the papers.

Nurse: That may well be the case John, but I think we must consider the long-term effects of being overweight. Moreover, I have been informed that you have been experiencing breathlessness with exertion. Is that right?

Patient: Oh yes, I get out of breath while playing with my nephew. I look after him on the weekends; and over last two months, I have been getting breathless while having a bit of a kick around him.

Nurse: Hmm, this is probably not something that you were hoping to hear but being overweight is one of the causes of shortness of breath. Moreover, carrying extra weight predisposes you to health problems. Therefore, it is imperative that we discuss some ways of stabilising your weight to avoid future complications. Is that ok?

Patient: Ok. Well Yes.

Nurse: Good. Now, I just have a few questions for you before I can advise you, if I may?

Patient: Ask away

Nurse: Thank you. Could you tell me if you get any physical activity daily? For instance, exercising or walking or playing some sport?

Patient: I have a hectic schedule; honestly, I do not get the time. I go to work in the morning, and I get so exhausted during the day that I either crash in front of the TV or spend time with my mates in the local pub.

Nurse: I see. Would you mind telling me about your eating habits?

Patient: Oh, I normally skip breakfast because I have to rush to work. During the day, I eat snacks from the cafeteria or get fast food in the lunch hour.

Nurse: Alright. And could you tell if you drink?

Patient: Yes, I have a few beers with my mates in the evenings; but, it's only a form of relaxation.

Nurse: Ok. And do you have any ongoing medical conditions, for example, hypertension or diabetes?

Patient: Thankfully, no! But my problem's the afternoon. My energy level declines by three o'clock.

Nurse: Ok. Thank you for answering my questions. Here's what I have understood, you have a hectic lifestyle which makes it difficult for you to find time to exercise. Mornings are particularly busy due to which you skip breakfast, and during the day you rely on fast food from the cafeteria. In the evenings, you sometimes go to the local pub where you have a few beers. Is that an accurate summary?

Patient: Yes, sounds about right.

Nurse: Okay. Let's now look at some practical things that we can do together to help. Does that sound good?

Patient: Yes.

Nurse: Great. Well, John, firstly I want you to consider including some physical activity in your routine. There are different ways to do this. Do you like exercising?

Patient: Um, I don't mind it but like I said earlier, I have a busy life, so it's difficult to take time out to exercise.

Nurse: That's fine. How far is your workplace from your house?

Patient: Oh, not far. It's about half a mile from where I live.

Nurse: Ok, So how do you get to work?

Patient: Oh, I take my car. If I didn't, I would be late.

Nurse: I see. (pause) John, but if I may suggest, you should try and incorporate some activity into your daily routine. You could consider walking to work or taking a bicycle to work. It is an efficient and effective way to improve your health and fitness. The good thing is that your workplace isn't far off and the distance between your work and home allows for it. Does this sound realistic?

Patient: I am not sure. I already struggle to get to work in time.

Nurse: Hmm, I understand your concern, but it would not take as long as you think it will. You might need to wake up 30-45 minutes earlier than usual, but this way you will be able to incorporate a much-needed cardio activity in your lifestyle. If you feel you are getting very late, take the bus and walk back home. How do you feel about what I am proposing so far?

Patient: Well, I suppose it's not that bad.

Nurse: I am glad to hear that. Apart from this, you might want to rethink your diet. A nutritious, well-balanced diet with physical activity is the cornerstone of maintaining good health. At the moment, you are barely getting one nutritious meal. You must start with a healthy breakfast so that you do not need to snack up till lunchtime. How does this sound?

Patient: Well, if I am getting up early, I might as well try.

Nurse: That's good. Eating a healthy breakfast will keep your energy levels up during the day. Moreover, you need to include fruits and vegetables in your diet. Would you be able to do this?

Patient: Well, my sister is a veggie and Mum prepares salad and stuff in the evening, so I have no excuse really. I am not that keen on it...

Nurse: Hmm, I can understand. But eating a healthy diet is paramount to your general well-being. I can sense you are worried about changing habits all at once, so you can make gradual changes by including one or two portions of fruits and vegetables in your diet. They are healthier substitutes for snacking too.

Patient: Ok, I can try...

Nurse: That would be nice. And as for your alcohol consumption, can I suggest you limit your intake to one or two pints at a time?

Patient: One or two pints? That's hard – this is the only form of relaxation I have by having a drink with my mates.

Nurse: I know, I appreciate that, but it is vitally important you reduce your

intake. And I am not even advising to give it up all together but simply suggesting that you can limit your intake. Does that sound like something that you will be able to do?

Patient: I will think about it.

Nurse: I understand it's going to be difficult at first, but it is indispensable that you lose weight to avoid any adverse effects on your health. Eventually, this will have a bearing on all aspects of your life.

Patient: Hmm, I suppose I can give it a try.

Nurse: I am glad to hear that. You can start with little changes at first, and I recommend that you visit me in 4 weeks' time to assess your progress. If you have any questions in the meantime, you can contact me here at the centre. Does that sound Ok?

Patient: Yes, it sounds alright. I will see you after a month.

Role Play 3

Candidate Cue Card

Setting: General Practitioner Clinic

Nurse: You are speaking to a 40-year-old man/woman who has come to the clinic for a routine check-up. He/She is travelling overseas next month with work, and the General Practitioner has asked you to advise him/her on recommended travel immunisations prior to international travel.

Task:

- Find out about his/her vaccination history (tetanus, hepatitis A, and influenza/flu) and the duration of his travel.
- Explain that he/she needs to get vaccinated against typhoid, hepatitis A, and tetanus (recommended by WHO for travellers to Cambodia and Vietnam – medium risk countries).
- Explain and emphasise the importance of getting his/her vaccinations updated at least two weeks prior to travelling abroad (tetanus can be fatal, and vaccination needs to be administered once in every ten years, a combined vaccination can be given for hepatitis A and typhoid now and a booster after six months).
- Reassure him/her that the vaccinations are not painful and are generally well-tolerated.

Interlocutor Cue Card

Setting: General Practitioner Clinic

Patient: You are a 40-year-old man/woman and work as an international business manager. Your company is sending you to Cambodia and Vietnam next month for four weeks. Your doctor has suggested you speak to a nurse in the clinic regarding advice on recommended vaccinations prior to travelling overseas.

Task:

- Explain, when asked, that you vaccinated yourself against flu this year and were vaccinated for tetanus and hepatitis A and B as a child (approx. 30 years ago).
- Ask the nurse why you need to get vaccinated again stressing that you have been managing well without these medications all these years and that you will be staying at a five-star resort, so the risk of infection is minimal.
- Resist the idea of getting injections because you feel they are painful and uncomfortable.
- Reluctantly agree to get the vaccinations today.

For this role-play, let's assume the patient is a male, and his name is Tim.

Transcript

Nurse: Good morning. Thanks for coming to see me. My name is Gurleen, and I am the clinic nurse. What do you prefer to be called?

Patient: Hello, Gurleen. You can call me Tim.

Nurse: Ok Tim. The doctor has informed me that you will be travelling overseas next month. Is that right?

Patient: Yes, that's correct. I work as the International Business Manager, and my company is sending me to Cambodia and Vietnam next month.

Nurse: I see. How long are you going for?

Patient: I suppose I will be gone for around four weeks.

Nurse: Ok. The doctor has asked me to ensure that your vaccinations are up-to-date before your trip. So, can I ask you some questions about your immunisation history?

Patient: Yes, absolutely.

Nurse: Could you tell me when you received immunisations for tetanus, flu, and hepatitis A?

Patient: Well, I have been fairly regular with my flu shots every year. In fact, I got one earlier this year. About the rest, let me see. I do not accurately remember since I do not have my immunisation record, but I do remember that I was vaccinated against tetanus and hepatitis A and B in my childhood – you can say about 30 years ago.

Nurse: Ok. So, what you are saying is that you have had a flu vaccine earlier this year and have not repeated vaccines for hepatitis A and B or tetanus since your childhood. Is that right?

Patient: Yes, that sounds about right.

Nurse: Alright. Since you are travelling to Cambodia and Vietnam, which are both medium risk countries as per the World Health Organisation, I would advise you to update your vaccinations for tetanus, hepatitis A, and typhoid.

Patient: Oh no! Do I really need to get all these? I mean I have been managing pretty well all these years. I do not understand why I need to go through the hassle of getting these again. In addition, my company has arranged my stay at a five-star resort, so I do not see a reason to worry.

Nurse: Yes, I understand what you are saying, and your point is well taken; nevertheless, it's crucial for your protection to get these immunisations. This is because there is a moderate to high risk of these diseases if you are travelling to Cambodia and Vietnam, and a simple and effective way to prevent these diseases is vaccination. While I understand that you were vaccinated during your childhood and have been managing well, some vaccines need to be repeated after a few years as their efficacy is limited.

Patient: Is that so? I was not aware of this! I always thought that they are

effective for a lifetime and I have lifelong immunity.

Nurse: No, you need to update your vaccinations for tetanus, typhoid, and hepatitis A. A tetanus vaccination needs to be updated once every ten years, and it's paramount that you are vaccinated against tetanus because it can be lethal and dangerous. We can give you a combined vaccination for hepatitis A and typhoid, which should give you immunity against these during your trip. Once you are back, you can come back for a booster dose after six months.

Patient: Right. So, you suggest that I get these before travelling?

Nurse: Yes, it is also important to ensure that there is a gap of at least two weeks between your vaccination and travel dates.

Patient: That does not leave me with much time. I suppose I need to get the vaccinations either this week or the next.

Nurse: That's right. Just like eating well and exercising, right vaccination is the cornerstone of maintaining good health.

Patient: Oh well! You do have a point, but you see I hate injections and needles. It's painful and uncomfortable.

Nurse: It's understandable. It's totally normal to feel a little anxious, uneasy, and hesitant about getting injections. But as with most things, having a positive attitude will make the experience easier. In fact, it's not as painful as anticipated and the pain is generally tolerable. You might feel a little pinch and some pressure. If it hurts, it will hurt only for a short time.

Patient: Hmm, ok. I don't think I have a choice. So, I might just get it over with.

Nurse: Would you be willing to get these vaccinations today?

Patient: Well, ok. I think I will get the vaccinations today. After all, how hard can it be, right?

Nurse: Exactly. I am glad that you agree. Please wait here, and I will be back shortly with the vaccines.

Role Play 4

Candidate Cue Card

Setting: Hospital Ward

Nurse: You are speaking to a 45-year-old woman who has been admitted to the hospital with a suspected stroke. You have been asked by the doctor to administer a Warfarin injection (anti-coagulant) to the patient.

Task:

- Take the medical history of the patient before giving the injection.
- Explain that after the injection, Warfarin needs to be taken in tablet form every day for the next four weeks.
- Explain that you need to check with the doctor if she can continue her herbal supplement (it may interfere with Warfarin or cause side effects)
- Emphasise the importance of cautionary measures regarding Warfarin (minimise Vitamin K in diet, avoid OTC medicines due to their interaction with Warfarin, take a dose at the same time each day)
- Offer to provide a detailed patient information leaflet on Warfarin
- Advise the patient to stop the medication and contact the doctor immediately in case of unusual or prolonged bleeding

Interlocutor Cue Card

Setting: Hospital Ward

Patient: You are a 45-year-old woman who has been admitted to the hospital

with a suspected stroke. You do not have any significant medical history except for polycystic ovary syndrome for which you take herbal supplements. You do not drink alcohol and have never smoked. You are speaking to a nurse who has come to give you a warfarin injection. Your father also takes Warfarin tablets, which causes his nose to bleed occasionally.

Task:

- Respond to the nurse's questions.
- Be reluctant to the idea of giving up your herbal supplements.
- Ask the nurse for necessary information on things to avoid while taking this medication.
- Request more information about "foods to avoid" as you are uncertain about which foods have Vitamin K.
- Explain your concern about taking Warfarin as it gives your dad nosebleeds

For this role-play, let's assume the patient's name is Natalie.

Transcript

Nurse: Hello, My name is Gurleen, and I am one of the registered nurses on ward duty today. How may I address you?

Patient: Hello, Gurleen. Call me Natalie.

Nurse: Natalie, I am here to give you your medication. Is that ok?

Patient: Yes, that's alright.

Nurse: Thank you. Your doctor has prescribed Warfarin. It's an anticoagulant medication used for thinning the blood. Have you heard of this medication before?

Patient: Yes, err, I think they are the tablets that my father takes for his heart condition.

Nurse: Yes, Warfarin is usually taken in tablet form, but in your case, the

doctor has advised an injection to get it working more quickly.

Patient: Oh, alright.

Nurse: Before I can give you the injection, I need to ask you a few questions. Is that alright?

Patient: Ok, go ahead.

Nurse: Do you have any ongoing medical conditions like hypertension or diabetes?

Patient: Yes, I have polycystic ovary syndrome.

Nurse: Ok. Do you take any medication for it?

Patient: Ah, yes, I take a herbal supplement which helps to calm down its symptoms.

Nurse: Ok. Are you on any other medication at the moment?

Patient: No, I am not taking anything else.

Nurse: Are you allergic to any medication?

Patient: Not as far as I know.

Nurse: Ok. Can I ask if you drink alcohol?

Patient: No

Nurse: Alright. And would you mind telling me if you smoke?

Patient: No, I have never smoked in my life.

Nurse: So, to go over what you said: you are not on any medication at the moment, you are not allergic to anything, you do not smoke or drink alcohol, and you are taking a herbal supplement for polycystic ovary syndrome. Is that correct?

Patient: Yes, that's right.

Nurse: Alright, I am going to give you the injection now following which you

will need to start taking it in tablet form on an everyday basis for the next four weeks.

Patient: Ok. For a whole month did you say?

Nurse: Yes, that's correct. Also, I need to check with the doctor whether you can continue taking your herbal supplement.

Patient: What? Why? It really helps me in calming down the symptoms. I do not think it's dangerous in any way.

Nurse: Well, Warfarin can cause problems if it's taken with some herbal supplements. Therefore, I need to check with the doctor once, and you can take it if he approves.

Patient: What kind of problems?

Nurse: I can sense that you are concerned regarding giving up the supplement. Allow me to explain why I said that. Some supplements interfere with the medication's efficacy or may cause side effects; so, it's imperative that we take the doctor's consent in this matter.

Patient: Oh, alright. Well, I think I will avoid it at the moment, just to be on the safe side. Is there anything else that might interfere with this medicine and needs to be avoided?

Nurse: Yes, there are some things you need to be mindful of. Firstly, you need to take your medicine at the same time each day. Do you think you will be able to do that?

Patient: Yes, it's not a problem. I will manage.

Nurse: Good. Secondly, do not take any over the counter medication without checking with the doctor first. Like I mentioned earlier, there may be potential implications of adding new drugs to this medication.

Patient: Sure, I understand.

Nurse: Finally, you will need to minimize your intake of foods rich in Vitamin K as they can make the Warfarin less effective. Do you have any questions so far?

Patient: Yes...except... I am not sure I know which foods are rich in Vitamin K... I mean...how do I know what to avoid?

Nurse: Yes, I understand what you are saying. I can give you a patient information leaflet with detailed information about managing your diet while you are on Warfarin.

Patient: Alright. That sounds good.

Nurse: Do you have any concerns about what we just discussed?

Patient: Umm...yes, I am worried about taking Warfarin. Sometimes these tablets give my dad nosebleeds.

Nurse: Right, I can understand why you have this concern. I will explain why your dad gets nosebleeds with Warfarin. Nosebleeds can be a side effect of Warfarin. That being said, let me reassure you that these happen only occasionally, and Warfarin is generally well-tolerated by patients. It is not something to be concerned about. However, in case the bleeding is excessive or prolonged, you must contact the doctor immediately.

Patient: Oh, you mean it can cause a haemorrhage?

Nurse: I can understand it's frightening, but it's not a common occurrence. Still, as a precautionary measure, I want to advise that you should seek immediate medical advice in case the bleeding is unusual. Also, in such a situation, stop taking the medication until the doctor advises you to resume it. Warfarin is not dangerous if you adhere to the instructions outlined in the patient information leaflet. And in case you notice a symptom that you feel is a cause for concern, get attention immediately.

Patient: Ok, in case I notice heavy bleeding, I should stop the medication, right?

Nurse: Yes, in the case of severe bleeding, the doctor might regulate the dose, so it will be best to check with the doctor before resuming the medication in that case.

Patient: Ok.

Nurse: Is there anything else that you would like to ask?

Patient: No, I guess...I will read the leaflet and let you know if I have some more questions.

Nurse: Yes, that's a good idea. I hope I was able to address your concerns.

Patient: Yes, the conversation helped.

Nurse: Thank you. I will just get the patient information leaflet for you, and you can press the buzzer in case you need anything else.

Patient: Ok, thanks.

Role Play 5

Candidate Cue Card

Setting: Accident and Emergency

Nurse: You are speaking to a 31-year-old man/woman who is complaining of a severe headache and is demanding medication for pain relief. He/she is clearly distressed and seems to be in a hurry.

Task:

- Take a relevant history of the patient's condition (onset, triggers, severity, etc.)
- Enquire about the patient's nature of work.
- Explain your preliminary diagnosis of a migraine (probably triggered by stress).
- Persuade him/her to wait for 30 minutes to see one of the doctors.
- Reassure him/her and explain why it is best to wait and see a doctor.

Interlocutor Cue Card

Setting: Accident and Emergency

Patient: You are a 31-year-old man/woman. You have an excruciating headache on the right side of your forehead and above the ear. The headaches started three weeks ago (2 attacks in a week) and are accompanied by nausea and dizziness, and the pain is so strong and painful (10/10) that you cannot get any work done. You work as the marketing director of a large business and work long stressful hours. The sunlight from your office window and staring at

your computer screen makes the headaches much worse and sometimes even causes ringing in your ears. It is relieved by Tylenol or sleeping for one or two hours. You have been increasingly stressed at work recently because you are behind schedule with multiple upcoming project deadlines. You want to get back to work quickly for a meeting. You have to come to the A & E to get medication from a doctor or a nurse- you don't really care.

Task:

- Explain your concern about wanting to leave soon for a meeting.
- Respond to the Nurse's questions about your symptoms and work.
- Be difficult to convince when the nurse is explaining about the possibility of a migraine
- Become irritated and obstinate about the suggestion of waiting for the doctor (it would waste your time)
- Reluctantly agree to wait for another 30 minutes to see a doctor.

For this role-play, let's assume the patient is a woman, and her name is Tanya Groom.

Transcript

Nurse: Hello, my name is Gurleen, and I will be your attending nurse today. What is your name?

Patient: Yeah, Hi, I am Tanya Groom.

Nurse: Ok. You seem distressed Ms. Groom. Please let me know how I can assist you?

Patient: I have an excruciating headache on the right side of my head. It feels like someone has gripped the right side of my neck. I am running a bit late for work and just want a tablet or injection for pain-relief.

Nurse: That's terrible. I hope you don't mind that I need to ask you a few questions regarding your headaches before prescribing a medication. May I do that?

Patient: Sure, Go ahead.

Nurse: So, is the pain on just one side of the head?

Patient: That's right – on the right side of the forehead and above the right ear.

Nurse: And how severe is the pain. On a scale of 1 to 10, how would you rate your pain with one being the lowest and 10 is the worst pain you have ever experienced?

Patient: Oh, well... I would rate it at a 10. It's crippling.

Nurse: That's a pity. That must be really difficult to cope with. Could you tell me if it is a throbbing pain or a dull or sharp ache?

Patient: Well, I would describe it as throbbing.

Nurse: Ok. Is this the first time or you have had them before?

Patient: No, this is the third week. They come at varied times – almost twice a week.

Nurse: So, what you are saying is that you started getting these headaches about three weeks ago and you have had at least two episodic attacks every week. Is that right?

Patient: Yes, that's about right.

Nurse: And during these episodes, how long did the pain last?

Patient: Well, it lasts between 15 minutes to 2 hours, is quite persistent, and the pain gets more intense with time.

Nurse: Alright. Is the pain accompanied by any other problems?

Patient: Ah, well... It usually makes me nauseous and dizzy but only until the time the headache lasts.

Nurse: Ok. Is there anything that alleviates your pain?

Patient: Yes, the pain subsides with Tylenol or sleeping for 1-2 hours.

Nurse: OK. Could you tell me if anything exacerbates your pain?

Patient: Yes, I have noticed that sunlight from my office window and staring at the computer screen makes the pain much worse. In fact, sometimes it causes ringing in my ears as well.

Nurse: Ok. Could you tell me about what kind of work you do?

Patient: I am the marketing director of my company.

Nurse: Alright. And how many hours do you work?

Patient: Well, that depends. I usually have a 40-50 hour work week, but I have been running behind on some project deadlines lately, and that is why I have had to increase my working hours.

Nurse: Oh, that sounds stressful.

Patient: Oh yes, very! In fact, I have not been able to concentrate at work due to the headaches are making me lag behind at work.

Nurse: Alright. Based on our consultation today, your symptoms are consistent with a migraine. You can see a doctor here in about 30 minutes who will be able to confirm the diagnosis and prescribe some medications.

Patient: (agitatedly) what? What do you mean? I just want some medication so that I can get back to work. I have some crucial work-commitments today, and all I want from you is some medication to make these headaches go away. I certainly do not have any time to wait! It will simply waste my time.

Nurse: I understand what you are saying, Ms. Groom. However, your health is our utmost priority. If you do not seek the right treatment at this stage, you may continue to experience severe pain in the future which will interfere with your work. Therefore, it is imperative that you consult a doctor today itself so that he can prescribe the right medication and suggest if any lifestyle modification is required.

Patient: Oh Lord! I do not know what to say! I cannot wait for the doctor. Don't you get it? I have an important meeting.

Nurse: I know this is a lot to take in. Since you have a stressful job, it is a possibility that stress is triggering the headaches. It's imperative that you get an

expert opinion about management of this condition to avoid any adverse effects on your health and work. The diagnosis and the recommended recovery plan will be determined by the doctor only.

Patient: But what about my meeting? It is crucial...**Nurse:** I completely understand that it must be very difficult for you, considering the stage you are in, it must be overwhelming! It's reasonable to feel this way, but I strongly urge you to see the doctor to prevent future episodes which may be worse than what you have been experiencing. Could you try to get your meeting postponed to sometime later during the day?

Patient: Well, I suppose I can wait another half hour and get it done.

Nurse: I am glad to hear that. The doctor will see you in about 30 minutes. I will also give you a patient information leaflet about a migraine which will explain some of the things I have been talking about. If you have any questions after you read it just let me know. Is that okay?

Patient: Sure, thank you!

Role Play 6

Candidate Cue Card

Setting: Accident and Emergency

Nurse: You are an A & E nurse. A young man/woman has presented at A&E with a thermal burn to his/her forehead. He/She is hysterical and is demanding immediate medical attention.

Task:

- Find out about the injury.
- Explain the likely treatment- (give an analgesic injection, ointment to prevent infection, cover with gauze, painkillers for home).
- Empathise with him/her about her concerns and explain the importance of healing wound first.
- Outline the things he/she can do at home to enhance recovery and minimise scarring (keep it moisturised, covered, use a sunscreen, use aloe Vera gel, healthy diet and remain hydrated)
- Reassure him/her about scarring (scars may fade over time, preventative care of wound at home to reduce scarring, if a scab develops don't pull it, plenty of cosmetic treatments available after burn has healed in about 3-6 weeks, dermatologist to offer more information after wound has healed).
- Ask the patient to come back in two weeks' time for review.

Interlocutor Cue Card

Setting: Accident and Emergency

Patient: You are a 23-year-old aspiring model. You burned your forehead with a hair curling iron while getting ready for an outing with friends. It happened while you were watching TV at the same time. You applied a compress using a cold towel on the burned area about which you had read online some time ago. You called your friend about this, who advised you to come here. You are now distressed due to burning pain and are worried about whether the burn would leave a permanent scar on your face.

Task:

- Respond to the Nurse's questions.
- Explain your concern about permanent scarring as it could hurt your career.
- Be unconvinced about nurse's explanation about scarring and request more information.
- Ask about how long will it take for the burn to heal.
- Eventually, agree to wait for your wound to heal.
- When asked, agree to come back for a review.

For this role-play, let's assume the patient is a female, and her name is Susie.

Transcript

Nurse: Hello, my name is Gurleen, and I am going to be your Emergency room nurse today. What do you prefer to be called?

Patient: Susie

Nurse: Alright. I understand you have a burn injury on your forehead. Is that right?

Patient: Yes, I am in a lot of pain.....

Nurse: I am sorry to hear that. I can understand it's hurting quite a bit. I will give you something for the pain in a moment and attend to the wound. Before

that, would you mind telling me how it happened?

Patient: Ah..Yes... I was getting ready to go out with some friends, and I was using this hair curling iron to curl my hair...and I wasn't paying attention because I was watching something on Tv at the same time. I know I should have been more careful.....

Nurse: Aww, that's a pity! And can you tell me what you did next? Did you apply anything on the burn area?

Patient: Ah, yes. I had read online some time ago that it's best to apply a compress to a burn using a cold towel, so I did that... I was in pain, so I rushed straight to the hospital.

Nurse: that's good, you did the right thing. Leaving the burn area unattended for too long could have led to an infection. Have you taken any pain-killer at home?

Patient: No, I called my friend who asked me to come here.... It's a searing pain....!

Nurse: Don't worry. The first thing I am going to do is to give you an injection for pain-relief now. Then, I will clean the burned area and apply an antibiotic ointment to prevent any infection. After that, I will put a skin protectant to cover the burn area. I will also give you some pain-killers that you can take at home in case the pain comes back again.

Patient: Oh, k. do you think it will leave a scar? It would be awful if it left a scar...

Nurse: I can sense that you are worried about scarring but try not to be too concerned. I suggest you focus on your treatment and healing at the moment because proper wound and burn care is crucial to the overall healing process and essential in preventing an infection. Is that alright?

Patient: Yes... But I am terrified of getting a scar on my face.... You see, I am an aspiring model... And it can really hurt my career....

Nurse: I understand your perspective and it's a reasonable concern. Let me will explain some things you can do at home to improve the healing process

and minimise the scarring. Would you be willing to listen about those?

Patient: Right. Ok

Nurse: So, as I mentioned earlier, I will explain some things that you can do at home. Firstly, it is always important to keep the wound clean and dry. It would help if you can moisturise your skin daily and keep the area covered with a skin protectant. Do not forget to use a sunscreen for protection against UV rays. Also, you could use aloe Vera gel for its soothing properties but make sure it does not have any additives in it. Would you be able to do this?

Patient: Yes, I will manage...

Nurse: That's good. Moreover, it's vital that you look after yourself. Our body heals properly and quickly if you remain well-hydrated and eat a healthy diet high in protein- Nutrition's very important. Would you be able to eat a nutritious well-balanced diet?

Patient: Yes, I am ok with that..but please tell me about scarring. I am anxious about it.

Nurse: Right, speaking of scarring, if the wound develops a scab, do not pull it off as that may lead to scarring. Also, keeping the burned area moisturised and covered would be beneficial as it will allow new skin cells to fill in quickly and keep the skin flexible, preventing cracking or scabbing and minimising scarring. So, once the burn has healed, the appearance of scars will improve over time as it evolves and matures. Do you have any questions about what I just explained?

Patient: No... I don't understand... Please tell exactly when it will heal....and in how much time the scar will fade away?

Nurse: Yes, I can sense that you are anxious regarding this...let me assure you that regular application of moisturiser and sunscreen and a healthy lifestyle will go a long way in aiding the skin's natural regeneration process. Having said that, if you want to get rid of a scar completely, there are different cosmetic treatments and products available these days to minimise the discoloration or scars.

Patient: Please tell me about those... I am keen on anything that will not leave a mark on my face....

Nurse: Sure, Sarah. For optimal advice on such options, I would advise you to see a dermatologist who will be able to offer different solutions for reducing the scarring. However, we would need to wait until you have recuperated completely. I hope that's ok with you?

Patient: Umm, yeah.... So, how much time would it take for the burn to heal completely?

Nurse: Well, it may take anywhere between 3-6 weeks for it to heal. In the meantime, you need to keep a keep a diligent eye on the healing area to watch for any potential infection and contact us immediately if you notice any swelling. After all, healing is the most important thing right now.

Patient: Hmm...ok.

Nurse: So, I am going to clean the burned area now, put an ointment and cover it with a gauze. You need to be back in two weeks' time so that I can check on the wound. Will you do that for me?

Patient: Yes, absolutely.

Nurse: That's good to hear. As discussed earlier, once your burn has healed, I will schedule an appointment with the hospital dermatologist who can then provide treatment for the scarring so that you can continue your career as a model without any stress.

Patient: Ok. That sounds good. I will wait for it to heal and then see a dermatologist about it.. thank you!

Nurse: You're welcome. See you in two weeks.

Role Play 7

Candidate Cue Card

Setting: Waiting room - Emergency Department

Nurse: You are speaking to the mother of a 6-year-old boy, Jimmy, who was brought to the hospital this morning with a 2-week history of headaches and vomiting. The doctor ordered an MRI scan which revealed a tumour at the back of his brain on the right side. The patient had to be sedated before the MRI scan to remain still during the procedure due to which MRI took longer time. At present, he's under observation. He has been admitted to the hospital for a surgery. The doctor has informed the mother about the MRI results and surgery. She is distressed and completely shocked with this information.

Task:

- Empathize with the mother and reassure her about her son's recovery.
- Explain why the MRI was delayed and tell her that she will be able to see her son shortly.
- When asked, explain that surgery is safe and her son's pain will be managed with medication.
- Respond in a positive way to mother's questions about reoccurrence of a tumour (doctor believes a tumour is noncancerous, not likely to return, MRI tests after operation for some months for monitoring) and potential problems after the surgery (possibility of problems with physical abilities or behaviour, or speech difficulties).
- Reassure her about follow-up care after discharge (Occupational Therapists, Physical therapists, speech therapists, and Visiting Nurses,

support group for connecting with caregivers).

- Encourage her to look after herself and not feel guilty about her son's condition.

Interlocutor Cue Card

Setting: Waiting room - Emergency Department

Patient: This morning, you brought your 6-year-old son to the ED this morning. You are a single parent. He has been suffering from vomiting and headaches for past two weeks. You believed it was the flu and brought him to the hospital this morning to rule out why he wasn't recovering. The doctor ordered an MRI test for further investigation. You have had to wait for almost 5 hours in the hospital and have not seen your son since. A few minutes ago, the doctor came to see you and said that your son has a tumour in the back of his head on the right side requiring a surgical removal.

Task:

- Express your dismay at how unexpected the diagnosis is (as you believed it was a flu).
- Inquire about your son's whereabouts (you have not seen him for 5 hours).
- Ask questions about dangers of the surgery (the pain your son is likely to experience, chances of reoccurrence, and possibility of long-term effects on his health).
- Seek advice on availability of post-discharge care.
- Express concern that you were not a good parent to Jimmy and should have been more careful.

For this role-play, let's assume the mother's name is Mrs. Anderson.

Transcript

Nurse: Hello, Mrs. Anderson, my name is Gurleen, and I am one of the

registered nurses in this hospital. It's nice to meet you.

Mother: Hello

Nurse: I know that the doctor was here before me to discuss Jimmy's MRI scan results with you. I am here to ensure that you have understood everything and to answer any questions that you have on your mind.

Mother: Yes, he was here and said that Jimmy has a tumour at the back of his head on the right side and needs surgery. It's unbelievable! He's so young, and I just don't know what to do.

Nurse: I know this comes as a shock to you. I also understand how worrying it must be. I am here to reassure you that he's going to be okay and will make a complete recovery soon.

Mother: I am so confused... I thought it was just the flu. He wasn't recovering, so I brought him here to see if it was something serious. And now the doctor says it's a brain tumour. It's shocking!

Nurse: Yes, regrettably it's true. The presenting symptoms were similar to the flu, but the investigations have confirmed the diagnosis of a tumour in his head. In Jimmy's case, it was the pressure at the back of his head causing the headaches. You did the right thing by bringing him to the hospital today.

Mother: Tell me, is he going to be okay?

Nurse: Yes, the doctor is highly skilled, and Jimmy will receive the best possible care in this hospital. He will be able to recuperate soon.

Mother: Where is Jimmy at the moment? I haven't seen him at all since morning. It's been 5 hours. The doctor said I cannot see him for another hour.

Nurse: I understand your concern regarding Jimmy, Mrs. Anderson. I apologise for the fact that you had to wait so long. Jimmy had to be sedated so he could remain still for the MRI scan procedure. Right now, he's in the ward and is being closely monitored by our staff. You will be able to see him shortly.

Mother: Oh...I am in shock! I cannot think straight at the moment.

Nurse: I know you are overwhelmed. Take your time to process this information. And let me know if you have any questions about what you have been told.

Mother: So, the doctor says Jimmy needs surgery. It's just so scary to think that my little boy is going to be operated upon. Is the surgery dangerous?

Nurse: I know it's a lot to take in. The doctor has advised a surgery because a tumour needs to be removed from Jimmy's head. There is nothing to be alarmed about the surgery as your son is safe hands. Following the surgery, he will be monitored for a week in the hospital to check progress in his condition.

Mother: Oh, my baby, he's going to be in a lot of pain, is it?

Nurse: Your anxiety is understandable. However, try not to be too concerned about this as the pain-killers will be very effective in alleviating his pain.

Mother: But, can it reoccur? What are the chances of it happening again?

Nurse: The doctor believes that Jimmy's tumour is noncancerous and these kinds of tumours don't come back once they have been removed, causing no further problems. Having said that, the doctor will repeat MRI tests in some of your follow-up appointments to monitor Jimmy's condition.

Mother: Ok. But, my greatest fear at the moment is about this tumour's effect on Jimmy's cognitive abilities. Will it have a long-term impact on his brain?

Nurse: As with any surgery, it will take some time to recover, and Jimmy may experience problems with physical abilities, behaviour, or speech difficulties. But, we will provide support with overcoming any problems that he may have.

Mother: Still, tell me about more about the options that would be available for me. I am a single parent, and I don't know whether I will be able to provide the required care.

Nurse: Right, I do understand what you mean. At the time of discharge, you will be provided with detailed written and verbal instructions about the transition to care at home. Also, Occupational Therapists, Physical therapists, speech therapists, and Visiting Nurses will be able to assist Jimmy in transitioning to healing after discharge if required.

Mother: Hmm. I have been a terrible mother. I am so busy with work. Had I taken more care, Jimmy would have been fine today.

Nurse: Don't blame yourself, Mrs. Anderson. The exact cause of a tumour is unknown; therefore, you do not have to feel responsible for it. I understand that the news has stunned you, and you are under a lot of pressure as you are a single parent but looking after yourself is also necessary. Let me explain, if you are healthier, you will be able to help and support Jimmy in a better way.

Mother: You are right, but I still can't come to terms with it. It's all happened so suddenly.

Nurse: Yes, I do understand that. You weren't expecting this when you brought Jimmy to the hospital; therefore, it's going to take some time to absorb this information. We are going to be with you and Jimmy every step of the way. Moreover, I can refer you to some local support groups where you will be able to connect with caregivers of people who have survived brain tumours. This will be a good opportunity for you to understand their experiences.

Mother: Yes, speaking to other parents might help. I would appreciate that.

Nurse: Sure. You will receive ongoing support from us throughout. Do you have any other questions that I can answer?

Mother: Well, no. You've been quite helpful. Thanks.

Nurse: It's not a problem Mrs. Anderson. I will check on Jimmy's condition and will be back shortly to take you to his room.

Role Play 8

Candidate Cue Card

Setting: Home visit

Nurse: You are visiting a 64-year old man/woman who underwent a left total knee replacement three weeks ago. At the time of discharge, the patient was advised to use a walker for his/her activities of daily living and ensure compliance with physical therapy at home until his/her follow-up appointment scheduled next month.

His/her spouse called the hospital today and explained that he/she is not using his walker since last evening. The spouse is concerned about him/her hurting his/her knee and has asked you to visit the patient at their house. During your visit today, you also notice that the patient is not using a walker to walk around the house.

Task:

- Find out why the patient is refusing to use a walker
- Educate the patient on importance of using a walker for his/her recovery (to help with balance, putting less weight on the operated knee due to weakened muscles)
- Persuade the patient to use a walker until his/her follow-up appointment
- Explain the risks involved if he/she does not use the walker during the recovery phase

Interlocutor Cue Card

Setting: Home visit

Patient: You are a 64-year-old man/woman. You underwent left total knee replacement three weeks ago. At the time of discharge, you were advised to use a walker for six weeks and continue with physical therapy at home until your follow-up appointment scheduled next month. But, you discontinued use of a walker last evening as you are now able to walk independently without its support. Your knee is healing well, and you have been diligently complying with the recommended medication and exercise regime; however, using a walker makes you feel disabled and old. You have been independent all your life, and you do not want to be dependent on anything for routine activities.

You are now speaking to a nurse from the hospital who has come to check on your progress.

Task:

- Respond to the nurse's questions.
- When told that not using a walker can delay recovery, become defensive and say that you are complying with the recommended management plan.
- Discuss your concerns about using a walker (makes you feel disabled and old).
- Reluctantly agree to use a walker until your follow-up appointment.

For this role-play, let's assume the patient is a male, and his name is Mr. James Morrison.

Transcript

Nurse: Good morning, my name is Gurleen, and I am a Registered Nurse from the hospital where you underwent your knee replacement surgery. I have come to check on your recovery. How may I address you?

Patient: Hello dear, you may call me Mr. Anderson.

Nurse: Alright Mr. Anderson, how you doing?

Patient: I am doing well.

Nurse: That's good. Are you facing any problems that I need to be aware of? For instance, any pain or swelling in the knee?

Patient: Not at all. I am recovering well now.

Nurse: Alright. That's good to hear Mr. Morrison, I hope you don't mind my asking this, but I noticed that you are not using your walker while walking. At the time of discharge, you were advised to use a walker at home till your follow-up appointment. May I ask why you aren't using it?

Patient: Oh, I stopped using it last evening. I can walk perfectly now. So, I thought I'd give a try to walk without help. In fact, it's a sign that I am recovering, isn't it?

Nurse: Yes, it's a good sign. But, with that said, it's a part of your treatment to use a walker for assistance with activities of daily living, and you shouldn't discontinue its usage without doctor's consent.

Patient: Well, I did use it for three weeks, but I do not see any use of it now. I am easily able to walk without pain.

Nurse: Mr. Morrison, it's crucial to comply with the post-discharge instructions for your recuperation. Otherwise, it may delay the recovery process or even have adverse effects on the operated knee.

Patient: I want to get better, and I am doing everything I can. I have been diligently complying with the post-discharge instructions. I am regular with exercise and take my medicines on time. So, if I am gaining independence with walking without a walker, it's a sign that my knee is getting better.

Nurse: Yes, I appreciate that Mr. Morrison, but it's important to understand that your knee muscles are weakened at present, and you should give yourself time to regain strength and endurance and a walker allows you to put less weight on the operated leg. Moreover, a walker will help with your balance and prevent falls. It's is a preventative measure, just like wearing a seatbelt.

Patient: Hmmm. But, the problem is that I don't like being dependent. I don't like being overly reliant on something; it seems like it's taking away my independence.

Nurse: I absolutely understand where you are coming from, Mr. Morrison. But, allow me to explain why it's indispensable to use a walker until you have recovered completely. May I proceed?

Patient: Yes, sure.

Nurse: Firstly, this is not something that you would be using for a long-term. You will be weaned off the walker as soon as the doctor feels that your knee has recovered completely and can easily bear your weight. Secondly, it's not something that you will become dependent on; it's simply a smart thing to do to prevent any complications. How does this sound?

Patient: But, it makes me feel weak. I have been very active all my life, and I am otherwise quite healthy. For me, it's a sign of disability to use a walker while walking to the bathroom or kitchen.

Nurse: Yes, your concerns are understandable. Having said that, it's important to realise that you are in no way dependent on a walker for your mobilisation. This is simply something that will facilitate your movement, something that will maintain your mobility with less fatigue. From a different standpoint, it's increasing your freedom rather than curbing it.

Patient: But, I really thought I had overcome this need. It's been three weeks now. It's just embarrassing.

Nurse: I appreciate your telling me this Mr. Morrison, and I understand your perspective about not wanting to feel dependent. But, you must consider the risks associated with walking unassisted. Firstly, without a walker, you are putting your full weight on the surgical knee while standing or walking. This may slow your healing time even more. Would you want that to happen?

Patient: Of course not! I

Nurse: Secondly, in the first couple of weeks following knee replacement surgery, many people are tired and prone to falls. That's why the use of a

walker is recommended to prevent serious injuries. Do you understand why a walker would be helping you in recovering faster?

Patient: Yes, it sounds logical.

Nurse: Yes, it would be beneficial for you to use a walker until you see the doctor next. As your knee strengthens, you will be able to walk on your own soon.

Patient: Hmm, well, I suppose I can use it for a few more weeks.

Nurse: That's great. Do you have any questions that you would like to ask?

Patient: Oh, no dear. Thanks for coming today.

Nurse: You're welcome. I will take your leave now. Take care!

Role Play 9

Candidate Cue Card

Setting: Mental Health Clinic

Nurse: You are speaking to a 45-year-old project manager in the high-stress world of corporate finance, prior to his/her consultation with the doctor scheduled in 15 minutes. He/She has been referred to your clinic by the company's employment assistance program after he/she missed a few business meetings and has been inconsistent with showing to work.

Task:

- Ask the patient about how he/she has been feeling in the last few weeks- mood, energy levels, sleep, impact on family, work, and lifestyle, risk of self-harm
- Empathise with him/her regarding her feelings
- When asked about depression, respond that only the doctor can give definitive diagnosis
- When client expresses concern about his/her job, say that the doctor will be able to write a note for a leave of absence if deemed necessary
- Reassure him/her about different treatment options for depression – support group, short term medication

Interlocutor Cue Card

Setting: Mental Health Clinic

Patient: You are a 45-year-old project manager in the high-stress corporate

finance job. Your employer has referred you to a mental health clinic as per the company's Employer Assistance Program. Over the last three months, you have been feeling "fed up" with your life. You have difficulty falling asleep and often wake up during the night after which you are unable to sleep again. Last night, you woke up at 4 am and watched the clock ticking away. Moreover, you have been tearing up often- for instance, one day you burst into tears when you dropped some sugar.

You have two children- a son aged 15 years and a daughter aged 13 years. Your spouse passed away last year in an accident. After his/her demise, you didn't get time to grieve. You had to support your family as a single parent due to which you lost yourself in work. However, your energy levels have been so low lately that you are exhausted most of the time causing you to be inconsistent with showing up at work and spending the entire day on your sofa. Initially, you enjoyed playing and swimming with your kids but have lost interest in everything now. Despite these negative feelings, you cannot think of hurting yourself because of your kids.

Task:

- Respond to the nurse's questions
- Ask if you are depressed- you read online that your behaviour may be associated with depression
- Express concern about losing your job due to depression and not becoming dependent on depression medication

Transcript

Nurse: Hello, my name is Gurleen, and I am one the registered nurses in this facility. What would you like to be called?

Patient: You can call me Julie.

Nurse: Alright Julie, you have been referred to our clinic by your employer. Is that right?

Patient: Yes, I didn't have a choice. My boss ordered me to come here....I

don't want to lose this job...

Nurse: Yes, your employer feels that you are having difficulty with balancing work commitments, so he thought it would be a good idea for us to have a discussion, to see if we could help. Would that be alright with you?

Patient: Yes

Nurse: Right. In your own time, could you tell me how you have been feeling lately?

Patient: Uhm. I am just fed up really....

Nurse: Could you give me more details about what's been going on?

Patient: Ahem..well, things just seem to be piling up... I just don't seem to cope with things..-kids and work things.

Nurse: I am sorry to hear that! Would it be okay if I asked you more detailed questions about how you have been feeling?

Patient: Ok

Nurse: Let's start by talking about your mood first. How have you been feeling in yourself for the last few weeks?

Patient: I'd say a bit fed up. I get up in the morning, and everything seems very black. It's like slogging through life...

Nurse: Right. So, just to check for my understanding, when you say that everything seems black, do you mean you feel miserable?

Patient: Yes, miserable and fed up really...

Nurse: Can you remember when you started feeling this way?

Patient: Uhm..not exactly..But a few months ago... I guess...3 months...

Nurse: Right. Have you been feeling tearful? Has that been happening recently?

Patient: I dropped some sugar the other day and burst into tears.

Nurse: Right. So, it's the slightest things that make you tearful, things that wouldn't ordinarily bother you. Is that correct?

Patient: Yes.

Nurse: Ok. So, you have been feeling very low with episodes of tearfulness. What about your energy levels? Are you managing to keep up with things?

Patient: I used to do a lot with my kids, go swimming, playing... But now I just spend the day on the sofa unless I have to go to work.

Nurse: Alright. How many children do you have?

Patient: I have two kids..a son and a daughter.

Nurse: Ok. And how old are they?

Patient: My son's 15 and my daughter is 13.

Nurse: So, how have you been managing at work?

Patient: I haven't been going in much. I am just exhausted.

Nurse: Hmm, it's indeed quite difficult to feel this way. Do you have any support at home? What about your husband?

Patient: He passed away in an accident last year.

Nurse: I am very sorry to hear that! Is it alright if I ask how you have been dealing with his loss? I mean, have you shared your feelings with someone you trust?

Patient: No, I didn't have the time. As a single parent, I had to work long hours to pay the bills-kids, house mortgage, bills. It was just too much.

Nurse: Hmm... It must be challenging if things are difficult all around. With all this going on, how are you sleeping Julie?

Patient: Oh, it takes me ages to sleep...

Nurse: Right...and do you wake up during the night?

Patient: Yes, last night I woke up at 4 ..And I just watched the clock go round

and round...

Nurse: Ok and what about things that you normally enjoyed? Is there anything that makes you happy or energetic these days?

Patient: I used to enjoy spending time with my kids....but not anymore... I am useless with them. I cannot cook for them. But, I don't bother anymore...what's the point really?

Nurse: I can understand how distressing it must be! What do you think might be causing it?

Patient: I don't know really. I am terrible at work. I am failing as a mum...but the worst is... Laying alone at night...when the kids are in bed....it's exhausting...

Nurse: Ok. Julie, I know how painful this is for you to talk about it. I need to ask a rather difficult question and one that I would ask anyone in your situation. Have things ever been so bad or low that you thought about harming yourself?

Patient: No...I wouldn't.... For the sake of my kids...

Nurse: That's good. Thank you for telling me how you have been feeling. The doctor will see you shortly. In the meantime, you could ask me any questions that you have on your mind.

Patient: I read something online about depression, and I think I may be depressed. Do you think I am suffering from depression?

Nurse: I am afraid I cannot answer that. It's not within my scope of practice. Only the doctor will be able to give a definitive diagnosis. However, just to reassure you, if that's the case, it is curable, and you will be given adequate treatment until you get back on your feet, coping easily with routine events and feeling as normal as possible.

Patient: Hmm....I might lose my job if my employer finds out...

Nurse: I understand your concerns about the job. If deemed necessary, the doctor can write a note to your employer for a leave of absence.

Patient: What kind of treatments are available for depression? I don't want to

be addicted to medication... I have seen people becoming dependent on medication for years...

Nurse: I can appreciate your fears regarding becoming dependent on medication. However, it would be best to leave it to the doctor to create a coordinate a treatment plan. He will be able to discern whether you will benefit from medication or not. He might link you with a support group, where you can explore your feelings with others in a safe, facilitated setting, or start a mild medication for a brief period.

Patient: Hmmm..Ok. I will see what he says.

Nurse: Is there anything else that you would like to know?

Patient: No.

Nurse: Ok. So, the doctor would be ready to see you shortly.

Role Play 10

Candidate Cue Card

Setting: General Practitioner Practice

Nurse: You are speaking to an 18-year-old boy/girl who had presented to the clinic yesterday complaining of generalised weakness, lethargy, and inability to do the routine work from previous few weeks. He/She also complained of breathlessness while climbing stairs for his/her house. Upon examination, the doctor advised a blood test which revealed that his/her Haemoglobin was 8 g/dl. The normal range of Haemoglobin is between 11-16 g/dl. Given the findings of his/her physical examination, the doctor suspects that the patient is anaemic and has asked you to speak to him/her. The patient does not know her test results yet.

Task:

- Explain that his/her HB is low due to which he/she is suffering from anaemia
- Reassure him/her that anaemia is a common condition and is easily treatable
- Briefly, explain about anaemia (not enough Haemoglobin/red blood cells in the blood)
- Outline some treatment options (increase iron intake in diet with foods like red meat/steak, leafy green vegetables like spinach/kale, iron fortified cereals, meet a dietician for dietary advice, a course of iron tablets- need to be taken after a meal to avoid side effects)
- Offer a 'patient information leaflet' about anaemia

- Ask him/her to come back in 4 weeks' time for another blood test

Interlocutor Cue Card

Setting: General Practitioner Practice

Patient: You are an 18-year-old undergraduate student. You have a busy lifestyle and do not get time to cook at home. You mainly rely on muffin or bagel and coffee for breakfast and eat ready meals for lunch and dinner and believe that you eat a balanced diet. Over the last few weeks, you have been feeling exhausted and weak due to which you are unable to complete routine work. Also, you have been getting breathless while climbing the stairs to your house. You visited your GP yesterday, who asked you to get a blood test for investigation.

You have been called to the clinic today to get the blood test reports and speak to a clinic nurse about your condition.

Task:

- Ask the nurse whether your blood test reports have been received
- Sound alarmed when the nurse says you are suffering from anaemia
- If asked, say that you have heard of anaemia but do not know exactly what it is
- When asked, explain your dietary routine and state that you do not like eating leafy vegetables like spinach
- Ask for how long would you need to take iron tablets

For this role-play, let's assume that the patient is a female, and her name is Jenny.

Transcript

Nurse: Hello, my name is Gurleen, and I am one of the Registered Nurses in this facility. What's your name?

Patient: Hi, my name is Jenny.

Nurse: Ok. How are you doing Jenny?

Patient: Oh nurse, I have not been feeling very well. I have been feeling exhausted and weak. I have been having breathlessness while climbing the stairs of my house; sometimes, I am unable to do routine work – I am so worried about what’s happening to me.

Nurse: I can understand it has been difficult for you Jenny. You came to see the doctor yesterday regarding this, right?

Patient: Yes

Nurse: and he asked you to get a blood test?

Patient: Right, yes...do you have the results?

Nurse: Yes, we got your results this morning. The first thing I want to do is to share the results with you. And then we can discuss the cause and potential treatment. Is that okay with you?

Patient: Yes, yes...that’s fine

Nurse: Ok. So, you were tested for your haemoglobin for which the normal range in women is between 11- 16 g/dl. However, your level was found to be 8 g/dl. Based on these reports, the doctor believes that you are suffering from anaemia, which means having a low haemoglobin level. That’s why you have been having breathlessness.

Patient: Oh my gosh... How can this be happening to me?

Nurse: Yes, I know it must be overwhelming to hear this! But let me reassure you that iron deficiency or anaemia is fairly common and is easily treatable as well; so, there is nothing to be alarmed about.

Patient: Right...

Nurse: Shall I tell you more about this condition or you have some prior knowledge about it?

Patient: Well, I have heard of it... But I do not exactly know what it is?

Nurse: Anaemia is defined as a condition when the blood does not contain enough healthy red blood cells or haemoglobin. These cells are essential for carrying oxygen around the body.

Patient: Oh...alright...but how do I cure it because I am finding it difficult to cope with this condition.

Nurse: There are a couple of things that I would suggest you try. Firstly, you must increase the amount of iron intake in your diet. Can you tell me something about your diet at the moment?

Patient: Well, I am really busy with my university course load, so I cannot cook, and I usually eat ready-made meals...but I always considered it be reasonable and well-balanced...

Nurse: Alright..Can you give me more details?

Patient: Yes...so for breakfast, I usually get a muffin or bagel and coffee, and for lunch and dinner, I usually eat fried chicken with mashed potatoes or a pizza or hamburger...or ready-to-eat noodles...

Nurse: Ok. I can understand you relying on those for convenience due to a busy lifestyle, but the problem with ready meals and fast food is that you don't get a proper balance of nutrients with them.

Patient: Ahan...

Nurse: So, what I'd ask you to do is to adapt your diet perhaps to include more iron-rich foods in your diet. Before I suggest what some of those foods are, can I ask if you are a vegetarian or non-vegetarian?

Patient: I am a non-vegetarian.

Nurse: Ok, the reason I asked that is that one of the best sources of iron is lean red meat or steak...would you consider eating that for lunch or dinner?

Patient: Yes. I can give it a go.

Nurse: Good. There are also leafy green vegetable options that you can try... Things like kale, spinach, etc. and for your breakfast, you might consider iron fortified cereals, etc.

Patient: Hmmmm..I can incorporate cereals, but I don't like spinach or kale....

Nurse: That's alright. Would it be okay if I can refer you to a dietician who can provide relevant guidelines and healthy food options, based on your condition and food preferences?

Patient: Yes, that would be wonderful.

Nurse: Alright. The other I'd like you to consider is taking a course of iron tablets. This can be really effective for treatment of iron deficiency. What it does is it supplements the amount of iron you are getting in your diet.

Patient: K...would that be short term?

Nurse: Yes. Often, people respond very well to those. However, you may experience some side-effects if you take them on an empty stomach. So, it's imperative that you take those after a meal.

Patient: Oh. Ok, I will make sure I remember that.

Nurse: Do you have any questions about what I just said?

Patient: Yes... So, how long would I have to take these tablets for?

Nurse: At this stage, you will need to take the tablets for four weeks before you come back for another blood test after which the doctor will advise whether these need to be continued or not.

Patient: Alright.

Nurse: Let me know if you have doubts or questions.

Patient: No, I don't have any other questions at the moment.

Nurse: Great. So, to ensure that you have understood everything correctly, would you mind repeating back to me what we have discussed?

Patient: Sure. I will need to make some changes in my diet for which you will schedule an appointment with the dietician. Moreover, I will take a course of iron tablets to supplement the iron level for four weeks, and these must be taken after a meal to avoid any side effects. And also, I will come back for a

blood test after one month.

Nurse: That's right. I also have a patient information leaflet about anaemia for you which I thought you might take home and read in your own time.

Patient: Oh, thank you...this would be quite helpful for me.

Nurse: You're welcome. Have a good day!

Role Play 11

Candidate Cue Card

Setting: Hospital Ward

Nurse: You are speaking to a 23-year-old Ph.D. student who was admitted two days ago and was diagnosed with acute pyelonephritis (kidney inflammation due to bacterial infection). He/She still has a fever and has not been able to eat or drink anything yet because of persistent nausea. He/She has been given intravenous therapy until now.

He/She is upset and is insisting on discharging herself from the hospital. However, the doctor feels he/she is not fit to go home at present.

Task:

- Find out why the patient wants to be discharged.
- Respond to the patient's statement about continuing the treatment at home by explaining the nature of his/her illness and possible risks (patient's body rejecting oral medication)
- Emphasise the importance of staying by outlining the risks of getting discharged without the doctor's consent (kidney damage or failure, the risk of blood poisoning)
- Offer to resolve the issue by shifting him/her to a different ward

Interlocutor Cue Card

Setting: Hospital Ward

Patient: You are a 23-year-old Ph.D. student. You were hospitalized two days ago owing to a kidney infection. You feel a little better now although you were hot last night and still cannot face food or drink.

This is your first time in the hospital, and you hate it. You are in a large ward full of noisy, confused patients. You are upset, tired and angry about the situation, although this is not directed at the doctor or nurse you are speaking to. You are desperate to go home because you believe that you will be able to get adequate rest there. You feel you will be able to take antibiotics and painkillers by mouth at home.

Task:

- When asked, discuss why you want to be discharged from the hospital.
- Tell the nurse that you want to continue the treatment at home and can come back if your condition gets worse
- Be difficult to convince, but reluctantly agree to stay if you can be away from the confused patients

For this role-play, let's assume the patient is a female, and her name is Zarina.

Transcript

Nurse: Hello, my name is Gurleen, and I am one of the registered nurses on duty today. What would you prefer to be called?

Patient: Hello Gurleen, you can call me Zarina

Nurse: Ok. Zarina, I have come to know that you are insisting on getting discharged from the hospital. Is that right?

Patient: Yes, I am desperate to go home. Can you ask the doctor, and tell him that I want to get discharged from the hospital?

Nurse: Zarina, I can sense that you are upset. Do you mind telling why you want to get discharged and go home?

Patient: I cannot rest here. The patients are all confused here, and the ward is so noisy. Nurses are coming in and out; I cannot sleep at all. I haven't slept

properly for two nights. How can I get rested here?

Nurse: I am so to hear that Zarina. I can understand how difficult it must be for you. I apologize for the experience that you have had. However, you need to adhere to the doctor's advice who feels that you cannot be discharged right now given the severity of your infection. You have not recovered completely and going home at this stage will expose you to an inadequately treated medical condition which might get aggravated at home.

Patient: I know that! I feel unwell, but I am a lot better now. And, I can continue the antibiotic therapy at home. If my condition gets worse, I can always come back.

Nurse: I know what you are saying. However, oral antibiotic therapy can be given to patients who are able to eat and drink orally. In your case, you need to be given pain-killers and antibiotics intravenously as your body is not tolerating food and drink at the moment.

Patient: I know, that's because I do not feel like facing any food or drink. But, I am sure I will be able to take the medicines with water by mouth. I am ready to force water down with medicines even if that makes me feel sick.

Nurse: I can understand how keen you are to go home, but right now you have a severe infection in your body which requires clinical care. Due to this, you might not keep the medicines down, and that can have adverse effects on your health.

Patient: It's just medicine! Why can't I complete a course of antibiotics at home where I will get a restful environment? If my health worsens, I can be back. I am determined to go home nurse.

Nurse: Presently, your infection is quite severe. You have a fever, and your body is not tolerating any food or drink. That is why we are giving you your medication intravenously. If you go home, and your condition exacerbates, you would require prompt medical attention which is possible if you stay in the hospital. So, I hope you understand that going home at this stage can endanger your health.

Patient: Well, I still want to go home. I just cannot stay here anymore. I won't

be able to get any rest here. I get disturbed now and then, and I know I won't get better like this.

Nurse: I appreciate what you are saying, and it's your right to get discharged with an informed understanding of the risks involved in this decision. Can I explain something the risks associated with getting discharged against medical advice? Would that be okay?

Patient: Yes, that's fine. Go ahead

Nurse: Thank you Zarina. If you do not get adequate treatment at home, you may have detrimental effects on your health. For instance, it may lead to permanent damage to your kidney or cause kidney failure. In some cases, it may even result in blood poisoning which is a life-threatening condition.

Patient: Look, I want to get well. It's just that I feel I would be better off at home. I just can't bear this environment anymore.

Nurse: I understand Zarina. It's indeed distressing to be in your situation, especially when you cannot get a peaceful environment. That being said, you need to be rational and consider the implications associated with going home at this point. How about we can shift you in a different ward which is not as busy as this one? How does that sound?

Patient: If I can get some sleep there, I don't mind getting my treatment in the hospital

Nurse: That's good Zarina. It's in your best interests if you stay longer at the hospital. It is vital that you are assessed by the doctor before discharge to check that you have fully recovered. I will discuss this with my supervisor and shift you to a quieter ward or a semi-private room soon so that your sleep is not disrupted and you get proper rest.

Patient: Ok. That sounds good.

Nurse: I am glad to hear that. I will be back shortly.

Role Play 12

Candidate Role Play Card

Setting: General Practitioner Clinic

Nurse: You are speaking to a 71-year-old woman/man who has come to the clinic for a check-up. You notice that he/she looks uncomfortable and embarrassed.

Task:

- Take a relevant history of the patient's condition (urinary frequency, urinary urgency, urine incontinence)
- Ask how the patient has been coping at home (impact on lifestyle, treatment sought)
- Explain your preliminary diagnosis of urge incontinence
- Reassure the patient and respond to his/her questions about treatment (prevalent in elderly, treatable with bladder training, pelvic floor muscle exercises, medication)
- Explain what you want the patient to do next (schedule an appointment with a urologist for treatment, offer continence pads/disposable undergarments)

Interlocutor Role Play Card

Setting: General Practitioner Clinic

Patient: You are a 71-year-old man/woman who has come to his/her General Practitioner's clinic. Over the last few (approx. 4) weeks, you have had an

increased urination frequency along with an urgency to urinate occasionally. However, the symptoms have gradually worsened– you urinate every 2-3 hours and have urgency 2-3 times a day. On bad days, the urge to urinate is so strong that urine leaks on the way to the bathroom. You feel very embarrassed about this fact.

Task:

- Answer the nurse’s questions about your complaints honestly, but don’t be forthcoming and sound self-conscious in your replies.
- If asked, tell the nurse that you did not feel the need to seek any treatment until now because you thought this was a natural result of ageing.
- When asked about coping at home, mention social withdrawal, restricting fluid intake (sips of water), and exercise cessation due to fear of leakage
- Sound alarmed about the diagnosis of urge incontinence and ask if it is treatable
- Be open to the idea of seeing a doctor and using continence pads, disposable undergarments

For this task, let’s assume that the patient is a female, and her name is Sarah.

Transcript

Nurse: Hello, My name is Gurleen, and I will be your attending nurse today. How may I address you?

Patient: Hi, you can call me Sarah.

Nurse: Nice to meet you, Sarah! What brings you here today?

Patient: Oh, I am having some problems with..um...having to go to the bathroom often.

Nurse: Would you mind if I asked you some questions to get a better understanding of your condition?

Patient: ok.

Nurse: When you say you are going to the toilet often, is it due to your bowels or urination?

Patient: Ah, it's for peeing mainly.

Nurse: Right. How long have you had this problem?

Patient: I can't recall exactly...

Nurse: That's alright. Can you remember if you have had this problem during the past three months?

Patient: Not three months..it started..maybe....4 weeks ago.

Nurse: Ok. Can you tell me how many times you have to use the bathroom in a day?

Patient: Uh. It's a lot. I feel like I am constantly going...once every 2-3 hours.

Nurse: Alright. And whenever you had the urge that you need to empty the bladder, were you able to postpone it comfortably?

Patient: Oh no, I get a desperate urge...

Nurse: Oh no! That must be quite hard for you!

Patient: Yes, I feel like a failure...

Nurse: I am sorry to hear that!

Patient: Hmm

Nurse: So, coming back to the urgency, how often do you get a sudden urge to urinate that makes you want to rush to the bathroom?

Patient: Ah well, since last few weeks.... about 2-3 times a day!

Nurses: OK. I am afraid I need to ask you a personal question. Whenever you get a strong urge to empty the bladder, has there ever been a time when you could not get to the bathroom fast enough?

Patient: (seemingly embarrassed) Ah... I try... I usually rush as fast as I can...but...

Nurse: Go on...

Patient: on bad days, it leaks...

Nurse: Oh, that must be difficult!

Patient: Yes..It's frustrating.

Nurse: I understand that it must have been distressing for you. Coming back to this, did you seek any treatment for these?

Patient: No, I just thought it's due to getting older....and; it's so embarrassing to talk about it.

Nurse: I can appreciate how difficult it is for you to talk about this. So, what kind of impact has it had on your lifestyle?

Patient: Ah, well, it's turned my life around completely. I am constantly going to the bathroom. So I cannot go out or attend social events or travel to any place... I even stopped exercising for fear of leakage.

Nurse: Thank you for telling me how you have been feeling. It helps me to understand the situation much better. Just to recap what you just told me, for the last one month, you have had an increased urination frequency along with an urgency to urinate occasionally. The symptoms have gradually worsened, and you urinate every 2-3 hours and have urgency 2-3 times a day. At times, the urge to urinate is so strong that urine leaks on the way to the bathroom. It's impacting your life negatively by preventing you from exercising and socializing. Is there anything else that you would like to add?

Patient: No.. That's pretty much... Oh,...there's one thing. I have been restricting my fluid intake. I am scared that it will deteriorate my condition.

Nurse: So, when you say restricting, do you mean you haven't had any fluid at all?

Patient: oh no, I mean I just have sips of water.

Nurse: That must be very difficult. Based on our consultation, I believe that you are suffering from urge incontinence. Do you have any prior information about this?

Patient: (sounding alarmed) No..I am not sure... Is it serious? Are their treatment options available?

Nurse: Urinary incontinence is a common problem, especially in women. It happens when there is involuntary leakage of urine from the bladder. Its prevalence increases as people get older. That being said, let me assure you that it is easily treatable with medication and several treatment options. And it is not something to be alarmed about.

Patient: (sighs) ah...ok. So, what kinds of treatment options are available for me?

Nurse: In addition to the medication, treatments like bladder training and Pelvic Floor muscle exercises will assist in managing your condition. For this, I would advise seeing a urologist who specializes in treating incontinence of the bladder. Would it be okay if I can schedule an appointment for you tomorrow at the same time?

Patient: Ah, thank you! Would be appreciated.

Nurse: That's alright. In the meantime, I will suggest you to use to use disposable undergarments and continence pads so that your leak can be managed. In this way, you won't have to restrict your fluid intake, and you will be able to go out of the house and participate in the activities that you enjoy.

Patient: Yes, that would be hugely helpful. Thank you, nurse.

Nurse: You're welcome. Do you have any questions about what we discussed today?

Patient: No. I am relieved that it's treatable. I will see you tomorrow.

Role Play 13

Candidate cue-card

Setting: Hospital Ward

Nurse You are speaking to a 50-year-old man/woman who is scheduled to undergo colostomy in your hospital day after tomorrow. He/she has never had surgery in her life and seems anxious about the operation and its effects on life at home.

Task:

- Find out about his/her concerns and empathize with the patient
- When asked, explain that the surgery will be performed under anesthesia and will not be painful
- Outline the management plan to support the patient at home after surgery (discharge instructions by stoma nurse about care, equipment, diet after surgery)
- Reassure the patient that the surgery will not prevent his/her participation in any social activities (support by GP and district nurses to enhance patient's recovery during adjustment phase)
- Offer to schedule a meeting with the Stoma Care Nurse tomorrow

Interlocutor cue card

Setting: Hospital Ward

You are a 50-year-old man/woman who is scheduled to undergo colostomy day after tomorrow. You have never had any surgery in your life, and you are very

anxious about the procedure. You are also worried about the effects of the surgery on your self-care and believe it will negatively impact your social life.

Task:

- When the nurse asks, explain your fears regarding the surgery (how painful the surgery would be)
- Express concern about whether you will be able to return to your life before the surgery without any embarrassment (coping at home, participation in social activities)
- Sound alarmed about managing care at home after discharge

Sample phrases:

Introduction:

- Hello, my name is Gurleen, and I will be your attending nurse today. As I understand from your case notes, you are scheduled to undergo a colostomy day after tomorrow. Is that correct?
- Thank you for the confirmation. You seem quite anxious. May I ask what's been bothering you?
- I do understand your anxiety. It's a daunting prospect, especially because it's your first surgery. That being said, let me assure that we will care for you at every step: before and during the surgery. Could you tell me a bit more about your fears or worries in regards to the surgery?
- Yes, that's a reasonable reaction. However, there's nothing to be alarmed about because your surgery will be performed under general anesthesia, and you will not experience any pain during the procedure. Even after the surgery will be done, any post-operative pain will be managed effectively with medication. Does that make you feel a bit better?
- I can sense your anxiety about coping at home after the surgery. If I

were you, I would be worried about my transition to routine life too. Let me assure you that you will be provided comprehensive support to adjust physically and psychologically after the surgery to ensure that it does not adversely impact your life in any way.

- The Stoma Care Nurse will meet you and give you instructions on colostomy care, and equipment required so that you don't feel completely dependent on someone for care. Before your surgery, the nurse will guide you through the basic principles of managing at home while you are recovering from your surgery to ensure that the surgery does not prevent your participation in everyday activities. Do you have any questions at this stage?
- Yes, I do see where you are coming from. Please be assured in this regard because constant follow-up review is also maintained to ensure that you are well-adjusted to a new lifestyle and capable of self-care. Your GP and community nurses will support you during the recovery period so that the surgery does not prevent your participation in social activities. Home visits will be arranged to monitor your health and support you in case you experience any difficulties.
- Would it be okay if I schedule a meeting with the Stoma Care Nurse tomorrow? It will give you the opportunity to discuss your fears towards having surgery and post-surgery with her.

Role Play 14

Candidate cue card

Setting: General Practice Clinic

Nurse: You are speaking to a 49-year-old man/woman who has undergone a barium enema earlier today. He/She presented two days ago with complaints of abdominal discomfort and change in bowel habit. You have his test results which are unremarkable but notice that he/she looks angry.

Task:

- Find out why the patient is angry
- Ask if the patient is still experiencing any pain
- Explain that enema is generally not painful for people and probably that is why he was not informed earlier. (patient might have sensitive bowel due to which it was painful)
- Empathize with the patient
- Explain that the purpose of performing the procedure was to examine his/her colon and rectum for cancer
- Reassure the patient that his/her results are normal and the doctor will see him/her shortly to prescribe medication for his complaints.

Interlocutor cue card

Setting: General Practice Clinic

Patient: You are a 49-year-old man/woman who has been experiencing

abdominal discomfort and change in bowel pattern since last week. You visited your GP two days ago for examination who advised you to undergo an enema today. Although you were informed about the procedure earlier and were told that it would be uncomfortable, you found it very painful. You felt vulnerable and humiliated and would have never agreed to it had you known how awkward it would make you.

Task:

- When asked, explain why you are angry
- When asked, say that while you are not experiencing any pain presently, you feel the procedure was unwarranted
- Ask why you were not previously informed that enema is a painful procedure
- Demand a satisfactory explanation for why this procedure was prescribed for you
- Sound alarmed when the nurse mentions cancer
- Ask about the treatment for your complaints of abdominal discomfort change in bowel habits

Answer expectation:

Introduction: To establish a positive relationship and creditability, introduce yourself in a polite and friendly tone.

“Hello, my name is Gurleen, and I am one of the Registered Nurses in the clinic.”

Since the cue card suggests that the patient has attended your clinic before, proceed to check the identity of the patient. Also, do not forget to ask how the patient prefers to be addressed.

“Could you please confirm your first and last name for me?”

“Thank you. How may I address you, sir/madam?”

Let’s assume the patient’s name is Frank Mathew, and he prefers to be called

Frank.

Task 1: (acknowledge the patient's emotion and ask an open-ended question to probe)

“Frank, it seems to me that you are agitated. Could you please tell me what's bothering you?”

“Frank, I see that you seem upset. Could you please tell me what's going on?”

Task 2, 3, 4:

Once the patient has explained the reason for his anger, use reflective listening to confirm the reason.

“To confirm if I have this right, you are angry because you underwent an enema and it was very painful and uncomfortable for you. Is that, right?”

The next step is to find out if the patient is experiencing any pain with a focused question. Although it is important to address your patient's emotional needs, attend to your patient's physiological needs first if the patient is in pain or is otherwise experiencing discomfort.

“Could you please tell me, did the pain last just while the procedure was happening or are you still having any pain?”

If your patient does not have any pain presently, assuage his complaint about not being warned earlier. However, do acknowledge his complaint so that your explanation does not seem dismissive.

“I do understand what you are saying, Frank. An enema is generally not painful for people, but occasionally some people might experience some pain if their bowel is too sensitive.

I take your point, Frank. I guess the reason you were not given a warning about the pain earlier was that enema is usually not painful for people. However, occasionally some people may have some pain if their bowel is too sensitive.”

This should be followed by an empathetic response. Empathy is the ability to experience a situation through eyes and feelings of another person. When you respond empathetically, it allows the patient to feel greater acceptance.

Transitioning from Task 3 to Task 4:

Use empathetic responses that convey that your patient's concerns are real and important to you and you understand his concerns. By recognizing and acknowledging your patient's feelings, you validate those feelings thereby demonstrating empathy.

"That being said, it does sound like you had an awful experience. It's a reasonable reaction to be angry, and I am sorry that you had to go through that."

"Having said that, it sounds like you had a horrible experience. I can understand why you are so angry. If I were you, I would probably react in the same way."

Task 5 and 6: Explain as to why this procedure was necessary to assess his condition for something serious.

"I understand your perspective. The reason doctor advised you to have an enema was because the doctor was worried that your symptoms were related to something serious like cancer. However, I am glad to tell you that your results are fine and it's not a serious condition."

"Let me reassure you that you have nothing to be concerned about. Although the experience was distressing for you, it performed as a precautionary measure, and your results are absolutely fine."

"Regarding your complaints about abdominal discomfort and change in bowel habit, the doctor will be here shortly and will discuss the treatment to resolve your complaints."

Role Play 15

Candidate cue card

Setting: Emergency Room

Nurse: You are speaking to a 25-year old man/woman who has presented himself/herself to the Emergency Room. He/she looks very uncomfortable.

Task:

- Find out the reason for the patient's visit
- When the patient demands medication for migraine treatment, ask whether the patient has been clinically diagnosed with a migraine
- Take a relevant history of the patient's condition (the type of pain, pain score, other symptoms)
- Explain that he/she needs to see the doctor who would meet the patient after 30 minutes
- Explain the risks involved in self-diagnosis/self-treatment
- Emphasize the importance of getting a confirmed diagnosis from the doctor

Interlocutor cue card

Setting: Emergency Room

Patient: You are a 25-year-old man/woman suffering from a headache. You have been suffering from a left-sided headache since yesterday. The pain is “pounding” and is accompanied by nausea and vomiting. You have increased

sensitivity to light and sound, and over-the-counter painkiller has not been effective in alleviating the pain. You looked up your symptoms on some online websites and found that your condition is indicative of a migraine.

Task:

- When asked, tell the nurse that you have a migraine and want medication for its treatment.
- Respond to the nurse's questions about your symptoms
- Resist the idea of waiting for a doctor because you are convinced that you have a migraine and do not see the point in waiting for 30 minutes.
- Be difficult to convince, but reluctantly agree to wait for a doctor

Language expectation

Introduction

In this task, the student (nurse) is speaking to a patient who has come to the clinic and is asking for medication.

The role card suggests that this is the first time the patient is visiting you so introductions would be appropriate.

- “Good Morning, I will be your attending nurse today, and my name is Gurleen. How are you doing today?”

The nurse should ask the patient what he/she would prefer to be called (first name or last name). This is simply a matter of courtesy and respect as some people prefer to be called by their first names while others prefer to be addressed as Mr. or Mrs. followed by their last name.

- “How may I address you?”
- “What do you prefer to be called?”

Task 1 and 2

The next step would be to confirm the reason for his/her visit. The role-play also mentions that the patient seems very uncomfortable, so this information

can form the basis of the opening question as well.

- “I can see that you are very uncomfortable. Please let me know what I can do for you?”
- “You seem very uncomfortable. Please let me know what’s bothering you?”

When the patient says that he/she needs medication for a migraine, ask questions to investigate if he has ever been clinically diagnosed by a doctor regarding the diagnosis. At the same time, sound empathetic because the patient is in pain.

- “I am sorry that you are in pain. Can I ask, have you ever been diagnosed with a migraine by a doctor?”

Task 3

When the patient refuses, explain that you need to take the history of his symptoms to get a detailed understanding of his condition. Do not forget to seek his permission before asking questions.

- “Before proceeding further, I’d like to ask you some questions to get a detailed understanding of your condition. Is that ok?”

Task 3

Use cone technique (open question leading to closed questions) and indirect language to investigate the patient’s presenting problem.

- “Could you please tell me more about your symptoms/problems? – Open question
- Could you tell how long have you had this problem?/Could you tell me when the symptoms began?
- On a pain scale of 0 to 10, 0 being no pain and 10 being the worst pain you have ever experienced, would you be able to rate your pain?
- Is there anything that alleviates your pain?
- Is there anything that exacerbates your pain?
- Have you taken any medication prior to your visit?

- Is the pain accompanied by other symptoms or Is the pain radiating to other parts of the body?”

Transitioning from Task 3 to Task 4

“Thank you for answering my questions. Based on our initial conversation, I believe you need to consult with the doctor to get an assessment. The doctor would be here in 30 minutes.”

Elicit the patient’s expectations by asking questions like:

- “Is that okay with you?”
- “Is that alright?”

Transitioning from Task 4 to Task 5

When the patient resists the idea of waiting for a doctor, provide a rationale for getting an expert opinion and not relying on the internet for diagnosis. Also, demonstrate active listening by responding to patient clues (reluctance to see the doctor).

“I can understand that you do not want to wait for the doctor and that looking up your symptoms online can be expedient/convenient, but it can be remarkably dangerous. Let me explain.”

5- Explain the risks involved in self-diagnosis/self-treatment

The first step here would be to acknowledge the patient’s efforts to make them feel that their ideas are important and are validated. It’s important to adopt a non-judgmental approach towards the patient’s ideas.

“I appreciate that you are using the internet to stay informed; however, you must discuss your impressions with a doctor for a confirmed diagnosis. There is a lot of misleading information on the internet, and when you self-diagnose yourself without an expert opinion, some nuances of a diagnosis may be missed. Also, a closer examination may uncover an underlying disease or illness, or it may not be as serious as you think it is. If I treat you for a migraine, but in reality, you might have a different problem, it can exacerbate your condition and lead to adverse consequences. Self-diagnosis can have

tremendous negative repercussions/consequences.”

Transitioning from Task 5 to Task 6

Therefore, the only way to avoid this type of risk is to go for a professional diagnosis by a doctor.

Encourage the patient to verbalize his/her concerns by asking questions like:

- “Is that acceptable to you?”
- “Does that make sense?”

Task 6

If the patient is hesitant, reinforce the importance of your advice.

“I do understand your perspective; that being said, as I discussed earlier, the accuracy of the information on the internet is unreliable, and it’s not within my scope to prescribe you any medication without checking with the doctor. How about this? Let me check with the doctor if he/she can see you as early as possible, so you do not have to wait longer. I will ensure that it does not take long.”

Closing the role play

“I am glad that you agreed to wait for the doctor. Please take a seat and wait here while I check how soon the doctor can see you.”

Writing SUB-TEST

There will be no changes to the writing test in the Updated OET

Structure of the test

You will receive stimulus material (case notes) which includes information based on which you will be writing a letter. The case notes will be followed by a writing task which will have relevant instructions about the recipient and purpose of writing the letter.

You have to write a letter as advised in the writing task. The letter may be a referral letter, a letter of transfer or discharge, or a letter to advise or inform a patient or carer.

The first five minutes of the test is reading time. During this time, you can study the task and notes [but not write, underline or make any notes of your own]. For the remaining 40 minutes, you write your response to the task in a printed answer booklet provided, which also has space for rough work.

Use the five minutes 'reading time' efficiently to understand the task requirements. The test is designed to give you enough time to write your answer after you have carefully considered the following questions:

What is your role?

Who is the recipient?

What is the current situation?

How urgent is the current situation?

What is the main point you must communicate to the reader?

What supporting information is it necessary to give to the reader?

What background information is necessary for the reader to know?

What information is unnecessary for the reader?

Next, consider the best way to present the information relevant to the task:

Should the current situation be explained at the start of the letter [e.g. in an emergency situation]?

In what sequence can the ideas be presented depending on the urgency of the situation?

Assessment Criterion – Writing

The task in the writing sub-test expects you to demonstrate that you can write a letter based on a typical workplace situation and the demands of your profession.

Your performance is scored against five criteria which are:

Overall task fulfilment – including whether the response is between 180-200 words and whether enough information has been included for the task/recipient.

Tips to improve this criterion

- Get sufficient practice in writing within the word limit. The task is designed so that the word limit is enough to fulfil the task and gives the assessors an appropriate sample of writing to assess.
- Always read the instructions carefully and then identify what information to include for a particular task. Do not include information that the intended reader already knows [e.g. if you are replying to a colleague who previously referred the patient to you].

Appropriateness of language – including the use of suitable words, phrases and style of language; and how the information has been organised.

Tips to improve this criterion

- Organize the information clearly – remember, the sequence of information in the case notes may not be the most appropriate sequence of information for the letter.
- Highlight the main purpose of the letter at the beginning of the letter in the introductory paragraph. (For example, ongoing care and support, home visits to provide assistance, urgent assessment and further management etc.)
- Consider using dates and other time references [E.g. Three months later, last week, a year ago] to give a clear sequence of events where needed. Which way of presenting the information makes it clear and helpful for the target reader?
- Stick to the relatively formal tone that all professional letters are written in.
- Maintain a neutral, professional tone appropriate to this kind of written communication. Informal language, slangs, contractions, and SMS texting style are not suitable.
- Give the correct salutation: if the recipient's name and title are provided, use them.
- Show awareness of the audience by choosing appropriate words and phrases: if writing to another professional, medical terms and abbreviations may be appropriate; if writing to a parent or someone who is not a health professional, use non-medical terms and explain carefully.

Informal	Formal
Thanks for your help.	Thank you for agreeing to assist in this matter.
Hello there!	Dear Mr/Ms/Dr or Dear Sir/Madam

I'm writing to let you know how you can care for Nancy at home after her discharge	I am writing regarding Ms. Nancy's future care requirements following her discharge
I'd like to ask for some help for Ms. Kumar who had a coronary bypass surgery in our hospital. She is getting better and is going to be discharged today.	I am writing to request follow-up care for Ms. Kumar who is recovering from a coronary bypass surgery and is scheduled to be discharged from our facility today.
Make sure that the patient is compliant with his physiotherapy and oversee his medications?	Could you please ensure adherence to the recommended physiotherapy regime as well as monitor his response to the prescribed medications?
Please look after this patient from now on.	I would greatly appreciate if you could take over the management of this patient from this point on.
Feel free to contact me for any information.	Should you require more information, please do not hesitate to contact me.

Comprehension of stimulus – including whether you understand the case-notes and select relevant case-notes to include in your response

Tips to improve this criterion

- Demonstrate that you have understood the case notes thoroughly selecting the details that are relevant for the recipient of the letter. Your purpose of writing the letter should be clear- do not just provide a general summary of the case notes in the letter.
- Show the connections between information in the case notes if these

can be made; however, do not add information that is not given in the notes [e.g. a suggested diagnosis], particularly if the reason for the letter is to get an expert opinion.

Control of linguistic features [grammar and cohesion] – including how effectively you communicate using the grammatical structures and cohesive devices of English.

Tips to improve this criterion

- Make sure you demonstrate a range of language structures to show that you can use language accurately and flexibility in your writing.
- Use complex sentences as well as simple ones, where appropriate.
- Split a long sentence into two or three sentences if you feel you are losing control of it.
- Review areas of grammar to ensure they convey intended meaning accurately
- Use connecting words and phrases [‘connectives’] to link ideas together clearly [e.g. however, therefore, subsequently, consequently, nevertheless etc.].

To understand this criterion better, practice the following exercise:

1. Ms. Jones is being discharged today and requires home visits from you _____ she does not own a car and cannot travel to the hospital.
 - Because
 - But
2. Ms. Sharma is anxious about coping with her illness on her return home; _____, please liaise with a social worker to resolve her concerns following her discharge.

- Nevertheless
 - Therefore
3. The patient sustained left-sided hemiplegia during hospitalisation; _____, he is depressed owing to loss of mobility and independence.
- Consequently
 - Subsequently
4. Upon admission, a metal plate _____ surgically inserted for stabilising her right shoulder.
- Was
 - Is being
5. The patient has responded well to the treatment postoperatively and has attained a significant recovery; _____, ongoing management is required from you to support her as she recuperates.
- Nevertheless
 - Hence
6. Mr. Kumar _____hypertension since 1998.
- Has had
 - Had
7. Ms. Davies often _____ comfort in unhealthy and fatty foods, which is probably the reason for her being overweight.
- Seeks
 - Is seeking
8. Ms. Sharma was prescribed _____ analgesic for pain in the knee.
- An
 - The
9. Mr. Smith presented to us with _____ of right-sided throbbing headache.

- Complained
- Complaints

10. Ms. Singh has been _____ to modify her lifestyle to ensure good health.

- Advised
- Advice

Answers:

1. because
2. therefore
3. consequently
4. was
5. nevertheless
6. has had
7. seeks
8. an
9. complaints
10. advised

Control of presentation features [spelling, punctuation and layout]

Tips to improve this criterion

- Take care with the placement of commas and full stops.
- Leave a blank line between paragraphs to show the overall structure of the letter.
- Remember that some of the words you write are also in the case notes – check that the spelling used is the same.

- Be consistent with spelling: alternative spelling conventions [e.g. American or British English] are acceptable as long as the use is consistent.
- Do not use symbols as abbreviations in formal letters.
- Use a clear layout to avoid any miscommunications.
- Write legibly in a way that the handwriting does not confuse the reader over spelling and meaning, and the assessor can grade the response fairly using the set criteria.

Helpful hints

- Use the 5-minute reading time effectively. You should read the information carefully and plan an answer which meets the needs of the reader.
- When preparing for the test, practice writing the tasks within the word limit so that you know when you have written enough in your own handwriting.
- A very important aspect of OET writing is the selection of relevant case-notes. Think carefully about the particular task. *What does the reader need to know, and in what order of importance? What is the outcome that you want to achieve, i.e. what do you want the reader to do with the information?*
- Do not forget to get adequate time-limited practice that will help you to learn how to manage your time within the 40-minute timeframe.
- Cross out anything you do not want the assessor to read, such as drafts or mistakes.
- Always proof-read your letter to check for any mistakes in grammar, style, and spelling. While practicing the letters, one way to proof-read the letter is to read out loud. This is especially helpful for spotting run-on sentences, but you might also hear other problems that you may not see when reading silently. Alternatively, you could read through once (backwards, sentence by sentence) to check for fragments; and read again forward to ensure that subject-verb agreement.

Writing Sub-Test: NURSING

READING TIME: 5 MINUTES

TIME ALLOWED:

WRITING TIME: 40 MINUTES

Read the case notes below and complete the writing task which follows.

CASE NOTES:

Mrs. Anita Ramamurthy, a 59-year-old woman, is a patient in the (IPD) In-patient-department of a hospital in which you are charge nurse.

Hospital: Sydney Women's Hospital

Patient details

Marital Status:	Married
Height:	5'4"
Weight:	87 kg
BMI:	33 –Obese
Address for correspondence:	#648, Bourke Street, Sydney
Admitted:	18/06/2017
Date of discharge:	23/06/2017
Diagnosis:	Acute appendicitis with Appendicular lump

Treatment: Conservative management with IV antibiotics
(Planned for interval appendectomy in 6 wks)

Social Background: Businesswoman (Education Consultant) – Hectic life, travels a lot due to work
Lives with her husband, Mr. Krishnan Ramamurthy
Two daughters both married.
Elder daughter stays in Sydney – about three hours away, works as an Entrepreneur; younger daughter in Canada, works as a dentist
Husband is the primary caregiver, elder daughter visits with husband once an year, Scared of hospitalization, prone to anxiety related to this
Fond of eating out, rarely cooks at home, sedentary lifestyle, complains of no time to exercise due to work, does not drink or smoke

Diet: Whole Milk, Ice-cream shakes, Fruit drinks, Doughnuts, Pancakes, Waffles, Pizzas, Cheeseburgers, Biscuits, muffins, Cajun Fries, Hash brown

Medical Background: Known case of Essential Hypertension (2014) and Diabetes Mellitus type-2 (2010) (not compliant with diabetic medication)

Admission Diagnosis: Complaints of pain in abdomen in right iliac fossa since 17/06/2017 Pain was sudden in onset, acute in nature and was non-radiating fever (documented up to 101-degree F), aversion to food, evaluated outside where USG Abdomen revealed Acute Appendicitis, admitted for further evaluation and management

Physical Examination: Conscious, oriented, No pallor, no icterus, No Clubbing, No Lymphadenopathy, no pedal oedema

BP: 126/84, Temp-afebrile, Pulse- 72/min, RR- 22/min SP O2 98%, CNS-NAD, Chest- Bilateral entry equal, No added sounds

Nursing Management and Progress:

18/06/2017 - Abdomen CT (plain) 18/06/2017 -acute appendicitis with hypodense area in the region of base of appendix at its attachment with caecum? Phlegmonous collection. Possibility of sealed perforation cannot be ruled out; total leucocyte count -21,000/cumm

I/V Fluids, broad spectrum antibiotics (Imipenem), PPI, Analgesics, antipyretics, other supportive treatment (6/6) , Regular Blood Sugar Monitoring (6/6)

19/06/2017- TLC- 18,000/cumm; complaints of considerable pain in abdomen, headache, sips of water, extremely distressed, constipation, unable to pass gas

20/06/2017- TLC- 14,000/cumm; complaints of insomnia, headache, tenderness in abdomen, weakness, tolerating sips of coconut water and tea

21/06/2017-TLC- 11,000/cumm; tolerating soft diet, can ambulate with assistance, complained of weakness, Rev. Dietician re diabetic diet

22/06/2017- TLC – 8,000/cumm, able to ambulate slowly, independent with ADL's

23/06/2017 Pt. stable, accepting orally well, adequate urine output, TLC showing improving trend, Pt. stable, Rev. Endocrinologist – regular chart BSL, INJ Human Mixtard Subcutaneously bd (12 hrly) 8 units (1 wk.) AC Breakfast and 6 units AC dinner

Assessment: Pt. stable with plan for interval appendectomy (6 wks)

Medications: TAB Dolo(Paracetamol) 650 mg, t.i.d. (8 hrly) for 3 days then PRN
TAB Pantocid(Pantoprazole) 40 mg mane for 10 days

Tab Tenorid 25 mg (Atenolol) mane
Tab Supradyn(multivitamin) mane, Tab Farobact
200 b.d.

Discharge Plan:

Avoid strenuous activities/Travel
Advised to lose weight (exercise program to start
after appendectomy)
Normal Diabetic diet and low-fat diet – Pt.
requests more information, esp. simple
recipes that can be easily prepared at home
Monitoring of fasting and postprandial blood
sugars (present chart during
Follow-up consultation)
Follow up in OPD on 30/06/2017 at 3PM.
Husband advised to contact us immediately in
case of persistent high grade
Fever/pain (at 03492250);
Pt. concerned re monitoring of blood glucose
levels and insulin injections
Husband requests home visit for demonstration

WRITING TASK 1

Using the information given in the case notes, write a referral letter to Ms. Prabha, Shrishti Nursing Home Care Agency, Sydney, requesting a home visit to provide instructions on self-monitoring of blood glucose levels and administering insulin injections following Mrs. Ramamurthy's discharge.

In your answer

- Expand the relevant case notes into complete sentences
- Do not use note form
- Use letter format

WRITING TASK 2

The patient has requested advice on simple recipes for low-fat diabetic diet.

Write a letter to Ms. April, Dietician, 258, George Street, Sydney on the patient's behalf. Use the relevant case notes to explain Ms. Ramamurthy's condition and information he needs. Include medical history, BMI, and lifestyle. Information should be sent to her home address.

In your answer

- Expand the relevant case notes into complete sentences
- Do not use note form
- Use letter format

WRITING TASK 3

Using the information provided in the case notes, write a letter detailing the post-discharge care required for the patient to the patient's husband, Mr. Krishnan Ramamurthy, #648, Bourke Street, Sydney.

In your answer

- Expand the relevant case notes into complete sentences
- Do not use note form
- Use letter format

Writing Task

Writing Task 1

Using the information given in the case notes, write a referral letter to Ms. Prabha, Shrishti Nursing Home Care Agency, Sydney, requesting a home visit to provide instructions on self-monitoring of blood glucose levels and administering insulin injections following Mrs. Ramamurthy's discharge.

Sample answer

Sample 1

23/06/2017

Ms. Prabha
Shrishti Nursing Home Care Agency
Sydney

Re: Mrs. Anita Ramamurthy; aged 59

Dear Ms. Prabha

The purpose of this letter is to request a home visit for Mrs. Ramamurthy, a diabetic patient, who needs education on self-monitoring her blood glucose levels and administering insulin injections. She has had type-2 diabetes since 2010 and has poor adherence to its management.

She presented to us on 18/06/2017 and was diagnosed with acute appendicitis. During hospitalization, the adopted treatment plan included conservative management and plan for interval appendectomy six weeks later. Her recovery has been encouraging/promising so far, and she is being discharged back home today.

She has been educated regarding the role of nutrition in effectively

controlling her diabetes by the dietician. Moreover, the hospital endocrinologist has advised her to chart blood glucose daily and control her sugar levels with insulin injections until her follow-up visit scheduled on 30/06/2017. She is accepting of this but feels that she is not skilled at doing these herself.

Consequently, at her husband's request, I am requesting you to visit her at her home and provide necessary guidance so that she can competently perform these procedures.

Enclosed herewith are all pertinent details. Should you have any further inquiries, please do not hesitate to contact me.

Yours sincerely
(Your name here)

Sample 2

23/06/2017

Ms. Prabha
Shrishti Nursing Home Care Agency
Sydney

Re: Mrs. Anita Ramamurthy; aged 59

Dear Ms. Prabha

I am writing to request a home visit for Mrs. Ramamurthy, a diabetic patient, who needs education on self-monitoring her blood glucose levels and administering insulin injections. She presented to us on 18/06/2017 and was diagnosed with acute appendicitis. She has recovered significantly, and her appendectomy is scheduled after six weeks. She is being discharged today.

She has been suffering from type-2 diabetes since 2010 and has poor adherence to its management. During hospitalization, she has been educated regarding the role of nutrition in effectively controlling her diabetes by the dietician. Moreover, the hospital endocrinologist has advised her to chart blood glucose daily and control her sugar levels with insulin injections. She has been asked to present her blood glucose chart during her follow-up visit

scheduled on 30/06/2017. She is willing to perform these procedures but lacks the confidence to do these independently.

Therefore, her husband has requested a home visit for the demonstration of blood glucose monitoring and taking insulin injections at home. It would be greatly appreciated if you could visit her and provide the requisite instructions so that she can perform these procedures on her own.

Enclosed herewith are all pertinent details. Should you have any further inquiries, please do not hesitate to contact me.

Yours sincerely
(Your name here)
Charge Nurse

Writing Task 2

The patient has requested advice on simple recipes for low-fat diabetic diet. Write a letter to Ms. April, Dietician, 258, George Street, Sydney on the patient's behalf. Use the relevant case notes to explain Ms. Ramamurthy's condition and information he needs. Include medical history, BMI, and lifestyle. Information should be sent to her home address.

23/06/2017

Ms. April
Dietician
258 George Street
Sydney

RE: Ms. Anita Ramamurthy; 59-year-old businesswoman

Dear Ms. April

The purpose of this letter is to request information about low-fat, diabetic diet for Ms. Ramamurthy who presented to us on 18/06/2017 and is being discharged back home today. She has been treated for acute appendicitis while hospitalization and is scheduled to undergo interval appendectomy in 6 weeks' time.

Socially, she leads a sedentary lifestyle and consumes a fat-rich diet consisting of fast foods and sugary drinks. Additionally, her BMI is remarkably high (33). Her medical history is remarkable for hypertension and poorly-controlled diabetes type 2.

Upon admission, she was managed conservatively with intravenous antibiotics and other supportive treatment. Additionally, she was assessed by a

dietician, who educated her on the role of proper nutrition, and an endocrinologist for ongoing management of her diabetes. Following her discharge, she has been advised to ensure adherence to a low fat, diabetic diet.

She has requested detailed advice on dietary guidelines, including simple recipes that can be prepared at home, for losing weight as well as controlling her diabetes. It would be greatly appreciated if you could send the requested information to her home address.

Thanks for considering this request and sending her this information at the earliest.

Yours sincerely
(Your name here)
Charge Nurse

Writing Task 3

Using the information provided in the case notes, write a letter detailing the post-discharge care required for the patient to the patient's husband, Mr. Krishnan Ramamurthy, #648, Bourke Street, Sydney.

23/06/2017

Mr. Krishnan Ramamurthy
648, Bourke Street
Sydney

Dear Mr. Ramamurthy

I am writing regarding Ms. Anita Ramamurthy's future care requirements after she has been discharged. Her recovery has been encouraging so far but continued monitoring and attention will be necessary.

Ms. Ramamurthy made significant progress in her condition during her stay, and her infection is controlled now. Her surgery has been scheduled after six weeks. Following her discharge, she has been advised to ensure compliance with a low-fat, diabetic diet. Ms. Ramamurthy has requested more information about dietary guidelines and simple recipes which will be directly sent to your house by a dietician. It is also necessary that she avoids travelling or rigorous activities.

Besides that, she needs to chart blood glucose daily and control her sugar levels with insulin injections. We are aware of your wife's concern regarding this; therefore, a home visit by a nurse has been arranged for instructions on correct technique of these procedures. In case she experiences any persistent pain or fever, please contact us immediately at 03492250.

Of note, the blood glucose chart needs to be presented during the follow-up consultation scheduled next week on 30/06/2017 at 3 PM.

We hope Ms. Ramamurthy continues to make a speedy recovery.

Yours sincerely
(Your name here)
Charge Nurse

Writing Sub-Test: NURSING

READING TIME: 5 MINUTES

TIME ALLOWED:

WRITING TIME: 40 MINUTES

Read the case notes below and complete the writing task which follows.

CASE NOTES:

Mr. Tej Singh is a 41 years old man who has been a patient at a clinic you are working in as a head nurse.

Today's date: 31/01/2017

Name	Mr. Tej Singh Randhawa
DOB	09/09/1976
Address	28, Raymond Street, Romaville
Medical History	Hypothyroidism - thyroid replacement No history of trauma or weight loss Hospitalized (2010) due to appendicitis No POHx No allergies Immunizations are current Smoker (Cigarettes & Cigars) Teetotaller

Social History Works as a Systems Analyst
Arrived in Australia from India with wife in 2012
as a permanent resident
Lives in own home
Married- wife Mona Randhawa aged 37
1 daughter

10/01/2017

Subjective Headache, right-sided, no cough
no dizziness, denied vomiting and nausea
HA accompanied with significant nasal discharge

Objective P 96, BP 130/70, T 101.0 f, neuro exam normal,
neck supple Alert, well-nourished, well
developed man

General Assessment Infectious sinusitis

Plan Given Augmentin (Amoxicillin/clavulanic acid)

24/01/2017

Subjective Complaints of severe headaches (HA), right-
sided,
throbbing, radiating to right eye,
teeth, and jaw lasting 15 mins to < 2 hrs,
persistent
HA intermittent episodes, pt. described pain as
“like someone has put red hot poker in my head”
Pain so severe (10/10) that pt. unable to stand
still,
Sit down or go to bed, no effect when light/noise
avoided rhinorrhoea, no nausea, no vomiting

Objective P 105, BP 150/90, Physical & Neuro exam
normal, neck tender-right side

Assessment Cluster Headache

Plan	Given acetaminophen and non-steroidal anti-inflammatory
29/01/2017	
Subjective	Pt. accompanied by wife, Mona Previous complaints of severe headaches- occurring in episodic attacks associated with rhinorrhoea and epiphora Right eye “Droopy” and sometimes as “sunken” eyelids, first Noted by Mona 1 day ago, facial flushing before and during HA
Objective	Right eye upper eyelid drooping, Constriction of pupil right eye in dark lighting, decreased sweating on right side of face P 95 BP 130/85
Assessment	possibility of? Horner’s syndrome
Referral plan	Referral to ophthalmologist for further evaluation and management

Writing Task 4

Using the information given in the case notes, write a referral letter to Dr John Dyer, an ophthalmologist at West Suburban Eye Care Centre, 396 Remington Boulevard, Suite 340, Romaville requesting him to look into this case.

Sample Answer

31/01/2017

Dr John Dyer
West Suburban Eye Care Centre
396 Remington Boulevard
Suite 340
Romaville

Re: Mr. Tej Singh Randhawa; DOB: 09/09/1976

Dear Dr Dyer

I am writing to request an assessment and further management of Mr. Randhawa who is presenting with signs and symptoms consistent with Horner's syndrome.

Initially, he presented to us on 10/01/2017 complaining of rhinorrhea and headaches. At that time, it was suspected that sinus pressure was causing the headaches; consequently, he was treated for infectious sinusitis.

He returned two weeks later with deteriorating symptoms. At this subsequent visit, he complained of excruciating, right-sided, throbbing headaches that occurred intermittently and did not subside despite attempts to rest. Additionally, he reported of concurrent aching teeth and previously

described rhinorrhoea. A diagnosis of a cluster headache was made, and the patient was prescribed acetaminophen and non-steroidal anti-inflammatory medications.

On his last visit two days ago, he presented along with his wife who noted that his right eye (ipsilateral to the headaches) seemed “droopy and sunken” and that his face flushed preceding and during the headaches. Moreover, the pupil of his right eye constricted in darkness, and he had decreased sweating on the right side of his face.

Given the above, it would be greatly appreciated if you could assess, examine, and treat the patient as deemed appropriate.

Please contact me in case you have any questions.

Yours sincerely
(Your name here)
Head Nurse

Sample letter 2

31/01/2017

Dr. John Dyer
West Suburban Eye Care Centre
396 Remington Boulevard
Suite 340
Romaville

Re: Mr. Tej Singh Randhawa; DOB: 09/09/1976

Dear Dr. Dyer

I am referring the above-captioned patient who is demonstrating/presenting/manifesting/exhibiting signs and symptoms suggestive of/indicative of/consistent with Horner’s syndrome.

Mr. Randhawa has attended our clinic thrice over the past three weeks, during which time he has had several episodes of severe right-sided headache.

He first presented on 10/01/2017 with complaints of a headache and rhinorrhoea. On that day, he was prescribed Augmentin based on a diagnosis of infectious sinusitis.

He returned two weeks later with complaints of dressing right-sided throbbing headaches, which occurred periodically and were not relieved by rest. Additionally, rhinorrhoea had persisted, and headaches were accompanied by aching teeth. The symptoms were suggestive of a cluster headache; consequently, he was commenced on acetaminophen and non-steroidal anti-inflammatory medications.

Two days ago, accompanied by his wife, he presented again as his right eye seemed 'droopy and sunken.' Moreover, his wife reported that his face flushed before and during headaches. An examination that day revealed decreased sweating on the right side of his face and that his right pupil constricted in darkness.

Given the above, it would be greatly appreciated if you could assess, examine, and treat the patient as deemed appropriate.

Please contact me with any questions.

Yours sincerely
(Your name here)
Head Nurse

Read the case notes below and complete the writing task which follows

CASE NOTES:

Your name is Diana Jones. You are the charge nurse on the medical ward where Mrs. Davies was admitted as a patient.

Hospital Prince Wales Hospital

Patient details

Name Nina Davies

Sex	Female
Date of Birth	25/12/1943
Address	95, Eagle Vale Sydney
Occupation	Retired Librarian
Race	Caucasian
Marital Status	Married
Next of Kin	Thomas Davies, John Davies
Family Hx	Mother died at 40 - Cancer, Father died at 57 - coronary Heart disease, has 2 siblings, brother aged 79 with CAD, twin sister with osteoporosis and depression
Social History/	Lives with husband in own house. Home has 2 stories, 2 steps to entrance, Supports full bath on second floor only, 2 grown children living nearby Pt. is very active; walks 1-2 miles/day, stopped smoking 30 years ago
Diet	Occasional drink, drinks a cup of coffee a day, reports diarrhoea and gas with dairy products
Allergies	NKDA
Past Medical	Diagnosed with osteoporosis -first signs noted in 2015
History	Mild hyperlipidaemia, Mild hypertension, Coronary artery disease, Tendonitis of R. Shoulder, PTCA, 2009, without recurrence

Medications Simvastatin (Zocor) 20 mg. daily
Aspiring daily – pain in ribs and back
Furosemide (Lasix) 10 mg. daily
Alendronate (Fosamax) 10 mg. daily
Calcium + Vit. D 600 mg. daily
Vit. E, Vit. C, Mg

Date of admission 28/6/2017

Date of discharge 02/07/2017

Chief Complaint Injury on the left hip - had a fall after slipping

Dx Fractured L NOF

Nursing Management And Progress

28/06/2017 Admitted through ER, medical evaluation found her a good candidate for Left Hemiarthroplasty;

Post-opt: IV Fluids at 100 cc/hr, morphine 10 mg IM q. 4 hours as needed for pain,
IV famotidine (Pepcid) 20 mg. every 12 hours due to GI distress postop,
cefazolin (Ancef) 1 g. IV q. 8 h. X 3 doses

29/06/2017 Complaints of hip and back pain,
Pt. restless and confused with hallucinations- possibly due to morphine
Doctor discontinued IM morphine, replaced with hydrocodone/acetaminophen 5 mg./325 mg. (Lortab) 1 or 2 q. 4 to 6 hours as needed for pain.
IV famotidine (Pepcid) switched to oral route
Aspirin and furosemide restarted

30/06/2017 PT (physiotherapy) started, complaints of dizziness and light-headedness almost resulting in

a fall
Found to be hypotensive- diuretic (furosemide discontinued)

01/07/2017

PT continued
Complaining of constipation- not had a bowel movement since surgery
Docusate 100 mg. daily
Can ambulate short distances with a walker
Assistance with ADL's

02/07/2017

Original dressing changed;
Ready for discharge

Discharge plan

LLE (Left lower extremity) wt. bearing limited to 30 % for next 6 weeks
Elderly husband not able to care for her; home not set up for a walker
Neither of children can take her in their homes- lack of space, too many Stairs, and working spouses.
Decision is made to transfer her to Helping Hand rehabilitation centre near her house
Continue Physio program and medication
Assistance with ADL
Staples to be removed on day 14
Dressings to remain dry & intact

Discharge medications:

Hydrocodone/acetaminophen 5 mg./325 mg.
(Lortab) 1 to 2 q. 4 to 6 hours
prn pain
Acetaminophen 325 mg. 1 to 2 q. 4 to 6 hours prn
headache or minor pain
Famotidine (Pepcid) 20 mg. b.i.d.
Docusate 100 mg. daily
Alendronate 10 mg. daily

Writing Task 5

Using the information in the case notes, write a referral letter to the Ms. Susan Parry, Charge Nurse at Helping Hand Rehabilitation centre, Eagle Vale, Sydney, NSW where Mrs. Davies will be discharged to from your ward.

In your answer

- Expand the relevant case notes into answers
- Do not use note form
- Use letter format

Sample Answer

02/07/2017

Ms. Susan Parry
Charge Nurse
Helping Hand Rehabilitation Centre
Eagle Vale
Sydney NSW

Re: Mrs. Nina Davies; DOB: 25/12/1943

Dear Ms. Parry

I am writing to request rehabilitative care for the above-captioned patient, a patient of osteoporosis since 2015, who was admitted to our hospital on 28/06/2017 with a fractured left NOF, underwent left hip hemiarthroplasty under our care, and is scheduled to be transferred to your facility today.

Postoperatively, a physiotherapist reviewed her on the 3rd day of

hospitalization and initiated an exercise program to promote strength and recovery. At present, she can ambulate short distances with a walker. Her LLE weight bearing is limited to 30% for next six weeks.

Her husband is unable to provide care for her in their home, which is not set up for a walker; therefore, it would be greatly appreciated if you could take over the management of this patient from this point on. Please ensure compliance with the prescribed medication regime, attached to this letter, as well as the recommended exercise program. Additionally, she requires assistance with ADL. Of note, her staples need to be removed on Day 14, and the dressing should remain dry and intact until then.

Her medical history reveals the presence of mild hypertension, mild hyperlipidemia, and coronary heart disease.

Please do not hesitate to contact me in case of any queries.

Yours truly

Diana Jones

Charge Nurse

Prince Wales Hospital
NURSING

WRITING SUB-TEST:

READING TIME: 5 MINUTES

TIME ALLOWED:

WRITING TIME: 40 MINUTES

Read the case notes below and complete the writing task which follows.

CASE NOTES:

You are the registered nurse in the Cardiology Unit at St Luke's hospital, Adelaide. Ms. Kylie Weiss is a patient in your care.

Today's date: 09/07/2017

Name: Ms. Kylie Weiss

D.O.B.: 21/05/1952

Address: 8758, Pulteney Street, Adelaide, SA, 5000

Date of admission: 07/07/2017

Presenting complaint: BIBA (Brought in by ambulance) – 2 hour history intermittent discomfort jaw/heaviness in both forearms, constant discomfort
IV access in ambulance, 10 mg IV Morphine on route,
Aspirin 300 mg chewed, Glytrin spray x 3 ECG showing ST elevation

Diagnosis: Myocardial Infarction

Medical History: Weight: 85 kilograms, Height: 170 cm – Overweight (BMI-29)
Ex-smoker – 1994
Mild osteoarthritis
Mild asthma – no exacerbations within last 5 years
Dyslipidaemia- (Raised cholesterol) – not treated

Medications: NIL

Occupation: Works as a taxi driver, mixed shifts

Dietary Habits: Eats fast food- fries, hamburgers, doughnuts, ice cream, non-drinker

Family History: Brother- Coronary artery bypass grafting (CABG) at 70 years
Sister MI(Myocardial Infarction) at 60 years,
Mother-angina

Social History: Marital status: Married with one daughter
Husband-Peter Weiss, 67 years, retired, aged pensioner

Medical Treatment: Emergency Angioplasty performed
ST Segment elevation on ECG – Direct stenting to proximal LAD
Echocardiogram –Ejection fraction 35%
Pain/Discomfort – managed
Fasting Bloods (Lipids, Diabetes, TnI(proteins troponin), CBC(complete blood count), Biochem)- High Cholesterol levels
Nil further pain/discomfort, Cardiac status stable
Pt. seemed confused re diagnosis, reality of near death experience -Educated re event, MI diagnosis and modifications to risk factors (Cholesterol, wt. loss)
R/v(review) by Physiotherapist – cardiac exercise program provided
R/v by dietician – diet for weight loss & reduced cholesterol levels
Concerned about being unable to manage home on her husband’s pension -S/W (Social Worker) input required

09/07/2017 Preparing for discharge

Discharge medications: Atorvastatin 40 mg OD, Metoprolol 23.75 mg OD
Cilazipril 0.5 mg OD, Aspirin 100 mg OD,
Ticagrelor 90 mg BD
Glytrin spray prn for chest pain

Discharge plan: No driving for 6 weeks.
Refer to Cardiac Rehabilitation Nurse Specialist –compliance with risk factor management (wt. loss, low cholesterol diet), medications, education re about MI and its management
Refer to Occupational Therapist – to provide guidelines for returning to work, driving and

normal daily activities,

Refer to Social Worker – due to inability to work for 6 weeks

6-week recovery from MI, assess eligibility for sickness allowance/ benefits from the Australian Government Department of Human Services

WRITING TASK 6

Using the information given in the case notes, write a referral letter to Ms. Nina Gill, Cardiac Rehabilitation Nurse Specialist, Cardiac Rehabilitation Clinic, 41, Jones St, Adelaide outlining important information.

WRITING TASK 7

Using the information in the case notes, write a referral letter to Mr. Barney Dyer, Occupational Therapist, Home Occupational Therapy Services, 85 Flinders Street, Adelaide requesting him to visit Ms. Weiss at home and provide guidelines for returning to work, driving and normal daily activities.

WRITING TASK 8

Using the information given in the case notes, write a letter to Ms. Linda Gold, Social Worker, Gold Social Services, 478, Collins Street, Adelaide requesting her to visit Ms. Weiss at her home and assess her eligibility for receiving a sickness allowance or other benefits from the Australian Government Department of Human Services.

Writing Task 6

Using the information given in the case notes, write a referral letter to Ms. Nina Gill, Cardiac rehabilitation Nurse Specialist, Cardiac Rehabilitation Clinic, 41, Jones St, Adelaide outlining important information.

Sample Answer

09/07/2017

Ms. Nina Gill
Cardiac Rehabilitation Nurse Specialist
Cardiac Rehabilitation Clinic
41 Jones Street
Adelaide

Re: Ms. Kylie Weiss; D.O.B: 21/05/1952

Dear Ms. Gill

I am writing to request continuing care and support for Ms. Weiss who was admitted to the hospital on 07/07/2017 for treatment of myocardial infarction. She underwent an emergency angioplasty under our care and is being discharged today.

Her medical history is remarkable for previously untreated dyslipidaemia. Moreover, she has a family history of heart problems in both of her siblings and her mother. She consumes a diet that consists almost exclusively of fast foods and is overweight. She is a non-drinker and quit smoking in 1994.

Postoperatively, she responded well to the treatment and attained a good recovery. She has been commenced on a cardiac exercise program and advised

on a low-fat diet to reduce her weight and cholesterol levels. She has been educated on MI and had a reasonable understanding of the event and subsequent diagnosis.

It would be greatly appreciated if you could ensure adherence to the recommended medication regimen, diet plan, and exercise program. Further, please re-enforce Ms. Weiss's understanding about MI and management of its risk factors for an improved quality of life.

Enclosed you will find a copy of her current medications. Should you have any further inquiries, please do not hesitate to contact me.

Yours sincerely
(Your name here)
Registered Nurse

Writing Task 7

Using the information in the case notes, write a referral letter to Mr. Barney Dyer, Occupational Therapist, Home Occupational Therapy Services, 85 Flinders Street, Adelaide requesting him to visit Ms. Weiss at home and provide guidelines for returning to work, driving and normal daily activities.

Sample Answer

09/07/2017

Mr. Barney Dyer
Occupational Therapist
Home Occupational Therapy Services
85 Flinders Street
Adelaide

Re: Ms. Kylie Weiss; D.O.B: 21/05/1952

Dear Mr. Dyer

This letter will introduce Ms. Weiss who is presently recovering from a Myocardial Infarction. She was admitted to hospital on 07/07/2017 and is scheduled to be discharged today. She requires home visits from you to instruct her on how she can resume independence of her daily routines.

She lives with her husband in their own house and works as a taxi driver. Her risk factors include being overweight and elevated cholesterol levels.

During hospitalization, she underwent an emergency angioplasty and was subsequently reviewed by a physiotherapist, who initiated a cardiac exercise program, as well as a dietician, who advised her on a diet plan to promote

weight-loss and decrease her cholesterol levels.

She has been advised not to drive for six weeks and educated on MI and the lifestyle changes required for ongoing management of her condition.

It would be greatly appreciated if you could provide instructions on returning to her routine activities, work, and driving to ensure a smooth transition back to normal life.

Thanking you in anticipation for agreeing to assist in this matter. Should you have any further inquiries, please do not hesitate to contact me.

Yours sincerely
(Your name here)
Registered Nurse

Writing Task 8

Using the information given in the case notes, write a letter to Ms. Linda Gold, Social Worker, Gold Social Services, 478, Collins Street, Adelaide requesting her to visit Ms. Weiss at her home and assess her eligibility for receiving a sickness allowance or other benefits from the Australian Government Department of Human Services.

Sample Answer

09/07/2017

Ms. Linda Gold
Social Worker
Gold Social Services
478 Collins Street
Adelaide

Re: Ms. Kylie Weiss; DOB: 21/05/1952

Dear Ms. Gold

I am writing to request a home visit by you to Ms. Weiss's home to assess her eligibility for receiving a sickness allowance or other benefits that the Department of Human Services provides. She was admitted to our hospital on 07/07/2017 following a heart attack and is scheduled to be discharged today.

Mrs. Weiss works mixed shifts as a taxi driver and lives with her husband, who is an aged pensioner. Her recovery has been encouraging so far, yet she has been advised to refrain from driving until she has recuperated; as a result, she will not be returning to work for next six weeks.

Ms. Weiss is concerned about being unable to manage their home solely on her husband's pension. A home visit to discuss her eligibility for receiving assistance from the government would be appreciated.

She has been referred to a Cardiac Rehabilitation Nurse and an Occupational Therapist to support her to make the recommended lifestyle changes.

I have attached all the pertinent details for your perusal. Please do not hesitate to contact me in the case of any queries.

Yours sincerely
(Your name here)
Registered Nurse

You are a Registered Nurse at the Royal Brisbane Hospital were Anthony Nutt is a patient in your care.

Read the case notes below and complete the case notes that follow.

CASE NOTES:

Today's date: 29/05/2017
Patient name: Anthony Nutt
Address: Unit 8, 37 Albert Street Brisbane 4000
Age: 86 years
DOB: 19/07/1931
Next of Kin: Son, Joseph Nutt

Medical history

- Breast Cancer 20 years ago- right total mastectomy- did not receive adjuvant radiation, chemotherapy, or hormone therapy or medical follow-up post-operatively.
- Dementia

- Non-smoker
- No known allergies
- Non-drinker

Family History

- Mother died of colon cancer

Social History

- Retired 20 years ago
- Married – wife suffering from newly onset dementia
- One son- Joseph Nutt, 52 years old, unmarried – lives 30 minutes away

Diagnosis: recurrent infiltrating ductal carcinoma of the breast.

23/05/2017

- Presented to ER with ulcerated, haemorrhaging right anterior chest mass
- Per the patient- developed a mass on his anterior chest wall -2 years ago
- Mass increased in size, began to ulcerate – bled this morning -- did not seek medical treatment until this morning

Objective

- Temperature - 97.4°F
- Pulse- 80
- RR - 14
- pulse oximetry of 100% on room air
- BP - 162/88.
- a right-sided pedunculated 8 cm × 7 cm mass with a cauliflower-like appearance on chest- ulcerated, erythematous, malodorous, and with

scant bleeding

- white blood cell count 6,500
- haemoglobin 12.4
- Haematocrit 36.2
- Platelet count 178,000.
- Creatinine of 1.72
- glucose 106
- A CT chest - a soft tissue mass in right chest wall measuring $5.2 \times 2.75 \times 5$ cm with post-operative changes of the right axilla.
- Incisional biopsy of right breast mass performed

28/052017

- Pathology returned consistent with Recurrent moderately differentiated duct carcinoma of the breast with ulceration of overlying epithelium.- Stage 3
- Pt. not found to be suitable for chemotherapy or curative treatment - Oncology evaluation and geriatric evaluations by doctor
- Pt. commenced on hormone therapy with tamoxifen 20 mg daily with one course of palliative radiation.
- Family meeting called- son verbalized concerns over mother's state of health; son unable to take time off work to care for father-says he won't be able to cope; hospice care recommended for pt. –consensus decision
- Pt. to be transferred to Queensland Aged Care Centre for hospice care - Bed available from 29/05/2017 for patient
- Pt.'s wife to be admitted to the same facility due to general deconditioning when bed is available; mother to live with son interim

Discharge plan

- Transfer to Aged Care home
- Son will visit weekly

- Contact community social worker to notify son when bed available for wife at Queensland Aged Care Centre

Writing Task 9

Using the information in the case notes, write a referral letter to the Ms. Carrie Andrews, Director of Nursing, Queensland Aged Care Centre, 52 Albert Street, Brisbane 4101, introducing the patient. Using relevant case notes, give his background, medical history, and treatment required.

Sample Answer 1

29/05/2017

Ms. Carrie Andrews
Director of Nursing
Queensland Aged Care Centre
52 Albert Street
Brisbane 4101

Re: Mr. Anthony Nutt; 86-year-old man

Dear Ms. Andrews

I am writing to refer Mr. Nutt who has been diagnosed with stage 3 recurrent right-sided breast cancer. An oncology evaluation has deemed him unsuitable for curative treatment, and he is being transferred to your facility today for hospice care.

Pertinent surgical history includes a right total mastectomy 20 years ago due to right-sided breast cancer. Postoperatively, he did not receive any adjuvant radiation, chemotherapy, or hormone therapy and did not pursue any further medical follow-up. He lives with his wife, and both of them suffer from dementia. They have a son, Joseph, who lives 30 minutes away.

While hospitalization, he was commenced on hormone therapy with tamoxifen 20 mg daily with one course of palliative radiation. A family conference was held on 28/052017 to elicit the goals of care, and hospice care was found ideal for the patient given his illness, cognitive state, his wife's debilitating health status, and Joseph's hectic lifestyle.

It would be greatly appreciated if you could take over the management of this patient and provide care to maintain his dignity and improve his quality of life. Worthy to note, Mrs. Nutt will be transferred to your facility the once a bed comes available for her.

Please contact with any questions.

Yours sincerely
(Your name here)

Sample answer 2

29/05/2017

Ms. Carrie Andrews
Director of Nursing
Queensland Aged Care Centre
52 Albert Street
Brisbane 4101

Re: Mr. Anthony Nutt; 86-year-old man

Dear Ms. Andrews

This letter will introduce Mr. Nutt who is suffering from stage 3 recurrent right-sided breast cancer and requires hospice care to improve his quality of life. The doctor believes curative treatment is no longer an option for him.

His medical history is remarkable for right-sided breast cancer 20 years ago which was treated with right total mastectomy; however, he did not pursue any medical follow-up subsequently. He lives with his wife, and both are suffering from dementia. Their son, Joseph, lives 30 minutes away.

While hospitalization, the diagnosis was confirmed with a biopsy, and he

was subsequently commenced on hormone therapy with tamoxifen 20 mg daily with one course of palliative radiation. The doctor conferred with the patient's wife and son and advised them to proceed with hospice enrolment given the wife's debilitating mental state and Joseph's hectic lifestyle.

It would be greatly appreciated if you could take over the management of this patient and provide care to improve his quality of life and maintain his dignity. His wife would live with Joseph until a bed becomes available for her in your facility.

Please contact with any questions.

Yours sincerely
(Your name here)

Read the case notes below and complete the writing task that follows

CASE NOTES:

You are Ramona Decosta, a senior nurse working with Helpline Hospital.

Patient name:	Tom Clarke
DOB:	21/09/1954
Address:	92 Lygon Street Carlton Melbourne
Phone:	0422-894-896
Social Background:	Married, Wife- Miranda Clarke, aged 58 years. Lives together Retired – Police officer Two daughters- elder daughter works in Sydney, younger daughter – Adelaide Quite active
Medical History:	Hypertension – 1985 Did not seek treatment till 2000; now managed

with Ramipril
GERD -1999

Surgical history: R Ankle dislocation surgery following a car accident- 1982, hospitalized for 3 weeks
Septoplasty - 1985
Surgery for Anal Fistula - 1992
Eye replacement lens surgery -2007

Hobbies: Cycling, watching movies, sports, reading, travelling, playing golf and Tennis

26/08/2016

- Accident with a motorbike while cycling, claimed he was going at a moderate speed, a motorbike hit him while overtaking, he landed on the left side of his body
- FOOSH (Fall on outstretched hand) injury to L elbow, presented to ER, limited range of motion and extreme pain
- X-RAY– Nondisplaced fracture of the coronoid process of the ulna, marrow oedema head and neck of radius involving articular surface, moderate joint effusion
- Treatment – Sling to keep the elbow immobilized- 6 weeks, Capsule CM Plus, Panadol, Ibuprofen, hot compress for pain and inflammation
- Next Appointment in 6 weeks' time

06/10/2016

- X-ray – injury healing well
- Tab D gain qw
- Tab CM Plus – qd
- Sling taken off
- Exercise program - at home

01/11/2016

- Pt. complains of stiffness and limited range of motion in the elbow
- Arrange home visits by physiotherapist for rehab program
- Tab D gain -qw
- Tab CM plus- qd
- Follow-up appointment- 15/12/2016

Writing Task 10

Write a referral letter to Amit Kumar, Physiotherapist, Suite 5, 379 Swanston Street, Melbourne requesting home visits from the physiotherapist.

In your answer

Do not use note form

Expand the relevant case notes to explain his background and medical history and the assistance requested.

Sample Answer

01/11/2016

Mr. Amit Kumar
Physiotherapist
Suite 5
379 Swanston Street
Melbourne

Re: Mr. Tom Clarke; DOB: 21/09/1954

Dear Mr. Kumar

I am writing to request daily home visits to provide rehabilitative care and support for Mr. Clarke who is recovering from a fracture of the coronoid process of the ulna and a radial head fracture of the left elbow.

Initially, he presented to us on 26/08/2016 with an injury on his left elbow following an accident, and the diagnosis was confirmed with an X-Ray. On that day, he was advised to restrict the activity of the impacted elbow with a sling

for optimal healing and commenced on Ibuprofen, Panadol, and Capsule CM Plus. Additionally, he was advised to use warm compresses to alleviate pain and inflammation.

On his subsequent visit six weeks later, his X-ray was reviewed which showed progress in healing; therefore, the sling was removed, and an exercise program was initiated to promote healing.

The patient was seen in a follow-up today when he complained of stiffness and limited range of motion of the left elbow; consequently, he was recommended a rehabilitation program, supervised by a physiotherapist, to restore movement and strength to the elbow.

It would be greatly appreciated if you could visit him at home and assist him with regaining a full function of his elbow.

Please contact with any questions.

Yours sincerely
Ramona Decosta
Senior Nurse
Helpline Hospital

Sample 2

01/11/2016

Mr. Amit Kumar
Physiotherapist
Suite 5
379 Swanston Street
Melbourne

Re: Mr. Tom Clarke; DOB: 21/09/1954

Dear Mr. Kumar

I am writing to request daily home visits to provide rehabilitative care and support for Mr. Clarke who presented to us on 26/08/2016 with an injury on his left elbow following an accident and was diagnosed with a nondisplaced

fracture of the coronoid process of the ulna and a radial head fracture of the left elbow.

On that day, he was advised to restrict the activity of the impacted elbow with a sling for optimal healing and commenced on Ibuprofen, Panadol, and Capsule CM Plus. Additionally, he was advised to use warm compresses to alleviate pain and inflammation.

On his subsequent visit six weeks later, his X-ray was reviewed which showed progress in healing; therefore, the sling was removed, and an exercise program was initiated to promote healing.

The patient was seen in a follow-up today when he complained of stiffness and limited range of motion of the left elbow; consequently, he was recommended a rehabilitation program, supervised by a physiotherapist, to restore movement and strength to the elbow.

It would be greatly appreciated if you could visit him at home and assist him with regaining a full function of his elbow.

Please contact with any questions.

Yours sincerely
Ramona Decosta
Senior Nurse
Helpline Hospital

You are a Registered Nurse at Pullman Medical Centre. Ms. Paula Anderson is a patient in your care who is being transferred to Holy Heart Hospital today for a colostomy scheduled on 05/02/2018.

Patient name: Ms. Paula Anderson
Today's date: 02/02/2018
DOB: 19/05/1954
Marital status: Married
Social background: Lives with husband - very supportive

1 daughter-lives interstate
Two sisters- live nearby
Retired school teacher (English)
Hobbies: playing badminton, watching movies
Likes socialising, playing chess
Sedentary lifestyle – Overweight since 30's

Medical background:

appendectomy – 2003
left leg – 2007
pneumonia – 2015
arthritis in hands – uses Voltaren

Diet:

Red meat, processed meat
Fast food
Alcohol (Vodka, wine) – 4-5 days/wk.
Ex-smoker – quit 15 years ago

Nursing notes

28/12/2017

Visit to GP, 2- 3 bleeding from rectum rectal exam- definitely palpable mass
Fast track referral for suspected colorectal cancer

11/01/2018

8 cm mass on left lateral wall of rectum likely to be carcinoma – referred for colonoscopy

14/01/2018

colonoscopy- biopsies large bowel mucosa taken

18/01/2018

CT & Local staging of primary tumour with MRI

23/01/2018

Review of histology – colonoscopy report
Diagnosis – Colon cancer
R/v by colorectal and general surgery consultant
CT – no evidence of metastatic cancer
Recommended colostomy
Pt. advised of diagnosis and surgery

02/02/2018

**Identified
needs/problems:**

Prepare for colostomy
Eating and drinking: Potential problems of
dehydration due to above
Anxious about probs of stoma on home and social
life. Involve family members in care

Objectives

minimise risk of post-op., wound infection from
bowel contents
Allow surgeons clear access to operation site
i.e. free from faeces
Complete pre-op. Care schedule
Encourage patient to voice concerns

Plan

Rectal wash-out before bedtime for three days
(daily)
Purgatives as desired
Low-residue light diet 02/02
Fluids only including soup and ice cream 02/03
Clear fluid 02/04
Charge Nurse to see the pt. to discuss practical
problems at home
Nil by mouth from 00.00 hours 02/05
Standard pre-op procedure
Ensure variety of acceptable drinks

Writing Task 11

Using the information given in the case notes, write a letter to Ms. Meredith Stevens, Charge Nurse, Holy Heart Hospital, 119 Red Sparrow Road, Docklands, Melbourne outlining relevant findings and patient care plan to prepare Ms. Anderson for the surgery.

Sample letter

02/02/2018

Ms. Meredith Stevens
Charge Nurse
Holy Heart Hospital
119 Red Sparrow Road
Docklands
Melbourne

Re: Ms. Paula Anderson; DOB: 19/05/1954

Dear Ms. Stevens

I am writing to refer Ms. Anderson who has been diagnosed with colon cancer and is being transferred to your facility today for colostomy on 05/02/2018.

To prepare Ms. Anderson for the surgery, she needs to reduce her fluid and diet intake; consequently, there is a possibility of the patient becoming dehydrated. She can be given a low-residue diet today followed by fluids only the next two days, and you are requested to ensure a variety of acceptable drinks. It is imperative that Ms. Anderson eats and drinks nothing from midnight on the day of the operation.

To ensure that the surgeon can have clear access to the operation site, rectal wash-outs should be given each evening before the operation so that her bowel is clear of all faecal matter. Moreover, Ms. Anderson is worried about the consequences of colostomy; hence, you are requested to meet her on 04/02/2018 to discuss anticipated problems at home following the surgery and educate her on managing at home. It is also advisable to guide her family on how they can be involved in Ms. Anderson's care at home.

The patient's medical reports are attached to this letter. Please contact with any questions.

Yours sincerely
(Your name here)

Today's Date: 27/12/2017

Notes

You are a registered nurse in the Coronary Care Unit, St Vincent's Hospital Melbourne. Derek Shepherd is a patient in your care.

Patient Details

Name: Derek Shepherd
DOB: 13 September 1970
Address: 108 Queen Street Melbourne
Admitted: 20 December 2017
Date of discharge: 27/12/2017

Diagnosis Obstructive coronary artery disease

Operation Coronary artery bypass grafts (x 4)

Social History

- Never married

- Lives alone in own home
- Works as a Business Development Manager at a bank

Medical History

- Constipation occasionally- takes isabgol for relief
- Smokes 5-6 cigarettes/day
- Alcohol: 2 x 300 ml bottles beer/day
- Ht 185 cm Wt 102 kg (BMI- 29 Overweight)

Dietary habits: sausages, deep fried chips, pizzas, pastas,
Allergic reaction to nuts

20/12/2017

- History of presenting complaint: severe chest pain, extreme tightness in chest – felt like someone is standing on his chest, heaviness in both forearms, shortness of breath
- Chest pain started 3-5 months ago, has been increasing in intensity since, got worse on exertion
- Diagnosed with Obstructive Coronary artery disease

Nursing Management and Progress

21/12/2017

- Operation coronary artery bypass grafts (x4)
- Routine postoperative recovery
- Pain/Discomfort managed

23/12/2017

- Constipation related to decrease response to urge to defecate secondary to surgical procedure – no stool for 2 days
- Pt. given isabgol for constipation
- Pain – 5/10

- PT commenced- Rev. by Physio
- Position change every 4 qh

24/12/2017

- Knowledge deficit re diagnosis, surgical procedure, seemed confused-educated regarding event
- PT – continued
- Low fat diet
- No complaints of constipation

26/12/2017

- Pain 2/10
- Pt. walking well – routine visits by PT
- Pt. explained post discharge instructions (resume work after 4 wks., avoid travelling/strenuous exercises till 6 wk., follow-up after 6 wks, medications)
- Pt. counselled on changes to lifestyle (cease smoking- referred to Quit line, decrease alcohol, reduce weight, low-fat diet, exercise regime)
- Pt. has knowledge and understanding of diagnosis, procedure, long term rehabilitation – worried about future as evidenced by patient verbalization “I don’t know how I will cope with my job and finances, I might be fired if I don’t go to work for a month” – refer to Cardiac Rehab. S/W for support
- Wound healing well – daily dressing change
- Pt. educated re smoking cessation – referred to Quit line
- Pt. educated re decreasing alcohol
- Low fat diet

Medications: Aspirin ½ daily, Vicodin q4

Discharge Plan

- Returning Home – avoid strenuous activities, travelling till 6 wks., resume work after 4 wks.
- Follow-up visit after 6 weeks
- Refer to District Nurse – wound management, monitor medications, diet, temp.
- Call Hospital if wound swollen, temp rises above 101-degree F
- Local physiotherapist to continue rehabilitation exercise program- increase physical strength, gradually increase physical activity
- Low-fat diet after discharge – pt. Requested more information on simple low-fat recipes that can be prepared at home
- Refer to local Social Worker at Cardiac Rehab. for support to pt. for applying leave from work, financial assistance

Writing Task 12

Using the information given in the case notes, write a letter to Dr Addison Burke, Dietician, Suite 1, 348, 5th floor, Church Street, Melbourne requesting information on dietary guidelines for Mr. Shepherd. The information should be sent to his home address.

- Expand the relevant case notes into complete sentences
- Do not use note form
- The body of the letter should not be more than 200 words

Sample letter:

27/12/2017

Dr Addison Burke
Dietician
Suite 1, 348, 5th floor
Church Street
Melbourne

Re: Mr. Derek Shepherd; DOB: 13/09/1970

Dear Dr. Burke

The purpose of this letter is to solicit low-fat dietary guidelines for the above-captioned patient who presented to us on 20/12/2017, was diagnosed with obstructive coronary artery disease, and underwent a coronary artery bypass graft under our care. He is being discharged today.

His risk factors include being overweight, due to a diet primarily consisting of fat-rich foods like sausages, pasta, pizzas, and deep-fried chips.

His height is 185 cm, and he currently weighs 102 kg. Moreover, he is a smoker and smokes about 5-6 cigarettes a day. Further, he drinks two 300 ml bottles of beer regularly. His medical history is significant for intermittent bouts of constipation that is relieved with isabgol, and allergy to nuts.

Mr. Shepherd has progressed well after the surgery. He has been educated regarding smoking cessation and reducing his alcohol intake. Moreover, he has been advised to lose weight through exercise and diet; therefore, he has requested detailed advice on simple low-fat recipes that can be easily prepared at home.

Therefore, it would be greatly appreciated if you could send this information to his address, attached to this letter.

Should you have any questions, please do not hesitate to contact me.

Yours sincerely
(Your name here)

Writing Task 13

Using the information given in the case notes, write a letter to Ms. Christina Yang, Senior Social Worker, Cardiac Rehabilitation Program, Elizabeth Hospital, 43-47 King Street, Melbourne to provide support service to the patient to help him re-adjust to normal life.

Sample letter

27/12/2017

Ms. Christina Yang,
Senior Social Worker
Cardiac Rehabilitation Program
Elizabeth Hospital
43-47 King Street
Melbourne

Re: Mr. Derek Shepherd; DOB:13/09/1970

Dear Ms. Yang

I am writing to refer Mr. Shepherd who is recovering from a heart bypass surgery and requires your assistance to apply for financial aid and 4-week leave from work. He was admitted on 20/12/2017 and is being discharged today.

Postoperatively, Mr. Shepherd has progressed well and made an encouraging recovery; nevertheless, he has been advised to get sufficient rest and recommence work after four weeks.

Mr. Shepherd works as a Business Development Manager at a bank and is

worried about maintaining his employment and taking time off work for a month. Additionally, he is concerned about experiencing financial strains owing to a potential reduction in income until he resumes work.

Given the above, it would be highly appreciated if you could inform his employer of his situation and arrange a 4-week employment leave for him. Moreover, please assist him in applying for financial aid to minimize his stress during the recovery period.

Enclosed herewith is the supportive documentation regarding patient's medical condition. Should you have any further queries, please do not hesitate to contact me.

Yours sincerely
(Your name here)

Writing Task 14

Using information given in the case notes, write a referral letter to Ms. Patricia Welsh, Physiotherapist, 305, Third Floor, Central Park, Melbourne requesting her to supervise the patient's home-based exercise program.

Sample letter

27/12/2017

Ms. Patricia Welsh
Physiotherapist
305, Third Floor
Central Park
Melbourne

Re: Mr. Derek Shepherd; DOB:13/09/1970

Dear Ms Welsh

This letter will introduce the above-captioned patient who is recovering from a coronary artery bypass graft surgery and requires ongoing support from you to continue his cardiac rehabilitation exercise program at home. He lives alone and is being discharged today.

He presented to us on 20/12/2017 and underwent an uneventful surgery. Postoperatively, he was reviewed by a physiotherapist who commenced him on an exercise program to promote strength and healing; consequently, his ambulatory status has improved, and he can mobilize independently. He has attained significant recovery and has been recommended to lose weight to ensure good general health. His height is 185 cm, and he currently weighs 102 kg.

Given the above, it would be greatly appreciated if you could visit him daily to ensure his compliance with the recommended exercise regime and assist him in regaining his physical strength. Of note, he has been advised to refrain from strenuous activities for six weeks; therefore, please ensure that he increases his physical activities gradually.

Should you have any further queries, please do not hesitate to contact me.

Yours sincerely
(Your name here)

Writing Task 15

Using the information given in the case notes, write a letter to the Ms. Anna Thompson, District Nurse, requesting follow-up care for this patient.

Sample letter 1

27/12/2017

Ms. Anna Thompson

District Nurse

Re: Mr. Derek Shepherd; DOB:13/09/1970

Dear Ms. Thompson

This letter will introduce Mr. Shepherd who is recovering from a coronary artery bypass surgery. He was admitted to hospital on 20/12/2017. He lives alone and requires follow-up care from you following his discharge today.

During hospitalization, the patient responded well to the adopted treatment plan which focused on adequate pain-relief, postoperative physiotherapy, patient education regarding the risk-factor management, and regular wound dressing.

It would be greatly appreciated if you could monitor his progress to ascertain if any risks are present. Kindly call us immediately if his body temperature rises above 101 degrees or the wound site is swollen or infected. Additionally, please continue the wound management and ensure compliance with the discharge medications and low-fat diet plan. His medication chart is attached to this letter, and the diet plan will be sent directly to his house by the dietician.

Worthy to note, he needs to abstain from traveling and participation in strenuous activities until his follow-up appointment scheduled in 6 weeks' time. He will be able to resume work after four weeks, and he needs to ensure adherence to the post-discharge instructions for which appropriate referrals have been made.

Should you have any further queries, please do not hesitate to contact me.

Yours sincerely
(Your name here)

Sample letter 2

27/12/2017

Ms. Anna Thompson
District Nurse

Re: Mr. Derek Shepherd; DOB:13/09/1970

Dear Ms. Thompson

The purpose of this letter is to request regular home visits for the above-captioned patient who presented to us on 20/12/2017 and underwent a coronary artery bypass surgery under our care. He is being discharged today and lives on his own.

He has made remarkable progress in the hospital; nevertheless, additional medical care is needed from until his follow-up appointment in six weeks' time.

His wound has been healing well, and you are requested to change the dressing on the wound site daily. Moreover, please monitor him closely, and notify us immediately in case his wound site is swollen or his body temperature exceeds 101 degrees. Further, please ensure adherence to the discharge medications, which include 1/2 Aspirin daily and Vicodin every 4 hours.

Besides that, could you also ensure that the patient is compliant with the low-fat diet plan, which will be directly sent to his by the dietician? Of note,

he has been advised to refrain from traveling and rigorous activities for six weeks, but he will be able to resume work after four weeks. He has been counseled on risk-factor management after discharge, and appropriate referrals have made to support his recovery.

Please contact me with any questions.

Yours sincerely
(Your name here)

CASE NOTES:

You are a Registered Nurse at Brockville Hospital, Melbourne.

Today's date: 15/02/2017

Patient name: Ms Elizabeth Carmel

Prefers to be addressed as: Izzie

Address: 456, Francis Street, Brockville, Melbourne

Next of kin: George Thompson (husband)

BMI: 33

DOB: 02/04/1975

13/02/2017

Source of assessment: Husband

- Attended a party last night – complained of abdominal pain and vomiting after the party
- Today - became unconscious after feeling unwell and increasingly drowsy at home
- BIBA with husband to hospital
- Unconscious on admission - Husband thinks she fainted due to diabetes

- Diagnosed with diabetes 2 years ago – poor management with diet and medication (misses insulin doses)
- Diet: pancakes, 3-4 cups coffee, cheese omelette, muffins, biscuits, Fish and chips, fried chicken, sweetened juices, drinks wine daily (1-2 glasses) , whiskey occasionally
- Irregular eating pattern, fasting for long periods of time/bingeing
- Underwent cataract surgery 10 years ago
- Takes multivitamins at home daily
- Not very active – goes for a slow walk 1-2 times/week
- No hx of any allergies/no medications
- Nil relevant medical history

Objective

Breathing rate – 32/min

Cough – Nil

Colour – pale dry skin, lips pink

BP- 90/45 mmHG

P- 128/min

Teeth- own

Mouth- clean and dry

Acetone breath

Blood gas analysis - severe metabolic acidosis (pH- 6.74, bicarbonate 5 mmol/L, blood ketones - > 8.0 mmol/L, serum glucose – 400 mg/dL, anion gap - 24)

Other lab tests – abnormal

Admission Dx- diabetic ketoacidosis

Nursing Management:

- Aggressive IV Fluids, norepinephrine, bicarbonate, insulin, IV bolus
- No evidence of infection
- Regained consciousness
- K replacement administered
- Intake/output accurately
- Oxygen sat.

14/02/2017

- Blood glucose, Fluid, electrolyte, hydration status constantly monitored
- Mental status – normal
- Vital signs – normal
- Pt. urinating – renal function restored
- ECG reading – no sign of hyperkalaemia
- K⁺ values approaching normal
- Pt. tired – reports feeling “crampy and achey”
- Pt. educated re importance of taking insulin on time, importance of timely balanced meals to avoid emergency situations in future

15/02/2017

- Pt. ready to be discharged home with husband

Discharge plan

- Initiate referrals to dietician, outpatient diabetes education, physiotherapist, District Nurse,
- Physiotherapist – initiate exercises for weight-loss, increase physical activity
- Dietician – correct imbalanced nutrition related to food, low-fat diabetic diet schedule – pt. requests info on options when out – send to home address
- Diabetes education from Diabetes Specialist Nurse re diabetes

(maintain metabolic control in future, bingeing, wrong foods & less physical activity hyperglycaemia, monitor urine –ketones) – to risk of future episodes – request home visit

- District nurse to monitor pt. -compliance with diabetes management, reinforce education re not missing insulin dose and mealtimes, educate re timing of insulin inj. & mealtime (30 minutes), monitor compliance with diet regimen and weight-loss program - Contact hospital immediately if unable to retain oral fluids
- Review after 15 days

Writing Task 16

Using the information given in the case notes, write a letter to Ms. Samantha Golden, Diabetes Specialist Nurse, Victoria Health Education Centre, Suite 548, 4th floor, 34 Collins Street, Melbourne requesting her to visit your patient at home to provide instructions on continued self-care after discharge.

15/02/2017

Ms. Samantha Golden
Diabetes Specialist Nurse
Victoria Health Education Centre
Suite 548 4th floor
34 Collins Street
Melbourne

Re: Ms. Elizabeth Carmel; DOB: 02/04/1975

Dear Ms. Golden

I am writing to refer Ms. Carmel, a diabetic patient, who was admitted in an unconscious state on 13/02/2017, was diagnosed with diabetic ketoacidosis, and is being discharged today. She requires a home visit for education on diabetes management to reduce the risk of a future diabetic emergency.

Her husband reported that she was diagnosed with diabetes two years ago but is poorly compliant with timely administration of insulin. He also said that she consumes fat-rich diet and a moderate quantity of alcohol and has an irregular eating pattern. Her BMI is above the ideal range (33), and she engages in little physical activity.

While hospitalization, she responded well to the treatment and was educated on the role of timely doses of insulin and diet to control her diabetes. Her condition has stabilized, and she will be reviewed after 15 days.

Given Ms. Carmel's history and recent emergency, please guide her on how to maintain metabolic control in the future as well as the dangers of hyperglycaemia resulting from excessive food intake, eating the wrong kinds of food, and decreased activity levels. Further, she will also need to know the methods of testing urine for ketones.

Please contact me with any questions.

Yours sincerely
(Your name here)

Writing Task 17

Using the information given in the case notes, write a letter to Ms. Angelina Hobbs, Dietician, Salona Health Clinic, Suite 404, 11th Floor, Bourke Street, Melbourne.

15/02/2017

Ms. Angelina Hobbs
Dietician
Salona Health Clinic
Suite 404, 11th Floor
Bourke Street
Melbourne.

Re: Ms. Elizabeth Carmel; DOB: 02/04/1975

Dear Ms. Hobbs

The purpose of this letter is to request low-fat, diabetic guidelines for Ms. Carmel, a diabetic patient, who was admitted to hospital on 13 February in an unconscious state owing to diabetic ketoacidosis. Her condition has stabilized, and she is being discharged today.

Ms. Carmel has had poorly-controlled diabetes for two years, and her risk factors include non-compliance with timely administration of insulin and consumption of a fat-rich diet including pancakes, 3-4 cups of coffee, cheese omelette, muffins, biscuits, fish and chips, fried chicken, and sweetened juices. She also consumes 1- 2 glasses of wine daily and whiskey occasionally. Moreover, little physical activity compounded with the wrong choice of foods and erratic eating patterns have led her to become obese (BMI 33).

With treatment, her condition has improved, and adequate referrals have been arranged to increase her knowledge of precipitating factors to avoid recurrences in the future.

It would be greatly appreciated if you could advise a low-fat, diabetic dietary timetable for Ms. Carmel to correct her nutrition imbalance. She has also requested information on meal choices outside the home. This information needs to be sent directly to her home address.

Please contact me with any questions.

Yours sincerely
(Your name here)

Writing Task 18

Using the information given in the case notes, write a referral letter to Ms. Pamela Wilkins, District Nurse, requesting her to visit Ms. Carmel at home for monitoring her condition.

15/02/2017

Ms. Pamela Wilkins
District Nurse

Re: Ms. Elizabeth Carmel; DOB: 02/04/1975

Dear Ms. Wilkins

I am writing to request home visits to monitor Ms. Carmel's condition following her discharge today. She was admitted on 13 February in an unconscious state owing to diabetic ketoacidosis.

Ms. Carmel has had diabetes for the past two years with poor adherence to timely insulin administration. Moreover, she consumes a fat-rich diet with moderate alcohol consumption and has irregular eating habits. She engages in little physical activity and is obese (BMI 33).

While hospitalized, she has progressed well and has been educated on the importance of diabetes management. The referrals to the dietician for a diet schedule and the physiotherapist for a weight-loss program have been arranged, and a home visit by a diabetes specialist nurse has been requested to educate the patient on self-care at home.

Kindly reinforce the education already provided in the hospital regarding the necessity of not missing insulin doses, eating meals at regular intervals, and

maintaining a gap of 30 minutes between insulin injections and mealtimes. Additionally, please ensure that the patient is compliant with recommended diet timetable and weight-loss program. In case she is unable to retain any fluids, please contact us immediately. Of note, she is due for a review after 15 days.

Please contact me with questions.

Yours sincerely
(Your name here)

Writing Task 19

Using the information given in the case notes, write a referral letter to Ms. Alka, Physiotherapist, GNB Medical Centre, 45-50 Sacramento Road, Coburg requesting her to visit Ms. Carmel at home for initiating a weight-loss program.

15/02/2017

Ms. Alka
Physiotherapist
GNB Medical Centre
45-50 Sacramento Road
Coburg

Re: Ms. Elizabeth Carmel; DOB: 02/04/1975

Dear Ms. Alka

I am writing to refer Ms. Carmel, an obese woman, who was admitted on 13 February in an unconscious state owing to a diabetes-related complication. She is being discharged today, and she requires home visits from you for a weight-loss program.

Up until now, her lifestyle has comprised of little physical activity in her routine. She goes for a slow walk one to two times in a week. Moreover, she consumes a fat-rich diet; consequently, she is obese, and her current BMI is 33. Owing to these lifestyle habits, she has had poorly managed diabetes for the past two years.

With treatment, her condition has improved; however, she needs to lose weight and increase physical activity for better management of diabetes and to

reduce the risk of diabetes-related emergencies in the future. A dietician has been requested to send low-fat, diabetic guidelines to her house directly, and she is due for a review in 15 days' time.

It would be greatly appreciated if you could visit Ms. Carmel at her house and initiate an exercise program to promote her weight-loss. Moreover, please assist her in gradually increasing physical activity to achieve better diabetes control.

Please contact me with any questions.

Yours sincerely
(Your name here)

References

<http://slideplayer.com/slide/5293088/>

<https://www.scribd.com/document/237250403/Speaking-Sub-test-Test-Information>

<https://www.occupationalenglishtest.org/test-information/speaking/>

<https://philpapers.org/archive/GIOTTP.pdf>

<https://www.inc.com/andy-molinsky/want-to-be-a-great-listener-do-this-1-thing.html>

<http://www.boomeon.com/posts/the-power-of-perception-in-your-life>

<https://quizlet.com/114769879/10-rights-of-medication-administration-flash-cards/>

http://articles.latimes.com/1987-03-08/news/mn-13410_1_dupont-plaza

<http://thevirtualwolf.com/index.php/general-administration/>

<http://www.onestopenGLISH.com/esp/nursing/pdf-content/nursing-english-part-3-managing-a-patients-dietary-needs-advanced-podcast/157048.article>

<https://www.youtube.com/watch?v=1sXDGrjtQyQ>

<https://wwwnc.cdc.gov/travel/destinations/traveler/none/cambodia>

<http://www.travelvax.com.au/holiday-traveller/vaccination-requirements>

<http://www.onestopenGLISH.com/esp/nursing/pdf-content/nursing-english-part-2-taking-a-patients-medication-history-advanced-podcast/156911.article>

<http://www.onestopenglish.com/esp/nursing/pdf-content/nursing-english-part-1-pain-assessment-advanced-podcast/156854.article>

<http://www.pharmacytimes.com/publications/issue/2013/may2013/ouch-relief-for-minor-wounds-and-burns>

https://www.youtube.com/watch?v=qHGvjv_7PLU

<https://medicine.yale.edu/neurosurgery/surgicalservices/neurooncology/brain>

<https://www.your.md/condition/brain-tumour/#introduction>

<https://www.caring.com/slideshows/wont-use-walker-or-cane>

<https://www.caring.com/questions/questions-encouraging-elder-to-use-walker-or-cane>

<https://www.youtube.com/watch?v=4YhpWZCdiZc>

<http://dietnhealthcare.com/>

<https://patient.info/health/kidney-infection-pyelonephritis>

<http://www.nytimes.com/health/guides/disease/kidney-infection-pyelonephritis/overview.html>

<http://www.everydayhealth.com/sexual-health/urinary-tract-infections-keep-coming-back.aspx>

<https://www.uptodate.com/contents/kidney-infection-pyelonephritis-beyond-the-basics>

<https://www.mrcpuk.org/sites/default/files/documents/S4-Sample12.pdf>

<http://webeye.ophth.uiowa.edu/eyeforum/cases/case22.htm>

<http://health.umt.edu/mtgce/documents/Osteoporosis%20Case%20Study%20-%20Student%20Version.pdf>

<http://www.cdhb.health.nz/Hospitals-Services/Health-Professionals/netp/Documents/Powerpoint%20on%20MI%20Case%20Study%20>

<https://www.scribd.com/document/256718259/FreeTipstogetBGradeinOET>

<https://casesjournal.biomedcentral.com/articles/10.4076/1757-1626-2-8357>

About the Author



Gurleen Khaira is a nationally-acclaimed OET trainer, entrepreneur, and career counsellor. She has a post-graduate qualification in TESOL (Teaching English to Speakers of Other Languages), and her purpose and passion lies in helping students with their English language skills. She has received four national awards for her work in the education sector and has been featured in national publications on numerous occasions.

She is the OET-course leader at Khaira Education, India's first Premium Preparation Provider for OET training. To date, she has helped hundreds of health professionals in passing the OET with an A/B on their first attempt. She has been involved with soft-skills and English language training since 2013, following her return to India from Australia where she attended the University of Melbourne.

This is her second book after her first book, *OET Speaking and Writing Made Easy for Nurses*.