

OET SPEAKING AND WRITING MADE EASY FOR NURSES

G U R L E E N
K H A I R A



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 in matters relating to his/her health and particularly concerning 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, businesses, 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.

**OET
SPEAKING
AND WRITING
MADE EASY
FOR NURSES**

**GURLEEN
KHAIRA**

scholarink
com

First Published by Scholarink 2017



An imprint
of Notion Press Media Private
Limited

Old No. 38, New No. 6
McNichols Road, Chetpet
Chennai - 600 031

Copyright © Gurleen Khaira 2017

eISBN 978-1-948032-35-3

This book has been published with all reasonable efforts taken to make the material error-free after the consent of the author. No part of this book shall be used, reproduced in any manner whatsoever without written permission from the author, except in the case of brief quotations embodied in critical articles and reviews.

The Author of this book is solely responsible and liable for its content including but not limited to the views, representations, descriptions, statements, information, opinions and references ["Content"]. The Content of this book shall not constitute or be construed or deemed to reflect the opinion or expression of the Publisher or Editor. Neither the Publisher nor Editor endorse or approve the Content of this book or guarantee the reliability, accuracy or completeness of the Content published herein and do not make any representations or warranties of any kind, express or implied, including but not limited to the implied warranties of merchantability, fitness for a particular purpose. The Publisher and Editor shall not be liable whatsoever for any errors, omissions, whether such errors or omissions result from negligence, accident, or any other cause or claims for loss or damages of any kind, including without limitation, indirect or consequential loss or damage arising out of use, inability to use, or about the reliability, accuracy or sufficiency of the information contained in this book.

CONTENTS

Introduction to the Occupational English Test (OET)

Speaking Sub-Test Overview

Structure of the Test

General Tips

Recommended Reading for OET Speaking

SAMPLE ROLE PLAYS

Role Play 1

Role Play 2

Role Play 3

Role Play 4

Role Play 5

Role Play 6

Role Play 7

Role Play 8

Role Play 9

Role Play 10

Role Play 11

Role Play 12

Writing Sub-Test Overview

PRACTICE TESTS WITH SAMPLE LETTERS

Practice Test 1

Writing Task 1

Writing Task 2

Writing Task 3

Practice test 2

Writing Task

Practice test 3

Writing Task

Practice test 4

Writing Task 1

Writing Task 2

Writing Task 3

Practice test 5

Writing Task

Practice test 6

Writing Task

References

INTRODUCTION TO THE OCCUPATIONAL ENGLISH TEST (OET)

OET or Occupational English Test is an international exam that assesses the language communication skills of healthcare professionals who seek to register and practice in Australia, New Zealand, Singapore, Dubai, or any English-speaking environment. 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 twelve healthcare professions: Dentistry, Dietetics, Medicine, Nursing, Occupational Therapy, Optometry, Pharmacy, Physiotherapy, Podiatry, Radiography, Speech Pathology and Veterinary Science. The Reading and Listening modules are the same for all health professionals taking the exam. The 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 to successfully pass the Occupational English Test. This book will help you gain the speaking and writing skills essential for scoring A/B grade in the OET examination.

It is a one-stop solution for successfully passing the speaking and writing sections of the OET. It covers intensive speaking practice using 12 cue cards with model answers that a candidate is expected to produce to score an A/B grade. It also includes intensive writing exercises with ten writing tasks and model answers. Also, the book includes separate sections containing useful tips and efficient exam strategies for speaking and writing which will improve the performance remarkably and guarantee a passing score. The materials have been specifically designed to reflect the types of tasks found in OET examination. This book will also provide a clear understanding of the assessment criterion on which the candidates are scored for speaking and writing modules.

For more information on test dates, test fees, testing venues and official materials, please visit www.occupaitonalenglishtest.org

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 use materials specially designed for their profession to perform the role plays. 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 patients of different ages, health problems and 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 an 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 after which you are given two roles, one after the other and you have 2-3 minutes to prepare yourself for each role play. The interview is recorded, and the recording is then assessed by two different assessors in Australia. The interlocutor is not assessing you. The interlocutor follows a script so that the interview structure is similar for every candidate.

Assessment criterion and tips to improve each criterion

Candidate's performance in the two role plays is assessed against five criteria:

Overall communicative effectiveness – *including how well you can maintain meaningful interaction.*

TIPS

- In each role play, take the initiative to gather and give information as a professional does.
- You should talk to the interviewer like you would do to a patient.
- Deal with the points given on the role-card clearly by asking questions and explaining as necessary.
- Make sure you use a simple language that is easily understandable by the patient.
- Remember that you are interacting with the patient and not just explaining to him/her.

Intelligibility – *including pronunciation, intonation, stress, rhythm and accent.*

TIPS

- Consider every aspect that makes up this criterion; not just

pronunciation, but also the use of stress to emphasise the most important information and use of intonation to signal whether you are asking a question or making a statement.

- Practice common words that use these sounds *e.g. ‘this’, ‘that’, ‘father’, ‘mother’+.
- Notice how pronunciation in your language is different from English – e.g. the ends of words often show different meanings in English: ‘cut’, ‘cup’, ‘worry’, ‘worries’, ‘worried’.
- Find and practice the pronunciation of common words and phrases in English used in your job.

Fluency – *including the rate (speed) and natural flow of speech.*

TIPS

- Speak at a natural speed for the situation.
- Consider the listener’s problems if your speech is too slow – e.g. losing the flow of argument, feeling frustrated while waiting for you to finish, etc.
- Consider the listener’s problems if your speech is too fast – e.g. being unable to break up the stream of language into meaningful pieces, feeling overwhelmed.
- Aim for even speech that is not broken up into fragments by reducing hesitation or speaking in ‘bursts’ of language.
- Use pauses to make what you are saying clear like for emphasis or to separate the points you are making.
- Try to avoid overuse of sounds *err, um+ and filler words *‘OK’, ‘yes’+ to fill gaps while you prepare what to say next.

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

TIPS

- Practice explaining medical and technical terms and procedures in simple

language, for instance, giving general advice for good health about diet, losing weight, care of wounds, smoking cessation, etc.

- Ask questions to check the patient's understanding if it seems appropriate to the situation.

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

TIPS

- Show flexibility by using different phrases to communicate the same idea.
- Make sure you can form questions correctly; particularly those questions that you often use with patients while investigating their complaint or taking their medical history *‘How long...?’, ‘When’+.
- Work on areas that will help you convey information accurately. For example:
- Articles [the, a/an]: **‘there chance of infection’** for ‘there’s a chance of infection.’
- Prepositions: **‘I can explain you about asthma’** for ‘I can explain to you about asthma.’
- Countable/uncountable: **‘not much side effects’** for ‘not many side effects.’
- **‘I recommend you that you take this medication twice a day.’ (Wrong).**
- ‘I recommend that you take this medication twice a day.’
- **‘When it happened?’** for ‘When did it happen?’
- **‘Not much painful’** for ‘not very painful’ *adj+ or ‘not much pain’ [n].

Remember that the 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 affect the exam 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 particular medical topic.

GENERAL TIPS

1. 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.
2. 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.
3. Remember that you are being tested on your communicative ability and not on your medical knowledge, and any medical information required for the roleplay will be given on the card. When preparing for the test, focus on developing your ability to communicate appropriately with the patient in the role-play.
4. Speak loudly and clearly so the assessors can grade your performance fairly using the set criteria.
5. Talk naturally with the interviewer during the identity check and background information stage of the interview. Use this time to settle down and feel comfortable in the test environment.
6. Read the role card carefully and make any notes you want on the card. You can keep the card during the role-play for reference.
7. Take time to read through the role play card carefully.
8. 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.
9. Practice with another candidate, friend or colleague beforehand so you know what it feels like to do a role-play.
10. If you have any questions about what a word/phrase means, how it is pronounced, or how a role-play works, ask the interlocutor during the preparation time. You are not penalised for doing this.
 - 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?
- Consider how you would act if this were a real situation you encountered while doing your job.
 - Be ready to start off the role-play yourself. The interlocutor will indicate that preparation time is over, but you need to begin the conversation.
 - Introduce yourself if it is appropriate *but not if you know the patient already+.
 - Focus on the issue described in the role-play information.
 - Don't take a full history of the patient unless the notes require it.
 - If you don't understand something the patient says, ask him/ her to repeat or explain it.
 - If you notice a misunderstanding between you and the patient, try to resolve it.
 - If the patient seems upset or confused, try to find out why.
 - Don't worry if the interlocutor stops the role-play after five minutes, as there is no penalty for not completing all the elements on the role card.

RECOMMENDED READING FOR OET SPEAKING

Using Open-Ended and Closed-Ended Questions in OET Speaking

In OET Speaking, you would be making use of both open-ended and closed-ended questions.

Open-ended questions are the ones that start with who, what, where, when, why, which and how. Open-ended questions let the patient answer with something other than a yes or no that encourages patient elaboration or further conversation with the patient, maximizing opportunities for listening and understanding symptom-defining answers.

For example,

- Who brought you to the hospital?
- What did you eat today?
- Where do you feel pain?
- When did you first notice the infection?
- 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?

Closed-ended questions are usually answered with either a simple yes or no and can be used to obtain specific information or verifying patient understanding.

For Example,

- Do you exercise?
- 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?
- Does anyone in your family suffer from this condition?
- Is anyone in your family suffering from this condition?
- Has your appetite/weight changed recently?

Difference between Direct and Indirect Language

Choosing an appropriate language for the patient you are speaking to is an important 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.

Sample indirect statements

Investigating the reason for presentation

- Would you mind if I asked you some questions to get a better understanding of your condition?
- If you don't mind me saying, I notice you've put on some weight since I last saw you.
- In your own time, could you describe your symptoms 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?

Persuading a patient/Giving Advice to a patient

- Have you thought about trying to.....?
- This might not be what you were hoping to hear, but the best way to recuperate/for an optimal recovery is to...(quit smoking/alcohol/lose weight etc.)
- I understand that you dislike the idea of.....(taking medication/losing weight etc.) However,/That being said/ Having said that/With that said, I am afraid there is no other option. It is important/Imperative/paramount/indispensable that you follow my advice to ensure your good general health. Otherwise, it may have adverse effects on your health.

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 as increases the efficiency of gathering information from the patient.

Empathetic phrases to encourage patients to talk about their feelings/ symptoms

- 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 understand the situation much better.
- Have you told me enough about how you are feeling to help me understand things?
- I think I understand a little of what you have been feeling now. 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.

- 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!

Reflecting listening skills and paraphrasing

The process of treating a patient requires a holistic approach which necessitates considerations beyond treating a disease. It demands several skills in a doctor along with technical expertise. 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 your interpretation of what the patient says. This will enable you to better identify the patient's meaning rather than just focussing 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 and focusing what they are saying.
- Encouraging the patient to elaborate.
- Providing a check on the accuracy of your perceptions For instance,
- "If I have heard 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...?"
- So, what you are saying is... Is that right?
- When the patient talks for too long, say "Could I just interrupt you there

for a second?”

- So it sounds like...
- In other words...
- You mean.....
- So, to put it another way, you believe/feel that...
- To rephrase what you said,...

Examples:

Picking-up verbal cues

- You said that you feel miserable; could you tell me more about these feelings/why have you been feeling this way?
- When you say that “.....”, would you add some information/ give more details regarding this?

Picking-up non-verbal cues - facial expressions, tone, body language

Hint: [Identify whether 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 if we talked about it?
- You sound sad/concerned/anxious/unsure when you say this; would it help talking 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.

Giving advice

Explaining why something is important:

- It is important for you to start doing some kind of exercise for at least 20 minutes every day.
- 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.
- What I would like you to do is.....(ensure compliance with medication/healthy diet/eat more fruits and vegetables).
- Why not... (try healthier alternatives?)
- In cases like these, the first thing to try is changing your lifestyle.
- I suggest that...
- I advise that...
- I strongly recommend that...
- You need to...
- It would be beneficial if you...
- I am afraid it is extremely important/essential/imperative/ critical/for you to...
- It's essential 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...
- Let's consider some ways by which you can incorporate healthier changes in your life.

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 important 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 finding it difficult to come to terms with your treatment recommendation. It is possible that the patient has incorrect beliefs that can be addressed with a simple conversation. A patient must be explained the implications of refusing your advice in simple terms that are understandable to 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 with this decision. Can I explain 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 okay if I can discuss that with you?

Sample expressions that can be used to validate/acknowledge patient concerns that must be done empathetically.

- I completely understand that it must be complicated for you, considering the stage you are in. It must be overwhelming!
- I understand it is challenging for you to cope 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 re-assure the patient to manage their anxiety, fear or worries. For instance,

- You do not need to fear.
- This Clinic/This hospital has an excellent reputation, and your health and safety are our utmost priority.
- I am a qualified nurse with a good nursing experience. Please do not worry at all.
- Statistically speaking, the likely outcome for you is excellent.
- There is nothing to be alarmed about.
- I am afraid that 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.
- You will hardly feel anything. It will just be a pinch.
- 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.

Explaining the risks associated with not taking the recommended treatment.

- If you do not follow my advice, it may have adverse effects on your health.
- The results of not getting the treatment can be detrimental.

- This is the reason why you need to get admitted/undergo this treatment.
- For this reason, you need to...
- If you do not take your medication on time, it might delay the recovery time.
- I hope you understand why it is important for you to stick to the diet/undergo the tests/take the pills/not smoke/to get plenty of rest, otherwise...
- If you do not modify your lifestyle, your disease may progress.
- Your condition might exacerbate if you discharge against medical advice

Only proceed further when your patient has agreed to your plan of action

Use statements like:

- 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?

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 repeat 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...
- Mitigate – make something less severe or painful - Painkillers will help to mitigate/reduce/ease/relieve the pain.
- 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 – crucial/essential/critical - Please do not underestimate how vitally important this is.
- Detrimental – tending to be harmful, negative, adverse- If you continue to smoke/drink, it will have detrimental effects on your health
- 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: Community Health Centre

Nurse: You are talking to John Williams, a 35-year-old computer engineer who has been referred by his GP for advice on weight loss. He has been experiencing breathlessness on exertion and has been advised by his General Practitioner to lose weight for improving his health. He is overweight and has a BMI of 25.

Task

Discuss the importance of losing weight.

Ask questions about his lifestyle including drinking and eating habits.

Provide advice on getting a suitable diet and physical activity (increase physical activity, reduce alcohol intake, eat fruits and vegetables).

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

Interlocutor cue card

Setting: Community Health Clinic

Patient: Your name is John Williams. You are 35-year-old and work as a computer engineer. You drive half a mile to work and spend your evenings in front of the TV or the local pub with friends. You usually miss breakfast because of your busy schedule 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.

On weekends, you take care of your six-year-old nephew. 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 the weekends. You do not believe that you need to lose weight,

as being overweight is quite common these days.

Task

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 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. Is it okay if I address you as Mr Williams?

Patient: Yes, that's fine.

Nurse: Ok. So, Mr Williams, 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 Mr Williams, 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 your shortness of breath. Moreover, carrying extra weight predisposes you to health problems. Therefore, it is imperative that we discuss some ways about 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: Ok. 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 a recreation.

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

Patient: Yes.

Nurse: Great. Well, Mr Williams, 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: I take my car. If I didn't, I would be late.

Nurse: Ok. I understand Mr Williams, 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. How does this sound?

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 and 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 each day. 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.

Nurse: I know, I appreciate that, but it is of vital importance that you reduce your intake. I am not advising to give it up altogether, but only suggesting that you can limit your intake.

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 the 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.

Speaking description – What a good student is expected to produce in this role play

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, the patient's name is John Williams, and let's 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-judgmental 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 about stabilizing 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 favorable 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 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?

ROLE PLAY 2

Candidate cue card

Setting: Hospital Ward

Nurse: You have been called to the patient's bedside. The patient's name is Maria Rodriguez, a 37-year-old woman who was admitted to the hospital yesterday with a fractured leg. You notice that she looks quite agitated. It's early morning, and the doctor is on a round in the hospital.

Task

Find out why the patient is angry. Explain that your visit was delayed as you were attending to a critical patient.

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

Ask her about the pain (pain score, whether on-going pain-relief medication is effective). Explain that you need to call the doctor to change her pain-relief medicine.

When asked, explain that eating a snickers bar is against hospital safety rules. Encourage her to discuss her dietary preferences with the hospital dietician.

Interlocutor cue card

Setting: Hospital Ward

Patient: You are Maria Rodriguez. You are 37-year-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 by the hospital staff. You rang the buzzer 30 minutes ago, but no one has come to see you. Your husband has just left; as a result, you feel alone in the hospital, and the pain is making you very uncomfortable. This is the first time you have been hospitalized. Moreover, you hate the hospital food and are craving chocolate.

You are distraught and very angry 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. Explain that you have been waiting for the nurse for 30 minutes while being in pain. Tell the nurse that your pain score is 11 and you want a stronger pain-killer.

Demand the nurse to get stronger medication herself (because calling the doctor seems like another delaying tactic to you).

Ask the nurse to see the doctor and inquire about his whereabouts.

Express dissatisfaction with the hospital food and ask the nurse if you can eat a snickers bar.

Sample Transcript

Nurse: Hello Mrs Rodriguez, my name is Gurleen, and I am going to be taking care of you today. I see that you rang the buzzer?

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

Nurse: I apologise for the delay Mrs Rodriguez, I had to urgently attend to a critical patient. 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 apologize 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 my 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. 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. 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 the 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.

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. 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 at the earliest. 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: Is this your first time in the hospital?

Patient: Yes. And I don't know for how long I will have to stay here. I don't like anything here. The food's horrible too.

Nurse: Ok. 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. 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 a good idea. Can you ask her if she can include a snickers bar in my food for dessert?

Nurse: Well, regrettably, food from outside including a snickers bar is against the safety rules of the hospital. This is because eating healthy food is indispensable for your health and recovery. Having said that, you can ask your dietician about adding some healthier alternatives like a banana cake or fruit plate to your meal plan. Would that be okay?

Patient: OK, 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. Is that alright?

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.

Speaking description – What a good student is expected to produce

In this role play, 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 would be to check if the patient is okay with this decision. 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.

- Is this your first time in the hospital?

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

- 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.

6. 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?

ROLE PLAY 3

Candidate cue card

Setting: General Practitioner Clinic

Nurse: You are speaking to Tim Robinson, a 40-year-old man who has come to the clinic for a routine check-up. He is travelling to Cambodia and Vietnam next month for work, and the General Practitioner has asked you to advise him on the recommended travel immunisations before international travel.

Task

Find out about his vaccination history (tetanus, hepatitis A, and influenza/flu) and the duration of his travel.

Explain that he needs to get vaccinated against typhoid, hepatitis A, and tetanus (recommended by WHO for travelers to Cambodia and Vietnam that are medium risk countries).

Explain and emphasize the importance of getting his vaccinations updated at least two weeks before 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 that the vaccinations are not painful and are generally well-tolerated.

Interlocutor cue card

Setting: General Practitioner Clinic

Patient: You are Tim Robinson, a 40-year-old 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 before 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.

Explain that you hate injections because they are painful and uncomfortable. Reluctantly agree to get the vaccinations today.

Sample Transcript

Nurse: Good morning, Mr Robinson. Thanks for coming to see me. My name is Gurleen, and I am the clinic nurse.

Patient: Hello, Gurleen. Thanks for talking to me.

Nurse: That's ok. 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. Also, 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; nevertheless, it's crucial for your protection. There is a moderate to high risk of these diseases if you are travelling to Cambodia and Vietnam, and a straightforward 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 sufficient 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, proper 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, Natalie Johnson, who has been admitted to the hospital with a suspected stroke. You have been asked by the doctor to administer a Warfarin injection (anticoagulant) 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 if she can continue her herbal supplement as it may interfere with Warfarin or cause side effects.

Emphasize 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.

Educate the patient about possible side-effects of Warfarin (nose bleed/bruising/blood in urine occasionally etc.)

Advise the patient to contact the doctor immediately in case of unusual or prolonged bleeding

Interlocutor cue card

Setting: Hospital Ward

Patient: Your name is Natalie Johnson. 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 that you are concerned about possible side effects and ask if you can stop the medication in case of nose bleeds.

Sample Transcript

Nurse: Hello, Ms Johnson. My name is Gurleen, and I am one of the registered nurses on ward duty today.

Patient: Hello, Gurleen.

Nurse: 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.

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

Nurse: Yes, Warfarin is usually taken in pill 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: 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 medication 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 efficient. Have you understood 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 questions about what we just discussed?

Patient: Umm...yes, I am worried about its side effects. Sometimes these tablets give my dad nosebleeds.

Nurse: Right, nosebleeds can be a side effect of Warfarin. At times, people pass blood in the urine or get bruises. That being said, these happen only occasionally. 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 common. Still, you need to seek immediate medical advice in case the bleeding is unusual. 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 any questions.

Nurse: Yes, that's a good idea. I hope I could 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 Ms Tanya Groom, a 31-year-old woman, who is complaining of a severe throbbing headache on the right side of the forehead. She is distressed as the severe pain is preventing her from participating in work and wants medication for immediate relief, for getting back to work for a major business meeting.

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 her to wait for 30 minutes to see one of the doctors.

Reassure her and explain why it is best to wait and see a doctor.

Interlocutor cue card

Setting: Accident and Emergency

Patient: You are Tanya Groom, a 31-year-old woman. You have an excruciating headache on the right side of your forehead and above the ear. You work as the marketing director of a large business and want to get back to work quickly for a meeting. You have to come to the A & E to get medication by a doctor or a nurse - you don't really care.

The headaches started three weeks ago (2 attacks in a week) and are accompanied by nausea and dizziness, and the pain is so sharp and painful (10/10) that you cannot get any work done. The sunlight from your office window and staring at your computer screen makes the headaches much worse and sometimes even causes ringing in her ears. At times, you start to see bright

spots on the computer before onset. It is relieved by Tylenol or sleeping for one or two hours. You have to work long and stressful hours at your desk every day. You have been increasingly stressed at work recently because you are behind schedule with multiple upcoming project deadlines.

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 and need to see a doctor.

Eventually, you agree to wait for another 30 minutes to see a doctor.

Sample 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. What brings you here Ms Groom?

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 nausea, vomiting, or dizziness?

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. Oh, there's another thing, just before the headaches, I sometimes see bright spots on the computer screen.

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. Normally I 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. 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 important 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!

Nurse: I understand your concern, 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! And what do you mean lifestyle modification?

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. That being said, let me re-assure you that a migraine is easily manageable with the right medication and lifestyle adjustments which will be determined by the doctor.

Patient: But what about my meeting? It is crucial...

Nurse: I completely understand that it must be challenging for you, considering the stage you are in, it must be overwhelming! It's quite normal 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.

Patient: Well, I suppose I can wait another half hour and get my meeting postponed.

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. OK?

Patient: Sure, thank you!

ROLE PLAY 6

Candidate cue card

Setting: Accident and Emergency

Nurse: You are an A & E nurse. A young woman has presented at A&E with a thermal burn to her forehead. 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).

Empathize with her about her concerns and explain the importance of healing wound first.

Explain how she can care for the wound at home (keep it moisturized, covered, use a sunscreen, use aloe Vera gel, healthy diet and remain hydrated to enhance recovery and minimize scarring).

Reassure the patient 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 the burn has healed in about 3-6 weeks, dermatologist to offer more information).

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, 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 injury would leave a permanent scar on your face.

Task

Respond to the Nurse's questions.

Express 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 it would take for the burn to heal.

Eventually, agree to wait for the wound to heal and see a dermatologist. Agree to come back for a review in 2 weeks' time.

Sample 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 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 the 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 still 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 painkillers that you can take at home in case the pain comes back again.

Patient: Oh, ok. 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 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 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.

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 maintain 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.

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 moisturizer 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 discolouration 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 an 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 if necessary.

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 Rosaline Anderson whose 6-year-old son, Jimmy Anderson, 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 Jimmy's brain on the right side. He has been admitted to the hospital for a surgery and will be discharged after a week following his operation. Jimmy 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. The doctor has informed Rosaline about the MRI results and surgery. She is distressed and completely shocked with this information as she believed that her son was suffering from the flu.

Task

Empathize with the mother and reassure her about Jimmy's recovery.

Explain why the MRI was delayed and say she will be able to see Jimmy shortly.

When asked, explain that surgery is safe and Jimmy's pain will be managed with pain-relief.

Respond in a positive way to Rosaline's questions about the 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, a support group for connecting with caregivers).

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

Interlocutor cue card

Setting: Waiting Room - Emergency Department

Patient: Your name is Rosaline Anderson. Your son, Jimmy Anderson, aged six years, has been suffering from vomiting and headaches for past two weeks. You are divorced and have no contact with Jimmy's father.

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 Jimmy since. A few minutes ago, the doctor came to see you and said that Jimmy had a tumour in the back of his head on the right side requiring a surgical removal. You are shocked, saddened, and confused with this diagnosis.

Task

Express concern regarding the diagnosis and his recovery.

Ask about Jimmy's whereabouts and explain that you have not seen him for 5 hours.

Ask questions about the dangers of the surgery, the pain Jimmy is likely to experience, chances of reoccurrence, and the possibility of long-term effects on Jimmy's health.

Request more information about the availability of post-discharge care.

Say that you feel responsible for Jimmy's condition and should have been more careful as a mother.

Sample 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. Would you mind telling me what you understood from what the doctor said to you?

Mother: Yes, he was here and stated 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, 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 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, but looking after yourself is also necessary. Let me explain, if you are healthier, you will be able to help and support in a better way. Does that make sense to you?

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 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 an excellent opportunity for you to understand their experiences.

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

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 James Morrison, a 64-year-old man, who has been discharged from the hospital three weeks ago following a left total knee replacement. At the time of discharge, he was advised to use a walker for his activities of daily living and ensure compliance with physical therapy at home until his follow-up appointment scheduled next month.

His wife called the hospital today and explained that her husband is not using his walker since last evening. She is concerned about him hurting his knee and has asked you to speak to him. During your visit today, you also notice that he's 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 the importance of using a walker for his 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 follow-up appointment. Explain the risks involved if he refuses to comply with your advice.

Interlocutor cue card

Setting: Home Visit

Patient: Your name is James Morrison. 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 able to walk independently without its support

now.

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.

Explain that you are complying with the exercise program and medication for recovery.

Ask why using a walker is necessary when you are easily able to walk without its support. Express concern about becoming dependent on a walker.

Reluctantly agree to use a walker until your follow-up appointment.

Sample Transcript

Nurse: Good morning, Mr Morrison. 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 are you doing?

Patient: Hello dear, 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 me 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: Oh, yes, but 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, 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 a preventative measure, just like wearing a seatbelt. Does that make sense to you?

Patient: Hmm. 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 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 you telling me this Mr Morrison, and I understand your perspective. 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!

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

Task

Ask the patient about how she has been feeling in the last few weeks mood, energy levels, sleep, impact on family, work, and lifestyle, the risk of self-harm.

Empathize with her regarding her feelings.

When asked about depression, Explain that only the doctor can give a definitive diagnosis. Explain that the doctor might write to her employer for a leave of absence if deemed necessary.

Reassure her about different treatment options for depression – support group, short term medication.

Interlocutor cue card

Setting: Mental Health Clinic

Patient: You are Julie Thomas, 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 Employment Assistance Program. Over the last three months, you have been feeling "fed up" with your life. When you wake up, the world seems black, and you feel you are slogging through 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 husband passed away last year in an accident. After his 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 you have lost interest in everything now. Despite these negative feelings, you cannot think of hurting yourself because of your children.

Task

Respond to the nurse's questions.

Explain that you feel like a failure at everything.

Ask if you are depressed - your colleagues seem to think so.

Express concern about losing your job due to depression and becoming dependent on depression medication.

Sample Transcript

Nurse: Hello Ms Thomas, 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 and life, 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 appear to cope with things...-kids and work.

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 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 I am 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 mom...but the worst is... Lying 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. 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 about 10 minutes. In the meantime, you

could ask me any questions that you have on your mind.

Patient: My colleagues think I am depressed. Do you think I am suffering from depression? I might lose my job if my employer finds out...

Nurse: Hmm, I understand your concerns about the job. If deemed necessary, the doctor can write a note to your employer for a leave of absence. Regarding depression, 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 and coping easily with routine events and feeling as normal as possible.

Patient: What kind of treatments... I don't want to be addicted to medication... I have seen people becoming dependent on medication for years...

Nurse: I understand your concern. 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: Hmm... 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 Jenny, an 18-year-old girl who had presented to the clinic yesterday complaining of generalised weakness, lethargy, and inability to do the routine work from previous few weeks. She also complained of breathlessness while climbing stairs for her house.

Upon examination, the doctor advised a blood test which revealed that her Haemoglobin was 8 g/dl. The normal range of Haemoglobin in women is between 11-16 g/dl. The doctor suspects that she is anaemic and has asked you to speak to her.

Task

Explain that her HB is low due to which she is suffering from anaemia.

Reassure her that anaemia is a common condition and is easily treatable.

Briefly, explain about anaemia (not enough Haemoglobin/red blood cells in the blood).

Suggest some treatment options that increase iron intake in the diet with foods like red meat/steak, leafy green vegetables like spinach/ kale, iron fortified cereals, or see a dietitian for dietary advice, a course of iron tablets that need to be taken after a meal to avoid side effects.

Offer a patient information leaflet about anaemia.

Ask her to come back in 4 weeks' time for another blood test.

Interlocutor cue-card

Setting: General Practitioner Clinic

Patient: Your name is Jenny. 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 breakfast. 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.

Ask more information about anaemia stating that you have heard of it but do not know exactly.

Request information on treatment of anaemia.

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.

Sample Transcript

Nurse: Hello, my name is Gurleen, and I am one of the Registered Nurses in this facility. Is it okay if I call you Jenny?

Patient: Hello, yes, that's fine.

Nurse: So, 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 experiencing 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 standard 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.

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

Nurse: Yes, I know it must be overwhelming! 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: Hmmm. I can incorporate cereals, but I don't like spinach or kale...

Nurse: 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 useful for the treatment of iron deficiency. What it does is it supplements the amount of iron you are getting in your diet.

Patient: OK...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: Great. So, just to go over what we discussed today. You will need to make some changes in your diet for which I will schedule an appointment for you with the dietician. Moreover, you have agreed to take a course of iron tablets to supplement the iron level. You must

remember to take them after a meal; otherwise, you may experience some side-effects.

Patient: No. I will do these things for sure.

Nurse: Good. I also have a patient information leaflet about anaemia for you which I thought you might take home and read in your time.

Patient: Oh, thank you...this would be quite helpful for me.

Nurse: Alright. Let me know if you have any questions.

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. Thank you.

Nurse: You're welcome. Have a good day!

ROLE PLAY 11

Candidate cue card

Setting: Hospital Ward

Nurse: You are speaking to Ms Zarina Malik, a 23-year-old PhD student who has been admitted two days ago with severe left loin pain and tenderness, vomiting, fever, dysuria, and urinary frequency. A diagnosis of acute pyelonephritis (kidney inflammation due to bacterial infection) has been made. She still has a fever and has not been able to eat or drink anything yet because of persistent nausea. She has been given intravenous fluids and is taking regular analgesia for her loin pain. She is upset and is insisting on discharging herself from the hospital. However, the doctor feels she is not fit to go home at present.

Task

Find out why the patient wants to be discharged. Empathize with the patient regarding her concerns.

Explain the nature of her illness and emphasize the importance of staying by advising on the risks of getting discharged from the hospital without doctor's consent.

Offer to resolve the issue by shifting her to a different ward.

Interlocutor cue card

Setting: Hospital Ward

Patient: You are Zarina Malik, a 23-year-old PhD student. Three days ago, you began to feel feverish and sweaty and started to vomit. You then developed a severe left loin pain and felt awful. Two days ago, your partner brought you to the emergency department. You did not want to go but felt too weak to argue. You feel a little better now although you were hot last night and still cannot face food. You feel you could take antibiotics and painkillers by mouth.

This is your first time in the hospital, and you hate it. You are in a large ward full of noisy and 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 feel will be better at home.

Task

Explain why you want to be discharged.

Ask for the reason for keeping you in the hospital.

Explain that you can continue treatment at home and come back if the condition gets worse. Reluctantly agree to stay if you can be away from the confused patients.

Sample 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 then call my partner to take me home?

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 rest here?

Nurse: Aww, it's a pity to hear that! I can understand how difficult it must be for you. 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 exacerbated 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 any form of food 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 orally. 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: I am so tired and confused. I don't understand why it's happening to me! Do you know what could have caused this?

Nurse: Well, the doctor believes that recurrent episodes of Urinary tract infection in the past may have caused this infection. That's the reason the doctor wants you to stay longer in the hospital so that you can be treated thoroughly.

Patient: But, I was never hospitalised for urinary tract infection. I was always given a course of antibiotics for home which was effective in curing me.

Nurse: Right, but kidney infections can be caused by germs travelling up from a bladder infection. While a Urinary Tract Infection can be treated at home, kidney infection is a more severe condition requiring prompt medical attention.

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: I appreciate what you are saying, and it's your right to get discharged with an informed understanding of the risks involved with 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 to stay longer at the hospital. It is important 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.

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 who has come to the clinic for a check-up. You notice that she looks uncomfortable and embarrassed.

Task

Ask for details about her complaints (urinary frequency, urinary urgency, urine incontinence). Find out how she has been coping at home (impact on lifestyle, treatment sought).

Explain your preliminary diagnosis of urge incontinence.

Reassure the patient and respond to 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 woman who has come to 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 the need 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 as this is not a ladylike characteristic.

Task

Answer the nurse's questions about your complaints honestly, but don't be forthcoming and sound self-conscious in your replies.

When 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. You could also mention social withdrawal, restrict 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.

Sample 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 soon 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. 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: Alright. So 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 specialises 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 and it does not hold you back from activities you enjoy. How does that sound?

Patient: Yes, that would be hugely helpful. Thank you, nurse.

WRITING SUB-TEST OVERVIEW

The writing sub-test consists of one task and takes 45 minutes. The Writing module is profession-specific. In other words, the materials will be specially produced for your profession.

Structure of the test

You will receive stimulus material (case notes) that includes information based on which you will be writing a letter. The case notes will be followed by a writing task that 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's 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 necessary to give to the reader? What background information is required 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?

What are the writing skills tested?

The task in the writing sub-test expects you to demonstrate that you can write a letter for a typical workplace situation and the demands of your profession.

Your performance is scored against five criteria which are:

Overall task fulfilment – *including whether all aspects of the task are fulfilled, and whether the response is of the required length.*

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 appropriate vocabulary and tone in the response, and whether it is organised appropriately.*

Tips to improve this criterion

- Organise the information clearly. Remember that the sequence of information in the case notes may not be the most appropriate sequence for the letter.
- Highlight the primary purpose of the letter at the start. This provides context for the information that is included. (For example, ongoing care and support, home visits to provide assistance, urgent assessment and further management).
- Be clear about the level of urgency for the communication.

- Always keep in mind the reason for writing and what the reader must need to know. Don't just summarise the case notes provided.
- Focus on important information and minimise incidental detail.
- Be explicit about the organisation of the letter wherever appropriate, e.g. 'First I will outline the problems the patient has, then I will make some suggestions for his treatment.'
- Consider using dates and other time references [E.g. Three months later, last week, a year ago] to give a precise sequence of events where needed. What ways 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 and professional tone appropriate for formal written communication. Informal language 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 you are writing to another professional, technical terms and, possibly, abbreviations may be appropriate. If writing to a parent or a group of lay people, use non-technical terms and explain carefully.

Comprehension of stimulus – *including whether the response shows that you have understood the situation and provided relevant rather than unnecessary information to the reader.*

Tips to improve this criterion

- Demonstrate that you have understood the case notes thoroughly by taking relevant information from the case notes and transforming it to the letter.
- Be clear about the most pertinent issues for the reader.
- Don't let the main issue hide by including too many supporting details.
- Show the connections between information in the case notes if they 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.

- Be explicit if the stimulus material includes questions that require an answer. You shouldn't hide the relevant information in a general summary of the notes provided. Make sure the target reader will understand precisely what he/she is being asked to do.

Control of linguistic features [grammar and cohesion] – *including how effectively you communicate using 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 appropriately.
- Split a long sentence into two or three sentences if you feel they wordy.
- Review areas of grammar to ensure they convey intended meaning accurately. Particular areas to focus on might include:
 - Articles – a/an, the *e.g. 'She had an operation'. 'on the internet'+
 - Countable and uncountable nouns [e.g. some evidence, an opinion, an attack].
 - Verb forms used to indicate past time and the relationship between events in the past and now [past simple, present perfect, past perfect] adverbs that give time references *e.g. 'two months previously' is different from 'two months ago'+.
 - Prepositions following other words *e.g. 'Thank you very much for seeing...', 'sensitivity to pressure', 'my examination of the patient', 'diagnosed with cancer'+.
 - Passive forms *e.g. 'he was involved in an accident' NOT 'he involved in an accident'+.
- Use connecting words and phrases ['connectives'+ to link ideas together clearly [e.g. however, therefore, subsequently, etc.].

Control of presentation features [spelling, punctuation and layout] – including how these areas affect the message you want to communicate.

Tips to improve this criterion

- Take care with the placement of commas and full stops.
- Make sure there are enough to separate ideas into sentences.
- Make sure there are not too many - keeping elements of the text connected meaningfully.
- Leave a blank line between paragraphs to show the overall structure of the letter.
- Do not write on every other line – this does not help the reader.
- Check for spelling mistakes and spelling consistency throughout the writing [e.g. with a patient's name+].
- 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.
- Make sure that poor handwriting does not confuse the reader over spelling and meaning.
- Write legibly so the assessor can grade the response fairly using the set criteria.
- Watch out for words that are commonly confused or misspelt such as:
- Advise (verb), advice (noun).
- Severe (meaning serious or acute) not **sever**.
- Loose (adjective), lose (verb): e.g. to lose weight.
- Loss (noun), lost (verb, past and past participle form; adjective): e.g. his loss of weight.
- Were, where.

- Which, not **wich**.
- Planned, not **planed**.

Helpful hints to score A/B grade

- Use the 5-minute reading time effectively. You should read the information carefully and plan an answer which addresses the task. The time allowed for the Writing sub-test is designed to be sufficient for you to use 5 minutes for reading and preparation before writing your answer.
- Counting words would waste time. 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 critical aspect of OET writing is the selection of case-notes. Think carefully about the particular task. What does the target 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? It is essential to get sufficient practice in selecting and organising the stimulus information appropriately.
- There are certain functions that you will need for the task, such as *summarising steps already taken, advising of potential adverse effects, outlining recommendations, and making suggestions for follow-up*. Make sure you are familiar with structures and vocabulary relevant to these functions.
- 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.
- Do take the time to understand the requirements of the particular task. Don't assume it's the same as any practice test.
- Do make sure you understand the situation described in the case notes.
- Have a spare pen or pencil ready just in case.
- Organise what you want to say before you start writing to get a clear idea of how much detail you can include.
- Indicate each new paragraph clearly as you write, perhaps by leaving a blank line or by using an indent.

- Write clearly. Don't make it difficult for the assessor or read your response or understand the organisation of the information.
- If you have changed what you wrote, use clear marks [e.g. arrows, numbers] to show the sequence in which the parts of your text should be read.
- Cross out anything you do not want the assessor to read, such as drafts or mistakes.

PRACTICE TESTS WITH SAMPLE LETTERS

PRACTICE TEST 1

WRITING SUB-TEST: NURSING

TIME ALLOWED: READING TIME: 5 MINUTES 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 India – about three hours away, works as an Entrepreneur; younger daughter in Canada, works as a dentist.

Husband - primary caregiver, elder daughter visits with husband once in a 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 hourly) 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 3 PM.

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 a 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 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

23/06/2017

Ms Prabha
Shrishti Nursing Home Care Agency
Sydney

Re: Mrs Anita Ramamurthy; aged 59 years

Dear Ms Prabha

I am writing to request a home visit for Ms Ramamurthy, who presented to us on 18/06/2017, was diagnosed with acute appendicitis, and is scheduled to be discharged today.

On admission, the doctor commenced her on conservative management and planned an interval appendectomy six weeks later. She responded well to the treatment and made significant progress in her condition.

Worthy to note, she has had type-2 diabetes since 2010 and has poor compliance with its management. She was reviewed by a dietician who educated her on the role of proper nutrition in the management of diabetes, as well as an endocrinologist, who 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 has been educated on necessary home care following her discharge; however,

she lacks confidence with self-monitoring of glucose levels and self-administration of insulin injections. Therefore, her husband has requested a home visit for instructions on correct technique of these procedures.

Should you have any further inquiries, please do not hesitate to contact me. I have attached all the necessary details along with this letter for your perusal.

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.

Sample Answer

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 a low-fat, diabetic diet for Ms Ramamurthy who presented to us on 18/06/2017 and is being discharged today. She has been treated for acute appendicitis whilst her hospitalization and is scheduled to undergo interval appendectomy in 6 week's time.

In the context of her social situation, 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

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.

Sample Answer

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 in six weeks from today.

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

Charge Nurse

PRACTICE TEST 2

WRITING SUB-TEST: NURSING

TIME ALLOWED: READING TIME: 5 MINUTES WRITING TIME: 40 MINUTES

Read the case notes below and complete the writing task which follows.

CASE NOTES:

Mr Tej Singh is a 41-year-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 previous ocular history)

No allergies Immunizations are current

Smoker (Cigarettes & Cigars) Teetotaler

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.

General Assessment: Alert, well-nourished, well-developed man, Infectious sinusitis.

Plan: Given Augmentin (Amoxicillin/clavulanic acid).

24/01/2017

Subjective: Complaints of severe headaches (HA), right-sided, throbbing, radiating to light 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 nonsteroidal 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

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.

In your answer

- Expand the relevant case notes into complete sentences
- Do not use note form
- Use letter format

Sample Answer

31/01/2017

Dr John Dyer
West Suburban Eye Care Centre
396 Remington Boulevard
Suite 340 Romaville

Re: Mr Tej Singh Randhawa; 41-year-old man

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 rhinorrhoea 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 2 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.

Should you need further information about the patient, please contact me with any queries.

Yours sincerely

Head Nurse

PRACTICE TEST 3

Read the case notes below and complete the writing task which follows.

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

DOB: 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.

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, has an Occasional drink, drinks a cup of coffee a day, reports diarrhoea and gas with

dairy products.

Allergies: NKDA (No known drug allergies)

Past Medical History: Diagnosed with osteoporosis - first signs noted in 2015.

Mild hyperlipidaemia

Mild Hypertension

Coronary artery disease

Tendonitis of R. Shoulder

PTCA (percutaneous transluminal coronary angioplasty) - 2009 - without recurrence

Medications: Simvastatin (Zocor) 20 mg. daily Aspirin 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 on ice

Dx: Fractured L NOF

Nursing management & 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 post-op, 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.

Complaints 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

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; 74-year-old Caucasian woman

Dear Ms Parry

I am writing to request rehabilitative care for the above-captioned patient who was admitted to our hospital on 28/06/2017 with a fractured left NOF, underwent left hip hemiarthroplasty, 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. Presently, 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, which has been enclosed with 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 osteoporosis since 2015, mild hypertension, mild hyperlipidaemia, and coronary heart disease.

Should you have any further inquiries, please do not hesitate to contact me.

Yours truly

Diana Jones
Charge Nurse
Prince Wales Hospital

PRACTICE TEST 4

You are the registered nurse on the Cardiology Unit at St Luke's Hospital, Adelaide. Ms Kylie Weiss is a patient in your care.

Today's date: 09/07/2017

Patient details

Name: Ms Kylie Weiss

DOB: 21/05/1952

Address: 8758, Pulteney Street, Adelaide, SA, 5000

Telephone: (04) 7649-5748

Date of admission: 07/07/2017

Presenting complaint: BIBA – brought in by ambulance

2-hour history of intermittent discomfort in jaw and heaviness in both forearms constant discomfort – Pale, clammy, nauseated

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: 85kg

Height: 170 cm

Diet: Rarely cooks at home - eats muffins or pancakes for breakfast

Likes eating fast foods – fries, hamburgers, sausages, lobster, onion rings, ice cream, steak

Ex-smoker – 1994

Non-drinker

Medical history: Mild osteoarthritis

Mild asthma – no exacerbations within last 5 years

Dyslipidaemia - (Raised cholesterol) – not treated

Medications: NIL

Family history: Brother - CABG - 70 years

Sister MI - 60 years

Mother angina

Social history:

Marital status: Married with one daughter

Husband-Peter Weiss, 67 years, retired, aged pensioner

Daughter, Ryena Weiss, lives in London

Occupation: Works as a taxi driver, mixed shifts

Medical treatment: Blood tests – Troponin I (indicative of damage to heart muscle in most instances) performed by nursing staff along with CBC. – Hs TNI >50000 (N > 16 female)

ECG – ECG on arrival to ED by Nurse, shows ST elevation – Leads V1,V2,V3,V4 Elevation -

Anterior MI Emergency Medication – IV Morphine, Oxygen, Clexane, loading dose of Ticegralor

Emergency Angioplasty – Due to presentation of pain,

ST elevation on ECG – Direct stenting to proximal LAD

Echocardiogram – to indicate damage to heart muscle and treatment.

Ejection fraction 35%

Pain/Discomfort – managed

Fluids encouraged – to flush dye decrease risk of AKI (Acute Kidney Injury)

Fasting Bloods (Lipids, Diabetes, TNI, CBC, Biochem)- High cholesterol levels identified

Commenced on Atorvastatin 40 mg OD, Metoprolol 23.75 mg OD, Cilazipril 0.5 mg OD, Aspirin 100 mg OD, Ticegralor 90 mg BD, Glytrin spray for chest pain

Nil further pain/discomfort Cardiac status stable

Radial site, nil ooze, swelling, pain or discomfort

Pt. seemed confused regarding diagnosis, reality of near death experience

Educated re event, MI diagnosis and modifications to risk factors (Cholesterol, wt. loss)

R/v by Physiotherapist – cardiac exercise program provided

R/v by dietician – diet to promote weight loss and lower cholesterol levels

Concerned about being unable to manage home on her husband's pens - S/W (social worker) input required for this

09/09/2017: Preparing for discharge

Discharge medications: Commenced on Atorvastatin 40 mg OD Metoprolol 23.75 mg OD

Cilazipril 0.5 mg OD, Aspirin 100 mg OD

Ticegralor 90 mg BD

Glytrin spray prn for chest pain

Discharge plan: No driving motor vehicle 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 1

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 2

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 3

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 1

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; DOB: 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.

Her medication chart is attached with this letter. Should you have any further inquiries, please do not hesitate to contact me.

Yours sincerely

Gurleen Khaira
Registered Nurse

WRITING TASK 2

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; DOB: 21/05/1952

Dear Mr Dyer

This letter will introduce Ms Weiss who is presently recovering from a Myocardial Infarction and requires home visits from you for instructions on gaining independence with basic occupations of daily life. She was admitted to hospital on 07/07/2017 and is scheduled to be discharged today.

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

Gurleen Khaira
Registered Nurse

WRITING TASK 3

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 obtain an adaptive coping capacity for the recommended lifestyle changes.

Thank you for being involved in Ms Weiss's care. 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

Gurleen Khaira
Registered Nurse

PRACTICE TEST 5

You are a registered nurse at the Royal Brisbane Hospital where Anthony Nutt is a patient in your care.

Read the case notes below and complete the case notes that follow.

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 postoperatively.

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-year-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 (Respiration Rate) - 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 × 2.75 × 5 cm with postoperative 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 assessments 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

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.

In your answer

- Expand the relevant case notes into answers
- Do not use note form
- Use letter format

Sample Answer

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 presented to us on 23/05/2017 with an ulcerated, haemorrhaging right anterior chest mass. He has been diagnosed with recurrent breast cancer at an advanced stage. 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, and hormone therapy, and did not pursue any further medical follow-up. His medical history also includes dementia. Socially, he lives with his wife who also suffers from dementia.

Whilst hospitalization, he was commenced on hormone therapy with tamoxifen 20 mg daily with one course of palliative radiation. A family conference was held on 28/05/2017 to elicit the goals of care, and hospice care was found ideal for the patient given his illness, cognitive state, and his wife's debilitating health status. His wife would live with their son until a bed becomes available at your facility.

Kindly take over the management of this patient from this point on. Should you have any further inquiries, please do not hesitate to contact me.

Yours sincerely

Your name here

PRACTICE TEST 6

Read the case notes below and complete the writing task that follows. 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 – lives in Adelaide

Quite active

Medical history: Hypertension - 1985

Did not seek treatment till 2000; now managed with Ramipril

GERD (Gastro esophageal Reflux Disease) - 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

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; 62-year-old man

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.

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 6 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 full function of his elbow.

Should you have any further queries, please do not hesitate to contact me.

Yours sincerely

Ramona Decosta

Senior Nurse

Helpline Hospital

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/braintumfer/lifeafterbenign.aspx>

<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/mtgdc/documents/Osteoporosis%20Case%20Study%20-%20Student%20Version.pdf>

<http://www.cdhb.health.nz/Hospitals-Services/Health-Professionals/netp/Documents/Powerpoint%20on%20MI%20Case%20Study%20avie%20Orientation%20Day%205.pdf>

<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 lie 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 Pvt Ltd, where she trains health professionals for OET and writes customised content for the test. She is the first in India to become a Premium Preparation Provider for OET, and her company has been listed on the official OET Website as an approved training provider.

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.

She has spent the last four years studying, researching, experimenting, and working on herself and with students on improving their English proficiency and passing the OET Test with A/B grade in the first attempt.

She is currently working on her second book, which will be devoted to Reading and Listening Modules of the OET.