# MEDICAL AND LINGUISTIC PALLIATIVE CARE TOOLKIT

**Educational material created within the Erasmus+ Programme**

**Massive open online courses with videos for palliative clinical field and intercultural and multilingual medical communication**

**Ref. no. 2014-1-RO01-KA203-002940**

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Educational material created within the Erasmus+ Programme Massive open online courses with videos for palliative clinical field and intercultural and multilingual medical communication, Ref. no. 2014-1-RO01-KA203-002940.

Includes:
20 educational procedures in palliative care;
20 language learning units for medical communication;
2 DVDs with audio-video materials and additional support materials.

The Medical and Linguistic Palliative Care Toolkit is the basis of the MedLang Open On-Line Courses, available at the following link: www.medlang.eu/course



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# Contents

# FOREWORD

***Why MedLang? Why palliative medicine? Why an interdisciplinary MOOC?***

MedLang came into being as a result of observed needs in a number of European countries. These needs basically arise from the lack of a standardized and coherent professional approach to issues having to do with palliative medicine. Consequently, the partners in the Erasmus+ project 2014-1-RO01-KA203-002940 negotiated how to meet this challenge and how to better spread the results of their joint work to as many interested parties as possible in Europe and beyond.

The reality Europe is facing these days is that of a continent with increased life expectancy where a significant share of the medical efforts goes towards ensuring a good quality of life. Such efforts increasingly focus on how to deal with old age in its various forms, including active ageing and third age education, but also how to ensure a dignified and protected terminal care for people. More and more specialized professionals have to be trained to be able to cope with all these aspects of third age needs in fields like education, media, social work and medicine. We can expect that very many of the people working in these broad areas will undergo job reconversion to meet the specific needs of a new category of beneficiaries represented by seniors and third age people.

Issues connected to the global mobility due to workforce needs, study mobility, personal mobility or the refugees in Europe make the theme of palliative care much more than a medical, administrative or financial problem, shifting it instead into the paradigm of language and communication, culture, religion, values.

The strategic partnership joining Romania, Belgium, Italy and Spain, made up of medical and educational institutions, public and private, have approached the theme of palliative medicine and related areas in their specific institutional contexts and in a given timeframe. The international authors of this volume are aware that it represents a point of view limited to the existing geographical environments and to the specific needs of the moment. Notwithstanding, they are also sure that it tries to fill a huge gap that is to do with approaches standardised and aligned to the current infrastructure, human resources training needs, medical and technological development and contextual priorities linked to national medical strategies, cultural values and policies.

The materials here collected show a planned orientation which the contributing partners have agreed to illustrate: a selection of the most representative basic procedures in palliative medicine, all consonant with the latest updates in the field, plus communication related to these procedures in six languages and videos illustrating how the procedures ought to be implemented. Starting from an inventory of more than 50 procedures, the intra-partnership negotiations narrowed the list to 20 interventions and types of communication that cover both the existing medical approaches in the countries involved and the current trend of dialogical medicine, not to mention the values of interculturality and celebration of the diversity of beliefs and practices.

To get an idea of the kind of decisions and generalizations that required in-depth consideration before the actual work on the selected items started, the partnership and the authors of the volume had to tackle the question of how much of the topical novelty in a country should be included in this generic inventory of procedures and values (for example, the legislation and procedures in current use in Belgium related to euthanasia for adults and children). With topics varying from oral care and moving the patient in bed or feeding the patient, to breaking bad news or the burnout syndrome, a range of interlocutors are considered: in- or out-patients, family, carers and nurses, doctors.

One other goal of the volume is to contribute up-to-date resources to the professionalization of the medical speciality of palliative care in interested countries, including Romania as the coordinating country of this project, and possibly elsewhere in Europe and beyond, in systems less experienced in formally assuming this medical profile for higher education or nursing schools. Starting with the Faculty of Medicine in Brasov, where the only M.A. programme in palliative care in Romania has been on offer for the past 5 years, and the Casa Sperantei experience as an Associate Partner (the first

palliative care entity set up in Romania in the mid-90s), and finishing up with the 20 procedures validated by the largest oncology hospital in Iasi, Romania, the materials developed in the project successfully go about reaching the original goal in a professional manner.

The inter-disciplinarity approach linking the medical field, the care system and the educational domain underpins the present work. With valuable educational resources for medical professionals, the volume also provides thorough support for both trainer and learner as regards efficient communication in various languages (English, French, Spanish, Italian and Dutch) on the medical topics identified. The need for such a particular approach has been signalled for the last ten years by graduates of medical universities and nursing schools who face day-to-day professional communication challenges regardless of whether they work abroad or not. The video support and the self- or peer-evaluation that checks the level of medical skills and communication practice help pave the way for independent learning.

Specific technological support has been created in parallel to the volume. The latter addresses primarily those who prefer learning from a course book since we are aware the number of such traditional learners will be slow to go down. However, we find it useful to inform them that the materials are also available in their integrality on the project site www.medlang.eu. We are confident that the users of the volume will become blended learners and exploit some of the resources in digital format, too. And the reason for that is the pedagogy that facilitates a different type of learning on a MOOC: network based, content based and task based. Collaborating with interested persons on a medical or communication task gives meaning to the task and checks how effective one's skills are becoming. Moreover, the current strategy in modern education encourages skills development and stresses the importance of the competence-based curriculum. Consequently, the volume comes with DVDs with video content and other learning resources that provide the basic solution to such an approach. Learners who feel inclined to express a professional opinion, document their argumentation and plan their self-evaluation skills are welcome to use the available platform and become active participants in the discussion forums on given topics.

The invitation to learn at your own pace according to the planned study framework is intrinsic in both the volume and the MOOC. The self-evaluation criteria are transparently designed and they check higher cognitive skills that cover comparison, analysis, attention and memory. The MOOC gives priority to collaborative activities and peer and student-trainer interactions for exchange of ideas, debate and argumentation, while some tasks offer the satisfaction of co-creation of knowledge, for instance those focusing on cultural and religious values. The quality of the acquired knowledge is measured such variables as originality, documentation, discussion (n)etiquette, turn taking, facilitation skills, success models voted by students, accuracy of simulation. In both the book and the MOOC learning invites to reflection and ways of practice with e-portfolios and self-filming. Individual learning styles are catered for by linear learning from a book, interactive learning, learning by doing and through videos. The MOOC has a technological design that facilitates dissemination of the participants' activity through one or more platforms within an open environment with free access and an invitation to massive participation, and it gives students and trainers a sense of community of practice with a clear emphasis on the learning process. Still, the MOOC offers a more coherent system of evaluation and accreditation of knowledge and skills inbuilt in the system compared to the volume, which can be better used in situations of face to face instruction as a learning tool for continuous professional development and simulation based training.

In conclusion, the volume and the MOOC act as independent yet complementary tools to help professionals, students, the public at large, learn about palliative medicine and the associated communication processes. The materials are the end result of pedagogical strategies that combine the more traditional learning with new trends that involve interaction, changing roles and assuming new responsibilities for both trainers and learners.

*Editors*

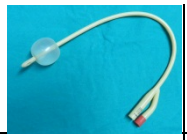
# PERFORMING URETHROVESICAL CATHETERIZATION (FOLEY PROBE) IN FEMALE PATIENTS

**Medical procedure**

**Language unit**

## PERFORMING URETHROVESICAL CATHETERIZATION (FOLEY PROBE) IN FEMALE PATIENTS

Creating a direct communication with the content of the urinary bladder by means of a specially designed tube (Foley probe) inserted through the urethra into the bladder.



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| 1. | Assess patient's vital functions presence *(by observing, by example consciousness, movements, speech, breathing, other vital signs):* **Good morning/afternoon. My name is ……. I am your doctor / nurse and I will examine you in a short while.** | | | | 025 |
| 2. | **Can you tell me your name, please.....? (**or, check patient's ID bracelet, if available) **And your date of birth..... Thank you.** *(This is done to avoid performing the procedure on the wrong patient as there may be several patients with the same name. Also, do not ask e.g. "Are you Mr. Smith?" to avoid receiving false confirmation from patients distracted by their symptoms or other reasons). Double-check in the medical records for: Name; DOB* | ESSENTIAL | | | |
| 3. | Secure a private examination environment *(room with one bed, curtains, paravans etc.)* **What I need to do is place a probe into your urinary bladder in order to drain it into some special medical containers.** *(what we will do)* | | | | 013 |
| 4. | **The manoeuvre involves passing a flexible tube through areas associated with urination. This is generally easy to perform, involves no cuts or punctures, so it should not hurt.** *(what the manoeuvre consists of)* | | | | 013 |
| 5. | **It is very important that you stay relaxed and calm during the procedure. When I tell you, please don't move and keep your legs as we will place them so we can insert the probe without touching the surrounding areas which may carry microbes. Also, upon my signal, breathe in deeply and then blow it all out – breathe several times, deeply, slowly, freely.** *(how to contribute to the procedure)* | | | | 013 |
| 6. | **Emptying the bladder is an important element of your medical condition. Based on this, we will decide what medicines to recommend further.** *(the benefit of the procedure)* | | | | 013 |
| 7. | **Now, are you clear about the procedure? Would you like to ask me anything else?** | ESSENTIAL | | | |
| 8. | **Can you tell me when and how much you urinated the last time?** *(assessing patient perception and involvement in own health issues)* | | | | 013 |
| 9. | **Have you undergone a urinary probe insertion procedure before? For previous surgery, perhaps?** | | | | 013 |
| 10. | **Are you allergic to anything, rubber products, iodine and adhesive tape maybe?***(evaluating possible allergies to the materials commonly used in the procedure)* | ESSENTIAL | | | |
| 11. | **Do you agree to the sampling of your biological products?** *(evaluation of personal beliefs regarding the sampling of biological products)* | ESSENTIAL | | | |
| 12. | **When did you last eat?** *(if possible, avoid performing urethrovesical catheterization immediately before or after the patient's meals)* | | | | 016 |
| 13. | Selecting the Foley probe to be used (*technical characteristics*) in the given clinical situation (*if not already specified in the patient's medical records*). | | | | 019 |

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| | Evaluation of the patient's medical records as concerns:<br>*patient's age and gender:*<br>- child - gauge 8-10 probe (external circumference 2.7 ~ 3.4 mm), length of 30 cm, balloon of 3 ml;<br>- adult - gauge 14-18 probe (4.7 to 6 mm), with a 5 ml volume for the balloon *(a smaller balloon size allows for the distal end of the probe - where the drainage holes are, to be positioned nearest to the urethral point of the bladder, thereby resulting in a more complete evacuation)*, 23-26 cm in length | | | | |
| 14. | Evaluation of the patient's medical records as concerns: *patient diagnostics supporting the indication of urethrovesical catheterization (pre-existent urogenital pathology):*<br>- in cases of urinary retention *(suspected inability of the urethrovesical system to ensure the evacuation of urine accumulated in the bladder)* catheterization is postponed until the existing volume of urine in the bladder is assessed using a portable bladder echograph *(the detected volume is digitally displayed with an accuracy of 85% for volumes of less than one litre; documentation of a volume of 500-800 ml leads to the indication to trigger the sensation of urination; if a volume of less than 500 ml is detected, catheterization is postponed to allow further accumulation of fluids at urinary bladder level. This is due to the infectious risk of catheterization associated to the potential mobilisation of microorganisms commonly existing at the distal portion of the urethra, which get to be transferred inside the urinary bladder, a normally uncontaminated space)*<br>**I will now let the sink run and you can keep your hands under the running water. This is to speed up the urge to void.**<br>- in the drainage of clots, dense urinary flakes, haematuria – larger size probes, gauge 20 (6.6 mm)<br>- in pathologies requiring continuous or intermittent irrigation of the bladder - Foley probe with three channels *(one for bladder drainage, the second for filling/emptying the probe balloon, and the third for introducing the bladder irrigation fluid)* | | | | 019 |
| 15. | Evaluation of the patient's medical records as concerns: *estimated duration of urethrovesical catheterization:*<br>- up to 1 week - use Foley probe from plastic *(reduced flexibility with increased traumatic consequences)*, PVC *(improved flexibility at body temperature, moulding on the contours of the urethra)* or latex *(allergic risk always to be assessed in advance; the high frequency of allergic phenomena to latex in the medical environment currently acts as a deterrent in actual use)*<br>- up to 4 weeks – use Foley probe from polytetrafluoroethylene (teflon)<br>- up to 12 weeks - use silicone Foley probe *(more expensive)* optionally impregnated with antimicrobial substances *(nitrofurantoin, hydrogel, silver etc.)* | | | | 013 |
| 16. | Evaluation of the patient's medical records as concerns: associated diagnoses *(e.g. coagulopathies, etc.)*, laboratory parameters *(e.g. platelets <150,000, INR> 1.5, etc.)* and associated medication *(e.g. Sintrom, Trombostop, Aspirin, Plavix, etc.)* – to assess the risk of prolonged bleeding. | | | | 015 |
| 17. | Once the technical characteristics of the probe have been selected, two such urethrovesical catheters should be available from the start in order to be able to quickly replace the probe in case of contamination or damage during the procedure. | | | | 013 |
| 18. | Assessment of patient willingness to collaborate in performing the procedure. | | | | 015 |

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| | Evaluation of the patient's medical records from the standpoint of associated conditions that could contraindicate either the supine position *(e.g. severe heart failure with decubitus dyspnoea)* or knee flexion / thigh external rotation *(orthopedic / rheumatologic diseases)* | | | | | |
| 19. | **I will need you to lie on your back in this bed, with your knees bent and kept apart for between 15 to 30 minutes** *(external thigh rotation and knee flexion allow optimal view of the perineal region, where the urinary meatus to be instrumented during the manoeuvre is located)***. Can you show me, please? And bend your knees. Good. Now move your knees further apart and then rotate your thigh outward. Thank you. Can you keep this position?** *(if the patient has difficulty in positioning and keeping their body segments as required, a colleague may be asked to support the patient' s knees and hips. Alternately, the patient may be placed slightly on one side or in the semi-prone position - Sim's)* | | | | | 0<br>1<br>3 |
| 20. | **Your genital area will be exposed for this manoeuvre. As a matter of personal privacy, would you rather have women only perform it?** | | | | | 0<br>1<br>9 |
| 21. | If they have not been recently evaluated: BP measurement, pulseoximetry, thermometry: BP..... mmHg, $Sa0_2$ ..... %, T ..... °C.<br>Hand wash. Apply clean medical gloves as part of standard precautions. | | | | | 0<br>1<br>3 |
| 22. | Use a rubbing alcohol swab to decontaminate any furniture surfaces with which there will be contact during the manoeuvre. | | | | | 0<br>1<br>3 |
| 23. | Dispose of used gloves in the non-sharp infectious waste container. Hand wash. Apply a new pair of medical gloves as part of standard precautions. | | | | | 0<br>1<br>3 |
| 24. | **The manoeuvre involves the prior cleaning of the genital area with water and soap. You can do this yourself or we can do it for you – which do you prefer?** Clean perineal region with water and soap – most patients choose to do it themselves *(as this involves the genital area)* and manage quite successfully if they receive clear guidance: **Always wash and wipe from the clean areas towards the dirty ones, from front to back.** *(the anal area carries a high microbial load)* | | | | | 0<br>1<br>9 |
| 25. | Cover the patient with a bath blanket arranged in the shape of a diamond, corners pointing to the head, legs and sides of the bed, respectively. | | | | | 0<br>1<br>3 |
| 26. | **Use your hands to hold the corner of the bath blanket under your chin while we pull the linen from underneath you.** Without exposing the patient under the bath blanket, roll up the sheet and blanket to the foot of the bed and store them in the space between patient's feet and footboard. | | | | | 0<br>1<br>3 |
| 27. | **Now, please undress from waist down, under the bath blanket. We will store your clothes for you until the manoeuvre is over. Thank you.** | | | | | 0<br>1<br>3 |
| 28. | **Bend your knees now, please. Your soles about 60 cm apart. Like this. Very good. Now rotate your thighs slightly outside.** | | | | | 0<br>1<br>3 |
| 29. | Place the necessary materials at the level of the worktable. | | | | | 0<br>1<br>3 |
| 30. | Ensure there is a good lighting for examination and instrumentation of perineal area *(use of a flashlight may be appropriate)* | | | | | 0<br>1<br>3 |
| 31. | Position yourself at the right side of the patient *(or left side if staff performing the manoeuvre is left-handed).* Raise patient's bed to the waist level of the staff performing the urethrovesical catheterization. | | | | | 0<br>1<br>3 |

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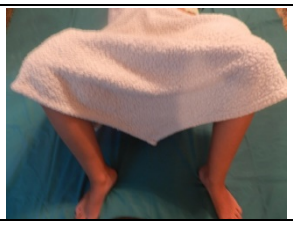
| 32. | Cross the corners of the bath blanket under the patient's thighs, leaving the corner pointing to the feet to mask the perineal area like a tent. *(reduced exposure of private areas limits the feeling of embarrassment while also providing better thermal comfort during urethrovesical catheterization)*  | | | 013 |
| 33. | Lift the bath blanket by the corner that points to the patient's feet and roll it up to create access to the patient's perineal area. Place an absorptive towel under the patient's buttocks and below them, between the patient's thighs *(to prevent wetting/compromising bed linen)* | | | 013 |
| 34. | Unpack the sterile kit which contain the bag for urine collection, anchor it to the bed using the specially designed hook, leaving at hand reach the end of the tube which connects the urinary bag to the Foley probe. | | | 019 |
| 35. | Unpack the sterile kit for urethrovesical catheterization and place it at hand, taking care not to desterilize the contents. | | | 013 |
| 36. | Apply antiseptic solutions *(usually of the betadine-iodine type)* on five sterile compresses which will be used to decontaminate the urinary peri-meatus area. Dispose of the empty sachets for antiseptic solution in the non-infectious waster container. | | | 016 |
| 37. | Dispose of used gloves in the non-sharp infectious waste container. Medical hand wash. Apply a pair of sterile medical gloves while keeping sterile the wrapping to be placed between the patient's legs *(on the wrapping will be placed the sterile compresses with antiseptic solution used for decontaminating the area of urethral meatus)* | | | 016 |
| 38. | Extract the Foley probe from its packaging and inject a volume of sterile distilled water as specified on the probe *(using a sterile syringe of appropriate volume which is connected to the specially designed end of the Foley probe by inserting it firmly all the way through the valve that exists at this level)* to fill out the balloon and thus check its integrity and functionality *(timely detecting of dysfunctions allows for the probe to be replaced before the actual implementation of catheterization).* Using the syringe again, empty the Foley probe balloon completely and then disconnect the syringe which now contains the exact volume of sterile distilled water needed to refill the balloon when required. Place the syringe on the sterile wrapping of the medical gloves previously used. Apply (2.5-5 cm in length) a sterile lubricant on the end of the probe, the end where the balloon is located. Sterile connecting of the probe to the urine collection bag. | | | 019 |
| 39. | With the non-dominant hand, expose the urethral meatus area – distance the large labia by using fingers III and IV (which are thus desterilized!), palm facing up. *Take care to keep the large labia widely apart; they should not get in contact with the urinary meatus at any time throughout the manoeuvre. By doing this, fingers I and II are free to assure a steady hold on the end of the tube and the valve of the balloon comes to be better connected to the syringe when filling the balloon with sterile distilled water.* | | | 019 |
| 40. | Using the sterile forceps from the urethrovesical catheterization kit and the antiseptic compresses, wipe down firmly with the dominant hand and decontaminate the labial area with movements only in one-way, as follows: the inside of a large labia in anterior-posterior direction *(from front to back)*; the inside of the opposite major labia in anterior-posterior | | | 019 |

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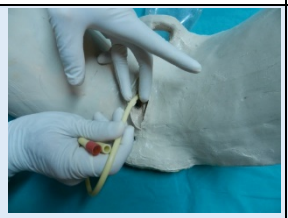
| | direction; small labia in anterior-posterior direction; the opposite minor labia in anterior-posterior direction; the urinary meatus in an anterior-posterior direction, using successively 5 antiseptic compresses *(urethrovesical catheterization is the medical manoeuvre most frequently causing nosocomial infections - infections acquired in the medical environment - therefore antisepsis rules must be strictly respected).* After each use, dispose of the compress in the infectious waste container and at the end, dispose of the forceps, too. On this occasion, identify the anatomic structures of the perineal area and detect the location of the urethral meatus (sometimes difficult to be identified to female patients). | | |
| 41. | Inject 10-15 ml lubricant gel into the urethral meatus *(lidocaine gel can also be used to reduce the discomfort associated with the passage of the probe at urethral level, but the use of lidocaine requires an additional 5 minutes for the anaesthetic to take action)*. After use, dispose of lubricant gel syringe in the infectious waste container. | | 019 |
| 42. | Hold the end of the Foley probe *(the side with the connecting tubes)* in the dominant palm, with the probe making a loop (to control its length) and the opposite end that has to be introduced into the urethral meatus held at 5-7.5 cm from its tip positioned as a pen between fingers I on one side and fingers II and III on the other. | | 019 |
| 43. | Hold the catheterized area using the non-dominant hand, keeping labia majora spread apart. *(by means of this manoeuvre, the urethral trajectory becomes straight, thus facilitating the advance of the probe at its level)* | | 013 |
| 44. | Insert Foley probe into the urinary meatus without touching neighbouring structures. *(if such an incident happens, the Foley probe is contaminated and must be replaced; in case of accidental insertion inside the vagina, the probe is kept there during the urethrovesical catheterization in order to guide the subsequent correct insertion, through the urinary meatus, of a new sterile probe)*  | ESSENTIAL | |
| 45. | **Now, breathe several times deeply and slowly. In and out,** *(advancing the probe during patient's exhalation)*, **slowly … all of it. Yes, like this … and now again.** | | 016 |
| 46. | Continue to advance the probe along the urethra in the time offered by patient expiration. | | 013 |
| 47. | In case of perceived resistance to the advancement of the Foley probe along the urethral sphincter. Maintain a steady, but not heavy, pressure on the probe *(the urethral sphincter is expected to relax, allowing the advancement of the probe or alternately, the probe can be repeatedly rotated to one side and then to the other to make it advance).* | | 016 |
| 48. | Conduct the loop of the probe on its progress inside the urethra and look for the appearance of urine in the probe. | | 013 |
| 49. | Hold the distal end of the Foley probe at the level of the urethrovesical catheterization casserole to allow for the urine evacuated from the bladder to accumulate. | | 013 |
| 50. | From this point on, insert the probe another 5 cm *(in order to maximize the chances for the balloon of the probe to have passed through the urethra and secured a bladder location. The filling of the balloon in its urethral location traumatizes the urinary duct and leads to unwanted complications).* | | 019 |
| 51. | Using the dominant hand, bring the end of the Foley probe which includes | | 01 |

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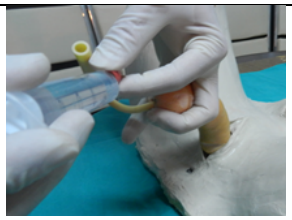
| | the balloon valve to the level of fingers of the non-dominant hand, while continuing to keep the large labia spread apart (through the previously mentioned positionings). | | 3 |
| 52. | Using the now free dominant hand, take the syringe with sterile distilled water previously placed within reach and connect it to the end of the probe with the balloon valve. With the valve supported by fingers of the non-dominant hand, push the syringe tip all through the valve and inject the appropriate volume of distilled water to fill the balloon completely *(using saline solutions at this stage was abandoned after studies revealed that by the partial precipitation of NaCl solutions that occurs in time, the filling of the balloon, and implicitly its volume, diminishes).*  | | 0<br>1<br>3 |
| 53. | In the event of pain or discomfort during the manoeuvre of filling the balloon, it is mandatory to stop injecting sterile water, empty the balloon completely and further advance the probe into the bladder. Then, try again to fill the balloon, guided by symptoms. | ESSENTIAL | |
| 54. | Disconnect the syringe from the Foley probe and dispose of it in the non-sharp infectious waste container. | | 0<br>1<br>3 |
| 55. | While keeping the urethral meatus area well away from any contact with the surrounding structures, use the dominant hand to gently withdraw the Foley probe backwardly, into the urethral tract until a stop is felt, generated by the placement of the balloon at the bladder level of the urethral orifice.  | | 0<br>1<br>3 |
| 56. | Withdraw non-dominant hand from the level of the structures supported during the manoeuvre and relocate it at the level of the urine drainage tube. Use the dominant hand to connect the Foley probe to the tube of the urinary collection bag. *(This stage is therefore performed by using both hands)* | | 0<br>1<br>3 |
| 57. | Secure the Foley probe tube while positioning it at the level of patient's inner thigh so that the tubing is stretched *(to prevent the balloon from sliding back inside the bladder, with subsequent leaking of urine from the bladder along the probe, which causes difficulties in maintaining patient hygiene and transforms a closed, sterile circuit into an open one)*, though not in tension, in order to allow the patient to perform customary movements *(dedicated devices with a scientifically proven record of risk reduction of urethrovesical catheterization-related infection are highly recommended, rather than simply attaching the tubing with adhesive tape).* | | 0<br>1<br>3 |
| 58. | **You might experience a stinging sensation and the urge to void. This will only last until you get used to the probe, it should go away in a few minutes.** | | 0<br>1<br>3 |
| 59. | Wipe the perineal region with alcoholic solution compresses *(to remove the betadine previously used in decontamination and which could generate local irritation in case of prolonged contact with the skin/mucous membranes).* | | 0<br>1<br>3 |
| 60. | Measure the volume of the collected urine and evaluate its appearance. | | 0<br>1<br>3 |
| 61. | Adjust the tubing to avoid bending and make sure that the upper level of the collecting bag is at all times positioned lower than any segment of the tube *(not to create conditions for the urine from the bag to flow backwards, toward the urinary tracts – risk of contamination)* | | 0<br>1<br>3 |

| | | | |
|---|---|---|---|
| 62. | Dispose of the remaining materials from the procedure in the non-sharp infectious waste container. | | 0 1 3 |
| 63. | Remove the used gloves and throw them into the non-sharp infectious waste container. Wash hands with soap and water. | | 0 1 3 |
| 64. | **You may now stretch your legs and relax. We have finished the procedure. Well done, congratulations.** | | 0 1 3 |
| 65. | Roll up the bed linen to cover the patient *(to be done under the bath blanket).* Remove and place bed linen in the infectious waste bag. | | 0 1 3 |
| 66. | Use a rubbing alcohol swab to decontaminate all furniture surfaces that were involved in the procedure. Wash hands. | | 0 1 3 |
| 67. | **The urine bag will be emptied every 8 hours or as often as needed, not to get filled more than half.** | | 0 1 3 |
| 68. | **At least daily, the genital area must be washed with soap and water to prevent the occurrence of local irritation or infection.** | | 0 1 3 |
| 69. | **Under no reason should the urinary tube be pulled out. If something about the urinary drainage system bothers you, let us know and we will sort it out for you.** | | 0 1 3 |
| 70. | **Be careful that the urinary tubing does not bend, become twisted or clamped because this will block the flow of urine.** | | 0 1 3 |
| 71. | **You must also take care that the collecting bag is always placed below the level of the urinary bladder and urethrovesical tubes.** | | 0 1 3 |
| 72. | **While wearing the probe your sexual life will change. You will be advised on these issues if you wish.** | | 0 1 3 |
| 73. | **It is advisable to take showers instead of baths while you carry the catheter** *(prolonged immersion favours the occurrence of urinary infections)* | | 0 1 3 |
| 74. | **Please watch out for any signs of infection. If it stings or if you have lower abdominal pains, a frequent urge to urinate or even drowsiness or unexplained fatigue, or if the urine becomes cloudy, it may be that your urine has infected** *(to diminish the risk, a diet that acidifies the urine is highly advisable – e.g. cranberry juice).* | | 0 1 3 |
| 75. | **In order that you urinate the correct amount, we recommend that you drink at least 2 litres of fluids every day** *(preferably, more than 3 litres - an indication to be communicated to the patient only if the associated pathologies allow the ingestion of such volumes).* | | 0 1 3 |
| 76. | Fill out the patient's medical record with all the details related to the realisation of the procedure, accidents, complications - as the case may be, volume and aspect *(colour, clarity etc.)* of discharged urine, date and time. | ESSENTIAL | |
| 77. | All steps must be taken for the patient's safety *(adjust the bed at an inferior height level and lift the lateral limiters)*. Make sure the patient can easily reach personal objects, the glass of water and the remote control for calling medical help. Give details about the medical schedule to follow and the time when the patient will be re-examined. | | 0 1 3 |

| | | | |
|---|---|---|---|
| **Total score: 300** | ○ | unfulfilled criterion | **%** |
| | ◒ | partially fulfilled criterion | **%** |
| | ● | completely fulfilled criterion | **%** |

Berman Audrey,
Synder Shirlee, Jackson Chistina – Skills in clinical nursing, 6-th ed., Pearson Prentice Hall, New Jersey, 2009

# PERFORMING URETHROVESICAL CATHETERIZATION (FOLEY PROBE) IN FEMALE PATIENTS

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| fatigue | expiry date | catheterization | to sting |
| bladder | infection | catheter | drainage |

**Definitions:**

1. Creating a direct communication with the content of the urinary bladder by means of a specially designed tube (Foley probe) inserted through the urethra into the bladder.
2. A tubular medical device for insertion into canals, vessels or body cavities for diagnostic or therapeutic purposes.
3. A membranous sac serving for the temporary retention of the urine; it is situated in the pelvis in front of the rectum, receives the urine from the two ureters, and discharges it at intervals into the urethra through an orifice closed by a sphincter.
4. Date marked on packaged consumer goods indicating that the goods can't be sold after that date.
5. The act or process of drawing off fluids from a cavity or wound as a result of the worsening of the disease or suction. This is done by means of suction or gravity.
6. The result of the action of an infective agent or contact with material contaminated by an infective agent.
7. To feel or cause a keen burning pain.
8. The condition of being tired after intellectual or physical effort.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, some steps of the protocol are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor lets the patient know when the procedure is over.* |
| *The doctor greets the patient and introduces herself.* |
| *The doctor explains the steps of the procedure.* |

The doctor tells the patient what she is going to do.
The doctor tells the patient why she performs that procedure.
The doctor asks the patient about her experience or familiarity with the procedure.
The doctor instructs the patient how to lie in bed.
The doctor performs the procedure by introducing the Foley probe
The doctor reassures the patient that everything is ok even if she feels some discomfort.
The doctor makes recommendations and gives advice.

## Reading & Vocabulary

**Click on the right answer to each question**

1. What is a Foley catheter?

The Foley catheter acts as a drain to fill your bladder.
It is a thin tube that drains urine from the bladder.

2. How do you have to wear the drainage sack?

Always keep the drainage sack below your bladder (when you are lying, sitting or standing).
Always keep the drainage sack above your bladder (when you are lying, sitting or standing).

3. When do you have to change or empty the drainage sack?

Empty the drainage sacks when they are half full.
Empty the drainage sacks when they are totally full.

4. What do patients have to do to stay healthy while wearing the drainage bag?

They shouldn't drink too much water.
They should check that their urine is healthy. It should be clear and yellow.

**Choose if the statements are true or false**

1. Catheterization involves use of/ or insertion of a specially designed tube (Foley probe). T/F
2. The bladder is a muscular membranous sac in the abdomen which sends urine to the kidneys and stores it for excretion. T/F
3. A catheter is a slender surgical instrument for exploring the depth or direction of a wound, sinus. T/F
4. Drainage is the act or process of absorbing fluids from a cavity or wound by means of suction or gravity. T/F
5. Infection is the state produced by the establishment of an infective agent in or on a suitable host. T/F
6. Inhale is to breathe out, to expel air from the lungs. T/F
7. Exhale is to draw air into the lungs by breathing; to breathe in. T/F
8. A probe is a tubular medical device for insertion into canals, vessels or body cavities for diagnostic or therapeutic purposes (such as to permit injection or withdrawal of fluids or to keep a passage open) T/F

**Match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| What is your name? | 3 March 1976. |
| What is your date of birth? | No, I've never had this. |
| Do you know when and how much you urinated last time? | This morning at breakfast. It was 8 o'clock |
| Have you ever had a urinary probe inserted? | No, I'm not. I'm not allergic to anything. |
| Are you allergic to anything? | Yes, I do. I don't have anything against it. |
| Do you agree with the sampling of biological products? | My name is John Brown. |
| When was the last time you ate? | Just half an hour ago. I don't know. The usual amount. |

**Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Drainage | To breathe out |
| Abdomen | Leak |
| To consume | Belly |
| Superior | Legs |
| Inferior | Chest |
| Maxilllary | Jaw |
| Limbs | To eat |
| Lumbar region | Waist |
| Pectoral region | Higher |
| To exhale | Lower |

## Integrated Grammar

**Which verb form do you need to complete these sentences? Click on the best choice:**

1. I recommend you.....the probe to the patient in ward 3.
to place/ place

2. I suggest you .....a strip of bandage.
to cut / cut

3. You must ……..that the collecting urinary sack is always placed below the level of the urinary bladder.
take care/ to take care

4. The doctor recommended .....at least 2 liters of fluid every day.
drinking/ to drink

5. The doctor advised the patient ..... for any signs of infection.
to watch out/ watching out

**Making recommendations/ giving advice**

1. *I recommend/ you could/ you must* that you stay relaxed and calm during the procedure.
2. When I tell you I *could /I advise / I recommend* you not to move and to keep your legs as we will place them for 15 minutes.
3. You *must / could /suggest* wash the genital area with soap and water to prevent the occurrence of local irritation or infection.
4. Upon my signal *I suggest/ you could/ you must* you breathe slowly several times.
5. *It is advisable/ I recommend/ you could* stretch your legs and relax now.

## Speaking

**Make recommendations on how to use the drainage sacks; record yourself making these recommendations, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.**

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

……

……

*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

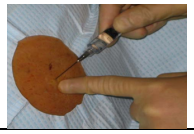
# PERFORMIMG PARACENTESIS

**Medical procedure**

**Language unit**

## PERFORMIMG PARACENTESIS

Creating a direct communication with the abdominal cavity by means of a transcutaneous puncture.



| | | ○ | ◒ | ● | P |
|---|---|---|---|---|---|
| 1. | Assess patient's condition (*consciousness, movements, speech, breathing):*<br>*vital functions present* ☐; *cardiopulmonary arrest* ☐<br>Prepare the necessary materials – the harvesting kit<br>**Good morning/afternoon. My name is ……. I am your doctor / nurse.** | | | | 025 |
| 2. | **Can you tell me your name, please.....** (or, check patient's ID bracelet, if available) **and your date of birth** .....? **Thank you.** *(This is done to avoid performing the procedure on the wrong patient as several patients may have the same name. Also, do not ask e.g. "Are you Mr. Smith?" to avoid receiving false confirmation from patients distracted by their symptoms or other reasons).* | ESSENTIAL | | | |
| 3. | Providing an environment for private examination *(salon with a single bed, curtains, etc.)*<br>**Do you agree to the sampling of your biological products?** *(evaluation of personal beliefs regarding the sampling of biological products)* | ESSENTIAL | | | |
| 4. | If present, any people accompanying the patient are kindly asked to leave the room, They cannot remain in the room during the procedure. | | | | 013 |
| 5. | Position patient comfortably. *(reclining in an armchair or lying down in bed*)<br>**We will perform a paracentesis, which is a medical procedure by means of which we can access that area of your abdomen where, because of the illness, large amounts of fluid accumulated. Have you had paracentesis before?** | | | | 013 |
| 6. | **This involves inserting a needle into the left lower side of your abdomen just enough to penetrate the skin and reach into the abdominal cavity where, because of the disease, fluid accumulated. To allow for an easier and safer puncture, you will kindly lie on your left side on the bed, so that the fluid moves closer to the puncture place. It is important that your position be comfortable, as you will have to keep completely motionless during the procedure. Any movement may result in pricking other structures than originally intended. That is why we urge you not to move or speak before warning us first by raising a hand. Also, as far as possible, try not to cough. The overall procedure may take up to 30-45 minutes. You will feel some pressure while the needle is inserted but this will soon disappear, and then there should not be any other major discomfort, except perhaps having to keep motionless for a longer time.** *(what the procedure consists of)* | | | | 013 |
| 7. | **It is extremely important that you stay relaxed and calm throughout the maneuver and that you remove any clothing covering the abdomen and position yourself as I explained before. Very important also, do not make sudden movements while the needle is in your immediate vicinity.** *(how the patient can contribute to performing the procedure)* | | | | 013 |
| 8. | **The fluid we collect will be tested in the lab, and this will give us a lot of information on your medical status. Based on this, we will decide** | | | | 013 |

| | | | |
|---|---|---|---|
| | **what medicines to recommend further.** *(how the procedure is useful to the patient)* | | |
| 9. | **Now, are you clear about the procedure? Would you like to ask me anything else?** | ESSENTIAL | |
| 10. | Evaluate patient's medical records from the standpoint of: associated diagnoses *(e.g. coagulopathies, etc.)*, laboratory parameters *(e.g. platelets <150,000, INR> 1.5, etc.)* and associated medication *(e.g. Sintrom, Trombostop, Aspirin, Plavix, etc.)* – to assess the risk of prolonged bleeding. | | 019 |
| 11. | **Are you allergic to anything, rubber products, iodine, and adhesive tape maybe?** *(evaluating possible allergies to the materials commonly used in the procedure)* | | 019 |
| 12. | If they have not been recently evaluated: BP measurement, pulseoximetry, thermometry: BP..... mmHg, $Sa0_2$ ..... %, T ..... °C. Hand wash. Apply clean medical gloves as part of standard precautions. Decontamination with a tampon with alcohol the surfaces of furniture they interact during the maneuver. | | 013 |
| 13. | Dispose of gloves previously used in the infectious waste container. Hand washing. Applying a new clean pair of medical gloves as part of standard precautions. | | 013 |
| 14. | Review paracentesis indications and, as the case may be, indications for subsequent administration of intraperitoneal medication (inside the abdomen). | | 013 |
| 15. | **Will you please remove your clothes now so that your abdomen to be completely uncovered.** Raise patient's bed to the waist level of the staff performing the manoeuvre. Position yourself at the left side of the bed. Lower the lateral limiters. | | 013 |
| 16. | Inspect abdominal skin for signs of local infections *(associated risks for intraperitoneal dissemination of the infectious agent from skin lesions)*. | | 019 |
| 17. | Checking patient's medical file for the diagnosis that may have led to the accumulation of peritoneal fluid *(localization, type, echographic character a.s.o)*. Using bedding protection (absorbent blanket or other waterproof material placed below the level of the patient's abdominal region and hip). **Now please lie on your left side, as I explained before.** | | 019 |
| 18. | Identifying the location of the anterior superior iliac spine and of the navel. | | 019 |
| 19. | Identifying the point located at external one third with the two third internal of the straight line linking the anterior superior iliac spine with the navel, which is the exact site to puncture the abdomen on paracentesis *(this is the optimal position for paracentesis due to: on the left side the colon is positioned more to the back; peritoneal serous membrane being slippery the intestinal loops tend to slip away from the way of the needle, and the lateral decubitus helps to place the abdominal fluid onto puncture area)* | ESSENTIAL | |
| 20. | Mark the puncture site with an X sign realized with the tip of the fingernail. | | 019 |
| 21. | Percuss abdomen to confirm the presence of fluid at the selected area *(it helps to associate abdominal echography to objective clinical examination in order to better determine the puncture site for paracentesis)* and for the final selection of the puncture site. | | 016 |

| | | | |
|---|---|---|---|
| 22. | Wipe clean a 5 $cm^2$ area by exerting pressure on the skin surface starting from the point selected as site for paracentesis on a spiral shaped path, using a tampon with iodine solution *(this will result in a chemical decontamination – i.e. the alcoholic iodine solution along with a mechanical one – cleaning the tegument by rubbing it in a helical pattern)*. Dispose of the tampon in the infectious waste container. | | 019 |
| | Repeat decontamination maneuver with a new iodine solution tampon. Dispose of this second used tampon in the infectious waste container. | | |
| 23. | Repeat decontamination maneuver using a third iodine solution tampon, then dispose of the used tampon in the infectious waste container. | ESSENTIAL | |
| 24. | Wash hands and put on sterile, single use gloves. | | 016 |
| 25. | Connecting the sterile syringe with the needle. Possibly: **20-gauge syringe, please.** *(requesting assistance from a medical colleague to display – i.e., open and expose – the sterile contents of the package containing syringe and needle, which will be handled directly by the staff performing the procedure via sterile gloves, in this way minimizing minimizing the risk of infection associated with the procedure)* | | 013 |
| 26. | Take needle cap off.<br>Position needle-syringe complex perpendicular to the tegument, bevel up. | | 016 |
| 27. | **We are about to start paracentesis. You will feel a little prick. Please stand still.** | | 016 |
| 28. | The needle-syringe complex is pressed with a firm and controlled movement so as to puncture the skin and advance the needle subcutaneously, 5-7 mm depth. | ESSENTIAL | |
| 29. | Using both hands positioned at the level of the syringe, advance the needle towards the peritoneal space in a perpendicular direction on the skin, while generating a negative pressure inside the syringe, by pulling back the piston *(the negative pressure generated inside the syringe allows for the exact identification of the moment of entry into the peritoneal space by promptly noticing the appearance of the fluid in the syringe. After this, in order to protect against the risk of accidental puncture of abdominal structures, it is important to maintain constant the length of needle insertion and its orientation perpendicular to the skin)* | | 019 |
| 30. | **Very good. Now we will remove some of the fluid that makes breathing difficult for you. Keep your position a little longer please, do not move now.** | | 013 |
| 31. | Aspirate the intended amount of fluid *(generally, in the initial assessment, the focus is on differentiating between exudate and transudate by means of biochemical explorations – proteins, lacticdehidrogenase (LDH), cholesterol, to which glucose, amylase et al. are added, plus cytological and microbiological explorations)*<br>Staff will constantly monitor and ensure that the length of needle insertion and the perpendicular position of the needle to the tegumentary plane are maintained. | | 013 |
| 32. | As the case may be, the puncture needle may be connected to an aspiration system (when fluid is collected in a bottle having gradations), which allows for an easier removal of the intended amount of fluid *(as a rule, removing up to 5 liters of ascitic fluid does not trigger negative physiopathological consequences – electrolyte or colloidal imbalance etc.)* | | 013 |
| 33. | **Very good. We are almost done here, but do not move yet, not just.** | | 013 |

| | | | |
|---|---|---|---|
| 34. | Apply iodine solution tampon at the level of the puncture site and carefully remove the needle - syringe complex perpendicular to the tegumentary plane, while concomitantly pressing the iodine tampon firmly onto the entry site as soon as the needle is out. | | 019 |
| 35. | **It's over now. You did very well.** | | 013 |
| 36. | Dispose of needle in the infectious waste container for sharp objects and the syringe in the infectious waste container for non-sharp non-stabbing items. | | 016 |
| 37. | **Roll over to your right side now.** *(positioning the patient in the right lateral decubitus helps diminish the pressure of fluid on the abdominal puncture trajectory and leads to its closing without complications)* | | 019 |
| 38. | Use alcohol tampons to wipe away the iodine solution from the abdominal tegument *(prolonged presence of iodine solution on the tegument is both unpleasant to look at and may also generate the risk of local irritative reactions)* | | 019 |
| 39. | Apply alcohol tampon at the puncture site to replace the iodine solution tampon, which will be disposed of in the infectious waste container. Fasten the tampon with adhesive tape. | | 016 |
| 40. | **We will send the samples for testing. Then we will know more about your condition and what we need to do next.** | | 016 |
| 41. | Fill out the patient's medical record with all the details related to the realisation of the procedure, accidents, complications - as the case may be, volume and aspect (colour, clarity etc.) of evacuated liquid, date and time. | ESSENTIAL | |
| 42. | **Thank you, we have completed the procedure. You may put your clothes back on.** As the case may be, secure the patient *(adjusting the bed to an inferior height, lifting the safety sides)*, placing the patient's personal belongings *(e.g. mobile phone, book, crosswords etc.)*, glass of water, remote control for the medical calling system within easy reach. **We still need to do ……..** (e.g. an electrocardiogram) **in about ….. minutes**. *(providing details about the upcoming medical activity and the remaining time until its commencement)* | | 019 |

| | | |
|---|---|---|
| **Total score: 200** | criterion unfulfilled | **%** |
| | criterion partially fulfilled | **%** |
| | criterion fulfilled completely | **%** |

**Selective references**

Berman Audrey, Snyder Shirlee, Jackson Christina – Skills in clinical nursing, 6-th ed., Pearson Prentice Hall, New Jersey, 2009

# PERFORMIMG PARACENTESIS

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| paracentesis | penetrate | syringe | tampon |
| puncture | percussion | needle | sting |

**Definitions:**

1. Surgery consisting in penetrating a cavity, organ or tissues in order to withdraw fluids or to inject medication.
2. A method used to diagnose an illness according to the sound produced by tapping body parts with fingers, hands, or small instruments.
3. Creating a direct communication with the abdominal cavity by means of a transcutaneous puncture.
4. To enter, to go through.
5. An injury produced by the puncture of the skin with a sharp object.
6. A medical instrument, used for injecting or withdrawing of fluids in a body.
7. A pack, pad, or plug made of sterile cotton, gauze or other material, used to plug or disinfect an organ or a tissue.
8. A very thin, pointed steel tube that is used for injections or punctures in surgery or stomatology.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, some steps of the protocol are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor introduces himself, assesses the patient's condition and prepares the necessary materials.* |
| *The doctor identifies the exact site where to puncture the abdomen for paracentesis and percusses the patient's abdomen to confirm the presence of fluid in the selected area.* |
| *When the intended amount of fluid is collected the doctor applies iodine solution tampons at the level of the puncture site and carefully removes the needle.* |

The doctor positions the patient comfortably, explains what he is going to do, what the procedure consists of and how the patient can contribute to performing the procedure.
The doctor reviews the paracentesis indications and asks the patient to remove his clothes and lie on his left side as he had explained before.

The doctor performs a decontamination procedure with iodine solution tampons three times and disposes of used tampons in the infectious waste container.
The doctor uses a 20-gauge syringe to puncture the skin and advances the needle subcutaneously, 5-7 mm depth in a perpendicular direction to the skin.
The doctor aspirates the intended amount of fluid and constantly monitors the procedure.
The doctor repositions the patient in the right lateral decubitus, which helps diminish the pressure.
The doctor sends the samples for testing, which will help them know more about the patient's condition and the upcoming medical activity.

## Reading & Vocabulary

**Click on the right answer to each question:**

1. What does paracentesis involve?
Creating a direct communication with the abdominal cavity by means of a transcutaneous puncture.
Creating a direct communication with the thoracic cavity by means of a transcutaneous puncture.

2. What does the patient have to do if he feels uncomfortable during the procedure?
He has to cough.
He has to raise a hand.

3. Why will the patient have to keep completely motionless during the procedure?
Any movement may result in pricking other structures than originally intended. In this way the doctor will be able to insert the needle.

4. Why does the doctor have to collect the fluid from the patient's abdomen?
The position of the patient will be changed.
The fluid collected and tested in the lab will give the doctor a lot of information on the patient's medical status.

**Choose if the statements are true or false:**

1. Paracentesis creates an indirect communication with the abdominal cavity by means of a transcutaneous puncture. T/F
2. To allow for an easier and safer puncture, the patient will have to lie on his left side on the bed so that the fluid moves closer to the puncture place. T/F
3. The overall procedure may take up to 2 hours. T/F
4. It is important that the patient's position be comfortable, but he will not have to keep completely motionless during the procedure. T/F
5. The patient will feel some pressure during the procedure. T/F

6. The patient will not be allowed to make sudden movements while the needle is in his immediate vicinity. T/F
7. The doctor evaluates the patient's medical records from the standpoint of his medical history. T/F
8. The doctor identifies the approximate site where to puncture the abdomen for the paracentesis procedure. T/F

**Drag and match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| Good morning/afternoon. My name is Dan Ionescu. I am your doctor / nurse and I'm going to examine you. | No, it's my first time. |
| Can you tell me your name, please ... And your date of birth ... Thank you. | No, I'm not allergic. |
| Are you clear about the procedure? Would you like to ask me anything else? | Good morning, doctor. |
| Do you agree to the sampling of your biological products? | Yes, everything is clear. I don't have any questions to ask you at the moment. |
| Have you had paracentesis before? | OK. I'll do that right away. |
| Are you allergic to anything, rubber products, iodine, and adhesive tape maybe? | My name is Ramon Suares. I was born on the 5th August 1971. |
| Will you please remove your clothes now so that your abdomen is completely uncovered and then will you lie on your left side please? | Yes, I do. |

**Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| To penetrate | To take off clothes |
| Tegument | Belly |
| To remove any clothing | Skin |
| Fluid | Suitable, most favourable |
| Abdomen | Liquid |
| Aspiration of fluid | Under the skin |
| Optimum | Suction of fluid |
| Intraperitoneal | Selecting an extract for testing |
| Subcutaneous | Inside the stomach |
| Sampling | To enter |

## Integrated Grammar

**Which answer will you choose? Click on the best choice:**

1. Do you agree to the sampling of your biological products?
Yes, I do. I agree.
The biological products are not in the laboratory.

2. Will you please remove your clothes now so that your abdomen is completely uncovered?
Is it OK?
No. I'll put on my clothes.
Yes, I'll get undressed right away.

3. Do you have any objection to the sampling of your biological products?
Of course not.
No, I haven't received the results from the laboratory.

4. Is it Ok if we start doing this procedure now?
Yes, it is. As soon as possible.
No, I don't have temperature.

5. Are you against performing this procedure now?
I haven't seen the nurse today.
No, on the contrary, it's OK by me.

**Asking questions. Choose the correct expression to complete the question. For each question click on the correct phrase:**

1. *Do you agree with / Do you approve* your treatment?
2. *Do you want to start/ Would you like to give* the procedure now?
3. *Are you happy / Are you against* the sampling of your biological products?
4. *Do you have anything against/ Do you disapprove* using a 20-gauge syringe?
5. *Is it good for you/Do you have something against* to be hospitalized?

## Speaking

**Write down common questions that doctors usually ask patients when sampling fluid from their abdomen; record yourself making these recommendations, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.**

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

……

……

*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

Do you agree to the sampling of your biological products? Are you clear about the procedure?

# SUBCUTANEOUS AUTOMATIC SYRINGE PERFUSION

## Medical procedure

## Language unit

SUBCUTANEOUS AUTOMATIC SYRINGE PERFUSION

## SUBCUTANEOUS AUTOMATIC SYRINGE PERFUSION

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| | Most of the patients in palliative care units will experience difficulties in taking oral medication, in the course of the disease. In such cases, patients can receive their medication either intrarectal or parenteral (intramuscular, intravenous or subcutaneous administration). Medication is frequently administered in the subcutaneous tissue, via injection or continuous perfusion.<br>The continuous perfusion can be used for symptom control (opioids, antiemetics, anxyolitics, corticosteroids, anticholinergic drugs, s.o.). Some drugs can be mixed in the same syringe and administered together. Medication is slowly absorbed through adipose tissue and the plasma level of a drug is stable and it gives better symptom control.<br>Subcutaneous perfusion is a less painful procedure compared to intramuscular injection; it can be easily performed at the patient's home and can be monitored by a proxy, properly advised by the palliative care team. Thus, the procedure is more easily accepted by the patient and the family. | ○ | ◒ | ● | P |
| 1. | Assess if patient is alive or not (*presence of consciousness, movements, speech, breathings) preserved vital functions; □ cardiopulmonary arrest* □ | | | | 0 1 3 |
| 2. | **Can you tell me your name, please.....** (or, check patient's ID bracelet, if available) **And your date of birth..... Thank you.** *(This is done to avoid performing the procedure on the wrong patient as there may be several patients with the same name. Also, do not ask e.g. "Are you Mr. Smith?" to avoid receiving false confirmation from patients distracted by their symptoms or other reasons). Double-check in the medical records for Name:* ☐ *DOB:* ☐ | ESSENTIAL | | | |
| 3. | Provide a private space for the procedure. Tell the patient or the caregiver what we will do: **I will place an automatic subcutaneous perfusion.** | | | | 0 1 3 |
| 4. | ***What the procedure consists of?***<br>**We have to place this butterfly somewhere, in your subcutaneous tissue; it may stay there for several days. The butterfly will be connected to this pump; thus your medication will be administered automatically, continuously, during 24 hours.** | | | | 0 1 3 |
| 5. | ***How can you contribute to the realisation of the procedure?***<br>**It doesn't take long to insert the butterfly. Stand still, relaxed, calm. You will feel a little prick.**<br>**The device is generally well tolerated and it should not interfere with your common activities but by paying attention to it, the butterfly will remain in place for a longer time.** | | | | 0 1 3 |
| 6. | ***What is the utility of this manoeuvre?***<br>**Using this procedure the drugs that help you will enter your body in a constant and comfortable manner. It will ease your symptoms for a longer period of time. If you will still experience pain or other symptom (nausea, dyspnoea) we can give you at any time additional medication.** | ESSENTIAL | | | |
| 7. | Address to the patient and caregiver the questions:<br>**Do you understand what the procedure is about?**<br>**Do you have any other questions?**<br>**Have you experienced this before?** | | | | 0 1 3 |

| | | | |
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| 8. | Check the medical records of the patient :<br>a. situations calling for automatic subcutaneous perfusion :<br>- uncontrolled nausea , vomiting<br>- dysphagia<br>- malabsorption<br>- gastro-intestinal obstruction<br>- intolerance of oral medication<br>- poor compliance of oral medication<br>- reduced level of consciousness<br>- severe weakness<br>- terminal patient<br>- control of multiple symptoms requiring a combination of drugs<br>b. medication, doses, rhythm of administration. | | 036 |
| 9. | **Have you ever used these drugs before? Are you aware to be allergic to any of them? Which one?**<br>This questions will be addressed to the patient / caregiver. | ESSENTIAL | |
| 10. | Patient's and caregiver's consent must be documented in the medical records. **Do you give your consent for this procedure to be done?** | ESSENTIAL | |
| 11. | Prepare the materials and their integrity and validity:<br>a. the syringe driver<br>b. the syringe -> a 20 ml Luer syringe<br>c. the butterfly (23 or 25 G needle)<br>d. vials of medication<br>e. 0.9 % sodium chloride for dilution<br>f. alcohol swabs<br>g. occlusive transparent dressing | | 013 |
| 12. | Prepare the syringe :<br>a. check prescribed medication:<br>1. type and name<br>2. dose<br>3. expiry date<br>4. macroscopic appearance / conformity<br>b. compatibility of associated medication if multiple drugs must be combined in the syringe<br>c. draw prescribed medication ± diluent in the syringe, to prescribed volume | ESSENTIAL | |
| 13. | Labelling :<br>a. complete the details of the drug/s<br>b. ensure the label doesn't interfere with the mechanism of the pump<br>c. ensure the label doesn't obscure visual scales<br>d. ensure the label doesn't interfere with the sensors in the pump | | 013 |
| 14. | Prepare the pump :<br>a. insert the battery<br>b. place the syringe into the pump correctly<br>c. measure the content of the syringe on the scale of the pump<br>d. set, on the screen of the pump, the correct rate / duration of time / total volume for drug administration. | | 036 |

| | | | |
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| 15. | Record on the infusion check chart , before priming the line :<br>a. drugs names and dosages<br>b. total volume in millilitres<br>c. rate per hour to be infused | | 036 |
| 16. | Set up the line for infusion, following the steps:<br>Inspect the patient and choose the right place ,<br>*(considering the following principles :*<br>*- at cachectic patients , the abdomen is the preferred site , except ~3 cm peri-umbilical*<br>*- at patients with ascites , the site is the upper anterior chest wall above the breast away from the axilla*<br>*- at agitated patients the site is the upper back around scapula*<br>*- upper arms*<br>*- outer aspect of thigh*<br>*- consider rotation of the sites*<br>*Sites NOT to be used :*<br>*- areas affected by lymphedema ( risk of infection or poor absorption )*<br>*- sites over bony prominences ( diminished subcutaneous tissue leads to poor absorption )*<br>*- sites near joints ( movements can displace the butterfly and cause discomfort )*<br>*- skin infections*<br>*- local erythema , ulcerations , wounds*<br>*- previously irradiated skin ( radiotherapy causes sclerosis of small blood vessels reducing skin perfusion )*<br>*- sites of tumours*<br>*- skin folds)* | | 036 |
| 17. | Wash hands. Put on gloves. | ESSENTIAL | |
| 18. | Disinfect the skin with betadine, chlorhexidine or alcohol and wait for the skin to dry. | | 013 |
| 19. | Connect the butterfly to the syringe and instil solution in order to remove the air from the butterfly cannula. | | 013 |
| 20. | Grasp the skin firmly to elevate the subcutaneous tissue. Insert the butterfly cannula with the point just beneath the epidermis. The angle of insertion may need to be about 30 degrees for a thin person and around 45 degrees at persons with consistent subcutaneous tissue. A deeper infusion prolongs the life of the infusion site. | | 013 |
| 21. | Release the skin**.** | | 013 |
| 22. | Form a loop with the tube of the butterfly cannula to prevent accidental disconnecting at patient's movements. | | 013 |
| 23. | Cover the butterfly cannula with an occlusive transparent dressing that allows the inspection of the site every 4 hours. | | 013 |
| 24. | Connect the pump to the line.<br>*(ATTENTION: Do NOT connect the syringe to the patient before installing it in the automatic device.*<br>*Do NOT connect the pump before recording :*<br>*- the name of the drug/s*<br>*- the dosage of the drug/s*<br>*- the rate per hour*<br>*- the total volume*<br>*- the time of priming the line)* | | 013 |

| | | | |
|---|---|---|---|
| 25. | Start the infusion by pressing the ON/OFF button. Pay attention to the acoustic signal and the light appearing on the screen**.** | | 013 |
| 26. | Dispose the empty vials (in the cutting / stabbing sharps waste container), the cotton swabs, the gloves (in the infectious noncutting / non-stabbing non-sharps waste container) and the removed butterfly cannula (if present) and used needles in the appropriate box. | | 013 |
| 27. | Wash your hands with soap and water**.** | | 013 |
| 28. | **Please keep this butterfly as it was placed by us.** *(the patient and/or the caregiver will be advised not to remove the cannula).* | | 013 |
| 29. | **You can request and receive extra medication if your symptoms won't be properly controlled.** | | 013 |
| 30. | Ensure the patient's safety - adjust the bed, lift the lateral limiters. | | 024 |
| 31. | Recheck patient condition (at least every four hours) by observing him or, if it is appropriate, by starting a dialogue:<br>**How are you?**<br>**Are you comfortable?**<br>**Is your pain controlled?**<br>**Do you have any problem?**<br>Re-evaluate if it is necessary<br>Check if the syringe driver is working properly and if there are complications *(redness, blood in the cannula, s.o.)* at the site of injection | | 036 |
| 32. | Ensure the pump is working (the light is ON, the sound is heard). | | 013 |
| 33. | Notice the remaining volume in the syringe correlated to the remaining time. | | 013 |
| 34. | Notice the aspect of the content of the syringe (clarity, change of colour, deposits). | | 013 |
| 35. | Check the aspect of the infusion site , noticing (if present):<br>a. haematoma<br>b. local pain<br>c. local swelling<br>d. local redness<br>e. leakage at the insertion site<br>f. presence of blood in the cannula<br>g. displacement of the cannula .<br>Any complication must be written in the patient's medical record. | ESSENTIAL | |

| | | | |
|---|---|---|---|
| **Total score: 100** | ○ | unfulfilled criterion | **%** |
| | ◒ | partially fulfilled criterion | **%** |
| | ● | completely fulfilled criterion | **%** |

**References:**
NHS Trust Oxford Radcliffe Hospital Clinical protocol for the use of syringe drivers in palliative care (adults) http://www.palliativedrugs.com/download/SDprotocol.pdf
Ministry of Health. 2009. *Guidelines for Syringe Driver Management in Palliative Care in New Zealand*. Wellington: Ministry of Health. https://www.health.govt.nz/system/files/documents/publications/syringe-guidelines-jul09.pdf
The State of Queensland, Queensland Health, 2010 *Guidelines for syringe driver management in palliative care'*. Second edition 2010 https://www.health.qld.gov.au/__data/assets/pdf_file/0029/155495/guidelines.pdf

# SUBCUTANEOUS AUTOMATIC SYRINGE PERFUSION

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | |
|---|---|---|
| perfusion | pump | nausea |
| scapula | consent | vial |
| erythema | butterfly cannula | haematoma |

**Definitions:**

1. A mechanical device used for moving or compressing liquids or gases.
2. Written signed permission granted by an adult patient (or the parent or carer) required before medical procedures, such as surgery or any therapeutic procedures, which expose patients to risks.
3. The injection of fluid into a blood vessel in order to reach an organ or tissues, usually to supply nutrients and oxygen.
4. An unpleasant sensation vaguely referred to the epigastrium and abdomen, with a tendency to vomit.
5. A large, flat bone that forms the posterior part of the shoulder. It articulates with the clavicle and the humours.
6. A glass container with a metal-enclosed rubber seal for holding medicines (sterile liquids or powders).
7. A flexible tube, usually containing a trocar (a needle-shaped instrument) at one end, which is inserted into a vessel to drain fluid or administer a substance such as a medication.
8. Localized mass of clotted blood, due to local tissue injury or trauma.
9. Redness of the skin due to congestion of the capillaries; rash.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, some steps of the protocol are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor introduces herself, identifies the patient and assesses the patient's condition.* |
| *The doctor disinfects the skin and inserts the butterfly cannula with the point just beneath the epidermis in the appropriate angle of insertion.* |
| *The doctor periodically checks the patient, the aspect of the infusion site, the content of the syringe (clarity, change of colour, residue) and butterfly cannula and then she makes sure that the pump is functional.* |

The doctor explains the steps of the procedure and makes sure she is understood. The doctor tells the patient that she will place the device on the patient's arm or leg. The device will be connected to a pump. The medication will be administered automatically and continuously, for 24 hours.
The doctor asks for the patient's consent.

The doctor washes her hands, prepares the syringe with prescribed medication and then places the syringe into the pump correctly.
The doctor examines the patient and chooses the appropriate profusion place, considering the patient's medical condition and illnesses.
The doctor records the time (hour/day), name of the medicine, dosage, total volume to be administered, rate per hour to be infused and then she connects the pump. The doctor always disposes of the unnecessary objects and throws them in the specially designed medical containers.
The doctor advises the patient not to remove the cannula or change the place of the pump.

## Reading & Vocabulary

**Click on the right answer to each question:**

1. What does the perfusion procedure consist of?
It is a procedure which allows a slow and continuous injection of a fluid subcutaneously.
It is a procedure which allows a slow and interrupted injection of a fluid subcutaneously.

2. Which are the situations which call for a subcutaneous perfusion?
These situations are: headache, stomach ache, cold.
These situations are: intolerance to oral medication, reduced level of consciousness, or terminal patients

3. What are the materials/equipment necessary in this procedure?
The necessary materials/ equipment are: the automatic pump, the syringe, the butterfly device, vials of medication, sodium chloride for dilution
The necessary materials/ equipment are: the automatic pump, the syringe, the butterfly device, vials of medication, powder and a scalpel.

4. When must the pump be connected?
The doctor connects the pump before she records the time, medication, dosage and the rate per hour to be infused.
The doctor connects the pump after she records the time, medication, dosage and the rate per hour to be infused.

**Choose if the statements are true or false:**

1. The pump is a mechanical device used for moving or compressing liquids or gases.T/F
2. Erythema consists of localized mass of clotted blood, due to local tissue injury or trauma. T/F
3. The doctor advises the patient and/or the caregiver to remove the cannula or change the place of the pump if she does not feel well. T/F
4. The doctor disinfects the skin with betadine, chlorhexidine or alcohol. T/F
5. The pump must be placed at a higher level than the infusion site**.** T/F
6. The patient is informed that she will be administered other medicines if symptoms persist. T/F

7. The doctor always disposes of the unnecessary objects and throws them in the specially designed medical containers. T/F
8. The doctor monitors the medical situation and maintains communication in order to ensure the patient's safety. T/F

**Match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| Could you tell me what your name is? | Yes, everything is clear. |
| Could you tell me how old you are? | Yes, if necessary. |
| Could you tell me if everything is clear about the procedure? | I am 35. I was born in 1981, 12 February. |
| Do you remember if you have had a perfusion before? | No. I don't have any question at the moment. |
| Is it OK if we take samples of your biological products? | No, I don't know. |
| Do you know if you are allergic to the prescribed medicine? | Yes, twice. |
| Would you like to ask me other questions about what we are going to do? | Yes, my name is Pierre Renaud. |

**Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Obstruction | Shoulder blade |
| Moribund | Armpit |
| Scapula | Blockage |
| Axilla | Bruise |
| Thorax | Minute blood vessels |
| Erythema | To continue |
| Haematoma | Sonorous signal |
| Capillaries | Redness |
| Acoustic signal | Chest |
| To persist | Dying patient |

## Integrated Grammar

**Click on the correct polite reply:**

1.Can you tell me if you have ever taken this medicine?
Yes, twice. I've taken it twice.
No, I can say that the pump doesn't work.

2.Do you mind if we change your position?
Yes, I'd like to change the medicine.
No, I don't. It's OK.

3.Do you know what the benefit of this procedure is?
Yes, I do.
Yes, I will be administered the medication subcutaneously.

4.I was wondering if you would like your family to come and visit you?
Yes, I'd like them to come as soon as possible.
No, I don't.

5.Do you remember when you had a stomach ache, before or after you ate?
Yes, I remember I had a stomach ache after I ate.
Yes.

**Click the correct word or phrase:**

1. *Could you tell me where/Do you know if/ Do you want to tell me if* the butterfly cannula is?
2. *Do you remember/ Would you like to tell me if / Could you tell me where* the medicine dosage is correct?
3. *Do you know/ Would you like to /Do you remember what time* the pump was connected?
4. *Do you know if/ Do you remember/ Would you like to* the patient has malabsorption?
5. *Could you tell me where/ Do you have any idea/ Would you like* to check your allergy to the prescribed medicine?

## Speaking

**Write down common questions that doctors usually ask patients when doing a perfusion procedure; record yourself asking these questions, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.**

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....

.....

*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

The doctor grasps the skin firmly to elevate the subcutaneous tissue and then inserts the butterfly cannula.

# TRANSFERRING THE PATIENT FROM SUSTAINED DORSAL DECUBITUS TO SUSTAINED LATERAL DECUBITUS

**Medical procedure**

**Language unit**

TRANSFERRING THE PATIENT FROM SUSTAINED DORSAL DECUBITUS TO SUSTAINED LATERAL DECUBITUS

# TRANSFERRING THE PATIENT FROM SUSTAINED DORSAL DECUBITUS TO SUSTAINED LATERAL DECUBITUS

| | | | | | |
|---|---|---|---|---|---|
| | For bed-ridden patients, alternating the areas compressed between body weight and bed level represents one of the most important prevention steps against the onset of bed sores (injuries to the skin and, possibly, to the subjacent structures; they occur as a consequence of interrupted blood flow and associated oxygen and nutrients, as a result of lesions caused to zonal blood vessels through prolonged, unchanged position) | ○ | ◒ | ● | P |
| 1. | Quick assessment of the presence of vital functions (*consciousness, movements, speech, breathing*) *vital functions present* ☐; *cardiopulmonary arrest* ☐<br>**Good morning/afternoon. My name is ……. I am your doctor / nurse and I will examine you in a short while.** | | | | 025 |
| 2. | **Can you tell me your name**, please ..... . **And your date of birth** ..... . **Thank you.** *(This is done to avoid mistaking one patient for another and performing the procedure on a patient who does not have the appropriate indication. Also, questions of the type: "Are you Mr. Smith?" are to be to avoided as they might generate false confirmation through a simple "Yes" from a patient who pays insufficient attention to the conversation with the medical staff)*<br>*Double-check in the medical records for Name:* ☐ *DOB:* ☐ | ESSENTIAL | | | |
| 3. | **Now I am going to help you change your position in bed, and turn you to one side.**<br>*(what we are going to do)* | | | | 013 |
| 4. | **The maneuver first involves removing the pillows around you, then moving you gently with the sheet to one side of the bed and repositioning you lying on one side. We will then put the pillows back in place to sustain you in your new position in bed. No cuts, no pricking involved.** *(what the maneuver consists of)* | | | | 013 |
| 5. | **Please follow my instructions carefully so that neither of us gets hurt during the maneuver. If you feel any discomfort, let me know immediately and I will take the necessary steps.** *(how the patient can contribute to performing the procedure)* | | | | 013 |
| 6. | **Being confined to bed for a long time can aggravate your medical condition. Wounds may appear in those areas of your body that sustain your weight at the level of the bed. It is really important that you manage to reposition well.**<br>*(how the procedure is useful to the patient)* | | | | 013 |
| 7. | **Is everything clear about the maneuver? Anything you would perhaps like to ask me in connection with what we are going to so?** | ESSENTIAL | | | |
| 8. | **Are you allergic to anything? Rubber products maybe?** | | | | 013 |
| 9. | Evaluating the necessary human resources and/or specific equipment for patient repositioning:<br>– Checking the patient's medical records for potential<br>A. diagnoses *(hemiplegias - e.g. stroke/cerebral vascular accident; orthopedic conditions - fractures; rheumatologic conditions – e.g. arthrosis, arthritis etc.)*<br>B. medication that impedes the patient's motor capacity (sedatives – e.g. Diazepam; antihistamines – e.g. Romergan; tranquilizers – e.g. Xanax etc.)<br>– General check-up to evidence possible use by the patient of | | | | 016 |

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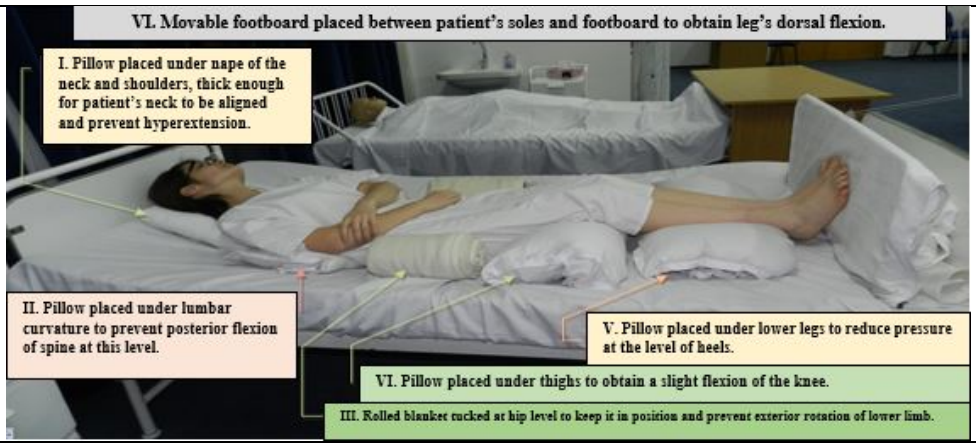
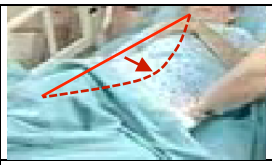
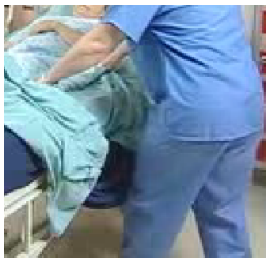
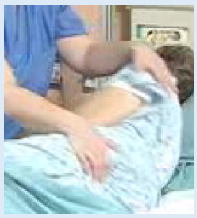
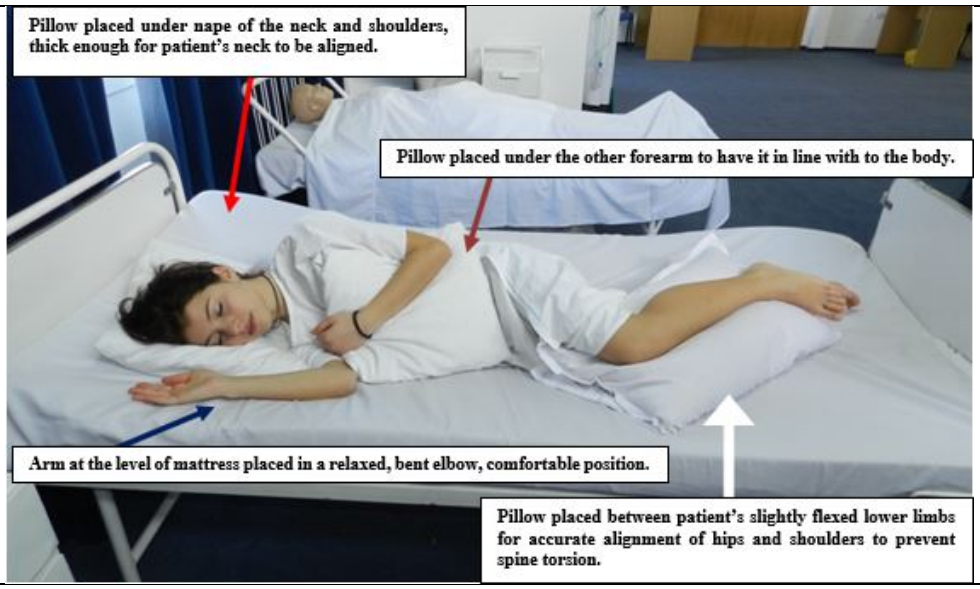
| | orthopedic devices *(e.g. orthoses)* or marks/markers of recent surgical intervention. *procedure to be performed: by myself □; with a colleague's assistance □; mechanized □;* | | |
| 10. | **Do you have any chest pains now?**<br>YES: repositioning is postponed –<br>NO: carry on the procedure clinical, electrocardiographic, enzymatic evaluation – *as per the local protocol for acute coronary syndrome management* | | 016 |
| 11. | **Breathing problems?** | | 016 |
| 12. | **What is your body weight, please? How many kilos roughly?** *(overweight patients need more than one person to assist with their ambulation)*<br>*procedure to be performed: by myself □; with a colleague's assistance □; mechanized □* | | 016 |
| 13. | **Can you move your arms and legs easily? Show me. How about flexing/bending your knees and elbows? Show me, please. Thank you.**<br>*procedure to be performed: by myself □; with a colleague's assistance □; mechanized □;* | | 016 |
| 14. | **How many days since you have been in bed? Do you feel weak, worn-out? Can you change your position in bed on your own? Can you perhaps sit up or push yourself up from the mattress?** *(evaluating patient anamnesis concerning previous mobilisations) patient can move on his own or needs assistance to manage ambulation*<br>*procedure to be performed: by myself □; with a colleague's assistance □; mechanized □;* | | 016 |
| 15. | **Now squeeze my fingers, please.** *(ofering fingers II and III of both hands and then pulling them back out of the patient's clenched fists – to evaluate possible existence of asymmetry in patient's muscle force)* **Which of your arms is stronger? And which leg? How weak, how lacking in force do you feel your arm/leg is?** | | 016 |
| 16. | Evaluating patient availability to cooperate during the procedure *in order to evaluate whether the procedure can be performed: by myself □; with a colleague's assistance □; mechanized □;*<br>**Do you feel any kind of pain now?** *(and possibly administering antialgic medication)* | | 019 |
| 17. | Identify and position accordingly any medical equipment the patient is connected to *(e.g. tubes of blood infusion pumps or urinary catheter, cables for electrocardiographic registration, ecg and pulsoxymetric monitoring, body temperature)* | ESSENTIAL | |
| 18. | Use a rubbing alcohol swab to decontaminate any furniture surfaces one comes into contact with during the manoeuvre. | | 013 |
| 19. | Remove previously used gloves and dispose of in the non-sharp infectious waste container. Hand wash. Put on new, clean medical gloves, as part of standard precautions. | | 019 |
| 20. | Raising bed to the waist level of doctor/nurse performing the procedure. *(to avoid overstressing doctor's/nurse's back muscles through prolonged bending forward toward the patient)* Lowering corresponding bed lateral limiters. | | 019 |
| 21. | Remove pillow from between footboard and patient's feet *(previously placed there to prevent ankylosis of (lower) leg joint through prolonged plantar flexion)* | | 013 |

| | | | |
|---|---|---|---|
| |  | | |
| 22. | Remove pillow from under lower legs *(previosly placed to reduce pressure at level of heels)* | | 013 |
| 23. | In turn, remove rollers from each hip *(previosly placed to prevent exterior rotation of lower limb)* | | 013 |
| 24. | Remove pillow from under thighs *(previosly placed to prevent ankylosis of knee joint due to prolonged hyperextension)* | | 013 |
| 25. | Remove pillow or roller from under lumbar curvature *(previosly placed to prevent posterior flexion of spine)* | | 013 |
| 26. | Remove pillow from under head and nape of the neck *(previosly placed to obtain alignment of patient's neck and prevent hyperextension, particularly with globular thorax patients)* | | 013 |
| 27. | Moving the middle 1/3 of patient's body laterally in bed by means of the bed runner found between patient and bed sheet.  <br>*(positioning doctor's/nurse's legs: one leg near the bed side, toes oriented towards patient, flexed knee; the sole of second leg, perpendicular to the sole of leg near bed, at some distance from bed, knee in extension;*<br>*use dual grip on the near end of runner (close to doctor/nurse), previously rolled up a couple of times to increase resistance, and apply a tractive force on runner in the direction of doctor/nurse by transferring body weight from leg near bed to leg farther away bed: through extension of knee near bed and concomitant flexion of second knee)*  | | 019 |
| 28. | Lifting corresponding side bed limiters. | | 013 |
| 29. | Doctor/nurse repositions on opposite side of bed, at the level of side bed limiters. | | 013 |
| 30. | Lowering corresponding side bed limiters. | | 013 |
| 31. | Single-hand grip at the level of patient's contralateral shoulder and hip, respectively *(which correspond to the two belts – scapulohumeral and coxofemoral, respectively – thus allowing for the patient to be sustained more efficiently)* | | 019 |

| | | | | |
|---|---|---|---|---|
| 32. | Rotating patient's body through a tractive movement in the direction of doctor/nurse applied at the level of both grips.<br>*(positioning doctor's/nurse's legs: one leg near the bed side, toes oriented towards patient, flexed knee; the sole of second leg, perpendicular to the sole of leg near bed, at some distance from bed, knee in extension;*<br>*use a single-hand grip at the level of patient's contralateral shoulder and hip, respectively,and apply a tractive force in the direction of doctor/nurse by transferring body weight from leg near bed to leg farther away bed: through extension of knee near bed and concomitant flexion of second knee – to rotate patient "on one side", facing doctor/nurse performing the procedure)* |  | ESSENTIAL | |
| 33. | Stabilise patient's present position by placing a pillow at the level of patient's back | | | 019 |
| 34. | Lifting side bed limiters. | | | 013 |
| 35. | Doctor/nurse repositions on opposite side of bed, at the level of patient's back. Lowering corresponding side rail/board. Fastening pillow firmly in the space between bed and patient's back. | | | 013 |
| 36. | Lifting side bed limiters. | | | 013 |
| 37. | Doctor/nurse repositions on opposite side of bed, at the level of patient's face. Lowering corresponding side bed limiters. | | | 013 |
| 38. | Placing pillow under patient's head, thick enough for neck to be aligned and prevent lateral flexion and overstraining of neck muscles *(sternocleidomastoidian muscles)* | | | 019 |
| 39. | Placing patient's arm at the level of mattress in a relaxed, bent elbow, comfortable position. | | | 019 |
| 40. | Placing pillow under the other forearm to have it in line with to the body *(this facilitates superior amplitude of breathing movements and avoids internal rotation and shoulder adduction, which might cause subsequent functional limitations at shoulder level)* | | | 019 |
| 41. | Placing pillow between patient's slightly flexed lower limbs and checking accurate alignment of hips and shoulders to prevent spine torsion *(secondary to internal rotation and thigh adduction)* | | | 019 |

| | | | | |
|---|---|---|---|---|
| |  | | | |
| 42. | Filling out details of the maneuver performed, any accidents and complications, date and time in patient's medical records. | | | 0<br>1<br>3 |
| 43. | Securing the patient (lowering bed to inferior level, lifting side rail/board), placing patient's personal belongings (e.g. mobile phone, book, crosswords etc.), glass of water, remote control for the medical calling system within easy reach. Providing details about the upcoming medical activity and the time remaining until the next visit. | | | 0<br>1<br>3 |

| **Total score: 200** | | | |
|---|---|---|---|
| | ○ | criterion unfulfilled | **%** |
| | ◒ | criterion partially fulfilled | **%** |
| | ● | criterion fulfilled completely | **%** |

**Selective references**

Berman Audrey, Snyder Shirlee, Jackson Christina – Skills in clinical nursing, 6-th ed., Pearson Prentice Hall, New Jersey, 2009

# TRANSFERRING THE PATIENT FROM SUSTAINED DORSAL DECUBITUS TO SUSTAINED LATERAL DECUBITUS

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| bedridden patients | wounds | medical check-up | motor capacity |
| bed sores | medical record | weight | reposition |

**Definitions:**

1. The vertical force exerted by a mass as a result of gravity.
2. Damaged areas on the surface of the skin.
3. Injuries to the skin and, possibly, to the subjacent structures; they occur as a consequence of interrupted blood flow and associated oxygen and nutrients, as a result of lesions caused to zonal blood vessels through prolonged, unchanged position.
4. The systematic documentation of a single patient's medical history and care across time.
5. A visit to a doctor for a history and physical examination.
6. A person's ability to move.
7. To place or put the patient in a new position.
8. Patients who are confined to bed because of illness or injury.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, some steps of the protocol are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor explains what he is going to do, what the procedure consists of, how the patient can contribute to performing the procedure and how the procedure is useful to the patient.* |
| *The doctor raises or lowers the bed to his waist level in order to avoid overstressing his back muscles through prolonged bending forward toward the patient.* |
| *The doctor stabilises the patient's present position by placing a pillow at the level of the patient's back so that the patient is in a relaxed, bent elbow, comfortable position.* |

The doctor makes a quick assessment of the presence of the patient's vital functions (consciousness, movements, speech, breathing, etc.).
The doctor checks the patient's medical records for potential diagnoses or medication that impedes the patient's motor capacity.
The doctor evaluates the patient's anamnesis concerning previous mobilisations.
The doctor evaluates the patient's availability to cooperate during the procedure.
The doctor identifies and positions any medical equipment the patient is connected to.

The doctor first removes the pillows from between the footboard and the patient's feet; then he removes the pillow from under lower legs, rollers from each hip and the pillows from under thighs, from under the lumbar curvature, from under the head and nape of the neck.
The doctor rotates the patient's body through a tractive movement in his direction applied at the level of both grips.

## Reading & Vocabulary

**Click on the right answer to each question:**

1. What does the first stage of the procedure involve?
The manoeuvre first involves removing the pillows from around the patient.
The manoeuvre first involves moving the patient gently with the sheet to one side of the bed and repositioning him lying on one side.

2. What does the doctor have to do?
He has to move the patient to another bed.
He has to change the patient's position in bed, and turn him to one side.

3. Why does the doctor have to change the patient's position in bed?
Being confined to bed for a long time can aggravate the patient's medical condition and wounds may appear in those areas of the body that sustain the patient's weight at the level of the bed.
The nurse has to change the sheets.

4. What happens if the patient has chest pains?
The doctor and the nurse carry on the procedure.
The patient's repositioning is postponed.

**Choose if the statements are true or false:**

**1.** Wounds may appear in those areas of the body that sustain the patient's weight at the level of the bed. T/F
**2.** Overweight patients need more than one person to assist with their ambulation. T/F
**3.** The patients who feel very tired and can't move on their own don't need assistance to manage ambulation. T/F
**4.** Doctors need to evaluate the patient's availability to cooperate during the procedure in order to evaluate whether the procedure can be performed by themselves or with a colleague's assistance. T/F
**5.** The doctor asks the patient to squeeze his fingers and then pulls them back out of the patient's clenched fists – to evaluate possible existence of asymmetry in the patient's muscle force. T/F
**6.** Raising the bed to the waist level of the doctor or nurse performing the procedure is necessary in order to avoid overstraining the doctor's or nurse's back muscles through prolonged bending forward toward the patient. T/F
**7.** To aggravate is to improve. T/F
**8.** To sit up is to change from a sitting position to lying down. T/F

**Match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| Good morning/afternoon. My name is Dan Ionescu. I am your doctor and I will examine you in a short while. | Yes, I can. No problems with my knees and elbows either. |
| Can you tell me your name, please ... And your date of birth ... Thank you. | No, I don't. I don't have any pains. |
| Is everything clear about the manoeuvre? Anything you would perhaps like to ask me in connection with what we are going to do? | Good morning, doctor. |
| Do you have any chest pains now? | Yes, it is. I don't have any questions to ask you at the moment. |
| What is your body weight, please? How many kilos roughly? | For two weeks. I feel rather tired. |
| Can you move your arms and legs easily? Show me. How about bending your knees and elbows? Show me, please. Thank you. | My name is John Brown. 12th October, 1968. |
| How many days is it since you have been in bed? Do you feel weak, worn-out? | 80 kilos. |

**Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| To aggravate | To clean, disinfect |
| To dispose of | To make worse |
| Dorsal decubitus | Help |
| To reposition | To rearrange |
| Lateral decubitus | Lying on one side |
| Lumbar curvature | Lying on the back |
| Assistance | Lower back curve |
| Flexed knee | Get rid of, eliminate |
| Decubitus / pressure ulcer | Bed sores |
| To decontaminate, sterilise | Bent knee |

**Integrated Grammar**

**Which structure will you choose? Click on the best form of the question:**

1. *How many kilos do you weigh? / Where are the kilos you have?*

I weigh 80 kilos.

2. *How long in bed you have been lying? / How long have you been lying in bed?*

Three weeks.

3. *Which are the instructions?/ Which the instructions are?*
The instructions say that we have to change your position in bed.
4. *Are you alergic to anything?/ You alergic to anything?*
No, I'm not allergic to anything.
**5.** *My medical condition can aggrevate? / Can my medical condition aggravate?*
Yes, it can if you don't follow the instructions.

**Asking questions. Choose the correct question word to complete the sentence. For each question click on the correct word or phrase:**

1. *When/how much/what* did you last change your position in bed?
2. *How much/how/what* do you feel?
3. *Where/ why/what symptoms do you have?*
4. *How long/ which/ who have you had this pain?*
5. *How/where/which* do you have these bedsores?

## Speaking

**Write down common questions that doctors usually ask patients who have bedsores; record yourself making these recommendations, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.**

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

……
*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

How long have you been lying in bed? Do you feel weak, worn-out?

# CONSPIRACY OF SILENCE - HANDLING COLLUSION

## Medical procedure

## Language unit

## CONSPIRACY OF SILENCE - HANDLING COLLUSION

From ethical point of view patients are entitled to receive as much information as they desire about their medical condition (diagnosis, prognosis, treatment …). Collusion is unethical but is a universal phenomenon noticed amongst both Western and non-Western societies. Collusion implies any information (about the diagnosis, prognosis, and medical details about the person who is ill) being withheld or not shared among individuals involved. Collusion also means that relevant and complete medical information is selectively or not disclosed at all to patients and/or relatives. Medical teams often collude with patients' relatives to keep the former in the "dark" (e.g., please don't tell him/her about the severity of the illness), or the physicians colluding with patients (e.g., please don't tell my spouse or family about my disease), and not informing the family about the patient's diagnosis or prognosis. Major reasons for collusion are the widespread practice of physicians disclosing a diagnosis to a patient's family members before revealing it to the patient and clinicians' underestimation of the information needs of patients.[2,3] Clinicians may also regard collusion as an easier option than telling the truth because it reduces their own stress and anxiety.[4]

| | | | | | | |
|---|---|---|---|---|---|---|
| | | ○ | ◒ | ● | P | |
| 1. | Introduce yourself to the family member<br>**Hello, I am doctor.. And I am nurse …….** *(it is recommended to have two members of the team present in this discussion)* **And you are?**<br>*(Let him/her tell his name. Avoid expressions such as "Are you Mr. Smith" could generate a false confirmation through an automated false answer of "yes").* | ESSENTIAL | | | | |
| 2. | Shake hands (if the family member wants to). | | | | | 0 1 3 |
| 3. | Find out who the person is and what the relation to the patient is<br>**You came today to discuss about Mr/ Mrs ... (say the patient name). Can you please tell me who you are and what is your relation to the patient?**<br>*(Avoid making assumptions like "Are you the wife?" – She might be a daughter or other and you can create embarrassing situations).* | | | | | 0 1 3 |
| 4. | Ensure the privacy for the conversation.<br>- Shut the door after you put on the door the sign consultation in progress (or other way to mark that a consultation takes place in that room)<br>- Patient in bed- draw the curtains around the bed<br>*(Through proper communication you will build trust and you start by showing respect for the person in front of you).* | | | | | 0 1 3 |
| 5. | Reduce environment disturbing factors<br>Turn off the radio, TV, cell phone (or ask your secretary to hold on calls).<br>*(Educate your staff, other patients not to enter the room when a consultation takes place).* | | | | | 0 1 3 |
| 6. | Spatial arrangement<br>a. Invite the patient (and caregiver) to sit.<br>**Would you please take a seat?**<br>*(There is a different time perception by the patient if you and he/ she are sited. The same amount of time is perceived longer when sitting compared with standing)* | | | | | 0 1 3 |
| 7. | b. Sit yourself. If patient is in bed take a chair and sit near the bed<br>- *At a comfortable distance from the patient (about 1m)*<br>- *The doctor's eyes should be at the same level with the patient's eyes (exception:* | | | | | 0 1 6 |

| | | | |
|---|---|---|---|
| | *when patient cries or is angry, the doctor's eyes should be at a lower level than the patient's eyes)*<br>- *If patients come with relative/friend sit yourself in such a way to face the patient. At a closer distance from the patient that the friend/relative* | | |
| 8. | c. Remove barriers between you and patient<br>- Move your chair to be next to the patient (better across the corner of the desk than across the full desk).<br>- Clear the desk in the area near the patient<br>*(Do not sit behind the desk, computer -nonverbally this is blocking communication)* | | 0<br>1<br>3 |
| 9. | d. Be prepared for patients/relative who cry<br>Have a box of tissues nearby, just in case the patient or the relatives begin to cry; in that case, offer them tissues | | 0<br>1<br>3 |
| 10. | Body language.<br>Take a neutral position that makes you look unhurried and relaxed<br>- Feet flat on the floor<br>- Shoulders relaxed; slightly lean forward<br>- Friendly facial expression<br>- Hands on the knees<br>*(When you talk about difficult subjects like bad news, prognosis, patients fears, so on, you will feel uncomfortable but it is important that to train your body so that your nonverbal language appears calm and offers reassurance to the patient).* | | 0<br>1<br>6 |
| 11. | Starting the interview.<br>Clarify the purpose of the family member concerning the present appointment.<br>**Can you please tell me why you came to see me today?**<br>*(at this point the family member will tell you something along the lines: that he/ she knows that the patient has cancer but **"please do not tell him doctor the truth because he will lose hope and give up fighting the disease ….**" )* | | 0<br>1<br>3 |
| 12. | Acknowledge the collusion and then explore reasons<br>**You've told me that you don't feel MR/MRS...** *name of the patient…* **to know what is going on. Why do you feel that?** | ESSENTIAL | |
| 13. | Elicit all reasons for collusion<br>**Have you any other reasons why you feel he shouldn't be told?** | | 0<br>1<br>3 |
| 14. | Use listening skills<br>a. Use open questions (What...?, How...?, Why...? etc) that can be answered in any manner.<br>b. Encourage nonverbally or with short sentence the patient family member / friend / next of kin to continue his ideas by nodding, pausing, smiling, using responses such as "yes", "tell me more"<br>c. Be silent and do not interrupt the person<br>*Listen to what the person says with words (content, tone) but also to the nonverbal communication (gesture, facial expression, body position...)*<br>*d.* Maintain eye contact without being intrusive<br>e. Clarify **"When you say...do you mean that...?"**<br>*Gives the opportunity to expand on the previous statement or to emphasize some aspect of the statement when the clinician shows interest in the topic* | | 0<br>1<br>6 |
| 15. | Show you understand the reason for collusion and validate the reasons for it<br>**Well you know him best and you could be right. It could be that if he's told he will ... you seem to have some good reason for him not** | | 0<br>1<br>3 |

| | | | |
|---|---|---|---|
| | **being told**. | | |
| 16. | Establish the emotional cost of the collusion on the family member / friend / next of kin<br>**I now understand why you have kept the information from him, but what effect has this been having on you?** | ESSENTIAL | |
| 17. | Be silent and listen to the concerns expressed by the family member / friend / next of kin.<br>*(anxiety, difficulty keeping up with lies, barriers in communication with patient etc)* | | 013 |
| 18. | **Are you experiencing any other problems because of not telling him/her?** | | 013 |
| 19. | Summarize and move on<br>**So, there are good reasons for trying to consider whether there's some way round this**,.... make a summary of those reasons ( for example this situation puts strain on you, makes difficult the communication with your husband…). **I would like to suggest how we might be able to do something about it** | | 016 |
| 20. | Seek permission to speak with patients<br>**May I speak with the patient? What I'd like to do is to chat with him to see what he's thinking / understands about the present situation. It may be that he will reveal that he knows he has cancer** *(medical condition)***. If that's the case there will be no reason to maintain the pretence.** | ESSENTIAL | |
| 21. | Establish the patient's level of awareness.<br>If you do not know the patients first introduce yourself and afterwards ask an appropriate directive question which elicits his view of what is happening<br>**I wanted to have a chat to see how you feel things are going?** or **What are you making out of what is happening to you ?** | | 016 |
| 22. | If the patient knows the truth – go to step 27<br>If patient does not know the truth or has an incomplete understanding of his medical condition – continue as follows<br>Explore his willingness to find out more about the illness and stop there<br>**Are you content with the information you have received concerning your illness?** | | 014 |
| 23. | If patient answer is YES this means now is not the right moment to break collusion<br>If patient answer is NO – that means the patient wants more information – schedule a future appointment to discuss the diagnosis<br>**I will look for you at the test results and other medical documentation that you have and will come back next time with more information** | | 014 |
| 24. | Explore other needs that the patient has (*pain, appetite, mobility etc.)* and offer management suggestions<br>**Do you have problems related to the disease?** | | 014 |
| 25. | Inform family member about patient's wishes and offer to act accordingly<br>**Your relative wants to know the diagnosis. I am prepared to break gently the news to him. Would you agree?** | | 014 |
| 26. | Tell the patient the diagnosis | | 01 |

| | | | |
|---|---|---|---|
| | *(use the breaking bad news algorithm)* | | 4 |
| 27. | If the patient knows the truth but the family member / friend / next of kin is not aware<br>For example: I've always known that what they've told me was a precancerous ulcer was a cancer) you now should confirm that he is right "I'm afraid you are right" | | 0 1 5 |
| 28. | Seek permission to convey his awareness to his family member / friend / next of kin, indicating that she/he knows the diagnosis.<br>**Can I tell your wife about your understanding of the illness? She is aware of your medical situation.** | | 0 1 5 |
| 29. | Acknowledge the feelings expressed by patient<br>**It sounds as if you might be feeling that it's no use to discuss because it won't make any difference to your situation**. | | 0 1 5 |
| 30. | Discuss your future involvement in care<br>**It may help if we talk about how you're feeling and what you're worried about. It is quite likely there is something I can do to help you both for the physical or emotional suffering you experience.** | | 0 1 5 |
| 31. | Agree on a management plan and write down instructions for the patient. Check patients understanding.<br>**Here are the written instructions tell me if you understand them. Can you please repeat them for me?** | | 0 1 5 |
| 32. | The closure of the interview<br>An invitation to the patient to ask questions<br>**Do you have further questions?** | | 0 1 3 |
| 33. | A clear arrangement for the next contact<br>**I suggest the nurse calls to see how the treatment worked in 2 days and we meet again in one week.... How those this sound for you?**<br>**... Good bye see you next week!** | | 0 1 3 |
| 34. | Write the summary / conclusions of your discussion with the patient and his next of kin in patient file *(by doing so all team members will be informed and will act accordingly)*. | | 0 1 3 |

| | | | |
|---|---|---|---|
| **Total score: 120** | ○ | unfulfilled criterion | % |
| | ◒ | partially fulfilled criterion | % |
| | ● | completely fulfilled criterion | % |

**Selective references**

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## CONSPIRACY OF SILENCE - HANDLING COLLUSION

### Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| collusion | reveal | anxiety | awareness |
| algorithm | validate | visual contact | relief |

**Definitions:**

1. Using soothing words to make the interlocutor feel better when they are sad or worried.
2. A strategy which implies any information (about the diagnosis, prognosis, and medical details about the person who is ill) being withheld or not shared among the individuals involved.
3. Knowledge about or understanding of a current situation based on information or experience.
4. A situation when two people are looking at each other at the same time.
5. To make known, to divulge, to tell.
6. To accept, to make something officially acceptable or approved, especially after examining it.
7. An uncomfortable feeling of nervousness or worry about something that is happening or might happen in the future.
8. A set of mathematical instructions or rules that will help to calculate an answer to a logical problem.

### Watching & Listening

**Here is a set of actions the doctor is doing. However, some steps of the protocol are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor greets the patient's relative and asks her to introduce herself and states her relationship with the patient.* |
| *The doctor accepts the collusion and explores its reasons with the patient's relative.* |
| *The doctor asks permission to speak with the patient in order to see how much the patient knows about his diagnosis.* |

The doctor prepares the room for the discussion with the patient's relative and arranges the exact space where the conversation will take place: close chairs, at the same level, with no objects around.
The doctor takes a position that encourages communication: feet flat on the floor, friendly facial expression and hands on the knees.
The doctor starts the discussion clarifying the purpose for her visit (why the relative came to talk with the doctor).

The doctor does not interrupt his patient's relative, and uses verbal and nonverbal language and active listening techniques to encourage communication.
The doctor listens to the relative's worries and shows that she understands the reasons for the collusion and validates them.
The doctor reviews the relative's worries related to collusion and suggests solutions.
The doctor talks with the patient about the next steps of the treatment and schedules the date for the next meeting.

## Reading & Vocabulary

**Click on the right answer to each question**

1.What is collusion?
Collusion is a strategy which implies any information (about the diagnosis, prognosis, and medical details about the person who is ill) being withheld or not shared among the individuals involved.
Collusion is the use of soothing words to make the interlocutor feel better when they are sad or worried.

2. What is an algorithm?
An algorithm is a set of mathematical instructions or rules that will help to calculate an answer to a logical problem.
An algorithm is an uncomfortable feeling of nervousness or worry about something that is happening or might happen in the future.

3. What is the doctor's position during his conversation with the patient's relative?
The doctor takes a position that encourages communication: feet flat on the floor, friendly facial expression, hands on the table.
The doctor takes a position that encourages communication: feet flat on the floor, friendly facial expression, hands on the knees.

4. What does the doctor do if the patient does not know the truth about his illness?
If the patient does not know the truth, the doctor will not talk with the patient.
If the patient does not know the truth, the doctor will talk with the patient to see how much the patient wants to be informed about his illness.

**Choose if the statements are true or false**

1. The doctor asks the relative what her relationship with the patient is. T/F
2. The doctor sits at a distance of 1m from the relative. T/F
3. The doctor is not interested in the purpose of the relative's visit. T/F
4. The doctor uses close questions to find out the reasons for the collusion. T/F
5. From the beginning of the conversation the doctor shows that she does not understand the reason for the collusion. T/F
6. The doctor asks for permission to speak with the patient. T/F

7. The doctor asks the patient if he has other needs related to his illness. T/F
8. If the patient knows the truth, the doctor does not confirm he is right. T/F

**Match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| Can you please tell me who you are and what your relation to the patient is? | I came to speak about my husband, Mr Dumitrescu. |
| Can you please tell me why you came to see me today? | Because I didn't know how to tell him. |
| Why do you think that Mr Dumitrescu shouldn't know the truth about his illness? | Yes, because he suspects something and he is very worried. |
| You have kept the information from him, but what effect has this been having on you? | My name is Paula Dumitrescu. I'm the patient's wife. He doesn't know anything. |
| Are you experiencing any communication problems with your husband because of not telling him? | Yes, you can ask him. |
| Could I have your permission to speak with Mr Dumitrescu? | I'm very confused. |
| Could I ask him what he knows about the present situation? | Yes, I agree. |

**Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| To reveal | To accept |
| Anxiety | To officially approve |
| To validate | Pleased |
| To educate | To make known |
| To admit | Schedule |
| Cost | To show |
| Satisfied | Administration |
| Programme | To train |
| To indicate | Fear |
| Management | Price |

## Integrated Grammar

**Click on the best version:**

1. If the patient doesn't know the truth, the doctor will talk with him / If the patient didn't know the truth, the doctor will talk with him.

2. The doctor wouldn't reveal the truth, if the patient is satisfied with his present condition. / The doctor won't reveal the truth, if the patient is satisfied with his present condition.

3. If the patient wanted further information, the doctor would schedule another meeting. / If the patient wants further information, the doctor would schedule another meeting.

4. If the patient knows the diagnosis, the doctor would ask for his permission to reveal the truth to his relative. / If the patient knew the diagnosis, the doctor would ask for his permission to reveal the truth to his relative.

5. If you don't understand the instructions, ask me. / If you didn't understand the instructions, ask me.

**Click on the verb in the conditional**:

1. *I'd suggest/ will suggest/ suggest* that the nurse should call me about the treament tomorrow.

2. *I'd like/ I like/ I liked to* speak with him about his condition.

3. *Will you agree/ Do you agree/ Would you agree* with this diagnosis?

4. *I'd like/ I like/ I liked to* suggest how to talk with him.

5. *You can/ You could/ You will be able to* be right as you know him better.

## Speaking

**Write down a doctor/ patient dialogue taking place in an ethical context. Record yourself, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.**

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....
.....

*(see below the transcript of the listening passage)*

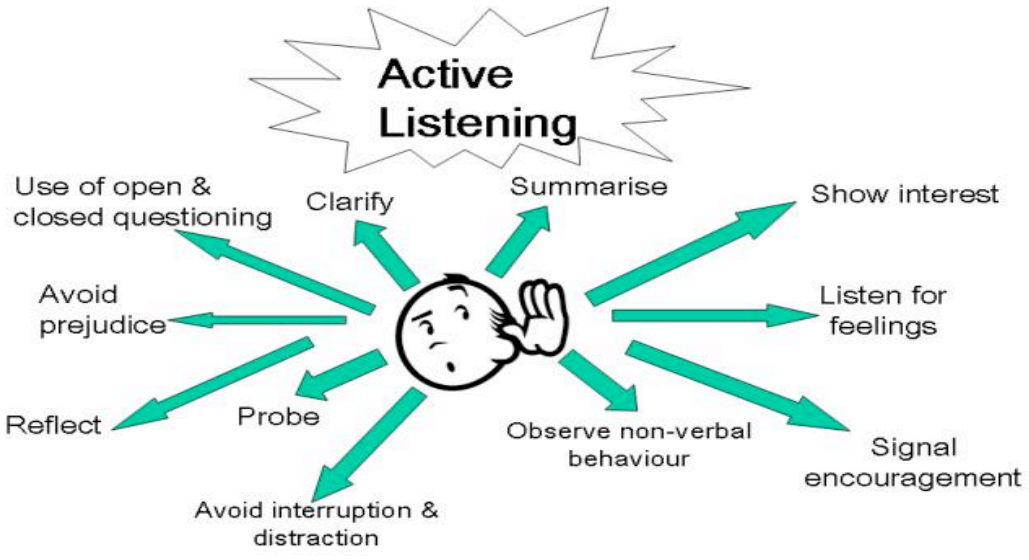
**! You can access the unit online at the following link: http://medlang.eu/course/**

*What I'd like to do is talk with him so that I can see what he thinks about his present condition. This can tell us what he knows about his illness.*

# ACTIVE LISTENING AND EMPATHIC RESPONSE

## Medical procedure

## Language unit



## ACTIVE LISTENING AND EMPATHIC RESPONSE

| | | | | | |
|---|---|---|---|---|---|
| | Active listening is the process of listening to others in order to understand their ideas, opinions and feelings and to demonstrate you have understood. Active listening is a valuable skill because it enables us to demonstrate that we understand what another person is saying, and through empathy we comprehend how he or she is feeling about it. | ○ | ◒ | ● | P |
| 1. | Introduce yourself to the patient. **Hello, I am doctor... and she is my colleague, nurse** .... **And you are?** Let the patient tell his name.<br>*Avoid expressions such as "Are you Mr. Smith" could generate a false confirmation through an automated false answer of "yes" that could come from a patient distracted by his symptoms from the discussion he undertake with the medical staff.* | ESSENTIAL | | | |
| 2. | If the patient comes with a relative/ friend find out who the person is and what the relation to the patient is. **It is good to see that you came today with Mr/ Mrs ... (say the patient name). Can you please tell me who you are and what is your relation to the patient?** *(avoid making assumptions like "Are you the wife?" – She might be a daughter or other and you can create embarrassing situations).* | | | | 013 |
| 3. | Shake hands (if the patient wants to).<br>*(First you should shake hands with the patient, THEN with the spouse or friend - if present. This non-verbal communication shows that the patient has priority)* | | | | 013 |
| 4. | Ensure the privacy for the conversation.<br>- Shut the door after you put on the door the sign consultation in progress (or other way to mark that a consultation takes place in that room)<br>- Patient in bed- draw the curtains around the bed<br>*(Through proper communication you will build trust and you start by showing respect for the person in front of you).* | | | | 014 |
| 5. | Reduce environment disturbing factors. Turn off the radio, TV, cell phone (or ask your secretary to hold on calls). *(Educate your staff, other patients not to enter the room when a consultation takes place).* | | | | 013 |
| 6. | Spatial arrangement<br>a. Invite the patient (and caregiver) to sit. **Would you please take a seat?** *(There is a different time perception by the patient if you and he/ she are sited. The same amount of time is perceived longer when sitting compared with standing)* | | | | 013 |
| 7. | b. Sit yourself. If patient is in bed take a chair and sit near the bed<br>- *At a comfortable distance from the patient (about 1m)*<br>- *The doctor's eyes should be at the same level with the patient's eyes (exception: when patient cries or is angry, the doctor's eyes should be at a lower level than the patient's eyes)*<br>- *If patients come with relative/friend sit yourself in such a way to face the patient. At a closer distance from the patient that the friend/relative* | | | | 015 |
| 8. | c. Remove barriers between you and patient<br>- Move your chair to be next to the patient (better across the corner of the desk than across the full desk).<br>- Clear the desk in the area near the patient *(Do not sit behind the desk, computer -nonverbally this is blocking communication)* | | | | 015 |
| 9. | d. Be prepared for patients/relative who cry. Have a box of tissues nearby, just in case the patient or the relatives begin to cry; in that case, offer them tissues | | | | 013 |

| | | | |
|---|---|---|---|
| 10. | Body language<br>Take a neutral position that makes you look unhurried and relaxed<br>- Feet flat on the floor<br>- Shoulders relaxed; slightly lean forward<br>- Friendly facial expression<br>- Hands on the knees<br>*(When you talk about difficult subjects like bad news, prognosis, patients fears, so on, you will feel uncomfortable but it is important that to train your body so that your nonverbal language appears calm and offers reassurance to the patient).* | | 0<br>1<br>3 |
| 11. | Ask permission to read documents / write in the patient chart during the interview. **Is it OK with you if I take notes during our conversation?**<br>*(You may have the patient's chart in front of you, but do not speak to the patient while reading it. It is better to prepare before the consultation by reading patients medical record/ documents but sometime the patient comes with new documents that you will need to consult later in the consultation).* | | 0<br>1<br>3 |
| 12. | Starting the interview. Clarify the purpose of the patient for the consultation. **Can you please tell me why you came for the consultation today?** *(for students practicing their communication skills in teams they can use a real life case from their own practice or the case scenario provided at the end)* | | 0<br>1<br>3 |
| 13. | Listening skills<br>a. Use broad opening/exploratory statements<br>**Please tell me more about your disease/ problem** *( whatever the patient states is the reason for the consultation)* | | 0<br>1<br>3 |
| 14. | b. Use open questions (What...? How...? Why...? etc) that can be answered in any manner.<br>Some examples: **What did you think was the cause of your pain? How did you feel when the doctor told you about the diagnosis/treatment? Why were you avoiding speaking to your family about your disease?....** *(Mandatory parts of the therapeutic dialogue)* | | 0<br>1<br>5 |
| 15. | the most important technique in facilitating dialogue<br>c. Be silent and do not interrupt the patient<br>*Listen to what the patient says with words (content, tone) but also to the nonverbal communication (gesture, facial expression, body position...)* | ESSENTIAL | |
| 16. | d. Tolerate short periods of silence when the patients pause to reorganize his thinking. If you need to break the silence ask: "What is making you pause?"*(Silence also may have other meanings: the patient is thinking or feeling something too intense to express in words)* | | 0<br>1<br>5 |
| 17. | e. Encourage nonverbally or with short sentence the patient to continue his ideas nodding, pausing, smiling, using responses such as "yes", "tell me more" | | 0<br>1<br>3 |
| 18. | Repetition and reiteration<br>*"Since I started taking those new tablets, I've been feeling sleepy"- "So, you're getting drowsy from the new tablets?"*<br>Will confirm to the patient that you have heard what has been said. | | 0<br>1<br>3 |
| 19. | Clarification**. When you say...do you mean that...?**<br>*Gives the patient the opportunity to expand on the previous statement or to emphasize some aspect of the statement when the clinician shows interest in the topic* | | 0<br>1<br>4 |
| 20. | Maintain eye contact without being intrusive<br>- Be careful, you should not stare at the patient but also, you should not look down and away too often | | 0<br>1<br>5 |

| | | | |
|---|---|---|---|
| | - It is helpful to avoid eye contact when the patient is angry or cries | | |
| 21. | Acknowledgement of emotions: empathic response<br>a. Identifying the emotion the patient is experiencing. **I see you are furious...**(name the major emotion the patient is experiencing<br>*Empathy is defines as the capacity to understand rationally what the patient is experiencing emotionally. It differs from sympathy.* | ESSENTIAL | |
| 22. | b. Identify the origin of that emotion **....because the diagnosis was delayed (name the underlying cause generating the emotion)** | ESSENTIAL | |
| 23. | c. Responding in a way that tells the patient that you have made the connection between steps 21 and 22**.**<br>**This must be awful for you.** *It is important to accept both negative and positive emotions expressed by the patients as normal in the context of a life limiting illness.* | ESSENTIAL | |
| 24. | Do NOT use: "I understand how you feel!", *We do not go through the same experience as the person so this is a superficial reassurance!* | | 015 |
| 25. | Touching. You may touch the hand or the forearm, but keep in mind:<br>- This must come naturally from your side<br>- Same patients might not feel comfortable with physical contact | | 013 |
| 26. | Management strategy. Recapitulate the main aspects/problems the patients was referring to **Let me make a short summary of what I understood as being your main concerns: The pain you have in the legs, the difficulty in breathing and your fear to sleep because your breathing might stop; the concerns for your daughter in coping with the new responsibilities...**<br>*(Include in the summary all concerns physical, emotional, social, spiritual)* | | 015 |
| 27. | Verify with the patient your summary. **Did I cover everything you told me?** | | 013 |
| 28. | If patient is content with your summary, propose a management strategy. **I suggest we do the followings: for pain we take some pain killers and massage, our social worker will be in contact with your daughter to advise about legal rights....** | | 013 |
| 29. | Assess the patient's response and adjust to include patients perspective<br>**How does this sound for you?**<br>**I see you are worried that the medication will make you sleepy , we will start with small doses and grow gradually** | | 013 |
| 30. | Agree on a management plan a write down instructions for the patient. Check patients understanding<br>**Here are the written instructions tell me if you understand them. Can you please repeat them for me?** | | 014 |
| 31. | The closure of the interview<br>An invitation to the patient to ask questions<br>**Do you have further questions?** | | 014 |
| 32. | A clear arrangement for the next contact<br>**I suggest the nurse calls to see how the treatment worked in 2 days and we meet again in one week.... How those this sound for you?**<br>**... Good bye see you next week!** | | 014 |

| **Total score: 100** | | |
|---|---|---|
| ○ | unfulfilled criterion | **%** |
| ◒ | partially fulfilled criterion | **%** |
| ● | completely fulfilled criterion | **%** |

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**Role play - doctor**

**You are a doctor. You have a 45-year-old patient,** divorced, with 2 children of 11 and 14 years-old. She has breast cancer operated 2 years ago, treated cytostatically and irradiated, currently under hormone treatment; without any special symptoms until recently; **moderate bone pain for several months and fatigue**; bone scintigraphy and tomography done 2 days ago, **comes to the oncologist for results**.

The tests show the evolution of the disease (**multiple bone and liver metastases** occurred).

- You have to communicate empathically with the patient to see what she understands about her current condition and to see what concerns she has; you do not know how much the patient suspects of the current disease, you have not talked to her very much until the imaging investigations.

**Role play - patient**

**You are a 45-year-old patient,** divorced, with 2 children of 11 and 14 years-old. You were diagnosed with **breast cancer**, operated 2 years ago, treated cytostatically and irradiated, currently under hormone treatment; you did not faced any special symptoms until recently; **moderate bone pain ocured from several months and you feel fatigue**; you did new tests in the hospital 2 days ago - bone scintigraphy and tomography and **you came to the oncologist for results**.

- You suspect something is wrong, but you do not know exactly what.
- You are waiting the doctor's appointment with fear.
- You are worried about children (not to become a burden) and have financial worries.

## ACTIVE LISTENING AND EMPATHIC RESPONSE

### Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

active listening | empathy | prejudice | nonverbal language
assumption | perception | prognosis | tranquilizer

**Definitions:**

1. Behaviour and elements of speech aside from the words themselves that convey meaning (voice, gestures and facial expressions, body posture, proximity to the listener, eye contact).
2. A process of listening to others in order to understand the complete message being sent (ideas, opinions and feelings) and demonstrate that the doctor has understood it without any critical judgment. The process includes clarification, reflection, summarizing and feedback in the form of a paraphrase of what has been said.
3. The mental process of becoming aware of or recognizing an object or idea as entities by means of the senses or of the mind**.**
4. Medicine that promotes tranquillity by calming and soothing.
5. A complex process (perceptive, intellectual and affective) which consists in the receiver's identification (the doctor or nurse) with the sender (the patient or the patient's relative); the capacity to understand rationally what the patient is experiencing emotionally.
6. A medical term used for predicting the likely outcome of a phenomenon or process based on the study of the context of its appearance and evolution.
7. A statement that is assumed to be true, real or possible without proof.
8. A preconceived and often erroneous opinion or idea formed beforehand, which is usually not based on direct knowledge or experience.

### Watching & Listening

**Here is a set of actions the doctor is doing. However, some steps of the protocol are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor greets the patient and her carer, introduces herself and identifies the patient.* |
| *The doctor starts the conversation with the patient by asking open questions with a view to making her speak in a comfortable and relaxed way.* |
| *The doctor assesses the patient's response to the suggested solutions, adjusts them and schedules a clear arrangement for the next meeting.* |

The doctor/nurse prepares the room for the medical discussion with the patient and her carer.
The doctor makes sure that the patient sits comfortably.
The doctor arranges the exact space where the conversation will take place: close chairs, at the same level, removes barriers between him and the patient, no objects around.
The doctor takes a position that encourages communication: feet flat on the floor, friendly facial expression, hands on the knees.
The doctor does not interrupt her patient, tolerates short periods of silence when the patient pauses to reflect or reorganize her thinking and uses verbal and nonverbal language to encourage communication.
The doctor listens to the patient, identifies and accepts the patient's negative and positive emotions.
The doctor reviews the main aspects/problems the patients referred to and suggests solutions.

## Reading & Vocabulary

**Click on the right answer to each question**

1. What is active listening?
A process of listening to others in order to understand the complete message being sent (ideas, opinions and feelings) and demonstrate that the doctor has understood it without any critical judgement. The process includes clarification, reflection, summarising and feedback in the form of a paraphrase of what has been said.
A process of listening to others in order to understand the complete message being sent with critical judgement. The process includes clarification, reflection, summarising and feedback in the form of a paraphrased rendition of what has been said.

2. What is empathy?
A natural phenomenon (perceptive, intellectual and affective) which consists in the receiver's identification (the doctor or nurse) with the sender (the patient or the patient's relative).
A complex process (perceptive, intellectual and affective) which consists in the receiver's identification (the doctor or nurse) with the sender (the patient or the patient's relative); the capacity to understand rationally what the patient is experiencing emotionally.

3. How does the doctor prepare the room where the patient/doctor discussion will take place?
The doctor displays the sign "Consultation in progress" on the door, draws the curtains around the bed and reduces environment disturbing factors (radio, TV, mobiles).
The doctor displays the sign "Consultation in progress" on the door, draws the curtains around the bed but does not reduce environment disturbing factors (radio, TV, mobiles).

4. How does the discussion conclude?
The doctor reviews and clarifies the main aspects or problems the patients referred to and suggests solutions.
The doctor reviews and clarifies the main aspects or problems the patients referred to and schedules a clear arrangement for the next meeting.

**Choose if the statements are true or false:**

1. When the doctor starts talking with the patient she turns on her mobile. T/F
2. When the patient cries or is angry, the doctor's eyes should be at a lower level than the patient's eyes. T/F
3. The doctor asks for permission to read documents and write in the patient chart during the interview. T/F
4. The doctor asks the patient why she avoided speaking to her family about her disease. T/F
5. When the patient pauses, the doctor immediately asks her questions to clarify the situation. T/F
6. The doctor identifies the emotion the patient is experiencing. T/F
7. The doctor must tell her patient that she understands how she feels. T/F
8. The doctor asks the patient if she has further questions to ask. T/F

**Match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| Can you please tell me who you are and what your relation to the patient is? | My husband has an awful pain in his legs. |
| Would you please take a seat? | No, no problem at all. |
| Is it OK with you if I take notes during our conversation? | My name is Johanna Hoffmann. I'm the patient's wife. |
| Can you please tell me why you came for the consultation today? | Yes, thank you. |
| Can you guess what the cause of his pain is? | He can't sleep at night because of his pain and he feels drowsy during the day. |
| When you say drowsy what do you mean by that? | Yes, everything is correct. |
| Let me see if I understood what your main concerns are: the pain he has in the legs, the difficulty in breathing and his fear to fall asleep; the concern that your daughter won't cope with the new responsibilities...Is that so? | This may be genetic as his mother had the same problem. |

**Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Drowsy | Prediction |
| Medical staff | Chance |
| Prognosis | sleepy |
| Reiteration | Big |
| Opportunity | Worry |
| Major | Pain killer |
| Concern | Touch |
| Tranquilizer | Treatment |
| Therapy | Repetition |
| Physical contact | Medical team |

## Integrated Grammar

**Check the patient – doctor dialog and click on the correct acting atitude the doctor presents:**

1. I have an awful pain in my legs.
   I'm listening. And.....
   encouragement b. clarification c. summary

2. I have difficulties with my breathing.
   This seems to be very important to you.
   clarification b. feedback c.reflection

3. I'm afraid of falling asleep.
   What were you afraid might happen?
   probing b. redirecting c.paraphrase

4. I'm worried that my daughter won't cope with the situation.
   Why are you thinking about that? I see you're worried.
   a. feedback b. identification of emotion c. paraphrase

5. This may be genetic.
   What do you mean by that?
   a.clarification b. reflection c. encouragement

**Asking questions. Choose the doctor's reply to the patient's statement. For each reply click on the correct phrase:**

1. I have a pain in my leg.
   *a. I'm sorry. I know how you feel.*
   *b. Could you tell me what kind of pain you have?*

2. I feel a sort of numbness.
   a. *I don't understand what it is about. Could you give me some details?*
   *b. You should go to an orthopaedist.*

3. I was still in bed thinking about what I was going to do that morning. Then I realised I had to go to the market. And……..
   a. *I don't need these details. They are not relevant to your medical problem.*
   *b. Could you tell me when you felt the pain?*

4. I was in the market and I hit myself against a stone.
   a. *So… correct me if I'm wrong… The pain started because of that stone.*
   *b. You should be more careful when walking next time.*

5. I had an injury then but also a pain which I have had for ten days.
   a. *Why didn't you come here earlier?*
   *b. Let me see if I understood what you said. You hit against a stone and your pain started that very moment.*

## Speaking

**Write down a dialogue between a doctor and a patient who has a medical problem; use active listening and empathy expressions. Record yourself, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.**

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....

.....

*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

*The doctor must take a seat at a comfortable distance from the patient (about 1m). If the patient is accompanied by a relative or a friend, the doctor must sit at a closer distance from the patient than the friend or relative.*

# COMMUNICATING THE DIAGNOSIS OF SEVERE ILLNESS (BAD NEWS)

## Medical procedure

## Language unit

COMMUNICATING THE DIAGNOSIS OF SEVERE ILLNESS (BAD NEWS)

## COMMUNICATING THE DIAGNOSIS OF SEVERE ILLNESS

| | Communicating bad new news to patients, offering patients all the information required in order to facilitate decision-making processes in palliative care. (Definition of bad news and examples of bad news in palliative care) | ○ ◒ ● | P |
|---|---|---|---|
| 1 | Enter and introduce yourself politely and amiably: **Good morning. I am Dr. XXX, your YYY (haematologist, oncologist, or any other). How are you feeling today?** *(Give the patient enough time to answer your questions)***…Would you mind if we talked some time? In case of a negative response: When would you prefer to talk?** *(This is done to understand the patient's mood and evaluate if the timing is appropriate for the information process).* | | 0 1 3 |
| 2 | Ask the patient if s/he would prefer to be alone or accompanied during the interview, and by whom. Fix a date for the interview that suits all relevant participants. Create an assuring and relaxed atmosphere. *(This is done to avoid patient anxiety)* | | 0 1 3 |
| 3 | Ensure a private, comfortable space for the interview. *(In this way we protect patient confidentiality and contribute to creating an adequate setting for the information process, avoiding interruption and other disturbing factors)* | | 0 1 3 |
| 4 | Pay special attention to non-verbal communication during the interview: eliminate physical barriers; try to position yourself on the same level as the patient. If others are present, organise an open communicative space by placing comfortable chairs in a circle. | | 0 1 3 |
| 5 | Find out what the patient knows about his/her situation (*it is important to know how serious the patient thinks his/her situation is, besides the technical name of his ailment*) **What do you think about your chest pain, weight loss etc.? What have they told you about your illness? How important/serious do you think this is?** Pay special attention to patient's emotional status: **Is something troubling you? What worries you the most?** | | 0 1 3 |
| 6 | Ask specifically about the amount of information the patient is willing to receive: **What would you like to know about your illness? Would you like me to explain…?** (diagnosis, treatment options, prognosis, and all contents related to the information process) Give patient the possibility to choose *(This is required in order to respect patient autonomy and promote a shared care plan)* | ESSENTIAL | |
| 7 | Give the patient indications, verbal and nonverbal, that the news is going to be bad…**The results of your CT scan are not good. Would you like me to tell you more about these or about the treatment?** *(This will allow the patient to decide if he/she is emotionally prepared to receive the new)* | | 0 1 6 |
| 8 | Provide information gradually, starting from the patient's current situation. Summarize the diagnostic process and offer treatment options or prognostic information if the patient so wants. Use simple and clear language. Avoid medical jargon. *(A sequential information process is important in order to respect patient's wish to know the available information)* | | 0 1 3 |

| | | | |
|---|---|---|---|
| 9 | Use active listening and empathic response, see procedure… *(Try to understand patient's wishes and values)* | | 0 1 3 |
| 10 | Adapt your language to the social, cultural and education level of the patient, while sending true and comprehensible messages. *(In this way the patient can process information and be aware of the consequences, risks and benefits of the care plan. It is important to have a proactive strategy that promotes patient autonomy)* | | 0 1 3 |
| 11 | Allow enough time, even silent time, if necessary. Ask the patient if s/he needs more time to think or consult with family members on these issues. Pay attention to continuous communication (keep eye contact, show empathy, comprehension and respect towards the patient's needs or views). *(This aspect plays a considerable role in empowering the clinical relationship and strengthening patient's confidence)* | | 0 1 3 |
| 12 | Check if the patient has understood the information provided. Help him/her recapitulate. Ask if s/he has any further questions or doubts. *(In this way we can assess patients' capacity and consider if it is necessary to involve their next-of-kin in decision-making processes)* | | 0 1 5 |
| 13 | Ask the patient if s/he would like you to share the information with someone else (for instance, someone who is not in the room). *(This is done to give proper consideration to patient's preferences and involve the right person(s) in the care plan)* | ESSENTIAL | |
| 14 | Show availability for any further queries and inform the patient how to contact you again. The patient must perceive continuity of care. | | 0 1 3 |
| 15 | Recapitulate the most important issues concerning the patient's future care plan. S/he must see that the situation is managed seriously and professionally. | | 0 1 3 |
| 16 | Evaluate the patient's emotional status after the interview: **How do you feel now?** Ask again if the patient has any final questions or worries. *(It will help to add something more or repeat something)* | | 0 1 3 |
| 17 | Take leave amiably. | | 0 1 3 |

| | | | |
|---|---|---|---|
| **Total score: 50** | ○ | unfulfilled criterion | **%** |
| | ◒ | partially fulfilled criterion | **%** |
| | ● | completely fulfilled criterion | **%** |

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# COMMUNICATING THE DIAGNOSIS OF SEVERE ILLNESS

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| lay terms | misunderstanding | emotionally charged | patient's therapeutic education |
| medical jargon | follow-up plan | proactive strategy | reception |

**Definitions:**

1. A terminology used by specialists in medicine that is not understood by people who work in another field.
2. The failure to understand or interpret a message correctly.
3. Terms describing a complex or technical issue that the average individual (someone without professional training in the subject area) can understand.
4. State of mind filled with strong feelings or tension.
5. The way in which a person or group of people reacts to someone or something.
6. A continuation or repetition of something that has already been started or done. A further examination or observation of a patient in order to monitor the success of an earlier treatment.
7. Changing the patient's understanding in small steps by observing the patient's responses, reinforcing those that are bringing the patient closer to the medical facts and emphasising the relevant medical information if the patient is straying from an accurate understanding.
8. Acting in advance to deal with an expected difficulty; anticipatory.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor takes a seat and pays special attention to non-verbal communication during the interview-he eliminates physical barriers and tries to be at the same level as the patient. If there are other people participating in the discussion, he has the chairs placed in a circle.* |
| *The doctor gives the patient the information gradually using verbal and nonverbal communication and lets him know that the news will be bad. The doctor reviews the medical situation and offers treatment alternatives using simple clear language and avoiding medical jargon.* |
| *The doctor evaluates the patient's emotional state and asks him if he has other questions to ask him. The doctor pays attention to communication, showing empathy, understanding and respect.* |

- The doctor creates an environment which encourages effective communication and arranges the exact space where the conversation will take place: close chairs, at the same level, with no objects around.

- The doctor assesses the patient's perception and finds out how much the patient knows about his illness, in particular how serious he thinks the illness is, and/or how much it will affect his future.
- The doctor finds out how much more the patient wants to know about his illness (diagnosis, treatment, prognosis); patients have the right to make a choice. This helps the doctor gauge how close to the medical reality the patient understands is.
- The doctor uses active communication and empathic response strategies. The doctor responds to the patient's feelings without making any critical judgements. The doctor must offer support and stand-by his patient with empathy.
- The doctor adjusts and adapts his speech in relation to his patient's educational, social and cultural level, maintaining the realism of his message. He offers a concrete picture of the situation, which includes a positive or negative evolution. This way the patient may process the information and realize the consequences, risks and benefits of the therapeutic plan.
- The doctor asks the patient if he needs more time to think about his situation or to talk about it with other family members. He reassures the patient and family that they can rely on his active engagement and shows his availability in offering them his help and support. The doctor checks whether the patient has understood and helps him to review the plan they will follow; he asks him if he has any other questions and lets him know how he can contact him.

## Reading & Vocabulary

**Click on the right answer to each question**

1.What is medical jargon?
a. Terminology used by specialists in medicine that is not understood by people who work in another field.
b. Terminology used by specialist in medicine that is fully understood by people who work in another field.

2. What is a patient's therapeutic education?
a. Changing the patient's understanding suddenly by observing the patient's responses, reinforcing those that are bringing the patient closer to the medical facts and emphasising the relevant medical information if the patient is straying from an accurate understanding.
b. Changing the patient's understanding in small steps by observing the patient's responses, reinforcing those that are bringing the patient closer to the medical facts and emphasising the relevant medical information if the patient is straying from an accurate understanding.

3. Why does the doctor assess the patient's perception about his illness?
a. The doctor assesses the patient's perception to find out how much the patient knows about his illness.
b. The doctor assesses the patient's perception to get to know him better.

4. How does the doctor respond to the patient's emotions?
a. The doctor responds emphatically to the patient's feelings by making any critical judgements.

b. The doctor responds emphatically to the patient's feelings without making any critical judgements.

**Choose if the statements are true or false**

1. The doctor assesses the patient's perception to find out how much the patient knows about his illness. T/F
2. Finding out how much the patient wants to know about his illness the doctor can see how close to the medical reality the patient's understanding is. T/F
3. Patients have the right not to know or want to hear information. T/F
4. The doctor doesn't review the medical situation using simple clear language and avoiding medical jargon. T/F
5. The doctor adjusts and adapts his speech in relation to his patient's educational, social and cultural level, avoiding the realism of his message. T/F
6. The doctor asks the patient if he needs more time to think about his situation or to talk about it with other family members. T/F
7. The doctor checks whether the patient understood and helps him to review the plan they will follow. T/F
8. The doctor evaluates the patient's health condition for the last time. T/F

**Drag and match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| How would you describe your medical situation? | Are you sure the result is correct? |
| Have you been worried about your illness or its symptoms? Is there something troubling you? | I realize how serious it is. |
| If this condition turns out to be something serious, do you want to know? What else would you like to know about your illness? | Thank you for everything. I'll contact you when everything will be clear for me. |
| Unfortunately, I have bad news. Your results of the CT scan are not good. Would you like to talk about them or about the treatment? | I'm worried. I don't realize at this moment if there is something troubling me. |
| Yes, the result is correct. I see it's bad news. Can you tell me what you are feeling? | Thank you. You've always been by my side. |
| I'll try to help you as much as I can. | I'm overwhelmed. I feel everything will change in my life. |
| Contact me for any queries you have. Here is my phone number. | Yes, I'd like to know my real situation. |

**Drag and match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Medical jargon | Unfulfilment |
| Accuracy | Specialised language |
| CT scan | Cooperation, reciprocity |
| Intimacy | Tomography |
| Solidarity | Pain management |
| To comunicate bad news | Refusal to accept the disease |
| Illness denial | Familiarity |
| Terminal phase | To transmit bad news |
| Pain control | End of life |
| Frustration | Precision/ Exactness |

## Integrated Grammar

**Click on the best version:**

1. Could you tell me if you have a headache?
I still have a splitting headache./ No, I've changed mind./ No, I forgot abou it.

2. Do you remember when you took your medicine?
It's true./ No, I forgot to take it./ That's it!

3. Could you tell me why I'll have to follow this therapy?
Because it's proved to be effective./ We might resort to this therapy./ Of course.

4. When does the operation begin ?
It is certain that the operation will start at 9./ That's correct ./It's not like this.

5. Tell me if you have any health problems.
Of course./ You'll have to do a radiography./ I'm not sure but I'll have to have my tests done.

**Click on the verb in the conditional**:

1. Asking about one's health condition
Could you tell me if you have a headache?/ Have you changed your mind about what therapy to follow?

2. Answering questions about one's health condition:
I'm not sure but I'll have my tests done./ No, I forgot about it.

3. Stating a fact:
I feel that you have temperature../I'm afraid to tell you that you're suffering from a serious disease.

4. Breaking bad news
I have the feeling that you have temperature./ I'm afraid I have bad news for you.

5. Considering a fact as true:
*I*t's true that new investigations must be done./It's possible to envisage the length of the treatment.

6. Asking for explanations:
Don't tell when *y*ou've started ha*v*ing a headache./ Could *y*ou tell me wh*y* I'll ha*v*e to go through thi**s** therap*y*?

## Speaking

**Write down a doctor/ patient dialogue taking place in an ethical context** (see as example the dialog from Reading & Vocabulary exercises)**.** Record yourself, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**
.....
.....
*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

*What do you think about your chest pain, weight loss? What have they told you about your illness? Is something troubling you?*

# SPIRITUAL ASSESMENT

## Medical procedure

## Language unit

## SPIRITUAL ASSESMENT

Spiritual histories should be taken as part of the regular history during initial assessment of new patient but can also be taken as part of follow-up visits, as appropriate. This allows understanding patients suffering in the spiritual/religious domain and ways of coping and finding meaning and support through faith. The instrument proposed to be used for assessment is FICA. The FICA Spiritual History Tool was developed by Dr. Puchalski and a group of primary care physicians to equip physicians and other healthcare professionals with a tool to address spiritual issues with patients.


| | | | | | | |
|---|---|---|---|---|---|---|
| | | ○ | ◒ | ● | P | |
| 1. | Introduce yourself to the patient<br>**Hello, I am doctor... and she is my colleague, nurse**.... **And you are?**<br>Let the patient tell his name.<br>*Avoid expressions such as "Are you Mr. Smith" could generate a false confirmation through an automated false answer of "yes" that could come from a patient distracted by his symptoms from the discussion he undertake with the medical staff.* | ESSENTIAL | | | | |
| 2. | If the patient comes with a relative/ friend find out who the person is and what the relation to the patient is.<br>**It is good to see that you came today with Mr/ Mrs... (say the patient name). Can you please tell me who you are and what is your relation to the patient?**<br>*(avoid making assumptions like "Are you the wife?" – She might be a daughter or other and you can create embarrassing situations).* | | | | | 013 |
| 3. | Shake hands (if the patient wants to).<br>*(First you should shake hands with the patient, THEN with the spouse or friend - if present. This non-verbal communication shows that the patient has priority)* | | | | | 013 |
| 4. | Ensure the privacy for the conversation.<br>- Shut the door after you put on the door the sign consultation in progress (or other way to mark that a consultation takes place in that room)<br>- Patient in bed- draw the curtains around the bed<br>*(Through proper communication you will build trust and you start by showing respect for the person in front of you).* | | | | | 016 |
| 5. | Reduce environment disturbing factors<br>Turn off the radio, TV, cell phone (or ask your secretary to hold on calls).<br>*(Educate your staff, other patients not to enter the room when a consultation takes place).* | | | | | 013 |
| 6. | Spatial arrangement<br>a. Invite the patient (and caregiver) to sit.<br>**Would you please take a seat?**<br>*(There is a different time perception by the patient if you and he/ she are sited. The same amount of time is perceived longer when sitting compared with standing)* | | | | | 013 |
| 7. | b. Sit yourself. If patient is in bed take a chair and sit near the bed<br>- *At a comfortable distance from the patient (about 1m)*<br>- *The doctor's eyes should be at the same level with the patient's eyes (exception: when patient cries or is angry, the doctor's eyes should be at a lower level than* | | | | | 016 |

| | | | |
|---|---|---|---|
| | *the patient's eyes)*<br>- *If patients come with relative/friend sit yourself in such a way to face the patient. At a closer distance from the patient that the friend/relative* | | |
| 8. | c. Remove barriers between you and patient<br>- Move your chair to be next to the patient (better across the corner of the desk than across the full desk).<br>- Clear the desk in the area near the patient<br>*(Do not sit behind the desk, computer -nonverbally this is blocking communication)* | | 016 |
| 9. | d. Be prepared for patients/relative who cry<br>Have a box of tissues nearby, just in case the patient or the relatives begin to cry; in that case, offer them tissues | | 013 |
| 10. | Body language<br>Take a neutral position that makes you look unhurried and relaxed<br>- Feet flat on the floor<br>- Shoulders relaxed; slightly lean forward<br>- Friendly facial expression<br>- Hands on the knees<br>*(When you talk about difficult subjects like bad news, prognosis, patients fears, so on, you will feel uncomfortable but it is important that to train your body so that your nonverbal language appears calm and offers reassurance to the patient).* | | 016 |
| 11. | Is this the right moment to do a spiritual assessment?<br>**Before starting our discussion I want to be sure you are comfortable. Can you tell me if there is some severe symptom, or fear, or worry that is bothering you?**<br>If **Yes** postpone spiritual assessment and do targeted assessment of the symptom.. cause of suffering and adequate treatment<br>If **NO** continue assessment | | 016 |
| 12. | Ask permission to do the assessment<br>**In order to assess the suffering that the disease is causing you on various levels I am going to ask some questions about your spiritual wellbeing. May I proceed?**<br>If **NO** ask permission to come back later<br>If **Yes** continue assessment | | 016 |
| 13. | Start with a general question. **Are you at peace?** | ESSENTIAL | |
| 14. | If answer to step 13 is NO<br>**What worries do you have?** Please tell me more | | 016 |
| 15. | If the answer to step 13 is **YES**<br>**Please tell me what brings meaning and peace in your life? Your work, your family, what else?"** | | 016 |
| 16. | Use techniques to facilitate the dialogue *(be silent and do not interrupt the patient).*<br>Listen to what the patient says with words *(content, tone)* but also to the nonverbal communication *(gesture, facial expression, body position...)* | | 013 |
| 17. | Tolerate short periods of silence when the patients pause to reorganize his thinking.<br>**What is making you pause?** *(If you need to break the silence. Silence also may have other meanings: the patient is thinking or feeling something too intense to express in words).* | | 016 |

| | | | |
|---|---|---|---|
| 18. | Encourage nonverbally or with short sentence the patient to continue his ideas<br>nodding, pausing, smiling, using responses such as "yes", "tell me more" | | 013 |
| 19. | Repetition and reiteration<br>**"My family has been very closely united and now that they know about the disease they come permanently to help with the house hold"- "So, you're family is helping with house work."**<br>*Will confirm to the patient that you have heard what has been said.* | | 013 |
| 20. | Clarification<br>**When you say...do you mean that...?**<br>*Gives the patient the opportunity to expand on the previous statement or to emphasize some aspect of the statement when the clinician shows interest in the topic* | | 016 |
| 21. | **Is faith important in your life? Is it a support for you in the present situation?**<br>*This question allows the patient to discuss about support systems but also about existential worries* | ESSENTIAL | |
| 22. | **Do you belong to a faith community?** *(family members can provide useful information).***How can we support you in your faith? Who do we have to contact to help you?** Contact the specified / appropriate person *(examples: somebody from his faith community or moral councillor).* | ESSENTIAL | |
| 23. | The closure of the interview<br>Make a summary of the main topics you have discussed and document it in patient file. | | 016 |
| 24. | **If you have further questions, please don't hesitate to contact us.** *(An invitation to patient for asking questions)* | | 016 |
| 25. | A clear arrangement for the next meeting. | | 014 |

| **Total score: 100** | | |
|---|---|---|
| ○ | unfulfilled criterion | **%** |
| ◒ | partially fulfilled criterion | **%** |
| ● | completely fulfilled criterion | **%** |

## SPIRITUAL ASSESMENT

### Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop**.

| | | | |
|---|---|---|---|
| spiritual assessment | faith | inner peace | acronym |
| well-being | symptom | facilitate | suffering |

**Definitions:**

1. An approach to understanding the patient's spiritual and religious suffering which identifies ways of helping patients find support and meaning through faith.
2. Sign or clue characteristic of a pathologic state.
3. Faith/belief in the existence of God; confession of faith by respecting religious prescriptions.
4. Lack of conflicts; accord, harmony, understanding.
5. Word made up of the first letters of the words in a phrase or title.
6. To make an action or a phenomenon possible; to make something easy.
7. Unpleasantness, pain or suffering.
8. The state of feeling healthy and happy.

### Watching & Listening

**Here is a set of actions the doctor is doing. However, some steps of the protocol are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor prepares the room where the spiritual assessment will take place and arranges the exact space where the conversation will take place: close chairs, at the same level, with no objects around.* |
| *The doctor asks for the patient's permission to start the conversation on spiritual assessment.* |
| *The doctor reviews the main aspects/problems and asks the patient if she has further questions and schedules a clear arrangement for the next meeting.* |

The doctor greets the patient and introduces herself.
The doctor takes a position that encourages communication: feet flat on the floor, friendly facial expression, hands on the knees.
The doctor checks if the moment is suitable for spiritual assessment, making sure the patient feels good.
The doctor asks the patient what her worries are and what brings peace and meaning in her life.
The doctor does not interrupt her patient and uses verbal and nonverbal language and active listening techniques to encourage communication.
The doctor asks the patient if her faith is important to her and if it is a support for her.

The doctor asks the patient if she belongs to a faith community and how she could be supported in this situation.

## Reading & Vocabulary

**Click on the right answer to each question**

1. What is spiritual assessment?

a. Spiritual assessment is an approach to understanding the patient's spiritual and religious suffering and identifying ways of helping patients find support and meaning through faith.

b. Spiritual assessment is the state of feeling healthy and happy.

2. What is inner peace?

a. To make an action or a phenomenon possible; to make something easy.

b. A state characterised by lack of conflicts; accord, harmony, understanding.

3. What permission does the doctor ask for when they start the conversation?

a. The doctor asks for permission to start the conversation on spiritual assessment.

b. The doctor asks for permission to take notes.

4. What does the doctor check related to the conversation and his patient's wellbeing?

a. The doctor checks if the moment is suitable for spiritual assessment, making sure the patient feels good.

b. The doctor checks if it is too late for the spiritual assessment and he is not interested if the patient feels good.

**Choose if the statements are true or false**

1. The doctor turns off the radio and her mobile before her discussion with the patient. T/F
2. The doctor does not invite the patient to sit down. T/F
3. The doctor has a box of tissues nearby, just in case the patient or the relatives needs them. T/F
4. The doctor does the spiritual assessment even if the patient does not feel fine. T/F
5. The doctor does the spiritual assessment only with the patient's permission. T/F
6. The doctor uses the active listening techniques to facilitate communication. T/F
7. The doctor has to go on speaking when the patient pauses. T/F
8. At the end of the discussion the doctor invites the patient to ask her further questions. T/F

**Match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| It is good to see you today. Would you please take a seat? | No, there isn't. |
| Can you tell me if there is something bothering you at the moment? | Yes. My family is very important to me. |
| Can I ask you some questions about your spiritual wellbeing? | Happy to see you too. Thank you. I'll take seat. |
| Are you at peace? What worries do you have? | Yes, it is an important support. |
| What brings peace and meaning in your life? Your work, your family, what else? | Yes, I belong to a community. I'm open to any support in this respect. |
| Is faith important in your life? Is it a support for you in the present situation? | I'm Ok but talking with you makes me feel better. |
| Do you belong to a faith community? How can we support you in your faith?" | Yes, you can; no problems at all. |

**Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Initial | Sense, meaning |
| Support | To finish |
| Significance | In the beginning |
| Progress | To stop |
| Barrier | Life |
| To finalize | Suitable |
| Adequate | Expression on one's face |
| Facial expression | Obstacle |
| To interrupt | Help |
| Existence | Evolution |

**Integrated Grammar**

**Click on the best expression/term:**

1. I am *happy/ dislike* to meet you today.
2. *I'm disappointed/ I'm glad* we've found a good solution.
3. *I'm afraid/ I'm happy* the patient doesn't understand the procedure.
4. *I regret/I'm happy* the patient didn't take his medicine.
5. *I regret / I'm surprised* he recovered so quickly.

**Click on the best version regarding the atitude/reactions the doctor face:**

1. I like listening to your explanations.
Pleasure/ surprise/ hope

2. I'm worried about the patient's reaction to this news.
Lack of interest/ worry/ resignation

3. You got too late to hospital. I can't do anything.
Regret/ confidence/ resignation

4. I'd like to relieve your pain with this medicine.
Wish/ Interest/Joy

5. I believe that you'll make the best decision.
Confidence/wish/interest

## Speaking

**Write down a dialogue between a doctor and a patient who is doing a spiritual assessment** (see as example the dialog from Reading & Vocabulary exercises). Record yourself making the dialog, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....
.....

*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

*I have a close-knit family and now they've found out about my illness they've come to help me with my housework.*

# PERFORMING THE BEDRIDDEN PATIENT'S NUTRITION

## Medical procedure

## Language unit

## PERFORMING THE BEDRIDDEN PATIENT'S NUTRITION

Ensuring an adequate intake of nutrients and fluids necessary to the organism of the bedridden patient. The nutritive intake aims to support the optimal functioning of the patient's body, and a better quality of life, in particular Every patient's nutrition has a therapeutic potential comparable to medication administration. This has to be individualized to meet intellectual abilities, motivation, lifestyle, culture, economic status.
The patient's family and the people close to him/her have to be integrated into this process.

| | | Concept: | | P |
|---|---|---|---|---|
| 1. | Rapid evaluation of the presence of vital signs *(state of consciousness, movements, speech, breathing)*<br>vital functions maintained ☐ ; cardiorespiratory arrest ☐<br>**Good afternoon. My name is …….. I am the doctor/nurse who will examine you today.** | *- initiating the discussion -* | | 0 3 5 |
| 2. | **Could you please confirm your name..... And your date of birth, please..... (**or, check patient's ID bracelet, if available). **Thank you**. *(it avoids mistaking one patient for another and performing the procedure on a patient who does not have this indication. Avoid expressions such as "Are you Mr. Smith?" as this could generate false confirmation through an automatic "yes" from patients less focused on the discussion with the medical staff).* | Conformity with the observation sheet for *Name:* ☐ *Date of birth:* ☐<br>Right patient– CI | ESSENTIAL | |
| 3. | Use a pad dipped in alcoholic solution to decontaminate the pieces of furniture that we interact with during the procedure. Medical washing hands ± Put on clean, medical gloves *(only if there are any skin lesions on the examiner's hands or a high risk of developing infections),* as part of the standard precautions. | *- standard precautions -* | | 0 1 3 |
| 4. | Ensure a private and a quiet space for alimentation (*single-bed ward, curtains, screen etc.*) Measurement of arterial pressure, pulse oximetry, thermometry - if there hasn't been a recent evaluation | *Arterial pressure: ...../..... mmHg; SaO2 ..... %;*<br>*T ..... °C* | | 0 3 6 |
| 5. | Evaluate any possible inappropriateness to oral alimentation:<br>• medical procedures scheduled to be completed within an immediately following period and which require a condition of "hungry" for the patient<br>• the existence of an NPO recommendation (*nihil per os* – nothing by mouth)<br>• comatose patient<br>• the presence of nausea / vomiting<br>• the existence of a gastric aspiration device<br>• possibly, an objective examination of the abdomen: diminished / absent bowel sounds | YES ☐ NO ☐<br>YES ☐ NO ☐<br>YES ☐ NO ☐<br>YES ☐ NO ☐<br>YES ☐ NO ☐<br>YES ☐ NO ☐ | ESSENTIAL | |

| | | | | |
|---|---|---|---|---|
| 6. | Place the patient in a sitting position, preferably in high Fowler's position (sitting with back up). Evaluation of the oral cavity of the patient in terms of teeth, gums aspect, presence of injuries that could interfere with feeding. | *If, for medical reasons, Fowler positioning is not possible, the patient can be placed in the lateral decubitus position (lying sideways) ,which facilitates swallowing compared to supine position (lying on back)* | | 0<br>5<br>9 |
| 7. | **Do you feel the need to urinate? Or defecate, eliminate stool?** | | | 0<br>3<br>5 |
| 8. | Evaluate the patient's observation sheet for disturbance mentions of smell or taste: **Do you see well? For example, the food on your plate. Has the food taste? Or are there problems?** *(the elderly, due to atrophy of taste buds, experience a decrease in the perception of sweet and salty; to feel the taste, extra spices should be added in their food)* **What about the smell?** | YES □ NO □<br>YES □ NO □<br>YES □ NO □ | | 0<br>3<br>5 |
| 9. | Evaluate the patient's observation sheet for age (over 65), diagnosis of dementia; any warning of dysphagia; frequent oropharyngeal aspiration manoeuvres in the history of case-related interventions. **Do you happen to cough when you eat, or choke on the food or suffocate? Any difficulties in swallowing? Any pain? Sudden hoarseness of voice?** YES □ NO □ | *Evaluation necessary for the prevention of aspiration pneumonia which can occur in patients with dysphagia. If such a situation occurs, there should be a common effort of the nutritionist, dietician, physician, specialist in deglutition, speech therapist, family doctor* | | 0<br>5<br>9 |
| 10. | YES ☑<br>• Ensuring a relaxing environment, quiet, without elements that can distract the patient from the feeding activity.<br>• Use of background music – a possibility to be taken into consideration for patients with dementia (reduction of behavioural symptoms during feeding - Liao et al. 2004).<br>• Positioning the patient as upright as possible in bed or on a chair.<br>• **Insert in your mouth only small pieces of food that can be easily chewed.**<br>• **Chew thoroughly before you swallow.**<br>• **Introduce another piece of food only after the previous one has been swallowed.**<br>• **After you finish eating, check if there are any pieces of unswallow food left in your mouth.**<br>• **Maintain the high position of the body at least 20-30 minutes after the meal**<br>• If clinical signs of laryngo-tracheo-bronchial aspiration appear (cough, dyspnea – suffocation, dysphonia - hoarseness etc.) remove immediately and completely any remaining pieces of food from the mouth. | | | 0<br>5<br>9 |

| | | | | |
|---|---|---|---|---|
| 11. | **Would you like to try to eat?** | *Explain the ACTIONS TO BE PERFORMED* | | 0 1 3 |
| 12. | **You will need to chew and swallow bits of food. Can you cut the food yourself or do you need my help? Drink the liquids prepared for you, please.** | *Explain to the patient WHAT THE PROCEDURE CONSISTS OF* | | 0 1 3 |
| 13. | **It is advisable for you to be seated in an upright or lateral position so as to prevent the food from going the wrong way and causing you to choke if you inhale it into the lungs. If you have difficulty cutting the food, I can help you. Or pouring liquids into your glass. You just tell me and I will help you right away. Or I can serve you with all the dishes, as you wish. I will sit on the chair next to you and we will take all the time we need to eat, shall we? We can start with the dish of your choice.** | *Tell the patient how he/she can CONTRIBUTE to performing the administration* | | 0 1 3 |
| 14. | **Feeding provides your body with enough energy and resources to function well.** | *Tell the patient how can CONTRIBUTE to performing the administration* | | 0 1 3 |
| 15. | **Have I succeeded in explaining the procedure? Would you perhaps like to ask me something else?** | | ESSENTIAL | |
| 16. | **In general, do you have a healthy appetite?** YES □ NO □ | | | 0 1 3 |
| 17. | NO ☑<br>• **Is this a good time for you to eat? Or do you have pain or any discomfort we could treat?** *(analgesics for pain, antipyretics in case of fever etc.)*<br>• **Is there anything you're particularly concerned about? Something that you might like to discuss?** *(psychological stress associated with anorexia - lack of appetite for the patient)*<br>• **What do you like usually to eat?**<br>• Small portions of food are preferable. This will not discourage a patient with appetite loss.<br>• For the elderly, avoid dry foods, crunchy, tough or sticky foods (e.g. bananas) due to the decreased secretion of salivary glands associated with getting older.<br>• Immediately before or after the patient's nutrition, avoid medical procedures which can be tolerated with difficulty.<br>• Create a pleasant environment for the feeding process (fresh, nicely arranged, savoury).<br>• **Before eating, a better care of your mouth will increase your appetite and make the food** | *It is recommended to involve the patient's carers, who can provide information on the patient's food preferences and even provide those dishes, cooked properly.* | | 0 1 9 |

| | | | | |
|---|---|---|---|---|
| | **you eat taste better. Brushing teeth, mouthwash? Want to wash your face before you eat? I can help you with this if you want.** | | | |
| 18. | Refer to the observation sheet and select, from the rack, the appropriate type of food to be administered – Check I | *Validate the conformity of the selected medicine with the prescription from the medication sheet* | | |
| 19. | • validate the prescribed timetable for administration *(± 30 minutes)* | Right moment – C2 | | |
| 20. | • validate the prescribed administration route<br>*(for example only semisolid or liquid form - mashed meat; heated properly -in eating pathologies it is contraindicated exposing the oesophageal pharyngeal mucosa to extreme temperatures - hot / cold; or simply served at a temperature desired by patient and previously evaluated)* | Right administration route – C3 | ESSENTIAL | |
| 21. | • check compliance with the expiry date | YES □ NO □ | | |
| 22. | Position table at bed level to allow the patient to easily see the food offered. | | | 013 |
| 23. | Refer to the observation sheet, take the foods out of the wrapping and place them on the table – Check II | *Validate conformity of selected alimentation with the prescription from the medication sheet* □ | | 059 |
| 24. | Presentation of food from the menu.<br>**You have as food the following …….** *(e.g. tomato cream soup, mashed potatoes with chicken schnitzel, orange juice, still water, raspberry pudding)*<br>**Which dish would you like to serve first?** | Right FOOD – C5 | | 025 |
| 25. | • preparation of solid and liquid food according to prescribed quantities | RIGHT DOSE – C4 | ESSENTIAL | |
| 26. | Can you manage to eat using ordinary cutlery?<br>Evaluate the clinical record of the patient about any diagnoses involving hands shaking, extreme asthenia, upper limb functional impotence (limitations in range of motion of the hand, wrist, elbows, shoulder, neck):<br>**Are your hands shaking when holding the spoon or fork so as to be difficult to eat because of it?**<br>YES □ NO □<br>**Or it is difficult to tilt your head backwards when drinking from regular glasses?**<br>YES □ NO □<br>**I ask this because we can help, if necessary, with modified cutlery or crockery that would diminish the effort to handle food.**<br>**Is it difficult perhaps to take a spoon or fork to your mouth? Bend fist and elbow to succeed?**<br>YES □ NO □ | *Use specialised cutlery and crockery*<br>  | | 059 |

| | | | | |
|---|---|---|---|---|
| 27. | Refer to the medication sheet, put the containers that were used for extracting the medication back into the medicine cabinet – Check III | *Validate conformity of selected alimentation with the prescription from the observation sheet* □ | | 059 |
| 28. | Evaluate possible intolerance to the administered medicine: **Are you allergic to the following food nutrients? ……..** | YES □ NO □ | ESSENTIAL | |
| 29. | Is there any incompatibility of administration between the prescribed food and the previously determined vital parameters? (*e.g. arterial pressure, cardiac frequency, respiratory rate*) | YES □ NO □ | | |
| 30. | Evaluate the patient's current medical condition concerning the symptomatology and the condition which generated the feeding prescription (*presence of edema, pain level, blood sugar level etc.*) | **PRE-FEEDING EVALUATION** | | 059 |
| 31. | **I am now going to ask you to swallow this piece of .....Would you like to drink a bit of water? Or juice?** *(offer liquid as often as required by the patient or for each 3-4 mouthful bites swallowed)* | *If necessary, help the patient by lifting the medication cup to his/her mouth* | | 059 |
| 32. | Select a conversation topic comfortable for the patient *(in the case of patients with a predisposition for dialogue, so as to create a pleasant atmosphere, favourable to the feeding process)*<br>Patient nutrition | | | 036 |
| 33. | Write in the patient's medical sheet:<br>• the name of the administered foods | *If the patient refuses the food or if the person responsible omits to administer food – make a note of the situation in the patient's medical sheet, explaining the reason, too. Inform the attending physician/the chief nursing officer of the situation.* | | 036 |
| 34. | • the quantity administrated, according to prescription | | | 036 |
| 35. | • the method of administration *(e.g. mashed)* | | | 036 |
| 36. | • the date, hour and minute when the food was administered *(if there is a delay of more than half an hour following the prescribed time for administration – mention the reason for the delay)* | | | 036 |
| 37. | • relevant clinical and biological parameters, evaluated before the treatment *(e.g. arterial pressure, cardiac frequency, pain intensity, glucose value, a.s.o.)*<br>Sign the observations on food administration that you have entered in the patient's medical sheet. | | | 036 |
| 38. | Remove the table with any uneaten food from the bed. | | | 013 |
| 39. | **Do you need help to brush your teeth after eating? To wash your hands? maybe your face, mouth?** | | | 013 |
| 40. | After a realistic timespan, evaluate the relevant clinical and biological parameters and/or the expected effect *(arterial pressure, cardiac frequency, pain intensity, falling asleep etc.)* | **POST-FEEDING EVALUATION** | | 013 |

| | | | | |
|---|---|---|---|---|
| 41. | Write in the patient's medical sheet:<br>• the relevant clinical and biological parameters, and the expected effect evaluated after feeding *(e.g. arterial pressure, cardiac frequency, pain intensity, glucose value, falling asleep etc.)* | | | 0 1 3 |
| 42. | • the occurrence or non-occurrence of incidents, accidents or side effects *(nausea, vomiting, possible difficulty in chewing food or swallowing – leading to adjustments in future menus - for example, their preparation in semisolid forms etc., use of special cutlery)* | | | 0 1 3 |
| 43. | • any mentions that the patient makes which might be relevant for therapy administration *(acceptance of proposed menu, how it was tolerated)*<br>Sign the observations on food administration that you have entered in the patient's medical sheet. | | | 0 1 3 |
| 44. | Reposition the patient comfortably by lowering bed at minimum height . Place the glass of water, the remote controls for the ward utilities *(e.g. the alarm system for alerting the medical staff, the TV remote control etc.)*, the objects for personal use *(e.g. glasses, mobile phone, book etc.)* on the patient's bedside table. | | | 0 5 9 |
| 45. | Medical washing hands ± use clean medical gloves. Use a pad dipped in alcoholic solution to decontaminate the pieces of furniture that we have interacted with during the procedure. Remove the previously used gloves by throwing them into the infectious, non-sharp waste container. Medical washing hands. **I will leave you now to rest a bit. I will come back in.....** *(for example, 2 hours)* **and we will** ..... *(for example, do the treatment).*<br>Remove any uneaten food and leave the ward. | | | 0 5 9 |
| | **Total score: 200** | ○ | unfulfilled criterion | **%** |
| | | ◒ | partially fulfilled criterion | **%** |
| | | ● | completely fulfilled criterion | **%** |

# PERFORMING THE BEDRIDDEN PATIENT'S NUTRITION

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| alimentation | asthenia | deglutition | analgesic |
| atrophy | antipyretic | dysphagia | glycaemia |

**Definitions:**

1. Intense and prolonged fatigue accompanied by lack or loss of strength and energy, intellectual capacity.
2. Ensuring an adequate intake of nutrients and fluids necessary to the organism.
3. Any medicine that lowers body temperature.
4. The presence/amount of glucose in the blood.
5. A decrease in size or wasting away of a cell or organ due to inactivity (lack of exercise) or poor nourishment.
6. Difficulty in swallowing caused by mouth, pharyngitis and oesophagus problems.
7. Medicine/ agent that calms down and relieves pain.
8. The reflex physiological act in the human or animal body that makes the bolus pass from the mouth, to the pharynx, and into the oesophagus and stomach; swallowing.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, some steps of the protocol are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor ensures a private and a quiet space for alimentation and evaluates any possible inappropriateness to oral alimentation.* |
| *The doctor explains to the patient what his correct position during alimentation is, how he must eat, why it is necessary to eat properly and assures him of her support if he needs help.* |
| *The doctor writes down in her patient's medical sheet the food administered, the quantity, method of administration, the date, hour and minute the food was administered, relevant clinical and biological parameters, evaluated before the treatment and after the feeding as well as the occurrence or non-occurrence of incidents, accidents or side effects.* |

The doctor greets the patient, introduces herself and makes a rapid evaluation of the presence of the patient's vital signs.

The doctor positions the patient in his bed preferably in high Fowler's position (seated in an upright position), then she evaluates the patient's oral cavity, his dentition, gums, the presence of any lesion which might interfere with his alimentation.

The doctor examines the patient's chart to see whether there are any sights, taste or smell problems.

The doctor examines the patient's chart to see whether there are any problems related to age (above 65), such as signs of dementia, dysphagia, oropharyngeal aspiration.

The doctor ensures that the patient has a relaxing environment with a soothing musical background without anything that may distract the patient's attention from his alimentation.
The doctor validates the correspondence between the chosen food and the prescription of the alimentation in the patient's chart, presents it to the patient and then the patient's alimentation begins.
The doctor repositions the patient by adjusting the bed at an inferior height level, places his personal objects on the bedside table, decontaminates the pieces of furniture they used with a pad dipped in alcoholic solution and then leaves the ward with the rest of the food that the patient did not eat.

## Reading & Vocabulary

**Click on the right answer to each question:**

1. What procedure does the doctor perform when laryngo-tracheobronchial aspiration occurs (cough, dyspnea – suffocation, dysphonia - hoarseness etc.)?

a. Any remaining pieces of food are removed immediately and completely from the mouth.
b. The patient is given water to drink.

2. Why is it advisable for the patient to be seated in an upright or lateral position while eating?

a. It is advisable for the patient to be seated in an upright or lateral position while eating so as to prevent the food from going the wrong way and causing him to choke if he inhales it into the lungs.
b. It is advisable for the patient to be seated in an upright or lateral position while eating so that the patient eats comfortably.

3. Why is correct feeding necessary?

a. Correct feeding wets one's appetite.
b. Feeding provides our body with enough energy and resources to function well.

4. Why should elderly people avoid dry, crunchy, tough or sticky foods?

a. Elderly people should avoid dry foods, crunchy, tough or sticky foods (e.g. bananas) due to their dentition problems.
b. Elderly people should avoid dry, crunchy, tough or sticky foods (e.g. bananas) due to the decreased secretion of the salivary glands associated with getting older.

**Choose if the statements are true or false:**

1. Ensuring an adequate intake of nutrients and fluids necessary to the organism of the bedridden patient supports the optimal functioning of the patient's body, and a better quality of life, in particular. T/F
2. Not every patient's nutrition has a therapeutic potential comparable to medication administration. T/F
3. Every patient's nutrition has to be individualized to meet intellectual abilities, motivation, lifestyle, culture or economic status. T/F
4. The patient's family and the people close to him don't have to be involved in this process. T/F

5. Due to atrophy of taste buds, the elderly experience a decrease in the perception of sweet and salty food; to feel the taste, extra spices should be added in their food. T/*F*
6. Immediately before or after the patient's nutrition, medical procedures which can be tolerated with difficulty should be avoided. T/F
7. The patient can drink liquid as often as they want or after 3-4 mouthful bites swallowed. T/F
8. It is not advisable that the doctor talks with the patient while the latter is eating. T/F
9. If the patient refuses the food the doctor makes a note of the situation in the patient's medical sheet, explaining the reason. T/F

**Match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's questions:** |
|---|---|
| Do you see well? For example, the food on your plate. | No, I don't have such problems. |
| Has the food any taste? Or are there problems? | Yes, I'm allergic to gluten. |
| Do you happen to cough when you eat, or choke on the food or suffocate? Any difficulties in swallowing? Any pain? Sudden hoarseness of voice? | No, I don't feel the taste of the food. I can't taste anything. |
| Are you allergic to the following food nutrients? | No, I can't see very well. I can hardly see the food on the plate. |
| In general, is your appetite good?<br>What do you usually like to eat? | I'd like to begin with the tomato soup and I'll see what after this. |
| Don't you want to try anything to eat? | Could you help me, please? |
| In today's menu we have tomato cream soup, mashed potatoes with chicken schnitzel, orange juice, still water, raspberry pudding.<br>Which dish would you like to serve first? | Yes, why not? |
| Would you like me to help you? I can help you or I can feed you with all the dishes. | I don't have much appetite |

**Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Alimentation | Craving |
| Deglutition | Difficulty in swallowing |
| Dysphagia | Swallowing |
| Dyspnoea | Mouth |
| Dysphonia | Garbage |
| Incompatibility | Hoarseness |
| Residue | Unsuitability |
| Analgesic | Suffocation |
| Oral cavity | Tranquilizer |
| Appetite | Feeding |

## Integrated Grammar

**Click on the best version:**

1. I didn't give him nothing to eat / I gave him nothing to eat.

2. He checked neither his vital functions nor his state of consciousness / He didn't check neither his vital functions nor his state of consciousness.

3. We deal with patients who don't present any incompatibility for the oral administration. / We deal with patients who don't present neither incompatibility for the oral administration.

4. You are not allowed to take your medicine at all if the doctor is not present. / You are allowed to take your medicine at all when the doctor is not present.

5. She shows some food anti-tolerance which should be taken into account. / She shows some food intolerance which should be taken into account.

**Click on the correct reply**:

1. Don't you want to wash your face before your meal?
Yes, no.
Yes, I do.

*2.* I haven't thrown up.
Yes.
Nor have I.

3. Would you like to have soup first?
No, I wouldn't.
Yes, I do.

4. Is it difficult or impossible to use the spoon?
It is neither difficult nor impossible.
It is difficult nor impossible.

5. Do I have to respect this recommendation?
Yes, you don't have to respect this recommendation.
Yes, you have to respect this recommendation.

## Speaking

**Write down a doctor/ patient dialogue when the doctor is performing bedside patient nutrition; use the above phrases.** Record yourself making these recommendations, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....

.....

*(see below the transcript of the listening passage)*

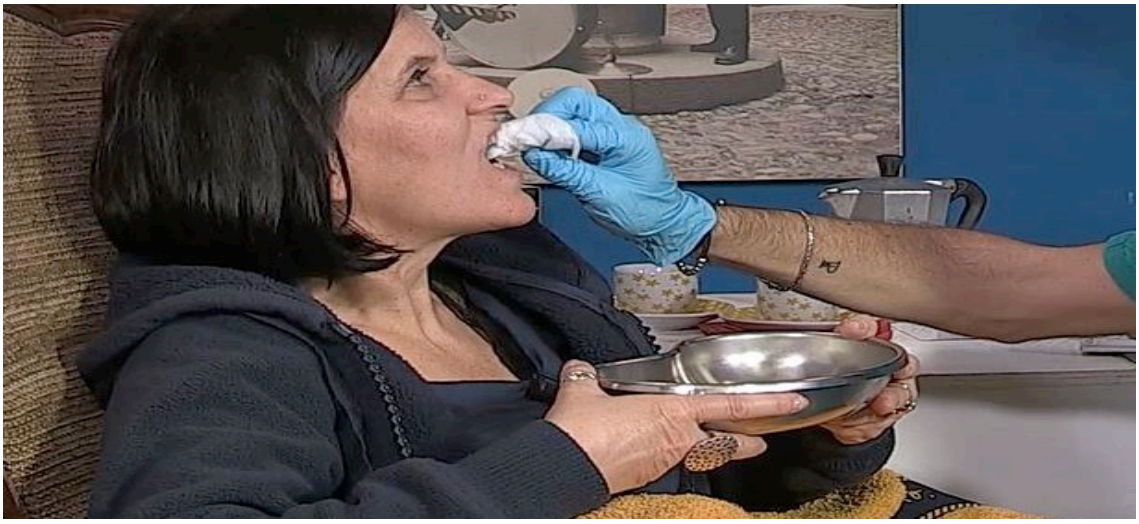
**! You can access the unit online at the following link: http://medlang.eu/course/**

*Feeling provides your body with enough energy and resources to function well. In addition, eating can be an enjoyable moment.*

# ORAL CARE

## Medical procedure

## Language unit



## ORAL CARE

| | | | | | |
|---|---|---|---|---|---|
| | Oral care involve to promote, organize and, in incapacitated patients, even to perform for them a daily hygiene of teeth (flossing, brushing), gums (mechanical stimulation), mouth (rinsing); to promote/arrange regular dental controls; to inspect oral area and accordingly to the problems identified in the evaluation to promote/arrange further consultations with oral care specialists (dentists, oral surgeons etc.). | ○ | ◒ | ● | P |
| 1. | Assess patient's condition (*consciousness, movements, speech, breathing): preserved vital functions; cardiopulmonary arrest (if so, proceed to cardiorespiratory protocol)* **Good morning/afternoon. My name is ……. I am your doctor / nurse** | | | | 025 |
| 2. | **Can you tell me your name**, please ..... **And your date of birth ..... Thank you.** *(This is done to avoid performing the procedure on the wrong patient as there may be several patients with the same name. Also, do not ask e.g. "Are you Mr. Smith?" to avoid receiving false confirmation from patients distracted by their symptoms or other reasons). Or, especially in patients with difficult communication (confused, comatose, etc.)* verify the conformity between data's from observation sheet and bracelet *(if it exist at patient wrist)* in terms of patient identity. *Confused, comatose, depressive, severely ill or those simply necessitating nasogastric tubes or oxygen therapy or in long term care settings are in an increased risk for oral health problems beneficiating the most from oral hygiene procedures.* | ESSENTIAL | | | |
| 3. | Secure a private examination environment *(room with one bed, curtains, paravans etc.)* **What we need to do is wash your mouth and your teeth.** *(what we will do)* | | | | 013 |
| 4. | **The manoeuvre involves to inspect your mouth for caries, teeth deposits, odour, secretions, and aspect of gums ……. We will brush and floss your teeth, flush the mouth. This is generally easy to perform, involves no cuts or punctures, so it should not hurt.** *(what the manoeuvre consists of)* | | | | 013 |
| 5. | **You will be placed in a sitting position (or laying down on a side). It will be difficult for you to sustain such a position for, let's say 20 minutes? It is very important that you stay relaxed and calm during the procedure. When I will ask you so, you should spit the liquid from the mouth in a special container that will be at your reach** *(how to contribute to the procedure)* | | | | 013 |
| 6. | **Performing a good hygiene of your mouth is an important element of your medical condition. The failure in achieving it will result in high risks for associated local and also respiratory tract infections, pneumonia for example. A prolongation in your healing process or even a failure in obtaining it.** *(the benefit of the procedure)* | | | | 013 |
| 7. | **Now, are you clear about the procedure? Would you like to ask me anything else?** | ESSENTIAL | | | |
| 8. | **Have you undergone oral care procedure sometimes before? Can you tell me how often, when and how you clean teeth and mouth, by yourself?** *(Assessing patient perception and involvement in own health issues. Lack of knowledge in maintaining oral hygiene predispose to oral problems)* | | | | 013 |
| 9. | **Did your health insurance include dental care? How often you had dental controls in the last three years?** | | | | 013 |

| | | | | |
|---|---|---|---|---|
| 10. | **Food still have taste or, thinking back, you prefer salty or the sweets ones. Like what?** *(high salt intake, refined sugars are more prone to cause enamel erosions)* | | | 0 1 3 |
| 11. | **Do you have frequent sensations of dryness of mouth? Do you wake up at night to drink water?** *(diminish salivary secretions lead to dried and thin oral mucosa that favour local injuries and lesions to appear)* | | | 0 1 3 |
| 12. | **How much liquids do you drink in a day time? Adding soup, tea, any intake of liquid, is it a total of 2000 ml per day? Or less?** *(diminish fluid intake lead to dried and thin oral mucosa that favour local injuries and lesions to appear)* | | | 0 1 3 |
| 13. | **Do you smoke tobacco? How many cigarettes per day? For how long?** *(heavy smoking, defined by a smoker who reports consuming 20 cigarettes or more per day or by > 20 packet-year;* calculation: number of packets smoked each day multiplied with the number of years of smoking*, lead to dried and thin oral mucosa that favour local injuries and lesions to appear)* | | | 0 1 3 |
| 14. | **What kind of alcohol do you prefer, wine, beer, vodka ……..? In what amount per week?** *(at risk alcohol drinker, defined by a consume of > 14 alcohol unit per week,* one unit is 10 ml or 8 g of pure alcohol retrieved in 25 ml strong drinks ≈ 40%-, 76 ml wine like drinks ≈ 13,5%, 250 ml beer like drinks ≈ 4%*, lead to dried and thin oral mucosa that favour local injuries and lesions to appear)* | | | 0 1 3 |
| 15. | Consulting the observation sheet, verify the prescribed medication in term of drugs that can associate dryness of the mouth as side effect (ex. diuretics, laxatives, tranquilizers mainly if used excessively) or past head and neck radiation treatment *(due to salivary glands fibrosis process, developed as result of radiation leading to secretory insufficiency. Saliva have antiinfectives features.* | | | 0 1 3 |
| 16. | If they have not been recently evaluated: *BP measurement, pulseoximetry, thermometry: BP..... mmHg, Sa02 ..... %, T ..... °C*. Hand wash. Apply clean medical gloves as part of standard precautions. | | | 0 1 3 |
| 17. | Use a rubbing alcohol swab to decontaminate any furniture surfaces with which there will be contact during the manoeuvre. | | | 0 1 3 |
| 18. | Evaluation of the patient's medical records from the standpoint of associated conditions that could contraindicate either high Fowler position *(e.g. cerebral hypoperfusion syndrome)* or lateral decubitus *(orthopedic / rheumatologic diseases, local conditions)* | | | 0 1 3 |
| 19. | Dispose of used gloves in the non-sharp infectious waste container. Hand wash. Apply a new pair of medical gloves as part of standard precautions. *(to avoid infections spreading from and to the patient).* Place patient in high Fowler position *(sitting in bed with upper body in a 60 – 90 degree angle from horizontal)* or if this is not possible, use lateral decubitus *(sitting in bed on a side) (these postures prevent patient to aspirate in the bronchial tree the liquids used in mouth hygiene procedure).* Raise patient's bed to the waist level of the staff performing oral care. *(to avoid overloading of paravertebral muscles, otherwise overused in the medical activities performed at bedside)* | | | 0 1 3 |
| 20. | Consulting the observation sheet: **Do you have dentures, bridgeworks, previous dental interventions.** Using a flashlight, examine oral cavity for caries, broken teeth, partial edentation, teeth deposits, odour, secretions, aspect of gums, existence of bridgeworks, dentures. *(In case of artificial dentures they must be cleaned regularly and should be constantly worn, in order to maintain facial conformation, prevent gingival atrophy, allow good masticatory potency…. For cleaning purposes they must be removed from mouth by* | | | 0 1 3 |

| | | | |
|---|---|---|---|
| | *patient alone or, if he is not able to do so, by the medical professionals that perform oral care: the upper teeth from front of dentures must be grasp via a gauze and the plate dislodge from oral ceiling with up and down short movements. The lower dentures can be dislodge from mandibular gums by lifting it on one side or another. Partial dentures can be dislodge by exerting pressure on artificial teeth avoiding the clasps - that aren't from such a hard material as teeth are).* | | |
| 21. | **Are you allergic to anything, rubber products, toothpaste, dentures cleaning products mouthwashes maybe?** *(evaluating possible allergies to the materials commonly used in the procedure)* | ESSENTIAL | |
| 22. | **When did you last eat? It is advisable to perform mouth hygiene before and after each meal** *(according to local oral conditions, mouth hygiene may be necessary from a repetition of three times per day to an every 2 hours interval)* | | 016 |
| 23. | Place a device under patient chin able to retain liquids that might flow from oral area during mouth hygiene procedure (ex. towel, absorbent cloth or pad, curved basin) | | 015 |
| 24. | Selection of the devices more suitable to be used in mouth hygiene.<br>**Are you comfortable with the use of toothbrush for the hygiene of your mouth? Or this is unpleasant or even harm you? Did your gums bleed easily when a toothbrush is used?** Consulting the observation sheet, check for oral problems that could contraindicate the use of a toothbrush (diagnostics, old or recent local interventions …..). **If so we can use a soft-bristled one or even replace it with an oral swab, from foam, by example. But in this case we won't be able to remove tartar from the surface of your teeth. The same if we will use a gauze soaked with saline, which is another possible device to utilize for your oral care.** (*swabs impregnated with lemon glycerine that can be also found as an option for oral care must be avoided due to them irritative effect on oral mucosa that can become dry and on teeth that can be decalcified)* | | 015 |
| 25. | Using tap water or saline, wet the head of the toothbrush. Apply on the bristles sodium bicarbonate toothpaste *(acid saliva will favour oral flora grow; so diminishing its acidity will result in a decrease in microbial load at the level of the mouth; sodium bicarbonate will help the process of cleaning, by dissolving mucus).* | | 013 |
| 26. | **Would you prefer to wash your teeth by yourself, under my guidance, or you prefer that I will do it for you?** | ESSENTIAL | |
| 27. | Ensure there is a good lighting for examination *(use of a flashlight may be appropriate)* | | 013 |
| 28. | Position yourself at the right side of the patient *(or left side if staff performing the manoeuvre is left-handed)* | | 013 |
| 29. | **Please slightly open your mouth spreading lips apart in order to allow me to have a good look at your teeth and to insert toothbrush. Do not open it to large because you should maintain this posture for some minutes.** | | 013 |
| 30. | Position the bristles of the toothbrush in close contact with two or three teeth, the upper ones from the front of the mouth (incisors) at the level of insertion of the tooth in the gum (gingival sulcus) at a 45 degree angle with teeth surface. | | 013 |
| 31. | Press gently the bristles into the gingival sulcus and rotate the head of the toothbrush in order to brush the surface of the teeth *(by doing so the bristles angle with teeth will change from a 45 facing downwards to a perpendicular position and finally to a 45 but facing upwards)* in a firm movement from the | | 013 |

| | | | | |
|---|---|---|---|---|
| | base of the tooth to its tip *(from its gingival insertion to the crowns)* in the intention to remove whatever are deposits left inside the gingival sulcus and also the deposits from the surface of the teeth. | | | |
| 32. | **At any moment, whenever you consider, signal it us, by rising a hand, if you need to rinse your mouth from toothpaste.** *(in this purpose tap water can be use, as well as saline or mouthwash products as original solutions or in dilution with saline; hydrogen peroxide represent a good choice for rinsing mouth in oral care but alcoholic mouthwashes can irritate and dry oral mucosa)* **A good rinse will eliminate from your oral cavity all the particles removed within the brushing process.** | | | 013 |
| 33. | Reposition the bristles of toothbrush at gingival sulcus, 45 degree angle and repeat the movement until, for the area that was processed, the teeth and them gingival area gain a clean aspect. | | | 013 |
| 34. | **Please rinse your mouth now with a bit from this liquid.** Offer to the patient a cup with the chosen rinsing liquid or, in case he is too weak to drink from the cup or is lying in a lateral decubitus, offer it with the help of a straw. **If you can discard the liquid from your mouth in this basin, please do so.** Place a curved basin under patient chin. **Spit all out, please.** For comatose patients that must be positioned in a lateral decubitus, rinsing liquids are administered with the help of a 10 ml syringe and removed with the use of a suction device. *(In order to prevent bronchoalveolar aspiration due to loss in swallowing reflex that characterise comatose condition).* Remove the basin from patient side and place it at hand reach. | | | 013 |
| 35. | Move than to the next, right or left side, association of two –three teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole external surface of the upper maxilla. | | | 019 |
| 36. | Place a curved basin under patient chin. **Please rinse your mouth again. Discard it now in the basin. …… Thank you.** Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies. | | | 013 |
| 37. | **Please relax your lips now and open your mouth a little bit more in order to allow me to have a better look at the inner side of your teeth and to insert toothbrush. Still, do not open it to large because you should maintain this posture for some minutes.** | | | 013 |
| 38. | Repeat the manoeuvres of brushing using same technique, but now for the inner surface of upper maxilla | | | 013 |
| 39. | Repeat the movements until, for the area that was processed, the teeth gain a clean aspect. Finalize the whole internal surface of the upper maxilla. | | | 019 |
| 40. | Place the curved basin under patient chin. **Please rinse your mouth again. Discard it now in the basin. …… Thank you.** Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies. | | | 013 |

| | | | |
|---|---|---|---|
| 41. | **Now, please spread your lips apart again, your mouth being only slightly open. We will brush now the tip of your teeth. Do not open it to large because you should maintain this posture for some minutes.** | | 013 |
| 42. | **Position the bristles of toothbrush at the tip of the teeth** *(the biting side of the tooth)*, **the upper ones from the front of the mouth, perpendicular with dental arcade in order to move toothbrush inside and outside the mouth to brush them apex.** | | 013 |
| 43. | Move than to the next, right or left side, association of teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole biting surface of the upper maxilla. | | 019 |
| 44. | Place the curved basin under patient chin. **Please rinse your mouth again. Discard it now in the basin. …… Thank you.** Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies. | | 013 |
| 45. | **Please slightly open your mouth spreading lips apart in order to allow me to have a good look at your teeth and to insert toothbrush. Do not open it to large because you should maintain this posture for some minutes.** | | 013 |
| 46. | Position the bristles of the toothbrush in close contact with two or three teeth, the inferior ones from the front of the mouth (incisors) at the level of insertion of the tooth in the gum (gingival sulcus) at a 45 degree angle with the teeth surface. | | 013 |
| 47. | Press gently the bristles into the gingival sulcus and rotate the head of the toothbrush in order to brush the surface of the teeth *(by doing so the bristles angle with teeth will change from a 45 facing downwards to a perpendicular position and finally to a 45 but facing upwards)* in a firm movement from the base of the tooth to its tip *(from its gingival insertion to the crowns)* in the intention to remove whatever are deposits left inside the gingival sulcus and also the deposits from the surface of the teeth. | | 013 |
| 48. | Reposition the bristles of toothbrush at gingival sulcus, 45 degree angle and repeat the movement until, for the area that was processed, the teeth and them gingival area gain a clean aspect. | | 013 |
| 49. | Move than to the next, right or left side, association of two –three teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole external surface of the mandible. | | 019 |
| 50. | Place the curved basin under patient chin. **Please rinse your mouth again. Discard it now in the basin. …… Thank you.** Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies. | | 013 |
| 51. | Repeat the manoeuvres of brushing using same technique, but now for the inner surface of mandible. **Please relax your lips now and open your mouth a little bit more in order to allow me to have a better look at the inner side of your teeth and to insert toothbrush. Still, do not open it to large because you should maintain this posture for some minutes.** | | 013 |

| | | | | | |
|---|---|---|---|---|---|
| 52. | Repeat the movements until, for the area that was processed, the teeth gain a clean aspect. Finalize the whole internal surface of the mandible. | | | | 0<br>1<br>9 |
| 53. | Place the curved basin under patient chin. **Please rinse your mouth again. Discard it now in the basin. …… Thank you.** Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies. | | | | 0<br>1<br>3 |
| 54. | **Now, please spread your lips apart again, your mouth being only slightly open. We will brush now the tip of your teeth. Do not open it to large because you should maintain this posture for some minutes** | | | | 0<br>1<br>3 |
| 55. | Move than to the next, right or left side, association of teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole biting surface of the mandible. | | | | 0<br>1<br>9 |
| 56. | Place the curved basin under patient chin. **Please rinse your mouth again. Discard it now in the basin. …… Thank you.** Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies. | | | | 0<br>1<br>3 |
| 57. | **Now, please largely open your mouth. We will clean now your tongue. Still, do not open it to large because you should maintain this posture for some seconds. Thank you.** | | | | 0<br>1<br>3 |
| 58. | Place the head of toothbrush with the opposite side to that of bristles, specially designed for this purpose over the tongue. *(If such an area does not exist bristles can be used too).* Gently brush the upper surface of the tongue, being cautious not to induce nausea with vomit. *(In the lack of efficiency to clean tongue a lot of bacteria will persist in oral cavity maintaining a high risk for oral and respiratory infectious complications to appear and affecting breath odour).* | | | | 0<br>1<br>9 |
| 59. | Place the curved basin under patient chin. **Please rinse your mouth again. Discard it now in the basin. …… Thank you.** Remove the basin from patient side and place it at hand reach. Inspect the area of tongue that just was brushed. Continue brushing that area if the result do not meet expectancies. *(Deposits on tongue surface can be determined by poor oral hygiene but also by decreased hydration, fungal infections, medications ……).* | | | | 0<br>1<br>3 |
| 60. | Using a towel, wipe patient lips. **Let's wipe your mouth a bit** | | | | 0<br>1<br>3 |
| 61. | **In order to remove the debris that might have accumulated in the tiny space between your teeth it is possible to use floss. It is not part of a basic mouth hygiene** *(by not having the necessary amount of proves for it)* **but is logically the only way to clean that side of tooth and the related gingival area.** | | | | 0<br>1<br>3 |
| 62. | Unwrap 45 cm of waxed floss *(better than the unwaxed one that is more prone to fray and attach residue from between teeth)* and turn the edges around the third finger of each hand two or three laps to be able to hold the floss well, leaving about 15 cm free floss between them. | | | | 0<br>1<br>3 |
| 63. | Reduce this 15 cm free length of floss to around 2.5 cm and tense the floss by placing the thumb of one hand pointing upward and the index | | | | 0<br>1<br>3 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | from the other one, also pointing upward for a good instrumentation on upper maxilla teeth. | | | | | |
| 64. | Insert the 2.5 cm of floss in the space between the upper incisors having the side hold by index placed inside the mouth and that sustain by the thumb outside it. | | | | | 013 |
| 65. | Advance, in an upward motion with the help of index and thumb, until floss reach the gum, gentile, careful not to harm it. Position the floss from between teeth in the gingival sulcus and bend it around the lateral side of one or the other tooth from the space that is instrumented, in a C shape manner. | | | | | 013 |
| 66. | From this position move the floss downward in an intent to dislodge the potential residues from gingival sulcus and the lateral side of the instrumented tooth outside from the interdental space. | | | | | 013 |
| 67. | Repeat this operation, of up and down motion of floss, several times, until the desired hygiene is obtained. Then bend floss towards the other tooth of the interdental space, also in a C shape manner to clean the remaining side of that space, too. | | | | | 013 |
| 68. | Move than to the next, right or left side, association of teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole interdental spaces of the upper maxilla. | | | | | 019 |
| 69. | **Please rinse your mouth now with a bit from this liquid.** Offer to the patient a cup with the chosen rinsing liquid or, in case he is too weak to drink from the cup or is lying in a lateral decubitus, offer it with the help of a straw. **If you can discard the liquid from your mouth in this basin, please do so.** Place a curved basin under patient chin. **Spit all out, please.** For comatose patients that must be positioned in a lateral decubitus, rinsing liquids are administered with the help of a syringe and removed with the use of a suction device. *(In order to prevent Broncho alveolar aspiration due to loss in swallowing reflex that characterise comatose condition).* Remove the basin from patient side and place it at hand reach. | | | | | 013 |
| 70. | Unwrap another 45 cm of waxed floss and turn the edges around the third finger of each hand two or three laps to be able to hold the floss well, leaving about 15 cm free floss between them. | | | | | 013 |
| 71. | Reduce this 15 cm free length of floss to around 2.5 cm and tense the floss by placing the thumb of one hand pointing downward and the thumb from the other one, also pointing downward for a good instrumentation on mandibular teeth. | | | | | 013 |
| 72. | Insert the 2.5 cm of floss in the space between the lower incisors having one side placed inside the mouth and the other outside it. | | | | | 013 |
| 73. | Advance, in a downward motion by pressing with both thumbs, until floss reach the gum, gentile, careful not to harm it. *Position the floss from between teeth in the gingival sulcus and bend it around the lateral side of one or the other tooth from the space that is instrumented, in a C shape manner.* | | | | | 013 |
| 74. | From this position move the floss downward in an intent to dislodge the potential residues from gingival sulcus and the lateral side of the instrumented tooth outside from the interdental space. | | | | | 013 |
| 75. | Repeat this operation, of up and down motion of floss, several times, until the desired hygiene is obtained. Then bend floss towards the other | | | | | 013 |

| | | | |
|---|---|---|---|
| | tooth of the interdental space, also in a C shape manner to clean the remaining side of that space, too. | | |
| 76. | Move than to the next, right or left side, association of teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole interdental spaces of the mandible. | | 019 |
| 77. | **Please rinse your mouth now with a bit from this liquid.** Offer to the patient a cup with the chosen rinsing liquid or, in case he is too weak to drink from the cup or is lying in a lateral decubitus, offer it with the help of a straw. **If you can discard the liquid from your mouth in this basin, please do so.** Place a curved basin under patient chin. **Spit all out, please.** For comatose patients that must be positioned in a lateral decubitus, rinsing liquids are administered with the help of a syringe and removed with the use of a suction device. Remove the basin from patient side and place it at hand reach. | | 013 |
| 78. | Apply hydrosoluble moisturiser over patient lips *(mineral oil type of moisturiser expose patients, in case of them aspiration inside lungs, to lipid pneumonia, so them use is contraindicated)* | | 013 |
| 79. | Apply saliva substitutes in case of dry mouth due to deficient salivary secretion | | 013 |
| 80. | Dispose of used gloves in the non-sharp infectious waste container. Medical hand wash. | | 013 |
| 81. | **It is important for your health to brush teeth at least four times per day, after meals and at bedtime and floss them at least once daily. If brushing or flossing is not available, at least rinse your mouth vigorously with water.** | | 013 |
| 82. | Use a rubbing alcohol swab to decontaminate all furniture surfaces that were involved in the procedure. Remove previously used gloves and throw them in the non-sharp infectious waste container. Wash hands. | | 013 |
| 83. | Fill out the patient's medical record with all the details related to the realisation of the procedure, accidents, complications - as the case may be, date and time. | ESSENTIAL | |
| 84. | All steps must be taken for the patient's safety *(adjust the bed at an inferior height level and lift the lateral limiters)*. Make sure the patient can easily reach personal objects *(e.g. mobile phone, book, crossword puzzle etc.)*, the glass of water and the remote control for calling medical help. Give details about the medical schedule to follow and the time for next re-examination). | | 013 |

| **Total score: 300** | | | |
|---|---|---|---|
| | ○ | unfulfilled criterion | **%** |
| | ◒ | partially fulfilled criterion | **%** |
| | ● | completely fulfilled criterion | **%** |

**Selective references**

Berman Audrey, Synder Shirlee, Jackson Chistina – Skills in clinical nursing, 6-th ed., Pearson Prentice Hall, New Jersey, 2009

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https://www.youtube.com/watch?v=VVj-3R2Y9Ok

# ORAL CARE

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| oral care | dentures | tartar | mandible |
| mouthwash | bridgeworks | incisors | flossing |

**Definitions:**

1. A set of artificial teeth for the upper or lower jaw.
2. A dental prosthesis that restores one or more of the natural teeth.
3. Organizing incapacitated patients' daily hygiene of teeth (flossing, brushing), gums (mechanical stimulation), mouth (rinsing); regular dental controls; inspecting oral area and, according to the problems identified in the evaluation, scheduling further consultations with oral care specialists (dentists, oral surgeons etc.).
4. A yellowish deposit at or below the gingival margin of teeth.
5. Teeth with a chisel-shaped crown and a single conical root; there are four in each jaw, in both the deciduous and the permanent dentitions.
6. A U-shaped bone forming the lower jaw.
7. A tooth-cleaning technique using a piece of thread-like material, called floss, to clean plaque and remove food particles from in-between teeth and the gum line, where the toothbrush really can't reach.
8. A solution used to rinse away food particles and plaque from the teeth. It is used after brushing the teeth and can form part of a daily oral care routine.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor ensures a private examination environment and informs the patient about the purpose of his visit: the patient's oral care (looking for cavities, teeth deposits, odour, secretions, aspect of gums).* |
| *The doctor asks the patient if she has undergone oral care procedure before, her health insurance includes dental care and how often she has had dental check-ups in the last three years.* |
| *The doctor evaluates the patient's medical record in terms of associated conditions that could contraindicate either high Fowler position or lateral decubitus and also wants to know if the patient is allergic to dental care products (rubber products, toothpaste, dentures cleaning products or mouthwashes).* |

- The doctor greets the patient, introduces himself and assesses the patient's condition (consciousness, movements, speech, breathing).

- The doctor places the patient in a sitting position or lying down on one side and also tells her how to contribute to the procedure.
- The doctor asks the patient if she understood the procedure clearly and if she has questions to ask.
- The doctor wants to know if the food still has taste for her, if she has frequent sensations of dryness of mouth, how much liquid she drinks per day or if she smokes.
- Then he instructs the patient how he is going to brush her teeth by cleaning two or three teeth at a time.
- After brushing the teeth the doctor ensures the patient removes the food debris by advising her to floss and rinse her mouth.
- Finally the doctor fills out the patient's medical record with all the details, incidents or complications related to the completion of the procedure.

## Reading & Vocabulary

**Click on the right answer to each question**

1. What is oral care?

a, Oral care involves organizing incapacitated patients' daily hygiene of teeth (flossing, brushing), gums (mechanical stimulation), mouth (rinsing); regular dental check-ups; inspection of the oral area and, according to the problems identified in the evaluation, scheduling further consultations with oral care specialists (dentists, oral surgeons etc.).

b. Oral care involves regular dental check-ups; inspection of the oral area and, according to the problems identified in the evaluation, scheduling further consultations with oral care specialists (dentists, oral surgeons etc.).

*2.* Why does the oral care procedure involve inspecting the patient's gums as well?

a. The procedure also involves inspecting the gums so that the doctor can detect cavities or other signs of tooth decay.

b. The procedure also involves inspecting the gums so that the doctor can detect any signs of gingivitis and periodontal diseases.

3. Why is flossing necessary?

a. Flossing is necessary to remove food particles from cavities, where the toothbrush really can't reach.

b. Flossing is necessary to remove plaque and food particles from in-between teeth and the gum line, where the toothbrush really can't reach.

4. How is the doctor going to brush the patient's teeth?

a. When brushing the patient's teeth the doctor focuses on groups of two to three teeth at a time. He repeats the procedure for each group of teeth.

b. The doctor brushes the surface of all the patient's teeth by brushing them back and forth and scrubbing them very hard.

**Choose if the statements are true or false:**

1. The patient is placed in lying position and told how to contribute to the procedure. T/F
2. The doctor asks the patient if she has undergone oral care procedure before. T/F
3. It's not important for the patient to have dental care in her health insurance. T/F
4. The doctor wants to know how much liquid the patient drinks per day or if she smokes. T/F
5. It is advisable to perform mouth hygiene before and after each meal. T/F
6. On no condition can the patient brush her teeth by herself. It is the doctor who has to brush the patient's teeth. T/F
7. The doctor asks the patient if she has frequent sensations of dryness of mouth. T/F
8. Flossing is required to remove plaque between the teeth at least once a week, where the toothbrush doesn't reach. T/F
9. The patient is also advised to rinse her mouth and then discard the liquid from her mouth in a basin. T/F
10. Finally the nurse fills out the patient's medical record with all the details, incidents and complications related to the completion of the procedure. T/F

**Drag and match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| What we need to do is wash your mouth and your teeth. Is the procedure clear to you? Would you like to ask me anything else? | No, I'm not allergic. |
| Have you undergone oral care procedure before? | I usually brush my teeth three times a day after each meal. |
| Can you tell me how often, when and how you clean teeth and mouth, by yourself? | Yes, I have undergone such a procedure before. |
| Does your health insurance include dental care? How often have you had dental controls in the last three years? | I'd rather you did it for me. Thank you. |
| Are you allergic to anything: rubber products, toothpaste, denture cleaning products or mouthwashes? | Yes, my health insurance also includes dental care. I go to the dentist every six month. |
| Do your gums bleed easily when a toothbrush is used? | Yes, I know what we're going to do. I have no questions at this moment. |
| Would you prefer to wash your teeth by yourself, under my guidance, or would you rather I did it for you? | No, they don't bleed at all. |

**Drag and drop: match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Comatose | Space between a tooth and gum |
| Odour | In a coma; not conscious |
| To diminish | Amount, quantity taken in |
| Intake | Jawbone |
| To masticate | Gum |
| Mandible | To soak |
| To dislodge | To reduce |
| To impregnate | To introduce |
| To insert | To chew |
| Gingival sulcus | Smell |
| Interdental | To displace, remove |
| Gingival area | Between teeth |

## Integrated Grammar

**Click on the best version:**

1. The doctor insists that the patient drinks a lot of water *so that he doesn't become dehydrated/ to see if the root of the tooth is fixed.*

2. You have to give him a glucose drink in order *not to be late for the appointment with his dentist/ in order to boost his energy up.*

3. A dental X-ray is necessary *to reduce his cavities/ to see if the root of the tooth is healthy*.

4. He left home early *in order to take his medical record from his family doctor/ so that he won't brush his teeth*.

***5.*** I'll do this procedure *lest the incisors should be affected/ lest the liquid should leak.*

**Click on the right structure**:

I took some tablets …….. my toothache.
a. to treat
b. treat
c. treating

I drink chamomile tea before I go to bed …… well at night.
a. in order to
b. for sleeping.
c. to sleep

We'll do an x-ray .....the doctor can find out why your gum is bleeding.
a. to
b. so that
c.for

Cut down on sweets so that your teeth ..... healthier.
a.will be
b.be
c. for

He goes to the dentist every six months **……** he won't have any cavities.
a. in order to
b. for
c. so that

## Speaking

**Write down a doctor/ patient dialogue talking about the patient's oral care** (see as example the dialog from Reading & Vocabulary exercises). Record yourself, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.
**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....
.....

*(see below the transcript of the listening passage)*

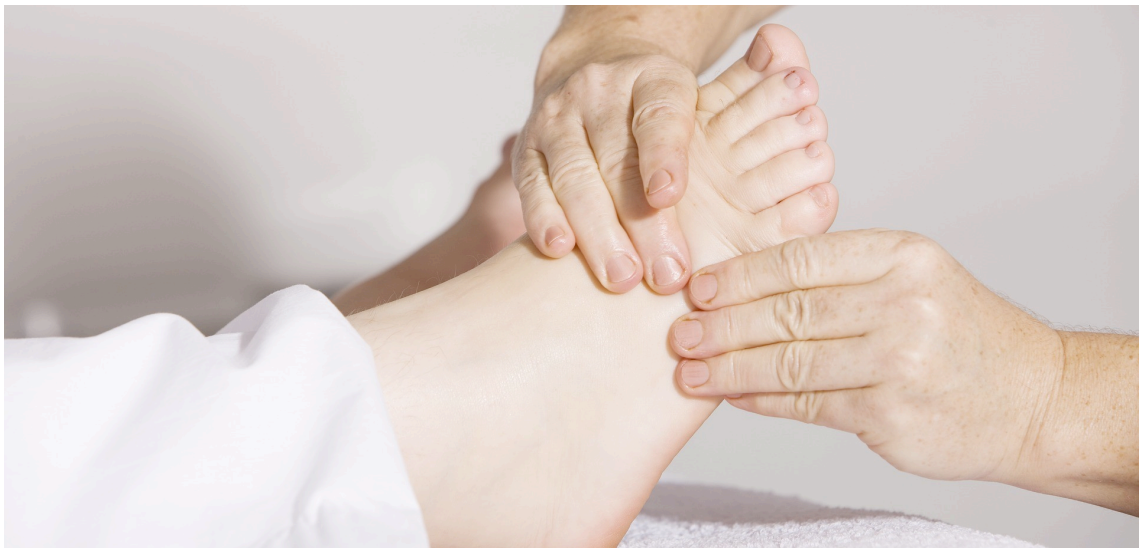
**! You can access the unit online at the following link: http://medlang.eu/course/**

*Would you prefer to wash your teeth by yourself, under my guidance, or would you rather I did it for you?*

# BED BATH - WASHING A BEDRIDDEN PATIENT BY USING WATER AND COMMON SOAP

## Medical procedure

## Language unit



BED BATH - WASHING A BEDRIDDEN PATIENT BY USING WATER AND COMMON SOAP

## BED BATH - WASHING A BEDRIDDEN PATIENT BY USING WATER AND COMMON SOAP

Skin care is essential to the wellbeing of (bedridden) palliative patients and constitutes one of the cornerstones of daily nursing practice. Traditional washing with water and soap is still standard of care. However, the disposable bath, which is prepacked in single-use units and heated before use, is gaining interest.

| | | Concept | ○ | ◒ | ● | P |
|---|---|---|---|---|---|---|
| **PREPARATION** | | | | | | |
| 1 | Examine the patient's medical records:<br>• Validate the timetable prescribed for hygienic care<br>• Check for any contra indications to bed bath and the use of soap or any other common hygienic products (e.g. allergy to soap)<br>• Check for the presence of any catheters or other devices that may complicate a bed bath, or that may require supplementary staff to ensure patients' safety | | | | | 049 |
| 2 | Wash the hands or put on clean medical gloves *(only in the case of tegumentary lesions of the nurses' hands or of a high infectious potential of the patient)*, as part of standard precautions. | standard precautions | | | | 013 |
| 3 | Collect all the necessary equipment *(2 towels, 2 washcloths, alcoholic hand disinfection, a cup, incontinence pads if needed, comb or hairbrush, flannel, sick bowl, 2 pair clean medical gloves, shaving supplies, toothbrush, toothpaste, washtub, soap, clean linen)* and take it with you to the room of the patient. | YES □ NO □ | | | | 059 |
| 4 | Close the door and Ensure a private space for bathing the patient if relevant *(curtains, screen, occupied-signal, etc.)* | YES □ NO □ | | | | 049 |
| 5 | Rapid evaluation of the presence of vital signs *(the presence of consciousness, movements, speech, breathing)*<br>**Hello. My name is …. I am the nurse who will give you a bed bath.** | Vital functions preserved □; cardiorespiratory arrest□ *(initiating medical measures - basic life support, -initiating the discussion)* | | | | 025 |
| 6 | **Could you, please, tell me what your name is…..? And your date of birth ….Thank you.** | *Conformity with the observations sheet for: Name; Date of birth* | ESSENTIAL | | | |
| 7 | Put the bed in working position (appropriate height) and possibly lower the bed laterals.<br>**Can you lie in supine position without problems?** | YES □ NO □ | | | | 049 |
| 8 | **I am now going to wash you** | *We explain to the patient WHAT WE WILL DO. He/she can CONTRIBUTE* | ESSENTIAL | | | |

| PERFORMANCE | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9 | Put water in the washtub, after asking the patient about the desired temperature | YES □ | NO □ | | | | 0 1 3 |
| 10 | If available, put a chair next to the foot end of the bed | YES □ | NO □ | | | | 0 1 3 |
| 11 | Arrange the flannel on the patient, remove the top layer of the bed linen and place it at the foot end of the bed or on the chair. Remove pillows and leave one pillow in place | YES □ | NO □ | | | | 0 1 3 |
| 12 | Remove clothing of the patient | YES □ | NO □ | | | | 0 1 3 |
| 13 | Place a towel on the pillow under the patients' head. | YES □ | NO □ | | | | 0 1 3 |
| 14 | Wash and dry the eyes of the patient, from ear-side to nose-side. Do not use soap. | | | ESSENTIAL | | | |
| 15 | Wash using water and soap, rinse and dry the patients' face, behind the ears, and the neck. | | | ESSENTIAL | | | |
| 16 | Fold the flannel down and place the towel on the chest; wash, rinse and dry the chest and armpits and fold the flannel up again. | | | ESSENTIAL | | | |
| 17 | Place the towel under the furthest arm, wash, rinse and dry from the upper arm to the hand, and between fingers. | | | ESSENTIAL | | | |
| 18 | Place the towel under the closest arm, wash, rinse and dry the upper arm to the hand, and between fingers | | | ESSENTIAL | | | |
| 19 | Cover the upper body with a flannel and fold the lower part of the flannel up to the knees | | | | | | 0 4 9 |
| 20 | Place the towel for the intimate wash under the furthest leg, wash, rinse and dry from the knee till the foot, and between toes. | | | ESSENTIAL | | | |
| 21 | Place the towel under the closest leg, wash, rinse and dry from the knee till the foot, and between toes. | | | ESSENTIAL | | | |
| 22 | Fill the bath tub with fresh water; mind the desired temperature of the water. | | | | | | 0 1 3 |
| 23 | Fold the flannel up and place the towel on the lower abdomen and pubic area | | | | | | 0 4 9 |
| 24 | Disinfect hands *(according to picture below; during 30 seconds)* | | | | | | 0 1 3 |


Source: www.2care.be

| | | | | | | |
|---|---|---|---|---|---|---|
| 25 | Put on gloves | | | | | 013 |
| 26 | Put soap on each side of the wash flannel | | | | | 059 |
| 27 | Wash, rinse and dry:<br>• Female patient:<br>- First lower abdomen (navel), first the furthest thigh till the knee, the other thigh and the groin<br>- Turn the wash flannel and wash the pubic area, spread the labia and wash from the top down with soap<br>• Male patient:<br>- First lower abdomen (navel), first the furthest thigh till the knee, the other thigh and the groin<br>- Turn the wash flannel and wash the scrotum and the penis<br>- The fore skin is pushed back, then wash and dry, then push the fore skin back | | | | | 049 |
| 28 | Take off gloves | | | | | 013 |
| 29 | Disinfect hands *(See step 24)* | | | | | 013 |
| 30 | Replace bed safety | | | | | 013 |
| 31 | Take clean water again | | | | | 049 |
| 32 | Turn patient on his/her side | | | | | 025 |
| 33 | Fold the sheet till the back of the patient | | | | | 013 |
| 34 | Place the upper body towel by the back- the lower body towel by the backside. | | | | | 013 |
| 35 | Wash with the upper body wash flannel the back down till the lower back, rinse and dry | | ESSENTIAL | | | |
| 36 | Disinfect hands *(See step 24)* | | | | | 013 |
| 37 | Put on gloves | | | | | 013 |
| 38 | Put soap on the lower body wash flannel on one side and sideways on one side | | | | | 049 |
| 39 | Wash the lower back, back of the thighs till the back of the knee, open the fold of the buttocks with the other hand and wash with the flannel sideways from the back passage upwards, rinse and dry in the same order | | ESSENTIAL | | | |
| 40 | Take off gloves | | | | | 013 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 41 | Disinfect hands *(See step 24)* | | | | | 0 1 3 |
| 42 | The patient can turn back or help the patient to turn back | | | | | 0 1 3 |
| 43 | Dress the patient and place him /her in a sitting (or semi recumbent) position | | | | | 0 1 3 |
| 44 | Place the upper body towel behind the head of the patient and comb hair. Then remove towel again. | | | | | 0 1 3 |
| 45 | Place sick bowl, glass/cup with clean water, toothbrush, toothpaste, shaving equipment and a paper tissue on the table and bring it closer to the patient. If required, assist the patient with brushing teeth | | | | | 0 1 3 |
| 46 | Remove the equipment again and clean and disinfect the table again. | | | | | 0 1 3 |
| **AFTER CARE** | | | | | | |
| 47 | Install patient in a comfortable position | | | | | 0 1 3 |
| 48 | Lower the bed again | | | | | 0 3 6 |
| 49 | Make sure the bell (or other contact system) is easy to approach | | | | | 0 1 3 |
| 50 | Tidy the room, open curtains, remove covers | | | | | 0 1 3 |
| 51 | Turn of occupancy sign | | | | | 0 1 3 |
| 52 | Tidy up in the nursing station | | | | | 0 1 3 |
| 53 | Sign for conducting the bed bath in the patients record | | | | | 0 1 3 |
| 54 | Report in the patients record | | | | | 0 3 6 |
| 55 | Report verbally | | | | | 0 1 3 |

| **Total score: 200** | | |
|---|---|---|
| | unfulfilled criterion | **%** |
| | partially fulfilled criterion | **%** |
| | completely fulfilled criterion | **%** |

**Washing without water is possible:**

Schoonhoven L, van Gaal B, Teerenstra S, Adang E, van der Vleuten C, van Achterberg T. Cost-consequence analysis of "washing without water" for nursing home residents: A cluster randomized trial. International Journal of Nursing Studies. January 2015 52(1):112-120. DOI 10.1016/j.ijnurstu.2014.08.001

Nøddeskou LH, Hemmingsen LE, Hørdam, B. Elderly patients' and nurses' assessment of traditional bed bath compared to prepacked single units - randomised controlled trial. Scandinavian Journal of Caring Sciences. June 2015, Vol. 29 Issue 2, p347-352. 6p. DOI: 10.1111/scs.12170.

# BED BATH - WASHING A BEDRIDDEN PATIENT BY USING WATER AND COMMON SOAP

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop..**

| | | | |
|---|---|---|---|
| bed bath | personal hygiene | contraindication | groin |
| disinfect | toiletries | tegument | incontinence pads |

**Definitions:**

A symptom or condition that makes a particular treatment or procedure inadvisable.
A natural protective body covering; the site of the sense of touch.
Area of the inferior abdomen, where the abdomen joins the thighs.
The cleansing of a patient in bed, which can be complete when the nurse washes the patient or partial when the patient needs help to wash himself/herself.
To cleanse in order to destroy or prevent the growth of disease-carrying microorganisms.
Maintaining the cleanliness and grooming of the body as a means of maintaining good health.
Articles (toothpaste, hairbrush, soap, shampoo, deodorant, etc.) used in personal grooming.
A product used by patients with urinary and fecal incontinence.

## Watching & Listening

**Here is a set of actions the carer is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The nurse examines the patient's medical record, validates the timetable established for hygienic care, checks for any contraindications to bedbath, use of soap or any other common hygienic products (e.g. allergy to soap) and also checks for the presence of any catheters or other devices that may complicate a bed bath.* |
| *After placing the patient in supine position, the nurse fills the bathtub with warm water; then he asks the patient if the water temperature is fine.* |
| *Before washing the patient's genital area the nurse changes the water in the tub. The genital area is the last area to be washed. He puts on new gloves. When washing this area, female patients must be washed from the front to the back. All parts of the body must be washed, rinsed, dried and covered.* |

- The nurse washes his hands or puts on clean medical gloves (tegumentary lesions on his hands or high risk of infection from patients), as part of standard precautions. This step is meant to prevent transmission of pathogens.
- The nurse brings all the supplies he needs to the patient's bedside; then he ensures a private space for the patient's bath and raises the bed to a comfortable height.
- The nurse tells the patient that he is about to give him a bed bath and he can contribute to it. The nurse places the patient in supine position.
- The nurse helps the patient to take off clothes and places a towel on the pillow under the patients' head.
- The nurse first starts the procedure with the client's eyes from ear-side to nose-side; he doesn't use soap. Then he goes on washing the patients' face, ears and the neck using water and soap; then he rinses and dries them.
- After washing the patient's face, the nurse goes on with the patient's upper body: his shoulders, arms, hands and fingers, which he rinses, dries and covers with a towel.
- Then he washes, rinses, dries and covers his hips, legs, feet and toes. All areas that are not being washed should remain covered.

## Reading & Vocabulary

**Click on the right answer to each question**

1. What does the patient's partial bath consist of?

The patient's bath is partial when the patient needs help to wash himself.

The patient's bath is partial when the nurse washes him.

2. What are toiletries?

Toiletries are articles (toothpaste, hairbrush, soap, shampoo, conditioner and deodorant) used in personal grooming.

Toiletries are articles (toothpaste, hairbrush, soap, shampoo, conditioner and deodorant) used for cleaning the bathroom.

3. Why does the nurse wash his hands or put on medical gloves?

The nurse washes his hands or puts on medical gloves in order to perform the patient's bath gently.

The nurse washes his hands or puts on medical gloves to prevent transmission of pathogens.

4. What does the nurse do before washing the patient's genital area?

He washes, rinses and dries the patient's ears.

Before washing the genital area the nurse changes the bath water.

**Choose if the statements are true or false**

1. At first, the nurse examines the patient's medical record. T/F
2. The nurse does not check for any contraindications to bedbath, use of soap or any other common hygienic products. T/F
3. The nurse brings all the supplies he needs to the patient's bedside. T/F
4. The nurse tells the patient that he is about to give him a bed bath and he can't contribute to it. T/F
5. The nurse checks for the presence of any catheters or other devices that may complicate a bed bath. T/F
6. After placing the patient in supine position, the nurse fills the bathtub with water. T/F
7. The nurse helps the patient to take off clothes and places a towel on the pillow under his feet. T/F
8. The nurse first starts washing the client's eyes from ear-side to nose-side with water and soap. T/F
9. All parts of the body should be washed, rinsed, dried and covered. T/F
10. After washing the patient's face, the nurse goes on with the patient's upper body: his shoulders, arms, hands and fingers, which he rinses, dries and covers with a towel. T/F

**Drag and match the doctor's questions to the patient's answers:**

| Doctor's questions: | Patient's answers: |
|---|---|
| You were saying you're not sure about having your bath today? | The water is fine but we'd better take off my pyjamas first. |
| Since you've recovered, I think it is necessary. Is this OK for you? | I like the way it smells! |
| Would you like me to help you with your bath or would you rather I carried it out? | Thank you for your help. Otherwise it is difficult for me. |
| We need this tub, towels, and soap. Do you like this soap? | I'm just over a cold so I'm not sure I should have my bath today. |
| Now let me fill the tub with warm water. What does the water feel like? Is it warm enough for you? | It's difficult for me to manage it. I'd rather you did it. |
| Certainly! Before having the bath we need to take off your pyjamas! I'll help you take them off. | Yes, that's true. I'll feel better after the bath. |
| It seems that you're ready for your bath. Can we start? | Of course. It's necessary to start it otherwise the water will get cold. |

**Drag and drop. Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Tegument | Extra |
| Lesion | Cleanliness |
| Precaution | Groin |
| To disinfect | Place |
| Genital area | Sterilize |
| Hygiene | Stain |
| Supplementary | Injury |
| To assist | To help |
| Soil | Skin |
| Location | Preventive measure |

## Integrated Grammar

**Click on the best version:**

1. *Before /Then* starting the patient's bath the nurse has to bring in all the equipment she needs to the patient's bed.
2. *Firstly/After* checking the temperature of the water we could start your bath.
3. The nurse starts the patient's bath but *at first/after that* he has to bring in all the equipment he needs.
4. We check the water temperature, *then/ once* we can begin the bath.
5. *Then/Once* she has brought in all the equipment she needs, the nurse starts the patient's bath.

**Click on the best version of the missing word:**

1. In order to prepare the patient's bath the nurse has to carry out a series of actions:……, the nurse examines the patient's medical record; secondly, she validates the timetable established for hygienic care.

*firstly*
*secondly*
*thirdly*

*2.* In order to prepare the patient's bath the nurse has to carry out a series of actions: firstly, the nurse examines the patient's medical record; secondly, she validates the timetable prescribed for hygienic care; ……, she checks for any contraindications to bedbath and soap or any other common hygienic products.

*firstly*
*secondly*
*thirdly*

3. **……** the patient is in supine position, the nurse fills the bathtub with water.
*Once*
*Before*
*After that*

4. ……..washing the patient's face, the nurse goes on with the patient's upper body: his shoulders, arms, hands and fingers, which she rinses, dries and covers with a towel.
*Thirdly*
*After*
*After that*

5. ……the nurse is preparing the bath water, the patient is taking off his clothes.
*At first*
*While*
*Then*

## Speaking

**Write down a dialogue in which a doctor is talking with a patient about his bedbath** (see as example the dialog from Reading & Vocabulary exercises). Record yourself making these recommendations, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....

*(see below the transcript of the listening passage)*

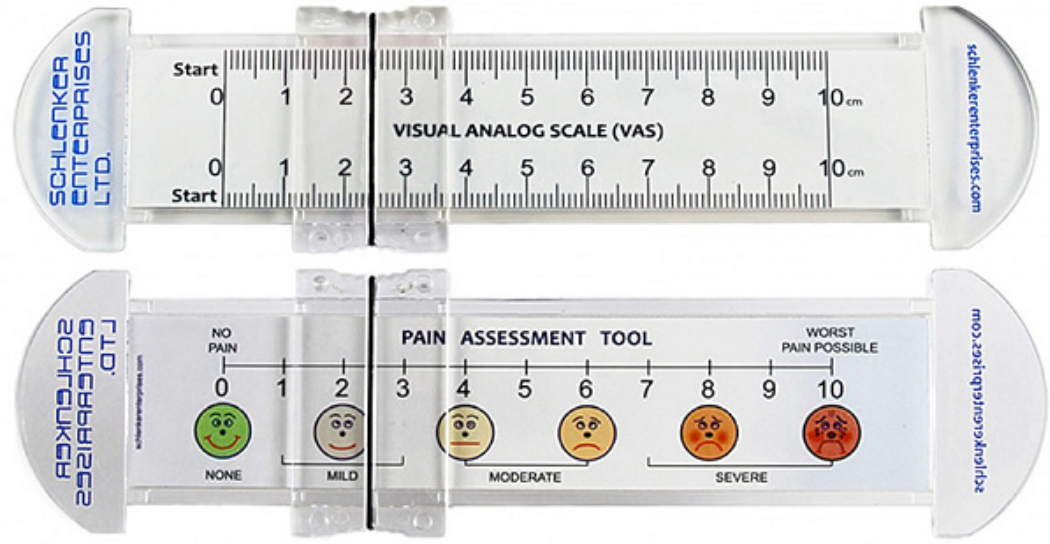
**! You can access the unit online at the following link: http://medlang.eu/course/**

*What does the water feel like? Is it warm enough for you?*

# PAIN ASSESSMENT - MEASURING PAIN IN CONSCIOUS ADULT PATIENTS USING THE VISUAL ANALOGUE SCALE

## Medical procedure

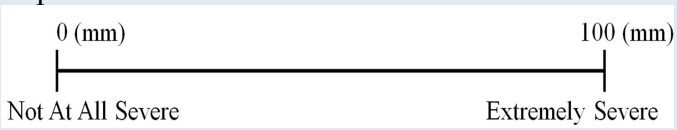
## Language unit




PAIN ASSESSMENT - MEASURING PAIN IN CONSCIOUS ADULT PATIENTS USING THE VISUAL ANALOGUE SCALE

# PAIN ASSESSMENT - MEASURING PAIN IN CONSCIOUS ADULT PATIENTS USING THE VISUAL ANALOGUE SCALE

The Visual Analogue Scale (VAS) is a unidimensional measure of pain intensity, which has been widely used in diverse adult populations [5].

| | | Concept | ○ | ◒ | ● | P |
|---|---|---|---|---|---|---|
| **PREPARATION** | | | | | | |
| 1 | Examine the patient's medical records:<br>• Check the report on previous screening results<br>• Check for any pain medications | | | | | 0 1 3 |
| 2 | Disinfect the hands or put on clean medical gloves *(only in the case of tegumentary lesions of the nurses' hands or of a high infectious potential of the patient)*, as part of standard precautions. | *standard precautions* | | | | 0 1 3 |
| 3 | *Close the door and Ensure a private space for changing the position of the patient, if relevant (curtains, screen, occupied-signal etc.)* | YES □ NO □ | | | | 0 1 3 |
| 4 | Rapid evaluation of the presence of vital signs *(the presence of consciousness, movements, speech, breathing)*<br>**Hello. My name is …. I am a nurse and will measure your pain** | *Vital functions preserved □; cardiorespiratory arrest □ (initiating medical measures - basic life support)*<br>*- initiating the discussion* | | | | 0 2 5 |
| 5 | **Could you, please, tell me your name…..? And your date of birth …. Thank you.** | *Conformity with the observations sheet for:*<br>*Name:* □<br>*Date of birth:* □ | ESSENTIAL | | | |
| 6 | If relevant, put the bed in working position (appropriate height) and do the side rails down | YES □ NO □ | | | | 0 1 3 |
| **PERFORMANCE OF PAIN MEASUREMENT** | | | | | | |
| 8 | Explain the VAS-scale:<br>  <br> | We explain to the patient WHAT WE WILL DO<br>Tell the patient WHAT HE/SHE HAS TO DO | ESSENTIAL | | | |
| 9 | Ask the patient to score his/her current pain sensation on the VAS-scale | YES □ NO □ | | | | 0 1 3 |
| 10 | If relevant, restore height of the bed and position of the side rails | YES □ NO □ | | | | 0 1 3 |
| **AFTERCARE** | | | | | | |
| 11 | Provide alarm system within easy reach | YES □ NO □ | | | | 0 1 3 |
| 12 | Turn off occupied signal | YES □ NO □ | | | | 0 2 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 14 | Measure the VAS-score by using a ruler, according to local policy in cm or mm, and document the pain score in the patient record | YES □ NO □ | | | | 049 |
| 15 | If the screening is performed for the first time, and it demonstrates mild pain (5– 44 mm), moderate pain (45–74 mm), or severe pain (75– 100 mm), immediately inform the attending physician and ask to prescribe pain management. | YES □ NO □ | | | | 025 |
| 16 | In case of a negative change/evolution of the pain scores, immediately inform the attending physician and ask to revise the current pain management. It is advisable to use the SBAR-method to communicate your message. | YES □ NO □ | | | | 025 |

| | | | |
|---|---|---|---|
| **Total score: 50** | ○ | | **%** |
| | ◒ | | **%** |
| | ● | | **%** |

**VAS-score interpretation**

A higher score indicates greater pain intensity. Based on the distribution of pain VAS scores in postsurgical patients (knee replacement, hysterectomy, or laparoscopic myomectomy) who described their postoperative pain intensity as none, mild, moderate, or severe, the following cut points on the pain VAS have been recommended: no pain (0 – 4 mm), mild pain (5– 44 mm), moderate pain (45–74 mm), and severe pain (75– 100 mm) [4].

**Selective references:**

1. Huskisson, E. C. (1974). Measurement of pain. Lancet, 2, 1127-1131
2. Gillian A. Hawker, Samra Mian, Tetyana Kendzerska and Melissa French. Measures of adult pain: Visual Analog Scale for Pain (VAS Pain), Numeric Rating Scale for Pain (NRS Pain), McGill Pain Questionnaire (MPQ), Short-Form McGill Pain Questionnaire (SF-MPQ), Chronic Pain Grade Scale (CPGS), Short Form-36 Bodily Pain Scale (SF-36 BPS), and Measure of Intermittent and Constant Osteoarthritis Pain (ICOAP). Arthritis Care & Research, 2011; Volume 63, Issue Supplement S11: Pages S240–S252. DOI 10.1002/acr.20543
3. Breivik H, Borchgrevink PC, Allen SM, Rosseland LA, Romundstad L, Breivik Hals EK, Kvarstein G, Stubhaug A. Assessment of pain. Br J Anaesth, 2008; 101 (1): 17-24. DOI: https://doi.org/10.1093/bja/aen103
4. Jensen MP, Chen C, Brugger AM. Interpretation of visual analog scale ratings and change scores: a reanalysis of two clinical trials of postoperative pain. J Pain, 2003;4:407–14.
5. McCormack HM, Horne DJ, Sheather S. Clinical applications of visual analogue scales: a critical review. Psychol Med 1988;18:1007–19.

# PAIN ASSESSMENT - MEASURING PAIN IN CONSCIOUS ADULT PATIENTS USING THE VISUAL ANALOGUE SCALE

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| hysterectomy | myomectomy | the SBAR-method | cognitive impairment |
| laparoscopy | postoperative pain | screening | The Visual Analogue Scale (VAS) |

**Definitions:**

1. The removal of fibroids from the wall of the uterus.
2. Abdominal exploration with an endoscope.
3. Partial or total surgical removal of the uterus.
4. Bodily suffering occurring in the period following a surgical operation.
5. A standardised instrument providing a framework for communication between members of the health care team about a patient's condition.
6. A unidimensional measure of pain intensity, which has been widely used.
7. A condition in which there is a decline in one's usual cognitive abilities (e.g., memory, language functions, reasoning).
8. The process of examining people to identify the possible presence of a disease in individuals without signs or symptoms.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *After examining the patient's medical record the doctor disinfects her hands or puts on clean medical gloves (only in the case of tegumentary lesions of her hands or of a high infectious potential of the patient), as part of standard precautions.* |
| *After the patient finishes assessing his current pain on the VAS-scale the doctor readjusts the bed in its initial position.* |
| *The doctor interprets the score. If the screening is performed for the first time, and it demonstrates mild pain (5– 44 mm), moderate pain (45–74 mm), or severe pain (75– 100 mm), the doctor immediately informs her team and asks them to prescribe pain management for the patient.* |

- At first, the doctor examines the patient's medical record and checks the report on previous screening results and pain medications.

- The doctor ensures a private space for changing the position of the patient.
- The doctor does a rapid evaluation of the presence of vital signs (the presence of consciousness, movements, speech, breathing). If necessary, she puts the bed in working position (appropriate height) for the procedure.
- The doctor explains the VAS-scale to the patient.
- The doctor instructs the patient how to score his current pain sensation on the VAS-scale.
- The doctor measures the VAS-score by using a ruler, and writes down the pain score in the patient's record.
- In the case of a negative change/evolution of the pain scores, the doctor immediately informs the team and asks them to revise the current pain management for the patient. It is advisable to use the SBAR-method to communicate her message.

**Reading & Vocabulary**

**Click on the right answer to each question**

*1. What is* SBAR*?*
a. A standardised instrument which provides a framework for communication between members of the health care team about a patient's condition (Situation-Background-Assessment-Recommendation).
b. A standardised instrument which provides a framework for communication with the patient's family about a patient's condition (Situation-Background-Assessment-Recommendation).

2. *What is SAV*?
a. A multidimensional measure of pain intensity, which has been widely used.
b. A unidimensional measure of pain intensity, which has been widely used.

3**.** What does the doctor assess first**?**
a. At first, the doctor examines the patient's medical record and checks the report on previous screening results and pain medications.
b. The doctor does a rapid evaluation of the presence of vital signs (the presence of consciousness, movements, speech, breathing).

4. What instructions does the doctor give?
a. The doctor instructs the patient how to score his current pain on the VAS-scale.
b. The doctor instructs the patient how to score his current pain on SBAR.

**Choose if the statements are true or false**

1. The doctor disinfects her hands or puts on clean medical gloves. T/F
2. The doctor doesn't have to ensure a private space for changing the position of the patient T/F
3. The patient interprets the score. T/F
4. If the screening is performed for the first time, and it demonstrates pain, the doctor immediately informs her team and asks them to prescribe pain management for the patient. T/F
5. The doctor doesn't explain the VAS-scale to the patient. T/F
6. The doctor measures the VAS-score with the help of the patient's family, and writes down the pain score in the patient's record. T/F
7. In case of a negative change or evolution of the pain scores, the doctor immediately informs the team and asks them to revise the current pain management for the patient. T/F
8. When the patient starts assessing his pain on the SAV scale the doctor puts the bed in working position (appropriate height) for the procedure. T/F
9. In case of tegumentary lesions of her hands the doctor puts on clean medical gloves. T/F
10. The score may show mild pain (5– 44 mm), moderate pain (45–74 mm), or severe pain (75– 100 mm) T/F

**Drag and match the doctor's questions to the patient's answers:**

| Doctor's questions: | Patient's answers: |
|---|---|
| Do you agree we measure your pain? | No, I have never used it before. |
| To do this we'll use the VAS analogue scale. Have you used it before? | Thank you. I'll wait for your medical team's decision. |
| Then I'll explain to you what it consists of. It is a horizontal line of 10 cm, anchored by 2 verbal descriptors, one for each extreme symptom: "no pain" and worst imaginable pain". Did you understand? | It's crystal clear. I'll draw the line right away. Here it is! |
| In addition, the VAS is administered as a paper and pencil measure score. It's simple, isn't it? | Yes, I agree. No problems at all. |
| You must draw a line perpendicular to the VAS line at the point that represents your pain intensity. Is that clear? | I'll see when you'll tell me what I'll actually have to do. |
| Now I'll determine your score by measuring the distance (mm) on the 10-cm line between the "no pain" anchor and your mark. Are you following? | Yes, I understood; it's a horizontal line. |
| Here is your score. I'll communicate it to my medical team so that we decide on your treatment. | Yes, I am following you attentively. |

**Drag and drop. Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Intolerable | Differentiate |
| Deterioration | Unbearable |
| Maximal | Detection |
| Unidimensional | Top/greatest |
| To distinguish | Impairment |
| Extirpation | Removal |
| Screening | Limit |
| Degeneration | After the surgery |
| Anchor | One dimension |
| Postoperative | Decline |

## Integrated Grammar

**Select the missing word:**

1. This doctor interprets the VAS score ……than his colleague.
the most accurately
accurately
more accurately

2. The resident explains **……** as his professor.
as clearly
clearly
very clearly

3. He does the VAS interpretation **…….** of all the doctors.
rapidly
the most rapidly
the least rapidly

4. You have taken care of the patient **……** than me.
well
very well
better

5. In case of a negative evolution of the pain score the doctor informs his medical team……...
the least promptly
less promptly
very promptly

**Click on the best version:**

1. The doctor recommends the patient should have long walks *outside/ the same.*
2. The patient took the medicine at the scheduled time *enough/ yesterday evening*.
3. The doctor *promptly/ enough* decided on starting the procedure.
4. The patient has *never/ around* done this procedure before.
5. *Yesterday/Undoubtedly* he is the best professional in this field.

## Speaking

**Write down a dialogue in which a doctor is talking with a patient about measuring his pain by using the Visual Analogue Scale** (see as example the dialog from Reading & Vocabulary exercises). Record yourself making these recommendations, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....

.....

*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

*Here is your score. I'll communicate it to my medical team so that we decide on your treatment.*

# PRESCRIBING PAIN MEDICATION ACCORDING TO THE WHO-PAIN LADDER

**Medical procedure**

**Language unit**


PRESCRIBING PAIN MEDICATION ACCORDING TO THE WHO-PAIN LADDER

## PRESCRIBING PAIN MEDICATION ACCORDING TO THE WHO-PAIN LADDER

The principles to cure pain in palliative patients are organized by the World Health Organisation (WHO) in a model, called the Pain ladder.

| | | ○ | ◒ | ● | P |
|---|---|---|---|---|---|
| **PREPARATION** | | | | | |
| 1. | Examine the patient's medical record:<br>• Check the current report on screening results for pain<br>• Check the current pain management<br>• Check for any documented drug allergies | ESSENTIAL | | | |
| 2. | Disinfect the hands | | | | 0 1 3 |
| 3. | Close the door and Ensure a private space for pain assessment *(curtains, screen, occupied-signal etc.)* | | | | 0 1 3 |
| 4. | Rapid evaluation of the presence of vital signs (the presence of consciousness, movements, speech, breathing)<br>**Hello. My name is …. I am you doctor and will measure your pain in order to prescribe you the pain killers.** | | | | 0 1 3 |
| 5. | **Could you first please tell me your name…..? And your date of birth …. Thank you.** | | | | 0 1 3 |
| 6. | If relevant, put the bed in working position (appropriate height) and do the side rails down | | | | 0 1 3 |
| **PRESCRIBING PAIN MEDICATION** | | | | | |
| 7. | Ask the patient if he/she has any drug allergies and record it in the patient's file:<br>**From your experience so far, Do you know you have any drug allergies? (like skin redness, itching or swelling …)** | ESSENTIAL | | | |
| 8. | Establish if the patient is taking any opioids = "opioid naïve" patient and Correlate the patient's answer with data regarding current or previous pain medication from patient's file – if any<br>**Do you take any pain medications?**<br>*(could be weak opioids – Tramadol, Codeine or strong opioids – Morphyne, Metadone, Oxycodone, Fentanyl …)*<br>Results:<br>• "Opioid naïve" patient – continue to step 10<br>• Non "Opioid naïve" patient" – go directly to step 16 | ESSENTIAL | | | |
| 9. | Assess patient's pain intensity – *see "Measuring Pain in conscious adult patients using the Visual Analogue Scale" protocol* | | | | 0 1 3 |
| 10. | Categorize the intensity of the pain according to the length you have measured on the VAS-scale, as mild, moderate or severe pain. | | | | 0 1 3 |
| 11. | Establish proper pain medication according to pain intensity *(see WHO-pain ladder):*<br>• Mild: non-opioids (STEP 1)<br>• Moderate: weak opioids (STEP 2)<br>• Severe: strong opioids (STEP 3)<br>and Prescribe it considering: | ESSENTIAL | | | |

| | | |
|---|---|---|
| | - patient drug allergies (if any)<br>- route of administration<br>- renal/hepatic insufficiency (if any)<br>- patient's preferences<br>- socio-economic factors (drug availability, price …)<br>- maximal daily doses (except for strong opioids that does not have maximal daily dose, but optimal dose – example: see attached the algorithm for oral Morphyne treatment initiation) | |
| 12. | Carefully monitor the patient!<br>*(look for signs of sedation, other side effects, assess pain level)* and adjust opioids treatment accordingly:<br>• If the first dose/doses of opioids produce intense sedation - reduce dose by 50% and make slower titration<br>• If the initial dose/doses do not produce any analgesia, the next dose is increased by 50%<br>Normally - grow opioid daily doses (30-50-100%) to obtain optimal analgesia | ESSENTIAL |
| 13. | Prescribe side – effects medication! *(like: antiemetics, laxatives …)* | ESSENTIAL |
| 14. | You may Combine analgesics according to WHO analgesic ladder rules:<br>• STEP 1 + STEP 2<br>• STEP 1 + STEP 3<br>• COANALGESICS + any STEP<br>NEVER give: STEP 2 + STEP 3 | ESSENTIAL |
| 15. | Non "Opioid naïve" patient:<br>Check current medication: type, doses, rhythm and route of administration and assess patient's pain and adapt is to patient condition (example: change from oral route to subcutaneous route if nausea/vomiting or total dysphagia) | 013 |
| 16. | Assess pain and adjust medication accordingly:<br>• Increase doses for non-opioids and weak opioids up to maximal daily dose (for STEP 1 and STEP 2)<br>• Switch form STEP 2 to strong opioids (STEP 3) if uncontrolled pain – using opioid conversion tables<br>• Rotate strong opioids (STEP 3) if uncontrolled pain | ESSENTIAL |
| 17. | Prescribe side – effects medication! *(like: antiemetics, laxatives …)* | ESSENTIAL |
| 18. | Carefully monitor the patient!<br>*(look for signs of sedation, other side effects, assess pain level)* and adjust opioids treatment accordingly:<br>• If the first dose/doses of opioids produce intense sedation - reduce dose by 50% and make slower titration<br>• If the initial dose/doses do not produce any analgesia, the next dose is increased by 50%<br>Normally - grow opioid daily doses (30-50-100%) to obtain optimal analgesia | ESSENTIAL |
| 19. | You may Combine analgesics according to WHO analgesic ladder rules:<br>• STEP 1 + STEP 2 | |

| | | | | | |
|---|---|---|---|---|---|
| | • STEP 1 + STEP 3<br>• COANALGESICS + any STEP<br>NEVER give: STEP 2 + STEP 3 | | | | ESSENTIAL |
| **MONITORING PAIN TREATMENT** | | | | | |
| 20. | Re-assess the patient's pain and condition and adjust the pain treatment accordingly:<br>• Hourly/or multiple times/day – for opioid initiation treatment or for uncontrolled pain - until obtaining the stable control of pain<br>• Daily – for hospitalized patients<br>• Weekly/monthly – for patients in ambulatory/or home care settings/stable patients<br>Or Every time as needed (unexpected situations; administrative issues – lack of medication,…) | | | | 0<br>1<br>3 |
| 21. | Once the stable control of pain is obtained under opioid treatment, prescribe medication (preferable the same opioid):<br>• In quick release forms - for "breakthrough" pain:1/6 of opioid (total) daily dose<br>• In slow release form – for long term/chronic medication – if possible | | | | 0<br>1<br>3 |
| | | **Total score: 30** | ○ | criterion unfulfilled | **%** |
| | | | ◒ | criterion partially fulfilled | **%** |
| | | | ● | criterion fulfilled completely | **%** |

**Algorithm for oral Morphine treatment initiation:**

| Age | Renal function | Dose |
|---|---|---|
| < 65 | Normal | 10 mg at 4 Hours |
| > 65 | Normal | 5 mg at 4 Hours |
| < 65 | Low | 10 mg at 6-8 Hours |
| > 65 | Low | 5 mg at 6-8 Hours |

# PRESCRIBING PAIN MEDICATION ACCORDING TO THE WHO-PAIN LADDER

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| a route of administration | opioids | breakthrough pain | dose |
| the WHO pain ladder | dosage | analgesic | renal insufficiency |

**Definitions:**

1. A pain management model proposed by the World Health Organisation based on a set of principles, meant to cure pain in palliative patients.
2. A group of narcotic medications (such as morphine) used to treat pain.
3. A specified quantity of medicine, prescribed to be taken at stated intervals.
4. Medicine used to reduce or eliminates pain.
5. Administration of medicine in prescribed amounts.
6. The path by which medicine is taken into the body.
7. A sudden increase in pain that may occur in patients with chronic pain from cancer, arthritis, or other conditions.
8. A life-threatening medical condition that consists of rapid deterioration in kidney function.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *After a short examination of the patient's vital signs the doctor asks the patient if he is allergic to any medicine and if that is the case, registers it in the patient's medical record.* |
| *The doctor carefully monitors the patient by looking for signs of sedation or other side effects (in this she prescribes side – effects medication), assessing pain level and adjusting opioids treatment accordingly. (If the first dose/doses of opioids produce intense sedation – the doctor reduces the dose by 50% and makes slower titration; if the initial dose/doses do not produce any analgesia, the next dose is increased by 50%). Normally the doctor increases opioid daily doses (30-50-100%) in order to obtain optimal analgesia.* |
| *Once the stable control of pain is obtained under opioid treatment, the doctor prescribes medication, preferably the same opioid.* |

- At first, the doctor examines the patient's medical record and checks the patient's current report on screening results for pain, identifies any documented drug allergies that the patient may have and reads about the patient's current pain management.
- Then the doctor wants to know whether the patient is taking any opioids or not. The doctor correlates the patient's answers with the data regarding current or previous pain medication from the patient's file.
- If the patient is an "opioid naïve" patient, the doctor assesses the patient's pain intensity and prescribes proper pain medication according to the patient's pain intensity.
- The doctor carefully monitors the patient, prescribes side – effects medication and increases opioid daily doses (30-50-100%) to obtain optimal analgesia.

- If the patient is a "non opioid naive" patient, the doctor checks current medication: type, doses, frequency and route of administration; then she assesses the patient's pain and adapts it to the patient's condition (ex.: change from oral route to subcutaneous route in case of nausea).
- The doctor assesses pain and adjusts medication accordingly by increasing doses for non-opioids and weak opioids up to maximal daily dose (for STEP 1 and STEP 2) or in case of uncontrolled pain by switching from STEP 2 to strong opioids (STEP 3)– using opioid conversion tables or rotating strong opioids (STEP 3).
- The doctor also monitors the patient's pain treatment: she re-assesses the patient's pain and condition and adjusts the pain treatment accordingly every time as needed; she may combine analgesics according to WHO analgesic ladder rules.

## Reading & Vocabulary

**Click on the right answer to each question**

1. What is the WHO pain ladder?

The WHO pain ladder is a pain management model proposed by the World Health Organisation based on a set of principles, meant to cure pain in palliative patients.
The WHO pain ladder is a disease management model proposed by the World Health Organisation based on a set of principles, meant to cure palliative patients.

2. What are opioids?

Opioids are medications, such as paracetamol, used to treat pain.
Opioids are narcotic medications, such as morphine, used to treat pain.

3. Which could be the strongest opioids?

The strongest opioids are considered to be: Morphine, Methadone, Oxycodone, Fentanyl etc.
The strongest opioids are considered to be: Tramadol, Codeine etc.

4. What must the doctor do if the initial dose/doses do not produce any analgesia?

If the initial dose/doses do not produce any analgesia, the next dose is increased by 50%.
If the initial dose/doses do not produce any analgesia, the next dose is increased by 20%.

**Choose if the statements are true or false**

1. A breakthrough pain is a permanent pain that may occur in patients who already have chronic pain from cancer, arthritis, or other conditions. T/F
2. The doctor asks the patient if he has any drug allergies and records them in the patient's file. T/F
3. The doctor wants to know whether the patient is taking any opioids or not T/F
4. Opioid naïve patients and non-opioid naïve patients get the same analgesic treatment. T/F
5. The doctor carefully monitors the patient and prescribes side – effects medication. T/F
6. The doctor can change the route of administration of medication from oral route to subcutaneous route in case of nausea. T/F
7. If the first dose of opioids produces the desired sedation, the doctor increases the dose by 50%. T/F
8. The doctor adjusts the pain treatment for hospitalized patients every month. T/F
9. According to WHO analgesic ladder rules the doctor cannot combine analgesics. T/F

10. Once the stable control of pain is obtained under opioid treatment, the doctor prescribes medication (preferable the same opioid). T/F

**Drag and match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| Tell me about your pain. Where does it hurt? | Quite mild for the moment. |
| How bad is your pain? | I'll call you if there is any problem. |
| When did it start? Is it getting worse? | There is a pain round my stomach. |
| Do you always have it? | No, I'm not. I'm not taking any medicine. |
| Are you taking any pain medication? | No, it comes and goes. |
| Do you know you have any drug allergies (like skin redness, itching or swelling)? | A week ago. No, it's staying the same. |
| I'll give you this analgesic non-opioid. Call me if the pain persists or increases. | No, I don't. I don't have any allergies. |

**Drag and drop. Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Opioid | Able to move |
| Analgesic | Determination of solution concentration |
| Severe | Pain killer |
| To correlate | Serious |
| Dose | Purgative |
| Conversion | To connect |
| Laxative | Narcotic |
| Ambulatory | Calm, reduced excitement |
| Titration | Amount |
| Sedation | Change |

## Integrated Grammar

**Click on the best version:**

The treatment is…….today than it was yesterday.
a. more effective
b. the most effective
c. as effective as

I'm worried that this opioid is…….in the opioid group.
a. the weakest
b. weaker
c. as weak as

The medicine produces……side effects in this group of analgesics.
a. more numerous
b. the least numerous
c. as numerous as

You won't feel any pain if you take this…….medicine.
a. stronger
b. less strong
c. as strong as

The patient's condition is.....today than it was last night.
a. stable
b. more stable
c. very stable

**Click on the best version:**

1. This analgesic is *the best/ the better* of all.
2. You'll feel *the least/ less* pain than you do now if you take this medicine.
3. The patient's condition *is worse/ the worst* than it was a week ago.
4. This treatment is *better/ the best of all* for you.
5. This patient is *the least/ less* visited of all patients in this hospital.

## Speaking

**Write down a dialogue in which a doctor is talking with a patient about prescribing pain medication according to the WHO Pain Ladder** (see as example the dialog from Reading & Vocabulary exercises). Record yourself, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

……
*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

I'll give you this analgesic non-opioid. Call me if the pain persists or increases.

# PROFESSIONAL BURNOUT SYNDROME

## Medical procedure

## Language unit

## PROFESSIONAL BURNOUT SYNDROME

| | Consequence of chronic exposure to job related stress (suffering persons, critical / dying patients) manifested as an empathic reaction of overwhelming emotional exhaustion, feelings of ineffectiveness and self-doubt, along with the loss of interest in performing professional activities. | ○ | ◒ | ● | P |
|---|---|---|---|---|---|
| 1. | **Good morning/afternoon. My name is ……. I am doctor / nurse**…. | | | | 025 |
| 2. | **Can you tell me your name, please..... and your date of birth..... . Thank you.** | ESSENTIAL | | | |
| 3. | Secure a private examination environment *(office/ room with a quiet, calm environment, with no distractions/ personal home etc.)*<br>**What we need to do is to establish if your professional work environment is a source of burnout for you and your colleagues** *(what we will do)* | | | | 013 |
| 4. | **This evaluation will focus on three main steps: assessing the presence of personal and/or professional risk factors for developing burnout syndrome, completion of the professional quality of life questionnaire (PROQOL) in order to quantify the negative impact of the burnout syndrome and finding possible debriefing burnout strategies** *(what the evaluation consists of)* | | | | 025 |
| 5. | **It is very important that you stay relaxed and calm during the evaluation. Please respond with all sincerity. There are no incorrect answers. If in doubt, feel free to ask any questions. You may withdraw at any time and you may skip questions you would prefer not to answer.** *(how to contribute to the evaluation)* | | | | 013 |
| 6. | **Before proceeding further, you must rest assured that all information provided will be kept confidential. We will not disclose your personal information to a third party without your consent**. | | | | 013 |
| 7. | **Do you agree being part of this evaluation?** *(evaluation of personal beliefs regarding the burnout syndrome and acceptance of consent)* | ESSENTIAL | | | |
| 8. | Assess caregiver's professional condition<br>**What is your job title?**<br>**What is the specialty of the medical unit you perform your activity in?**<br>**Briefly describe your duties and responsibilities in your current job.**<br>**How many years of employment do you have in your current position?**<br>**Your previous jobs were part of the same medical specialty?** | | | | 049 |
| 9. | **Do you have a temporary or a permanent contract of employment?** *(temporary contracts can lead to job insecurity/overworking to complete tasks in order to prove one's worth)* | | | | 013 |
| 10. | **How many hours do you work per week? Less/more than 40-hour work week?** | | | | 025 |

| | | | |
|---|---|---|---|
| 11. | **How many patients do you usually take care off (per shift/week)?** | | 025 |
| 12. | **Are you satisfied with your current job responsibilities?** | | 013 |
| 13. | **How satisfied are you of your work performance so far?** | | 013 |
| 14. | **What do you find most frustrating at work/about your job?**<br>**Can you give me an example?** | | 013 |
| 15. | **Are you familiar with the term of "secondary traumatic stress"?**<br>*(traumatic stress experienced by patients in care, having a negative impact on caregiver's health and mental state)*<br>**How much do you feel affected by your patients' medical condition?**<br>**Please exemplify one situation** | | 049 |
| 16. | **Are you satisfied with your current payment conditions?** *(Effort–reward imbalance represents a possible cause for professional dissatisfaction)* | | 036 |
| 17. | **Do you consider that the team members/your colleagues are being supportive for you?** | | 013 |
| 18. | **Is there something you would like to change at work?** | | 013 |
| 19. | Assess caregiver's personal condition (*marital status, number of children, time from last vacation - the impact of the burnout syndrome over the personal life is correlated to these aspects)*<br>**Are you married/divorced/widow(er)? If married, for how long?** | | 013 |
| 20. | **Do you have children? How many?**<br>**Do you have someone to help you with your child (children)?** | | 013 |
| 21. | **Do you consider that your job is affecting negatively the time spent with your family?**<br>*(limited time with your family, constantly thinking about your job and patients, not being able to relax at home/not feeling appreciated by family members)* | | 025 |
| 22. | **How many hours do you sleep per night? Is there something/someone constantly interrupting your sleep? Do you wake up feeling rested?** | | 019 |
| 23. | **Do you consider you have healthy eating habits? Is your work interfering with your meals program?** | | 013 |
| 24. | **Are your friends and relatives an active part of your current living? Do you find the time to meet with them?** *(social burnout is a side effect of excessive stress exposure)* | | 013 |
| 25. | **When was your last vacation?** | | 013 |
| 26. | **What do you do to distract yourself from work?**<br>**Can you give me some examples, please?** | | 013 |
| 27. | **Can you give me examples of stressful situations/conditions not related to the job that you may encounter every day?** | | 013 |
| 28. | **Have you ever felt depressed or unmotivated?** | | 013 |
| 29. | **In order to establish the presence of burnout elements you will be** | | |

| | | | |
|---|---|---|---|
| | **asked several questions, all of them being part of the professional quality of life questionnaire (PROQOL)** | ESSENTIAL | |
| 30. | **This questionnaire will assess three main characteristics: compassion satisfaction, burnout and secondary traumatic stress** | | 049 |
| 31. | **All three characteristics reflect the impact of stressful and critical situations you may encounter at work** | | 013 |
| 32. | **You should select one single answer from 5 possibilities, the one that most applies to your everyday work environment** | | 013 |
| 33. | Each answer will be noted accordingly<br>Never – 1 point<br>Rarely – 2 points<br>Sometimes – 3 points<br>Often – 4 points<br>Very often – 5 points | | 013 |
| 34. | **Select the number that honestly reflects how frequently you experienced the situations presented in the questionnaire in the last 30 days** | | 013 |
| 35. | **It won't take longer than 15 minutes to complete the questionnaire** | | 013 |
| 36. | **Would you like to ask me anything else regarding this evaluation?** | ESSENTIAL | |
| 37. | **Good luck: I will come back in 15 minutes.**<br>**After you finish completing the questionnaire, we will calculate the total score and give you the final result in approximately 10 minutes.** | ESSENTIAL | |
| 38. | If according to the total score we have a low level of burnout or secondary traumatic stress, there is no need to continue the evaluation.<br>**Thank you for your participation in this evaluation. Your answers are very valuable in our efforts to improve the proper management of persons who are at risk of developing burnout.** | ESSENTIAL | |
| 39. | If the scoring confirms the presence of burnout, continue the evaluation and briefly assess existent medical pathological conditions responsible for clinical manifestations similar to burnout (sleep disturbances/primary psychiatric disorders/ concomitant medication/ thyroid disorders)<br>**Please tell me if you were diagnosed previously with any medical disease? Are you on a specific treatment? If so, please say the name of the drug(s)** | | 049 |
| 40. | Assessing debriefing burnout strategies<br>**Do you believe you need help to control the effects of the job related stress? What do you believe it would be most efficient?** | | 016 |
| 41. | **Would you consider helpful a discussion with colleagues in similar situations/ psychologist? Are you a religious person?**<br>**Joining working, social, religious support groups can help coping with negative experiences** | | 025 |
| 42. | **What kind of remedies did you use to cope with the stressful experiences?** *(relaxation techniques, medication, alcohol, illicit drugs)* | | 016 |
| 43. | **Do you find helpful communication skills training courses and** | | 01 |

| | | | |
|---|---|---|---|
| | **seminars?** *(Find efficient techniques of improving communication skills between team members or between caregiver and patient/s)* | | 3 |
| 44. | **How often are you interrupted during the daily activities? How is this affecting the quality of your work?** (*Avoid time-consuming activities and prioritize tasks according to their importance).* | | 0 4 9 |
| 45. | **What measures do you take to improve your physical and mental health? Quality of sleep, social activities, physical activity, healthy eating habits?** | | 0 4 9 |
| 46. | **Thank you for your participation in this evaluation. Your answers are very valuable in our efforts to improve the proper management of persons who develop burnout.** | ESSENTIAL | |

| | | |
|---|---|---|
| **Total score: 180** | unfulfilled criterion | **%** |
| | partially fulfilled criterion | **%** |
| | completely fulfilled criterion | **%** |

**Selective references**

Maslach C, Schaufeli WB, Leiter MP, 2001 *Job Burnout* Annu. Rev. Psychol. 52:397–422

Professional Quality of Life Scale (PROQOL), Compassion Satisfaction and Compassion fatigue (PROQOL) Version 5 (2009). Available at URL: http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf

# PROFESSIONAL BURNOUT SYNDROME

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| burnout syndrome | compassion satisfaction | secondary traumatic stress | PROQOL |
| compassion fatigue | pathological conditions | relaxation techniques | eating habits |

**Definitions:**

1. Consequence of chronic exposure to job related stress (suffering persons, critical/ dying patients) manifested as a reaction to overwhelming emotional exhaustion, feelings of ineffectiveness and self-doubt and loss of interest in professional activities.
2. Traumatic stress experienced by patients in care, having a negative impact on caregiver's health and mental state.
3. Negative aspects of the work as carers, the profound emotional and physical exhaustion that helping professionals and caregivers can develop over time.
4. The pleasure one derives from being able to do his/her work well.
5. Abnormal anatomical or physiological conditions and objective or subjective manifestations of disease, not classified as disease or syndrome.
6. A variety of methods or activities (deep breathing, meditation, rhythmic exercise, and yoga), which help with stress management.
7. What, why and how people eat and with whom they eat, as well as the ways people obtain, store, use, and discard food.
8. A questionnaire quantifying the negative impact of the burnout syndrome and proposing possible improvement burnout strategies.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor tells the caretaker that what they need to do is to establish if the caretaker's professional work environment is a source of burnout for her and her colleagues. The procedure will have three main steps: the assessment of the presence of personal and/or professional risk factors favouring a burnout syndrome, the completion of the professional quality of life questionnaire quantifying the negative impact of the burnout syndrome and finding possible improvement strategies.* |
| *After she finishes completing the questionnaire, the doctor calculates the total score and gives the caretaker the final result in approximately 10 minutes. If according to the total score, there is a low level of burnout or secondary traumatic stress, there is no need for the caretaker to continue the evaluation.* |
| *The doctor thanks the caretaker for her participation in this evaluation. The doctor tells the caretaker that her answers contribute to a better management of burnout syndrome.* |

- The doctor asks for the caregiver's consent before embarking on the evaluation procedure and tells her that it is very important that she stays relaxed and calm during the evaluation procedure and gives sincere answers. She may withdraw at any time and she may skip questions they do not want to answer.
- The doctor assesses the caregiver's professional condition: position, specialty, duties and responsibilities, years of employment in the current position, previous jobs, type of contract of employment (temporary or permanent), working hours per week, number of patients per week, job satisfaction, frustrations, secondary traumatic stress, payment or colleagues' support.
- The doctor assesses the caregiver's personal condition: marital status, number of children, period of time since last vacation. Thus, the doctor can find out whether the impact of the burnout syndrome on the personal life is correlated to these aspects.
- In order to establish the presence of burnout elements the caretaker has to complete the professional quality of life questionnaire (PROQOL), in 15 minutes.
- If the scoring confirms the presence of burnout, the caretaker continues the evaluation which briefly assesses existent medical pathological conditions responsible for her clinical manifestations similar to burnout: sleep disturbances, primary psychiatric disorders, concomitant medication or thyroid disorders.
- The doctor starts suggesting burnout strategies by asking if the caretaker believes she needs help to control the effects of the job related stress and what she thinks would be the most efficient: a discussion with colleagues in similar situations or communication skills training courses.
- The doctor also asks the caretaker how often she is interrupted during her daily activities and if this affects the quality of her work. The doctor also wants to know what kind of remedies the caretaker uses to cope with the stressful experiences and what measures she takes to improve her physical and mental health.

## Reading & Vocabulary

**Click on the right answer to each question**

1. What is the burnout syndrome?

a. It is the consequence of chronic exposure to family problems. It manifests as an overwhelming emotional exhaustion, feelings of ineffectiveness and self-doubt and loss of interest in performing professional activities.

b. It is the consequence of chronic exposure to job related stress (suffering persons, critical / dying patients) manifested as an empathic reaction to overwhelming emotional exhaustion, feelings of ineffectiveness and self-doubt and loss of interest in performing professional activities.

2. What does the evaluation procedure consist of?

a. The evaluation procedure consists of three main steps: assessment of the presence of personal and/or professional risk factors favouring a burnout syndrome, completion of the professional quality of life questionnaire (PROQOL) quantifying the negative impact of the burnout syndrome and proposing possible improvement strategies.

b. The evaluation procedure consists of three main steps: assessment of the presence of personal and/or professional risk factors favouring a burnout syndrome, completion of the

professional quality of life questionnaire (PROQOL) quantifying the negative impact of the burnout syndrome and a variety of relaxation methods or activities.

3. What does the caretaker do if according to the total score there is a low level of burnout or secondary traumatic stress?
a. If the total score confirms the burnout syndrome, the caretaker continues the evaluation procedure.
b. If the total score confirms the burnout syndrome, the caretaker does not continue the evaluation procedure.

4. What are the characteristics that the professional quality of life questionnaire (PROQOL), assesses?
a. The three main characteristics assessed by the questionnaire are: compassion satisfaction, burnout and secondary traumatic stress.
b. The three main characteristics assessed by the questionnaire are: compassion fatigue, pathological conditions and secondary traumatic stress.

**Choose if the statements are true or false**

1. At the beginning of the procedure the doctor tells the caretaker that they need to establish if the caretaker's professional work environment is a source of burnout for her and her colleagues. T/F
2. The doctor tells the caretaker that it is very important that she is relaxed, calm and sincere during the evaluation procedure. T/F
3. The doctor tells the caretaker that she has to answer all the questions. T/F
4. The doctor does not need the caretaker's consent in order to begin the procedure. T/F
5. The doctor assures the patient that they can feel free to ask any questions but they can't leave the questionnaire unanswered. T/F
6. The burnout syndrome does not have any impact on the caretaker's personal life. T/F
7. The traumatic stress experienced by patients in care has a negative impact on the caregiver's health and mental state. T/F
8. Caretakers need help in order to control their job related stress. T/F
9. The doctor doesn't ask the caretaker how often she is interrupted during the daily activities and if this affects the quality of his/her work. T/F
10. Joining working, social or religious support groups doesn't help the caretaker cope with negative experiences. T/F

**Drag and match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Caretaker's answers:** |
|---|---|
| Do you think you need help controlling the effects of the job related stress? | I usually take long walks with my dog. |
| Would a discussion with colleagues in similar situations be helpful to you? | I try to sleep at night, eat healthily and keep calm. |
| What kind of remedies do you use to cope with stressful experiences? | Yes, I do. I've been through a lot of stress recently. |
| Do you find communication skills training courses | You are more than welcome, I'm glad I |

| | |
|---|---|
| helpful? | could help. |
| How often are you interrupted during your daily activities? How does this affect the quality of your work? | Yes, why not? They may be more experienced than me. |
| What measures do you take to improve your physical and mental health? | Yes, I do. I find them very useful because the techniques I've learned have improved communication between me and the patient. |
| Thank you for your participation in this evaluation. Your answers will contribute to a better management of burnout syndromes. | Quite often and it's irritating. I try to prioritize tasks according to their importance. |

**Drag and drop. Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Consequence | To order, rate, rank |
| Syndrome | Cure, solution |
| Impact | Accompanying, concurrent |
| Traumatic | Accountability, duty |
| Secondary | Effect |
| Responsibility | Regret, discontent |
| Imbalance | Painful |
| Dissatisfaction | Disproportion |
| Clinical | Influence |
| Concomitant | Symptom, condition |
| Remedy | Minor |
| To prioritize | objective, cold |

## Integrated Grammar

**Click on the best version with the missing word:**

1……high level positions are at times rather stressful, professionals can sometimes develop burnout syndromes.
a. Since b. Because of c. As a result

2.He worked hard and didn't have his family's support. ……he developed a burn out syndrome.
a. because b. as a result c.since

3……. your total score reveals a low level of burnout, you don't need to continue the evaluation.
a. As result b. Consequently c. Since

4.Everybody likes the nurse ……..she's a very kind and friendly caretaker.
a. as a result b. because c. due to

5…… the treatment received, she had a fast recovery.
a. because b. since c. thanks to

**Click on the best version:**

1. *As she felt tired/ As the burn out syndrome doesn't affect her personal life directly,* she started practising relaxation techniques which helped her manage the stress.
2. *Since you need help to control the effects caused by the professional burn out syndrome/ Since your total score reveals a low level of burnout*, you don't need to continue the evaluation.
3. The family could not support her at home. *Therefore, they sent her to a palliative care clinic./ Therefore, she must be calm and relaxed.*
4. *Because of the steps taken/ Because of chronic exposure to job related stress*, he developed a severe burnout syndrome.
5. *In order to avoid the unwanted consequences of the accident/ In order to participate in the support groups' meetings*, he followed the prescribed treatment.

## Speaking

**Write down a doctor/ caretaker dialogue talking about the caretaker's burnout syndrome** (see as example the dialog from Reading & Vocabulary exercises). Record yourself, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

……
*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

Do you think you need help controlling the effects of the job related stress?

# DISCUSSION ABOUT END OF LIFE CARE (PLACE OF CARE, AGGRESSIVE TREATMENT, DNR)

## Medical procedure

## Language unit

DISCUSSION ABOUT END OF LIFE CARE (PLACE OF CARE, AGGRESSIVE TREATMENT, DNR)

## DISCUSSION ABOUT END OF LIFE CARE (PLACE OF CARE, AGGRESSIVE TREATMENT, DNR)

| | Care planning is one of the most important aspects in end of life care for patients, relatives and health care professionals. This procedure contributes to respecting the patient's wishes and freedom and responds to the caregiver's needs. | ○ ◒ ● | P |
|---|---|---|---|
| 1 | Enter and introduce yourself politely: **Good morning. How are you feeling today?** *(Allow enough time for the patient to answer your questions)* **Would you mind if we talked some time?** | | 0 1 3 |
| 2 | Ensure a private, comfortable space for the interview. *(Confidentiality and patient comfort should be ensured when discussing the care plan. Verify if time and place are appropriate for this)* | | 0 1 3 |
| 3 | Pay special attention to non-verbal communication during the interview: eliminate physical barriers; position yourself at the same level as the patient. If other persons are present, facilitate an open communicative space by placing comfortable chairs in a circle. *(This setting will help to involve all persons participating in the care planning)* | | 0 1 3 |
| 4 | Ask the patient how he feels: **Do you have any pain, complaint or specific worry?** *(Identify the patient's needs and clinical circumstances to plan the care)* | | 0 1 4 |
| 5 | Ask the patient if s/he has any questions concerning his/her disease, treatment plan and general prognosis (for instance, **What are your plans after your discharge?)** *(Present the circumstances where there is a possibility to lose autonomy and the need for planning in advance)* | | 0 1 3 |
| 6 | Use active listening and empathic communication *(Look for the patient's and caregiver's participation in the care plan)* | | 0 1 3 |
| 7 | Adapt your language to the social, cultural and education level of the patient, while maintaining true and comprehensible messages. *(Take into account the patient's values, interests and wishes, and make sure all the information has been processed in keeping with the patient's circumstances)* | | 0 1 3 |
| 8 | Explain the goals of the interview: **Today I would like to talk about your future treatment plan…** Involve the patient in the decision making process: **As you know, it is very important for us to hear your opinions and preferences in order to take the best decisions together. Do you agree?** *(Clinical practices must be shared and consensual)* | ESSENTIAL | |
| 9 | Inform the patient which diagnostic and treatment options will be available from now on, and which will not. *(Care planning should identify all the available strategies to ensure the patient's comfort according to his/her autonomy)* | | 0 1 3 |
| 10 | Ask the patient which kind of care he would like, considering the current situation/diagnosis/circumstances. *(Discuss risks, benefits and consequences for patient and caregivers)* | | 0 1 3 |

| | | | |
|---|---|---|---|
| 11 | If relevant, ask the patient where s/he would like to be cared for from now on (home care, palliative care unit, institution etc.). *(It is important to discuss this aspect with patient and caregivers in order to understand the sustainability of the care plan)* | | 0 1 5 |
| 12 | Allow enough time for questions from the patient. | | 0 1 3 |
| 13 | If stipulated in the national legislation, inform the patient about the possibility of stating his/her preferences of care in a written document (advanced directives) to be used in case s/he is no longer able to express his/her views or wishes (for instance, the choice of DNR orders or ICU admission). *(This guarantees respect for the patient's will and provides a solid argument in negotiations with caregivers in case of divergent perspectives)* | ESSENTIAL | |
| 14 | Allow enough time, even in silence, if necessary. Ask the patient if s/he needs more time to think or to consult with other family members. Pay attention to continuous communication (keep eye contact, show empathy, comprehension and respect for the patient's needs or views). | | 0 1 3 |
| 15 | Ask the patient if s/he would like you to share the information with someone else (for instance, someone who is not present in the room). | | 0 1 5 |
| 16 | Show availability for any further enquiry and inform the patient how to contact you again. The patient must perceive continuity of care. *(The care plan can be changed if required by the patient, while health care professional are open to redefining strategies if these are not respondent to the patient's current wishes)* | | 0 1 3 |
| 17 | Recapitulate the most important issues concerning the future care plan. The patient must see that the situation is managed seriously and professionally. *(Uncertainty and complexity of clinical circumstances are managed in a consistent manner)* | | 0 1 5 |
| 18 | Evaluate emotional status after the interview: **How do you feel now?** Ask if the patient has any final questions or worries. *(If yes, discuss all aspects creating worry or anxiety and propose a strategy to manage them)* | | 0 1 5 |
| 19 | Take leave amiably. | | 0 1 3 |

| | | |
|---|---|---|
| **Total score: 60** | unfulfilled criterion | % |
| | partially fulfilled criterion | % |
| | completely fulfilled criterion | % |

**Selective references**
Thomas K, Lobo B. Advance care planning in end of life care. Oxford University Press, 2010
Randall F, Downie R. End of life choices. Oxford University Press, 2009

# DISCUSSION ABOUT END OF LIFE CARE (PLACE OF CARE, AGGRESSIVE TREATMENT, DNR)

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| care planning | end-of-life care | confidentiality | autonomy |
| informed consent | DNR | PCU | ICU |

**Definitions:**

1. The ethical principle that a physician may not reveal any information disclosed in the course of medical care.
2. A carefully prepared outline of care showing all patient's needs and the ways of meeting them; it is one of the most important aspects in end of life care for patients, relatives and health care professionals. This procedure consents to respect patient's wishes and freedom and meets caregivers' needs.
3. The ability to function independently; being able to make decisions unaided by others.
4. A facility for the care of patients with active, progressive, advanced disease. (Palliative care unit)
5. An instruction to refrain from measures in those people with terminal illness, who suffer cardiac arrest. This was enacted in American legislation in 1988.
6. A document in which the doctor provides all the relevant information about the medical intervention to the patient who has to give his/her willing.
7. A hospital unit with special equipment and specially trained personnel for the care of seriously ill patients who require immediate and continuous attention.
8. A final period (hours, days, weeks, months) in a person's life, in which it is medically obvious that death is imminent.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor pays special attention to non-verbal communication during the interview: eliminates physical barriers, tries to sit at the same height as the patient, keeps eye contact with her and shows empathy, comprehension and respect towards the patient's needs or views.* |
| *The doctor explains the goals of the interview (the patient's future treatment plan) and involves the patient in the decision making process by using active listening and emphatic communication strategies.* |
| *The doctor reviews the most important issues concerning the patient's future care plan. It is important for the patient to know that her situation is managed seriously and professionally.* |

- The doctor greets the patient, introduces herself and ensures a private, comfortable space for the interview.
- The doctor asks the patient how she feels; then she asks the patient if she has any questions concerning her disease, treatment plan or general prognosis.
- The doctor informs the patient about her diagnosis and treatment options and asks her what kind of care she would like considering the present situation, diagnosis and circumstances; they also discuss the risks, benefits and consequences of the plan.
- The doctor asks the patient where she would like to be cared for from now on (home care, palliative care unit, another specialised institution, etc.) and whether she would need more time to think about her situation or to talk about these issues with other family members. If this is stipulated by the national legislation, the doctor informs the patient about the possibility of stating her preferences of care in a written document which can be used in case she no longer can express her views or desires.
- The doctor asks the patient if she would like to share the information with someone else (for instance, someone who is not yet in the room).
- The doctor encourages the patient to ask further questions or express any concern about her illness and tells the patient to contact her again. The doctor also informs the patient that the care plan could be changed any time if required by the patient and the health care professionals are available to redefine strategies if these do not meet the patient's current needs and wishes).
- The doctor evaluates the patient's emotional state after the interview and asks again if the patient has any other questions or worries. If so, they discuss all those aspects producing worries or anxiety and the doctor comes up with a strategy to manage them.

## Reading & Vocabulary

**Click on the right answer to each question**

1.What is care planning?

a. A final period (hours, days, weeks, months) in a person's life, in which it is medically obvious that death is imminent.

b. A carefully prepared outline of care showing all patient's needs and the ways of meeting them; it is one of the most important aspects in end of life care for patients, relatives and health care professionals. This procedure consents to respect patient's wishes and freedom and responds to caregivers' needs.

2. What is ICU?

a. A hospital unit with special equipment and specially trained personnel for the care of seriously ill patients, who require immediate and continuous attention intensive care unit.

b. A room in a hospital for the care of a particular group of patients who suffer from the same disease and who do not require immediate and continuous attention from specially trained personnel.

3. When can the care plan be changed?

a. The treatment plan can be changed any time if required by the patient and the health care professionals are available to redefine strategies if these do not meet the patient's current needs and wishes.

b. The treatment plan cannot be changed any time unless required by the patient's caregivers and the health care professionals.

4. Where can a patient with a terminal illness be cared for?
a. A patient with a terminal illness can be cared for only in a palliative care unit.
b. A patient with a terminal illness can be cared for at home (home care), in a palliative care unit, or in another specialised institution.

**Choose if the statements are true or false**

1. The doctor pays special attention to non-verbal communication during the interview. T/F
2. The doctor shows empathy, comprehension and respect towards the patient's needs or views. T/F
3. The doctor explains the goals of the interview (the patient's future treatment plan). T/F
4. The doctor doesn't involve the patient in the decision making process in order not to worsen the patient's emotional state. T/F
5. The doctor and the patient also discuss the risks, benefits and consequences of the plan. *T/F*
6. The doctor informs the patient about the possibility of stating her preferences of care in a written document which can be used in case she no longer can express her views or desires. T/F
7. A progressive disease is a disease whose typical natural course is the worsening of the disease. T/F
8. The doctor and the patient talk about the patient's illness but the doctor doesn't reveal the patient the poor prognosis of her health condition. T/F
9. The doctor imposes the most important issues of the future care plan on the patient. T/F
10. The doctor avoids discussing with the patient all those aspects producing worries or anxiety. T/F

**Drag and match the doctor's questions to the patient's answers:**

| **The doctor's questions** | **The patient's replies** |
|---|---|
| Good morning. How are you feeling today? | Yes, I do. |
| Do you have any pain, complaint or specific worries? | Yes, I'd like to think about it. |
| As you know, it is very important for us to hear your opinions and preferences, in order to take the best decisions together. Do you agree? | Good morning. I don't feel too well. |
| What are your plans for the next period of time? | I ache all over and I have constant feelings of anxiety. |
| Then let's talk about your future treatment plan. Where would you like to be cared for from now on? | It's good we've had this discussion. |
| Would you like more time to think about it or to talk about these issues with other family members? | I'd like to fill in such a document. |
| I'd like to inform you about the possibility of stating your preferences of care in a written document to be used in case you no longer can express your views or desires. What is your opinion about this? | I don't know. I'd like to talk about such plans. |

| | |
|---|---|
| How do you feel now at the end of our discussion? | I haven't made up my mind yet. |

**Drag and drop. Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Consensual | Tendency, inclination |
| Autonomy | Final |
| Circumstance | Aggressive treatment |
| Palliative | Reciprocal, mutual |
| Consent | Independence |
| Terminal | Agreement |
| Predisposition | Impossible to reverse |
| Intensive care/treatment | Advancing disease |
| Progressive disease | Soothing |
| Irreversible | Situation |

## Integrated Grammar

**Click on the best version:**

1. I want you to be able to speak openly with me, *so I can best help you/ to begin discussing an important topic about your health condition.*
2. I want to be certain that *this disease is getting the better of you/ I have clearly explained your medical situation.*
3. There are some circumstances in which *your fears or worries for the future are/ life-prolonging treatment would not be desirable.*
4. As your doctor, I need to know what *things are most important to you, given your illness/ if I understood your ideas.*
5. We don't need to make *the decision today, at this moment/ the treatment now.*

**Click on the best version:**

1. Recognizing the stresses that illness imposes on a patient and family.
*I know this is a very difficult time for you and your family. / I would like to spend some time with you and begin discussing an important topic about your health condition.*

2. Initiating an end-of-life discussion with a terminally ill patient
*Let's do the blood tests first./ I want you to be able to speak openly with me, so I can best help you.*

3. Clarifying prognosis
*I want to be certain that I have clearly explained your medical situation. What is your understanding of this?/ I'd like to talk with you about your prognosis.*

4. Developing a better understanding of the patient's values and preferences for end-of-life care
*And near the end of life, what would a good day look like for you?/ I want to be certain that I have clearly explained your medical situation. What is your understanding of this?*

5. Shared decision making
*So what I propose to do is to talk with your family about the place where you'd like to stay and be looked after and then we'll see what we'll decide. How does that sound to you?/ Could you tell me why I'll have to follow this treatment?*

6. Developing a treatment plan
*As your doctor, I need to know what things are most important to you, given your illness./ We have talked about your illness and you have told me about how you want to spend your final months. I also need to know your thoughts about using cardiopulmonary resuscitation.*

## Speaking

**Write down a dialogue between a doctor and a patient involved in an end-of-life care discussion** (see as example the dialog from Reading & Vocabulary exercises). Record yourself, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**
.....
.....
*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

*The doctor explains the goals of the interview and involves the patient in the decision making process. It is very important for doctors to hear their patients' opinions and preferences, in order to make the best decisions together.*

# TERMINAL PHASE MANAGEMENT

## Medical procedure

## Language unit

## TERMINAL PHASE MANAGEMENT

| | | | | | |
|---|---|---|---|---|---|
| | Although not regarded as a precise diagnostic, the end of life period (the last days of life) can be identified with a high probability in the clinical follow-up of patients. In such a situation, the main care to be provided in a multidisciplinary way concerns: providing patient comfort (personal hygiene, control of pain) and preserving his/her dignity and self-evaluation capacity (promoting a perspective of maintaining control even if choices are limited and losses must be accepted), minimizing depression, loneliness and fear. | ○ | ◒ | ● | P |
| 1. | Assess patient's condition (*consciousness, movements, speech, breathing):* *preserved vital functions ☐; cardiopulmonary arrest ☐ (if yes, proceed to cardiorespiratory protocol)* **Good morning/afternoon. My name is ……. I am your doctor / nurse.** | | | | 025 |
| 2. | **Can you tell me your name**, please ..... **And your date of birth ..... Thank you.** *(This is done to avoid performing the procedure on the wrong patient as there may be several patients with the same name. Also, do not ask e.g. "Are you Mr. Smith?" to avoid receiving false confirmation from patients distracted by their symptoms or other reasons).* In patients with difficult communication (confused, comatose etc.) check conformity between the data in the observation sheet and on the bracelet (at patient's wrist) in terms of patient identity. | ESSENTIAL | | | |
| 3. | Evaluate the patient's speaking capacity. *(weakness and difficult respiration associated with the effort of speaking suggest impending clinical death)* | | | | 013 |
| 4. | Inspect the patient's skin for mottling and the extremities for cyanosis and coldness. *(slowing of circulation suggests impending clinical death)* | | | | 013 |
| 5. | Evaluate vital signs (*if not recently assessed or if you consider appropriate because of changes in the clinical condition*: Heart rate, BP measurement ± pulseoximetry: HR ..... beats/min, BP..... mmHg ± Sa02 ..... %). *(a weak pulse, low blood pressure and diminished oxygen saturation suggest impending clinical death)* Decide in your team if oxygen administration is appropriate *(maintaining a good oxygenation level can reduce symptoms – e.g. agitation)* - refer to the procedure of oxygenotherapy | | | | 013 |
| 6. | Evaluate the patient's breathing *(superficial / irregular / noisy breathing – death rattle - suggest impending clinical death)* | | | | 013 |
| 7. | **Do you breathe with difficulty?** *(positioning the patient in bed in a sitting position – Fowler, favours easier breathing; positioning the patient on the side - lateral decubitus, favours gravitational drainage of oral secretions externally rather than aspiration into the lungs)* | | | | 013 |
| 8. | Listen to patient respirations and if you hear moist breathing reassure the family that the patient is not suffocating. Such breathing points to difficulties in eliminating associated abundant secretions. If possible, ask the patient: **Would you like to get rid of these abundant secretions that make breathing difficult?** *(efforts in hydration and alimentation of the patient during the end of life period could generate loss in quality of life due to excessive bronchial secretions; the anorexia associated with terminal phases of life is in fact a protective mechanism).* **We can help you get rid of them.** *(Doctors usually prescribe substances that dry secretions and there is rarely a need to mechanically remove them using aspiration probes).* | | | | 013 |

| | | | |
|---|---|---|---|
| 9. | Evaluate the patient's oral cavity in terms of presence of mucous membranes *(an indirect sign of mouth respiration suggesting impending clinical death)* | | 0 1 3 |
| *10.* | ***Shall we open the window or ventilate the room to freshen the air a little bit?*** *(These simple interventions can increase the quality of life of a patient who encounters respiratory difficulties during the end of life period).* | | *0 1 3* |
| 11. | Evaluate the patient's capacity for body movement in bed *(reduced movements suggest impending clinical death)* | | 0 1 3 |
| 12. | Ensure that every two hours the patient changes position in bed by himself or with help. *(to avoid development of pressure sores)* - refer to the procedure of transferring patient in different positions in bed. | | 0 1 3 |
| 13. | Evaluate the swallowing process during eating of solid food or drinking liquids *(swallowing disorders suggest impending clinical death)* | | 0 1 3 |
| 14. | Evaluate presence of digestive manifestations like nausea, loss of appetite, constipation, abdominal distension *(presence of such manifestations suggests impending clinical death)* | | 0 1 3 |
| 15. | Ensure nutritional comfort for the patient *(by offering the desired food, counteracting nausea with antiemetics if needed)* - refer to the procedure of patient nutrition. Ensure family comfort regarding patient nutrition issues. *(during this phase of the disease lack of nutrition does not produce suffering; instead, forceful alimentation can cause harm, e.g. by increasing tracheobronchial secretions which worsen dyspnoea and decrease quality of life)* | | 0 1 3 |
| 16. | Evaluate if urinary or faecal loss is present *(incontinence of anal or urinary sphincters suggests impending clinical death)* | | 0 1 3 |
| 17. | **If you wish, we can help with your personal hygiene. Please tell us when exactly during the day it is better to have your bath.** *(Asking the patient when to perform medical activities gives him/her power of decision, restoring some control over his life and reinforcing his dignity. Keep patient clean even if s/he is comatose to maintain dignity and for family comfort, if present at patient's bedside)* | | 0 1 3 |
| 18. | **Let us know at any time and we will help you with your hygiene** - refer to the procedures of patient bathing, oral care, grooming, bed linen replacement, wound management**.** *(good patient hygiene helps them feel more comfortable with their end of life condition and reinforces their dignity)* | | 0 1 3 |
| 19. | Evaluate presence of sensorial disturbances *(progressive decrease in sensorial perceptions suggests impending clinical death; hearing is generally the last sense to go)* | | 0 1 3 |
| 20. | Evaluate the patient's cultural and religious affiliation *(this might include: the individual who needs to be informed about the patient's medical condition and who will subsequently brief the patient and other family members; any grieving process particularities; beliefs about burial / cremation, prolonging life through medical devices, necropsy, organ donation, last rites practices)* | | 0 1 3 |
| 21. | Look for legal papers with instructions previously drafted by the patient regarding end of life management *(e.g. living will, health care power of attorney, organ donation agreement)*. Place a copy of said instructions in the patient's observation sheet for the use of relevant health care personnel. | | 0 1 3 |
| 22. | Ask family members: *(assess family members' understanding and need of support knowledge)*<br>**Do you have any previous experience of someone close dying?** *(asking family members or close persons could prove useful in optimizing their support during the patient's end of life period)* | | 0 1 3 |
| 23. | **Do you have any questions about what is going to happen during this** | | 0 2 |

| | | | |
|---|---|---|---|
| | **period or at the time of the patient's death?** *(asking family members or close persons could prove useful in optimizing their support during the patient's end of life period)* | | 5 |
| 24. | **You might consider saying good bye to your …… How would you like to do this?** *(asking family members or close persons could prove useful in optimizing their support during the patient's end of life period)* | | 0 1 3 |
| 25. | **Have you managed to look after yourself through this difficult period? Is there anyone available to help you at this time?** *(asking family members or close persons could prove useful in optimizing their support during the patient's end of life period)* | | 0 1 3 |
| 26. | **Are there any special rituals in your family that we should be aware of? Anyone you would like to entrust with taking care of all the aspects related to last rites?** *(asking family members or close persons could prove useful in optimizing their support during the patient's end of life period)* | | 0 1 3 |
| 27. | **Let us know when you wish to be visited by your close ones and by which of them in particular. We can also arrange for your pet to be brought over here.** *(asking patients to make choices gives them power of decision, restoring some control over their life and reinforcing their dignity)* | | 0 1 3 |
| 28. | **Which do you consider the most suitable location for your care: home, hospital, hospice? It is for you to decide as you see fit.** *(discussing with patient and family the proper location for further assistance gives them power of decision and keeps the patient's autonomy as long as possible while also reinforcing his/her dignity)* | | 0 1 3 |
| 29. | Position yourself at eye level with the patient and at hand's reach. *(in terms of nonverbal communication such positioning encourages the patient to be more inclined to talk).* **You look preoccupied. Would you like to talk about it? I'd like to better understand your concerns in order to be able to help you.** *(Patient availability to discuss his/her concerns can be facilitated by tactile contact – holding his/her hand, even providing a back massage).* | | 0 1 3 |
| 30. | **Would you care to talk some more about your medical condition with me or with somebody else?** | | 0 1 3 |
| 31. | **We could help you with controlling the pain if you wish. Please tell us when you feel pain and we will administer the appropriate treatment** - refer to the procedures of pain control. *(pain control helps the patient feel more comfortable with his/her end of life condition and reinforces his/her dignity)* | | 0 1 3 |
| 32. | Fill out the patient's medical record with all the details related to performing the procedure, including date and time. | ESSENTIAL | |
| 33. | All steps must be taken for the patient's safety *(adjust the bed to a lower level and lift the lateral limiters)*. Make sure the patient can easily reach personal objects *(e.g. mobile phone, book, crossword puzzle etc.)*, glass of water and remote control for calling medical help. | | 0 2 6 |

| | | | |
|---|---|---|---|
| **Total score: 100** | ○ | unfulfilled criterion | **%** |
| | ◒ | partially fulfilled criterion | **%** |
| | ● | completely fulfilled criterion | **%** |

**Selective references**
Berman Audrey, Synder Shirlee, Jackson Chistina – Skills in clinical nursing, 6-th ed., Pearson Prentice Hall, New Jersey, 2009

# TERMINAL PHASE - MANAGEMENT

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| atropine | cyanosis | clinical death | necropsy |
| oxygenation | antiemetic | end of life period | urinary incontinence |

**Definitions:**

1. Medicine used to prevent nausea and thus vomiting; mainly used by travellers to combat motion sickness.
2. Bluish discoloration of the skin and mucous membranes caused by a lack of oxygen in the blood.
3. The examination of a body after death; autopsy; an examination and dissection of a dead body to determine cause of death or the changes produced by disease.
4. A substance used medically to dilate the pupils of the eyes and to stop spasms.
5. A medical term used for the cessation of blood circulation and breathing, both of which are necessary criteria to sustain human and many other organisms' lives.
6. Condition caused by injury or old age, in which urination cannot be voluntarily controlled.
7. Interventions that provide greater oxygen supply to lungs.
8. The period of life including the last seven days of life. In such a situation, medical care is ensured in a multidisciplinary way and focuses on: ensuring the patient's comfort (personal hygiene, control of pain and of respiratory distress) and preserving his dignity and self-valuation (promoting an attitude of keeping everything under control even if choices are limited and losses must be accepted), in order to minimize depression, loneliness and fear.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *At first, the doctor evaluates the patient's speaking abilities, breathing and oral cavity (to detect the presence of mucous membranes) and inspects the patient's skin for mottling as these are signs that suggest impending clinical death.* |
| *After examining the patient's capacity for body movements the doctor analyses the patient's swallowing process while eating solid food or drinking liquids as swallowing disorders suggest impending clinical death. She identifies the presence of digestive manifestations like nausea, loss of appetite, constipation or abdominal distension and checks if the patient's nutritional comfort is ensured.* |
| *After talking about the patient's personal hygiene, the doctor examines the patient to identify the presence of sensorial disturbances: sensorial perceptions are progressively reduced, hearing being in general the last sense that is lost.* |

- The doctor examines the patient's availability and capacity for body movements inside the bed. She ensures that at least at two hours interval the patient changes his position in bed, by himself or with medical help in order to avoid the development of pressure sores. If possible, it is advisable for the patient to walk in the room or outside.
- The doctor evaluates if urinary or faecal losses are present; incontinence of anal or urinary sphincter suggests impending clinical death. The doctor asks the patient to tell them how they can help him maintain a good hygiene.
- The doctor wants to know what the patient's cultural and religious beliefs are as these aspects could help medical staff to identify: the most suitable person to be informed about the patient's medical condition and who will communicate with the patient and his family; the grieving process particularities; beliefs about burial / cremation; prolonging life through medical devices; organ donation; last rites etc.)
- The doctor places a copy of the legal papers containing instructions previously elaborated by the patient regarding his end of life management inside the observation sheet of the patient to be available to other health care personnel.
- The doctor speaks with the patient's family about previous experiences related to a close one's death and wants to know if there are specific rituals in such circumstances and who they will delegate to take care of them.
- The doctor talks with her patient about the place where he would like to be taken care of; she asks the patient if he knows about his medical condition and wants to discuss it; if he has a special wish which the doctor or somebody else from the family could fulfil. She also ensures him that they will help him control pain by giving him the appropriate treatment.
- The doctor fills out the patient's medical record with all the details related to the realisation of the procedure (date, duration), accidents, complications, volume and aspect (colour, clarity etc.) of discharged urine. All steps are taken for the patient's safety.

## Reading & Vocabulary

**Click on the right answer to each question:**

1. What is necropsy?
a. It is the examination of a body after death to determine the cause of death or the changes produced by disease.
b. It is the examination of a body after death to determine the changes produced by disease.

2. What is urinary incontinence?
a. Condition resulting from various causes, including injury or old age, in which urination can be voluntarily controlled. It may be temporary or permanent.
b. Condition resulting from various causes, including injury or old age, in which urination cannot be voluntarily controlled. It may be temporary or permanent.

3. How is medical care ensured at the end of life period?
a. Medical care is ensured in a multidisciplinary way and focuses on: ensuring the patient's comfort (personal hygiene, control of pain and of respiratory distress) and preserving his

dignity and self-valuation (promoting an attitude of keeping everything under control even if choices are limited and losses must be accepted), in order to minimize depression, loneliness and fear.
b. Medical care is not ensured in a multidisciplinary way but focuses on: ensuring the patient's comfort (personal hygiene, control of pain and of respiratory distress) and preserving his dignity and self-valuation (promoting an attitude of keeping everything under control even if choices are limited and losses must be accepted), in order to minimize depression, loneliness and fear.

4. How often does the patient need to change his position in bed?
a. The patient needs to change his position in bed at least every two hours, by himself or with medical help.
b. The patient needs to change his position in bed daily by himself or with medical help in order to avoid the development of pressure sores.

**Choose if the statements are true or false:**

1. At the beginning of the procedure the doctor only evaluates the patient's speaking abilities and inspects the patient's skin for mottling. T/F
2. The presence of mucous membranes may be signs that suggest impending clinical death. T/*F*
3. The patient doesn't have to change his position in bed in order to avoid the development of pressure sores. T/F
4. If possible, it is advisable for the patient to walk in the room or outside. T/F
5. Swallowing disorders do not suggest impending clinical death in patients. T/F
6. The doctor identifies the presence of digestive manifestations like nausea, loss of appetite, constipation or abdominal distension. T/F
7. The doctor identifies the presence of digestive manifestations like nausea, loss of appetite, constipation or abdominal distension T/F
8. The examination of the patient's sensorial disturbances is not important. T/F
9. The doctor speaks with the family about previous experiences related to a close person's death. T/F
10. The doctor talks with his patient only about the place where he would like to be taken care of. T/F

**Drag and match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| Do you breathe with difficulty because of abundant secretions? Would you rather we mechanically removed them from your mouth by using aspiration probes, or by administering you atropine? | Yes, my sister helps me. |
| Would you like us to open a window to ventilate the room? | I'd rather stay home. |
| We could help you with personal hygiene, if you wish. Please tell us when during the day it is better to take your bath. | I'm worried about my condition but I see that you do everything that is possible to make me feel comfortable. |
| During this rough period have you managed to take care of you? Do you have someone available to help you? | Thank you very much. I'll tell you. |
| Where would you like to be taken care of? Home, hospital, hospice? It is up to you to decide the place. | Yes, that's a good idea. |
| You look worried about something. Would you like to talk about it so that we could help you? | Thank you. I'd like it after dinner at 8. |
| We could help you relieve your pain, if you wish. | That's right. I breathe with difficulty. I'd prefer atropine. |

**Drag and drop. Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Palpable | To re-establish |
| To optimize | Reinforcement |
| Antiemetic | To improve |
| Imminent | Tactile |
| Locomotion | To fill |
| Ritual | Incineration |
| Cremation | Ceremony |
| To restore | Movement |
| To consolidate | Anti-sickness |
| To saturate | Close |

## Integrated Grammar

**Click on the best version:**

1. His position in bed ……..every two hours.
*change*
*is changed*

2. Her cavities ……..every six months.
*are treated*
*treated*

3. He ……..by his doctor twice a day.
*is not seen*
*does not see*

4. He is sure that the procedures ……. correctly.
*perform*
*are performed*

5. His clothes …….an hour ago.
*washed*
*were washed*

**Click on the best version:**

1. She.....to hospital three hours ago.
*was brought*
*is brought*
*will be brought*

2. They …….tomorrow evening.
*are hospitalized*
*will be hospitalized*
*were hospitalized*

3. He ……at home starting with next month.
*is taken care of*
*was taken care of*
*will be taken care of*

4. His temperature ……..lately, for the last week.
*is monitored*
*has been monitored*
*will be monitored*

5. All patients ..... for the transfer yesterday.
*were prepared*
*are prepared*
*will be prepared*

## Speaking

**Write down a doctor/ patient dialogue talking about the management of the end of life period (see as example the dialog from Reading & Vocabulary exercises). Record yourself making these recommendations, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.**

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....
*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

*You look worried about something. Would you like to talk about it so that we could help you?*

# PREVENTING THE PRESSURE ULCER REPOSITIONING

## Medical procedure

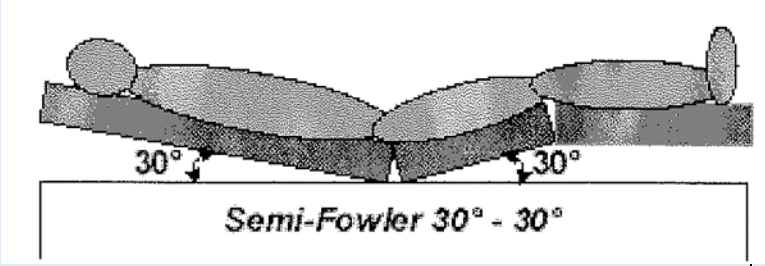
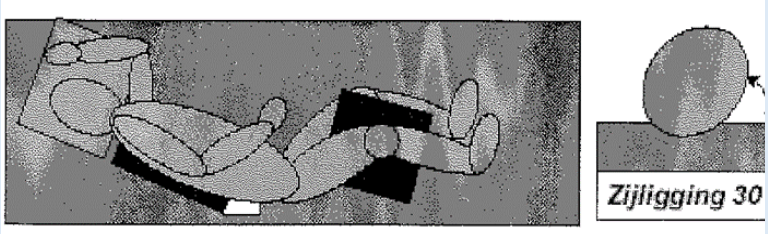
## Language unit

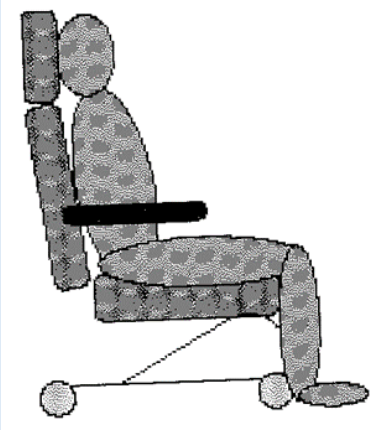
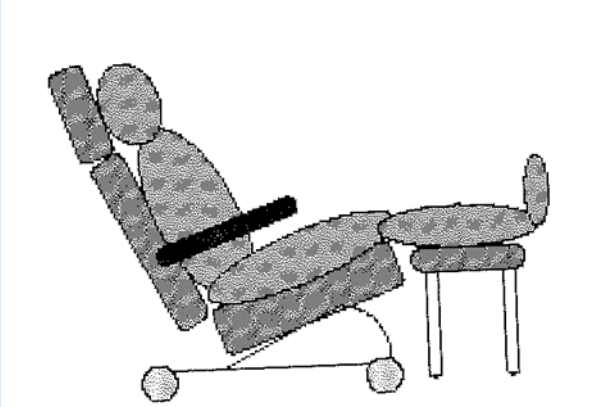
## PREVENTING THE PRESSURE ULCER - REPOSITIONING

Prevention of pressure ulcers is essential to the wellbeing of (bedridden) palliative patients and constitutes one of the cornerstones of daily nursing practice. Effective prevention targets the etiology of pressure ulcers: pressure and shear forces. This results in four main principles of prevention:

- Prevention by reducing the magnitude of the pressure and shear forces
- Prevention by reducing the duration of the pressure and shear forces
- Applying pressure-dispersing materials/ tools
- Nutrition and hydration

| | | Concept | ○ | ◒ | ● | P |
|---|---|---|---|---|---|---|
| **PREPARATION** | | | | | | |
| 1 | Examine the patient's medical records:<br>• Check the report on the risk of pressure ulcers: scores on BRADEN-scale or NORTON scale[1]<br>• Validate the timetable prescribed for position change<br>• Check for any contraindications to position change<br>• Check for the presence of any catheters or other devices that may complicate position change or that may require supplementary staff to ensure patient's safety | | | | | 049 |
| 2 | Wash hands or put on clean medical gloves *(only in case of tegumentary lesions of nurses' hands or of high infectious potential of the patient)* as part of standard precautions. | *standard precautions* | | | | 025 |
| 3 | Close the door and, if relevant, ensure a private space for changing the patient's position *(curtains, screen, Occupied sign etc.)* | YES □ NO □ | | | | 025 |
| 4 | Rapid evaluation of the presence of vital signs *(presence of consciousness, movements, speech, breathing)*<br>**Hello. My name is …. I am the nurse who will change your position in bed (or in the chair).** | *Vital functions preserved □; cardiorespiratory arrest □ (initiating medical measures - basic life support)*<br>*- initiating the discussion* | | | | 025 |
| 5 | **Could you please tell me your name? And your date of birth ….**<br>**Thank you.** | *Conformity with the observation sheet for:*<br>*Name:*<br>*Date of birth:* | ESSENTIAL | | | |
| 6 | Put the bed in working position (appropriate height) and push the side rails down. | YES □ NO □ | | | | 013 |
| 8 | **I am now going to change your position to prevent pressure ulcers.** | *We explain to the patient* | | | | 025 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Pressure relief positioning needs to happen every 2hrs. Pressure relief positioning is only useful when done regularly, day and night, 7 days a week! | *WHAT WE WILL DO Tell the patient how can CONTRIBUTE to the prevention* | | | | |
| **PERFORMING POSITION CHANGE IN BED** | | | | | | |
| 9 a | Pressure relief positioning needs to be combined with postures where the pressure is as low as possible. In practice this means that the supine position is best while the lateral position should be resorted to as little as possible.[2]<br>Try to avoid positions that increase the pressure, such as the 90° lateral position or the semi recumbent position in bed, as these increase the pressure. [3]<br>**<u>Position patient in supine position</u>**:<br>Avoid placing the head of the bed higher than 30° and take care that the patient does not slide when sitting up in bed. The best supine position therefore is the **semi-Fowler**, where you place the head of the bed at a 30° angle and make sure that the patient's knees are slightly bent (30°) [3]<br>  | YES □ NO □ | | ESSENTIAL | | |
| 9 b | **<u>Position patient in lateral position:</u>**<br>In the lateral position the patient is turned at 30° to the mattress and his/her back is supported with a pillow placed at an angle of 30°. It is important that the butt crack (gluteal cleft) does not rest on the mattress. Pillows underneath the mattress do not create that effect.<br>  <br>A good scheme for pressure relief positioning is: semi-Fowler position 30° -<br>Left lateral position 30° – semi-Fowler position 30° - right lateral position [2] | YES □ NO □ | | ESSENTIAL | | |
| **PERFORMING POSITION CHANGE IN THE CHAIR** | | | | | | |
| 9 | The pressure in the sitting position is a lot higher than | | | | | |

| | | | |
|---|---|---|---|
| c | when lying down, so the risk of decubitus ulcers is higher too (distribution of pressure over a smaller surface). Consequently, pressure relief positioning needs to happen while sitting, and with an even higher frequency.<br>Exactly how often has not been investigated, but it is recommended that an hourly frequency of pressure relief positioning[2] should be observed. Limit the time of sitting up for patients with an increased risk of decubitus.<br>Position the patient in a position in which s/he can perform activities with minimal pressure or shear on the underlying tissues. Make sure the legs are at a 90° angle, with maximal support for the knees when sitting up straight. Place the feet on a foot stool if they do not touch the ground[3].<br>  <br>In leaning back sitting make sure the legs are supported and the heels are hovering[3]. As the pressure is lowest in leaning back sitting, this position is preferred[2].<br>  <br>As with pressure relief mattresses, the use of pressure relief pillows should make it possible to perform pressure relief positioning less frequently. As a rule, these are air pillows, foam pillows and gel pillows.[2] | YES □ NO □<br><br>YES □ NO □ | ESSENTIAL |

| AFTER CARE | | | | | | |
|---|---|---|---|---|---|---|
| 10 | Make sure the bell (or other contact system) is within easy reach. | YES □ NO □ | | | | 0 1 3 |
| 11 | Tidy up the room, open curtains, remove covers. | YES □ NO □ | | | | 0 1 3 |
| 12 | Turn off the Occupied sign. | YES □ NO □ | | | | 0 1 3 |
| 13 | Sign in the patient's file for the position change manoeuvre. | YES □ NO □ | | | | 0 1 3 |
| 14 | Enter report in the patient's file. | YES □ NO □ | | | | 0 1 3 |
| 15 | Report verbally. | YES □ NO □ | | | | 0 1 3 |

| **Total score: 50** | | |
|---|---|---|
| | unfulfilled criterion | **%** |
| | partially fulfilled criterion | **%** |
| | completely fulfilled criterion | **%** |

**Selective references:**

Pancorbo-Hidalgo PL, Garcia-Fernandez FP, Lopez-Medina IM, Alvarez-Nieto C. Risk assessment scales for pressure ulcer prevention: a systematic review. J Adv Nurs. 2006 Apr;54(1):94-110.

Poot E, Mintjes-De Groot J, Weststrate J, Van Der Eerden, L. & Adriaansen M. Decubitus te lijf. Handboek decubituspreventie voor verpleegkundigen. 2008, Houten: Bohn stafleu van Loghum.

Beeckman, D., Matheï, C., Van Lancker, A., Van Houdt, S., Vanwalleghem, G., Gryson, L., Heyman, H., Thyse, C., Toppets, A., Stordeur, S. & Van den Heede, K. Een nationale richtlijn voor decubituspreventie. Good Clinical Practice (GCP). Brussel: federaal kenniscentrum voor de Gezondheidszorg (KCE). KCE Reports 2012, 193A.D/2012/10.273/95.

# PREVENTION PRESSURE ULCER - REPOSITIONING

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| friction | debridement | etiology | prevention |
| skin assessment | Braden and Norton scales | hydration | ulcer assessment |

**Definitions:**

The process of removal of devitalised tissue from an ulcer.

Method used to assess skin status to identify potential risk of pressure ulcer development, or early signs of pressure damage.

Interventions before the outbreak of a health problem through the reduction of risk factors and the increase in protective factors.

The force opposing the motion of an object.

A branch of medical science focusing on the causes and origins of diseases.

The provision of an adequate fluid intake meeting all bodily needs and replacing any losses.

A method determining the area, depth and volume of a pressure ulcer.

Tools for estimating a patient's risk of developing pressure ulcers.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *After examining the patient's medical record, the nurse washes her hands or puts on clean medical gloves, closes the door and ensures a private space for changing the patient's position.* |
| *After placing the bed in the working position the nurse tells the patient what she is going to do- change her position to prevent pressure ulcers. She also tells the patient how she can contribute to the prevention procedure.* |
| *Once the patient's repositioning is completed the nurse makes sure the bell or other contact system is easy for the patient to approach.* |

- At first the nurse examines the patient's medical record: she checks the report on the risk for pressure ulcers, validates the timetable established for repositioning; then she checks if there are any contraindications to position change and checks for the presence of any catheters or other devices that may complicate the patient's repositioning.
- The nurse carries out a rapid evaluation of the presence of vital signs and puts the bed in working position (appropriate height).

- If the patient is in supine (lying) position, the nurse places the head of the bed in a 30° position and makes sure that the patient's knees are slightly bend (30°).
- If the patient is in a lateral position**,** the patient is turned 30° to the mattress and the back is supported with a pillow that makes an angle of 30°.
- If the patient is sitting in a chair, the nurse changes the patient's position so that she can perform all activities with a minimal of pressure on the underlying tissues. The nurse makes sure that the legs are in an angle of 90° and places the feet on a foot stool if they don't touch the ground.
- The nurse tidies the room, opens the curtains and removes the occupancy sign. Then she takes off her gloves and disinfects her hands.
- Finally, she signs for conducting the patient's repositioning and writes her report on the repositioning procedure in the patient's medical record. She records accurately and clearly how the patient has contributed to the procedure, and quotes anything the patient has said that she thinks might be significant.

## Reading & Vocabulary

**Click on the right answer to each question**

1. What does debridement consist of?

a. It is the process of removal of devitalised (dead or dying) tissue from an ulcer.
b. It is the force that opposes the motion of an object.

2. What are Braden and Norton scales?

a. They are methods used to determine the area, depth and volume of a pressure ulcer.
b. They are tools for estimating a patient's risk of developing pressure ulcers.

3. How does the nurse reposition the patient if she is in a supine position?

a. If the patient is in supine position, the nurse places the head of the bed in a 20° position and makes sure that the patient's knees are slightly bend (30°).
b. If the patient is in supine position, the nurse places the head of the bed in a 30° position and makes sure that the patient's knees are slightly bend (30°).

4. What are the steps the nurse has to follow at the end of the procedure?

a. At the end of the procedure the nurse writes her report on the repositioning procedure in the patient's record. She records accurately and clearly how the patient has contributed to the procedure, and quotes everything the patient has said.
b. At the end of the procedure the nurse writes her report on the repositioning procedure in the patient's record. She records accurately and clearly how the patient has contributed to the procedure, and quotes anything the patient has said that she thinks might be significant.

**Choose if the statements are true or false**

1. Preventive actions are interventions after the outbreak of a health problem through the reduction of risk factors and the increase in protective factors in a target group. T/F
2. Friction is the force that opposes the motion of an object. T/F
3. Etiology is a branch of medical science concerned with the diagnoses of diseases. T/F

4. Hydration consists in providing an adequate fluid intake to meet all bodily needs and replace any losses. T/F
5. At first the nurse examines the patient's medical record: she checks the report on the risk of pressure ulcers and validates the timetable prescribed for the patient's meal. T/F
6. The nurse checks if there are any contraindications to position change; then she checks for the presence of any catheters or other devices that may complicate the change of the patient's position. T/F
7. After examining the patient's medical record, the nurse washes her hands or puts on clean medical gloves and opens the door and the windows. T/F
8. The nurse carries out a rapid evaluation of the presence of vital signs. T/F
9. The nurse tells the patient what she is going to do: change her position to prevent pressure ulcers. T/F
10. The nurse tells the patient that she is not allowed to contribute to the prevention procedure. T/F

**Drag and match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| As I have already told you you're going to reposition you. Do you agree with this? | It's 9.15. |
| This procedure is very important. Do you remember how many times we changed your position yesterday? | It's not difficult. I understand it's necessary. |
| It looks like a big number but pressure relief positioning needs to occur every 2hrs. Did you know this? | The first position is fine by me. |
| Pressure relief positioning is only useful when done strictly, day and night, 7days a week! Is it difficult for you? | I've got two: my first favourite position is lying on my back and the second one is lateral position. |
| What is your favourite position? | Yes, I do. I think we changed it six times. |
| Let's have the first one now and we'll change it in two hours. Is it OK? | Yes, I did because we've had three more people in my family in a similar situation. |
| Now I'll have to write down the time when we did your repositioning. What time is it please? | Yes, I do. No problem at all. |

**Drag and drop. Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Dehydration | Delivery |
| Force | Suitable |
| Magnitude | Loss of water |
| Distribution | Scheme |
| Incidence | Strict |
| Rigurous | Power |
| Strategy | Removal |
| To disperse | To scatter |
| Debridement | Dimension |
| Adequate | Frequency |

## Integrated Grammar

**Click on the best version:**

1. I've had *third/ three* more people in my family in a similar situation.
2. *Sixty-two/ first* patients complained about the same type of pain.
3. I've got *two/fifth* favourite positions: my first favourite position is lying on my back and the second one is lateral position.
4. Pressure relief positioning is only useful when done strictly, day and night, *seven/seventh* days a week.
5. Let's have *the first/twenty-one* position now and we'll change it in two hours.

**Click on the best version of the missing word:**

1. ……..positions are fine by me.
*Both*
*Double*
*Three times*

2. You must take ……..of this medicine.
*Seven times*
*By twos*
*A quarter*

3. ……, the doctor, the nurse and the patient have contributed to the procedure.
*Both*
*All three*
*Triple*

4. The doctor recommends the patient should take a …….dose.
*double*

*a quarter*
*the tenth*
5. The pressure relief positioning procedure was complete at…… today.
*the 4th of April 2017*
*9.15*
*20%*

## Speaking

**Write down a dialogue in which a doctor is talking with a patient about his/her pressure relief positioning (see as example the dialog from Reading & Vocabulary exercises). Record yourself making these recommendations, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.**

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**
.....
.....
*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

*Pressure relief positioning needs to occur every 2hrs. Pressure relief positioning is only useful when strictly practised, day and night, 7days a week!*

# EVALUATING PATIENTS' AWARENESS LEVEL OF THEIR ILLNESS

## Medical procedure

## Language unit

EVALUATING PATIENTS' AWARENESS LEVEL OF THEIR ILLNESS

## EVALUATING PATIENTS' AWARENESS LEVEL OF THEIR ILLNESS

| | | | | | |
|---|---|---|---|---|---|
| | "Communication is not what is told but what is understood", and for that reason it should never be considered something "de facto", but always an evaluation in progress. Even if told about their condition, patients facing a life threatening illness might not fully understand its severity. This does not refer only to the initial diagnosis but it is also an on-going process as the illness advances. Assessing awareness of the illness is important in establishing how the patient copes with the situation, his/her preferences and capacity for decision-making and his/her needs for information in order to be further involved in the care plan. For the discussion to take place the patient must be conscious and possess enough cognitive skills to process information and join in shared decision-making. | ○ | ◒ | ● | P |
| 1. | Assess the patient's condition (*consciousness, movements, speech, breathing):* *preserved vital functions* ☐; *cardiopulmonary arrest* ☐ *(if so, proceed to cardiorespiratory protocol)* | | | | 025 |
| 2. | Introduce yourself to the patient. **Hello, I am doctor... and she is my colleague, nurse** .... **And you are?** Wait for the patient to say his/her name. *Avoid expressions such as "Are you Mr/Ms Smith?" which could generate a false confirmation through an automatic "yes" that could come from a patient distracted by his/her symptoms or by previous discussions with the medical staff.* | ESSENTIAL | | | |
| 3. | Ensure a private and safe environment for the discussion *(room with one bed, curtains, paravans etc.)* Use empathic communication - refer to the procedure of active listening and empathic communication. | | | | 013 |
| 4. | Evaluate the patient's speaking capacity *(in case of weakness or difficult respiration associated with the effort of speaking, reduce the patient's speaking as much possible by doing most of the speaking yourself and simply asking him/her to confirm)* | | | | 013 |
| 5. | Assess the patient's cognitive skills **Can you tell me what day is today? What time is it? Where are we?** *(evaluation of the patient's cognitive skills is relevant in order to understand if s/he retains adequate orientation related to time, space and self-perception. This helps assess the patient's capacity and awareness of the consequences of his/her clinical circumstances and decision- making processes)* | | | | 025 |
| 6. | Assess the patient's decision-making capacity. **Can you tell me how much you understand about your illness?** *(A patient who can explain what is happening possesses sufficient understanding and memory to make a decision)* | | | | 025 |
| 7. | Assess the patient's attitudes. **Which of the available therapeutic alternatives do you prefer?** *(This is meant to assess the patient's insight and understanding of his/her clinical circumstances, to balance risks and benefits, and to evaluate treatment consequences in order to make a decision)* | | | | 025 |
| 8. | **Have you been seen by other specialists for your current medical condition? What have they told you about your illness?** | | | | 013 |
| 9. | **Could you please write down your diagnostic using your own words?** | | | | 013 |
| 10. | **Do you think you would need more information to better understand your diagnostic? I am here to provide all the necessary information. -** refer to the procedure for communicating the diagnosis of severe illness (bad news). | | | | 013 |

| | | | |
|---|---|---|---|
| 11. | **Do you have an understanding of how your medical condition will evolve?** | | 0 1 3 |
| 12. | **You complained about various things in the last three days. Which of these do you consider to be associated with the diagnostic you have just written down?** | | 0 1 3 |
| 13. | **Are you concerned or do you have any fears of possible evolutions related to your diagnostic?** | | 0 1 3 |
| 14. | Fill out the patient's medical file with all the details related to performing the procedure, accidents, complications - as the case may be, date and time. | ESSENTIAL | |
| 15. | All steps must be taken for the patient's safety *(adjust the bed at an inferior height level and lift the lateral limiters)*. Make sure the patient can easily reach personal objects *(e.g. mobile phone, book, crossword puzzle etc.)*, the glass of water and the remote control for calling medical help. Give details about the medical schedule to follow and the time when the patient will be re-examined). | | 0 3 6 |

| | | |
|---|---|---|
| **Total score: 50** | unfulfilled criterion | **%** |
| | partially fulfilled criterion | **%** |
| | completely fulfilled criterion | **%** |

**Selective references**

Berman Audrey, Synder Shirlee, Jackson Chistina – Skills in clinical nursing, 6-th ed., Pearson Prentice Hall, New Jersey, 2009

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Tang ST, Liu T, et al. Physician-patient end-of-life care discussion: correlates and associations with end-of-life care preferences of cancer patients- a cross-sectional survey study. Palliative Medicine 2014; 28(10): 1222-1230.

Scott Finlayson C, Chen YT, Fu MR. The impact of patients' awareness of disease status on treatment preferences and quality of life among patients with metastatic cancer: a systematic review from 1997-2014. Palliative Care Review 2014;17(10): 1-11.

Wallace CL. Family communication and decision making at the end of life: a literature review. Palliative and Supportive Care 2015; 13:815-825

# EVALUATING PATIENTS' AWARENESS LEVEL OF THEIR ILLNESS

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| vital functions | de facto | complaint | cardiopulmonary arrest |
| risk | complication | thermometry | pulse oximetry |

**Definitions:**

1. Branch of physics which studies the methods and instruments measuring temperature.
2. A Latin phrase meaning 'in fact', describing something that exists in fact but not necessarily by right or agreement.
3. Irreversible cessation of cardiac activity.
4. Functions of the body on which life directly depends, as the circulation of the blood, breathing, etc.
5. A symptom causing discomfort, generally described from a patient's perspective.
6. A non-invasive method of indicating the arterial oxygen saturation of functional haemoglobin.
7. Exposure to wanted or unwanted harm.
8. A pathologic process that occurs during the course of a disease that is not an essential part of that disease, although it may result from it.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor assesses the patient's condition (if he is conscious, can move, speak, or breathe normally).* |
| *After evaluating the patient's speaking abilities the doctor asks the patient if he needs more information about his diagnosis in order to understand it better. The doctor wants to know what the patient understands about his disease and its evolution.* |
| *The doctor makes sure the patient can easily reach his personal objects (e.g. mobile phone, book, crossword puzzle etc., the glass of water and the remote control for calling medical help). Then she gives details about the medical schedule to follow and the time when the patient will be re-examined.* |

- After evaluating the patient's vital functions, the doctor secures a private examination environment and tells the patient the purpose of their talk: to discuss the patient's diagnosis and what they will do.
- The doctor assures the patient that the procedure will be easy to perform and it will take about 20 minutes.
- Evaluating how the patient perceives his illness will enable doctors to help the patient deal with his illness. Therefore, it is important that the patient gives sincere answers.
- The doctor asks the patient if everything is clear for him about the procedure and if he has any other questions related to it.
- The doctor evaluates the patient's speaking abilities and in case of weakness or difficult breathing associated with the effort of speaking, the doctor reduces the patient's speaking effort by speaking to the patient and asking him just to confirm whenever the case.
- The doctor wants to know if the patient is concerned about or has any fears regarding the possible evolution of his disease.
- The doctor fills out the patient's medical record with all the details related to the completion of the procedure, date and duration, accidents and complications.

## Reading & Vocabulary

**Click on the right answer to each question:**

1. What is cardiopulmonary arrest?
a. It is an irreversible cessation of cardiac activity.
b. It is an irreversible cessation of digestive activity.

2. What is thermometry?
a. Branch of physics which studies the methods and instruments used for the measurement of pulse.
b. Branch of physics which studies the methods and instruments used for the measurement of temperature.

3. What does the doctor do at the beginning of the protocol?
a. At first, the doctor assesses the patient's condition (if he is conscious, can move, speak, or breathe normally).
b. At first, the doctor assesses the patient's comfort (if he is conscious, can move, speak, or breathe normally).

4. What are the signs that indicate the status of the body's vital functions?
a. There are four primary signs: body temperature, blood pressure, pulse, and breathing rate (respiratory rate).
b. There are four primary vital signs: body temperature, urination, and breathing rate (respiratory rate).

**Choose if the statements are true or false:**

1. The doctor assures the patient that the procedure will be easy to perform and it will take 10 minutes. T/F
2. Evaluating how the patient perceives his illness will not enable doctors to help the patient deal with his illness. T/F
3. The doctor tells the patient that he has to be sincere. T/F
4. The doctor evaluates the patient's speaking abilities. T/F
5. In case of weakness or difficult respiration associated with the effort of speaking, the doctor reschedules the procedure. T/F
6. The doctor wants to know what the patient understands about his disease and its evolution. T/F
7. The doctor doesn't ask the patient if he is concerned about his illness. T/F
8. The doctor asks the patient to describe his diagnosis by using his own words. T/F
9. The doctor fills out the patient's medical record with main details related to the completion of the procedure. T/F
10. Finally the doctor gives details about the medical schedule to follow and the time when the patient will be re-examined. T/F

**Drag and match the doctor's questions to the patient's answers:**

| Doctor's questions: | Patient's answers: |
|---|---|
| We're going to talk about your diagnosis. This implies you'll have to answer a few of my questions. It will take us about 20 minutes. Do you agree with that? | No, thank you. |
| I'd like to know how you perceive your illness. Knowing this will help me a lot. It is important that you are sincere. OK? | I understand that it is serious. |
| Is it clear to you what we're going to do? Do you have any questions? | Yes, I agree |
| Would you like more information about your diagnosis to understand it better? | Yes, I often see that I don't feel well. |
| What do you understand about your disease and its evolution? | Yes, I'll be sincere. |
| Are you concerned about or do you have any fear about the evolution of your disease? | I'll call you if there is any problem. |
| Are you lying comfortably? Are your things handy? If any problem arises, please use the emergency button and we'll come as soon as possible. | I don't have any questions for the moment. |

**Drag and drop. Match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| De facto | On the contrary |
| To generate | To evaluate |
| Risk | In fact |
| Thermometry | Danger |
| Benefit | To link, to connect |
| To schedule | Suitability |
| To estimate | To plan |
| Conformity | Profit |
| Conversely | To result in, to produce |
| To associate | Measurement of temperature |

**Integrated Grammar**

**Click on the best version:**

1. The doctor thinks that the procedure ……20 minutes.

*take*
*will take*
*are going to take*

2. As I have already told you, I……you an anaesthetic in an hour.

*'m going to give*
*'ll give*
*give*

3. Ok. Then I……*your blood pressure right away.*

*'m going to check*
*'ll check*
*check*

4. We've brought all this equipment because we……the procedure immediately.

*start*
*will start*
*'re going to start*

5. The doctor knows that the procedure …….easy to perform.

*aren't*
*won't be*
*isn't going to be*

**Click on the best version:**

1. The nurse *will give/gave* you an injection immediately.
2. Tomorrow the doctor *filled out/ will fill out* the patient's medical record with all the details.
3. The doctor *will examine/ had examined* the patient next week.
4. *Were you doing/ Are you going to do* the procedure in two days?
5. *Not being/I won't be* available tomorrow afternoon.

## Speaking

**Write down a dialogue in which a doctor is talking with a patient about the patient's awareness about his/her didease (see as example the dialog from Reading & Vocabulary exercises). Record yourself, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.**

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....

.....

*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

We're going to talk about your diagnosis. This means you'll have to answer a few of my questions.

# MAPPING THE PATIENT'S NETWORK

## Medical procedure

## Language unit

MAPPING THE PATIENT'S NETWORK

## MAPPING THE PATIENT'S NETWORK

| | In parallel with physical and psychological factors, the social network constitutes an important resource in designing the care plan and assessing its sustainability. Health care professionals, peers and relatives need to be considered an important support for therapeutic strategy implementation and success. | ○ ◒ ● | P |
|---|---|---|---|
| 1 | Enter and introduce yourself amiably: **Good morning. How are you feeling today?** (Give the patient enough time to answer) | | 0 1 3 |
| 2 | Ensure a private, comfortable space for the interview. *(It is important to avoid interruptions and ensure confidentiality)* | | 0 1 3 |
| 3 | Ask the patient how s/he feels: **Do you have any pain, complaint or specific worry?** *(Identifying the patient's needs will help to assess the available social network and its potential benefit for the patient)* | | 0 1 3 |
| 4 | *(Introduce the reason for the meeting to avoid any misunderstanding)* Explain the aims of the interview: **I would like to learn more about your family and friends. Would you mind if we talked some time about these and other social aspects?** | | 0 1 3 |
| 5 | Use active listening and empathic communication *(Active listening and a dialogic approach are important in understanding the patient's preferences)* | | 0 1 3 |
| 6 | Adapt your language to the social, cultural and education level of the patient, while maintaining true and comprehensible messages. *(In view of their potential contribution to the implementation of the care plan, personal values and the cultural background play an essential role in the analysis of the patient's social network)* | | 0 1 3 |
| 7 | Information about the patient's current living quarters: **Where do you live? Who do you live with?** *(The answer is relevant in order to select a future care location and enhance the patient's network participation)* | | 0 1 3 |
| 8 | Information about the patient's family: **Tell me more about your family and their involvement and support during your illness.** (other prompting questions) **Do you have a spouse? Do you have children? Where do they live? What kind of relationship do you have with them?** *(As the social network can be extended to several persons, the aim of the discussion is to help identify who and where can provide the best care to the patient)* | | 0 1 6 |
| 9 | **Who is your main caregiver?** | ESSENTIAL | |
| 10 | Information about the patient's social relationships: **Do you have good friends? Who are they? Do you feel supported by them in these moments?** | | 0 1 3 |
| 11 | Information about the patient's professional life: **Did you have a job at the time of the diagnosis? What kind of job? How long had you been doing that? Do you like your work? How has the illness impacted** | | 0 1 3 |

| | | | |
|---|---|---|---|
| | **your financial security?** *(Verify the patient's social context and consider available options to include some recreational activity in order to build confidence and meaningful contact with others)* | | |
| 12 | Information about hobbies: **What do you like to do in your free time?** *(It could be a good idea to involve a friend and share some recreational activity)* | | 0 1 3 |
| 13 | Information about spiritual beliefs: **Are you a believer? Do you practise any kind of religion?** *(Cultural and religious needs are a significant aspect in palliative care for both patient and family. It is important to consider this in order to facilitate access to any ritual or contact with people sharing the patient's values system and cultural background)* - Refer to the spiritual assessment procedure. | | 0 1 3 |
| 14 | Information about other interests: **What else do you like to do?** *(Be open to personalizing the care plan)* | | 0 1 3 |
| 15 | Information about the emotional state of the patient's close ones. For instance, **How do you think your spouse is coping with your illness in these moments?** *(This helps explore the relatives' needs and facilitate empathic interaction with relatives and significant others)* | | 0 1 3 |
| 16 | In your situation, **do you think you have enough support and assistance in your daily life? Do you need any support regarding equipment or any adjustment in your home environment to help you be as autonomous as possible?** *(Assess the current situation in order to improve patient support and find new solutions, if needed)* | | 0 1 3 |
| 17 | **What worries you the most right now?** | ESSENTIAL | |
| 18 | **Do you feel alone?** *(Coming after the discussion and all the information collected, the answer will help you understand if a structured intervention to improve the patient's comfort needs to be implemented)* | | 0 1 3 |
| 19 | Evaluate the patient's emotional status after the interview: **How do you feel now?** Ask if the patient has any final questions or worries. *(This helps to verify the patient's awareness of his/her circumstances)* | | 0 1 3 |
| 20 | Write in the summary of your conversation using the patient's family tree or, at the very least, mentioning the main caregiver . | | 0 1 3 |
| 21 | Take leave amiably. | | 0 1 3 |

| **Total score: 60** | | |
|---|---|---|
| | unfulfilled criterion | **%** |
| | partially fulfilled criterion | **%** |
| | completely fulfilled criterion | **%** |

**Selective references**

Jarret N, Porter K, et al. The networks of care surrounding cancer palliative care patients. BMJ Supportive and Palliative Care 2015; 5: 435-442.

Sallnow L, Richardson H, et al. The impact of a new public health approach to end-of-life care: a systematic review. Palliative Medicine 2015; 30(3): 200-211.

# MAPPING PATIENT'S NETWORK

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| health care provider | social network | complaint | assistance |
| interaction | goal | mapping | protocol |

**Definitions:**

1. A reciprocal action or influence, interchange.
2. A social structure made up of a set of social actors (such as individuals or organizations), sets of ties, and other social interactions between actors.
3. The process of identifying and locating arrangements of and relationships among different elements of a network (information, materials, money, personnel).
4. An institution/a person who provides health care–e.g., physician, nurse, dentist, mental health worker.
5. The act of assisting; help; aid; support; the activity of meeting a need.
6. An expression of pain, dissatisfaction, or resentment.
7. The result toward which effort is directed; aim; end.
8. The plan for a course of medical treatment or for a scientific experiment.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor asks the patient how he feels and explains the goals of the interview: he would like to learn more about the patient's family and friends.* |
| *The doctor asks the patient questions about his present home, his family, relatives and friends.* |
| *The doctor wants to know what the patient's greatest worries are and if he feels alone at this moment.* |

- The doctor greets, introduces himself and ensures a private, comfortable space for the interview.
- The doctor adapts his language to the social and cultural level of the patient, while maintaining true and comprehensible messages.
- The doctor wants to know about the patient's professional life, hobbies and main interests.
- The doctor asks for information concerning the patient's spiritual beliefs.

- The doctor wants to find out about the emotional state of the patient's family.
- The doctor asks the patient if he considers that he has enough support and assistance in his daily life.
- The doctor evaluates the patient's emotional state after the interview.

## Reading & Vocabulary

**Click on the right answer to each question**

1.What is a social network?
a. A social network is a social structure made up of a set of social actors (such as individuals or organizations), patterns of connections, and other social interactions between actors. A patient's social network comprises other patients, friends, family, social services, hospitals and churches.
b. A social network is an institution/a person who provides any form of health care–e.g., physician, nurse, dentist, mental health worker.

2. What is a protocol?
a. A protocol is the process of identifying and locating arrangements of and relationships among different elements of a network.
b. A protocol is the plan for a course of medical treatment or for a scientific experiment.

3. Why mapping the patient's social network is crucial for their care?
a. Patients being discharged from hospitals need not only professional and social care delivered by professionals but also support provided by families and friends. The lack of a social network adds stress to patients and makes them vulnerable to depression and addiction. Social isolation also increases the risk of stroke, mortality and morbidity.
b. Patients being discharged from hospitals need not only professional and social care delivered by professionals but also support provided by ecological organisations. The lack of such a support adds stress to patients and makes them vulnerable to depression and addiction. Social isolation also increases the risk of stroke, mortality and morbidity.

4. What is the key function of a patient's social network?
a. The key function of a social network is provision of financial support, which is one of the main ways social networks influence patients' physical and mental status.
b. The key function of a social network is provision of social support, which is one of the main ways social networks influence patients' physical and mental status.

**Choose if the statements are true or false**

1. Identifying and understanding patients' social networks is really important to health care providers. Discussing the network map may assist patients by reducing their anxiety and making them feel more confident about their life. T/F
2. Poor or weak networks alert doctors and nurses to the patient's perceived vulnerability and thus they can begin to work early in order to connect the patient to support groups, charity services or community care agencies. T/F
3. The map resolves problems of poor social support and it helps doctors and nurses to channel support to those patients who are most in need. T/F
4. Social support is associated with managing activities of daily living (securing food and doing housework, including keeping it warm and secure), providing a sense of purpose (by sharing roles, activities, stories), celebrating success and sustaining progress. T/F
5. The patient's social network, which is a map of connections, is visible to the health care provider. The network structure is static and permanent. T/F
6. Social support provides the support of dignity. Living with illness is often a challenge with no realistic prospect of a complete recovery. It is therefore important to learn that the efforts of living with a chronic illness are respected by others. T/F
7. Social support networks provide feedback to individuals by encouraging them and rewarding their efforts. T/F
8. Analysis of social networks is incorporated only into epidemiological studies; it does not yet cover patient communication and education, or mental health diagnosis and treatment. T/F

**Drag and match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| *I would like to learn more about your family and friends. Would you mind if we talked about this?* | I like reading and spending my time with my family and friends. |
| *Where do you live? Are you married? Do you have any children? Where do they live? What kind of relationship do you have with them?* | I'm worried because I don't know how to react to my illness. |
| *Who is your main caregiver?* | No, no problem at all. |
| *Do you have good friends? How long have you known each other? Do you feel supported by them?* | I was working in the town library when I found out about my illness. I'd worked there for 20 years and I enjoyed my work. |
| *Were you working at the time when you found out about your diagnosis? Where did you work? How long had you worked in that field? Did you like your work?* | My wife. |
| *What do you like doing in your free time?* | I live in a flat with my wife. My children have grown up and live with their own families. |
| *What worries you the most right now? What is your greatest worry at this moment?* | I have some friends from my youth and they help me when I need help. Otherwise we speak on the phone every day. |

**Drag and match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Assistance | Dependence |
| Deliberate | Procedure |
| Chronic | Help |
| Vulnerable | Intentional, intended |
| Protocol | Chance, occasion |
| Epidemiology | Endangered, unsafe, unprotected |
| Morbidity | Persistent, long-standing |
| Mortality | Transmission and control of diseases |
| Addiction | Gloomy state of mind |
| Opportunity | Death |

## Integrated Grammar

**Click on the correct form of the verb:**

Have you called your family? (When are they coming?)
a.past event that is relevant now
b.completed past event
c.something in progress in the past

He was OK because he had taken some painkiller before my visit.
a. a past event relevant now
b. an event before a point in the past
c. something in progress in the past.

The doctor saw all his patient yesterday.
a. something in progress in the past
b. an event before a point in the past
c. completed past event

The pacient had his procedure yesterday.
a. completed past event
b. something in progress in the past
c. an event before a point in the past

What were you doing at the moment of the accident ?
a. completed past event
b. something in progress in the past
c. an event before a point in the past

**Click on the correct form of the verb:**

1. I *felt/ feel/have felt* a pain in my arm and I thought I was having a stroke.
2. He panicked because his family *leaves/had left/leave* without telling him.
3. When the ambulance arived he *was bleeding/ bled/ has bled.*
4. His family arrived when he *is/ was/ were* at the intensive care unit.
5. Yesterday morning when I entered the ward he *was talking/talked/talks* with the doctor.

## Speaking

**Write down a dialogue between a patient and his doctor who is mapping his patient' network** (see as example the dialog from Reading & Vocabulary exercises). Record yourself, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.
**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**
.....
.....

*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

*Were you working at the time of the diagnosis? Where did you work? How long had you worked in that field? Did you like your work?*

# ADDRESSING THE CAREGIVER'S NEEDS

## Medical procedure

## Language unit

## ADDRESSING THE CAREGIVER'S NEEDS

| | Palliative care is about support for patients and their families or significant others during the illness, and for families also at the time of bereavement. In order to provide efficient support, the needs of the caregivers have to be assessed. Caregivers are usually family members, but they can include any person that the patient considers significant. | ○ | ◒ | ● | P |
|---|---|---|---|---|---|
| 1 | Enter and introduce yourself amiably:<br>**Good morning. I am Dr. XXX, I am the YYY (hematologist, oncologist, or any other) of your relative. Could you please tell me who you are and how you are related to the patient?** | | | | 013 |
| 2 | **How are you feeling today?** (Allow enough time for the person to answer) *(Perceiving the caregiver's mood from the beginning helps you understand if this is the right moment to tackle the subject)* | | | | 013 |
| 3 | Ask open questions to establish initial rapport with the caregiver:<br>**Mr/Ms *X*, would you mind if we talked some time? Are there any specific concerns you would like me to address at this time? In case of a negative response: When would you prefer to talk?** *(If required, be open and accept a different time for discussing the subject. The conversation has to be free and voluntary, as the caregiver's involvement is essential)* | | | | 025 |
| 4 | In case you are in a home setting or in a hospital setting with patient and caregiver together, observe the patient's environment and his/her behaviour towards the caregiver:<br>How do they interact? Do they seem to have close communication? | | | | 013 |
| 5 | Ask the caregiver if there are any specific concerns regarding the patient's care that s/he might like to address today. *(Identify a well-defined and sustainable role for the caregiver in the care plan; avoid duties in excess, as they might have psychological, social and financial consequences. The patient's and the caregiver's needs are equally important for the outcome of the care plan)* | | | | 025 |
| 6 | Offer the caregiver an opportunity to discuss their concerns/needs in private. *(Provide the option of analyzing objectively the real circumstances of care, thinking about the resources available to the caregiver for the support of the patient: physical, psychological, social and financial. In this way, all decision-making related to the care plan will consider the caregiver as an active partner in the treatment, someone who has to be protected and supported)* | | | | 025 |
| 7 | If the caregiver is reluctant to speak in private, show availability to discuss any possible concerns he/she might have. | | | | 013 |
| 8 | If the caregiver is willing to speak in private, ensure an appropriate location for the interview. *(Avoid interruptions, respect confidentiality and discuss the care plan in a relaxed setting)* | | | | 013 |
| 9 | Use active listening and empathic communication *(To promote shared decision-making and respect for the patient's values and cultural background, while responding to his/her psychological or cultural requirements)* | | | | 036 |

| | | | |
|---|---|---|---|
| 10 | **How does it feel caring for patient X?** *(Verify if caregiver requires psychological or spiritual support)* | | 0 1 3 |
| 11 | **Is there anything you might need that we could help you with?** *(Verify if the type of resources available through the health care service is enough to support the caregiver in his/her provision of care)* | | 0 1 3 |
| 12 | **Do you think your home is properly equipped to provide good care for patient X? Is any change/adaptation necessary (doors, bathroom, corridor railings, entrance ramp…)?** *(Verify if home care is a feasible and appropriate solution for both patient and caregiver)* | | 0 1 3 |
| 13 | **Are you currently employed? Do you think your present job is compatible with caring for Mr/Ms X? If not, what would be needed to make it compatible?** *(Caregivers' duties can impact on their life in terms of financial strain and conflicts with their professional obligations. This point is important when evaluating the sustainability of the care plan from the caregiver's point of view)* | | 0 1 3 |
| 14 | **Do you think your current financial resources are appropriate to care for Mr/Ms X? Do you have any concerns related to the fact that caring for Mr/Ms X might put a strain on your financial resources?** *(This aspect must be assessed in order to include any kind of social support for caregivers, if available, or make decisions based on the limited resources)* | | 0 1 3 |
| 15 | Regarding Mr/Ms X's current care, **do you think s/he would receive better care in a different place?** (Admission to hospital, hospice facility, nursing home...) *(All available resources in the health care services must be integrated to help the caregivers cope with care demands in terms of time for travel, social support, and overall coordination of home care in the patient's best interests)* | | 0 1 3 |
| 16 | **In case Mr/Ms X would require emergency care or placement in an appropriate facility, do you know what steps to take?** *(This is a way to find out if the caregiver can manage changes in the care plan due to the evolution of the illness and how prepared s/he is to adjust his/her role to the new situation)* | | 0 1 3 |
| 17 | **Do you feel capable of caring for Mr/Ms X? If not, why? How could we be of help?** *(The caregiver should have all the information required to make decisions and provide the best care to the patient. Psychological and social support must be available in case of difficult situations, and optional and alternative courses of action should be discussed whenever the caregiver has doubts)* | | 0 1 3 |
| 18 | **Could we help you with any specific aspect of Mr/Ms X's care?** *(It helps to detect aspects not previously considered)* | | 0 1 3 |
| 19 | **Considering Mr/Ms X's current situation and the evolution of the illness, do you think his/her needs might become overwhelming for you at some point? If so, what would you fear and why?** *(A final assessment of the interview helps to understand the degree of the caregiver's approval for the care plan and his/her determination to overcome barriers)* | | 0 1 3 |
| 20 | **In the event that the end of Mr/Ms X comes at home, do you feel prepared? Do you feel you have enough resources to provide home care under those circumstances?** *(It is really important to assess the caregiver's determination and motivation to care for the patient at home; in case of doubt, think about psychological support)* | | 0 1 3 |

| | | | |
|---|---|---|---|
| 21 | **Do you feel lonely? Do you have any support while caring for Mr/Ms X?** | **ESSENTIAL** | |
| 22 | Show availability for any further enquiry and inform the caregiver how to contact you. Ask if the caregiver has any final questions or worries. | | 0 2 5 |
| 23 | Take leave amiably. | | 0 1 3 |
| 24 | Enter a summary of the conversation in the patient's file. | | 0 1 3 |

| | | |
|---|---|---|
| **Total score: 80** | unfulfilled criterion | **%** |
| | partially fulfilled criterion | **%** |
| | completely fulfilled criterion | **%** |

**Selective references**

Bee PE, Barnes P, Luker AL. A systematic review of informal caregivers' needs in providing home-based end of-life care to people with cancer. Journal of Clinical Nursing 2008; 18:1379-1393

# ADDRESSING CAREGIVER'S NEEDS

## Introduction

**Get familiar with the Unit terminology. Please match the words in the box to the definitions below. Drag and drop.**

| | | | |
|---|---|---|---|
| geriatrics | emergency | haematologist | a hospice programme |
| therapist | oncologist | nursing home hospice | caregiver |

**Definitions:**

1. A patient's condition requiring immediate treatment.
2. A physician trained and experienced in haematology, i.e., skilled in the diagnosis and treatment of diseases of the blood and bone marrow.
3. A physician who specializes in the study and treatment of neoplastic diseases, particularly cancer.
4. A person who specializes in medical or psychological therapies and is able to plan and implement a program of therapy appropriate for each patient.
5. A family member or paid helper who assumes responsibility for the physical and emotional needs of a person who is incapable of self-care.
6. A private establishment that provides living quarters and care for chronically ill, usually elderly patients.
7. A programme which provides palliative care and attends to terminally ill patients' emotional and spiritual needs at an inpatient facility or at the patient's home.
8. The branch of medicine dealing with the diagnosis and treatment of diseases and problems specific to elderly people.

## Watching & Listening

**Here is a set of actions the doctor is doing. However, there are some steps of the protocol, which are missing. Where would you place the missing steps? Drag and drop. Watch the video and check.**

| |
|---|
| *The doctor greets, introduces himself and asks open questions to build initial good rapport with the patient and his caregiver.* |
| *The doctor asks the caregiver how she feels about caring for patient X and if there is anything she might need in which they could be of any help so as to ensure proper care for patient's needs.* |
| *The doctor shows his availability for questions, and tells the patient how to contact him.* |

- The doctor observes the patient's environment, and his behaviour towards his caregiver/s and asks the career how she feels.
- The doctor offers the caregiver the opportunity to discuss their concerns/needs in private and ensures a comfortable space for the interview.
- The doctor asks the caregiver if she is currently working and if her present job is compatible with caring for Mr. X.
- The doctor asks the caregiver if her current economic resources might be appropriate to care for Mr. X and if she thinks the patient could receive better care in another place.

- The doctor wants to know if the carer knows what steps to take if Mr. X would require emergent care, or if placement in another facility were to be appropriate.
- The doctor wants to know if the carer feels alone and if she has any support in caring for Mr X.
- The doctor asks again if the caregiver has any final questions or worries and then he leaves amiably.

## Reading & Vocabulary

**Click on the right answer to each question**

1. What is a caregiver?

a. A person who specializes in any of various other medical or psychological therapies and who is able to plan and implement a program of therapy appropriate for each patient.
b. A family member or paid helper who assumes responsibility for the physical and emotional needs of a person who is incapable of self care.

2. What is a haematologist?

a**.** A physician trained and experienced in haematology, i.e., skilled in the diagnosis and treatment of diseases of the blood and bone marrow.
b. A physician who specializes in the study and treatment of neoplastic diseases, particularly cancer.

3. What type of medical team does a terminally ill person need?

a. Such a person needs a team of doctors who have the same speciality.
b. Such a person needs an interdisciplinary team of professionals and volunteers who have different specialities and who ensure the patient's needs (physical, social and spiritual).

4. What does palliative care consist of?

a. Palliative care ensures patients' needs (physical, social and spiritual) in the home and in specialized inpatient settings.
b. Palliative care ensures only patients' material needs.

**Choose if the statements are true or false**

1. It is important for the physician to build good initial rapport with the patient and his caregiver. T/F
2. The doctor *o*ffers the caregiver the opportunity to discuss their concerns/needs in private and ensures a comfortable space for the interview. T/F
3. Palliative care ensures only the patient's medical care. T/F
4. A hospice is also an institution that provides living quarters and care for chronically ill, usually elderly patients and their families. T/F
5. An interdisciplinary palliative care team is a team of experts and/or volunteers with different specialities who ensure the patient's care (physical, social and spiritual) in the terminal phase. T/F
6. The doctor asks the caregiver if her current economic resources might be appropriate to care for Mr. X and if she thinks the patient would receive better care in another place. T/F

7. The doctor asks the caregiver if he/she is currently working and if her present job is compatible with caring for Mr. X. T/F
8. Terminally ill patients can be treated at hospital or at home. T/F

**Drag and match the doctor's questions to the patient's answers:**

| **Doctor's questions:** | **Patient's answers:** |
|---|---|
| How do you feel about caring for patient X? | It's difficult because I see him suffer a lot. |
| Could we help you in any specific aspect? | No, I'm not feeling alone. I have my family near me and I also feel that I can rely on you |
| Are you currently working? Do you think your present job is compatible with caring for Mr. X? | I don't know now if I'm prepared for such a moment. |
| In case Mr X requires emergent care, or if placement in another facility were to be appropriate, do you know what steps to take? | Yes, I've been instructed on how to act under these circumstances. |
| In the event that the end of Mr X might come at home, do you feel prepared? | I no longer work. I have retired. |
| Do you feel capable of caring for Mr X? If not, why? How could we be of any help? | I can manage him as he is now. |
| Do you feel alone? Do you have any support while caring for Mr X? | I'm trying to manage on my own at the moment. |

**Drag and match the informal words/ phrases to their formal/ medical equivalents in the box:**

| | |
|---|---|
| Holistic | Sympathy, understanding |
| Compassion | Doctors and nurses in a hospice |
| Hospice staff | Calling for immediate action |
| Irresistible | Concerned with wholes |
| Interdisciplinary | Impossible to resist |
| Emergent, urgent | A nursing home caring for terminally ill |
| Compatible | Extreme or laborious effort |
| Strain | Involving more disciplines |
| Overwhelming | Capable of harmonious coexistence |
| Hospice | Hard to control |

## Integrated Grammar

**Click on the best version:**

1. Do you know when you have to take your medicine?
*a.* Asking for information about a fact
*b.* Asking for somebody's opinion about the veracity of a fact
c. Asking for somebody's agreement to the veracity of a fact

2. Do you think that your income covers Mr Man's expenses of care?
a. Asking for information about a fact
b. Asking for somebody's opinion about the veracity of a fact
c. Asking for somebody's agreement to the veracity of a fact

3. Mr Man feels fine with his new colleagues, doesn't he?
a. Asking for information about a fact
*b.* Asking for somebody's opinion about the veracity of a fact
c. Asking for somebody's agreement to the veracity of a fact

4. In your opinion could I help you to ensure our patient's needs?
a. Asking for information about a fact
b. Asking for somebody's opinion about the veracity of a fact
c. Asking for somebody's agreement to the veracity of a fact

.

5. Tell me: Is your wife coming today?
a. Asking for information about a fact
*b.* Asking for somebody's opinion about the veracity of a fact
c. Asking if a fact is true

**Click on the correct form of the verb in the reported speech sentence**:
1. *Is it true that/ Do you know which* your work is compatible with your care for the patient?
2. *Do you think that/ Do you know when* your income covers the expenses of Mr Man's care?
3. *Do you know if/ Do you know where* Mr Man feels fine at the hostel?
4. *Tell me which/ Tell me if* your wife is coming today.
5. *Could you tell me which/ Could you tell me when* you need help.

## Speaking

**Write down a dialogue between a carer who looks after an elderly patient and a dcotor who is interested in the carer's needs** (see as example the dialog from Reading & Vocabulary exercises). Record yourself, upload the audio following the instructions given and check the Forum for the evaluation done by one of your peers.

**Assess 1 or 2 of your peers' speaking tasks on Forum.**

## Writing

**Listen and write what you hear:**

.....

*(see below the transcript of the listening passage)*

**! You can access the unit online at the following link: http://medlang.eu/course/**

*If Mr X requires emergency care, or if placement in another facility were to be appropriate, do you know what steps to take?*

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