OET®

Living the Language

Nurses' edition

Your guide to English usage in British life and work

Introduction

Congratulations – you've passed your English language test and you're ready to begin your new career in the UK healthcare system.

We recognise you may face communication challenges ahead as you begin working in an English-speaking workplace. That's why we've created Living the Language – a resource designed to help overseas nurses working in the NHS develop their English communication skills.

This guide includes practical advice on coping with local accents, working with teams, written documentation and speaking on the phone, plus lots more guidance to help new hires adapt and integrate into their workplace and navigate British society outside the workplace.

We're grateful to those who contributed to this guide, including Doc2UK, NHS England Workforce Training and Education Directorate (NHSE WTED) (previously Health Education England (HEE)) and NHS Employers. We also had input from overseas nurses now working in the NHS, who've shared their own experiences to help their peers. You'll read their stories in the quotes throughout this guide.

We are committed to supporting overseas nurses beyond their English test with resources like this guide, supporting their journey to a dream job as a registered nurse in an international healthcare setting.

- The OET UK team

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Note for readers

The term 'patient' is used to refer to any person receiving care in a UK healthcare setting, such as a care home resident, hospital inpatient, outpatient, individual seeking therapy or any other healthcare service user. While much of the content refers to a hospital context, the material is also relevant to workers in other UK healthcare settings.

Introduction to the NHS

Every day, the NHS provides care for over a million people in England, touching the lives of everyone who calls the UK home. The NHS was established in 1948 as the world's first universal healthcare system that was free to everyone. The creation of the NHS was a landmark moment in both British and medical history, and over the past 75 years, it has become an essential part of British society.

Find out more about the NHS: stepintothenhs.nhs.uk/about-the-nhs

Discover the OET NHS Values course: oet.com/product/nhs-values

> **"The NHS belongs to people. It touches our lives at times of basic human need when care and compassion are what matter most."**
>
> **- NHS England Workforce, Training and Education**

The role of the NHS

The NHS provides support to people throughout their lives. Since 1948, the NHS has continually evolved to meet the needs of each generation, and has often led the way with global medical initiatives, such as:

- The world's first CT scan on a patient in 1971
- The first IVF birth in 1978
- Research leading to the discovery of the first effective COVID-19 treatment, made available in every hospital the same day it was approved

None of these innovations would be possible without the skill and dedication of NHS staff, volunteers, and partners in the social care sector.

Since its inception, the NHS has relied on employees from around the globe, starting with the Windrush Generation of 1948. Today, the workforce is proudly represented by over 200 nationalities.

Understanding the scale of the NHS

In 2023/24, there were an estimated 600 million patient contacts with GP, community, hospital, NHS 111 and ambulance services. This equates to approximately 1.7 million interactions with patients every day.

Learn about the history of the NHS and how it functions today with a free course by The King's Fund: kingsfund.org.uk/leadership-development/courses/nhs-explained-course

How the NHS works

It's important to understand how your patients access their healthcare, especially as it may be quite different from healthcare services in your home country.

Healthcare in the UK is provided by the government and paid for by taxes. The NHS delivers General Practitioner (GP) services, Accident and Emergency care (A&E), hospital services and social care to all UK permanent residents and citizens for free.

Accessing the NHS

To access NHS healthcare and treatment, everyone is required to register with a GP at a GP practice, usually the one nearest to their home. The GP practice, or surgery, is where one or more GPs, as well as other community healthcare professionals (e.g. nurses, midwives, dieticians) deliver their services. Once they have registered, patients receive an NHS number, which entitles them to NHS services for life.

Primary versus secondary care

The first point of contact for all non-urgent healthcare is the patient's primary care provider, e.g. GP or dentist. If necessary, the GP or dentist will refer the patient to a secondary care provider or specialist, e.g. cardiologist, dental surgeon, etc. via a medical referral letter. Once the specialist has provided the necessary treatment and care within the hospital setting, the patient will then be discharged back to their primary care provider.

What is an NHS Trust?

You will hear people refer to a local hospital as an NHS Trust. NHS Trusts act as healthcare providers and provide hospital services, community services and other aspects of patient care, they may also act as commissioners when sub-contracting patient care services to other providers of health care.

Understanding Integrated Care Systems

The NHS is continually evolving to better meet the needs of the population. A significant recent development is the establishment of Integrated Care Systems (ICSs), designed to provide more coordinated and efficient healthcare services. These systems encompass various components, including Integrated Care Partnerships (ICPs), Integrated Care Boards (ICBs), place-based partnerships and provider collaboratives. These groups collaborate to ensure that services are integrated and focused on improving the well-being of communities across the UK.

What are Integrated Care Systems?

Integrated Care Systems (ICSs) are local partnerships that bring health and care organisations together. They create shared plans to connect health and care services to improve people's lives in their area.

What are Integrated Care Partnerships?

Integrated Care Partnerships (ICPs) are groups of different organisations that work together to improve local health, care, and well-being. This includes the NHS, local councils, social care providers, and voluntary groups.

What are Integrated Care Boards?

Integrated Care Boards (ICBs) are the legal NHS organisations that plan how to meet the health needs of the local population based on the integrated care strategy. They manage the NHS budget and organise local health services.

What are place-based partnerships?

Place-based partnerships design and deliver integrated services for specific areas within the ICS. This might be a town, borough or neighbourhood. They involve various stakeholders interested in improving health and care, such as the NHS, local councils, other local organisations and residents.

What are provider collaboratives?

Provider collaboratives bring together providers of local health and care services across different areas and sometimes different ICSs. This group includes acute, community, and mental health hospitals and primary care and social care providers.

Watch this short video to discover the key organisations that make up the NHS and how they work together to deliver care:

How does the NHS in England work and how is it changing?

Emergency & urgent care

In the NHS, urgent and emergency care services are designed to address varying levels of medical needs.

- **Call 999** for immediate, life-threatening emergencies requiring urgent medical help. The response may include sending an ambulance or advising you to go to A&E if it's safe. For details on what constitutes a life-threatening emergencyth, visit nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-call-999/
- **Accident & Emergency (A&E):** A&E handles severe and critical conditions needing immediate care, operating 24 hours a day, seven days a week (24/7), for major trauma or serious illnesses that can't wait for a scheduled appointment.
- **Use 111** for non-emergency medical issues needing immediate advice. This service directs you to the best care options, such as visiting a pharmacy, scheduling a GP appointment or going to an Urgent Treatment Centre (UTC) or A&E.
- **Urgent Treatment Centres (UTCs):** UTCs treat non-life-threatening conditions needing prompt attention, like minor injuries or infections, providing an alternative to A&E and easing its patient load.

Paid services

In the NHS, most services are free at the point of use, but there are some circumstances where you may need to pay for certain aspects of your care, including prescription charges, dental care, and eye tests.

However, certain groups are exempt from paying for these services. For example, children, pregnant women and new mothers, individuals on low incomes, pensioners and those with certain medical conditions or disabilities are exempt.

UK-specific health issues

Common causes of death

Understanding the health risk factors and the leading causes of death in the UK will give you a better insight into your patients' needs. The main causes of death in the UK have changed over time and differ between men and women as well as across various age groups. Here is a summary of the key points:

Leading causes of death for men

- Ischaemic Heart Disease (IHD): This has been the leading cause of death for men for many years, although the number of deaths has decreased over time.
- Other significant causes include lung cancer, chronic respiratory diseases and stroke.

Leading causes of death for women

- Dementia and Alzheimer's disease: These have become the leading cause of death for women since 2011, accounting for a significant percentage of female deaths.
- Other significant causes are heart disease, stroke and lung cancer.

Age group differences:

- **Older adults (65 years and older):** Dementia and Alzheimer's disease have become leading causes, particularly due to the aging population and better diagnosis.
- **Middle-aged adults (50 to 64 years):** IHD remains a top cause for men, while breast cancer and lung cancer are significant for women.
- **Younger adults (20 to 49 years):** Suicide and accidental poisoning are leading causes for both men and women in this age group.

Factors influencing trends:

- **Aging population:** More people are living longer, which contributes to higher rates of age-related diseases like dementia.
- **Medical advances:** Better treatment and diagnosis have influenced the reported causes of death.
- **Lifestyle factors:** Smoking, diet and other lifestyle factors continue to impact the prevalence of diseases like cancer and heart disease.

Caring for an ageing population

By 2050, it is projected that one in four people in the UK will be aged 65 years and over.

Care for the elderly is carried out either informally by family members or formally in residential homes, known as care homes. These are run privately, and depending on the financial situation of the person concerned, may be free. Specialist care homes exist, caring for those with dementia, for example. Recognising the difference between a residential home (with wardens), a care home (with carers) and a nursing home (with nurses) is important. This helps with offering specific services for discharged patients, e.g. a nursing home can offer procedures such as injections, while care homes and residential homes cannot. It is important to ask the right questions early enough to determine and plan the best final discharge destination for the patient.

Obesity

In the UK, obesity is a significant health issue. According to the latest data, 64% of adults in England were overweight or obese in 2021/22. Obesity rates vary by age, with the highest prevalence among those aged 45-84. Additionally, obesity is more common in certain ethnic groups, notably black (34%) and White British (27%) individuals.

Childhood obesity is a critical issue in the UK. About one in three children aged 10-11 years are overweight or obese. The government has developed a plan to tackle this problem by promoting healthier eating and increasing physical activity among children. Measures include reducing sugar in foods and drinks, encouraging daily physical exercise and improving education on nutrition. The goal is to halve childhood obesity by 2030 and to improve the overall health of children across the country.

Alcohol use

Alcohol use in the UK remains a significant public health concern. In 2021, approximately 12% of adults in England reported binge drinking in the previous week, with a higher prevalence among men (15%) compared to women (9%). This trend was similar in Scotland and Wales, where 15% and 13% of adults reported binge drinking, respectively.

Alcohol-specific deaths have also been a critical issue. In 2021, the alcohol-specific death rate in the UK was significantly higher for males (20.1 deaths per 100,000) compared to females (9.9 deaths per 100,000). Most of these deaths were due to alcoholic liver disease, accounting for 78% of alcohol-specific deaths.

Hospital admissions related to alcohol consumption have increased. From 2016/17 to 2019/20, the rate of admissions for alcoholic liver disease in England rose by 18%, with older adults (over 65) experiencing a 7% increase in hospital admissions for alcohol-related conditions during the same period.

These statistics highlight the ongoing challenges faced by the UK in managing alcohol-related health issues and the need for continued public health interventions and support services.

Workplace communication

Navigating the NHS as an internationally educated nurse can feel like stepping into a new world. Understanding the structure and dynamics of NHS teams is key to feeling at home and thriving in your role. This section is here to guide you through the hierarchy within medical and nursing teams.

You'll learn about how different roles work together, how to embrace your autonomy and strategies to overcome common communication challenges. With these insights, you'll be better equipped to connect with your colleagues, enhance patient care and feel confident in your new setting.

This section of the guide will address:

- Understanding the structure of NHS teams
- Working as part of a team
- Working with doctors
- Understanding medical terms and abbreviations
- Handling phone calls with confidence
- Using SBAR to improve clinical communication
- Ensuring proper documentation
- Revalidation and CPD for nurses in the UK

Understanding the structure of NHS teams

When joining the NHS in the UK, it's important to understand the hierarchy within departments. This will help you establish your role and know who to approach for different needs. Here's a simple guide to the structure of medical and nursing teams.

Medical team structure:

Medical students: Medical students typically complete a five-year undergraduate or four-year postgraduate course, with the first two years focused on basic medical sciences, followed by three years of clinical training in hospital wards under consultant supervision.

Junior Doctors: Junior Doctors are qualified doctors undergoing clinical training. They have completed a medical degree and may have up to nine years of working experience as a hospital doctor, depending on their specialty, or up to five years working and gaining experience to become a General Practitioner (GP). All Junior Doctors work under the supervision of a senior doctor.

Common titles for Junior Doctors	Descriptions
FY1	Foundation year one Junior Doctor
FY2	Foundation year two Junior Doctor
ST	Specialty Trainee in a hospital specialty - includes StR (Specialty Registrar) or have a number signifying the number of years spent in training, e.g. ST4 psychiatry
SpR	Specialty Registrar in a hospital specialty
GPST	Specialty Registrar in general practice
SHO	Senior House Officer

Consultants: Consultants are senior doctors who have completed full medical training in a specialised area of medicine and are listed on the GMC's specialist register. They have both clinical and administrative responsibilities, including managing Specialist and Junior Doctors.

Specialist Doctors: Specialist (or SAS) Doctors (Specialist, Associate Specialist and Specialty Doctors) are experienced and senior doctors in permanent posts. They have at least four years of full-time postgraduate training, with two years in their relevant specialty.

General Practitioners (GPs): GPs have overall responsibility for managing patient care outside of hospitals. This includes diagnosing and treating health problems and referring patients for specialist treatment when necessary.

Academic Doctors: Academic Doctors or Clinical Academic Doctors often work in a combination of teaching, research and specialist clinical care. They undertake research to advance the science of medicine and can be at any grade, from a Foundation year Junior Doctor to a Consultant, GP, or SAS Doctor. Common job titles for academic doctors (from junior to senior) include:

ACF: Academic Clinical Fellow
CL: Clinical Lecturer
CRF: Clinical Research Fellow
CSL: Senior Clinical Lecturer
Reader/Associate Professor
Prof: Professor

To learn more about other common medical titles, please visit: bma.org.uk/advice-and-support/international-doctors/life-and-work-in-the-uk/toolkit-for-doctors-new-to-the-uk/doctors-titles-explained

Nursing team structure

Healthcare Support Workers (HCSWs) / Healthcare Assistants (HCAs)

HCSWs or HCAs provide essential, compassionate care to patients under the supervision of registered professionals. Their duties include ensuring patient comfort, assisting with mobility and personal hygiene, supporting meals, taking observations and maintaining cleanliness. They also update patient records and help keep departments organised.

Nursing Associate: The Nursing Associate role bridges the gap between healthcare support workers and registered nurses, providing hands-on, person-centred care within multidisciplinary teams across diverse settings. Qualified Nursing Associates have the option to study towards becoming a Registered Nurse.

Registered Nurse (RN): RNs are fully qualified nurses registered with the NMC, responsible for assessing, planning and managing patient care. They administer medications, monitor patient progress and provide specialised care. Registered Nurses can specialise in Adult, Children's, Mental Health or Learning Disabilities Nursing.

Staff Nurse: A Staff Nurse is a specific role within the broader category of registered nurses. The term "staff nurse" typically refers to an RN who works directly on the front line of patient care, usually in a specific ward or department. All Staff Nurses are registered nurses, but not all registered nurses are necessarily in a staff nurse role. The Staff Nurse role is often seen as a starting point for RNs, with opportunities for advancement to senior roles such as Senior Staff Nurse, Charge Nurse or specialised roles like Clinical Nurse Specialist or Nurse Consultant.

Senior Staff Nurse: Highly skilled and experienced registered nurses, Senior Staff Nurses are often team leaders, responsible for the supervision and development of staff nurses, coordinating the ward/unit and deputising for the Sister or Charge Nurse.

Sister/Charge Nurse: This is a ward-based leadership position. A Sister or Charge Nurse is responsible for managing a specific ward or department, ensuring that care standards are maintained. They manage the nursing staff, allocate resources and ensure compliance with policies and procedures.

Clinical Nurse Specialist: Clinical Nurse Specialists have advanced training and expertise in a particular area of medicine, such as oncology or diabetes.

Nurse Consultant: Nurse Consultants provide expert clinical guidance, mentor staff and develop policies to enhance patient care. They lead quality improvement efforts, promote evidence-based practices and offer consultative support for complex cases, while staying updated with advancements through continuous education.

Advanced Nurse Practitioner (ANP): ANPs play a pivotal role in the healthcare system, bridging the gap between general nursing and medical practice. They are highly trained registered nurses with advanced clinical skills and education, often holding a master's degree or higher. They provide a wide range of healthcare services, including diagnosing and treating medical conditions, prescribing medications and performing advanced procedures. Their role involves not only direct patient care but also complex decision-making and case management.

Matrons: Matrons oversee nursing care across multiple wards or departments. They are responsible for ensuring high standards of care, managing budgets and often have a strategic role in the hospital.

Working as part of a team

Chuntao says...

"You need to be thinking by yourself about the medication - does she need a stronger pain killer? Does she need another medication? ... In China we usually just follow the doctors."

Angelica says...

"They ask us about how the patient is feeling, and do you think we need to change the medication? And these are both questions they can ask from us, but in our country it was entirely different - the doctors were more powerful than the nurse."

Is your experience like Chuntao and Angelica?

However, you'll notice it's different in the UK: doctors, nurses and other practitioners function as one team, adopting what is known as a multi-disciplinary, person-centred approach.

Here are some other differences about working in a UK healthcare setting:

- Being part of a multi-disciplinary clinical and social care team means a variety of specialists contribute their expertise to an individual patient's care – nurses, physiotherapists, nutritionists, pharmacists, occupational therapists and social workers, among others.
- Nurses in the UK are expected and empowered to make clinical decisions independently, often without waiting for direct instructions from doctors. This autonomy is a significant aspect of the nursing role in the NHS.
- There is a strong emphasis on teamwork between doctors, nurses and other healthcare professionals. This collaborative environment aims to improve patient outcomes by ensuring that all team members contribute to care planning and delivery.
- The NHS promotes a flatter, more flexible hierarchy compared to some other healthcare systems. This structure fosters open communication and encourages all team members to share their insights and contribute to decision-making processes.

Here are some points to bear in mind as you work in a team:

- **Seek collaboration:** Never hesitate to ask for help or advice from your team members — whether they are Junior Doctors, fellow nurses, Allied Healthcare Professionals or senior staff. Collaboration is essential to delivering safe and effective patient care.
- **Clarify roles:** Don't assume you know the roles and responsibilities of every team member. Take the time to understand the unique contributions of each team and its members. This understanding enhances teamwork and ensures seamless care delivery.
- **Value expertise:** Respect the opinions and expertise of others in your team. Every professional brings valuable insights that contribute to holistic patient care. Listening to and valuing these perspectives can significantly improve outcomes.
- **Communicate transparently with patients:** If you feel it's necessary to seek a second opinion, explain this to your patients. They appreciate transparency and will feel more confident knowing their care involves input from a range of healthcare professionals.
- **Advocate for your perspective:** If you believe a team member's decision may not be in the best interest of the patient, don't hesitate to voice your concerns.

Always remember that the entire team is united by a shared goal: providing the best possible care for the patient. Keeping this in mind helps to foster a collaborative environment.

Working with doctors

Nurses and doctors communicate regularly for various reasons, such as agreeing on patient care plans, discussing concerns and confirming details of medical procedures. Establishing effective communication and building strong relationships with doctors is crucial for ensuring high-quality patient care.

Within the NHS, the person-centred care model places the patient at the heart of all decisions. As a nurse, your primary role is to advocate for your patient. This means you must have the confidence to discuss your patients' needs and any concerns you may have with doctors. Effective communication and relationship management with doctors are essential components of this advocacy role.

"In the UK, the healthcare system is different. As a nurse, you are an ambassador for your patient, and it's okay to challenge doctors. Unlike back home, where hierarchy often discourages questioning, here you must prioritise patient safety—even if it means questioning a consultant. The system expects you to ensure that the right decisions are made, even if it means asking a doctor to reconsider or prescribe a different treatment. Patient safety is your top priority, and you are empowered to act in their best interest."

- Sanjith Kumar, Clinical Governance & Risk Manager, Lancashire Teaching Hospitals NHS Foundation Trust

Challenges you might face when interacting with doctors in the NHS

Time constraints: Doctors in the NHS often have very demanding schedules, which often means interactions between nurses and doctors are brief and there may be limited opportunities for in-depth discussions about patient care. This can make it challenging to find sufficient time to address patient concerns or clarify care plans.

Perceived hierarchies: Coming from a healthcare system with a clear hierarchy between doctors and nurses might make you hesitant to voice your concerns or share insights. You may initially perceive a similar structure here, which could affect your communication.

Cultural communication differences: Communication styles can vary significantly across cultures. If you're accustomed to more direct communication, adjusting to the UK norms might be challenging, especially as these can differ depending on the team or individual doctors.

Professional attitudes: Some doctors, particularly those in high-pressure specialties, may seem brusque or dismissive, which can be intimidating, especially if you are new to the organisation. This can make it difficult to feel confident in raising concerns or contributing to patient care discussions.

Prisha says...
"It actually can be difficult even now because some surgeons can seem to be quite rude... and everyone knows they are rude and you know, "Oh God, if I say something he is going to be so rude to me." ... "Oh God, if I say it, I will be in trouble, but I need to say it."

How to overcome these challenges

Be prepared and proactive:

- Approach conversations with doctors fully prepared. Have all relevant patient information and any necessary documentation ready. This will help you make the most of the limited time available and ensure that your concerns are heard.

- Proactively seek opportunities to discuss patient care, such as during ward rounds, team meetings or even brief hallway conversations.

Use structured communication tools:

- The SBAR (Situation, Background, Assessment, Recommendation) tool is widely used in the NHS and can help structure your communication in a clear and concise manner. This model is particularly useful when discussing patient issues with doctors, ensuring that you present your information in a way that is easy to understand and act upon. Learn more about SBAR on **page 22.**

Build professional relationships:

- Take the time to build relationships with doctors and other team members. Understanding their communication styles and preferences can help you tailor your approach and foster a more collaborative environment.
- Participate in multidisciplinary team meetings and other collaborative settings to better understand the roles and expectations of different healthcare professionals.

Develop confidence in your role:

- Remember that as a nurse, you are a crucial advocate for your patients. Your insights and concerns are valuable and should be voiced, even in challenging situations. Developing confidence in your role will help you communicate more effectively with doctors.
- If you feel intimidated, remind yourself of your responsibility to your patients. This sense of duty can empower you to speak up when necessary.

Seek support when needed:

- If you find it difficult to communicate with a particular doctor or if you encounter persistent challenges, seek advice and support from your senior nurses or mentors. They can provide guidance on how to navigate these interactions effectively.
- The NHS also offers various resources and training opportunities to help nurses improve their communication skills and manage professional relationships.

Angelica says...
“Whenever I see a group of doctors coming in... I have to get plans after the morning rounds, and it is difficult to just keep on chasing... so I make sure that I go with them [on rounds] and chat with them about what the plan is.”

Abdo says...
“I learnt over time that before you go and speak to a doctor you need to gather important evidence that you may perceive that the doctor may ask you... instead of running back and forth from the doctor to the patient... so I would say like gathering more information before going to the doctor is a good skill.”

Understanding medical terms and abbreviations

Many overseas healthcare professionals are faced with difficulties understanding medical terms and abbreviations used in the NHS.

It is worth asking your employer for a glossary, and you can always ask colleagues to define unfamiliar terms.

Here is a glossary of common medical terms and abbreviations that you might encounter while working in the NHS:

- **Accident and Emergency (A&E):** A 24/7 department providing immediate care for patients with serious or life-threatening injuries and illnesses. It's also known as the Emergency Department (ED) or casualty.
- **Blood Pressure (BP):** The pressure of circulating blood against the walls of blood vessels
- **Body Mass Index (BMI):** A measure of body fat based on height and weight
- **Electrocardiogram (ECG):** A test that records the electrical activity of the heart
- **Full Blood Count (FBC):** A blood test that measures different components of blood, including red and white blood cells and platelets
- **Magnetic Resonance Imaging (MRI):** An imaging technique used to visualize internal structures of the body in detail
- **Computed Tomography (CT) scan:** An imaging procedure that uses computer-processed combinations of X-ray measurements to produce cross-sectional images of the body
- **Intravenous (IV):** Administration of fluids, medication or nutrients directly into a vein

Abbreviations:

AF: Atrial Fibrillation (irregular heart rhythm)
AMHP: Approved Mental Health Professional
APTT: Activated Partial Thromboplastin Time (a blood test to measure clotting)
b.d.s. (bds, BDS): Twice a day
CSF: Cerebrospinal Fluid
CXR: Chest X-Ray
DNACPR: Do Not Attempt Cardiopulmonary Resuscitation
DVT: Deep Vein Thrombosis (a blood clot in a deep vein, usually in the legs)
ED: Emergency Department
GA: General Anaesthetic
HCA: Healthcare Assistant
LFT: Liver Function Test
MSU: Mid-Stream Urine sample
NAD: Nothing Abnormal Discovered
NBM: Nil By Mouth (no food or drink to be taken orally)
OT: Occupational Therapist
PT: Physiotherapist
Rx: Treatment or Prescription
TFT: Thyroid Function Test
UTI: Urinary Tract Infection

Other useful sources:

Abbreviations commonly found in medical records
NHS Glossary
Healthcare abbreviations
Jargon used in health and social care
Acronym Buster from Southern Health NHS Foundation Trust

Useful app

Medical Dictionary by Farlex

Reference books

Oxford Handbook of Clinical Medicine – Ian Wilkinson

Medical Terminology: The Best and Most Effective Way to Memorize, Pronounce and Understand medical terms

Handling phone calls with confidence

As an internationally trained nurse, you might find phone communication one of the more daunting aspects of your role. Without the visual cues we rely on in face-to-face conversations, understanding and being understood over the phone can be challenging. Add in the variety of local accents and the fast pace at which healthcare professionals often need to communicate, and it's no surprise that this can feel overwhelming.

Bolin says…

"Whenever I am doing a phone call, I do compose myself very well and I speak audibly, and whenever I speak they understand me very well. It is only when I forget to compose myself when I speak they won't understand me."

Chuntao says…

"Sometimes it is difficult because I can't read the face… or I can't read the lips so it is sometimes hard, as well as with different accents."

Other reasons you might find phone communication challenging

Complex medical terminology: Discussing complex medical information without the help of visual aids can be particularly challenging.

Fear of making mistakes: When English is not your first language, the fear of making a mistake or being misunderstood can add to the anxiety of phone communication.

Cultural differences: Different cultural norms and communication styles can also create barriers, making it harder to gauge the appropriate tone or level of formality.

Tips to overcome phone communication challenges

1. Use the SBAR model: The SBAR (Situation, Background, Assessment, Recommendation) framework is a tool widely used in the NHS to help structure conversations. By using this model, you can ensure that your communication is clear and concise, which is crucial when time is of the essence. Learn more about SBAR on **page 22.**

2. Prepare before the call (if possible): Take a moment to collect your thoughts before making a call. Know what you need to say and what you want to achieve from the conversation.

3. Practice common scenarios: Practice makes perfect. Role-playing common phone interactions with a colleague or mentor can help you become more comfortable with these situations. The more you practice, the more confident you will feel when it's time to make those real calls.

4. Be clear and concise: When speaking on the phone, it's essential to be direct and stick to the facts. Avoid unnecessary details and make sure your message is easy to understand.

5. Develop a phrase bank: Having a set of go-to phrases can be very helpful, especially in stressful situations. Phrases like, "Let me confirm this with the doctor and get back to you," can help you manage the conversation and buy time when needed.

6. Summarise the conversation: At the end of the call, briefly summarise the key points to ensure that both you and the other person are on the same page. Don't be afraid to ask questions for clarification

7. Save contacts: Keeping a list of key contacts and their phone numbers can save you time and reduce stress when you need to refer someone to another department or colleague.

8. Listen actively: Active listening is crucial on the phone. Make sure you fully understand what the other person is saying before responding. This can prevent misunderstandings and ensure that the conversation is effective.

> **"Listening skills are crucial. You must ensure you understand everything correctly because otherwise, you are compromising patient safety."**
>
> **Sanjith Kumar, Clinical Governance & Risk Manager, Lancashire Teaching Hospitals NHS Foundation Trust**

It's important to remember that many of your colleagues have gone through the same challenges and that resources are available to help you succeed.

By following these tips and making use of available resources, you can build your confidence and effectiveness in phone communication, an essential skill in providing excellent patient care.

Using SBAR to improve clinical communication

SBAR is a communications tool originally designed for the US Navy and later adapted for healthcare environments.

SBAR stands for Situation, Background, Assessment, Recommendation. Using the following prompts will help you provide the right information in various scenarios.

S (Situation) – Describe what is happening at the present time

B (Background) – Explain what the circumstances are leading up to this situation

A (Assessment) – Articulate what you think the problem is

R (Recommendation) – Define what should be done to correct the problem

Why is SBAR used?

The SBAR approach structures the information-giving process to ensure that:

- Staff can anticipate the information they are about to receive.
- Roles and responsibilities are clearly understood.
- All essential information is conveyed with the appropriate level of detail, eliminating the need for repetition.
- Staff can communicate their messages clearly, efficiently, succinctly, and assertively.
- Patient safety is prioritised and maintained.

When is SBAR used?

Here are some instances in which the NHS encourages use of SBAR during the patient journey:

- GP referral letter
- Consultant to consultant referrals
- Movement of patient between areas of diagnosis, treatment and care
- Handovers
- Discharge back to the patient's GP or community care setting

Here is an example scenario and language that can be used to communicate the information required in the SBAR format:

S Situation	I'm (name), I'm the Senior House Officer (SHO) on the ward this evening. I am calling about one of your patients, (patient X). I am calling about ... (patient X's test results). I'm ringing to see if we can ... (arrange for transfer of patient X, discuss ...). The situation is ...
B Background	The background (to the situation) is ... Patient (X) was admitted on (XX date) with ... (e.g. MI / chest infection). He's had (X operation/procedure/investigation). Patient (X)'s condition has changed in the last (XX mins). His obs (nursing observations) were within normal limits / His post op bloods are ...
A Assessment	My assessment is that ... I think the problem is ... I'm worried / concerned about the possibility of ... And I have... (e.g. given O2 / analgesia, stopped the infusion). OR I am not sure what the problem is, but patient (X) is deteriorating.
R Recommendation	I'm considering ... I need to ... Could you come and see the patient in the next (XX mins)? AND Is there anything I need to do in the meantime? (e.g. start IV antibiotics / ask the nurses to repeat the obs)

Ensuring proper documentation

Good record keeping is vital for effective communication and integral to promoting continuity of care and safety for patients.

In the event of a complaint from a patient regarding their treatment, written documentation serves as key evidence.

Examples of written documentation might include:

- Handover notes
- Care plans
- Admissions paperwork
- Medication and observations charts
- Referral letters/emails
- Discharge summaries/emails

It's important to note that most NHS Trusts have now transitioned to paperless systems, meaning that record-keeping and documentation are now primarily electronic. The format and expectations of these documents may differ from what you have previously encountered. Adjusting to these new requirements is an important part of your transition into the UK healthcare system.

What are some common challenges

Writing or typing quickly: Balancing speed with accuracy and clarity can be demanding, especially in a fast-paced environment.

Being clear: Ensuring that your notes are legible and easily understood by other healthcare professionals is vital.

Knowing what and how much write: Deciding the appropriate level of detail is key to effective documentation, as is striking a balance between thoroughness and brevity.

Getting the tone right: Adopting a professional tone that is appropriate for the setting is important for all written communications.

How to overcome them:

- Familiarise yourself with record keeping templates used in your setting
- Read good examples from other nurses
- Adopt the writing style of colleagues
- Memorise and employ standardised sentences and phrases
- Practice using best practice templates e.g. OET Referral Letter
- Learn from senior staff or your mentor
- Speed up your typing with a free typing tool like typingclub.com or rapidtyping.com

Understand your responsibilities for record keeping with these resources:

RCN Record Keeping: The Facts: This resource provides comprehensive guidance on the essentials of record-keeping.

NMC: The Code: The Nursing and Midwifery Council's Code outlines the professional standards that all nurses, midwives and nursing associates must uphold.

Your local policy: Be sure to review and understand the specific record-keeping policies of your NHS trust or healthcare setting.

Revalidation and CPD for nurses in the UK

What is revalidation?

Revalidation is a mandatory process that all nurses and midwives in the UK must complete every three years to maintain their registration with the Nursing and Midwifery Council (NMC). This process ensures that practitioners continue to work safely and effectively by meeting the NMC's professional standards. During revalidation, you will need to demonstrate ongoing learning and development, reflect on your practice, and engage in professional discussions. This not only helps you stay current with best practices but also reinforces public confidence in the quality of care provided by nurses and midwives across the UK.

Requirements

To meet the revalidation requirements, you must demonstrate that you are keeping your skills and knowledge up to date and maintaining safe and effective practice. The specific requirements are:

- 450 practice hours, or 900 hours if renewing two registrations (for example, as both a nurse and a midwife)
- 35 hours of Continuing Professional Development (CPD), including 20 hours of participatory learning
- Five pieces of practice-related feedback
- Five written reflective accounts
- Reflective discussion
- Health and character declaration
- Professional indemnity arrangement
- Confirmation

What is Continuing Professional Development (CPD)?

Continuing Professional Development (CPD) is a crucial component of revalidation, ensuring that nurses and midwives keep their skills and knowledge current. The NMC requires you to complete 35 hours of CPD every three years, with at least 20 hours involving participatory learning, such as workshops or seminars. These activities should be pertinent to your area of practice and contribute to enhancing the quality of care you deliver.

The Royal College of Nursing (RCN) provides a range of CPD resources, including courses and e-learning modules designed for various aspects of nursing practice. These resources can help you fulfil the NMC's CPD requirements and support your ongoing professional development. Participating in CPD ensures you stay informed about best practices and continue to offer high-quality care.

For more resources on how to navigate revalidation, visit:

RCN Revalidation Resources
NMC Revalidation Resources

Patient communication

As an internationally trained nurse, you might find that tasks related to communicating with patients and their families are among the most challenging aspects when starting work in a new English-speaking environment. These difficulties often arise from the 'person-centred care' model, an approach to healthcare that may be unfamiliar and different from the care model you're accustomed to in your home country.

Understanding and adapting to this approach is crucial, as it emphasises the importance of treating patients as partners in their care, respecting their preferences and involving them in decision-making processes.

This section of the guide will address:

- Person-centered care
- Active listening
- Using plain English and paraphrasing
- Asking for consent
- The language of bad news
- Avoiding discriminatory language
- The power of song

Person-centred care

Person-centred care is the primary model of care within the NHS. Some aspects may be familiar, while others may seem new or different from your previous experience.

This approach prioritises the individual needs, preferences and values of patients. It views patients as active participants in their care rather than passive recipients. The focus is on building meaningful relationships between healthcare providers and patients, ensuring care is respectful and responsive to each patient's unique needs and values.

The goal is to empower patients to take an active role in their own health and wellbeing.

> **"In China... well we should say it was family kind of centred care, not really patient... because in China if a patient got cancer, the patient will be last one to know."**
>
> **– Bolin**

Core principles of person-centered approach:

Respect and dignity: Treating patients with respect and valuing their input and choices

Empathy: Understanding and sharing the feelings of patients, recognising their emotions and experiences

Active listening: Fully concentrating, understanding, responding and remembering what the patient says

Shared decision-making: Involving patients in decisions about their care, ensuring they understand their options and the potential outcomes

Personalised care: Tailoring healthcare services to meet the specific needs and circumstances of each patient

Watch this helpful video to learn more about personalised care

Comprehensive Model of Personalised Care (short verison)

YouTube

Here are some examples to show how a person-centred approach is used in practice:

Jane is a practice nurse in a local surgery:

“The health care assistant had asked me to see a young lady as her home blood pressures (BP) had come back borderline (but normal). We discussed the BP and as part of this I asked about lifestyle - and indeed she smoked a lot. I was tempted to give her a lecture but stopped and decided to take a motivational approach. I asked her how important stopping smoking was to her. She graded it 5/10. I took a step back and we talked about what was important to her. She had a lot of stresses at home (her husband had just been diagnosed as bipolar) and the smoking helped this. We explored further and then decided together that it wasn’t the right time to talk about stopping smoking. Instead, she said she would find a plan to manage her stress more helpful.”

John is a GP in an inner-city surgery:

“I am working with a lady in her early forties with depression/anxiety and substance misuse who is fuelling her partner’s drug habits by street begging and daily calls to A&E/999. Rather than criticising her behaviour, I am seeing her weekly to gain a degree of confidence before thinking how we might work with a mental health therapist. The therapist could then help her think how, in the first instance, she can be supported in managing her anxieties rather than calling out the emergency services. The mental health therapist would also work with her in exploring what would help boost her self-confidence and self-esteem and to facilitate access to a voluntary self-help group suitable for her circumstance.”

Simon is a medical specialist in a hospital:

“I was referred a man who had an enlarged prostate that was causing him some troubling symptoms. At the beginning of our conversation, he said he was very keen to ‘get rid of it’ as he had two friends with prostate cancer, and he did not want to ‘suffer’ like them. After hearing about his thoughts, I suggested that we went through the various option available to him. After discussing the pros and cons of each option and what they meant to him he decided that he would rather watch and wait as the potential risks of surgery might mean a reduction in the quality of life in the areas that were important to him.”

To effectively implement a person-centred approach in the NHS as a nurse, focus on these key strategies:

Effective communication:

Active listening: Pay full attention to patients, showing that you value their input.

Open-ended questions: Use questions that encourage patients to express their concerns and preferences.

Plain language: Avoid medical jargon to ensure patients understand their condition and treatment options.

Example: A patient with limited English proficiency is admitted. Use simple language and visual aids. Arrange for an interpreter to ensure the patient fully understands their diagnosis and treatment options.

Building relationships:

Trust: Establish trust by being honest, transparent and consistent in your interactions.

Empathy: Show empathy by acknowledging patients' feelings and experiences.

Continuity: Strive for continuity of care to build long-term relationships with patients.

Example: During a routine check-up, ask about the patient's family, hobbies and interests. This helps build rapport and shows that you see them as a person, not just a patient.

Patient empowerment:

Education: Provide information and resources to help patients understand their health and make informed decisions.

Support: Offer emotional and practical support, connecting patients with relevant services and support groups.

Shared decision-making: Encourage patients to be involved in their care plans, respecting their choices and preferences.

Example: A patient with diabetes expresses difficulty managing their condition. Provide educational materials, demonstrate how to use insulin and connect them with a diabetes support group. Encourage them to ask questions and be involved in their care plan.

Cultural sensitivity:

Cultural awareness: Be aware of and respect cultural differences in healthcare beliefs and practices.

Personalisation: Tailor your approach to meet the cultural needs and preferences of each patient.

Example: A patient from a different cultural background prefers traditional remedies alongside conventional treatment. Respect their beliefs and discuss how both approaches can be integrated safely.

Environment:

Welcoming atmosphere: Create a welcoming and comfortable environment for patients.

Privacy: Ensure patients' privacy and confidentiality are maintained at all times.

Example: In a busy clinic, ensure the consultation room is welcoming and private. Arrange comfortable seating and maintain a clean, calming environment. Use discreet curtains or screens to ensure patient privacy during examinations or discussions, and always speak quietly about sensitive information to protect confidentiality.

Continuous improvement:

Feedback: Regularly seek feedback from patients to improve the quality of care.

Training: Engage in continuous professional development to enhance your person-centred care skills.

Reflection: Reflect on your practice and experiences to identify areas for improvement.

Example: Regularly collect patient feedback through surveys or during follow-up visits, asking questions like, "How did you find the care provided?" Use this feedback to make improvements.

Communication skills

This table provides a description of the core communication and relationship building skills:

Skill	Description
Hello, my name is ...	Introduce yourself, your role and set the scene for the conversation.
Open-ended questions	Questions that can't be answered with a simple yes or no. They encourage detailed responses and allow the person to share their thoughts and perspectives. Examples: "Tell me more about...", "How was that...", "When do you notice that?...", "Who supports you in your day-to-day life?..."
Open-focused questions	These start as open-ended but then focus on a specific topic.
Screening	Checking if there is "something else" or "anything else" the person wants to discuss. Useful for exploring important points and setting the agenda.
Reflective listening	Repeating back what the person said to show you heard them. This helps them feel understood and involved in the conversation.
Empathy	Showing that you understand or are trying to understand the other person's feelings. Important principles include taking their perspective, avoiding judgment, recognising emotions and communicating your understanding. Example: "You told me you tried to change before, which shows great determination."

Normalisation	Letting the person know that their feelings or experiences are normal and shared by others. This helps them feel validated and less alone.
Active listening	Fully focusing on the person, making an effort to hear their complete message. This includes giving full attention, making eye contact, nodding and providing feedback like paraphrasing or summarising.
Summarising	Giving a clear verbal summary of what has been discussed. There are two types: 1. Internal summary, focusing on a specific part of the conversation. 2. End summary, covering the entire conversation. Both help consolidate information, review progress and identify next steps.
Clarification	Making sure you understand correctly by asking questions about words, statements or situations.
Signposting	Indicating what you are about to say next. It helps structure the conversation and directs the person to useful resources, services or support organisations. Summarising and signposting are often used together to organise conversations.
Non-verbal / body language	Communicating through body language, such as posture, proximity, touch, body movements, facial expressions, eye contact, vocal cues, use of time, presence, pausing and silence.
Environmental awareness	Being mindful of how the room and its setup affect the conversation. This includes who is involved, where it takes place and how private it is. Adjusting the environment to make it comfortable for the person.
Ask before advising	Before giving advice, check what the person knows, what they want to know, if they want the information and how they prefer to receive it.

Angelica says..

“Hello my name is Angelica and I came to (let us say) check your wound,” or something so just introduce yourself and then, ask, “Hi, how are you?” “Did you sleep well yesterday,” or something just to start with a casual conversation.”

Prisha says...

“You greet the patient and you have to first introduce yourself... then you have to really tell what will going to happen and it depends

#hellomynameis

The #hellomynameis initiative was launched in 2013 by Dr Kate Granger MBE, who was a doctor and a terminally ill cancer patient. While receiving care, she noticed that many of the healthcare professionals who looked after her didn't introduce themselves.

Dr Granger wanted to remind healthcare workers about the importance of introductions, not just as a courtesy but as a way to establish a human connection between one who is suffering and another who wants to help.

The initiative encourages doctors and nurses to introduce themselves with the brief, repeatable phrase of "Hello, my name is...", so they get in the habit of routinely introducing themselves before beginning a conversation about the patient's care.

Why use #hellomynameis

- Repeatable phrase that is easy to remember
- Helps to quickly establish rapport and build trust
- A confident introduction brings patient comfort and reassurance (I am in safe hands)
- A universal and common phrase

Active listening

Active listening is a fundamental skill in nursing and is crucial for delivering person-centred care. As a nurse, active listening involves fully engaging with your patients to grasp not only the content of their communication but also the emotions and nuances behind it. This approach enables you to respond more effectively to their needs.

Benefits of incorporating active listening:

- **Demonstrates care:** By actively listening, you show your patients that you are genuinely interested in their story, which helps build trust and comfort.
- **Enhances understanding:** It helps you gain a better understanding of each patient's unique context, allowing you to provide more tailored care.
- **Improves observation:** Active listening sharpens your ability to pick up on verbal and non-verbal cues, leading to a more comprehensive assessment.
- **Reduces assumptions:** It helps you avoid making assumptions or jumping to conclusions, ensuring that you base your care on the patient's actual experiences and needs.

Benefits for patients:

- **Respect and dignity:** Patients feel respected and treated with dignity when they know they are being listened to.
- **Adequate expression:** Active listening gives patients the time and space to express themselves fully.
- **Personalised care:** It personalises the care experience, making patients feel valued as individuals.
- **Increased participation:** Patients are more likely to engage in their care and take responsibility for their health when they feel heard.

Practical tips how to practice active listening:

- **Use open and closed questions:** Start with broad, open-ended questions like, "Can you tell me about what brought you in today?" Follow up with specific, closed questions such as, "How often does the pain occur?" This helps gather detailed information and understand the patient's condition better.
- **Look and listen for cues:** Pay attention to both verbal and non-verbal cues that might indicate discomfort or difficulty in expressing themselves. This could involve noticing body language or changes in tone of voice.
- **Reflect back:** Show you've heard what was said by reflecting back, e.g., "It sounds like you've been feeling quite exhausted since the treatment. Is that right?"
- **Positive body language:** Maintain an open posture, make appropriate eye contact, and use nodding or small verbal acknowledgments to show you are engaged.

Phrases to help you become a good active listener:

Encouraging the patient's perspective: "I've got an idea why you've come into A&E today, but I'd like to hear the story from your side, if that's OK."

Exploring cues: "You mentioned feeling 'off'. Can you tell me more about what that means for you?"

Screening: "Is there anything else that's been bothering you?"

Clarifying: "You said you've been feeling 'off'. Do you mean it's been hard to concentrate?"

Reflecting back: If a patient says, "I expected to recover faster," you might respond with, "You expected a quicker recovery?" and allow them to elaborate.

Using plain English and paraphrasing

An important part of person-centred communication is learning how to talk about medical issues using words that a patient can understand and also being confident that you can comprehend what the patient is saying.

There are several effective tools for doing this including paraphrasing, summarising, clarifying and checking.

Why is using plain English and paraphrasing necessary?

- **Effective communication:** Nurses often need to explain care plans, procedures and medical instructions in plain English to patients and their families. This ensures that everyone involved understands what is happening and what to expect, which is essential for providing safe and effective care.
- **Gaining consent:** Patients and their families must fully understand the care or treatment they are consenting to. Using plain language makes this process easier and more transparent.
- **Clarifying understanding:** Paraphrasing helps confirm that you have correctly understood what a patient or colleague has said, reducing the risk of misunderstandings.
- **Ensuring accurate care:** Clear communication is crucial for understanding patient needs, making accurate assessments and providing the appropriate care.

How to use plain English and paraphrasing effectively:

- **Build a vocabulary bank:** Develop a collection of simple English terms to complement your medical vocabulary, for example:

  "bruise" instead of "haematoma"
  "shortness of breath" instead of "dyspnoea"
  "high blood pressure" instead of "hypertension"
  "heart attack" instead of "myocardial infarction"
  "fit" instead of "seizure"

- **Use analogies:** Help patients understand medical processes by using familiar analogies, like "the heart is like a pump" or "the kidney works like a filter".
- **Explain medical terms:** When you need to use a medical term, immediately explain it in plain English to ensure the patient understands.
  Example: If you need to explain to a patient that they have "hypertension," you might say, "You have hypertension, which means your blood pressure is higher than normal. This puts extra strain on your heart and blood vessels, so it's important that we manage it carefully."
- **Practice rephrasing:** Use phrases like, "Let me put that another way," or "What this means is..." to clarify complex information.
- **Check for understanding:** Ask the patient questions such as, "Does that make sense?" or "Do you have any questions?" to confirm they have understood.
- **Paraphrase patient's words:** When paraphrasing what the patient has said, start with, "If I've understood you correctly..." and then confirm with, "Is that right?" or "Is that an accurate summary?"
- **Pause for clarity:** Never hesitate to pause the conversation if you need clarification or if you think others might need help understanding.

Prisha says...

"Here we must engage the patient in their care, like they need everything to be explained. In India it was different like that, if we want, we can give some Information to them but not everything."

Abdo says...

"We have to give lots of morphine, so in this case we must use very specific medical terms and then we try to explain to family members because we have to get consent to agree with what we are going to do... some people are really against using morphine... They believe that it might make the person's life go quicker but it is not true, so you must really explain."

Asking for consent

As a nurse, obtaining informed consent is a fundamental part of your role, ensuring that patients are fully aware of and agree to any treatments, procedures or care plans. The patient should have all the necessary information about the benefits, risks and alternatives to make an informed decision. Consent can be verbal, written or implied, but it must always be clearly understood by the patient.

Verbal consent: This is often used for routine procedures or care, such as administering medication or taking a blood sample. You should clearly explain what you are about to do and why it is necessary. For example, you might say, "I'm going to take a blood sample to check your glucose levels, is that okay with you?" Always ensure the patient agrees before proceeding.

Written consent: Written consent is typically required for more invasive or complex procedures, such as surgeries or certain treatments. Your role might involve witnessing the patient signing a consent form after ensuring they have all the information they need. It's important to check that the patient understands the procedure, the risks, and the benefits before they sign. You could ask, "Do you feel comfortable signing this form after our discussion? Is there anything else you need to know?"

Capacity and legal framework

The Mental Capacity Act 2005 is crucial when dealing with patients who may not have the capacity to consent. If a patient is unable to consent, decisions must be made in their best interest, and this should be well-documented. For minors, different rules apply, particularly when determining if a child is "Gillick competent" to consent independently.

Documenting consent

Whether consent is verbal or written, it's important to document the process in the patient's records. This includes noting that you have provided the relevant information, that the patient understood, and that they gave their consent.

Specific tips:

- **Simplify language:** Avoid medical jargon and explain terms in plain English, such as saying, "This medication will help reduce your pain" instead of "This analgesic will alleviate your symptoms."
- **Confirm understanding:** Ask the patient to explain what they've understood, for instance, "Can you tell me in your own words what the next steps are?"
- **Encourage questions:** Invite the patient to ask anything they are unsure about, using phrases like, "Please feel free to ask any questions before we begin."
- **Respect autonomy:** Make it clear that the patient has the right to refuse or reconsider, for example, "If you decide you don't want to go ahead, that's completely fine."

For more detailed guidance on obtaining consent, you can refer to:
NHS UK Consent to Treatment

The language of bad news

Nurses often report that communicating bad news to patients and patient families is the most difficult communication task they face in their work. Although the responsibility for delivering bad news typically falls to doctors or senior practitioners, nurses frequently encounter situations requiring sensitivity and competence in handling such scenarios.

Day-to-day examples of handling bad news

- Preparing patients/relatives to receive bad news
- Supporting patients/families following bad news
- Creating opportunities for patients/families to discuss bad news
- Helping patients/relatives come to terms with the implications of bad news over time
- Being present when a doctor delivers bad news
- Handling sudden death situations or end-of-life care

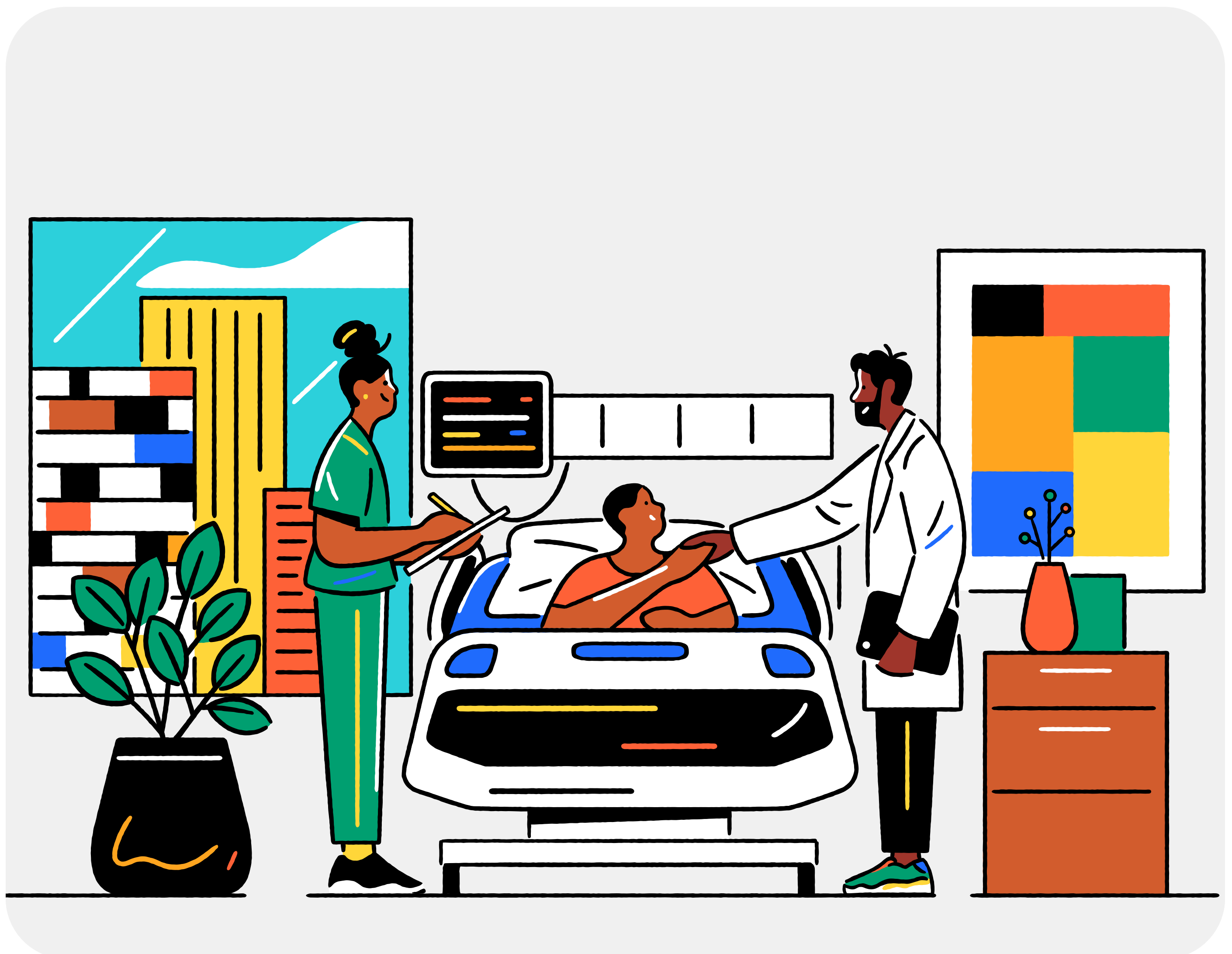
Tips to develop your skills

- **Observe experienced colleagues:** Learn from nurses who are skilled in delivering difficult news.
- **Use empathetic body language:** Display compassion through your facial expressions and open posture.
- **Prepare key phrases:** Rehearse useful phrases for emergencies and difficult situations.
- **Adjust your tone of voice:** Maintain a calm and appropriate tone and respond with empathy.
- **Be honest:** Provide truthful information to build trust and rapport.
- **Communicate clearly:** Present information in small, clear segments.
- **Check understanding:** Regularly confirm the patient's or family's understanding and give them time to process.
- **Adapt detail level:** Tailor the amount of detail to the patient's or family's preferences and needs.

SPIKES Method for delivering bad news

The SPIKES method is a structured approach to delivering bad news in a way that is compassionate and effective. It stands for Setting, Perception, Invitation, Knowledge, Empathy and Summary. Here's how nurses can use this method to navigate these difficult conversations:

- **Setting:** Choose a private, quiet place to ensure the conversation is undisturbed and respectful.
- **Perception:** Assess the patient's or family's current understanding of their condition by asking open-ended questions. For example, "What do you know about your condition so far?"
- **Invitation:** Ask if it's a good time to share important information, respecting their readiness to receive the news. You might say, "I have some important information about your health. Is this a good time for us to talk about it?"
- **Knowledge:** Deliver the news clearly and directly, using simple language and avoiding medical jargon.
- **Empathy:** Show understanding and compassion, acknowledging the emotional impact of the news and offering support. Use empathetic statements like, "I know this is difficult to hear, and it's completely normal to feel upset. I'm here to support you through this."
- **Summary:** Recap the main points and next steps, ensuring understanding and addressing any questions they may have.



Useful phrases and words for communicating bad news

Having some well-tested, standard phrases that you can practise saying will help you feel more confident in these situations.

Preparing someone that bad news is coming: This 'warning' gives the individual a few seconds longer to psychologically prepare. This preparation is sometimes called 'a warning shot'.

- "The results are not as good as we expected."
- "Yes, it could be serious..."
- "We are concerned about the test results..."
- "I'm very sorry to have some bad news to tell you."

Giving information honestly but sensitively in plain English: Use language that is appropriate to your patient's ability to understand, with minimal medical and technical jargon.

- "She has had a heart attack," rather than "myocardial infarction".
- "He has died," rather than "he has passed away".
- "You have cancer," rather than "you have a tumour".

Acknowledging emotions: Recognising and validating feelings shows empathy and helps individuals process difficult news more effectively.

- "Hearing the result of the bone scan is clearly a major shock to you."
- "Obviously, this news is very upsetting for you."
- "I can see this is very distressing."

Responding empathetically: Empathic responses help to validate the recipient's feelings and show that you have considered their emotions.

- "I wish the news were better."
- "That's not the news you wanted to hear; I know."

Handling difficult questions: Questions such as "Am I going to get better?" "Am I going to die?" or "How long do I have?" can be addressed as follows:

- "That's a difficult question; there are no simple answers."
- "We hope to control your illness, but we can't guarantee a cure."
- Do not be afraid to say, "I don't know."
- "You may have a number of months," or "You may have months rather than years."

Avoiding discriminatory language

Words are powerful. Certain words and phrases, whether used intentionally or unintentionally, can patronise, discriminate or promote stereotypes. This can be upsetting and offensive, and ultimately cause complications with communication.

On the other hand, using the right words can help to break down barriers, celebrate differences and most importantly treat the other person with dignity and as an equal in our very diverse society.

What is discriminatory language?

Discriminatory language includes words and phrases that:

- Reinforce stereotypes
- Reinforce derogatory labels
- Exclude certain groups of people through assumptions, e.g., assuming the male or white population is the norm
- Patronise or trivialise certain people or groups, or their experiences
- Cause discomfort or offence

Who can be affected by discriminatory language?

Language is defined as discriminatory if it relates to nine 'protected characteristics' in the 2010 Equality Act, which are:

- Age
- Disability
- Gender
- Gender reassignment
- Race (this includes ethnic or national origins, colour and nationality)
- Religion or belief
- Sexual orientation
- Marriage and civil partnership
- Pregnancy and maternity

How can overseas nurses avoid using discriminatory language?

- Try to avoid being gender-specific. Use words like “partner” instead of “husband” or “wife”, and “they” instead of “he” or “she”.
- Listen to how patients describe themselves (e.g., British Muslim, Black British) and only refer to a patient’s ethnic background if it is directly relevant to the point you’re making.
- Don’t make assumptions about a patient’s sexual orientation. To gather information related to this that you might need to treat your patient, make your questions as open as possible. This gives people the room to describe and express themselves in a way in which they are comfortable. For example, don’t ask: “Are you straight, gay, or bisexual?” Instead, ask: “How do you describe your sexual orientation?”
- Take the same approach with gender identity. Don’t ask: “Are you male or female?” Instead, ask: “How do you describe your gender?” or “What sex were you assigned at birth?” or “What are your pronouns?”
- Avoid asking: “Are you married?” or “Do you have a boy/girlfriend or wife/husband?” Instead, ask: “What is your relationship status?” or “Are you in a relationship? If so, can you describe the nature of the relationship?”

Employ expressions that emphasise the person, not the disability or condition.

It is okay to say: people living with a disability, or disabled person, people with diabetes, wheelchair user. Here are some examples:

- Say ‘Steven is a child with autism’, not ‘Steven is an autistic child’.
- Don’t refer to ‘the blind’; instead, talk about ‘people who are visually impaired’.
- Use ‘accessible toilets’ not ‘disabled toilets’.
- Do not describe people as mentally ill. It is okay to say: person with a mental health condition, or people struggling with mental health problems.

Referring to older people:

Don’t use the words: elderly, aged, old people, pensioner or senior. Specify ages instead if applicable, e.g., over-65s, over-75s, over-80s. Or use “older person” or “older people”.

The power of song

The therapeutic value of singing is well-documented. Engaging in song with a patient can be a powerful tool for building rapport, making an immediate connection, lifting the mood and providing distraction.

Singing can divert a patient's attention from discomfort or anxiety, making medical procedures or stressful situations more manageable. Music often transcends language barriers, allowing for emotional expression and connection even when words may fail.

Suggested popular songs

Most songs listened to on Spotify will provide lyrics, which can be helpful.

Older Patients/Care Home Residents

- "Oh What a Beautiful Morning" – Gordon MacRae
- "There's No Business Like Show Business" – Ethel Merman
- "If I Were A Rich Man" – Topol
- "You'll Never Walk Alone" – Gerry and the Pacemakers
- "Do-Re-Mi" – Julie Andrews

Children's Songs

- The Wheels on the Bus
- Row, Row, Row Your Boat
- Twinkle Twinkle Little Star
- Incy Wincy Spider
- Baa Baa Black Sheep

National songs

- England/UK – "God Save the Queen"
- Scotland – "Flower of Scotland"
- Wales – "Land of My Fathers"
- Northern Ireland – "Danny Boy" (Londonderry Air)
- Ireland – "Ireland's Call"

"My mother lost her speech in her late eighties as part of an overall decline due to dementia. She could babble and form sounds but not words with any decipherable meaning. But put a familiar song on the CD player and her speech came flowing back. In the end, we communicated entirely through song. If we wanted to connect with mum and spend a happy time together, we'd put on a CD and off we'd go, conducting the band with gusto!"

– Daughter of patient with dementia

Social communication

As a new recruit and a new migrant, you will be socialising or working with people from many different areas of British society in both your professional and personal life. Some overseas healthcare professionals say that they find it harder to communicate on a social rather than a professional level. This is because they may be less familiar with general or cultural topics than workplace ones.

In addition, the way people speak English and the words they use vary hugely across the regions of the UK and across social groups.

This section of the guide will address:

- Slang and idioms
- Local accents and dialects
- Manners and etiquette
- Topics and conversational behaviours
- Humour
- Indirect speech and understatement

Slang and idioms

"It's raining cats and dogs out. I think I'm going to need my brolly."

English idioms, proverbs and expressions like this are a key feature of everyday communication. There are so many of them, and it's impossible to know them all (some regions also have their own expressions)! But don't worry, even native English speakers sometimes find themselves puzzled by unfamiliar idioms.

If you suspect you haven't quite grasped what someone is saying, don't be afraid to ask for clarification. People are usually happy to explain what they mean. If you hear an idiom that leaves you scratching your head, just smile and politely ask, "Could you explain what you mean by that?"

Because idioms don't always make sense literally, it's a good idea to familiarise yourself with the meaning of the most popular ones and how they are used.

Here are some idioms you might hear:

"It's raining cats and dogs": This means it's raining a lot. So, if someone says, "Get your umbrella because it's raining cats and dogs," it means it is raining heavily.

"Bob's your uncle": This means something is done easily. For example, if someone gives you directions and says, "Just go down the road, turn left and Bob's your uncle," it means it's that simple!

"Piece of cake": This means something is very easy. So, if you're worried about a task, a friend might say, "Don't worry, it'll be a piece of cake!"

"Once in a blue moon": This means something happens very rarely. So, if someone says they only visit the seaside once in a blue moon, it means they do not go there often.

"Hold your horses": This means be patient and wait. It's like saying, "Wait a moment!"

"Caught between a rock and a hard place": This means being in a tough situation with no easy solution. A friend might say this if they can't decide between two hard options.

"Out of the blue": This means something happens unexpectedly, without warning. For example, if a long-lost friend visits, you might say it came "out of the blue".

"Cost an arm and a leg": This means something is very expensive. So, if you see an expensive antique at a market, you might think it "costs an arm and a leg".

"Under the weather": This means feeling unwell or sick. If someone says they're under the weather, they're not feeling well.

"Break the ice": This means to start a conversation or to make a situation less awkward. For instance, telling a joke can help "break the ice" at a party.

"Hit the nail on the head": This means to describe something exactly right or to be correct. If someone guesses the answer correctly, you can say they've "hit the nail on the head".

"Burning the midnight oil": This means to work late into the night. So, if you're studying for an exam late at night, "you're burning the midnight oil".

"Jump on the bandwagon": This means to join a popular trend or activity. For example, if everyone starts wearing a new style of clothing, you might decide to jump on the bandwagon and wear it too.

"Speak of the devil": This means that someone you were just talking about has suddenly appeared. For instance, if you mention a friend and then they walk into the room, you can say, "Speak of the devil!"

"Cost a pretty penny": This means something is expensive. So, if you see a fancy car, you might say it must have "cost a pretty penny".

"Hit the hay": This means to go to bed or to go to sleep. When you're tired at the end of the day, you might say it's time to "hit the hay".

For further self-study on idioms, you can try the following books:

"English Idioms in Use Advanced Book with Answers" and "English Idioms in Use Intermediate Book with Answers: Vocabulary Reference and Practice," both by Michael McCarthy and Felicity O'Dell.

Slang is also commonly used in everyday English. Here are some examples:

"Knackered": Extremely tired. E.g., "I'm knackered after that long day."
"Gutted": Very disappointed. E.g., "I was gutted when I missed the concert."
"Chuffed": Very pleased or happy. E.g., "I'm chuffed with my exam results."
"Cheeky": Impudent or irreverent, but often in an endearing or amusing way. E.g., "He made a cheeky comment."
"Mate": Friend. E.g., "How's it going, mate?"
"Loo": Toilet. E.g., "Where's the loo?"
"Quid": Pounds (currency). E.g., "It costs ten quid."
"Sorted": Arranged or dealt with. E.g., "Don't worry, it's all sorted."
"Peckish": Slightly hungry. E.g., "I'm feeling a bit peckish."
"Dodgy": Suspicious or unreliable. E.g., "That deal sounds dodgy."

You can learn and practice with these resources:

- List of everyday English phrases: EF English Idioms
- Try this free 2-minute online test: Cambridge English Idiomatic Language Test
- Follow BBC Learning English: BBC Learning English

Local accents and dialects

You will probably be most familiar with the English accent known as 'Received Pronunciation' or 'Queen's English'. This is the accent traditionally described as typically British. However, the UK is made up of more than 50 different accents and dialects!

Accents (the way words are pronounced) and dialects (the local use of specific non-standard words) vary depending on where in the country a person is from, as well as socially.
Here's a guide to just a few of these British dialects: englishlive.ef.com/en/blog/english-in-the-real-world/english-around-britain/

Best practice

When speaking with a patient, they might use their own dialect and include slang or colloquialisms. It is crucial to ensure you fully understand what they are communicating, as this can impact care plans.

Here are some tips:

- **Request local dialect information:** Ask your employer for a list of local dialect terms and common slang you might encounter in your setting.
- **Ask for clarification:** If you don't understand a word or phrase, don't hesitate to ask the speaker to repeat themselves or speak more slowly. For example, you might say, "Sorry, could you say that again?" or "Could you explain what you meant by that?"
- **Rephrase and confirm:** Rephrase what you've understood in your own words to confirm. This helps ensure both parties are on the same page.

- **Use online resources:** If you're unsure about a slang term or local phrase, use online resources or dictionaries to look up meanings.
- **Immerse yourself in local media:** Listening to local radio stations, watching regional TV shows and reading local newspapers can help you get accustomed to the local dialect and slang.
- **Practice with colleagues:** Engage in conversations with colleagues who are familiar with the local dialect. This provides a safe space for learning and asking questions.
- **Attend local events:** Participating in local community events can expose you to the dialect in a natural setting, improving your understanding through reallife interactions.

Accents and dialects can be tricky, even for those who have been speaking English for a long time. It's important to remember that it takes time for your ear to get used to these variations. Don't be discouraged if you don't understand everything immediately; even native English speakers sometimes struggle with unfamiliar accents and dialects.

Be patient with yourself and continue to practice listening and engaging in conversations. Over time, you will find that your understanding improves. Your efforts will pay off, and your ability to communicate effectively with patients and colleagues will grow stronger.

Manners and etiquette

Please and thank you
New arrivals in the UK, even from other English-speaking countries, are often surprised by the frequency with which people say 'please' and 'thank you' in everyday conversation. It's not unusual to hear these phrases repeated many times in the course of a simple transaction.

Sorry
According to a BBC survey of more than 1,000 Brits, the average person says 'sorry' around eight times per day, with one in eight people apologising up to 20 times a day!

Some nationalities rarely apologise, as it's not part of their culture to do so. However, in English-speaking societies, you are expected to apologise, even if it's not your fault.

General tips:

- You can never say 'thank you' too many times.
- Always say 'please' when you ask for something.
- Say 'sorry' when you bump into someone, even if it's their fault.

Additional insights

Politeness in everyday interactions:

- **Queuing:** The British are known for their orderly queues. Always wait your turn and avoid cutting in line. If you accidentally skip someone, a quick apology will go a long way.
- **Personal space:** Respect personal space, and avoid standing too close to others, especially in public places.
- **Body language:** Non-verbal communication plays a significant role. A friendly smile and maintaining good eye contact can convey respect and attentiveness.

Using titles and names:

- **Formal address:** When meeting someone for the first time, it's polite to use titles and last names (e.g., Mr Smith, Dr Brown). Wait until you're invited to use first names.
- **Professional settings:** In professional settings, maintaining formality in addressing colleagues and patients can show respect and professionalism.

Respecting cultural differences:

- **Understanding cultural nuances:** Recognise that the UK is multicultural, and being aware of different cultural norms and practices can help you navigate social interactions more effectively.
- **Patient interactions:** When interacting with patients from diverse backgrounds, showing cultural sensitivity and respect for their customs can enhance the quality of care.

Conversational topics and behaviours

When meeting people casually whether it's at the school gate, in the supermarket queue or passing a neighbor in the street, it's worth having a few topics ready with opening lines that will help you to confidently start a conversation and 'break the ice'.

Good topics

There are several tried-and-true topics of conversation that can help you to avoid awkward silences, easily get to know someone new and build foundations for deeper friendship.

Here's some good topics and examples of how you might talk about them:

Weather: "This weather is crazy! It was freezing yesterday, but today I'm in a T-shirt. I hope it stays warm, don't you?"

Sporting events: "Did you catch the football at the weekend?"

Holidays: "This time last year I was in Tenerife for my holidays. I'll miss that this year. What plans have you got for the summer?"

Work: "My job is so busy at the moment; the days are really full. Is it the same for you?"

Food/cooking/restaurants: "We got a takeaway from XXX yesterday. Have you been using any good takeout places?"

Arts and entertainment: "Did you watch anything good on TV last night?"

The day/the weekend: "The day is almost over! Do you have any interesting plans for the evening?" or "Do you have any fun plans for the weekend ahead?"

Observations: "I love your shoes today."

Topics to carefully consider

There are certain topics on which people have strong perspectives and beliefs that discussing such might make a conversation difficult for you, or for the person to whom you are speaking.

To avoid potential difficulties like causing an argument, or making people uncomfortable or wanting to leave the conversation, you might consider avoiding these topics:

- Politics
- Religion
- Personal finances
- Age and appearance
- Anything so specific that very few people can relate

There are also topics that are considered especially impolite or inappropriate in British society, so you should consider avoiding these topics entirely:

- Personal gossip
- Offensive jokes
- Topics that are sexual in nature

Humour

A vital element in all aspects of British life is the British sense of humour. The British poke fun at almost everything: themselves, each other, politicians, class, society and you. It is often self-deprecating (putting oneself down), teasing, sarcastic and can be full of puns and innuendo (remarks that suggest something sexual or unpleasant but do not refer to it directly).

Humour is used in British society for a variety of reasons, including:

- To build rapport and informality
- To downplay achievement/appear modest
- To relax a room
- To introduce risky ideas
- To present criticism in an acceptable way

Understanding British humour can be challenging for newcomers, but it can also be a great way to connect with locals.

Tips:

- **Don’t take it personally:** British humour can be direct and may seem harsh at first. Remember, it’s often not meant to be taken personally.
- **Join in:** Once you’re comfortable, don’t be afraid to join in the humour. It can be a great way to build relationships and show that you understand the culture.
- **Ask for clarification:** If you don’t understand a joke or find something confusing, it’s perfectly okay to ask for an explanation. Most people will be happy to explain and appreciate your interest in understanding their humour.

These two books offer valuable insights into understanding British culture and behavior:

- Watching the English: The Hidden Rules of English Behaviour by Kate Fox
- How to Be a Brit by George Mikes

Indirect speech or doublespeak

Indirect speech, also known as doublespeak, is a way of talking that doesn't always say exactly what it means. British double speak often involves being vague or polite to avoid confrontation or to soften the impact of a message.

Here are some examples:

Understatement:
Direct: "The project is not going well."
Indirect: "We've had some challenges with the project."

Hedging:
Direct: "I don't think you should do that."
Indirect: "You might want to consider if that's the best approach."

Polite refusal:
Direct: "I can't help you with that."
Indirect: "I'm afraid I don't have the capacity to assist with that at the moment."

Implied criticism:
Direct: "Your work is not up to standard."
Indirect: "There's room for improvement in your work."

Softening a negative response:
Direct: "I don't like that idea."
Indirect: "That's an interesting perspective. Have you considered this alternative?"

Offering alternatives:
Direct: "We need to change our approach."
Indirect: "It might be worth exploring other options."

Polite suggestion:
Direct: "You should leave now."
Indirect: "Perhaps it's time for you to head off."

Avoiding direct questions:
Direct: "Did you finish the report?"
Indirect: "I was wondering if you've had a chance to work on the report."

Indirect requests:
Direct: "Please turn down the music."
Indirect: "Would you mind turning down the music a bit?"

These examples illustrate how British English often employs a more nuanced and polite approach to communication, which can sometimes make the actual meaning less direct.

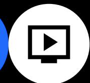
This style of speech can be frustrating if you come from a country where people are transparent and direct about what they think and feel. While communicating in the UK, you might find yourself having to 'read between the lines' to understand what people mean.

Tips for navigating indirect speech:

- **Practice and patience:** Understanding doublespeak can be tricky at first, so don't get upset if you don't get it right away. Just keep practicing and learning from what happens.
- **Seek help from friends:** If you have a friend or a colleague you trust who knows the language or culture well, ask them for help. They can explain what things really mean.
- **Ask for clarification:** If you're ever unsure about what someone is saying, don't be afraid to ask questions. It's perfectly okay to say, "Can you explain that again?" or "I'm not sure I understand." Asking for clarification can make things clearer for everyone!
- **Be attentive:** Pay attention to how indirect speech is used by people around you. Observing and mimicking their style can help you understand and use it more naturally.

Watch this video to have some fun and gain a better understanding of what indirect speech or "doublespeak" is:

Very British Problems: Double Speak YouTube



Conclusion

Transitioning to a new healthcare environment as an overseas healthcare professional can be challenging, but with the right support and tools, it can be a rewarding experience. This guide aims to help you bridge communication gaps and integrate smoothly into the NHS.

Remember, the NHS environment is very supportive, and everyone is here to help you learn and grow. Don't be too hard on yourself; everyone understands the challenges you face. It's okay to ask questions — this is a safe space for you to develop and thrive.

While the journey may be challenging, it offers significant professional and personal growth opportunities. Welcome to the NHS, and best of luck in your new career.

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