

国际护士日常英语

Everyday English for International Nurses

英国工作指南

A guide to working in the UK

原著 Joy Parkinson
Chris Brooker

主译 刘华平

人民卫生出版社

国际护士日常英语

Everyday English for International Nurses

英国工作指南

A guide to working in the UK

原著 Joy Parkinson
Chris Brooker

主译 刘华平
译者 程 艮 邹海鸥
康晓凤 王泽娟

人民卫生出版社

图书在版编目 (CIP) 数据

国际护士日常英语 英国工作指南/ (英) 帕金森 (Parkinson, J.) 等原著; 刘华平主译. —北京: 人民卫生出版社, 2006. 6

ISBN 7-117-07524-4

I. 国... II. ①帕... ②刘... III. 护士—英语
IV. H31

中国版本图书馆 CIP 数据核字 (2006) 第 027609 号

国际护士日常英语

英国工作指南

主 译: 刘华平

出版发行: 人民卫生出版社 (中继线 67616688)

地 址: (100078) 北京市丰台区方庄芳群园 3 区 3 号楼

网 址: <http://www.pmph.com>

E - mail: pmph@pmph.com

邮购电话: 010-67605754

印 刷: 北京智力达印刷有限公司

经 销: 新华书店

开 本: 787 × 1092 1/32 印张: 14. 75

字 数: 343 千字

版 次: 2006 年 6 月第 1 版 2006 年 6 月第 1 版第 1 次印刷

标准书号: ISBN 7-117-07524-4/R · 7525

定 价: 29.00 元

著作权所有, 请勿擅自用本书制作各类出版物, 违者必究

(凡属印装质量问题请与本社销售部联系退换)

Everyday English for International Nurses

Joy Parkinson, Chris Brooker

ISBN: 1-56053-458-3

Copyright © 2004 by Elsevier. All rights reserved.

Authorized Simplified Chinese translation edition published by the Proprietor.

ISBN: 981-259-291-1

Copyright © 2006 by Elsevier (Singapore) Pte Ltd. All rights reserved.

Elsevier (Singapore) Pte Ltd.

3 Killiney Road

#08-01 Winsland House I

Singapore 239519

Tel: (65) 6349-0200

Fax: (65) 6733-1817

First Published 2006

2006 年初版

Printed in China by People's Medical Publishing House under special arrangement with Elsevier (Singapore) Pte Ltd. This edition is authorized for sale in China only, excluding Hong Kong SAR and Taiwan. Unauthorized export of this edition is a violation of the Copyright Act. Violation of this Law is subject to Civil and Criminal Penalties.

本书简体中文版由人民卫生出版社与 Elsevier (Singapore) Pte Ltd. 在中国大陆境内合作出版。本版仅限在中国境内（不包括香港特别行政区及台湾）出版及标价销售。未经许可之出口，视为违反著作权法，将受法律之制裁。

图字：01-2005-2954

Preface

This book is designed to help the large numbers of overseas nurses who have chosen to practise in the UK. The content has been adapted from the *Manual of English for the Overseas Doctor*, by Joy Parkinson. The result is a book with a uniquely nursing focus.

It can be a daunting prospect for anyone to move to another country to nurse; not only must you become familiar with the organisation and regulation of nursing, but you need to learn how English is spoken by people in everyday situations. The language spoken by clients, patients and their families in the UK is vastly different from that used overseas. Hence a large part of the book is concerned with the vocabulary and language used in the nurse-patient relationship.

The first three chapters provide information about nursing in the UK, the nursing process, professional organisations and trade unions, registering as a nurse, adaptation programmes and career development, and the structure of the National Health Service and Social Services.

Chapter 4 focuses on documentation and record keeping that are vital to good practice. This chapter also deals with written communication in the form of letters and e-mail.

Communication in nursing is covered in Chapter 5. This includes taking a nursing history and many case-history dialogues. The case histories are based on the Activities of Living Model of Nursing and provide examples of dialogue between nurses and patients or relatives in a wide range of situations.

Chapters 6 to 8 deal with the language of spoken English (colloquial English, idioms and phrasal verbs). This material is based on the book for doctors, but it has been completely updated for the 21st century.

The last three chapters provide you with more useful information – abbreviations used in nursing, useful addresses and web sources, and units of measurement.

Further reading suggestions and references are included in the chapters, and a general list of further reading is provided at the end of the book.

We hope that this new book will be of great help to you during your nursing career in the UK.

Joy Parkinson and Chris Brooker

London and Norfolk 2004

序 言

我们编写此书的目的是为了帮助那些已决定去英国工作的广大护士。本书是根据 Joy Parkinson 的《海外医生英语手册》改编而成，其内容更加突出了护理专业的特色。

任何一个在海外工作的护士，不仅要熟悉当地的护理组织机构和规章制度，还要学会日常情况下怎样用英语交流，这一过程可能会令人畏缩。在英国，当事人、病人及其家属讲的英语与海外护士所用的有很大差别。因此，本书收录的大部分词汇都是在护患交流中常用的语言。

前三章介绍英国的护理概况、护理程序、职业组织机构和工会、护士的注册制度、适应性课程项目和职业培训，以及国家医疗卫生服务部门和社会服务机构。

第四章重点介绍了护理文书和病历的书写，这是一个好的护理实践不可缺少的一部分。本章也讲到了信件和电子邮件形式的书面交流。

第五章讲述了护理交流，包括询问护理状况和获取病史的对话。根据“护理生活活动模式”收集

病史，并提供了多种场景下护士与病人或其亲属之间对话的实例。

第六章到第八章涉及英语口语（俗语、习语、动词短语）的表达，虽然参考了医生英语口语，但它完全适用于 21 世纪的护理。

最后三章则提供了许多有用的信息——护理缩略语、相关的地址和网址，以及计量单位。

每章后都有建议读者进一步阅读的参考文献。书末还附有建议读者去重点阅读的资料目录。

我们希望在你的英国护理工作生涯中，本书能助你一臂之力。

目 录

第1章	英国护理概况	13
第2章	英国护士的注册和职业发展	37
第3章	国家医疗卫生服务部门和社会服务机构	59
第4章	护理病历、记录保存和书面沟通	85
第5章	护理中的交流技巧	171
第6章	会话英语	267
第7章	习语：身体部位	311
第8章	动词短语	361
第9章	护理中的英文缩写	405
第10章	有用的地址和网络资源	431
第11章	计量单位	455
	建议进一步阅读的资料目录	461

Contents

1. Nursing in the UK	1
2. Registering as a nurse in the UK and career development	25
3. The National Health Service and Social Services	47
4. Nursing documentation, record keeping and written communication	71
5. Communication in nursing	99
6. Colloquial English	249
7. Idioms: parts of the body	283
8. Phrasal verbs	337
9. Abbreviations used in nursing	387
10. Useful addresses and web sources	419
11. Units of measurement	447
General further reading suggestions	461

Nursing in the UK

1

INTRODUCTION

Today nursing in the UK involves caring for the whole person (holistic care). This includes emotional, social, psychological, spiritual and physical factors rather than just a disease or injury. Nursing care is based on the best evidence available (evidence-based) and focuses on the individual needs of people using the healthcare system. Nurses are concerned as much with helping people to stay well, as with giving care when illness or injury occurs. Promoting health, giving information and helping people to learn about managing chronic illnesses is the focus of nursing in the 21st century. The developments in medical science and technology, and the breakdown in the traditional barriers between the healthcare professions have meant that nurses must now deal with many complex technical aspects of care and treatment. Nursing in the UK is a regulated professional occupation with a correspondingly thorough education system that meets the practical and theoretical needs of a modern healthcare system. Nurse education in the UK is designed to meet changing healthcare needs, the wishes of people needing healthcare, the growth in complex treatments and the need for a standardised educational preparation resulting from membership of the European Union (EU) (see Ch. 2).

Nurses in the UK base their practice on the systematic assessment, planning, implementation and evaluation of care. In order to do this they use the nursing process (see below) or integrated care pathways. This is very different to task-based care, where nursing activities were strictly allocated according to the nurse's seniority. The more complicated tasks, such as giving medicines, were performed by senior nurses and simple tasks were under-

taken by the more junior nurses, while the most basic work such as personal cleansing was carried out by unqualified nursing students and nursing assistants or auxiliary nurses.

This chapter will help you to understand how nursing in the UK is regulated, what nurses do and where they work, and how they use the nursing process. Details about various professional organisations and trade unions are also given.

HOW NURSING IS REGULATED IN THE UK

Nursing and midwifery are regulated by the Nursing and Midwifery Council (NMC). The role of the NMC includes:

- Keeping a register of practitioners (656 000 qualified registered nurses and midwives in 2003). In 2004 a new three-part register – nursing, midwifery and specialist community public health nursing – replaced a register with 15 parts. The nursing part of the register has separate sections for first-level and second-level nurses. The register also notes the particular branch of nursing – adult, learning disability, children or mental health. The second-level section of the register is for existing enrolled nurses, but this is closed to new UK applicants. However, it must be open to existing second-level nurses who qualified in certain other European countries in order to comply with European Directives. All working nurses need to register with the NMC to practise as qualified nurses in the UK. This registration is renewed every 3 years (see periodic registration, Ch. 2).
- Setting standards for nursing and midwifery practice.
- Protecting the public and assuring the public that only nurses and midwives who have reached the minimum standards set by the NMC can become registered nurses and midwives.

The NMC hears cases of alleged professional misconduct (see nursing documentation and record keeping, Ch. 4). If the practitioner is found guilty, the NMC can deal with him or her in a variety of ways, including the removal of the practitioner from the

professional register, which stops him or her working as a registered nurse or midwife. In this way, the NMC monitors and regulates nursing and midwifery and ensures that high standards of professional practice are maintained.

The NMC has produced a Code of Professional Conduct that sets out the standards of professional conduct, responsibilities and accountability expected of a registered nurse or midwife, and explains a person's entitlements and reasonable healthcare expectations about nursing care.

As part of the need to practise safely and effectively as a nurse and to work within ethical boundaries you need to be familiar with, to understand and to apply to your practice all parts of the Code of Professional Conduct. The main clauses of the code are outlined in Box 1.1, but you should read the full document which has subclauses that give more explanation.

The Code is sent to every practising nurse in the UK, and any nurse who does not respect the Code of Professional Conduct will have to answer for their actions or omissions to the NMC and others, including the hospital or care home where they work, a court of law or the Health Service Commissioner. The British public demand nursing care that is of a high standard and effective,

Box 1.1 The Code of Professional Conduct (NMC, 2002)

The Code of Professional Conduct says that, 'as a registered nurse or midwife, you are personally accountable for your practice. In caring for patients and clients, you must':

- 'respect the patient or client as an individual'
- 'obtain consent before you give any treatment or care' (see Ch. 4)
- 'co-operate with others in the team'
- 'protect confidential information'
- 'maintain your professional knowledge and competence'
- 'be trustworthy'
- 'act to identify and minimise the risk to patients and clients'.

Available online: <http://www.nmc-uk.org>

and nurses are constantly trying to raise their standards of care and to identify areas for improvement. In fact, continuing professional development (CPD) and a commitment to life-long learning are both essential if the profession is to keep ahead of the changes that are occurring and for nurses to feel confident in the work that they are doing. For more information about CPD, post-registration education and practice (PREP) and periodic registration, see Chapter 2.

PROFESSIONAL ORGANISATIONS AND TRADE UNIONS

The vast majority of practising UK nurses and midwives, and students join a professional organisation or trade union. There are several trade unions to choose from (Box 1.2), but the two most popular ones with nurses are the Royal College of Nursing (RCN) and Unison, who have about 600 000 members between them.

A trade union works hard for the welfare and best interests of its nurse members. Trade unions also provide professional indemnity insurance for practising nurse members, as do several private insurance companies. Nurses who are employed are covered for acts or omissions by their employer's vicarious liability arrangements. Professional indemnity insurance against claims for professional negligence is increasingly important for nurses work-

Box 1.2 Trade unions and professional organisations

- The Royal College of Nursing
- Unison
- The Royal College of Midwives (RCM)
- GMB
- Mental Health Nurses' Association
- Community Practitioners' and Health Visitors' Association
- Community and District Nurses' Association.

See Chapter 10 for useful addresses and websites.

ing in independent or private practice, and the NMC recommends that these nurses should have adequate insurance.

Many trade unions provide continuing education for nurses through study days, courses, conferences and nursing journals. Some organisations, notably the RCN and RCM, provide extensive libraries. Furthermore, the RCN has one of the largest non-university affiliated nursing libraries in the world.

The National Nursing Association (NNA) in the UK is the RCN. It is a member of the International Council of Nurses (ICN), and is the UK representative on the Standing Committee of Nurses in Europe.

More information about the services offered by individual trade unions and professional organisations can be found in an article by Oxtoby & Crouch (2003) and by contacting the trade union or professional organisation.

WHERE NURSES WORK – NATIONAL HEALTH SERVICE AND THE PRIVATE SECTOR

Most nurses and midwives (approximately 400 000) work for the National Health Service (NHS), 80 000 work in the private sector within independent hospitals, nursing homes, nursing agencies, workplaces, prisons, embassies and the armed forces, and 20 000 work for general practitioners (GPs). Others work in education institutions, in management, as independent practitioners, or as self-employed consultants.

In the 1980s, new nurse education programmes, called Project 2000 (PK2), were introduced. This moved nurse education into the higher education sector and nursing students were no longer considered part of the nursing workforce, as they had been before, and led to an increased employment of healthcare assistants (HCAs) and auxiliaries. HCAs often give the 'hands-on' care, and increasingly do more complex activities because the role of nurses has expanded and changed.

Nurses today work not only in hospitals but also in the community. In fact over a third of all UK nurses work in the commu-

nity – with people in their own homes and in clinics, and in the workplace as occupational health nurses. Even when nurses are employed in the acute healthcare sector they not only work on the wards, but they also work in outpatient departments (OPDs) often running and co-ordinating clinics on their own, such as in pre-admission assessment, diabetic care, hypertension clinics, well-men and well-women clinics, and so on. In addition, UK nurses are increasingly taking on roles that used to be done by doctors. This has meant that nurses can now ensure a faster and more efficient service for people in their care.

Nurses in the UK can choose to work either for the NHS or for the private healthcare sector. The private sector runs hospitals (general and specialist), and many psychiatric hospitals and specialist clinics (e.g. infertility clinics and drug detoxification units). The private sector also provides much of the occupational health services for industry and many private companies, and run hundreds of nursing homes and other care facilities for older people and other groups all over the UK. The care of older people requires much dedication and is a difficult field of nursing, but it can be very rewarding and certainly it is an area of nursing care that will increase in demand as more people live longer, and proportionally more frail older people will require expert nursing care.

Although private healthcare establishments are not bound by NHS pay regulations, they generally pay very similar salaries and in many instances pay slightly more. There are recruitment guidelines and UK labour legislation helps to ensure fair and ethical employment practices. Wherever a nurse works in the UK he or she is protected by employment law and health and safety regulations which, among other things, specify the maximum number of hours of work to be undertaken in a specified period of time, the minimum UK wage, and employment entitlements and benefits.

Nursing in the UK reflects the challenges and the demands of UK society as a whole. Nursing is considered a respected and valued profession, and on the whole qualified nurses with several

years' clinical experience and working full-time in a UK health-care establishment, can expect to be adequately financially rewarded for their expertise and practice. At the time of writing the government is proposing a new financial package for qualified nurses working in the NHS, which should redress some of the financial problems and dissatisfactions of the past.

HIGH QUALITY CARE AND THE NURSING PROCESS

Whether you are at the beginning of your career, practising at an advanced or specialist level, or just newly arrived to work in the UK from abroad, all nurses must strive to achieve the five Cs of good nursing practice:

- *competent* nursing
- *commitment* to nursing
- *confidence* in nursing research
- nursing *compassion*
- informed nursing *conscience*.

These aspects of caring nursing practice were first expressed by Simone Roach, a Canadian nurse, in 1984 (Roach 1984). All five aspects of nursing practice are needed for effective, high-quality nursing care. It is the caring aspect of nursing work that is most appreciated by people and their families, and nurses everywhere are delivering good patient care by demonstrating competency, commitment, confidence, conscience and compassion in their work. In many parts of the world, including the UK, these aspects of nursing care are best shown in nursing practice by using the nursing process.

The nursing process is a systematic approach to nursing care. It has four phases (Fig. 1.1):

- assessment
- planning
- implementation
- evaluation.