PART B: QUESTIONS 01-06				
1	С	should take time to talk to patients about the issue.		
2	Α	if only one person is involved in their preparation and use.		
3	С	specify the quantity of fluid that patients may have before surgery.		
4	Α	It should be used with caution.		
5	С	ensure that the GP performs the patient's follow-up.		
6	В	obtaining the patient's agreement to their use is desirable but not vital.		

PART C: QUESTIONS 07-14				
7	В	problems with identifying individuals at risk of contracting it.		
8	С	confident that it has already proved its potential worth.		
9	С	It is unaffected by the pressures medical professionals work under.		
10	Α	the benefits that it offers.		
11	С	some types of specialists.		
12	Α	customised healthcare programmes.		
13	Α	problems in analysing why something goes wrong.		
14	D	the fact that much of the data analysed by algorithms is unhelpful.		

PART C: QUESTIONS 15-22				
15	D	No clear aims for them had been agreed.		
16	В	There was no detailed record of their implementation.		
17	С	specialised staff knew when they were needed during rounds.		
18	Α	omitting certain activities from daily rounds.		
19	D	became more proactive.		
20	Α	Displaying it in a patient's room limited staff access to vital information it contained.		
21	С	the time that rounds take now depends on the needs of the patient.		
22	D	Staff did rounds more quickly knowing they had to document the time taken.		