


TODAY: Incorporating the Patient's Perspective

1. Review Criteria
2. Review IPP
3. Create diagram

In the OET exam there are 2 criteria:

- **Linguistic Criteria:** 60 percent of grade
  - **Clinical Communication Criteria:** 40 percent
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Band	Intelligibility	Fluency	Appropriateness of Language	Resources of Grammar and Expression
6	<ul style="list-style-type: none"> <li>Pronunciation is easily understood and prosodic features (stress, intonation, rhythm) are used effectively.</li> <li>L1 accent has no effect on intelligibility.</li> </ul>	<ul style="list-style-type: none"> <li>Completely fluent speech at normal speed.</li> <li>Any hesitation is appropriate and not a sign of searching for words or structures.</li> </ul>	<ul style="list-style-type: none"> <li>Entirely appropriate register, tone and lexis for the context.</li> <li>No difficulty at all in explaining technical matters in lay terms.</li> </ul>	<ul style="list-style-type: none"> <li>Rich and flexible.</li> <li>Wide range of grammar and vocabulary used accurately and flexibly.</li> <li>Confident use of idiomatic speech.</li> </ul>
5	<ul style="list-style-type: none"> <li>Easily understood.</li> <li>Communication is not impeded by a few pronunciation or prosodic errors and/or noticeable L1 accent.</li> <li>Minimal strain for the listener.</li> </ul>	<ul style="list-style-type: none"> <li>Fluent speech at normal speed, with only occasional repetition or self-correction.</li> <li>Hesitation may occasionally indicate searching for words or structures, but is generally appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Mostly appropriate register, tone and lexis for the context.</li> <li>Occasional lapses are not intrusive.</li> </ul>	<ul style="list-style-type: none"> <li>Wide range of grammar and vocabulary generally used accurately and flexibly.</li> <li>Occasional errors in grammar or vocabulary are not intrusive.</li> </ul>
4	<ul style="list-style-type: none"> <li>Easily understood most of the time.</li> <li>Pronunciation or prosodic errors and/or L1 accent at times cause strain for the listener.</li> </ul>	<ul style="list-style-type: none"> <li>Uneven flow, with some repetition, especially in longer utterances.</li> <li>Some evidence of searching for words, which does not cause serious strain.</li> <li>Delivery may be staccato or too fast/slow.</li> </ul>	<ul style="list-style-type: none"> <li>Generally appropriate register, tone and lexis for the context, but somewhat restricted and lacking in complexity.</li> <li>Lapses are noticeable and at times reflect limited resources of grammar and expression.</li> </ul>	<ul style="list-style-type: none"> <li>Sufficient resources to maintain the interaction.</li> <li>Inaccuracies in vocabulary and grammar, particularly in more complex sentences, are sometimes intrusive.</li> <li>Meaning is generally clear.</li> </ul>
3	<ul style="list-style-type: none"> <li>Produces some acceptable features of spoken English.</li> <li>Difficult to understand because errors in pronunciation/stress/intonation and/or L1 accent cause serious strain for the listener.</li> </ul>	<ul style="list-style-type: none"> <li>Very uneven.</li> <li>Frequent pauses and repetitions indicate searching for words or structures.</li> <li>Excessive use of fillers and difficulty sustaining longer utterances cause serious strain for the listener.</li> </ul>	<ul style="list-style-type: none"> <li>Some evidence of appropriate register, tone and lexis, but lapses are frequent and intrusive, reflecting inadequate resources of grammar and expression.</li> </ul>	<ul style="list-style-type: none"> <li>Limited vocabulary and control of grammatical structures, except very simple sentences.</li> <li>Persistent inaccuracies are intrusive.</li> </ul>
2	<ul style="list-style-type: none"> <li>Often unintelligible.</li> <li>Frequent errors in pronunciation/stress/intonation and/or L1 accent cause severe strain for the listener.</li> </ul>	<ul style="list-style-type: none"> <li>Extremely uneven.</li> <li>Long pauses, numerous repetition and self-corrections make speech difficult to follow.</li> </ul>	<ul style="list-style-type: none"> <li>Mostly inappropriate register, tone and lexis for the context.</li> </ul>	<ul style="list-style-type: none"> <li>Very limited resources of vocabulary and grammar, even in simple sentences.</li> <li>Numerous errors in word choice.</li> </ul>
1	<ul style="list-style-type: none"> <li>Almost entirely unintelligible.</li> </ul>	<ul style="list-style-type: none"> <li>Impossible to follow, consisting of isolated words and phrases and self-corrections, separated by long pauses.</li> </ul>	<ul style="list-style-type: none"> <li>Entirely inappropriate register, tone and lexis for the context.</li> </ul>	<ul style="list-style-type: none"> <li>Limited in all respects.</li> </ul>
0	<ul style="list-style-type: none"> <li>Candidate does not provide any response.</li> </ul>			

In the roleplay, there is evidence of the test taker ...

A. Indicators of relationship building	
A1	initiating the interaction appropriately (greeting, introductions, nature of interview)
A2	demonstrating an attentive and respectful attitude
A3	adopting a non-judgemental approach
A4	showing empathy for feelings/predicament/emotional state

A: Relationship building
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

B. Indicators of understanding & incorporating the patient's perspective	
B1	eliciting and exploring the patient's ideas/concerns/expectations
B2	picking up the patient's cues
B3	relating explanations to elicited ideas/concerns/expectations

B. Understanding & incorporating the patient's perspective
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

C. Indicators of providing structure	
C1	sequencing the interview purposefully and logically
C2	signposting changes in topic
C3	using organising techniques in explanations

C. Providing structure
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

D. Indicators for information gathering	
D1	facilitating the patient's narrative with active listening techniques, minimising interruption
D2	using initially open questions, appropriately moving to closed questions
D3	NOT using compound questions/leading questions
D4	clarifying statements which are vague or need amplification
D5	summarising information to encourage correction/invite further information

D. Information gathering
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

E. Indicators for information giving	
E1	establishing initially what the patient already knows
E2	pausing periodically when giving information, using the response to guide next steps
E3	encouraging the patient to contribute reactions/feelings
E4	checking whether the patient has understood information
E5	discovering what further information the patient needs

E. Information giving
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

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B. Understanding & incorporating the patient's perspective
3 – Adept use
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Groups: 1 more minute

1. What does 'eliciting' mean in B1?  
Obtain
2. What is a 'cue' in B2?  
Indication / signal / sign
3. How can I relate an 'explanation' to the patient's ideas (B3)?

↓  
Link

↓  
previous thing they said

Jargon

B. Indicators of understanding & incorporating the patient's perspective		B. Understanding & incorporating the patient's perspective	
B1	eliciting and exploring the patient's ideas/concerns/expectations	3	Adept use
B2	picking up the patient's cues	2	Competent use
B3	relating explanations to elicited ideas/concerns/expectations	1	Partially effective use
		0	Ineffective use

Simplified:

	Meaning	Example
<b>B1</b>	Obtaining Pt's feelings & opinion	"How are you at the moment?" "Could you tell me a bit more about that?" "What do think about...?"
<b>B2</b>	Respond to indications from Pt.	"I can see that you are..." ADJECTIVE
<b>B3</b>	Linking an <u>explanation</u> previous feeling & opinion	EXPLAIN + "...which I know you mentioned earlier" EXPLAIN + "...earlier you mentioned..." EXPLAIN + "...you told me earlier that..." EXPLAIN + "...as you previously mentioned..." EXPLAIN + "...does my explanation alleviate your previous concerns..."

Earlier: *I am very worried*

Endoscopy:

**What is it?**

*Flexible tube with a camera...*

*...earlier you mentioned that you are worried about this...*

These CC Criteria they should be used WHEN appropriate. Not all the time and not if its not necessary.

**Rule number 1: be natural.**

**B1 is the most important one.**

We do it at the start because we need to KNOW what the situation is.

**Example:**

Clinic / Unknown

Introduction

IPP:

1. How are you at the moment?
2. Can you tell me a bit more about that?
3. Do you have any idea what you think might be wrong with you?

It depends on how much the patient GIVES you.