

OET Speaking

Understanding & Incorporating the Patient's Perspective

What's wrong with this dialogue?

Nurse: Ok, Mr Smith, you're here today for your endoscopy procedure.

Patient: OK.

Nurse: What do you know about endoscopy?

Patient: Nothing really. I've heard that it hurts.

Nurse: Endoscopy is a process in which a tube is inserted into your mouth and is pushed down your throat, into your stomach. Is that clear?

Patient: Er....yes.. I guess so.....

Nurse: On the end of the tube is a camera, so we can have a look and see if there are any issues in your stomach.

Patient: OK.

The problem is that the nurse is not spotting opportunities to discuss the patient's concerns.

Compare it to below:

Nurse: Ok, Mr Smith, you're here today for your endoscopy procedure.

Patient: OK.

Nurse: What do you know about endoscopy?

Patient: Nothing really. I've heard that it hurts.

- **Really? Where did you hear that? / What did you hear?** You could also follow with some reassurance

Nurse: Endoscopy is a process in which a tube is inserted into your mouth and is pushed down your throat, into your stomach. Is that clear?

Patient: Er....yes.. I guess so..... (unsure/hesitant/uncertain)

- **You seem unsure. What else would you like to know? / Do you have any questions**

Nurse: On the end of the tube is a camera, so we can have a look and see if there are any issues in your stomach.

Patient: OK.

Below is another good example of Understanding and Incorporating the Patient's Perspective, by referring back to a previous concern of the patient:

Nurse:So do you have any further questions about the endoscopy procedure?
Patient: Well, yes, actually. How long do you think it will take me to, you know, get back to normal?
Nurse: That's a good question. **Earlier you mentioned you were worried about the pain?** Well, there will be some discomfort during and after the procedure, but it will not be serious and should pass quite quickly, within a couple of hours.
Patient: Oh that's good.
Nurse: **So how are you feeling about doing the procedure?**

Let's explore the indicators for this clinical communication skill:

<p>Eliciting and exploring patients' ideas / concerns / expectations</p> <ul style="list-style-type: none"> - open to closed questions - non-judgemental language - empathy - echoing 	<p>Doctor/Nurse: How can I help today? What's the problem?</p> <p>Patient: It's my legs.</p> <p>Could you tell me a little bit more about that?</p> <p>Patient: I'm really worried.</p> <p>Sorry to hear that. Could you tell me why you're worried?</p> <p>Patient: I'm not sure my new medication is good.</p> <p>OK. So,.... Why do you think that?</p> <p>Patient: I don't want to have a vaccine.</p> <p>That's fine. It is your choice. / I can understand...</p> <p>Can you tell me why? / Would you mind telling me why?</p> <p>Patient: I've heard bad things about them.</p> <p>Ok, can you just give me some more details about that?</p>
<p>Picking up on the patient's cues</p>	<p>Patient sighs, shows worried face:</p> <p>You seem worried / concerned.</p> <p>I can see/tell you're worried.</p> <p>Doctor/Nurse: The recovery will take three weeks.</p> <p>Patient: Three weeks?</p>

	<p>You seem a little frustrated / disappointed.....</p> <p>Is that not what you were expecting? Did you have a different expectation? Do you think three weeks is too long? Is there something you wanted to do?</p>
<p>Relating explanations to elicited ideas / concerns / expectations</p> <p>We elicit a feeling/idea/concern and then return to that idea later, after explaining something else:</p>	<p>Doctor/Nurse: So, I'm afraid, Mr Smith, that we will need to move you on to insulin injections.</p> <p>What? Really? / Injections? / Can we try something else? / Are you sure?</p> <p>You seem a little worried. Is there anything wrong?</p> <p>Yes, I'm really scared of injections. I always have been. Can't we do something different?</p> <p>Actually, Mr Smith, we have no choice at this stage. The medication hasn't worked and we need to get your situation back under control. Is that clear?</p> <p>Yes, I understand.</p> <p>I know that injections can be a bit scary. However, </p>

Preparation Time

In our three minutes before the consultation begins, we should be looking for opportunities to make notes about UIPP on our cue card. You could just write something as simple as '*Earlier you mentioned.....*' or '*What is worrying you about.....*' :

Medicine example

Setting: GP PRACTICE Patient: You're 33 years old. For the last three months, you've been having recurrent, pulsating headaches (approx. four times a month), each lasting up to 72 hours. You're worried that you might have brain cancer. You take ibuprofen, but it no longer has much effect. Task: <ul style="list-style-type: none"> • When asked by the doctor, describe the symptoms (moderate pain over left eye and in left temple, intensifies with movement, occasional vomiting). Say how it's affecting your life (unable to focus on work, sensitive to bright light, noise, etc.). • Explain what you've done to ease the pain (painkillers, relaxation, etc). Ask what else you can do. • Tell the doctor you'd like to have an MRI to rule out cancer - a friend of yours died of cancer after suffering from headaches. You have no other symptoms. • Explain that you want to live a normal life without pain. Ask how to achieve this. 	PPP Med Speaking 6
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Setting: GP PRACTICE Doctor: You're seeing a patient who has frequent migraine attacks with accompanying symptoms. S/he's concerned that this might indicate brain cancer and would like further investigation. Medication has ceased to be effective. Task: <ul style="list-style-type: none"> • Greet the patient. Ask him/her to describe his/her symptoms. Ask about the pain (intensity, duration, localisation, irradiation, etc.) • Sympathise with the patient. Ask about pain-relief measures taken. Emphasise the importance of reducing migraine triggers (e.g. lack of sleep, fatigue, stress, certain foods). • Tell the patient that triptans give specific relief for migraines (but not prevention). IV steroids can be used when pain is intense. Find out what's worrying the patient and be reassuring. • Explain that neuroimaging is unnecessary (recurrent migraine untypical of cancer). Check that there are no other symptoms (morning vomiting, unilateral paralysis, speech difficulties, syncope etc.) • Reassure the patient regarding treatment. Explain that prophylactic medications could prevent recurrence. 	PPP Med Speaking 6
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Nursing example

ENT

You have a two-week old baby, your third child, and you've come to the doctor's surgery. The baby's feeding well and sleeping normally, but you're worried because he has flaky patches of skin on his scalp, which has also recently spread to his face.

- When asked by the nurse, explain that the baby seems fine but that he has a flaky irritation on his head and face.
- Explain that you don't really know what it is, and that none of your other children had it. You're afraid that it's contagious and that the other children will get it.
- You're also afraid that it may be causing the baby discomfort. Ask how you can get rid of it.
- Ask how often you should carry out these remedies.
- Say that you're worried that it won't go away or will become infected.

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CANDIDATE CARD NO. 1	NURSING

SETTING

General Practice

SCENARIO

A parent has come to see you because s/he's worried about his/her two-week-old baby boy who has extensive cradle cap (infantile seborrheic dermatitis) which has spread to the face. The doctor has asked you to speak to the parent.

- Greet the patient and ask how the baby is.
- Explain that the baby probably has a condition called cradle cap (very common in small babies). Find out what s/he knows about it.
- Reassure the patient – it's not contagious. Find out if there are any other concerns.
- Explain that the condition doesn't cause the baby any suffering, (itching, discomfort etc). List various remedies (massaging with olive oil or almond oil, special cradle-cap shampoo, use of soft baby brush in one direction to remove scales).
- Emphasise daily care (both time, frequent changes of bed linen).
- Reassure the parent. Cradle cap responds well to normal hygiene and the standard remedies. It usually disappears by first birthday.