TODAY:

1. **Review Criteria**
2. **Review Relationship Building**
3. **A4 – Focus**

In general, how many criteria are there in the exam?

2 sets of criteria:

- **Linguistic**: 60 % of grade
- Clinical Communication: 40% of grade

How many categories inside?

![SET English logo]

60 PERCENT OF GRADE

No jargon / use <u>formal</u> language*

Clear speaking

No stopping and starting

Accuracy of grammar

Band	Intelligibility	Fluency	Appropriateness of Language	Resources of Grammar and Expression
6	• Pronunciation is easily understood and prosodic features (stress, intonation, rhythm) are used effectively. • L1 accent has no effect on intelligibility.	• Completely fluent speech at normal speed. • Any hesitation is appropriate and not a sign of searching for words or structures.	• Entirely appropriate register, tone and lexis for the context. • No difficulty at all in explaining technical matters in lay terms.	• Rich and flexible. • Wide range of grammar and vocabulary used accurately and flexibly. • Confident use of idiomatic speech.
5	• Easily understood. • Communication is not impeded by a few pronunciation or prosodic errors and/or noticeable L1 accent. • Minimal strain for the listener.	• Fluent speech at normal speed, with only occasional repetition or self-correction. • Hesitation may occasionally indicate searching for words or structures, but is generally appropriate.	• Mostly appropriate register, tone and lexis for the context. • Occasional lapses are not intrusive.	• Wide range of grammar and vocabulary generally used accurately and flexibly. • Occasional errors in grammar or vocabulary are not intrusive.
4	• Easily understood most of the time. • Pronunciation or prosodic errors and/or L1 accent at times cause strain for the listener.	• Uneven flow, with some repetition, especially in longer utterances. • Some evidence of searching for words, which does not cause serious strain. • Delivery may be staccato or too fast/slow.	• Generally appropriate register, tone and lexis for the context, but somewhat restricted and lacking in complexity. • Lapses are noticeable and at times reflect limited resources of grammar and expression.	• Sufficient resources to maintain the interaction. • Inaccuracies in vocabulary and grammar, particularly in more complex sentences, are sometimes intrusive. • Meaning is generally clear.
3	• Produces some acceptable features of spoken English. • Difficult to understand because errors in pronunciation/stress/intonation and/or L1 accent cause serious strain for the listener.	• Very uneven. • Frequent pauses and repetitions indicate searching for words or structures. • Excessive use of fillers and difficulty sustaining longer utterances cause serious strain for the listener.	• Some evidence of appropriate register, tone and lexis, but lapses are frequent and intrusive, reflecting inadequate resources of grammar and expression.	• Limited vocabulary and control of grammatical structures, except very simple sentences. • Persistent inaccuracies are intrusive.
2	• Often unintelligible. • Frequent errors in pronunciation/stress/intonation and/or L1 accent cause severe strain for the listener.	• Extremely uneven. • Long pauses, numerous repetition and self-corrections make speech difficult to follow.	• Mostly inappropriate register, tone and lexis for the context.	• Very limited resources of vocabulary and grammar, even in simple sentences. • Numerous errors in word choice.
1	• Almost entirely unintelligible.	• Impossible to follow, consisting of isolated words and phrases and self-corrections, separated by long pauses.	• Entirely inappropriate register, tone and lexis for the context.	• Limited in all respects.
0	• Candidate does not provide any response.			

CLINICAL COMMUNCTION

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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A4

What are the 3 problems students ALWAYS have:

1. **Timing:** forgetting to give empathy, giving too much, doing it at the wrong moment
2. **Appropriate empathy phrases:** using the phrases for the right problems
3. **Repetition:** repeating the same phrase doesn't sound REAL .

Empathy: showing shared feeling

Reassure: makes patient less worried

Empathy Diagram

NORMAL	SERIOUS
Basic phrases • *I can understand that must hard* • *I can understand your concern* • *'That's quite understandable* • *I see that must be hard for you* • *That must be difficult for you* • *That must be stressful for you?* • *I'm sorry to hear that* **Combinations & fillers** • Ah, I'm sorry to hear that; that must be difficult for you • Well, that must be difficult for; I can understand that • Oh, I see that must be hard for you; I'm sorry to hear that Does not mean 'good' here	**Basic phrases** • ***I can only imagine what you must be feeling*** • *I realise this must be a very difficult for you* • *Please accept my condolences* (only if someone <u>died</u> already) We always say this **Intensifier:** • So, so - (if you <u>stress</u> it then it be only once) • Very, very • Really, really Push the word, make it longer

~~Its too bad~~

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RULE NUMBER 1: Be natural

Reassurance: very good

- Please do not worry
- Let me reassure you
- Please try not to worry
- There is no need to worry
- You are in safe/good hands
- **TELL THEM ITS NORMAL:** This is very normal / This is a common condition / Etc. Many people have this condition / It's quite management

Why does this reassure? The patient will think that this is common.