

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.
 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 so far?
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.
Nurse: Let's move on.

Lots of things:

Better

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: Explore: Oh. Ok. *What have you heard exactly?*
Patient: I've heard that it...
Nurse: OK. I understand. Now let me reassure you.....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 *so far*?
Patient: Er...yes.. I guess so.....
Nurse: *You seem a little unsure / worried about that.....* (leave a pause)

If they don't say anything: *Do you have any questions about that?*

Patient: It seems a bit invasive.
Nurse: Yes, that's understandable. However, it's necessary for us to see if there are any problems. Is that ok?
Patient: Yes.
Nurse: Ok, shall I continue?
Patient: Yes.
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. Would you like me to repeat any of that?
Patient: OK.
Nurse: ~~Let's move on.~~ *So, I know you're worried about the possibility of pain but do you feel a bit better now?*

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

<p>B1: Eliciting patient's ideas / <u>expectations</u> / concerns</p>	<p>Patient says something you need to know more about:</p> <ul style="list-style-type: none"> • I've heard that • I'm worried. • I'm concerned. • I don't think that's the right approach. • I don't think I can do that. <p>Saying 'Ok' means: I hear what you are saying. Then follow with:</p> <ul style="list-style-type: none"> • Can you tell me more about....? • Can you tell me why.....?
<p>B2: Picking up cues</p>	<p>The patient won't always directly tell you they are concerned/worried:</p> <ul style="list-style-type: none"> • You seem a little confused – understanding issue • You seem a little worried – bad news/ anxious
<p>B3: Referring back to elicited concerns / expectations / ideas</p>	<p>Early in the conversation we find out concerns etc</p> <p>Later on we mention them again:</p> <ul style="list-style-type: none"> • Earlier you mentioned • I know that you are.....

Medicine example

OET SAMPLE TEST	
ROLEPLAYER CARD NO. 1	MEDICINE
SETTING	Doctor's Clinic
PATIENT	You are 28 years old and you have a lump in your groin which is causing discomfort. The doctor has just finished examining you.
TASK	<ul style="list-style-type: none"> • When asked, say you first noticed the lump about three weeks ago. It hasn't changed since then. You can feel a burning, aching sensation in your groin. • When asked, say you go to the gym every day and lift weights. You're not constipated, you don't have a cough, and you've never had surgery. • Say you really don't want surgery. You're worried about all the risks and complications that can result from surgery. • Say you didn't realise a hernia could be life-threatening, so you'll have the surgery as advised. • Say you'll follow the advice on self-care until you can have surgery.
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OET SAMPLE TEST	
CANDIDATE CARD NO. 1	MEDICINE
SETTING	Doctor's Clinic
DOCTOR	Your patient is 28 years old and has a lump in his/her groin which is causing discomfort. You have just finished examining the patient. You diagnose an indirect inguinal hernia.
TASK	<ul style="list-style-type: none"> • Find out more details about patient's lump (e.g., onset, progression, pain/discomfort characteristics, etc.). • Explore patient's risk factors of hernia (e.g., heavy lifting, constipation, prolonged coughing, prior surgery, etc.). • Give diagnosis of hernia (e.g., intestinal protrusion through abdominal wall weakness, congenital defect, worsened by strenuous activities, etc.). Recommend surgery (e.g., outpatient procedure, typically laparoscopic repair with surgical mesh etc.). • Reassure patient about hernia surgery (e.g., risks/complications rare, common procedure, etc.). Stress risks of not having surgery (e.g., pressure on surrounding tissue, potential for bowel obstruction/strangulation, possibly life-threatening, etc.). • Advise patient on self-care while waiting for surgery (e.g., padded belt for support, pain relief as required, no heavy lifting, etc.).
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Nursing example

OET SAMPLE TEST

ROLEPLAYER CARD NO. 1

NURSING

SETTING General Practitioner Clinic

PATIENT You are 71 years old and have been diagnosed with urinary frequency which has given rise to urinary incontinence. Urinary Tract Infection was ruled out. You want advice on coping with the situation as recently the problem has worsened due to sudden onset.

- TASK**
- Say it has impacted on your life negatively. You are embarrassed about your incontinence and don't know why this has happened, you have withdrawn socially, ceased exercising and restricted your fluid intake just to manage. Explain your daughter has encouraged you to return to the clinic to ask for more advice.
 - Say you find it upsetting that your quality of life is being affected. You miss interactions and not being able to carry out routine activities. Ask what can be done about this situation.
 - Say that you understand these options, but you want to know if there's an alternative treatment approach.
 - Say that the patient information leaflet from your doctor lists surgery as one of the treatment options. If it helps you get rid of this condition, you're willing to consider this right away.
 - Say you'll try the suggested measures and will come back if you still find things difficult.

OET SAMPLE TEST

CANDIDATE CARD NO. 1

NURSING

SETTING General Practitioner Clinic

NURSE You are speaking to a 71-year-old patient who has been diagnosed with urinary frequency, which has given rise to urinary incontinence. Urinary Tract Infection ruled out. The patient's daughter has suggested returning to the clinic to ask for more advice on coping with this condition as recently the problem has worsened due to sudden onset.

- TASK**
- Find out how patient has been coping at home (e.g., impact on lifestyle, management of condition to date, etc.)
 - Empathise with patient and reassure him/her (e.g., common condition, weak pelvic muscles can cause this condition, for many people cause is unknown, etc.) Find out about any other concerns.
 - Suggest meeting with a continence advisor (guidance on bladder training / pelvic floor exercises, etc.). Discuss products that can help the patient resume normal life (e.g. disposable undergarments, absorbent pads, etc.)
 - Explain that although the issue may not be completely resolved, it can be managed effectively, he/she should be able to resume a near normal lifestyle. Outline measures to follow (e.g., lifestyle changes: eating high-fibre diet, avoiding alcohol and caffeine, regular and timed toilet routine, relaxation techniques like deep breathing, etc.).
 - Advise patient that surgery usually only considered when other treatments fail as risks involved (potential complications, possible further surgery, etc.). Consultation with continence advisor and physiotherapist would be better and can be arranged.