

7th May 2024

OET Speaking – Input – Information Giving

Starter:

What do we know about 'Information Giving' in OET Speaking?

Key things to consider?

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

CRITERIA	HOW CAN WE MEET IT?
<p>E1 – establishing initially what the patient already knows</p>	<p>We want to know what the patient <u>already</u> knows about the information we will give them:</p> <p>“Do you know anything about...?” “It would help me to understand what you already know about...” “Can you tell me what you know about...?” “How much do know about...?” – common knowledge? “Have you (ever) heard of...?”</p>
<p>E2 – pausing periodically when giving information, using the response to guide next steps</p>	<p>Use chunking: Signposting - “Would you like me to explain...?” Maybe we can use the menu technique?</p> <ul style="list-style-type: none"> - Break the information into manageable pieces - Check patient’s understanding/feelings after each/some chunks <p>“Does that make sense so far?” “Would you like me to repeat any of that?” “Is that ok for you?” “Is that clear so far?” “I hope that is/was clear.” “How does that sound?” “Is that manageable for you?”</p>
<p>E3 – encouraging the patient to contribute reactions/feelings</p>	<p>We are checking how the patient <u>feels</u> about the information we have given them:</p> <p>Positive information / lifestyle changes: “How does that sound?” “Is that manageable for you?” “How do you feel about that?” “Do you think you can do that?” “What do you think about...?”</p> <p>Negative information: “I know this information must be difficult to hear, but I am here to answer any questions you may have.” “I understand this must sound scary, but if you would like to talk about it, I am here for you.”</p>
<p>E4 – checking whether the patient has understood information</p>	<p>We are checking if the patient <u>understands</u> the information we have given them:</p> <p>“Does that make sense so far?” – Maybe? Judge the situation “Would you like me to repeat any of that?” “Is that ok for you?” “Is that clear so far?” “I hope that is/was clear” “Am I being clear so far?”</p>
<p>E5 – discovering what further information the patient needs</p>	<p>“Do you have any further questions?” “Would you like me to repeat anything again?” “Would you like to ask anything else?” “Would you like me to explain anything else?”</p>

From the 'OET Speaking Glossary'...

Is there anything useful that helps us to understand what OET want?

E. Indicators for information giving		
E1	Establishing initially what the patient already knows	One key interactive approach to giving information to the patient involves assessing their prior knowledge. This allows you to determine at what level to pitch information, how much and what information the patient needs, and the degree to which your view of the problem differs from that of the patient.
E2	Pausing periodically when giving information, using the response to guide next steps	This approach, often called chunking and checking, is a vital skill throughout the information-giving phase of the interview. Here, the health professional gives information in small pieces, pausing and checking for understanding before proceeding and being guided by the patient's reactions to see what information is required next. This technique is a vital component of assessing the patient's overall information needs: if you give information in small chunks and give the patient ample opportunity to contribute, they will respond with clear signals about both the amount and type of information they still require.
E3	Encouraging the patient to contribute reactions/feelings	A further element of effective information giving is providing opportunities to the patient to ask questions, seek clarification or express doubts. Health professionals must be very explicit here: many patients are reluctant to express what is on the tip of their tongue and are extremely hesitant to ask the doctor questions. Unless positively invited to do so, they may leave the consultation with their questions unanswered and a reduced understanding and commitment to plans.
E4	Checking whether the patient has understood information	Checking the patient has understood the information given is an important step in ensuring accuracy of information transfer. This can be done by asking " <i>does that make sense?</i> " although many patients will say 'yes' even though they are still unsure because they don't want to admit that they didn't understand. A more effective method is to use patient restatement, i.e. asking the patient to repeat back to the doctor what has been discussed to ensure that their understanding is the same
E5	Discovering what further information the patient needs	Deliberately asking the patient what other information would be helpful enables the health professional to directly discover areas to address which the health professional might not have considered. It is difficult to guess each patient's individual needs and asking directly is an obvious way to prevent the omission of important information.

Extension:

Opportunities for information giving?

OET SAMPLE TEST

CANDIDATE CARD NO. 2

MEDICINE

SETTING

Local Clinic

DOCTOR

You see the parent of a five-year-old boy who was diagnosed with asthma a couple of days ago, after attending the Emergency Department with a severe bout of coughing, breathing difficulty and wheezing. This is a follow-up appointment. The child is not present for the discussion.

TASK

- Confirm reason for appointment (follow-up following asthma diagnosis). Find out how child has been since hospital visit (severity of asthma, frequency of attacks, effect of treatment, etc.).
- Find out further relevant details (any family history of: asthma, eczema, hay fever, etc.). Explore possible triggers of child's asthma attacks (exposure to: cigarette smoke, dust mites, pollen; exercise; cold air; etc.).
- Give information about childhood asthma (chronic lung condition: tightening or narrowing of muscles in airways, swelling/inflammation, production of extra mucus; risk factors: family history of hay fever; etc.). Find out any concerns.
- Reassure parent about child's asthma (e.g., manageable, regular monitoring, support available, etc.). Describe asthma management (e.g., identifying and controlling triggers, assessing severity of symptoms, knowing how to respond in urgent situation, informing child's school, etc.).
- Outline next steps (e.g., examination of child, creation of asthma action plan, discussion of treatment, organising: support, follow-up appointments, etc.). Establish parent's willingness to bring child into room for examination.

Opportunities for information giving?

OET SAMPLE TEST

CANDIDATE CARD NO. 1

NURSING

SETTING

Medical Clinic

NURSE

Your 60-year-old patient has type 2 diabetes, which has been moderately well controlled by diet and oral medication until now. However, recently the patient's blood sugars have been high. The doctor has decided to commence insulin injections. You are seeing the patient to show him/her how to administer injections.

TASK

- Confirm reason for appointment (self-administering injections for diabetes: advice, observation). Find out how patient feels about insulin injections.
- Explore reasons for patient's anxiety (injecting process, fear of pain/needles, etc.).
- Reassure patient about managing injections (e.g., clear instructions, easier with practice, etc.). Stress importance of insulin injections (e.g., faster absorption into bloodstream: not broken down in stomach, more effective, etc.).
- Emphasise injections are best option available (e.g., current management: not working, etc.). Explain injection-giving process (e.g., washing and drying hands, pinching skin, insertion of needle: 45–90 degree angle, leaving in place 5–10 seconds, etc.). Describe need to rotate injection site (e.g., preventing formation of lumps, risk of less insulin absorption, etc.).
- Explain importance of safe needle disposal (e.g., suitable containers, proper care and handling, etc.). Outline insulin storage (e.g., refrigerating unopened insulin, not exposing to sunlight/high temperatures, checking expiration dates, etc.). Establish patient's willingness to be observed self-injecting.

Opportunities for information giving?

OET SAMPLE TEST

CANDIDATE CARD NO. 4

PHARMACY

SETTING Local Pharmacy

PHARMACIST The parent of an 18-month-old boy with a cold has come to your pharmacy. The child has been waking up at night, distressed, coughing and congested. The parent is asking for cold medicine (decongestant) for the child. The child is not present.

TASK

- Find out details about child's symptoms (onset, when worse, etc.).
- Find out about any treatments tried.
- Resist request for cold medicine (e.g., not recommended for children under six years of age; side effects for children: allergic reactions, convulsions, increased/uneven heart rate; risk of overdose; etc.).
- Recommend alternatives to decongestants (e.g., vaporizer, saline nasal drops, etc.).
- Explain cold likely to self-resolve (seek medical advice if: high fever, symptoms worsen, etc.).