

## 10<sup>th</sup> June 2024 OET Speaking – Input – Information Gathering

## Starter:

- 1. Why is it important to provide structure during your OET roleplay?
- 2. What are the <u>four</u> types of organising technique you can use when giving <u>explanations</u>?

## Key things to consider?

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	

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CRITERIA	HOW CAN WE MEET IT?
	<ul> <li>Active listening – "Ok", "Right", "I see", "Hmmm"</li> <li>Echoing – Repeat some words of short phrases from patient</li> </ul>
D1 – facilitating the patient's narrative with active listening techniques, minimising interruption	<ul> <li>Try to use active listening techniques at the end or near the end of a patient's speaking turn to minimise interruption</li> <li>Paraphrasing – repeating what the patient said but with different words</li> </ul>
	<ul> <li>Non-verbal communication – nodding your head, eye contact, facial expressions, tilt your head</li> </ul>
	(not on OET recording but useful for facilitating conversation)  Start with an open question and see what the patient tells you.
D2 – using initially open questions, appropriately moving to closed questions	If they give you a lot of information – summarise and clarify.  If they only give you some information – ask open and quantitative questions to get the details and find out more.
	Open questions:
	Can you describe your, 2
	<ul><li>Can you describe your?</li><li>What brings you here today?</li></ul>
	How are you feeling?
	Closed questions:
	Do you have a headache?
	Would you like to talk about?
	<ul> <li>Are you taking any medication at the moment?</li> <li>Quantitative questions:</li> </ul>
	How often do you exercise?
	How long have you had this pain?
	How much pain are you experiencing?
	When did it start?
	Don't ask questions like
D3 – NOT using compound questions/leading questions	<ul> <li>"Have you eaten this morning and what have you eaten?"</li> <li>Compound - Separate into two separate questions</li> </ul>
	"Is the headache really painful?"
	Leading - Ask open questions instead:
	"Can you describe your headache?"
	The patient tells us something which is unclear or requires more
	<ul><li>details.</li><li>"Can you tell me what you mean by?"</li></ul>
D4 – clarifying statements which are vague or need	"Can you clarify what you mean by?"
amplification	"Can you explain in your own words?"
	"Just to double check, you mean"
	"You just said Can you tell me a bit more about that?"
	"Can you tell me exactly what you mean by?"
	The patient tells us something and we want to check what they said,
	so we summarise and invite the patient to correct or give more
D5 – summarising information to encourage	details.
correction/invite further information	"Let me summarise what you said"
	"Regarding your medical history/condition/symptoms, you said
	Is that right?"
	"You told me that you Is that true?"
	"You mentioned that Did I get that correct?"  "Heat to also blood a proposition of the blood and b
	"Just to double check, you said Am I right?"