

# **OET Speaking**

## Information Giving

The ability to **provide information** and *demonstrate it is understood* by the patient.

## Indicators for Information Giving

	Indicator	Useful language	
E1			
	Check initial understanding	Do you have any idea about diabetes?	
		<ul> <li>How much do you know about diabetes?</li> </ul>	
		What do you know about diabetes?	
	- judge the task	Have you heard about diabetes?	
		Ara you familiar with dishatas?	
		<ul> <li>Are you familiar with diabetes?</li> <li>Do you have any information about diabetes?</li> </ul>	
		Do you understand what this condition is about?	
		Bo you understand what this condition is about?	
E2	Pausing periodically – part of	Sometimes it's a good idea to leave a space for the patient to	
	'chunking'	f <mark>ill in</mark>	
E3	Checking understanding	Use a variety of checking questions:	
		Closed questions – be careful not to give 'an easy option':	
		- Does that make sense?	
		- Is that clear so far?	
		- Is that understandable so far?	
		Offer:	
		Would you like me to repeat any of that?	
		<ul> <li>Is there anything you'd like me to go through again?</li> </ul>	
		Tone is important:	
		- Am I clear?	
		- Are you getting my point?	
		- Are you following me?	
		- Do you understand my point?	
		It's easy to sound aggressive with these phrases	
E4	Encouraging patient reaction	Have day you faal about it?	
		- How do you feel about it? - How does that sound?	



		<ul> <li>Do you agree with this?</li> <li>How does that sound?</li> <li>Do you think you can consider that?</li> <li>Is that manageable for you?</li> <li>Is that alright?</li> </ul> Be careful: What reaction are we encouraging? We're going to do a colonoscopy so we can check for bowel cancer. How does that sound? Is that ok with you? How do you feel about that? I think it would be great for you if you try and go up and down the stairs twice a day. How does that sound? We'd like you to increase the amount of fibre in your diet on a daily basis. Do you think you can manage that?	
E5	Discovering if further information is required	<ul> <li>Do you have any questions about what I said?</li> <li>Do you have any further questions?</li> <li>Is there anything I haven't covered that you'd like to discuss?</li> </ul>	

#### Common errors:

- Go too quickly: People think there is time pressure. There is no time pressure: You have 5 minutes to speak. You don't have to finish!!!!
- Talking for too long: Use chunking to break explanations down into smaller pieces
- No checking: We need to demonstrate that the patient understands fully
- Too much checking: checking understanding repetitively is annoying for the patient



### Chunking

Chunking is a providing structure indicator and involves breaking explanations / information etc into easy to understand sections:

Empathise with the patient and outline the precautions that need to continue at home (do not remove the steri-strips before a week's time, ensure that the wound remains dry – do not rub towel on it, do not scrub or pick at steri-strips, after a week, moisturize with a simple non scented moisturising cream, etc.).

Make your explanations 'conversational': break into small pieces and chat (checking/echoing)

When you're chunking you use multiple techniques from a variety of criteria:

- Let's move on to your discussing your condition. Is that ok? (Providing structure signposting/ Relationship Building respectful)
- What do you know about diabetes? (Information giving check initial understanding)
- Does that make sense so far? (Information giving check understanding)
- How does that sound? (Information giving encourage patient reaction)
- Do you have any other questions? (Information giving discover if further information is required)
- So, just to recap what we've discussed (Providing structure organising techniques)



### What do you think about the below:

Healthcare Professional	Patient
Diabetes is a condition which changes insulin production	
in your body. Insulin breaks down sugar. So if the sugar	
in your blood isn't broken down, then it can lead to	
problems in different parts of your body. That's why you	
have to do these injections. Ok, let's move on to	
managing your condition.	

## Compare with the following dialogue:

	Healthcare Professional	Patient
1.	What do you know about diabetes?	Nothing.
2.	No problem. I can explain. Diabetes is a condition which changes insulin production in your body. Insulin breaks down sugar. <i>Is this clear so far?</i>	Yes, thanks.
3.	OK, So if the sugar in your blood isn't broken down, then it can lead to problems in different parts of your body. That's why you have to do these injections.  Are you ok with that?	Oh, yes. Now I understand.
4.	Ok, let's move on to managing your condition.  How does that sound?	Yes, that's fine.

The second one is much better! It is a dialogue!



Use

chunking

#### Using your three minutes:

Use visual cues to make it easier for you to understand where the 'chunks are in your explanations:

Setting: Children's Hospital Ward

**Doctor:** You are talking to the parent of 1-month-old boy who was admitted to the hospital yesterday because the parent was concerned with his jaundiced appearance. Blood test results (liver enzymes, bilirubin, clotting studies, blood culture, etc.) all indicate that he is suffering from biliary atresia (a rare and serious liver problem where the bile ducts to the liver are blocked, damaging the liver and making it impossible to digest fat).

#### Task:

- Advise the parent of the likely diagnosis (biliary atresia) and provide a brief explanation (i.e. a liver problem making it impossible to digest fat).
- Explain that the condition can be congenital as a result of some malformation in pregnancy, or it can be a response to a viral infection acquired after birth.
- Reassure the parent and answer their questions (no fat diet/medication cannot resolve the condition, surgery is the only option/and is required for proper digestion).
- Explain the prognosis is good with surgery, (75% of patients have good bile flow, 25% require liver transplant).
- Outline the risks of surgery (e.g. nausea, vomiting etc.) but emphasise the benefits (e.g. a bile duct bypass will allow liver function to normalise).

### Tasks

Where would you use chunking below?

- Empathise with the patient and outline the precautions that need to continue at home (do
  not remove the steri-strips before a week's time, ensure that the wound remains dry do
  not rub towel on it, do not scrub or pick at steri-strips, after a week, moisturize with a
  simple non scented moisturising cream, etc.).
  - Explain risks of overusing salbutamol reliever (e.g., increased airway hyper-responsiveness, uncontrolled asthma, asthma-related hospital admission more likely, etc.). Advise patient to purchase replacement preventer.
  - Emphasise importance of using preventer daily (e.g., reduced swelling/inflammation in airways, lowered sensitivity to triggers, decreased mucus production, etc.).