
The ultimate guide to the OET Speaking sub-test



Clinical Communication criteria



www.oet.com

Hola

ഹലോ

Habari

Kamusta

مرحبًا

Bawo ni

नमस्कार

Hello

What's in this guide

About the clinical communication criteria	5
How the score works	5
The five clinical communication criteria	5
01. Indicators of relationship building	6
02. Indicators of understanding and incorporating the patient's perspective	16
03. Indicators of providing structure	22
04. Indicators of information gathering	32
05. Indicators of information giving	42
Candidate speaking resources	56



About the clinical communication criteria



Good communication is about more than just your delivery of the English language. It's also about how you start a conversation, interact with patients (or their relatives), and check if someone needs additional help.

This is what OET's assessors will look for when scoring your language test. Our clinical communication criteria are what sets the OET Test apart as the best English test for healthcare professionals. These five criteria will test you on not just your knowledge of English, but the communications skills which are valued by patients, healthcare regulators, and employers.

Outcome of the Speaking sub-test



This is your opportunity to build familiarity and proficiency in the skills you'll need when working in an English-speaking environment.

After passing the OET Speaking test you'll feel confident you have the knowledge to speak to patients and their relatives comfortably, about a range of healthcare topics.

Note: The clinical communication criteria are language-based. You will not be evaluated on your medical knowledge.

Introducing the five clinical communication criteria:

01. Relationship building

02. Understanding and incorporating the patient's perspective

03. Providing structure

04. Information gathering

05. Information giving

01. Indicators of relationship building

In the first of the Clinical Communication Criteria, OET assessors will focus on how well you develop rapport - that is, a close and comfortable relationship - with your patient or their relative.

There are several ways to develop rapport, which are covered by this criterion:

- Initiating the interaction appropriately
- Demonstrating an attentive and respectful attitude
- Adopting a non-judgmental attitude
- Showing empathy

Initiating the interaction appropriately

This is all about getting the role play off to a good start as first impressions matter. The first words of any conversation with a patient could reduce their anxiety or raise it. This is why it's so important to begin all interactions in an appropriate manner for the context.

But how do you decide what is appropriate? You're obviously not going to start a difficult conversation with a cheerful greeting. Equally, if you know a patient has been waiting a long time for you, you wouldn't start talking without apologising for the delay.

To understand what is or is not appropriate, you will need to consider:

The setting to your conversation

Where is the conversation taking place?

- Is the patient visiting you at your workplace, or have they been hospitalised?
- Is it an emergency?

[Each of these situations would require a different way of starting the conversation, to demonstrate that you are aware of the setting.]

The background to the situation

Do you know this patient, and have you met before?

- Is this the first time you are greeting them?
- Have you just examined the patient as per the role card?

[If you're meeting for the first time, introductions are appropriate. But, if you've met before, then greetings instead of introductions are fine. Finally, if you've examined the patient as per the role card, no greetings or introductions are required – just start with task one and the findings of your examination.]

Any emotional factors

Do you know this patient, and have you met before?

- Is this the first time you are greeting them?
- Have you just examined the patient as per the role card?

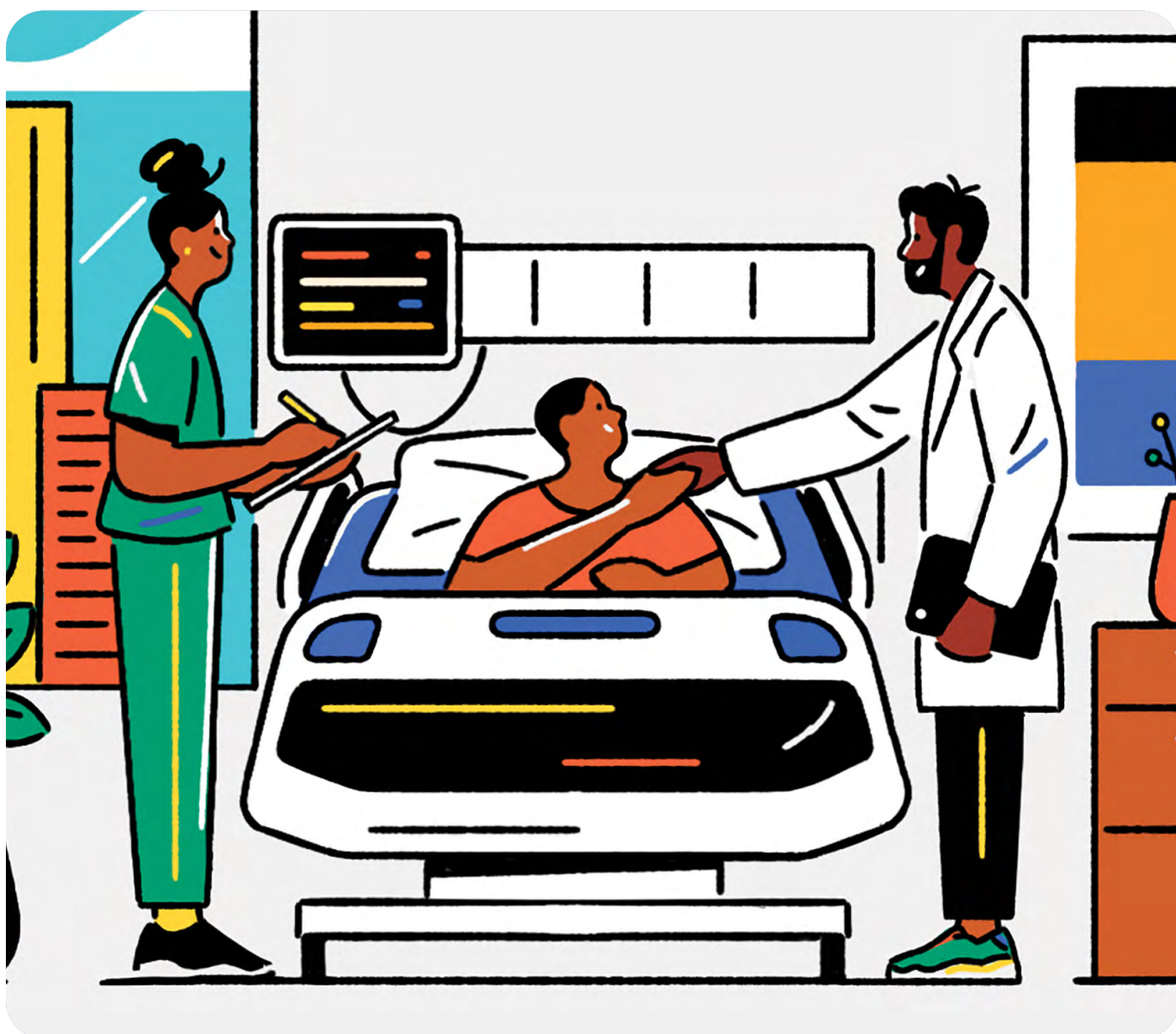
[If you believe you know how someone is feeling, try to acknowledge this when starting the role play by offering the appropriate response - an apology for being late, some reassurance about your news, etc.]

The nature of the conversation

Why are you having this conversation?

- Are you providing advice, test results, a diagnosis?
- Are you giving an explanation, treatment options, or reassurance?


[Clarifying what you plan to discuss at the beginning of a conversation can help ease someone's anxiety. It will also allow them to process their thoughts and positively contribute to the discussion.]



How did our three example candidates manage the beginning of their role plays?

Listen to real candidates completing a role play to understand the examples throughout the rest of this guide.

Steps for listening to the audio with the examples:

- 1 | Listen to the profession audio samples that match the profession in each example below to hear the relevant audio.
 - 2 | Click on the [\[time stamps\]](#) in each example to open the soundcloud file.

- You will then hear the relevant part of the audio from the time referenced.



Doctor

| Example

The Doctor is seeing a patient recovering from a mild anterior acute myocardial infarct' See my comment on the placement of this sentence in the nursing example. I think it's more logical before the setting and background.

Setting: General Practice.

The patient may or may not have met the doctor before, so the candidate may either introduce themselves or simply greet the patient as if they know each other already.

Background:

The patient is 'very concerned about the long-term process of recovery', suggesting that reassurance will be an important part of the conversation.

[\[00:00:32:57\]](#) "Good afternoon. My name is Rico, I'm a doctor on duty today. May I confirm your name?"

[\[00:00:39:56\]](#) Interlocutor "Certainly. My name is Sally. "

[\[00:00:41:66\]](#) "Sally, nice to meet you. How can I help you today?"

- Assuming this was their first meeting, the introduction and inclusion of "nice to meet you" are appropriate and pleasant. The final question, "How can I help you today?", invites the patient to offer their reason for the visit, which is also appropriate.
- If the Doctor knew her already, they could have acknowledged the patient's concerns in place of this question.



Nurse

| Example

The Nurse is visiting a patient at home for the first time. This visit was arranged by a doctor.

Setting:

The patient's home

Background:

The purpose of the visit is to discuss the patient's diabetes, and specifically their insulin injections. There is no mention of how the patient might be feeling about this topic.

[00:00:37:07] **"Good morning. My name is Amrit. I'm a nurse and I have been sent to you by your general practitioner - your doctor. Um, he reported that your blood sugars have been high recently. Would you like to tell me about your diabetes level?"**

- ➔ Given the Nurse is visiting the patient at home, it's likely they would know the patient's name (it could have been checked during the preparation time). This could have been added to the initial greeting, after "Good morning". The Nurse's introduction and explanation for the reason for her visit are both appropriate. Additionally, the final question allows the patient to explain their situation in their own words



Speech Pathologist | Example

The Speech Pathologist is speaking to the spouse of one of her patients about a recent speech pathology assessment she conducted at a private clinic.

Setting:

The two speakers know each other

Background:

There is no mention about how the spouse is feeling, but the background information tells us that the patient is feeling anxious.

[00:01:23.38] **"Hi, I'm Calina. I'm the speech pathologist that's been working with your spouse and we're here to discuss the results of an assessment. How much information um do you want today? What, what kind of information are you looking for?"**

- ➔ Here, the Speech Pathologist could have added "as you know" before giving her name. This would have made both the introduction and stating of her role more appropriate and excused her from not asking the spouse for their own name. Otherwise, the Speech Pathologist briefly states the purpose for the conversation and offers the spouse an opportunity to explain her objectives using an open question.

Demonstrating an attentive and respectful attitude

In some respects, the Speaking Test makes it easier to show attentiveness than in real life, where you would likely have a computer screen or chart in front of you while listening to the patient. Without these distractions, you're free to give the patient your whole attention.

Some candidates do not do this. They will use the time a patient is speaking to consider what they want to say next, or to check how many tasks they still need to speak about. This can be obvious to assessors, as when the patient stops speaking, the candidate says something inappropriate in response or abruptly changes the direction of conversation. Remember - focus on your patient while they are speaking. You must HEAR what they are saying. This shows respect and allows you to understand your patient's feelings and opinions, even if you don't agree with them.





Speech Pathologist | Example

[00:02:43.66] Interlocutor “Well, it’s been really difficult, to be honest. It’s been hard when we’ve been out socialising because, you know, you want to have a conversation, but you can’t quite understand what he’s saying.”

[00:02:55.27] “Especially out with multiple people the volume level’s up for everybody um and he doesn’t get to express himself. *Um that must be hard for you, too.*”

[00:03:04.81] Interlocutor “It has been.”

- ➔ Here, the Speech Pathologist demonstrates both an attentive and respectful attitude by picking up in her response the example that the spouse has just mentioned (socialising), while demonstrating empathy for the effect this has on the spouse themselves



Doctor | Example

[00:04:06.44] “Ok, um diet is very important. What do you eat regularly?”

[00:04:14.60] Interlocutor “Well, I have to admit, I really like drinking lots of beer and you know eating lots of you know steaks and pies and chips and things like that. They’re my favourite foods.”

[00:04:27.86] “Mmm. Ok, I see. Yeah, but fatty and oily food well, it’s not good for your

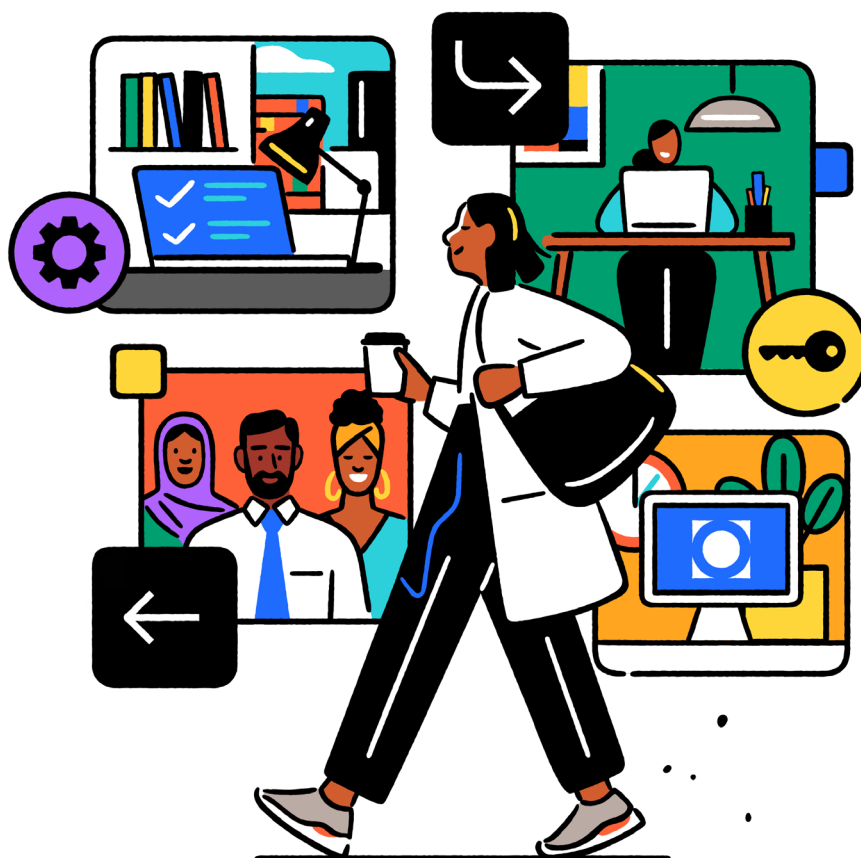
- ➔ The Doctor also demonstrates attentiveness by responding to the patient appropriately after each comment they make. In this exchange about diet, the Doctor makes it clear the patient’s preferred foods are not very healthy, without it sounding critical.



[00:01:24.35] Interlocutor "Sure. Um, so I guess I think I have a pretty normal diet. Um, I like to have, you know baked beans and toast in the morning and, you know, for lunch I'll have you know a sandwich. And, you know sometimes I like to have, like, fruit afterwards. And then you know in the afternoon, I like to have a sweet biscuit and tea and then you know just normal sort of you know meat n three veg for dinner."

[00:01:53.39] "I see. What I'm suspecting is that you have been taking sugar, er as you mentioned, you taking sweet biscuit and you are taking breakfast in the morning, which was sandwiches and beans. I believe they are high in sugar and *it is very important for you to just take diet, which is um low fat and sugar free*. So this will really, really help you to maintain your diabetes levels."

- ➔ The Nurse also talks to her patient about diet and discovers that the patient doesn't eat foods which are suitable for someone with diabetes. She uses 'softening language' to sound less critical before providing her advice.



Adopting a non-judgemental approach

This aspect is directly linked to the previous aspect on demonstrating attentiveness and respect. As part of patient-centred care, healthcare professionals are expected to listen to their patient's opinions. But these days many patients turn up to appointments already 'informed' - having Googled their symptoms.

As a result, they will often want their wishes to be taken into consideration and may be resistant to hearing something different. Of course, you are not expected to always agree with your patient's self-assessment. You are still the expert, and must guide them on what is safe and appropriate for their needs.

How you achieve this is the focus of this aspect of Relationship Building. You must find a balance between guiding your patient, while respecting their existing opinion.

Things you will need to be non-judgmental about:

- ➔ Preference for a particular treatment path,
i.e. antibiotics, non-surgical/medicinal options
- ➔ Reluctance to change lifestyle factors/current behaviours
- ➔ Poor diet/exercise
- ➔ Use of alcohol/tobacco

Earlier, we saw both the Nurse and Doctor hear that their patients had diets which were less than ideal for their respective health conditions. Both managed to respond to their patients' descriptions of their diet without judgement, while also making it clear that some changes would be beneficial. The Speech Pathologist's conversation partner (the spouse of the patient) did not say anything which she needed to be non-judgmental about.

Your role card may not expect you to demonstrate every aspect of every criterion. This is why you will complete two role plays in the Speaking Test, so that you can provide the range of language naturally.

Showing Empathy

Empathy is the ability to understand and share the feelings of another person. Where appropriate, showing empathy to your patient is another way of demonstrating respect and avoiding a judgmental approach. But it can also be so much more.

When patients seek healthcare advice or treatment, they often do so because something is or feels wrong. They may feel anxious, vulnerable and afraid. Empathy could be the best tool you have to reassure your patient, and to help them feel less nervous - like you really care for their situation.

In real life, empathy can be as simple as a kind smile or, where appropriate, a light physical touch (such as a squeezing of their hand). In your Speaking Test, which is recorded as an audio file for the assessor, you must ensure your empathy is verbal. Using words like “understand”, “appreciate”, “reassure” or even “we” instead of “you” or “I” will show that you are working with your patient as a team, rather than as an individual.



Speech Pathologist | Example

[00:02:55.27] “Very understandable. Yeah, it it will definitely. Especially with the speech pathologist that you choose to work with these um technologies that will help, um, *find the right one that he can feel the most comfortable with.*”

- The Speech Pathologist heard the patient’s spouse say that socialising is difficult as the patient finds it embarrassing that people can’t understand him. She shows empathy by agreeing with what the spouse has said and provides *reassurance* that the technology she had previously mentioned will assist with this situation.





Doctor

| Example

[00:06:03.02] ***"Yeah, it must be difficult for you about the situation but let me reassure. I'd like to say your condition is manageable and also curable as long as you follow my advice."***

- ➔ During her role play, the Doctor's patient expresses concern that she is going to be an invalid for the rest of her life, following her recent heart attack. The Doctor shows empathy by acknowledging the concern and providing *reassurance*.



Nurse

| Example

[00:02:53.78] Interlocutor **"No, no. I'm very afraid of um injecting insulin."**

[00:02:57.54] **"OK. Let me explain that to you."**

[00:03:31.43] Interlocutor **"Oh!"**

- ➔ The Nurse misses some opportunities to show empathy to her patient when they are discussing the process of self-injecting insulin. Firstly, the patient admits she is afraid of injecting insulin, then, once the Nurse has started her explanation, she also says, "Oh", in a way which clearly sounds worried and unhappy. Both were chances for the Nurse to show empathy.

[00:03:31.85] **"So do not worry"**

- ➔ In the above example, the Nurse seems to register the concern - but telling the patient "do not worry" is inadequate. It does not show any understanding of the patient's concern nor does it sound reassuring. If anything, it dismisses the patient's concern and causes their anxiety to grow.

[00:04:03.38] Interlocutor **"Oh that sounds very scary. I mean, I don't know what that layer of skin is. And the pinching - that sounds really scary."**

[00:04:12.44] **"I can understand your concern because you have never used the insulin syringe. It is totally it is fair. "**

- ➔ Here, finally the Nurse responds to the patient's distress but her tone does not match the words - so she still sounds quite dismissive of her patient's feelings.

02. Indicators of understanding and incorporating the patient's perspective

In this second criterion, assessors will focus on how well you involve the patient or their relative in the conversation.

They will assess how you:

- Elicit (ask) and explore the patient's views
- Pick up on the patient's cues
- Relate your explanations to the patient's views

Note: points one and three are linked, so they will be covered together.



Elicit (ask) and explore the patient's views

The OET Speaking Test aims to simulate actual workplace communications. As such, during the role play you will be expected to involve the patient in the conversation, as you would in real life. This means you must actively elicit (ask) what the patient thinks about their situation. You can do this with questions, and then explore further using follow-up questions or by summarising your understanding of what the patient has said.

Verbs at the start of the tasks give you clues as to when this is expected.
For example:

- Find out
- Explore
- Confirm
- Establish



Once you have discovered the patient's views, it is then important to include these in any subsequent explanation you give. This will demonstrate you have been listening, and helps you personalise the information for your patient.

Ask ▶ Listen ▶ Respond / Explore further ▶ Listen ▶ Explain / Reassure by including the patient's views

How did our three professionals do?



Nurse

| Example

[00:01:16.36] "Okay, understand that. Could you tell me bit more about your diet? Er what what kind of diet you have been taking?"

[00:01:24.35] Interlocutor "Sure. Um, so I guess I think I have a pretty normal diet. Um, I like to have, you know *baked beans* and toast in the morning and, you know, for lunch I'll have you know a *sandwich*. And, you know sometimes I like to have, like, fruit afterwards. And then you know in the afternoon, I like to have a sweet *biscuit* and tea and then you know just normal sort of you know meat n three veg for dinner."

[00:01:53.39] "I see what I suspecting what I'm suspecting is that you have been taking sugar, er as you mentioned, you taking sweet *biscuit* and you you are taking *breakfast in the morning*, which was *sandwiches and beans*. I, I believe they are high in sugar and I it is very important for you to just take diet, which is um low fat and sugar free. So this will really, really help you to maintain your diabetes levels. Is that clear for you?"

➔ The Nurse demonstrates a good example of eliciting the patient's views about her diet, and then *relates the explanation* she gives the patient to *these views*.



Doctor

| Example

[00:00:41.66] “Sally, nice to meet you. How can I help you today?”

[00:00:46.07] Interlocutor “Well, *Um I had a mild heart attack two weeks ago and I’ve just been feeling really tired, I guess. And I’m a bit worried about what that means for me in the future.*”

[00:01:02.51] “I see. *It’s perfectly normal to feel worried at this stage.* So let me reassure you. So I’d like to suggest to join a cardiac rehabilitation program which my hospital provide for outpatients.”

- ➔ Similarly, the Doctor is able to elicit from the patient what they are seeking help for at the start of the conversation and then *relates their response* to the information the patient gave.



Speech Pathologist | Example

[00:03:27] “Um and what what is what are your thoughts about um assistive technology?”

[00:03:33.16] Interlocutor “Well, it’s something I’m very unfamiliar with. I guess the problem with his speech is kind of a new thing. So, you know it’s it’s all very new to me. *I don’t really know much about what the treatment options are or kind of what we can do.* But, um yeah, I’m really open to sort of anything that can help.”

[00:03:51.76] “Yeah. So a *full assessment of his his needs right now, um and his and his capabilities right now we’ll go into fitting him for technology that will work. And then you guys can pick what works best for the two of you*”

- ➔ The Speech Pathologist also provides a good example of eliciting the spouse’s views and *including these views* in the response she gives her.

To make this an even stronger response, making a direct acknowledgement of what the spouse said rather than the gist of it would have been helpful e.g. That’s great that you’re open to technology OR It’s understandable that you’re unsure, there are so many options available...

Picking up the patient's cues

Cues can be visual or audible. How we feel about something can often be seen on our face – shock, disagreement, fear, happiness - but this will often be accompanied by something audible. The patient may use a word, phrase or statement to express how they are feeling about what you have just said or they may use a shorter expression or sound to show their feelings



Example of positive cues

I see what you're saying,
right,
that's clear
– to show the information you
have given has been understood

Example of negative cues

But...,
mmm,
oh!
– shows the patient has doubts or
concerns about the information

Whether the patient's cue is long or short, they are important for you to notice and include in your response or questioning. If you don't notice the cue, you could increase the patient's discomfort or confusion, which could then cause you difficulties to try to repair this.

Lets look at some examples on the following pages.

How did our three example candidates do picking up the patient's cues?

Missed cues are clearly seen in the Nurse's role play. She is starting to explain how the patient will self-inject insulin but misses a number of verbal cues from the patient who becomes increasingly anxious



Nurse

| Example

[00:02:49.76] "Ok. And have you have you ever used the insulin injections?"

[00:02:53.78] Interlocutor "No, no. I'm very afraid of, um, injecting insulin."

[00:02:57.54] "OK. Let me explain that to you. Er, as I mentioned that your blood sugar levels are high. You need we need you to use insulin injections at home. Um I I'll explain you how to use insulin injection. So, for the insulin injection, you will be given the insulin needles. They are disposable. They are only for one use for the um procedure. Er, it is going to be subcutaneous layer, which is the superficial layer."

[00:03:31.43] Interlocutor "Oh!"

[00:03:31.85] "So do not worry, I explain you how to correctly use the needle to your skin. So you have to just er pick your subcutaneous layer and the the forty five angle, you need to insert the needle very nice and slow and the medication will go inside and after that you will have no side effects. But if you, if you do have a headache or dizziness, I, I suggest you, you immediately seek a doctor's advice."

[00:04:03.38] Interlocutor "Oh that sounds very scary. I mean, I don't know what that layer of skin is and the pinching. All of that sounds really, really scary."





Speech Pathologist | Example

On the other hand, the Speech Pathologist does a good job picking up on the spouse's implied cue about what this has been like for her in this example

[00:02:34] Interlocutor "He's been slurring his speech a little bit and it's been sometimes hard to understand what he's saying."

[00:02:40.63] "Yeah. And so how are you doing with that?"

- ➔ The Speech Pathologist demonstrates she has truly listened to what the spouse has said and recognised that what she's describing must be difficult for the spouse as well as the patient so follows this up with a question to find out how it's making the spouse feel.



Doctor | Example

The Doctor's patient is quite direct about the information she requests and provides, which makes it easier for the Doctor to respond to these cues.

[00:04:49.55] "So I'd like to suggest to keep healthy diet and if you want, I can arrange an appointment to see a dietitian."

[00:05:00.71] Interlocutor "Yeah, I, I think that's really important. I, I don't want to admit it, but I think I probably should. Yes."

[00:05:10.49] "And also how about do you have any hobbies to reduce your stress?"

To make this conversation stronger, the Doctor could have responded to the patient's agreement before moving on to ask about hobbies. For example, "That's good. And also, how about...".

03. Indicators of providing structure

The third Clinical Communication Criterion the OET assessors use to score your Speaking is Indicators of Providing Structure.

There are 3 indicators that you need to evidence:

- Sequencing the interview purposefully and logically
- Signposting changes in topic
- Using organising techniques in explanations

Sequencing the interview purposefully and logically



This indicator has two parts to it evidenced by the words 'purposefully' and 'logically'.

In healthcare conversations with a patient or their relative, it is the healthcare professional, you, who should be managing the discussion. In simple terms this means you start the conversation and you decide when to move on to the next topic of conversation, when you feel the topic has been covered satisfactorily. To support you to manage the conversation, the series of tasks on your card outline what you should discuss with the patient. It is your responsibility though to manage the 5 minutes available to you and allocate the time you spend on each task.

This is a real-life skill which you will also need for the healthcare workplace. As busy healthcare professionals with many patients to see and treat, your employer will expect you to be able to be efficient in your patient conversations. Unlimited time is unfortunately something unavailable in most healthcare settings, so you need to learn to balance covering the content, so that the patient feels heard and informed, within the time you have available for the conversation. As such, preparing for OET and the OET Speaking test, is a great way to train for this element of your work once you have your results and are registered for work in your new workplace.



To manage your time effectively, a useful exercise to complete during the preparation time is to quickly analyse each task and allot an amount of time to spend on it. To make this decision, you'll need to consider how complex the task is in terms of the information you will need to provide and whether the patient will have many questions with or difficulties about this information. **Here are some examples:**

Task 	<u>Time requirements</u> 
Find out what further information is needed	This could be completed in <u>less than a minute.</u> It requires a simple question and answer.
Advise on other appropriate activities (e.g. aqua aerobics, walking, swimming) and then check to see how the patient feels about your suggestions.	<u>This might take a minute.</u> It's simple information to provide + a question. The patient might have questions to ask but it shouldn't be a topic which leads to a debate.
Describe some specific leg strengthening exercises that would be suitable for this patient (stretches, flexion)	<u>This will take 1-1.5 minutes.</u> There is quite a bit of information to provide and you will need to pause, check for clarification etc.
Convince the patient that the nasal spray is the best option.	<u>This will take 1.5 minutes+.</u> If you need to convince the patient about something it means they will not agree immediately and you may need to provide further explanation why this treatment is the right one for them.

To be 'purposeful'

You need to have a plan for how to complete the content within the time allowed. If the patient asks questions which take more time to respond to, that's fine - it's a natural part of your role. But if the patient moves the conversation forward rather than you, or you spend too long on a topic which could be completed more speedily, you may be penalised.

To be 'logical'

To be logical can be achieved by following the order of the tasks as they are given on your card. The tasks have been written to create a natural flow for your conversation and are mirrored on the card your interlocutor uses. Try to cover off each task before moving on to the next one so there is no need to return to them afterwards, unless this is needed because of a patient question.

All three of our health professionals are successful at managing the time in the role play and moving through the tasks logically. The Nurse and Speech Pathologist show more purpose by clearly moving the conversation forward onto the next task each time, but the Doctor is often moving forward based on a question asked by the patient rather than because they have indicated it's time to move on:



Doctor

| Example

[00:03:51.76] "OK, because exercise will help decrease the lower cholesterol level and also lose your weight and strengthen your heart. So it's very positive for your condition. Is that clear for you?"

[00:03:12.32] Interlocutor "Yeah, that's very clear. Thank you."

[00:03:14.78] "Do you have any questions?"

[00:03:16.79] Interlocutor "I do actually. I'm I'm really hoping that I can return to work. And I was wondering, um you know, whether the whether I can do that or you know if I have to be off work for a long time."



In this example, the Doctor checks if the information she has just given the patient about exercise is clear. Instead of following this up with asking the patient if she has any questions, it would have been more purposeful to move onto the next task 'provide recommendations for prevention of future attack'



Signposting changes in topic

As we have just seen, it is your responsibility to move the conversation forward. To do this effectively you will need to make it clear to the patient that you are doing so, and especially when you change topic to start discussing the next task. The normal way to do this is to use a word or phrase to act as a 'signpost' to direct the patient to the new topic.

Signposts can be simple: OK..., So..., Now...

Or slightly longer:

Thanks for that.

[Indicates the end of one topic and the start of another]

Can we talk about...

[Indicates the start of a new topic]

Is it OK if we come back to that?

[Indicates that you have heard the patient's question but it's not a priority at this point of the conversation]

Is it OK if we move on?

[Indicates you feel the topic is complete and are seeking confirmation the patient feels the same]

Signposts enable the conversation to move forward smoothly while ensuring you don't miss important details the patient wants to share. Without them, the patient can end up feeling confused because they don't realise for a few seconds that the topic has changed.



Speech Pathologist | Example

[00:03:06.70] "Um there are many treatment strategies that we can look into. Um, there's devices that we can use to assist his speaking."

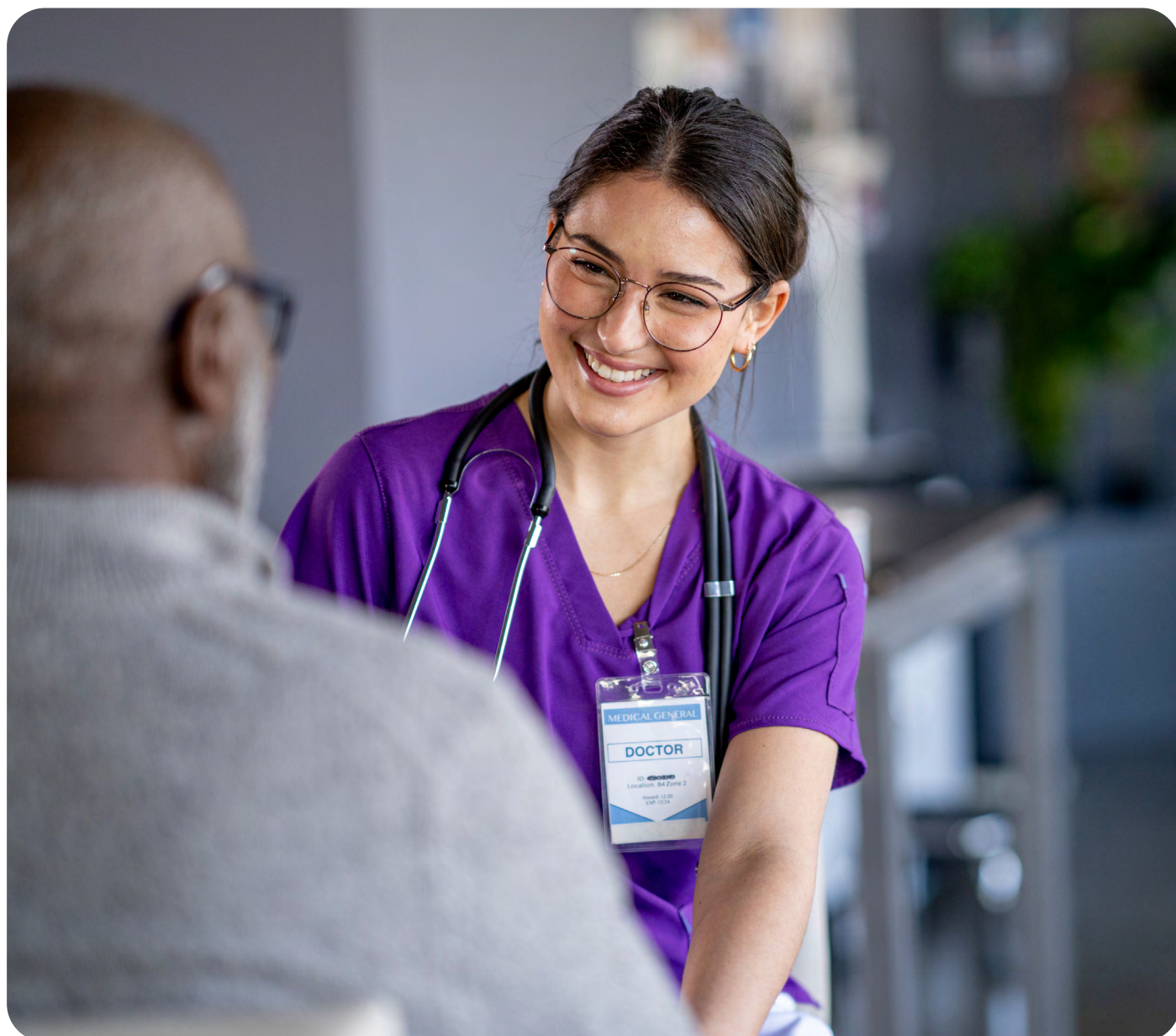
- ➔ The Speech Pathologist doesn't really make use of signposting words or phrases, instead starting most of her statements or questions with 'um', including in the example above where she starts to mention the available treatment strategies. 'Um' has the impact of a signpost but it isn't one which makes the speaker sound confident or particularly professional. One of the examples mentioned above would have been better



[00:05:14] "It is er it is um alright. Um and also, I need you to um dispose the needle in a safe way, so we will provide you the container, which is a yellow container, and you need to dispose the needle in there in the in the yellow box."

- ➔ Equally, the Nurse uses less confident/professional sounding signposts to indicate a change in topic as well as *sounding a little flustered* because she has realised she needs to change topic

As previously mentioned, the Doctor wasn't particularly purposeful in her role play meaning that the patient was often moving the conversation forward to the next topic. At these times, the Doctor didn't need to use signposting language because she was responding to the change of topic introduced by the patient.



Using organising techniques in explanations

We have already seen how organisation can aid the conversation with your patient progress smoothly. This final aspect of Indicators of Providing Structure focuses on how organising your ideas within explanations will make the information you need to provide to the patient easier for them to understand and process.

Giving explanations is an important part of a healthcare professionals work. You might need to explain:

- why a particular treatment is necessary
 - why the treatment pathway the patient is requesting is not the most suitable for their healthcare needs
 - how to use a piece of healthcare equipment
 - how to follow a healthier lifestyle etc.
-

Explanations can be long and contain a lot of new information for the patient or their relative. As such, they can be confusing or make them feel anxious about whether they can remember all of the details. There are some simple techniques speakers can use to make explanations more successful.

- chunking information into small units that are easy to remember e.g. the steps of a process
- pausing between chunks of information to allow the patient time to understand it before the next chunk of information is given
- checking with the patient as you go along with the explanation to make sure they understand what you are telling them
- using organisational language e.g. firstly, then, the final thing etc.
- using highlighting language e.g. critical, essential, must, mustn't
- providing a summary or asking the patient to provide a summary of the explanation at the end of it (covered in the criterion Indicators for information gathering)

When giving an explanation to a patient, although you may have given this explanation many times before, it is likely to be the first time that they have heard it. Think about how you feel when you are given a lot of important verbal information and try to incorporate some organising techniques within your explanations to reduce the mental strain on the patient and to lead to successful healthcare outcomes i.e. the advice or instruction in the explanation being followed correctly.



Nurse

| Example

[00:02:49.76] "Ok. And have you ever used the insulin injections?"

[00:02:53.78] Interlocutor "No, no. I'm very afraid of um injecting insulin."

[00:02:57.54] "OK. Let me explain that to you. Er, as I mentioned that your blood sugar levels are high. You need we need you to use insulin injections at home. Um I'll explain you how to use insulin injection. So, for the insulin injection, you will be given the insulin needles. They are disposable. They are only for one use for the um procedure. Er, it is going to be subcutaneous layer, which is the superficial layer."

[00:03:31.43] Interlocutor "Oh!"

[00:03:31.85] "So do not worry, I explain you how to correctly use the needle to your skin. So you have to just er pick your subcutaneous layer and the the forty five angle, you need to insert the needle very nice and slow and the medication will go inside and after that you will have no side effects. But if you, if you do have a headache or dizziness, I, I suggest you, you immediately seek a doctor's advice."

[00:04:03.38] Interlocutor "Oh that sounds very scary. I mean, I don't know what that layer of skin is and the pinching. All of that sounds really, really scary."



The Nurse needs to explain to her patient how to self-inject insulin. There are a number of steps covered at fairly fast speed and without taking into account the patient's fears. Using the organisational techniques previously mentioned (as well as lay language) would have made this explanation much more successful.

More examples of candidates using organising techniques in explanations...



Doctor

| Example

[00:05:00.71] Interlocutor "I'm not sure how much physical activity I'm meant to do, you know. I'm a bit worried about that."

[00:04:49.55] "Yeah, OK, right. So it's better to avoid strong exercise, for example, jogging or swimming within six weeks. But after six week, you can try a strength exercise, but usually it's better to start from light exercise, for example, walking or stretching."

[00:05:00.71] Interlocutor "Ok, and I guess I want to know how much is advisable because I'm worried about there being a relapse. So if I do too, if I walk every day, is that too much?."

[00:05:10.49] "Yes, I understand your concerns. Yes. So it's better to start from about 30 minutes only on the weekends. Is it possible for you?"

[00:05:00.71] Interlocutor "I mean, it's a bit unusual. I'm not really a fan of exercise, but I think it's something I have to do. So, I guess I can. "

[00:05:10.49] "OK, because exercise will help decrease the lower cholesterol level [pron] and also lose your weight and strengthen your heart. So it's very positive for your condition. Is that clear for you?."

[00:05:00.71] Interlocutor "Yeah, that's very clear. Thank you"

- ➔ The Doctor needs to explain the importance of exercise to the patient for their post-heart attack recovery. Due to her overall speech being quite slow and carefully delivered, the different parts of the information she gives are clear to the patient. She also allows space for the patient to request clarification.



[00:01:47.50] “Ok, um so we found that he has dysarthria, which is difficulty speaking clearly. Um it’s a common symptom of Parkinson’s um and it looks like it’s been progressing.”

[00:02:04.25] Interlocutor “Mmm, mm”

[00:02:04.25] “Um, the causes of dysarthria are the weakening of articulatory muscles. Do you know what that means?”

[00:02:15.01] Interlocutor “Er, no.”

[00:02:15.01] “So it means that the muscles that it takes to speak are getting weaker and it’s harder for him to um put them into action and to to form the sounds.”

[00:02:25.96] Interlocutor “Ah, OK, right.”

[00:02:27.46] “So maybe a little slower, it may be a little off sounding as well.”

[00:02:31.27] Interlocutor “Oh, OK. Yes, that’s definitely been the case.”

- ➔ The Speech Pathologist needs to explain to the patient’s spouse the condition of dysarthria and that it is a common symptom of Parkinson’s disease (which the patient already has). She also provides the information at a steady speed to make it easier for the spouse to understand, uses lay language and checks with the spouse as she goes along to find out if additional information or explanation is required.

04. Indicators for information gathering

The fourth Clinical Communication Criterion covers the way that you collect information from the patient or their relative: Indicators for Information Gathering.

There are 5 aspects that the assessors focus on when scoring your Speaking:

- facilitating the patient's narrative with **active listening techniques**, minimising interruption
- using initially **open questions**, appropriately moving to closed questions
- NOT using compound questions/leading questions
- **clarifying** statements which are vague or need amplification
- **summarising** information to encourage correction/ invite further information

Note: There is a lot of detail provided in these 5 aspects, so **bold** has been used to make the most important words stand out.

This criterion is about how you include the patient or their relative in the conversation and how you manage this i.e. how you listen and how you request further information.

Active listening techniques

How can you show you are listening? In particular, how can you show you are listening on an audio recording, which is what the OET assessors use to score your Speaking test?

There are actually a number of ways you can do this, which will not only show your patient you are listening but also encourage them to keep talking so you hear in their own words the situation they are describing. This last part is important. If you interrupt your patient, you may miss important details which will impact the rest of the conversation and any decisions you make about their treatment.

Active listening techniques are pretty easy to do, and could even be something you already do when speaking to your patient.

Here are some examples:

- "mmhmm"
- "OK"
- "I see"
- "Go on"
- "Oh dear" (when the patient expresses something sad or difficult)

They are small expressions that you can include when the patient pauses in their description to show you are paying attention to what they are saying but which won't interrupt them from continuing.

In real life (and in the test), body language is also a means of showing active listening: looking at the patient, tilting your head slightly to one side, nodding/shaking your head, other facial movements. These will not be recorded in the audio of your test but will help you feel that this is a real conversation plus will help prepare you for the English-speaking healthcare workplace. Feel free to use body language in your Speaking test but remember only things that can be heard will be assessed.

Another way to demonstrate active listening is to respond appropriately to what the patient has just said perhaps by repeating or rephrasing some of what they have just said. Some candidates find this a little more difficult, moving on to their next question or topic without making an appropriate response, which will feel uncomfortable to the patient.

Here are a couple of examples including what to do and what not to do:

What the patient says	What you say (appropriate)	What you say (inappropriate)
I've been busier at work and finding it harder to sleep well at night.	Yes, those two things are often linked: being busier and having poor sleep.	What is your diet like? (A totally different topic)
I don't really like the sound of taking steroids. I've heard there are lots of side effects.	You're not alone in thinking that. The steroids I am thinking of for you will be safe because...	Steroids are the best treatment for this condition (Doesn't respond to the patient's concern)



What evidence of active listening can we find from our 3 professionals?



Doctor

| Example

[00:03:22] Interlocutor “And I was wondering, um you know, whether the whether I can do that or you know if I have to be off work for a long time...”

[00:03:34.64] “I see. OK, let me explain about it. [getting back to work would have been better]”

- The Doctor makes a good effort to actively listen, responding each time the patient says something to her. To make these responses even more successful, she could repeat the concern/topic the patient has mentioned rather than using more vague words



Speech Pathologist | Example

[00:03:49] Interlocutor “And I was wondering, um you know, whether the whether I can do that or you know if I have to be off work for a long time..

[00:03:51.76] “Yeah. So a a full assessment of his his needs...”

- Similarly, the Speech Pathologist could have been more specific in her responses to what the spouse of her patient has just said, often using very simple responses such as in this example.



Nurse

| Example

[00:04:54] Interlocutor “I’m really, really still a bit worried.”

[00:04:56.42] “I understand you concern. Lot of patients feel the same way as you feeling. But let me assure you, you will be fine”

- The Nurse overuses the phrase ‘I understand your concerns’ in her role play but does attempt to show empathy and active listening in this response.

Using initially open questions, appropriately moving to closed questions

Asking questions must be another of the most important tools healthcare professionals have to find out what is going on and to begin to develop a treatment plan for a patient. Each day at work, you must ask literally hundreds of questions and not just to your patients but also to your colleagues about shared patients. For this reason, it's really important that you can ask questions using accurate English. Many candidates will find they have the odd bad habit in their questions which comes from not realising they are making a mistake and then having used the mistake for so long; it's become a learned mistake.

To check if you have any bad habits in your questions, record yourself asking some of the questions you most frequently use with patients and then ask a teacher or colleague with fluent English to check them for you. Making the change from using the mistaken version to the correct one will be hard, especially if it's a mistake you've been making for years. You will need to be vigilant and aware of trying to use the correct form until it becomes your new habit.

The main focus of this aspect of Information Gathering though is your use of open and closed questions. To make sure you are familiar with the difference between them, have a look at these examples:

Open questions	Closed questions
Can you tell me about your symptoms?	Where is the pain?
How can I help you today?	Have you ever been given a general anaesthetic?
How are you feeling about my suggestions?	Do you have any questions?

In general,

- **open questions** invite the patient to provide as much information as they can to answer you
- **closed questions** generally require a very short answer: Yes/No, here, yesterday etc.

It is appropriate at the start of your conversations with patients to hear from them, in their own words, what has brought them to see you today, how they are feeling, what is worrying them etc. Starting with open questions is therefore important. Once you have heard from the patient, closed questions are a useful way of collecting more details that you want and checking you have understood the information you've been given.

Let's look at some examples from our professionals and their use of open and closed questions...



Nurse

| Example

[00:00:49] "And, er would you like to tell me about your diabetes level?"

[00:01:16.36] "Okay, understand that. Could you tell me bit more about your diet?"

[00:02:30.02] "*Do you have any question you like to ask me?*"

➔ The Nurse starts with two open questions and then, later, starts to use *closed questions*



Doctor

| Example

[00:00:41.66] Interlocutor "Sally, nice to meet you. How can I help you today?"

[00:01:23] "...There is a physiotherapist and they will give you good advice for exercise and also about your daily activities. *How does it sound?*"

➔ The Doctor starts with introductions, which are appropriate, but then asks an open question and then moves onto a *closed question* at the end of her first explanation

The Speech Pathologist, as part of her opening to the conversation asks a closed question and then follows it with an open question. This could be because she realised the first question wasn't open enough and so self-corrects to ask an open question or it could be an example of compound questions, which we are going to look at next

Not using compound questions/leading questions

Compared to open and closed questions which are both useful questioning tools to use with patients, compound questions and leading questions should be avoided.

Compound questions = asking more than one question before giving the patient a chance to answer. The problem with these is that the patient doesn't know which question to start with or may not give full answers to each question meaning you miss some important details.

Leading questions = suggesting the answer to the patient in the question you ask. The problem with leading questions is that you are not hearing the patient's own opinion, they are simply agreeing or disagreeing with yours.

Here are a few more examples of leading questions:

- You've had this pain before, haven't you?
- Is the heel really sore?
- Did the fever start with the headache?

Leading questions can be rephrased to avoid including your suggestions e.g.

- Have you had this pain before?
- How does the heel feel?
- When did the fever start?



Speech Pathologist | Example

[00:01:30] "How much information um do you want today? What, what kind of information are you looking for?"

- As mentioned in regard to the Speech Pathologist, she starts with compound questions, which should be avoided and only one question asked.



Nurse | Example

[00:01:16.36] "Okay, understand that. Could you tell me bit more about your diet? Er what what kind of diet you have been taking?"

- The Nurse does something similar at the start of her conversation:

The Doctor doesn't use compound questions or leading questions.

Clarifying statements which are vague or need amplification

We have already seen how organisation can aid the conversation with your patient progress smoothly. This final aspect of Indicators of Providing Structure focuses on how organising your ideas within explanations will make the information you need to provide to the patient easier for them to understand and process.

Common topics patients may be vague about:

- Symptoms (severity, location etc.)
- Lifestyle factors (quantity, frequency etc.)
- Compliance to diet/medication
- Medical history (events, treatment etc.)

There are a number of reasons for being vague including poor memory, embarrassment or fear of reprisal, pain preventing the retrieval of the information etc. If you haven't got the information you need, don't worry about asking further questions to gain it. The more you know, the better help you can offer. But, also consider why the patient might possibly be concealing information and show empathy for this, if needed.



Nurse

| Example

[00:01:02] Interlocutor "And um I've I've been trying a few new things with my diet, and I've been trying to cut out sugar. And, you know, that's been really my main focus."

[00:01:16.36] "Okay, understand that. *Could you tell me bit more about your diet?*"

- The Nurse's patient tells her at the start of their conversation that they have been modifying their diet but uses quite vague language. The Nurse asks for *clarification*.



Speech Pathologist | Example

[00:03:43] Interlocutor “**I don’t really know much about what the treatment options are or kind of what we can do. But, um yeah, I’m really open to sort of anything that can help.**”

- The Speech Pathologist doesn’t ask the spouse of her patient for any clarification. It is possible that this won’t be necessary in every role play; however, all the indicators are likely to be needed in at least one of the two role plays making up your test. One instance when the Speech Pathologist could have perhaps asked for clarification was when the spouse mentioned her lack of knowledge of treatment options using quite vague language. This could have been clarified to find out exactly what the spouse was aware of in terms of possible treatments.

Similarly, the Doctor doesn’t ask her patient to clarify anything. There are a couple of instances where she could have asked for clarification to gain a more detailed understanding of the patient’s current exercise habits/preferences or the frequency of consumption of the patient’s favourite foods.



Doctor | Example

[00:01:35.81] Interlocutor “**Well, I mean, it sounds good, but the the issue for me is that I’m not sure how much physical activity I’m meant to do, you know. I’m a bit worried about that.**”

- The Doctor could have asked ‘how much exercise do you usually like to do?’ OR ‘what exercise do you like doing?’

[00:04:14.60] Interlocutor “**Well, I have to admit, I really like drinking lots of beer and you know eating lots of you know steaks and pies and chips and things like that. They’re my favourite foods.**”

- The Doctor could have asked ‘How many times per week are you eating your favourite foods?’ OR ‘How many beers do you drink in a week?’



Summarising information to encourage correction / invite further information

Another means of clarifying information the patient has given you is to summarise what you have heard to allow them to correct your understanding or to provide further details. Contrary to what you may be thinking, this isn't about providing an outline of what you have discussed during the course of your conversation (although this is something you can do). Instead, it is a way of checking what you have heard.

Here are some examples of language to summarise and then invite correction or further information:

- From my understanding, Is that correct?
- From what you have told me, ... Would you say there was anything else to add?
- To summarise what you said, ... Would you agree?

The important point from these last two aspects is that you don't just passively receive information from the patient or their relative. You are expected to clarify/confirm your understanding and request further detail to ensure you have an accurate picture of your patient's healthcare needs. It is not a good enough excuse in response to a colleague saying 'didn't you know about x?' to say 'No. The patient didn't say anything about that'.





Doctor

| Example

[00:06:53.83] “Ok, so just so I get this right, so I’m going to go see a dietitian and then I’ll see you in a week and I’ve got to change my diet.”

[00:07:03.40] “Yes.”

- While the Doctor doesn’t use summarising techniques in the conversation, there is a good example provided by their patient who seeks confirmation of her understanding



Nurse

| Example

[00:00:49] “I see what I suspecting what I’m suspecting is that you have been taking sugar, er as you mentioned, you taking sweet biscuit and you you are taking breakfast in the morning, which was sandwiches and beans”

- The Nurse repeats back to the patient what they told her about their diet, which could be seen as an attempt at a summary but there is no invitation at the end of this to the patient to correct or provide extra detail e.g. ‘is that right?’



Speech Pathologist

| Example

[00:01:36.22] Interlocutor “Well, um I I really want to know what the assessment showed. So um anything that you can tell me about the assessment and and what the findings mean.”

[00:01:47.50] “Ok, um so we found that he has dysarthria”

- The Speech Pathologist’s second task was to ‘outline the assessment results’ given in quite a lot of detail in the background information. This gave her the opportunity to summarise the assessment details but she skips providing any kind of detail about the assessment and moves straight to the second part of the task, to explain dysarthria. This was a missed opportunity and not something that is recommended. You are expected to complete all parts of the task on the [role card](#).

05. Indicators for information giving

The final Clinical Communication Criterion assessors focus on when scoring your speaking is **Indicators for Information Giving**: how you provide information to your **patient or their relative**. This criterion is about how you take the patient or their relative into account when providing information that is likely to be new to them.

There are five parts to this criterion:

- **Establishing** initially **what** the patient already **knows**
- **Pausing** periodically when giving information, using the response to guide next steps
- **Encouraging** the patient to **contribute reactions/feelings**
- **Checking** whether the patient has **understood information**
- **Discovering** what **further information** the patient **needs**

Note: There is a lot of detail provided in these 5 aspects, so **bold** has been used to make the most important words stand out.

Establishing initially what the patient already knows

Healthcare professionals speak to patients at various stages in their healthcare treatment. Patients with chronic conditions, for example diabetes, will have annual or even more frequent visits to check up on their ongoing health. Even patients who are newly diagnosed may already have heard some information about their condition or treatment pathways before speaking to you. This information could have come from another healthcare professional, a friend or relative or even the Internet ('Dr Google'). It's therefore important when providing the patient with information to first of all check what they already know about the purpose of your conversation, their condition or their treatment options.

There are a couple of reasons for this.

- To avoid repeating information they already have
- To avoid contradicting any information they have previously been given by another healthcare professional
- As an important means of demonstrating patient-centred care (as we have seen in other criterion, it's important to include the patient at all stages of your conversation)

Once you have established what the patient already knows, you can then begin to answer the particular queries they have or, when necessary, correct any misunderstanding or misinformation they have reported to you.

Although the criterion mentions 'initially' this doesn't just mean the start of the conversation. Whenever you start to discuss something the patient might have prior knowledge of, you will be expected to check what he/she already knows before proceeding with your explanation or response.



Is there evidence of our 3 healthcare professionals establishing what their patients already know?



Speech Pathologist

| Example

[00:01:23.38] “Hi, I’m Calina. I’m the speech pathologist that’s been working with your spouse and we’re here to discuss the results of an assessment... What, what kind of information are you looking for?”

- ➔ The Speech Pathologist gives a good example of this at the start of her conversation by asking the patient’s spouse what information about the patient’s assessment results is wanted, which will assist her to answer more effectively and efficiently



Nurse

| Example

[00:02:41.57] "Right. That sounds good. Er, do you know about the insulin?"

[00:02:46.58] Interlocutor "I've heard about it. The doctor did mention it."

- ➔ The Nurse, part way through her conversation, when she introduces the concept of self-injecting insulin to the patient, checks what the patient already knows and, from the patient's response, discovers that the patient has very limited information. This assists her to know that she needs to provide a detailed explanation



Doctor

| Example

[00:00:46.07] Interlocutor "Well, Um I had a mild heart attack two weeks ago and I've just been feeling really tired, I guess. And I'm a bit worried about what that means for me in the future."

[00:01:02.51] "I see. It's perfectly normal to feel worried at this stage. So let me reassure you. So I'd like to suggest to join a cardiac rehabilitation program which my hospital provide for outpatients."

- ➔ The Doctor does not evidence this criterion well. Near the start of the conversation when the patient mentions her worries about the future following a heart-attack, the doctor could have added, after the reassuring statement she made, a question about what the patient already knows

Instead of suggesting her patient join a cardiac rehabilitation program, the Doctor could have asked Can I ask what you were told about your recovery when you were discharged from the hospital?



Pausing periodically when giving information, using the response to guide the next steps

As mentioned at the start of the section for this criterion, an important part of how you give information to the patient or their relative is to understand that this information is new to them. Put yourself back in your student shoes when you were first learning about a particular healthcare diagnosis or the treatment requirements for a particular condition. It would have felt like a lot of new information to take in, right? You would have wanted the teacher to deliver this information relatively slowly using the indicators of providing structure which were covered in a previous criterion.

This is the same for your patient, and a helpful way to make receiving your information easier is by including pauses both when you are giving information and when you have reached the end of a piece of information, to give the patient a chance to respond or ask a question.

A pause is equivalent to an intake of breath. It can also be helpful as you make the pause to look at your patient because this also signifies, in conversational terms, that you are offering them the chance to say something. As we saw in the previous aspect of this criterion, when establishing what the patient already knows, giving the patient chance to respond by pausing, can then assist you to continue the conversation and provide the information they most want most effectively.

When pauses are not used well, it will be really obvious to the assessor. In these instances, the information feels out of control as more and more details are added without any check with the patient that they are understanding what is being said. The patient is also likely to indicate a problem through their body language e.g. their eyes might widen, their face might look anxious, they may make an attempt to interrupt you. It is important to take notice of such cues if you see them and to remember the importance of pausing to let the information process. In test terms, but also in real life, it would be better not to complete all of the tasks on the role card, than to complete everything but rush through the information in a way that the patient would struggle to understand it.





Nurse

| Example

[00:05:10] “And er I will be assisting you when you using the needle. It is er it is um alright. Um and also, I need you to um dispose the needle in a safe way, so we will provide you the container, which is a yellow container, and you need to dispose the needle in there in the in the yellow box.”

- It is most clear from the Nurse that she is thinking about time and has prioritised completing all of the set tasks over considerations about how she is giving information to the patient. We have already seen the impact of how she explains self-injecting insulin to the patient in other criterion but even after this, when trying to provide reassurance but also mention the final point on the task (the safe disposal of needles) the information all comes out in a rush with the patient only given a little break in the flow of information by the Nurse saying ‘um’ a couple of



Speech Pathologist

| Example

[00:04:33.82] “Um, Parkinson’s is is typically not going to change. ||| There’s no cure for Parkinson’s. ||| So it will progress ||| but there is lots there are lots of ways to help him keep communicating. ||| So the muscles will probably continue to deteriorate but there are lots of ways to help.”

- The Speech Pathologist, while never overloading the patient’s spouse with details in the way that the Nurse does, could also add some pauses to separate out what she is saying a little more, as in this example.
- Where pauses would have been helpful, ||| is shown.



Doctor

| Example

[00:05:31.09] “OK, I see because stress can cause heart attack. So control your mental is also important. So if you have, for example, something you like listening to music and hanging out with your friends, it’s important to your daily activities.”

[00:05:53.17] “Ok, and do you think that I will that the condition will make me an invalid for the rest of my life?”

- As has been mentioned before, the Doctor’s speech is already quite slow with pausing and her responses are never lengthy explanations. What she does do is pause at the end of what she has said and this allows the patient to add something they would like more detail about

Encouraging the patient to contribute reactions/feelings

Patient-centred care, which is the aim for healthcare in the UK, USA and Australia among other countries, should be a two-way conversation. It's not about you telling the patient what to do and expecting them to simply agree with you (as perhaps you are or have been used to in the past). It is important to know whether the patient is comfortable and in agreement with your recommendations or treatment plan. If they are, then compliance is much more likely making it also more likely that the healthcare outcomes you are aiming at can be achieved.

Therefore, you need to find out what the patient thinks and feels to information you have given them and, if they are not OK with your suggestion, to explore their reasons for this and to reach a negotiated agreement.

We looked earlier in Indicators of Relationship Building and in Appropriateness of Language that your tone is really important for clear communication. In the same way, the patient's tone can communicate to you how they are feeling and sometimes, the tone will not match the words they have used. For example, if they say 'OK' in a quick way with a confident sounding tone, you can accept that the patient is happy with what you have said. However, if they say 'OK' in a much more drawn out way [O'kay] with a doubtful tone, you know they are saying 'yes' but really meaning 'I'm not sure about this'. It's important to listen to both your patient's words and tone to check they create the same meaning OR, if not, to explore what may be concerning them.



Doctor

| Example

[00:01:23] "There is a physiotherapist and they will give you good advice for exercise and also about your daily activities. How does it sound?"

[00:01:35.81] Interlocutor "Well, I mean, it sounds good, but the the issue for me is that I'm not sure how much physical activity I'm meant to do, you know. I'm a bit worried about that."



The Doctor shows a good example of this aspect after she has recommended a physiotherapist to her patient, which gives the patient a chance to express her reaction to the plan and raise her concerns with it



Speech Pathologist | Example

[00:03:27] “Um and what what is what are your thoughts about um assistive technology?”

[00:03:33.16] Interlocutor “Well, it’s something I’m very unfamiliar with. I guess the problem with his speech is kind of a new thing. So, you know it’s it’s all very new to me. I don’t really know much about what the treatment options are or kind of what we can do. But, um yeah, I’m really open to sort of anything that can help”

- The Speech Pathologist also encourages the spouse of her patient to contribute their feelings about using assistive technology



Nurse | Example

[00:04:25] “And first injection I will give it to you so you can watch how I have used the insulin injection. And I’m sure after that you will feel bit confident with that. Is it sound good so far?”

[00:03:33.16] Interlocutor “I’m I’m still I’m still nervous to to be honest. Um, I I I know you’re doing you’re taking me through it, but I still I still just think I’m going to freak out, you know, when it happens that I’m going to get overwhelmed, I’m really, really still a bit worried. ”

- Finally, the Nurse also encourages her patient to share their feelings about her explanation of self-injecting insulin. In this conversation though, it is an example of too little too late because the Nurse has missed a number of cues about the patient’s fears (including a direct one before she started explaining the process, when the patient said she was very afraid of injecting insulin) so that when she finally does ask the patient to share their reaction, the patient does so with strong language



Checking whether the patient has understood information

You may think that you have been very clear when giving the patient information about their health or treatment options but the only way to be really confident about your clarity is to check. Even if you have used lay language and followed the other recommendations for giving information such as pausing and finding out what the patient already knows, this isn't a guarantee that they have followed the new information you have given them.

Here are some suggestions about how you can do this:

- ➔ Does that make sense?
- ➔ Do you feel comfortable with what I have told you?
- ➔ Is that clear?
- ➔ Do you understand?

Another approach you can take is to ask the patient to explain to you what they have understood from your explanation e.g. can I check your understanding by asking you to summarise what we have discussed?





Doctor

| Example

[00:02:54.35] “OK, because exercise will help decrease the lower cholesterol level and also lose your weight and strengthen your heart. So it’s very positive for your condition. Is that clear for you?”

[00:03:12.32] Interlocutor “Yeah, that’s very clear. Thank you.”

- The Doctor gives one example of checking her patient has understood after she has explained the importance of exercise.
- There are a couple of other explanations the Doctor gives (about diet and regular monitoring) which would have benefitted from similar checks of the patient’s understanding before continuing.



Speech Pathologist

| Example

[00:02:04.25] “Um, the causes of dysarthria are the weakening of articulatory muscles. Do you know what that means?”

[00:02:15.01] Interlocutor “Er, no”

[00:02:15.01] “So it means that the muscles that it takes to speak are getting weaker and it’s harder for him to um put them into action and to to form the sounds. ”

[00:02:25.96] Interlocutor “Ah, OK, right.”

- The Speech Pathologist makes use of a question to check the spouse’s understanding after using the technical term ‘dysarthria’



Nurse

| Example

As previously discussed, the Nurse misses opportunities during her explanation of self-injecting insulin to her patient to provide this information in a patient-centred way. Her use of ‘Is it sound good so far?’ could be seen as an example to check the patient’s understanding but the patient has already been expressing her concern well before this question was asked, so it’s not successful evidence of this indicator.

Discovering what further information the patient needs

This aspect is something most OET candidates feel very comfortable with. Simply, it means finding out if the patient has any questions or wants to know any additional information from that you have already provided.

While 'do you have any questions?' is a perfectly good way to do this, don't overuse the question and repeat it many times in the conversation. Doing so can have a couple of unintended negative results. Firstly, it can sound to the assessor that you have run out of things to say (the tasks should give you plenty of information to be able to keep the conversation going for 5 minutes) and to the patient like you are trying to finish the conversation and move on to your next patient. Secondly, it doesn't demonstrate that you have a range of options to use for this aspect. Like with anything, there is more than one way to discover if the patient requires further information.

Here are some more examples:

- ➔ Can I help you with anything else?
- ➔ Is there anything more you would like to know about...?
- ➔ Does that answer all of your questions?
- ➔ Would you be interested in a leaflet about...?
- ➔ Can you think of anything you'd like to ask me about...?



What examples can we see from our 3 healthcare professions?



Speech Pathologist | Example

The Speech Pathologist doesn't make any direct attempts to cover this aspect in her conversation with the patient's spouse so this would be an aspect for her to work on.



Doctor | Example

[00:07:04] "Do you have any questions?"

[00:07:06.70] Interlocutor "Um, no. I think those those are all the questions that I have."

[00:07:11.32] "Ok, so I will give you the leaflet about the patients after heart attack so you can read at home and if you have any questions, feel free to ask me."

- On the other hand, the Doctor asks the patient a couple of times if she has any questions and follows up the second response to this question by offering an information leaflet for the patient to read after their conversation



Nurse | Example

[00:02:30.02] "Do you have any question you like to ask me?"

[00:05:36.99] "Do you have any questions so far?"

- Likewise the Nurse also asks the patient a couple of times if she has any questions, slightly changing the question each time for some variety



Get Speaking test ready with these great resources

Courses:

- [OET Speaking Course](#)
- [Speaking clinical communication mini course](#)

Blog articles:

- [Prepare for speaking](#)



Notes

[illegible]

Ready to prove your English and achieve your dreams?

Book now at oet.com/test/book-a-test

Get in touch any time

AUS: +61 3 8656 3963

USA: +1 855 585 0125

UK: +44 1202 037333

OET

PO Box 16136 Collins St West

Melbourne VIC 8007

Australia

Visit us at: oet.com