

The Ultimate Guide to the OET Speaking Sub-test

Clinical Communication Criteria





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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 OET 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.

Introducing the five Clinical Communication Criteria



1. Relationship Building



2. Understanding and Incorporating the Patient's Perspective



3. Providing Structure



4. Information Gathering



5. Information Giving



What will the outcome be of an OET Speaking Test?

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

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

Note:

To be clear, the Clinical Communication Criteria are language-based - they will not evaluate your medical knowledge.

1. 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 a number of ways to develop rapport which are covered by this criterion:

1 Initiating the interaction appropriately

3 Adopting a non-judgemental attitude

2 Demonstrating an attentive and respectful attitude

4 Showing empathy

Initiating the interaction appropriately

Initiating an interaction appropriately means getting the role play off to a good start. 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:

Where is the conversation taking place?

The setting to your conversation

- Are you visiting the patient at home, 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.]

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

The background to the situation

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

[If meeting for the first time, introductions will be 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 - simply start with task one and the findings of your examination.]

What do you know about how the patient is feeling?

Any emotional factors

- Does their background information give you any clues as to their emotional state? Perhaps they are frustrated from waiting, or anxious about possible bad news.

[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.]

Why are you having this conversation?

The nature of the conversation

- Are you providing advice, test results, or a diagnosis?
- Are you offering 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. Keep the audios open so you can access them in the following chapters.

Doctor Audio

 Listen here

Nurse Audio

 Listen here

Speech Pathologist Audio

 Listen here

Steps for listening to the audio with the examples:

- 1 | Match the profession audio above with the profession in the examples to hear the relevant audio.
- 2 | Use the time stamps in each example to find the right part in the audio for each example. For example, open the Doctor audio and find 0:32 (from the Doctor example) in the audio.

Example 1

The Doctor is seeing a patient recovering from a mild anterior acute myocardial infarct.

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.

Doctor: [00:00:32.57]
Good afternoon. My name is Rico, I'm a doctor on duty today. May I confirm your name?

Interlocutor: [00:00:39.56]
Certainly. My name is Sally.

Doctor: [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 him/her already, they could have acknowledged the patient’s concerns in place of this question.

Example 2

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.

[00:00:33.07]

Nurse:

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.

Example 3

The Speech Pathologist is speaking to the spouse of one of her patients about a recent assessment that 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]

Speech Pathologist:

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 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 also 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 through the use of 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 very 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. In patient-centred care, their feelings and opinions should be invited, accepted and, if necessary, explored and modified.

Example 1

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 impact this has on the spouse themselves.

Interlocutor: [00:02:43.66]
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.

Speech Pathologist: [00:02:55.27]
Especially out with multiple people, the volume level's up for everybody and he doesn't get to express himself. *That must be hard for you, too.*

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

Example 2

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.

Reminder:

Listen to the matching audio found on page 8.
[Click here](#)

Doctor: [00:04:06.44]
OK, diet is very important. What do you eat regularly?

Interlocutor: [00:04:14.60]
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.

Doctor: [00:04:27.86]
Mmm. OK, I see. Yeah, but fatty and oily food, well, it's not good for your health.

Example 3

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*.

Interlocutor: [00:01:24.35]
Sure. Um, so I guess I think I have a pretty normal diet. 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 and three veg for dinner.

Nurse [00:01:53.39]
I see. What I'm **suspecting** is that you have been taking sugar, as you mentioned, you are taking sweet biscuits 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 low fat and sugar free*. So this will really, really help you to maintain your diabetes levels.

Adopting a non-judgemental approach

This aspect is directly linked to the previous one 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 main 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-judgemental about:

1 Preference for a particular treatment path, i.e. antibiotics, non-surgical/medicinal options

3 Poor diet/exercise

2 Reluctance to change lifestyle factors/current routines

4 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 of them 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-judgemental 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 judgemental 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 an individual.

Example 1

The Speech Pathologist heard the patient’s spouse say that socialising is difficult at the moment because 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.

Speech Pathologist: [00:05:08.28]
Very understandable. Yeah, 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.*

Example 2

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*.

Reminder:

Listen to the matching audio found on page 8.
[Click here](#)

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

Example 3

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.

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

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

Interlocutor: [00:03:31.43]
Oh!

Nurse: [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.

Interlocutor: [00:04:03.38]
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.

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

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



2. 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.

In particular, they will assess how you:

1 Elicit (ask) and explore the patient's views

2 Pick up on the patient's cues

3 Relate your explanations to the patient's views.

Note: Points 1 and 3 of what assessors are looking for are linked, so they will be covered together.

Elicit and explore the patient's views - and relate your explanations to 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 cards give you clues as to when this is expected. For example:

1. Find out

3. Confirm

2. Explore

4. 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 will help you personalise the information for your patient.

Ask ► Listen ► Respond/Explore further ► Listen ► Explain/Reassure Include the patient's views

How did our three professionals do at these elements?

Reminder:

Listen to the matching audio found on page 8.

[Click here](#)

Example 1

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

Nurse	[00:01:16.36] Okay, I understand that. Could you tell me a bit more about your diet? Er, what kind of diet you have been taking?
Interlocutor:	[00:01:24.35] Sure. Um, so I guess I think I have a pretty normal diet. I like to have, you know, <i>baked beans</i> 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 <i>sweet biscuit</i> and tea and then, you know, just normal sort of, you know, meat and three veg for dinner.
Nurse:	[00:01:53.39] I see. What I'm suspecting is that you have been taking sugar, as you mentioned, you are taking <i>sweet biscuits</i> and you are taking <i>breakfast in the morning</i> , which was <i>sandwiches and beans</i> . I believe they are high in sugar and it is very important for you to just take diet - which is low fat and sugar free. So this will really, really help you to maintain your diabetes levels. Is that clear for you?

Example 2

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 gives.

Doctor:	[00:00:41.66] Sally, nice to meet you. How can I help you today?
Interlocutor:	[00:00:46.07] Well, um, <i>I had a mild heart attack two weeks ago</i> and I've just been feeling really tired, I guess. And <i>I'm a bit worried about what that means for me in the future</i> .
Doctor:	[00:01:02.51] I see. <i>It's perfectly normal to feel worried at this stage</i> . So let me reassure you. So I'd like to suggest joining a cardiac rehabilitation program which my hospital provides for outpatients.

Example 3

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

Speech Pathologist:	[00:03:27] Um, and what are your thoughts about, um, assistive technology?
Interlocutor:	[00:03:33.16] 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 all very new to me. <i>I don't really know much about what the treatment options are or kind of what we can do</i> . But, um, yeah, I'm really open to sort of anything that can help.
Speech Pathologist:	[00:03:51.76] Yeah. <i>So a full assessment of his needs right now</i> , um, and his capabilities right now will go into fitting him for technology that will work. And <i>then you guys can pick what works best for the two of you</i> .

To make this an even stronger response, the Speech Pathologist could have directly acknowledged what the spouse said. For example, "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 from a patient can either be visual or audible, but will often be both. They may show their feelings on their face

(shock, disagreement, fear, happiness), and accompany those feelings with a word, phrase or statement. Noticing cues is very important - missing them could increase a patient's discomfort or confusion, which may then cause you difficulties as you try to repair the situation.

Examples of Positive Cues

- I see what you're saying
- Right
- That's clear

Examples of Negative Cues

- But...
- Mmm
- Oh!

[These show the information you have given a patient has been understood.]

[These show the patient has doubts or concerns about the information.]

Example 1

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 has become increasingly anxious.

Nurse:

[00:02:49.76]

Ok. And have you ever used insulin injections?

Interlocutor:

[00:02:53.78]

No, no. **I'm very afraid of, um, injecting insulin.**

Nurse

[00:02:57.54]

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

Interlocutor:

[00:03:31.43]

Oh!

Nurse

[00:03:31.85]

So do not worry, I will explain to you how to correctly use the needle to your skin. So, you have to just prick your subcutaneous layer at 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 do have a headache or dizziness, I suggest you immediately seek a doctor's advice.

Interlocutor:

[00:04:03.38]

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.**

Example 2

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

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

Speech Pathologist: [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 that she recognised that what she's describing must be difficult. She follows up with a question to find out how it is making the spouse feel.

Example 3

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.

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

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

Doctor: [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...".

3. Indicators of Providing Structure

The third criterion that OET assessors will use to score you is Indicators of Providing Structure.

There are three indicators that you will need to show:

- 1** Sequencing (arranging) the interview purposefully and logically
- 2** Signposting changes in topic
- 3** Using organising techniques within explanations.

Sequencing the interview purposefully and logically

This indicator has two parts that you will need to consider, both contained in the title: 'purposefully' and 'logically'.

This is a real-life skill that you will need in any healthcare workplace. During conversations with a patient or their relative, it is up to you - the healthcare professional - to start and manage the discussion. You will typically decide when to move onto the next topic once the first has been sufficiently covered. Employers in the healthcare sector will expect you to be efficient

- unlimited time is, unfortunately, not available in most healthcare settings.

Of course, you can't rush, either. You must learn to balance ensuring a patient feels heard and informed with the time you have available for the conversation. As such, preparing for the OET Speaking Test is a great way to train for this element of your work. To support you, the series of tasks on your card outline what you should discuss with each patient. It is your responsibility, though, to manage the five minutes available to you by allocating the time you spend on each task.



Exercise: Learning to manage your time in a conversation

To manage your time effectively, it can be useful during preparation to quickly analyse each task and allot an amount of time to spend on it.

To make this decision, you'll need to consider the complexity of the task in terms of the information you will need to provide, and whether you expect the patient to have many questions or difficulties understanding.

Here are some examples:

Task	Time Requirements
Find out what further information you need.	As little as less than a minute, requiring just a simple question and answer.
Advice on other appropriate activities (e.g. walking, swimming) and then check to see how the patient feels about the suggestions.	Up to a minute. It's simple information to provide, although the patient will likely have questions. It should not lead to a lengthy debate.
Describe specific leg strengthening exercises suitable for your patient.	One to one and a half minutes. 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.	One and a half minutes or more. Convincing a patient of something means they may not agree immediately, you will need to provide further explanation as to why this treatment is right for them.

1 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.

2 To be 'logical'

You must follow 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 the interlocutor uses. Try to cover off each task before moving on to the next one - so there is no need to return back to old topics afterwards (unless required because of a patient question).



All three of our example health professionals have been successful at managing the time in their role play and moving through the tasks logically.

The Nurse and Speech Pathologist have shown more purpose by clearly moving the conversation forwards onto the next task. The Doctor, however, often moves forwards based on a question asked by the patient - rather than because they themselves have indicated that it is time to move on.

Example

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

Reminder:

Listen to the matching audio found on page 8.

[Click here](#)

Doctor: [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?

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

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

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

Signposting changes in topic

To move a conversation forwards effectively, you will need to make it clear to the patient that you are doing so - especially when changing topics to discuss 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."	"Is it OK if we come back to that?"
<i>[Indicating the end of one topic and the start of another.]</i>	<i>[Indicating that you have heard the patient's question but it's not a priority at this point in the conversation.]</i>
"Can we talk about..."	"Is it OK if we move on?"
<i>[Indicating the start of a new topic.]</i>	<i>[Indicating you feel the topic is complete and are seeking confirmation that the patient feels the same.]</i>

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

Example 1

The Speech Pathologist doesn't make use of signposting words or phrases, instead starting most of her statements or questions with "um", including in the example below. "Um" can act the same as a signpost but it doesn't make the speaker sound confident, or professional. One of the above-mentioned examples would have been better.

Speech Pathologist:

[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 in his speaking.

Example 2

Equally, the Nurse uses **less confident/professional-sounding signposts** to indicate a change in topic. She also sounds a little flustered because she has realised she needs to change topic.

Nurse:

[00:05:14] *It is err, it is, um, alright. Um and also,* I need you to, um, dispose of 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 yellow box.

Example 3

As mentioned previously, the Doctor wasn't particularly purposeful in her role play, meaning that the patient was often moving the conversation forwards 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 help a conversation with a patient progress smoothly. Organising your ideas within an explanation 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 professional's work. You might need to explain...

1 Why a particular treatment is necessary.

3 How to use a piece of healthcare equipment.

2 Why the treatment pathway the patient is requesting is not suitable for their healthcare needs.

4 How to follow a healthier lifestyle, etc.

But, explanations can be long and contain a lot of new information for the patient or their relative. This could make them confusing, or make the patient feel anxious about whether they will remember all of the details.

There are some simple techniques you can use to make explanations more successful. These include:

1. Chunking (splitting) information into smaller chunks that are easy to remember, e.g. the steps of a process
2. Pausing between pieces of information to allow the patient time to understand each before moving on to the next
3. Checking with the patient as you provide the explanation, to ensure they understand what you're telling them
4. Using organisational language, e.g. "firstly", "then", "the final thing...", etc.
5. Using highlighting language, e.g. "critical", "essential", "must", "mustn't", etc.
6. Providing a summary, or asking the patient to provide a summary, at the end of an explanation (we will cover this more in the criterion Indicators for Information Gathering).

Remember:

Although you may have given this explanation many times before, it is likely the first time your patient has 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. This can reduce the mental strain on the patient, and lead to better healthcare outcomes.



Example 1

The Nurse needs to explain to her patient how to self-inject insulin. She covers a number of steps fairly quickly, without taking into account the patient's fears. Using the organisational techniques mentioned above (as well as lay language) would have made this explanation more successful.

Reminder:

Listen to the matching audio found on page 8.

[Click here](#)

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

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

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

Interlocutor: [00:03:31.43]
Oh!

Nurse: [00:03:31.85]
So do not worry, I will explain to you how to correctly use the needle to your skin. So, you have to just prick your subcutaneous layer at 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 do have a headache or dizziness, I suggest you immediately seek a doctor's advice.

Interlocutor: [00:04:03.38]
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.

Example 2

The Doctor needs to explain the importance of exercise to the patient for their post-heart-attack recovery. Her speech is quite slow and carefully delivered, meaning that different parts of the information are clear to the patient. She also allows space for the patient to request clarification.

Interlocutor: [00:04:49.55]
I'm not sure how much physical activity I'm meant to do, you know. I'm a bit worried about that.

Doctor: [00:01:46.49]
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.

Interlocutor: [00:02:13.04]
OK, and I guess I want to know how much is advisable because I'm worried about there being a relapse. So if I walk every day, is that too much?

Doctor: [00:02:30.17]
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?

Interlocutor: [00:02:43.10]
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.

Doctor: [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?

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

Example 3

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

Speech Pathologist: [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 and it looks like it's been progressing.

Interlocutor: [00:02:04.25]
Mmm, mmm.

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

Interlocutor: [00:02:15.01]
Er, no.

Speech Pathologist: [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 put them into action, and to form the sounds.

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

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

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

4. Indicators for Information Gathering

The fourth Clinical Communication Criterion covers the way that you collect information from the patient, or their relative.

There are five aspects within this criterion that assessors will focus on when scoring your speaking:

Note:

There is a lot of detail provided within each of the below five aspects. Blue text has been used to make the most important words stand out.

1 Facilitating the patient's narrative with **active listening techniques**, minimising interruption

4 **NOT** using compound questions/leading questions

2 Using initially open questions, appropriately moving to **closed questions**

5 **Clarifying** statements which are vague or need amplification

3 **Summarising** information to encourage correction/invite further information.

Active listening techniques

How do you show someone that you're listening to them? In particular, how do you show that you are listening on an audio recording, which is what the OET assessors use to score your Speaking Test?

There are a number of ways you can do this. They will not only show your patient that you're listening to them, but can encourage them to keep talking to you so you hear, in their own words, the situation that they are describing. This is highly important - interrupting your patient may mean you miss important details, which could impact the rest of the conversation and any decisions you make about their treatment.

Active listening techniques are easy, and could be something you do already when speaking with patients. Here are some examples:

- | | |
|----------|---|
| 1. Mmhmm | 4. Go on... |
| 2. OK | 5. Oh dear (when the patient expresses something sad or difficult). |
| 3. I see | |

As you can see, an active listening technique is a small expression which you can include when the patient pauses in their description or explanation. It shows you are paying attention, but doesn't interrupt them from continuing.

What about body language?

In real life, body language is a great means of showing active listening: Look at your patient, tilt your head slightly to one side, nod or shake your head, or use facial movements.

Of course, these will not show up in the audio recording of your Speaking Test. But, you can still use them to help you feel that this is a real conversation. It will also better prepare you for an English-speaking healthcare workplace.

Active listening through responding and rephrasing

During a conversation, consider also responding to what the patient has just said by repeating or rephrasing their words. This is a third way to show active listening, as it proves that you heard what they said - and understood.

Some candidates find this more difficult. They move on to their next topic without making an appropriate response. However, this could feel uncomfortable to the patient.

Here are some examples of what to do and what not to do to show this type of active listening:

What the Patient Says	Appropriate Response	Inappropriate Response
"I've been busier at work and am finding it harder to sleep at night."	"Yes, those two things are often linked: being busier and having poor sleep."	"What is your diet like?" <i>[This is a totally different topic.]</i>
"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." <i>[Doesn't respond to the patient's concern.]</i>



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

Example 1

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 patient's concern/topic rather than using more **vague words**.

Reminder:

Listen to the matching audio found on page 8.

[Click here](#)

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

Doctor: [00:03:12.32] I see. OK, let me explain about it. [*“...about getting back to work” would have been better.*]

Example 2

Similarly, the Speech Pathologist could have been more specific in her responses to what the spouse of her patient has just said. She has used **very simple responses** in this example:

Interlocutor: [00:03:49] I'm really open to sort of anything that can help.

Speech Pathologist: [00:03:51.76] Yeah. So a full assessment of his needs...

Example 3

The Nurse overuses the phrase “I understand your concerns” in her role play, but does attempt to show empathy and actively listen in this response:

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

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

Using initially open questions, appropriately moving to closed questions

Asking questions is one of the most important tools for a healthcare professional. Each day at work you must ask literally hundreds of questions to find out what's going on and help your patients develop a treatment plan. For this reason, it's crucial that you can ask questions using accurate English.

Many candidates find they have some bad habits in their English when asking questions. This comes from not realising they are making a mistake. To check if you have any such bad habits, 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. It may be hard to change old habits, so you must be vigilant to use the correct form until it becomes your new habit.

'Open' and 'closed' questions

The main focus of this aspect of Information Gathering is your use of 'open' and 'closed' questions specifically. So what's the difference?

In general:

1 Open questions invite the patient to provide as much information as they can to you, in their own words.

2 Closed questions typically require just a very short answer: Yes, no, here, yesterday, etc.

Have a look at these examples:

Open Questions

- "Can you tell me about your symptoms?"
- "How can I help you today?"
- "How are you feeling about my suggestions?"

Closed Questions

- "Where is the pain?"
- "Have you ever been given a general anaesthetic?"
- "Do you have any questions?"

It is appropriate at the start of a conversation with a patient to hear their own words by asking open questions. What has brought them in to see you today? How are they feeling? What is worrying them? And so on.

Once you have heard their answers, closed questions will be a useful way of collecting more specific detail, such as checking if they understood the information they have been given.

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

Example 1

The Nurse starts with two **open questions** and then, later, moves on to use *closed questions*.

Nurse: [00:00:49]
And, err, **would you like to tell me about your diabetes level?**

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

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

Example 2

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

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

Doctor: [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?*

Example 3

The Speech Pathologist, as a part of her opening to the conversation, asks a closed question followed by an open question. This could be because she realised the first question wasn't open enough and so corrects her error. It may also be an example of 'compound questions', which we'll look at next...

Reminder:

Listen to the matching audio found on page 8.

[Click here](#)

NOT using compound questions/leading questions

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

So what are they?

1 Compound question:

Asking more than one question before giving the patient a chance to answer. The problem with these is that the patient won't know which question to start with, or may not give full answers to each question - meaning you miss important details.

2 Leading question: Suggesting the answer to the patient in the question you ask. The problem here is that you are not hearing the patient's own opinion - they are simply agreeing or disagreeing with yours. Leading questions should be rephrased to avoid including your suggestions.

Here are some examples:

Leading Question

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

Rephrased Question

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

Example 1

As mentioned earlier, the Speech Pathologist starts with compound questions - she should have avoided this and asked just one question at a time.

Speech Pathologist:

[00:01:30]

How much information, um, do you want today? What kind of information are you looking for?

Example 2

The Nurse does something similar at the start of her own conversation.

Nurse:

[00:01:16.36]

Okay, I understand that. Could you tell me a bit more about your diet? Err, what kind of diet have you been taking?

Example 3

The Doctor does not use compound questions or leading questions.



Clarifying statements which are vague or need amplification

As we have mentioned, this criterion is all about showing you are listening to the patient or their relative.

Sometimes, what they tell you may be insufficient to fully understand the situation. This could be because it wasn't specific enough, or didn't give you as much detail as you needed.

To manage this, you will need to ask the patient to clarify what they have said by asking them for more details.

Common topics patients may be vague about include:

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

There are a number of reasons a patient may be vague when they talk to you. They include:

1. Poor memory
2. Embarrassment
3. Fear of criticism
4. Pain preventing the retrieval of information.

If you haven't got the information you need from a patient, don't worry about asking further questions to gain it. The more you know, the better help you can offer. But, consider also why the patient might possibly be concealing information and show empathy for this, if needed.

Example 1

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

Interlocutor:	[00:01:02] And, um, 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.
Nurse:	[00:01:16.36] Okay, I understand that. <i>Could you tell me a bit more about your diet?</i>

Example 2

The Speech Pathologist does not ask the spouse of her patient for any clarification. It is possible that this won't be necessary in every role play; however, you're likely to use all of the indicators in at least one of your two role plays making up your test.

Reminder:

Listen to the matching audio found on page 8.

[Click here](#)

One instance where the Speech Pathologist could have asked for clarification was when the spouse mentioned her lack of knowledge of treatment options using **quite vague language**. Clarification may have helped the Speech Pathologist find out exactly what the spouse was aware of in terms of treatment options.

Interlocutor:	[00:03:43] 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.
----------------------	--

Example 3

Similarly, the Doctor doesn't ask her patient to clarify anything. There are a couple of instances where she could have enquired further to gain a more detailed understanding of her patient's current exercise habits/preferences, or the frequency that she consumes her favourite foods:

Interlocutor:	[00:01:35.81] Well, I mean, it sounds good, but 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.
----------------------	---

[Here the Doctor could have asked: "How much exercise do you usually like to do?", or, "What exercise do you like doing?"]

Interlocutor:	[00:04:14.60] 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.
----------------------	---

[Here 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

Finally, one more means of clarifying information is to summarise what you have heard to allow your patient to correct your understanding, or provide further details.

Contrary to what you may be thinking, this isn't about providing a whole outline of what you have discussed during the course of your conversation (although this is something you can do). Instead, it's a way of checking what you heard.

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

1. "From my understanding ... *Is that correct?*"
2. "From what you have told me ... *Would you say there was anything else to add?*"
3. "To summarise what you said ... *Would you agree?*"

The important point from these last two aspects (asking clarifying questions and summarising information) is that you never just passively receive information. You are expected to confirm your understanding and request further detail to ensure you have an accurate picture of your patient's healthcare needs.

Example 1

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.

Interlocutor: [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.

Doctor: [00:07:03.40]
Yes.

Example 2

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 for the patient to correct or provide extra detail, e.g. "Is that right?"

Nurse: [00:01:53.39]
I see. What I'm suspecting is that you have been taking sugar, as you mentioned, you are taking sweet biscuits and you are taking breakfast in the morning, which was sandwiches and beans.

Example 3

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

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

Speech Pathologist: [00:01:47.50]
Ok, um, so we found that he has dysarthria.



5. Indicators for Information Giving

The final Clinical Communication Criterion that you will need to learn is Indicators for Information Giving - or in other words, your ability to 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:

Note:

There is a lot of detail provided within each of the below five aspects. Green text has been used to make the most important words stand out.

1 | Establishing initially what the patient already knows

4 | Checking whether the patient has understood information

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

5 | Discovering what further information the patient needs.

3 | Encouraging the patient to contribute reactions/feelings



Establishing what the patient already knows

Healthcare professionals speak to patients at different stages of their healthcare treatment.

As such, they may have already heard some information about their condition or treatment pathways before speaking to you (whether it

came from another healthcare professional, a friend, or the internet).

It's therefore important when providing the patient with information that you check what they already know. This could be at the beginning of the conversation, or even during - whenever a new topic comes up that the patient may already be aware of.

There are a few reasons for doing this:

1. To avoid repeating information that the patient already has
2. To avoid contradicting any information the patient has previously been given by another healthcare professional
3. As an important means of demonstrating patient-centred care.

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

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

Example 1

The Speech Pathologist gives a good example of this at the start of her conversation. She asks the patient's spouse what information she wants from the patient's assessment - which will assist her to answer more effectively and efficiently.

Reminder:

Listen to the matching audio found on page 8.

[Click here](#)

Speech Pathologist: [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 do you want today? What kind of information are you looking for?

Example 2

The Nurse checks what the patient already knows when she introduces the concept of self-injecting insulin. From the patient's response, she discovers that they have very limited information. This assists her to know that she needs to provide a detailed explanation.

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

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

Example 3

The Doctor does not show 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 a question about what the patient already knows.

Interlocutor: [00:00:46.07]
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.

Doctor: [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 joining a cardiac rehabilitation program which my hospital provides for outpatients.

[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 we've mentioned, it's important to understand that the information you may be giving a patient or their relative could be new to them.

Think back to when you were a student first learning about a particular healthcare diagnosis, or the treatment required for a particular condition. It would have felt like a lot of new information to take in, right? You would have probably wanted the teacher to deliver the information relatively slowly, using Indicators of Providing Structure.

This is the same for your patient.

Adding pauses to your conversation

Including pauses both when you are giving information and when you have reached the end of a piece of information gives the patient a chance to respond or ask a question.

A pause is the equivalent of taking a breath. It can also be helpful, while you pause, to look at your patient. This signifies, in conversational terms, that you are offering them the chance to say something. As we saw in the previous aspect of this criterion (establishing what the patient already knows), giving them a chance to respond can assist you to provide the information they most want.

Pausing in your OET Speaking Test

It will be obvious to your assessor when pauses are not used well. In these instances, the conversation will feel out of control as more details are added without any check with the patient to ensure they understand what you're saying.

The patient is also likely to indicate that there's a problem by using their body language, i.e. their eyes might widen, or their face looks anxious. They may make an attempt to interrupt you. Try to take notice of such cues so you remember to pause and let the patient process the new information.

In test terms, it would be better to not complete all of the tasks on the role card than to complete everything in a big rush, in a way the patient struggles to understand.

Example 1

It is clear that the Nurse is thinking about time, and has prioritised completing all of the set tasks over considering how well her patient is taking it all in. When trying to provide reassurance and mention the final point on her task (the safe disposal of needles), the information all comes out in a rush. The patient only receives a break because the Nurse stops to say "um" a couple of times.

[00:05:10]

Nurse:

And, err, I will be assisting you when you are using the needle. It is err, it is, um, alright. Um and also, I need you to, um, dispose of 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 yellow box.

Example 2

The Speech Pathologist, while never overloading the patient's spouse with details, could also add some pauses to separate what she is saying. See in this example, where pauses may have been helpful - indicated by [p].

[00:04:33.82]

Speech Pathologist:

Um, Parkinson's is typically not going to change. [p] There's no cure for Parkinson's. [p] So it will progress, [p] but there are lots of ways to help him keep communicating. [p] So the muscles will probably continue to deteriorate but there are lots of ways to help.

Example 3

As has been mentioned before, the Doctor's speech is already quite slow, and her responses are never lengthy. She pauses at the end of what she has said, allowing the patient to add something they would like more detail about.

[00:05:31.09]

Doctor:

OK, I see. Because stress can cause a heart attack. So, controlling your mental health 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]

Interlocutor:

Ok, and do you think that the condition will make me an invalid for the rest of my life?

Encouraging the patient to contribute reactions/feelings

Patient-centred care 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. It is important to know whether the patient is comfortable in the

agreement. If they are, compliance is much more likely, making it also more likely that they will achieve the healthcare outcomes you have planned for them.

So, you must find out what the patient thinks and feels about the information you have given them. If they are not OK with your suggestions, you will need to explore the reasons for this and reach a negotiated agreement.

Think about tone of voice

A patient's tone of voice may not always match their words. For example, if they say "OK" quickly and with confidence, you can accept that they are happy with what you have said.

However, if they say "OK" in a more drawn out way with a doubtful tone, you know they are saying "yes" but really meaning "I'm not sure about this". Try to listen to both your patient's words and tone to check that they match, or, if not, to explore what may be concerning them.

Example 1

The Doctor shows a good example of this aspect. After she has recommended a physiotherapist to her patient, it gives them a chance to express their reaction and raise concerns.

Doctor:	[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?
Interlocutor:	[00:01:35.81] Well, I mean, it sounds good, but 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.

Example 2

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

Speech Pathologist:	[00:03:27] Um, and what are your thoughts about, um, assistive technology?
Interlocutor:	[00:03:33.16] 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 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.

Example 3

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 cue before she started explaining the process, when the patient said she was very afraid of injecting insulin). When she finally does ask the patient to share their reaction, the patient does so with **strong language**.

Nurse:	[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 a bit confident with that. Is it sound good so far?
Interlocutor:	[00:04:37.94] I'm still nervous to be honest. Um, I know you're taking me through it, but 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.

Reminder:

Listen to the matching audio found on page 8.

[Click here](#)



Checking whether the patient has understood information

You may believe that you have been very clear when giving a patient information about their

health or treatment options, but the only way to be confident is to check.

Even if you have used lay language and followed the other recommendations in this guide, it isn't guaranteed that your patient followed the new information and understood.

Here are some suggestions about questions to ask:

- | | |
|---|-------------------------|
| 1. "Does that make sense?" | 3. "Is that clear?" |
| 2. "Do you feel comfortable with what I have told you?" | 4. "Do you understand?" |

There's also another approach you can try. Once you have delivered your information, ask the patient to explain back to you what they have understood. For example, "Can I check your understanding by asking you to summarise what we have discussed?"

Example 1

The Doctor gives **one example** of checking her patient has understood. It comes after she has explained the importance of exercise.

Doctor: [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?**

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

That said, there are a couple of other explanations the Doctor gives (about diet and regular monitoring) which would have benefitted from similar checks before continuing.

Example 2

The Speech Pathologist makes use of **a question** to check the spouse's understanding after using the technical term 'dysarthria'.

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

Interlocutor: [00:02:15.01]
Er, no.

Speech Pathologist: [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 put them into action, and to form the sounds.

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

Example 3

As previously discussed, the Nurse misses opportunities during her explanation of self-injecting insulin 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. Therefore, it's not successful evidence of this indicator.

Discovering what further information the patient needs

This last aspect is one that most OET candidates feel very comfortable with. Simply, it involves finding out if the patient has any questions or wants to know any additional information.

“Do you have any questions?” is a perfectly good way to do this. But, don’t overuse the question in one conversation. Doing so can have a couple of unintended negative results:

1. It may sound to the assessor that you have run out of things to say, or to the patient like you are trying to finish the conversation and move on to the next patient
2. Additionally, 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 examples to try:

“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?

Example 1

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 something for her to work on.

Example 2

The Doctor asks the patient a couple of times if she has any questions, and follows up the second response by offering an information leaflet for the patient to read.

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

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

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

Example 3

Likewise, the Nurse asks the patient a couple of times if she has any questions. She also slightly changes the question each time for variety.

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

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



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