

Divine Associates

OET

**THE
SPEAKING TEST**



**BY Divine Training
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Speaking Introduction

Section Overview

The OET Speaking Test is a face-to-face examination, between an interlocutor and you. Your Speaking Test will be specific to your healthcare profession; in this book, we will cover medical and nursing topics. In the Speaking Test, you will complete two role-plays, where you take the role of the healthcare professional, and the interlocutor takes the role of the patient, the carer or family member of the patient.

SPEAKING STRATEGIES

- Treat the role-play as if you were with a real patient. Allow time to establish a relationship with the patient and ask for relevant information.
- Remember that the assessor is testing your ability to communicate effectively with patients in English; they are not testing your medical knowledge.
- Pay attention to the type of information you need to communicate to the patient, and adjust the way you communicate this information for different situations. If the patient is being given bad news, for example, you should show empathy and kindness.
- Don't memorise long answers. Anything the assessor thinks has been memorised will not be assessed.
- Use varied vocabulary which matches the needs of the patient and the context of the role-play. You need to show you can communicate with the patient in a variety of ways.
- Speak loudly, clearly and confidently so the interlocutor can hear you.
- Pronounce words as clearly and correctly as possible.
- Vary your intonation - your voice should rise and fall as a native speaker's would.
- Read the role-play card carefully, so you do not misunderstand or miss out on any of the topic or bullet points.
- Make brief notes for each point on the card. Include ideas and examples, but not full sentences.
- Try not to be nervous. Take a deep breath, smile and make eye contact as you begin your speaking task. While eye contact is not assessed, it can help you to feel more confident.
- Underline key words and phrases on the card, to assist you with the role-play.
- Don't be afraid to ask the interlocutor to clarify anything on the role-play card which is unclear. This can include the meaning or pronunciation of vocabulary and the context of the role-play. Ensure that any questions are asked before the role-play begins.

The Speaking Task

INTRODUCTION

The Speaking Test will take approximately 20 minutes. You will complete 2 role-plays, and will talk to the interlocutor for 5 minutes during each role-play. You will have 2 to 3 minutes to prepare for your role-play, using your role-play card before each role-play begins.

We will outline criteria that will be used to assess your Speaking Test in this chapter. When completing speaking tasks, make sure to keep the criteria provided in mind, and try to demonstrate your abilities in each individual section. We will give examples for how these criteria could be addressed in the speaking exam, however, we do not advise students to try to memorise these examples, or attempt to reproduce them word for word on Test Day.

Strategies

Getting ready to speak

The first step in the Speaking Test is to familiarise yourself with the role-play card. You will only be given one role-play card at a time, and you will not be given the interlocutor's role-play card. Be aware that the interlocutor's card will include information that is not included in your role-play card, so the card you are given will not fully prepare you for everything the patient will say, though it should give you a good idea of the outline that the conversation will take.

Below are two role-play cards. One is a Medical role-play, and the other is a Nursing role-play. Select the most appropriate role-play card, and use it to work through the following strategies.

MEDICAL TASK

CANDIDATE CARD NO. 1	MEDICINE
SETTING	General Practice
DOCTOR	A 44-year-old has been referred to your clinic due to high cholesterol and hypertension. They are frustrated about attending today.
TASK	<ul style="list-style-type: none">• Find out what the patient thinks the purpose of the visit is today.• Explain the implications of high blood pressure and cholesterol on current and future health (e.g. strokes, heart attacks, kidney damage, etc).• Discuss cholesterol lowering drugs and anti-hypertensives and explain their benefits.• Find out about the patient's lifestyle (e.g. smoking and drinking habits) and advise the patient on how to improve his/her health (e.g. reducing smoking and alcohol consumption, joining a support group or seeing a counsellor, increasing exercise, etc.).

NURSING TASK

CANDIDATE CARD NO. 2	NURSING
SETTING	General Practice
NURSE	A 67-year-old patient who has had hypertension with no known cause for many years has come in for a follow-up appointment. His/her blood pressure is moderately elevated today and he/she appears anxious.
TASK	<ul style="list-style-type: none">• Find out if the patient has had any issues complying with the medications or exercising/eating healthily.• Explain the importance of medications for blood pressure control.• Discuss lifestyle changes that the patient can make to reduce their blood pressure (e.g. take the medications as prescribed, increase exercise, and eat a healthier diet, etc.).

Who is the patient?

The first thing you should identify is the type of patient you are going to talk with. Role-play cards will inform you of the key details about the patient and the reason for their appointment. You may also be told about the patient's emotions. You should take all of these pieces of information into consideration, and plan your approach accordingly. For example, if a patient is nervous or worried about a procedure, you will need to offer them reassurance.

Exercise

Match the following 3 patient descriptions with the most appropriate approach.

1. An 83 year old needs an MRI scan, and seems confused.
2. A 56 year old has terminal cancer, and is extremely upset.
3. A 24 year old has a viral infection and is impatiently requesting treatment.

Listen to what they have to say and find out what the patient wants to know.

Explain carefully, perhaps multiple times, while checking for understanding throughout the explanation.

Briefly outline the options available and recommend the optimal course of action.

Look at the description of your patient in the role-play card on the previous page. Take 30 seconds to consider how to best complete the tasks in bullet points and make brief notes below. Think about the language required to check for understanding.

What do you need to find out?

Next, look at the bullet pointed tasks. At least one of these tasks will ask you to find out information from the patient. Identify what it is that you need to find out from the patient, and think of ways to rephrase the task into a question that would be appropriate for conversational English. Take another 30 seconds to think about rephrasing the information in the first bullet point of your role-play card, to turn this into appropriate questions. Your initial question should be an open question (for example, 'how are you feeling?'), which should then be followed up with more closed questions (for example, 'how long have you been experiencing these symptoms?').

What do you need to tell the patient?

You will be required to provide your patient with necessary information about their condition, tests and course of treatment, and should ensure that the patient understands the information. What you need to communicate to the patient will be outlined in the bullet points of the role-play card. You may simply need to explain a point to the patient, or you may need to find out relevant information first, before tailoring your response to the patient's individual case. If you have a lot of information to communicate with the patient, you should break the information down into sections, so that you can check the patient's understanding for each section of information before moving on to the next section.

SPEAKING IN ENGLISH

Once your planning time is up, you should have a good idea of the structure your conversation will take. When speaking, you need to cover the following four linguistic, to make sure that you are showing the assessor your ability to interact effectively. You need to show that you can have meaningful conversations with others in English. You should communicate confidently, take control of the interaction, lead the topic of conversation, and effectively complete the speaking task, by addressing all of the points in the task card, and responding appropriately to the patient. While it is not essential that you cover all of the information in the 5 minutes provided for each conversation, you should not waste time or talk about points not mentioned in the role-play card.

Intelligibility

To score well in this criterion, you need to communicate in a way that can be easily heard and understood. The assessor will pay attention to your pronunciation, the rhythm you use when you speak, the stress you put on individual words, your intonation and your pitch. Avoid memorising large chunks of speech before the test, as this will sound unnatural. Instead, speak at an appropriate speed and clearly, allow your voice to rise and fall. Practise pronouncing words in English so that they sound the same as when a native English speaker says them. To address the first bullet pointed task in the nursing role-play card, you could say:

*“Tell me if you have had **any issues** following the **diet** that we discussed at your **last appointment.**”*

The words shown in bold in the sentence above should be stressed as they are the words which carry the meaning in the sentence. Stress is a slight increase in volume, and a slight increase in the sound length.

Fluency

This criterion addresses the rate and flow of your speech. You need to speak at an appropriate speed and carefully, think about the sentence you are going to say before saying it rather than saying something that you later need to correct. You should avoid overusing filler noises where possible, such as

“Ah” “umm” “err”

and focus on speaking smoothly, linking your speech together, and pausing appropriately, for example, you might pause to separate different points you are making. You could say, for example

“First, we need to address your diet (pause) then, we can look at more invasive treatments.”

You can also pause for emphasis, or before beginning a new task on the role-play card, giving yourself a moment to think about what you will say next.

Appropriateness

This criterion assesses the appropriateness of your language and tone. Remember that you are speaking to a patient, not a medical professional, so you should explain any terms that they might not understand. For example, you would rephrase ‘hypertension’ in the role-player card to ‘high blood pressure’.

Your language and tone should also remain professional and confident, and you should adjust your tone to match the emotion of the patient, and the topic being discussed.

Resources of grammar and expression

You need to show that you can use grammar correctly and speak in a variety of tenses and sentence structures.

You should use grammatical devices such as chunking to make your speech clearer, and easier to understand. If you are giving the patient a large amount of information, you might say something like

“I’m going to discuss the various options available to you. The first is ...”

You should show that you can communicate information in a variety of ways. You might rephrase something you have already said, to make sure that the information can be understood by the patient. Make sure that you are using the correct word order when speaking, and do not omit words from your speech.

You should use the correct tense when speaking, to make sure that the patient knows if you are talking about something that has already happened, or something that they will need to do.

SPEAKING WITH THE PATIENT

As OET is a test for healthcare professionals, as well as having a good command of the English language, you also need to be able to communicate effectively and responsively with patients. There are five clinical communication criteria which you will be assessed on. You do not have to address all parts of each of the 5 criteria to score well in the Speaking Test.

Relationship building

Initiate the interaction appropriately

You should start with an appropriate greeting. From the beginning of your interview, you should make the patient feel welcome, and at ease. Begin by introducing yourself, then give your role, and explain or remind the patient why the appointment has been scheduled. The following gives an appropriate example of a greeting:

“Hello, I’m Dr Albert, is it Margaret French? I’m one of the rheumatologists attached to the hospital. Your family doctor has asked me to see you about the joint problems you’ve been having”

Demonstrate an attentive and respectful attitude

As the interview progresses, you should make sure to show that you are paying attention to the patient’s needs and concerns, and show that you are listening to what the patient is telling you. This will help you to create a collaborative environment between you and the patient, and allow the patient to feel at ease

with you. To meet these criteria, you could ask for the patient's permission to discuss topics that could potentially cause them to feel uncomfortable, check that the patient is comfortable with what is being discussed if there are any signs that they may not be, and show sensitivity when discussing anything that the patient may find embarrassing or personal. The following is an example of how you might demonstrate respect for the patient:

“What I would like to do is spend a few minutes with you now discussing your symptoms? Is that okay? Please let me know if you are feeling uncomfortable at any time”

Demonstrate a non-judgemental approach

When the patient shares information, you should accept this information without reproach or judgement. Do not devalue or criticise the patient when they share their thoughts or behaviours, as this will discourage them from continuing to share information with you. You need to maintain respectful communication, so you should acknowledge the patient's emotions wherever possible. The following gives an example of how you might respond to a patient who has voiced concerns:

“So what worries you most is that the abdominal pain might be caused by cancer. I can understand that you would want to get that checked out.”

Show empathy

You should show the patient that you understand why they feel a certain way, if they are emotional in your interview. You should also be prepared to change your approach if there is an emotional element to your interview; for instance, if you have to break bad news. You can show that you are meeting these criteria

through your words, but you can also show empathy through the tone of your voice, and through non-verbal sounds of agreement, sympathy and encouragement. You could demonstrate your empathy for the patient, by saying something like:

“You mentioned earlier that you were concerned that you had angina. Angina is a very particular kind of pain, which relates to several underlying conditions. Is it alright if I ask you a few more questions to rule out muscular pain?”

“I can see that your husband’s memory loss has been very difficult for you to cope with; I imagine I would feel similarly if the same thing happened to me.”

Understanding and incorporating the patient’s perspective

In the Speaking Test, you need to show that you’re putting the patient at the centre of the conversation, planning your speech around how you expect the patient to react and modifying your speech if they react in a different way. Follow the next three steps to make sure you are using the information your patient provides to alter your conversation.

Elicit and explore the patient’s concerns

Encourage the patient to give their thoughts and opinions about their condition. Don’t simply ask them to list their symptoms, but also explore what they think might be the cause. For example, you could say:

“Did you have any thoughts about what might be causing your symptoms?”

or, to get an idea of what the patient might be feeling, you could say:

“Was there anything particular you were concerned about?”

If the patient has not explained something fully, or you want to explore something further, you can do this by saying something like:

“You mentioned that you were concerned about the effect the illness might have on your work, could you tell me more about that?”

Pick up on patient cues, and react accordingly

Alongside encouraging the patient to provide information, you will also need to show that you’re taking this information into consideration, and shaping the conversation around what the patient is telling you. Many test-takers do not score well in the Speaking Test because they try to follow a specific structure for the conversation, which they do not adapt and alter according to new information provided by the patient. Do not memorise long dialogue to use on Test Day. Instead, practise reacting to new information, and incorporating it into your speech. When reacting to emotional patients, you might say something like:

“You used the word worried, could you tell me more about what you are worried about?”

or, when patients show emotion, but do not tell you that they feel a certain way, you could say, for example:

“I sense that you are not happy with the explanations you’ve been given in

the past.”

Relate your explanations to the ideas, concerns and expectations you have elicited from the patient

To show the patient that you are using the information they've given you to structure and guide your speech, you should let the patient know that their words have been heard. If a patient gives new information that changes the structure of your conversation, you could indicate this by saying something like:

“As you say you're having trouble sleeping at the moment, let's talk about things that might help you address this before we move on.”

If, on the other hand, the patient provides information that does not alter the conversation, you can still acknowledge their input by saying something like:

“You mentioned earlier that you were concerned that you had angina. Angina is a very particular kind of pain, which relates to several underlying conditions. Is it alright if I ask you a few more questions to rule out muscular pain?”

Providing Structure

Sequence the interview purposefully and logically

You should structure the interview clearly and efficiently. Begin by greeting the patient, discuss why they're seeing you today, then tackle each bullet point, one by one. After you have provided an explanation, or completed a series of questions, check that the patient has no further questions and has understood you

before moving on. While making notes on your role-play card in the preparation time, look through what you have to talk about, and think about how you might connect the bullet points to one another in your speech, so that your speaking flows logically - this relates to signposting.

Signpost changes in topic

Signposts function as a pause between topics and allow you to check for understanding and ask for permission to discuss topics. They also allow you to summarise information given by the interlocutor (this relates to later criteria). When moving from one topic to the next, you need to make it clear to the patient what you will discuss. After greeting the patient, you should outline the topic that will be discussed before getting into details. Whenever you move onto a different topic, tell the patient what you are moving on to talk about next. You might start to discuss a topic by saying something like this:

“Since we haven’t met before, it will help me to learn something about your past medical history. Can we do that now?”

After a patient has finished telling you about something, you might outline what you want to discuss next by saying something like this:

“You mentioned two areas there that are obviously important, first the joint problems and the tiredness, and second, how you are going to cope with your kids. Could I start by just asking a few more questions about the joint pains, and then we can come back to your difficulties with the children?”

Signposting any changes in topic helps the patient to keep track of what’s being discussed and gives a clearer structure to your discussion.

Use organising techniques in your explanations

There are a number of different ways that you might organise your explanations. Again, your primary concern when organising your explanations should be to make your speech as clear and digestible to the patient as possible. To help the patient understand, and to make it easier for them to remember information discussed at a later date, it can be helpful to divide what you will talk about into categories, and inform the patient of these categories before you go into more detail about each point. For example, you could say:

“There are three important things I want to explain. Firstly I want to tell you what I think is wrong, secondly, what tests we should do, and thirdly, what the treatment may be.”

The use of categorisation above helps to structure the discussion you will have, so that the patient can understand what will happen next. When you go into more detail, you should use a technique called chunking. This is when you deliver information in chunks, leaving clear gaps between each piece of information, before moving on to the next one. You may also find it helpful to use a technique called labelling. Labelling allows you to highlight significant information to the patient. For example, you could say:

“It is particularly important that you remember this . . .”

Once you have explained all of the points you wanted to cover, it can also be useful to repeat and summarise the most important points to the patient. You could say, for example:

“So just to recap: we have decided to treat this as a fungal infection with a cream that you put on twice a day for two weeks and if it is not better by

then, you are going to come back to see me.”

Repeating and summarising information makes it easier for the patient to store the information in their memory, and improves their ability to recall this information later. After you have summarised the information, you can check for the patient's understanding, which meets other criteria discussed later.

Exercise

Spend one minute thinking about the structure of the conversation that will take place, covered in the role-play card above. Think about how you will guide the conversation, and how you might rephrase the tasks into conversational English.

Information Gathering

It's important to get as much relevant information from the patient as you can. If you've followed the steps outlined above, you should have created an environment where your patient feels comfortable sharing information with you. Now, you should read through the next 5 points to make sure you're listening actively to the patient, and gathering necessary and relevant information. This criterion assesses your ability to address the way the patient is thinking and feeling, rather than your medical accuracy.

Facilitate the patient's narrative

When the patient is talking, you need to show that you are paying attention to them and following their speech, without interrupting them, or halting the flow of their narrative.

You can demonstrate that you are listening by using a number of techniques:

- When the patient pauses during their speech, don't try to start talking immediately, and don't interrupt the patient if they're still talking. Instead, wait until the patient has finished, and pause to consider what they have said before responding.
- You can use short verbal and non-verbal sounds of encouragement while the patient is speaking to show that you are paying attention. Examples include:

“Um”, “uh-huh”, “I see”

- As the patient reveals information, you should show that you're taking this on board by echoing the patient, or repeating key phrases and words from their speech, such as

“chest pain?”

or

“not coping?”

Similarly, to show a greater understanding of what the patient is saying, you can rephrase what the patient is saying into your own words, or suggest an interpretation for what the patient is communicating. You could say, for example:

“Are you thinking that when John gets even more ill, you won't be strong enough to nurse him at home by yourself?”

Use open questions at the beginning and closed questions as the interview progresses

At the beginning of your interview, you should ask the patient open questions, to find out as much general information as possible. The following are examples of open questions:

“Start at the beginning and take me through what has been happening . . .”

“How have you been feeling since your operation . . .?”

“Tell me about your headaches.”

As the conversation develops and you have a better idea of the information you need from the patient, your questions can become more directed, but should remain open. At this stage, you could ask:

“What makes your headaches better or worse?”

Once the patient has provided enough general information about their condition, you can move to more specific, closed questions to get further information.

“Do you ever wake up with this headache in the morning?”

Avoid compound questions and leading questions

To ensure that you are receiving reliable information, you should avoid influencing your patient when you ask questions, or asking multiple questions at once. An example of a compound question is:

“Have you ever had chest pain or felt short of breath?”

The patient may simply respond ‘yes’ or ‘no’, even if the answer does not relate

to both their experience of chest pain and their experience of shortness of breath. You should always break compound questions up and ask one question at a time.

Leading questions include assumptions. This makes it more difficult for the patient to contradict the assumption. Avoid asking leading questions in your interview, such as:

“You’ve lost weight, haven’t you? or “you haven’t had any ankle swelling?”

These questions are unlikely to provide you with reliable information.

Clarify statements that are vague or require amplification

If patients respond to your questions without providing enough information, or with a response that could be interpreted in a number of different ways, it is important to ask the patient to explain what they mean. You might ask, for example:

“Could you explain what you mean by light-headed?”

If the patient says something that requires further amplification, for instance, if they appear to describe a symptom, but you’d like to get a clearer idea of what they are actually experiencing, you can look for amplification by asking something like:

“When you say dizzy, do you mean that the room seems to actually spin round?”

Don’t move on to discuss something else until you’re comfortable that you’ve understood what the patient has said. Remember that patients may be less

precise with their vocabulary, so it is important to clarify their statements.

Summarise information to encourage the patient to correct or give more information

Once the patient has finished discussing a topic, and you think that you have all of the relevant information you need, you should give a brief overview of what the patient has told you, and ask the patient to confirm this, and provide more information. You might say, for example:

“Can I just see if I’ve got this right – you’ve had indigestion before, but for the last few weeks you’ve had increasing problems with a sharp pain at the front of your chest. This has been accompanied accompanied by wind and acid and it’s stopping you from sleeping. It’s made worse by drink and you were wondering if the painkillers were to blame. Is that right?”

Once you’ve summarised the information, and if the patient has agreed, pause for a moment longer, to allow the patient to provide any additional information, or to correct or alter part of the information.

Information Giving

After the patient has finished providing information, and you have gathered everything you need, and confirmed that it is correct, it is your turn to provide information to the patient. Read through the next 5 points, to make sure that you explain information as effectively as possible. Remember, it is not about giving the most medically accurate explanations possible, but it is about checking that the patient has understood the information.

Establish what the patient already knows

The first step in explaining information, is to understand what the patient is aware of already, so that you can focus on explaining things they don't know, and avoid going over things they're already familiar with. Don't assume that the patient is familiar with their illness or treatment, as they may not be. To establish how much the patient knows, you might ask something like:

"It would be helpful for me to understand a little of what you already know about diabetes so that I can try to fill in any gaps for you."

"Based on your blood test results, we need to discuss ways to lower your cholesterol. What do you know about Lipitor?"

Pause periodically when giving information, using the patient's response to guide next steps

Once you are aware of what the patient needs to know, you can begin to explain information to them. Make sure you take breaks throughout your explanation, allowing the patient time to ask questions before moving on. For example, you might say something like

"So really, given the symptoms you have described and the very typical way that you wheeze more after exercise and at night, I feel reasonably confident that what you are describing is asthma and that we should consider ways we might treat it. (Pause) How does that sound so far?"

Encourage patients to contribute reactions and feelings

You should make sure that the patient feels comfortable with what you are explaining so that you can address this before moving on. Patients who are feeling uncomfortable, confused or distressed may find it more difficult to take in information, so you should check their reactions to the information from time to time. You could do this by asking something like:

“What questions does that leave you with, have you any concerns about what I have said?”

Check that the patient has understood

As well as checking the patient’s emotional reactions to the information, you also need to make sure that the patient understands what you are explaining to them. You can evaluate the patient’s understanding by asking them to repeat the information that you have just given them. For example:

“I know I’ve given you a lot of information today and I’m concerned that I might not have made it very clear – it would help me if you repeated back to me what we have discussed so far so I can make sure we are on the same track.”

Make sure that the patient covers everything that you have explained, and if any information is missed in the patient’s recap, remind them of the information, and check that they understand this information before moving on.

Discover what further information the patient needs

After confirming that the patient has understood everything that you have explained, you should find out if there is anything else that the patient wants to know. You could ask, for example:

“Are there any other questions you’d like me to answer or any points I haven’t covered?”

Exercise

Ask a friend or family member to use the role-play card on the following pages (they should make sure they choose the role-play card that corresponds with your role-play card earlier in the chapter, either medical or nursing) and play the role of the patient, while you play the role of the healthcare professional. Record the audio (you can use your mobile phone or laptop to do this) so that you can review it later, and set a timer for 5 minutes.

NURSING TASK

ROLEPLAYER CARD NO. 1	NURSING
SETTING	General Practice
PATIENT	You are a 67-year-old and have had high blood pressure for many years. Your blood pressure was well controlled with medication and diet/exercise when you were working, but since retiring 2 years ago you have let your routine lapse. You are nervous about seeing the nurse because you don't want to be judged for not managing your blood pressure correctly.
TASK	<ul style="list-style-type: none">• When asked, reluctantly admit that you haven't been taking your medication, exercising, and eating healthily all the time. Explain that you have been feeling fine and don't think that your blood pressure is an issue.• Ask the nurse why you have to take so many medications.• Be resistant to making any changes to your lifestyle initially, but eventually agree to the nurse's suggestions.

MEDICINE TASK

ROLEPLAYER CARD NO. 2	MEDICINE
SETTING	General Practice
PATIENT	You are a 44-year-old who has recently been told that both your cholesterol and blood pressure are high. You don't really want to take any medication. You don't really want to change your lifestyle because your health has been fine.
TASK	<ul style="list-style-type: none">• Tell the doctor that the nurse referred you but you think you're wasting everybody's time because your health is fine.• Be dismissive of the doctor's warning about the future. Your friend has high blood pressure and cholesterol and they are fine.• If asked, tell the doctor that you are reluctant to take statins because you have heard that they can cause problems with your joints.• If the doctor asks, divulge your alcohol and smoking history (10 cigarettes per day for the past 25 years, 2 pints of beer each night). Reluctantly agree to reduce how much you drink and smoke.

Once you've completed the speaking exercise, look through the assessment criteria again, and evaluate whether or not you met each criteria. Think about how you could have improved your speaking, and make notes on your weakest areas. Practise the skills necessary to meet the criteria, then try completing the speaking role-plays at the end of this chapter. You should always record yourself, and listen back over your speaking after you've completed the role-plays.

With each new speaking task, you should improve your speaking abilities further, until your speaking level is sufficiently improved for you to apply to the test situation on Test Day.

Speaking Practice Set

Use the 4 speaking role-plays on the following pages to practise your speaking skills with a friend, relative or colleague. Give yourself 2 to 3 minutes to prepare for the role-plays, using only your candidate role-play card, then record yourself speaking for 5 minutes. Once you have finished each role-play, assess your abilities using the speaking criteria in this chapter. When practising, you should only read the candidate card, as you will not see the roleplayer card in the test. You might find it helpful to photocopy and print these task cards onto one page, and then fold it in half, so you can focus on the candidate card while you're getting ready to speak.

Medical Task Cards

CANDIDATE CARD NO. 3	MEDICINE
SETTING	Pain Medicine Clinic
DOCTOR	This 32-year-old patient has been attending your pain medicine clinic for several years and has been prescribed opioids (painkillers) due to a workplace injury. He/she is requesting an early refill, but your clinic has a no early refill policy.
TASK	<ul style="list-style-type: none">Find out why the patient is requesting an early refill.

	<ul style="list-style-type: none"> • Discuss the clinic’s no early-refill policy and the reason behind it (abuse of opioid medication). • Tactfully explain that you cannot write a refill, but that you can help the patient manage their pain in other ways (e.g. topical creams, over-the-counter pain killers, anti-depressants like Cymbalta, etc.). • Try and reassure the patient. Explain that if the pain becomes unbearable, they should visit the Emergency Department.
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ROLE-PLAYER CARD NO. 3	MEDICINE
SETTING	Pain Medicine Clinic
PATIENT	You are 32 and have been attending a pain medicine clinic for several years due to a workplace injury. You are on short-acting and long-acting painkillers, which are refilled every month. However, this weekend, someone stole your medications. You now have none and your refill is two weeks away. You are hoping to get an early refill but are nervous that the clinic has a policy of not replacing stolen medication.
TASK	<ul style="list-style-type: none"> • Explain your situation to the doctor and express your anxiety about having to be in pain again. • Explain that you understand the provider’s policy and the rationale behind it, but are asking for leniency given the first-time nature of this incident. • Insist that you should be able to obtain a refill. • Become anxious about managing your pain. Be difficult to reassure.

CANDIDATE CARD NO. 4	MEDICINE
SETTING	General Hospital Emergency Department

DOCTOR	You are talking to a 54-year old patient, who has been recently diagnosed with adenocarcinoma (lung cancer). A chest X-ray was completed in the Emergency Department and reveals bilateral opacifications (an underlying condition such as pneumonia, oedema, haemorrhage, etc. is blocking air getting into the lungs). You are concerned that the patient may be suffering from a malignant pleural effusion (fluid in the lungs) and require a thoracentesis (removal of the fluid via a needle).
TASK	<ul style="list-style-type: none"> • Find out about the patient’s concerns regarding their diagnosis. • Share with the patient the X-ray findings and the possible reasons behind his/her shortness of breath. • Reassure the patient regarding the likely course of treatment: ultrasound to see if he/she has a pleural effusion with chemotherapy to be organised when the other symptoms resolve. • Find out what further information the patient needs. Refer the patient to a counsellor and explain the possible treatment options (diuretics, thoracentesis, no treatment, etc).

ROLEPLAYER CARD NO. 4	MEDICINE
SETTING	General Hospital Emergency Department
PATIENT	You are a 54-year-old patient who has been recently diagnosed with lung cancer. You visited the Emergency Department (ED) and explained to the doctors that you can’t catch your breath and taking deep breaths causes chest tightness. You are scared and worried because you went through cancer recovery before and had chemotherapy and radiation to treat an aggressive B-cell lymphoma. You are worried that you may not tolerate more chemotherapy and this new shortness of breath is related to your lung cancer.
TASK	<ul style="list-style-type: none"> • Express concern regarding chemotherapy and your new symptoms. • Ask if your shortness of breath may be caused by your lung cancer. • Ask if chemotherapy is necessary and what you can expect if you

	<p>have chemotherapy treatment.</p> <ul style="list-style-type: none"> • When asked, explain that you don't really want more procedures; you just want to go home. You would like to speak to a counsellor. Reluctantly listen to the doctor's options.
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Nursing Task Cards

ROLEPLAYER CARD NO. 5	NURSING
SETTING	Outpatient Mental Health Clinic
NURSE	This 24-year-old patient was recently prescribed lithium for his/her bipolar disorder but is now worried continuing with this drug. He/she is would like to know more about the medication, including its indications, side effects, and monitoring.
TASK	<ul style="list-style-type: none"> • Find out the why the patient is concerned and if they are experiencing side effects. • Explain how lithium works (e.g. very effective mood stabiliser) and that they will have to take it forever, although the dose may be adjusted. • Go over some side effects with the patient while providing reassurance (e.g. acne and hair loss are common but other side effects like seizures are rare). • Check that the patient has understood your explanations and find out what further advice they need. Provide further reassurance that they are doing the right thing.

ROLEPLAYER CARD NO. 5	NURSING

SETTING	Outpatient Mental Health Clinic
PATIENT	You are 24 years old and have a diagnosis of bipolar mood disorder. The psychiatrist has prescribed you lithium as a mood stabiliser. You have been taking it for a week and done some research online. You are worried now because everyone appears to report having negative side effects on the medication. You would like to know if you should continue to take the medication, how it works and what side effects to watch out for.
TASK	<ul style="list-style-type: none"> • Explain your worry over what you have read online and your concern about the safety of continuing this medicine. • Ask how it treats your condition. Will you need to take it forever? • Find out what sort of side effects are typical. How likely is it they will occur? • Be reluctant to continue taking lithium. Eventually agree to the nurse's advice.

CANDIDATE CARD NO. 6	NURSING
SETTING	Rehab Facility
PATIENT	You have been asked by a family member to speak to a patient who is recovering from a subarachnoid haemorrhage (SAH) (bleeding between the skull and the cortex). The patient is concerned that a full recovery will not occur and that another SAH is inevitable.
TASK	<ul style="list-style-type: none"> • Find out the specifics of the patient's concerns. Reassure the patient that fatigue will lessen and physical endurance and memory will improve as the brain continues to heal. • Explain that some patients are able to go back to work/live independently. • Discuss how the patient could live independently: e.g., assistive devices (walker or cane, grab bars in bathroom), visual cues to trigger

	<p>memory (post-it notes, pictures), setting alarm clocks to serve as reminders (time for medications, phone calls, etc.).</p> <ul style="list-style-type: none"> • Stress the importance of taking BP (blood pressure) medications as prescribed. Suggest that the patient use a 7-day pill organiser.
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ROLE-PLAYER CARD NO. 6	NURSING
SETTING	Rehab Facility
PATIENT	You are 49-years-old and recovering from a subarachnoid haemorrhage (SAH) (bleeding between the skull and the cortex) that occurred three months ago. You were discharged from an acute care facility to a rehab facility yesterday. You were told that you will continue to improve over the next 12 months, but you are concerned about the highest level of functioning that you will achieve. You also would like to know how to prevent another SAH.
TASK	<ul style="list-style-type: none"> • Tell the nurse that you are concerned that you will not regain your stamina, financial control or be able to live independently. • Ask the nurse if patients are ever able to live independently and go back to work after recovering from a SAH. • Ask the nurse how you can maintain good BP (blood pressure) to prevent another SAH.

Answers

1.

B

2.

A

3.

C